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Whitney Williams Date

“He’s still with these girls”: Definitions of exclusivity between gay and behaviorally bisexual men and gendered implications for HIV risk

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"He's still with these girls": Definitions of exclusivity between gay and behaviorally bisexual men and gendered implications for HIV risk

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Princeton University
2009

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An abstract of
A thesis submitted to the Faculty of the
Rollins School of Public Health of Emory University
in partial fulfillment of the requirements for the degree of
Master of Public Health
in Global Health
2014

Abstract

"He's still with these girls": Definitions of exclusivity between gay and behaviorally bisexual men and gendered implications for HIV risk

By Whitney Williams

Introduction: Studies have identified men who have sex with men and women (MSMW) as a bridge population for HIV between men who have sex with men (MSM) and women. Limitations in research methods reveal a need for nuanced investigation of feelings, motivations and relationship dynamics that inform risk perception and sexual behavior of MSMW and their partners.

Methods: We conducted a 10-week longitudinal qualitative study to understand how MSM negotiate feelings of love, intimacy and trust with sexual decision-making. Participants completed baseline in depth interviews (IDI) that examined past relationship histories by building a timeline. Participants then tracked sexual experiences in web-based quantitative personal relationship diaries (PRD). Data from PRD were extracted and discussed during debrief interviews. Verbatim transcripts were analyzed as life-stories and thematically coded.

Results: The presence of women presented a distinct challenge in establishing and negotiating sexual agreements with MSMW partners. For some participants, concepts of masculinity drove attraction to MSMW, shaped the formation of and created power imbalances within partnerships. Gender norms also influenced perceptions of HIV risk. While some participants asserted that men and women pose equal HIV risk to their sexual partners, some participants perceived men with one female partner or men who recently ended a relationship with a woman as among their least risky partners. Participants didn't explicitly attribute the lower perceived HIV risk of an MSMW partner to the female gender of his partners. However, their explanations for why these partners are less risky illuminate underlying perceptions of gender, behaviour, and HIV risk.

Discussion: Results suggest gender norms that create power imbalances between MSMW and their female partners may also extend to MSM involved with MSMW sex partners. A novel understanding of these gendered forces in MSM/MSMW partnerships has various implications for further research and interventions that address HIV risk and prevention.

Conclusion: Results call for researchers to consider the bridge between the epidemics not as a set of risk behaviors, but as gendered forces that influence power dynamics with both male and female partners. Results also call for a gender informed approach to HIV programming for both men and women.

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Acknowledgments

I would like to acknowledge my family, friends, and colleagues at the school of public health who have supported my academic and personal development during this project.

I am eternally grateful for the guidance, support and generosity of my thesis chair, Dr. Rob Stephenson. His commitment and dedication to scholarship, social change, and mentorship are inspiring. I am grateful for the support and trust he has shown me over the past two years. I would also like to thank Catherine Finneran for her insight and Tamar Goldenberg (research associate on this study) for her invaluable guidance in the analysis and writing process.

I would last, but most importantly, like to thank the men who generously shared their stories for this project. I thank them for sharing deeply personal parts of their lives. I hope my interpretations honor their openness and vulnerability.

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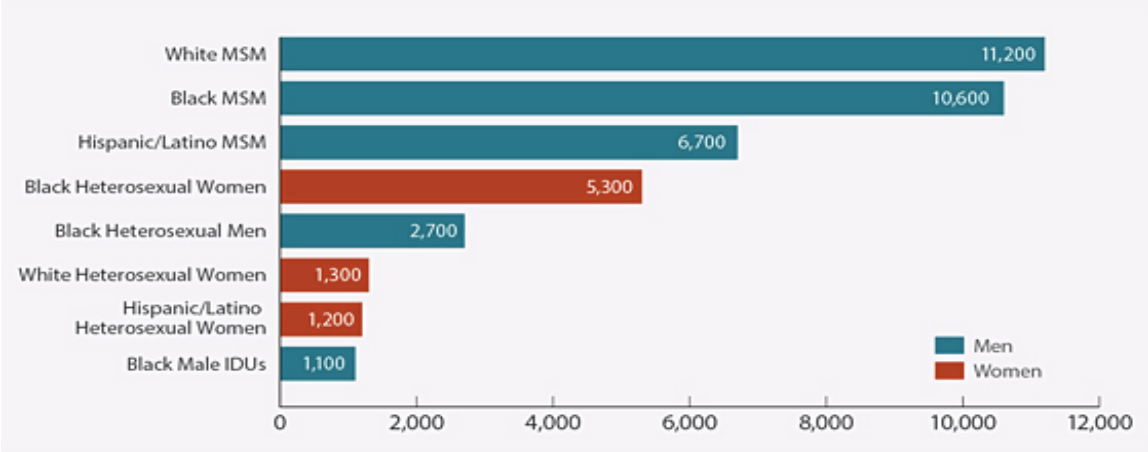
CHAPTER 1: INTRODUCTION

HIV in women and MSM: Bridging Parallel Epidemics

Centers for Disease Control and Prevention (CDC) estimates indicate that men who have sex with men (MSM) and heterosexual women are the subgroups most affected by HIV in the United States (CDC 2012a). While MSM bear the greatest burden of the US HIV epidemic, women bear a disproportionate burden of HIV transmitted through heterosexual contact (CDC 2012b). MSM represented 63% (28,500) of the 47,500 diagnosed HIV infections among adults and adolescents in 2010 (CDC 2012a). While women represented 20% (9,500) of all diagnosed infections in 2010, they represented a disproportionate proportion of HIV infections acquired through heterosexual contact (Figure 1) (CDC 2012a).

