

“He’s still with these girls”: How men who identify as gay and men who identify as straight negotiate sexual agreements and implications for women’s HIV risk

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Background:

Concurrent sexual partnerships and inconsistent condom use between men who have sex with men (MSM) and men who have sex with men and women (MSMW), may put women at increased risk of HIV infection. For men who have sex with men and women (MSMW), stigma of male-male sexual activity may influence partner disclosure and condom negotiation. Studies have shown that MSMW often do not disclose their behavioral bisexuality with female partners. MSMW who disclose having male sexual partners are equally likely to use condoms with female partners as those who did not disclose (around 50%). While there is research on the sexual agreements made between male homosexual partners, little insight exists into the sexual agreements made between heterosexual couples. There is also little insight into the sexual agreements, negotiations of condom use and perceived risk of HIV in the relationships between MSMW and their male partners. This paper provides this insight by examining how MSM/MSMW partners negotiate sexual agreements and the implications of those agreements for the HIV risk of concurrent female partners.

Methods:

We conducted a three-phase, 10-week longitudinal qualitative study with MSM aged ≥ 18 who lived in the Atlanta metro area and reported recent unprotected anal intercourse (UAI) within the last 6 months. In phase one, participants completed a base-line in depth interview (IDI) where they examined past dating and relationship histories by building a timeline with predetermined labels. In phase two, participants completed three web-based quantitative personal relationship diaries, which tracked sexual experiences over the study period. In phase three, participants took part in debrief IDIs which discussed data extracted in phase two. Team members analyzed verbatim transcripts as individual life-stories. Transcripts were thematically coded based on reoccurring themes across transcripts. Data were analyzed using MAXQDA 10 software.

Results:

Our preliminary results indicate that sexual agreements made between MSM and their MSMW partners influence their condom use and perceptions of HIV risk through definitions of exclusivity and concurrency within a relationship. While many MSM/MSMW relationships took place within the context of concurrent partnerships, preliminary results show partners still created definitions of exclusivity. Some participants defined exclusivity within triads that included the participant, a woman and their mutual MSMW partner. Female partners were included in the triad without their knowledge.

He did call me his boo, you know. He was another crazy one, also bisexual. We’re both bisexual and I’ll never forget how we broke up was he had a girlfriend who worked with me and she didn’t know what was going on, cool, but didn’t know (P108)

This concept of exclusivity reduced their perception of HIV risk. Participants viewed their MSMW partners who had concurrent female partners as among their least risky partners. For MSM/MSMW partners who did not have an expectation of exclusivity, risk of HIV and negotiation of condom use revolved around issues of trust, intimacy and dating/sexual histories.

Negotiations of exclusivity

The confidence in an exclusive relationship was a key factor in the perception of HIV risk. Definitions of exclusivity and fidelity played a significant role in the negotiation of condom use between MSM and their MSMW partners. Both partners perceived the other as less risky (both emotionally and in terms of HIV) if they maintained some sort of exclusive relationship.

Interviewer: So if you could choose one of three experiences that [was] the least risky, which do you think it would be in terms of HIV and STIs?

P104: [It] would probably one of these married guys who, it would actually [be] NC because he does not hook up with anybody else but me. So he actually would be the [lowest] absolute risk of anybody.

For men who did not use condoms consistently with their partners, conversations around exclusivity and negotiations of condom use accompanied feelings of fear and tension between partners.

We would finish and then he'll, we'll, silence, every time: "You don't have anything do you? You know you're the only one I do this with. You know I got a wife. You sure you don't have anything?" I'm like well this is probably our 20th time doing this and if I did we both have it by now, you know (P101).

Relationships between participants and MSMW partners required a great deal of discretion to prevent outing or disclosure of behavioral bisexuality to female partners. The maintenance of discretion could be motivated by fear or desire.

...this is an individual that, that may have issues with his own sexuality and is someone that, that just also been with a female... I actually felt unsafe like if I was to confront him about his sexuality or anything like that, I physically feel threatened (P101)

Interviewer 2. So this guy is also married. Does it, does that impact your relationship with him or with NC?

Participant 104. No, I actually look for that because I'm really attracted to guys who are very masculine and extremely discreet...I find that when I meet up with guys who are in a relationship and they need to be discreet for those purposes, I can trust better that they're not going to tell everybody, you know, what I am doing or I hooked up with [participant's name] And I just, I like knowing that.

Concurrency and perceived risk of HIV

In openly or assumedly concurrent relationships, emotions such as trust, intimacy, and love as well as the sexual behavior of their partner influenced the participant's perception of HIV risk. Participants perceived their partners HIV risk as higher if he participated in concurrent sexual relationships with inconsistent condom use.

Interviewer. OK, so how, how do you define risk for HIV and STD before we start talking about the specific people?...

P112: So, I mean, just basically like how well do I know the person, how well do I know their sexual history and the people in their sexual history

Interviewer 1. So in terms of HIV and STI risk, you ranked him a 5 which is the highest that it could have been on our scale of 1 to 5. Why do you place him at a high HIV/STI risk?

Participant 110. Well now if he's going out with other people because he said I don't believe in condoms, I've never worn one. But he's not the type that would go and have sex with everybody like some guys do. So, but yes, he told me that right up front. I do not believe in condoms.

Interviewer 1. And how did you feel about that?

Participant 110. I thought it was good if he wanted one on one but if he's wanting, if he's finding a girlfriend and having sex with her and this other person picking him up on the side of the road, I'm like, what? You don't know anything about this person.

However, strong emotional attachment to their partner made establishing sexual agreements and condom negotiation more difficult.

Interviewer: You put him as a 3 for the emotional risk, so what made you pick the 3 for emotional risk?

Participant 106: I think that goes back to I'm afraid he'll break my heart because I don't want to become, it's just like dating a married man. I mean, at what, at some point you know.

Participant 106. So I think the more comfortable that he became, becomes he'll want to not use a condom

Discussion

Current research on sexual agreements between partners focuses on homosexual relationships. HIV research and interventions have focused on either MSM or heterosexual partnerships and has failed to bridge the gap between the two epidemics. This research explores this gap and supports broadening research on sexual relationships and agreements across genders and relationship types.