

Using qualitative research methods to elucidate “emic” constructions of risk and seroadaptive behaviors among men who have sex with men (MSM)



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BACKGROUND AND OBJECTIVES

Anthropologists use qualitative methods to elicit cultural frameworks which structure patterns of behavior and social organization. These resultant “emic” models offer a window on the world of meaning for social actors in their engagement with others. We employed ethnographic approaches to investigate how men who have sex with men (MSM) identify potential sex partners, determine partner risk profiles, and adopt specific seroadaptive behaviors and strategies to minimize risk of HIV/STI transmission.

METHODS

Sexually active MSM, ages 18-35, in Saint Louis, MO USA were recruited from online advertisements on a variety of social networking sites (e.g., Grindr, Craigslist) as well as from flyers posted at bars, clubs, and other venues (Fig. 1).

Subjects were eligible if they self-identified as MSM and expressed an interest in sharing ideas about HIV prevention. Participants completed extended, in-depth qualitative interviews about sex partner selection, sexual practices, and seroadaptive behaviors and strategies to minimize risk of HIV/STI transmission. All interactions were tape-recorded and transcribed verbatim and analyzed for content with assistance from NVivo (QSR International, v.10) in order to identify primary domains of partner selection and HIV prevention strategies.

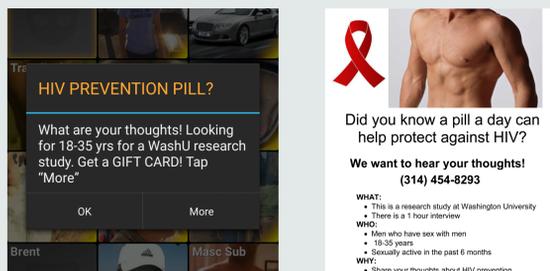


Figure 1: Recruitment tools used in this study. Grindr advertisement (left) that directs users to PrEP poster (right). The PrEP poster (right) was also printed and distributed to coffee shops, bars, and other venues.

Table 1

Respondent demographics	n
Age (Mean = 29)	
18-22	2
23-27	3
28-32	4
33-35	4
Race/Ethnicity	
White	8
Black	3
Multi-Racial	2
Education Level Completed	
High School	3
Some College	7
College	2
Post-graduate	1

RESULTS

A total of 13 subjects participated in in-depth, extended interviews. The mean age of respondents was 29 (SD = 4.6). 61% of participants were white and respondents had varying levels of education (Table 1).

Four domains of HIV prevention were identified: partner selection, condom usage, position preference, and concern for self or others (Table 2).

Participants reported nuanced categories of partner risk perception that guided sexual decision-making. These categories included: HIV-negative + PrEP, HIV-negative, HIV-unknown, HIV-positive undetectable, HIV-positive detectable, and HIV-positive unknown viral load.

The majority of respondents reported serosorting behaviors and condom usage to prevent HIV. While knowledge that different positions (e.g. top vs. bottom) are associated with differential HIV risk was near universal, seropositioning behaviors were infrequently reported.

HIV prevention was prioritized for decisions about condom usage, serosorting, and position preference. Syphilis and other STI prevention were not prioritized.

Table 2

Domain of prevention	Finding
Partner Selection	Serostatus matters. Subjects actively engage with regard to infection risk. Nuanced risk categories: HIV-Negative + PrEP HIV-Negative HIV-Unknown HIV-Positive undetectable HIV-Positive unknown viral load HIV-Positive detectable
Condom Usage	Condoms are “normative” for HIV prevention. Concerns for syphilis and other STIs are low.
Position Preference	Knowledge of seropositioning was high. Behavioral implementation of seropositioning was low.
Concern for Self or Others	HIV prevention is prioritized, but syphilis and other STI prevention is not actively practiced.

Table 3

Domain of prevention	Representative quotation(s)
Partner Selection	<i>“Serosorting is definitely used within my community. If I know that somebody is HIV-positive, I would probably be less likely to consider doing anything sexually with that person. Now is that always the case? No, I mean, I did date somebody who is HIV-positive, but that was the exception, not always the rule for me so I think I just naturally serosort.”</i>
Condom Usage	<i>“Condoms are kind of tough to use sometimes, so... sometimes, you know, in the heat of the moment, you make the not-so-great decision to not use a condom.”</i> <i>“If they’re positive, there is no question -- someone, whoever is doing inserting, is wearing a condom, no question about it.”</i>
Position Preference	<i>“I was the top and we used condoms so that was safer sex... I think that you’re more likely to receive a number of things being on the bottom than being on the top.”</i> <i>“I am usually the bottom -- bottom through and through. Usually you don’t change your position because someone has HIV, you just don’t mess with them.”</i>
Concern for Self or Others	<i>“If I had a partner who was negative, well, that partner would know that I am positive before we ever have sex the first time... it would be utterly important to me to keep the negative partner negative, and so, yeah, really soon we would have a conversation about it.”</i>

DISCUSSION AND CONCLUSIONS

“Emic” models offer representations of subjective perceptions -- the insiders’ view -- of risk and prevention. Qualitative interviews allowed respondents to identify salient axes of HIV/STI risk, and to speak freely about facilitators and barriers to prevention.

In our study, concern for the welfare of self and others was a prominent emic construct. Subjects routinely employed strategies to assess risk based on known or perceived partner serostatus. Condom use decisions aligned appropriately with perceptions of partner risk: consistent condom use with new or unknown partners, inconsistent use with regular or known partners. Concerns for STI acquisition and transmission were much less prioritized, and seropositioning, while occasionally reported, was not a dominant construct.

Future research will elucidate the extent to which emic models of risk vary by demography or location, and how these models may be effectively operationalized to promote more effective HIV/STI prevention.

Acknowledgments

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