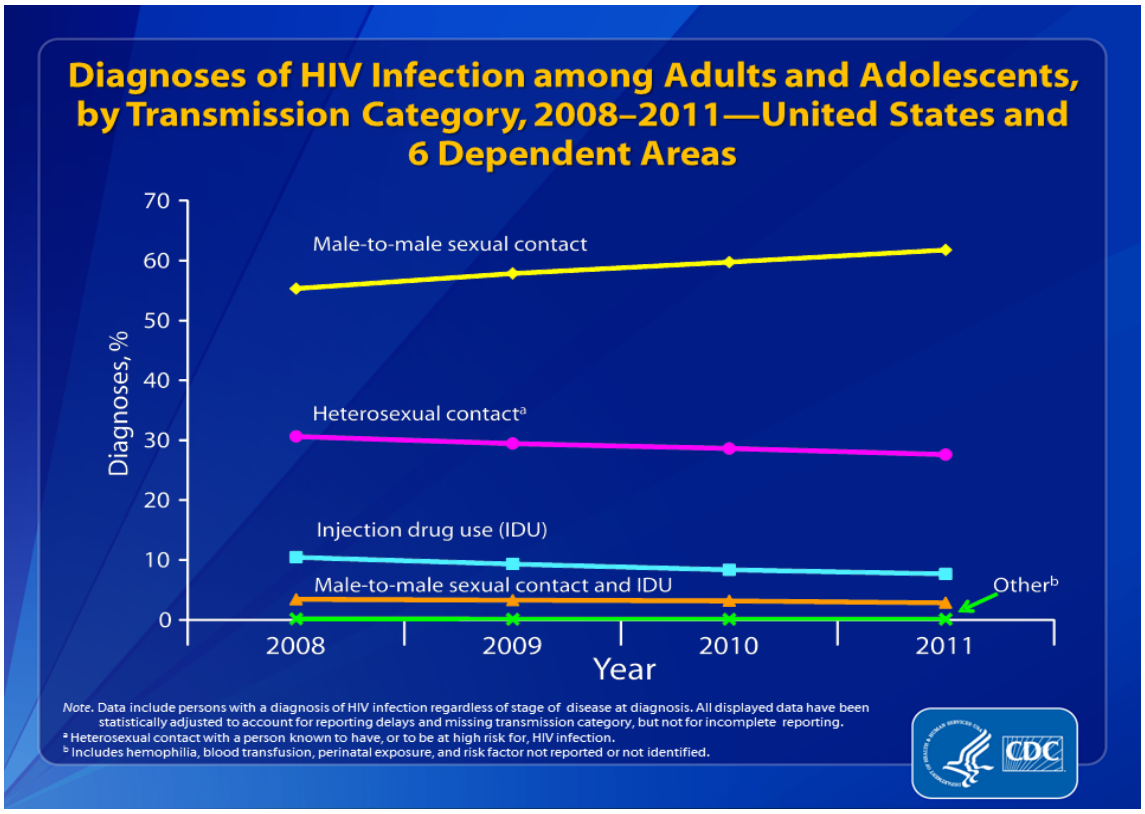
Figure 1: Estimates of New HIV Infections in the United States for the Most-Affected Subpopulations, 2010.



Source: CDC. Estimated HIV incidence among adults and adolescents in the United States, 2007–2010. *HIV Surveillance Supplemental Report* 2012; 17(4). Abbreviations: IDU, injection drug user

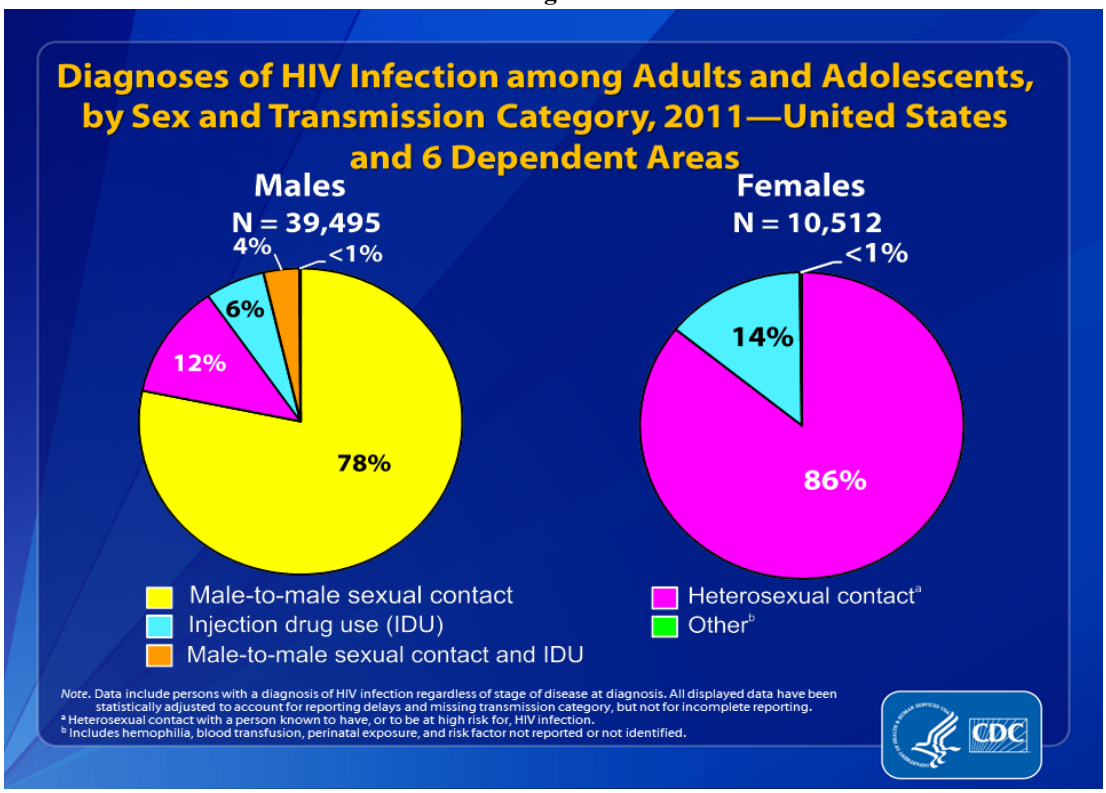
Male-to-male sexual contact not only represented the highest proportion of HIV transmissions, but this proportion also increased between 2008 and 2011 (Figure 2) (CDC 2011b). Figure 3 further illustrates the disproportionate burden of male same sex transmission on the HIV epidemic among men. In 2011, heterosexual contact accounted for 12% of HIV infections among men compared to 86% among women (CDC 2011c) .

