The lived experience of sexual life with HIV: A model of psychosexual adjustment

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METHODS

Participants:
30 PLWH (n = 20 gay identifying men who have sex with men (MSM) and n = 10 heterosexual women)

Sites:
• The Albyn Centre, Sunny Hills, Sydney
• Sydney Sexual Health Centre
• Snow bailing techniques.

Procedure and materials:
• Completed a study questionnaire (demographics, DASS-21, PROQoL, PROMIS-Sex)
• Participated in a purpose-designed semi-structured telephone interview with questions on: psychosexual adjustment to HIV, sexual functioning over time and sexual risk negotiation

Analysis: Grounded Theory (Charmaz et al., 2006)
• An inductive method conducive to building a theoretical model of psychosexual adjustment to HIV
• Iterative looping between data collection and analysis – coding with a focus on actions/processes
• Theoretical rather than purposive sampling used to reach saturation
• Constant comparison methods of analysis
• Analysis aimed to produce a theory of the process under investigation

RESULTS

EMOTIONAL PROCESS DIAGRAM

[were you aware of a risk of acquiring HIV?]
No, not at all because my husband had had a test and we had a pretty tight relationship and it just never occurred to me. Participant 046

I didn’t have much sex after first being diagnosis, because I was depressed and thought I was dirty; toxic, all that crap. Participant 008

…growing up with the Grim Reaper and that kind of thing; being released from that. Just being able to have sex without fear or worry, just fuck, you know. That was different. Participant 002

METHODS

The present qualitative study explored the lived experience or patient perspective of how HIV impacts on sexual life among PLWH.

Study aims were to provide a deeper understanding of factors impacting on sexual QoL, their inter-relationships and impact on QoL, and guide future quantitative/intervention research in this field.

BACKGROUND/ RATIONALE

• Given that HIV is increasingly managed as a chronic rather than terminal illness; quality-of-life (QoL) concerns, including psycho-sexual adjustment are salient concerns in the lives of people living with HIV (PLWH) and have an increasingly important role in clinical management (Nakahawa, May & Phillips, 2013).
• Past research on sexual behavior relevant to HIV has been predominantly quantitative studies of sexual risk behavior and sexual dysfunction.
• A recently conducted systematic synthesis of qualitative research on sexual life with HIV revealed no qualitative research published since 2008 (Huntingdon et al., Under Review).
• There is an urgent need to improve understanding of the mechanism by which previously identified factors (e.g., depression, older age) contribute to sexual dysfunction and what their relative clinical significance might be.

Aims:
• The present qualitative study explored the lived experience or patient perspective of how HIV impacts on sexual life among PLWH.
• Study aims were to provide a deeper understanding of factors impacting on sexual QoL, their inter-relationships and impact on QoL, and guide future quantitative/intervention research in this field.

REFERENCE


Huntingdon, B., de Wit, J., Duracinsky, M. & Juraskova, I. (Under review) The lived experience of sexual life with HIV: Thematic synthesis of qualitative research


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