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

B R A G N D O U N D  A N D  O B J E C T I V E S

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.

M E T H O D S

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 for content with assistance from NVivo (QSR International, v.10) in order to identify primary domains of partner selection and HIV prevention strategies.

R E S U L T S

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).

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 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.

D I S C U S S I O N  A N D  C O N C L U S I O N S

“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 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.

A c k n o w l e d g m e n t s

Funding for this study was provided by the US Centers for Disease Control and Prevention (CDC).