Figure 2



Source: CDC, 2011. Diagnoses of HIV infection among adults and adolescents by transmission category, 2008-2011 - united states and 6 dependent areas. *In* Epidemiology of HIV Infection through 2011 ed. *PowerPoint.*

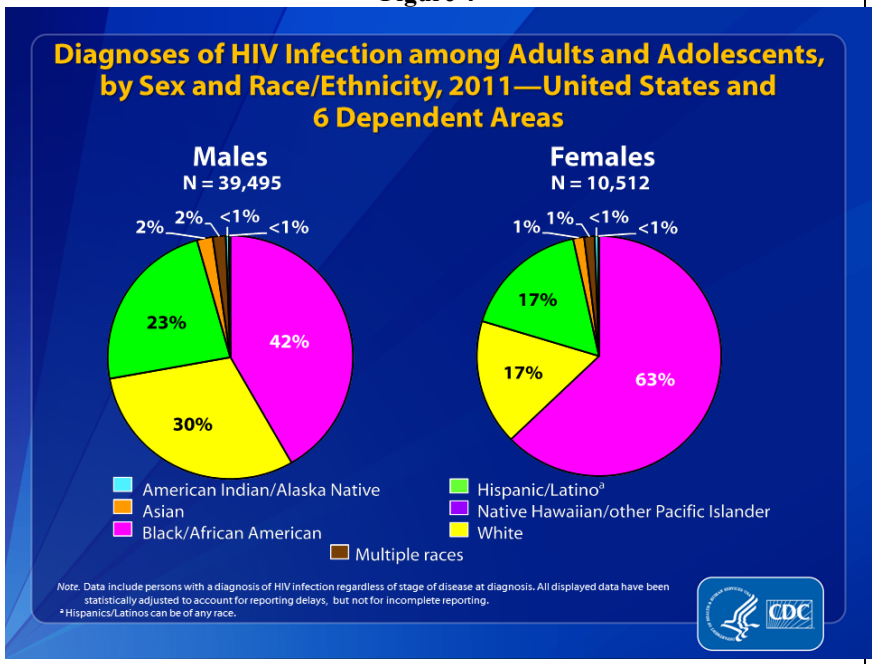
Figure 3



Source: CDC, 2011. Diagnoses of HIV infection among adults and adolescents, by sex and transmission category, 2011 - united states and 6 dependent areas. *In* Epidemiology of HIV Infection through 2011 ed. *PowerPoint.*

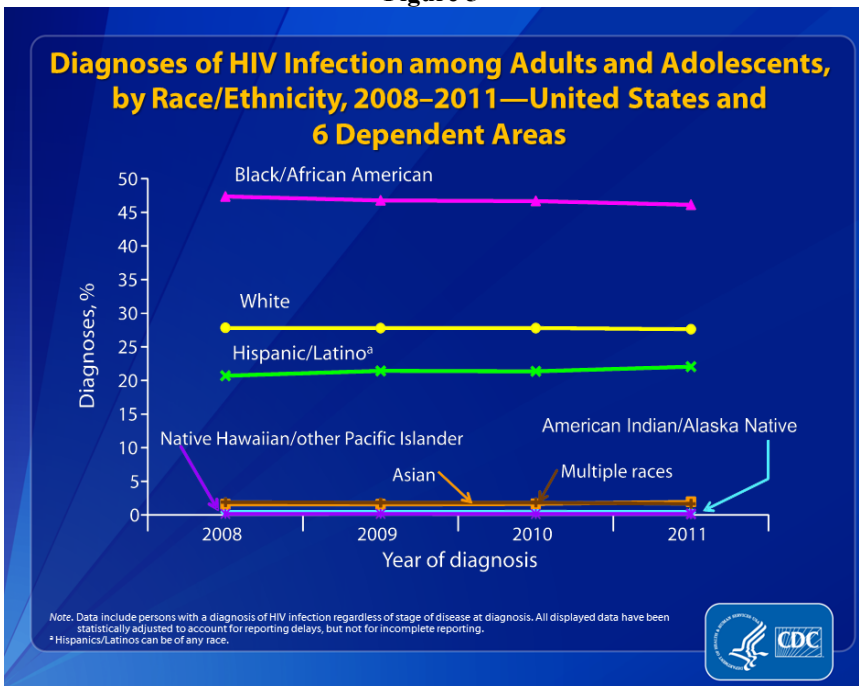
There are also significant disparities of HIV infection by race and geography (CDC 2011e) (Figure 4). Figure 5 shows diagnoses of HIV infection among adults and adolescents by race/ ethnicity in 6 dependent areas between 2008 and 2011. Blacks and African Americans represented the vast majority of new HIV infections, with 46% of new HIV diagnoses in 2011 (compared to 28% of whites, 22% for Hispanic/Latinos) (CDC 2011a). The HIV epidemic is also heavily concentrated in the southeastern region of the United States. Figure 6 illustrates the higher rates of new infections in the Southeast. Of particular interest is the state of Georgia, which has one of the highest rates of new infection in the region (AIDSVu 2013a, AIDSVu 2013b).

Figure 4



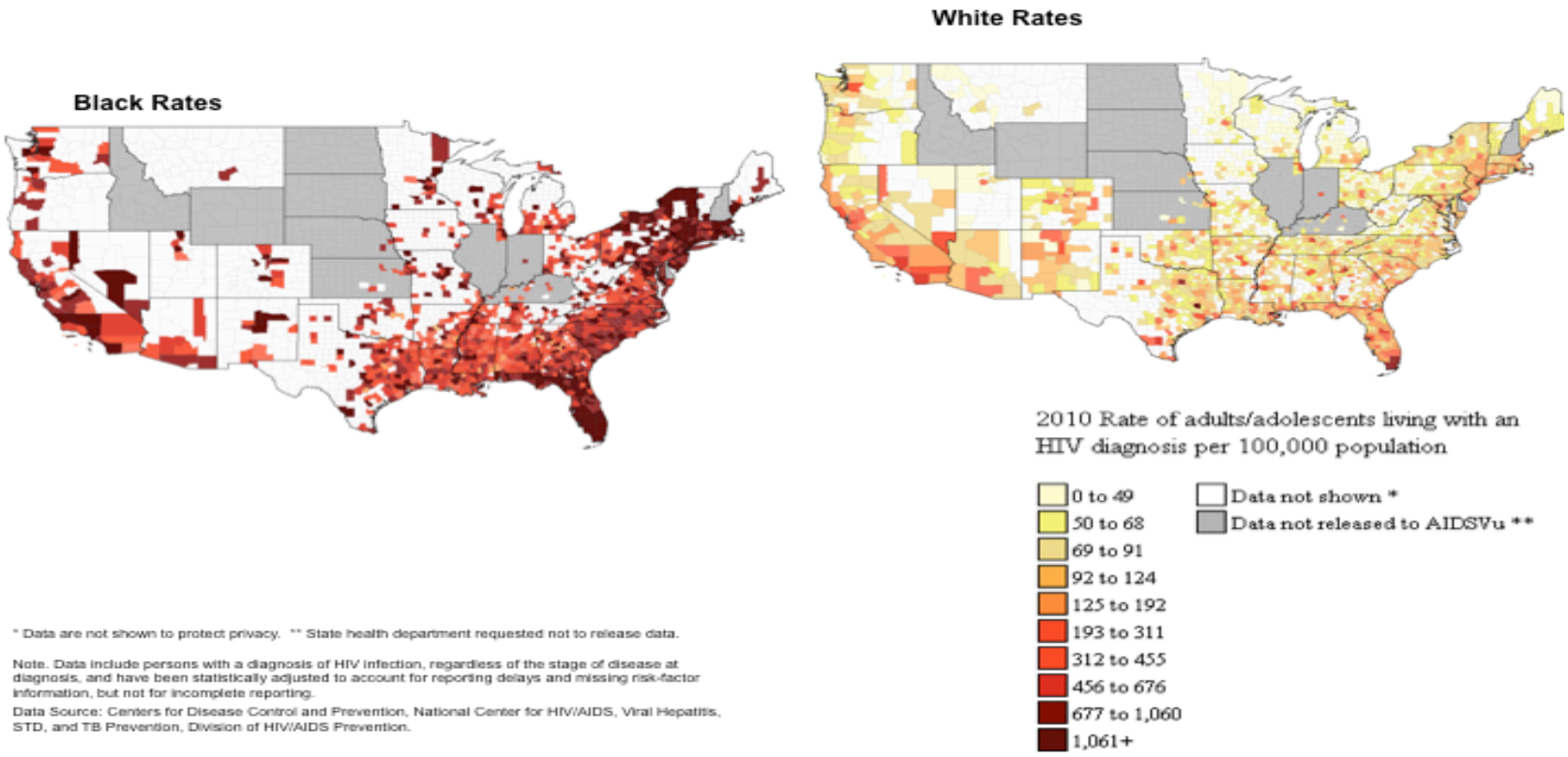
Source: CDC, 2011. Diagnoses of HIV infection among adults and adolescents, by sex and race/ethnicity, 2011- united states and 6 dependent areas. *In* Epidemiology of HIV Infection through 2011 ed.

Figure 5



Source: CDC, 2011. Diagnoses of HIV infection among adults and adolescent, by race/ethnicity, 2008-2011- united states and 6 dependent areas. *In* Epidemiology of HIV Infection through 2011 ed.

Figure 6: Rates of Black and White Persons Living with an HIV Diagnosis, by County, 2010



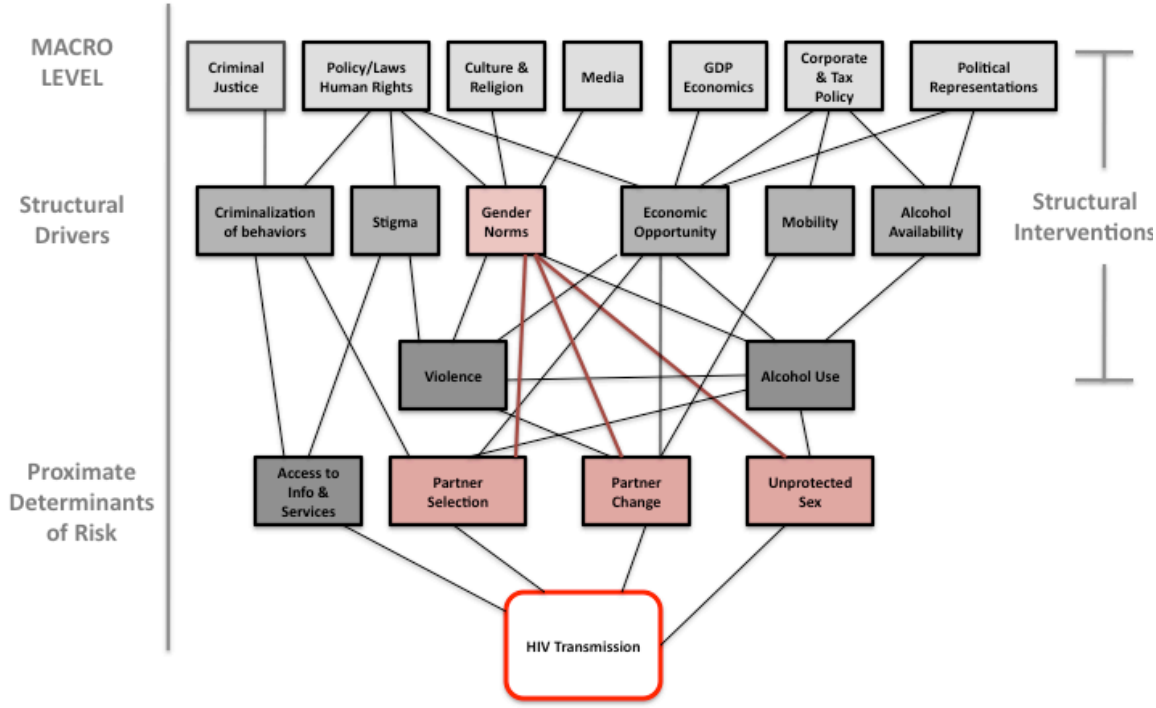
Source: AidsVu, Emory University, Rollins School of Public Health, 2013. Rates of black & white persons living with an HIV diagnosis, by county, 2010. In Illustrating HIV/Aids in the United States ed.

Previous studies have identified behaviorally bisexual men (men who have sex with men and women/MSMW) as a potential bridge population between the epidemics in MSM and women (Stokes *et al.* 1996, Hightow *et al.* 2006, Jeffries and Dodge 2007, Mercer *et al.* 2009). These studies have examined how lack of disclosure of same sex sexual activity to female partners, HIV status (personal and status of partners), partner type (male/female), substance use, cultural values, and stigma influence sexual risk behaviors such as unprotected sex with male and female partners (Dodge *et al.* 2008, CDC 2012b, Tieu *et al.* 2012, Reback and Larkins 2013). However, varying patterns in risk behaviors and their influences reveal the complexity of MSMW risk profiles and limitations and challenges in studying behaviors such as unprotected anal/vaginal intercourse and disclosure of same sex behavior.

Current discourse on the role of MSMW in the HIV epidemic illuminates the need to understand how structural factors and proximate determinants drive the epidemic in women and MSM. Structural drivers are legal, economic and social factors that affect sexual risk behaviors such as partner choice and condom use (STRIVE 2014). Proximate determinants are behavioral and biological factors that contribute to HIV infection (Boerma and Weir 2005). Figure 7 is a framework created by STRIVE, a research consortium examining the social norms that drive the HIV epidemic, called "The causal pathways connecting structural drivers" (STRIVE 2013, STRIVE 2014). It provides a useful framework to understand the increased vulnerability of women and MSM to HIV infection. Previous studies have explored how power dynamics and gender inequality influence HIV risk in women (MacPherson *et al.* 2012, Mbonye *et al.* 2012, Seeley *et al.* 2012). However, by focusing on the boxes in shades of red, this study addresses an

existing literature gap and "outdated model of scientific inquiry" by providing a better understanding of how gender norms and partner interactions influence sexual risk taking and HIV risk in MSMW and their male and female partners (Stephenson 2012, STRIVE 2013). It also provides an expanded view on gender norms and partner characteristics outside the male/female dyadic context.

Figure 6: Causal pathways connecting structural drivers of HIV



Source: STRIVE, 2013. Causal pathways connecting structural drivers of HIV risk

Recent studies also reveal the importance of examining how relationship designations, complexities and sexual agreements inform sexual risk behaviors, particularly the role that primary partnerships play in the transmission of HIV in both MSM and women (Stephenson 2012). The 68% of new HIV infections in MSM acquired in primary partnerships suggests that MSM may take more sexual risks with partners with

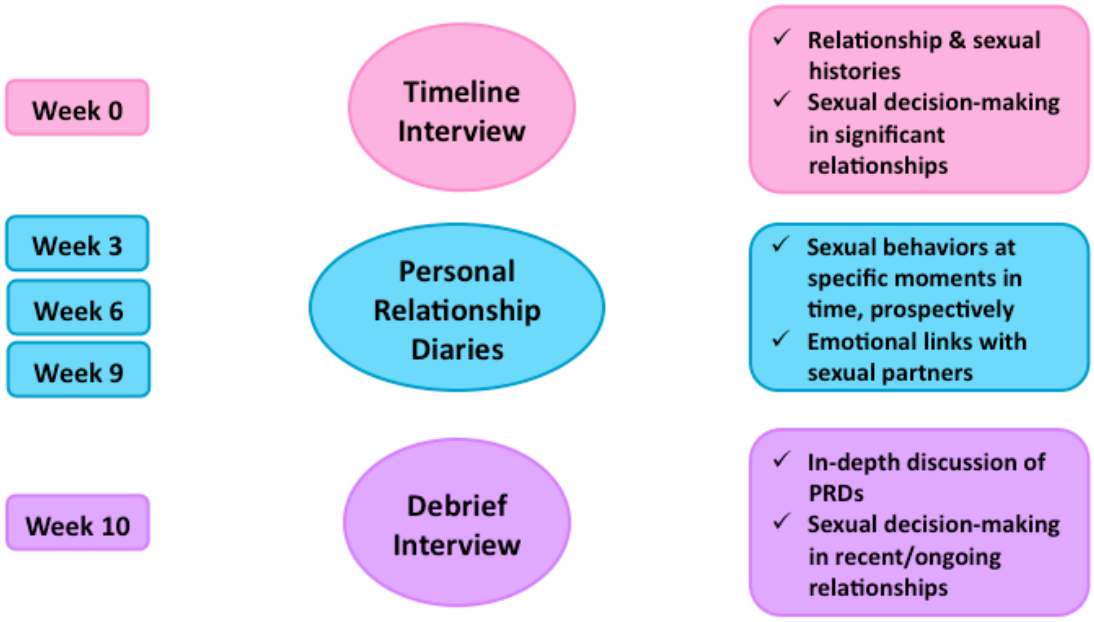
whom they share high levels of trust and intimacy (Sullivan *et al.* 2009). While recent studies have found that intimacy and love play a crucial yet overlooked role in the negotiation of condom use and same sex risk behaviors, there is little known about the attitudes and relationships dynamics in same-sex male partnerships and how those relationship complexities and dynamics affect their risk behaviors (Stephenson 2012).

LoveLab

This project is an analysis of qualitative data from a study called LoveLab. Conducted between November 2012 and April 2013, LoveLab used unique prospective and retrospective, qualitative and quantitative data collection techniques to examine how emotions such as love, trust, and intimacy influence perceptions of risk and sexual decision-making in MSM relationships in Atlanta, GA (Stephenson 2012). LoveLab aimed to understand how emotions impact decisions regarding sexual risk-taking, identify how emotions mediate perceptions of risk and actual risk, and examine patterns of sexual behavior over time and how they are impacted by emotions (Goldenberg and Stephenson 2012).

During the 10-week longitudinal study, participants completed base-line in depth interviews (IDI) and examined past dating and relationship histories by building a timeline. Participants then tracked sexual experiences in web-based quantitative personal relationship diaries (PRD). Data from PRD were extracted and discussed during a debrief interviews. Figure 8 illustrates the study procedures. Detailed study methods are described in Chapter 2.

Figure 8: LoveLab Study Procedures



Source: Goldenberg, T. & Stephenson, R., 2012. Love lab: How love and trust in relationships among MSM impact sexual risk taking. Department of Global Health, Rollins School of Public Health, Emory University.

Preliminary analysis of 50 in depth interview and personal relationship diaries produced 23 codes (or themes) including like trust, love, intimate partner violence, dominance, and exclusivity (Table 1) (Goldenberg and Stephenson 2012). This study focuses on the themes of exclusivity and risk. While discussing the concept of exclusivity and sexual agreements between partners, several participants discussed the pursuit and maintenance of relationships with men who have sex with both men and women. Their comments provided unique insight into the sexual agreements and perceptions of HIV risk within MSM/MSMW dyads and form the basis for this project.

Table 1: LoveLab Code Definitions	
Codes used for analysis	
Code	**Definition**
Exclusivity	**Concurrency, monogamy, cheating, fidelity, sexual agreements, women on the side**
Risk	**Emotional risk, risk definitions, describing something as risky/not risky, risk ranking, HIV/STI risk, other HIV/STI risk reduction techniques besides condom use, Safe/Unsafe in the context of sexual risk**
Other Codes	
Code	**Definition**
Commitment	Explicit discussions of commitment: its presence, its lack, what commitment means, how commitment is defined
Condom	Condom use, non-use, decision-making/self-efficacy around condoms, discussions or lack of discussions about condom use
Dominance	Dominance, submission, aggression, and passivity
Drugs/alcohol	Any reference to using drugs or alcohol, being high or drunk
Economics	Money, material issues, material inequalities, work, being the financial provider, Sugar Daddy, transactional sex, forming a joint household/partnership/economies, dependent economies, personal finances
Gay	What it is to be or act "gay," coming out, the "lifestyle," being "environmentally gay," being closeted, internalized homophobia, gay marriage, having girlfriends on the side *only as part of being gay/bisexual.*
HIV/STI	HIV Testing, status, becoming positive, learning about ex- or current partner status, how status affects relationship, disclosure
Inequalities	Inequalities between partners: age, race/ethnicity, disability, body size, social class/capital/access/privilege, income, housing
Intimacy	Explicit discussions of "intimacy" (or lack thereof)
IPV	Abuse/assault (named or unnamed): emotional, physical, sexual, material, verbal, stalking, controlling behaviors, manipulation, coerced non-use of condoms, name-calling ("too gay"), threats; one partner having power over the other; Do NOT code for BDSM
Love	Explicit discussions of "love" (or lack thereof)—also use with red hearts. Do not use if "making love" is only a euphemism for sex
Masculinity/ Gender	Concrete discussions/definitions of masculinity, not being masculine enough, femininity, being the "protector"
Mental Health	Discussions of mental health and emotional well-being, impact on relationships and sexual decision-making, changes in mental health (Refers to interviewee and his partners. Code all mentions)
Online	Hooking up, finding partners online, starting a relationship online, sexual decisions based on online information. Grindr, Facebook, Twitter, Jack'd, Adam4Adam, Manhunt, Scruff
Other Feelings	Explicit discussions of other blue stickers: Happy, Comfortable, Like Myself, Wanted, Appreciated, Supported, Understood, Excited (non-sexual), In Control, Connected, Vulnerable, and Used (include opposites and discussions of absence of feelings)
Respect	Explicit discussions of "respect" (or lack thereof)
Security	Explicit discussions of: "secure" "insecure" "safe" "unsafe"
Self-Esteem	Discussions of self-esteem, self-image, body image, how self-esteem impacts relationships, how self-esteem impacts sexual decision-making and self-efficacy
Sexy Sex	Descriptions of what sex is, its meanings, differences between acts, lust, physical attraction *to a specific partner*, great sex/bad sex, feeling "sexy," "unsexy," "turned on," "turned off," "excited," "He is very, very hot and sexy," "He makes me feel very, very hot and horny"
State of the Union	Relationship definitions, transitions, development, beginnings/endings, terms, casual vs. serious, future plans, activities shared, meeting the family, (Non-)Cohabitation; Hotspot: "I don't know the first thing about him"; Ranking 1-5 on how well they know the person
Trust	Explicit discussions of trust, distrust, deceit; discussions of what trust means and how it impacts the relationship, honesty/dishonesty

Problem Statement

The rise in HIV transmission among men who have sex with men from primary partners (CDC 2011b) indicates a need to investigate how emotions and motivations influence sexual risk taking with partners. Early research on men who have sex with both men and women (MSMW) identified MSMW as a bridge population between MSM and women, however its reductive focus on behavioral bisexuality as a set of risk behaviors could potentially stigmatize MSMW (Malebranche 2008). There is a lack of literature that provides insight into the complexities of men's relationships with their male and female partners and the implications of those relationship dynamics on the HIV risk.

Purpose/ Research questions

This project has the following aims:

1) Investigate definitions of exclusivity among participants and compare how definitions of exclusivity differ between MSM/MSM and MSM/MSMW dyads.
2) Identify how MSM form partnerships and maintain sexual agreements with MSMW partners.
3) Understand how the presence of women (particularly, primary female partners) influences how MSM define and describe exclusivity, relationship dynamics and perceptions of HIV risk with MSMW partners.

Project Significance

This project fills a gap in literature by providing nuanced insight on the emotions and motivations that influence sexual risk behavior, relationship dynamics, and HIV risk perception between MSM and their partners, particularly their MSMW partners. This

project also provides novel insight on how underlying gender norms within these relationships influence perceptions of HIV risk between MSM and MSMW, *from the perspective of MSM partners.*

Author's note/Definitions of terms:

The term "men who have sex with men" (MSM) is used throughout this project to refer to men who have sex exclusively with other men compared to "men who have sex with men and women" (MSMW). However, we recognize several limitations in using such terminology. First, definitions of the term MSM vary by study. While in some studies, the term MSM is an all-encompassing term for men who have sex with other men regardless of whether they also have sex with women; others studies make a distinction between men who exclusively have sex with men, and men who have both male and female sexual partners. Second, this study recognizes the complexity in labeling or distinguishing sexual identifications and sexual behaviors. While the subjects of this study self-identified as gay or bisexual, our decision to refer to groups of men by their behavior rather than identity is an attempt to create cohesion between studies and references, but does not ignore the crucial role that sexual identity plays in behavior, relationship formation, and lived experiences.

CHAPTER 2: MANUSCRIPT

"He's still with these girls": Definitions of exclusivity between gay and behaviourally bisexual men and gendered implications for HIV risk

By

Whitney Williams, MPH, Tamar Goldenberg[1], MPH, Catherine Finneran[1], MPH, Karen A. Andes[1], PhD, Rob Stephenson[1], PhD

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Contribution of student

This manuscript is the result of secondary data analysis and writing performed entirely by the student. The student had no role in the study design or collection of data. Guidance for analysis and writing were provided by the thesis chair (Rob Stephenson) and research associate (Tamar Goldenberg).

ABSTRACT

Studies have identified men who have sex with men and women (MSMW) as a bridge population for HIV between men who have sex with men (MSM) and women. However, a need exists for nuanced investigation of feelings, motivations and relationship dynamics that inform risk perception and sexual behaviour of MSMW and their partners. We conducted a 10-week longitudinal qualitative study to understand how MSM negotiate feelings of love, intimacy and trust with sexual decision-making. Participants completed baseline in depth interviews (IDI) that examined past relationship histories by building a timeline. Participants then tracked sexual experiences in web-based quantitative personal relationship diaries (PRD). Data from PRDs were extracted and discussed during debrief interviews. Verbatim transcripts were analysed as life-stories and thematically coded. The presence of women presented a challenge in establishing and negotiating sexual agreements with MSMW partners. For some participants, conventional concepts of masculinity drove attraction to MSMW, shaped the formation of partnerships, influenced perceptions of HIV risk, and created power imbalances within partnerships. Participant responses suggest gender norms that create power imbalances between MSMW and their female partners may also influence their partnerships with MSM. A gender informed approach to HIV programming is needed for both men and women.

KEYWORDS (3-5): Behavioural bisexuality, Gender norms, HIV risk, structural interventions

INTRODUCTION

In the United States, HIV among women and men who have sex with men (MSM) can be described as parallel epidemics. While MSM face the highest and most disproportionate burden of HIV (CDC 2012a, CDC 2013b), women represent a disproportionate share of HIV infections among heterosexuals (CDC 2012a). While representing only 4% of the general population, MSM accounted for 63% (28,500) of all new HIV infections (47,500) in 2010 and 62% of all infections among adults and adolescents in 2011 (CDC 2013a). Male-to-male sexual contact accounted for 78% of HIV diagnoses among men in 2011 (CDC 2011c) While women only comprised 20% (9,500) of new HIV infections in 2010, 84% were through heterosexual contact (CDC 2014). Centres for Disease Control and Prevention (CDC) estimates also indicate a 22% increase in new HIV infections among gay and bisexual men between 2008 and 2010 (CDC 2013a).

There are also significant disparities in HIV infection by race. Of the 50,007 diagnoses of HIV infection among adults and adolescents in 2011, 42% were among blacks/African Americans, 30% were among whites, and 23% were among Hispanic/Latinos (CDC 2011a, CDC 2011c). Black/African American MSM accounted for 36% of estimated new HIV infections in 2010 (CDC 2013a) and African American women represented 64% (2,700) of new HIV infections among women (CDC 2014). While there were fewer new HIV infections among women than men in 2011, a higher proportion of new HIV infections among women were to African Americans.

There are common drivers of both epidemics including: a lack of insurance that hinders access to testing, care, and antiretroviral treatment (CDC 2012a, CDC 2013c).

Unique drivers of the epidemic in MSM include a higher prevalence of HIV among MSM (making the risk of acquisition higher with each sexual encounter) (CDC 2013a), and structural drivers such as stigma and homophobia that lower self-esteem and perceptions of social support (Stokes and Peterson 1998, Martinez *et al.* 2011, Malebranche *et al.* 2012). Biological susceptibility (the higher risk for women compared to men of HIV acquisition during unprotected vaginal intercourse) may also drive HIV among women (CDC 2014).

Previous studies have identified men who have sex with men and women (MSMW) as a potential linkage or "bridge" between the parallel epidemics (Stokes *et al.* 1996, Hightow *et al.* 2006, Jeffries and Dodge 2007, Mercer *et al.* 2009) by exposing individuals from low-risk networks (characterized by few sexually transmitted infections and little risk behaviours) to individuals in high-risk networks (Gorbach *et al.* 2009). Recent studies attribute this "bridging" to risk behaviours such as unprotected anal and vaginal sex, multiple partnerships, and lack of disclosure of same sex sexual activity to female partners (Stokes *et al.* 1996, Lauby *et al.* 2008, Siegel *et al.* 2008). Studies have also identified various influences on sexual risk behaviour of MSMW including HIV status (personal and status of partners), partner type (male/female), substance use, and cultural values (Dodge *et al.* 2008, Lauby *et al.* 2008, Tieu *et al.* 2012, Reback and Larkins 2013).

However, varying patterns in risk behaviours and their influences reveal the complexity of MSMW risk profiles as well as limitations and challenges in studying behaviours such as unprotected anal/vaginal intercourse and disclosure of same sex behaviour (O'Leary and Jones 2006). While some studies found no variation in condom

use by partner type (Jeffries and Dodge 2007), others indicate that condoms were used more frequently with male than female partners (Gorbach *et al.* 2009), more frequently with female than male partners (Dodge *et al.* 2008, Tieu *et al.* 2012) or inconsistently during anal sex (Mitchell *et al.* 2012). While previous studies found that most MSMW do not disclose sexual behaviour with men to their female partners (Stokes *et al.* 1996, Mitchell *et al.* 2012, Shearer *et al.* 2012), and that disclosure to female partners was more common among white than black MSMW (Stokes *et al.* 1996, Millett *et al.* 2005), previous studies also found that MSMW reported fewer sexual partners, instances of unprotected anal intercourse (particularly, unprotected receptive anal intercourse), and were less likely to be HIV positive than MSM (Stokes *et al.* 1997, Millett *et al.* 2005, Pathela *et al.* 2006, Bond *et al.* 2009, Beyrer *et al.* 2010).

Various factors influence disclosure of same sex behaviour among MSMW including: the gender, sexuality, and potential negative attitudes of partners; length of relationship; race of the MSMW partner; HIV status of the MSMW and his partners; and concepts of privacy (Stokes *et al.* 1996, Millett *et al.* 2005, Dodge *et al.* 2008, Lauby *et al.* 2008, Malebranche *et al.* 2009, Tieu *et al.* 2012, Schrimshaw *et al.* 2014). Some studies found non-disclosure of bisexual behaviour deeply tied to notions of secrecy not only with female partners but also with others (CDC 2005, Hightow *et al.* 2006, Schrimshaw *et al.* 2014). Of 203 MSMW who never disclosed their same sex behaviour to female partners, 62.6% reported never disclosing to anyone and 54% affirmed they would never tell most individuals including family members, friends, or colleagues (Schrimshaw *et al.* 2014). These varied results indicate that disclosure is a complex

concept potentially organized around costs and benefits to MSMW and their partners (Dodge *et al.* 2008).

Variations in results also reveal limitations in researching MSMW (Jeffries 2009). Since MSMW are difficult group to identify and access, most studies have focused on small convenience samples and few have used nationally probabilistic samples (Jeffries 2010, Shearer *et al.* 2012). However, limitations in research on MSMW extend beyond methodological issues. Researchers must critically examine the discourse on male bisexual behaviours and beware not to portray the population as a "unidirectional vector" of HIV (Malebranche 2008).

Given that male bisexual behaviour is just one in a complex array of factors (Malebranche 2008) that influence HIV risk, researchers must also critically examine how the "exclusive" focus on bisexual men as a bridge between MSM and women detracts from other structural factors and proximate determinants that drive the epidemic (Malebranche 2008). A 1997 National AIDS behaviour survey found that 73% of heterosexuals reported on-going HIV risk behaviours (Millett *et al.* 2005). Considering there is no clear evidence that HIV transmission to heterosexual women stems from the non-disclosure of same sex activity of bisexual men (Millett *et al.* 2005), the extent of their participation in HIV epidemic requires deeper exploration (Malebranche 2008). There is a need for more research that examines the prevention and negotiation skills MSMW employ with male and female partners (Dodge *et al.* 2008). While many studies to date have focused on "risk" behaviours of MSMW (Lauby *et al.* 2008, Siegel *et al.* 2008, Gorbach *et al.* 2009, Mercer *et al.* 2009, Mitchell *et al.* 2012) some have also shown that MSMW are aware of HIV risk behaviours (unprotected sex, multiple

partnerships, and not knowing partner's status) and attempt to protect themselves and their partners from HIV infection through practices such as strategic sexual positioning and reduced frequency of anal intercourse (Dodge *et al.* 2008, Jeffries 2009, Jeffries 2010).

Lack of complexity in the description and study of bisexual behaviour can further stigmatize MSMW (Malebranche 2008) and illustrates the need for more studies that provide nuanced insight into the feelings, motivations and interpersonal dynamics that inform their perceptions of risk and sexual decision-making. In qualitative studies, MSMW have provided varying perceptions of partner's HIV risk. While some participants in one study indicate that gender played no role in a partner's perceived risk (CDC 2005), other studies found that MSMW thought female partners posed more risk than men (Dodge *et al.* 2008), or that male partners posed more risk than female partners (CDC 2005, Malebranche *et al.* 2009). Perceptions of increased risk were largely driven by assumptions of promiscuity and the frequency of sexual activity (CDC 2005, Dodge *et al.* 2008, Malebranche *et al.* 2009).

Few studies on MSMW have explored the desires that drive sexuality, especially how sexual behaviour is shaped by the formation and maintenance of primary and casual partnerships (Wolitski and Fenton 2011). Therefore, there is limited research on the relationship dynamics and sexual agreements MSMW make with male and female partners. One study described various relationship types, agreements, sexual behaviours (including condom use) among female-partnered MSMW who had sex with men by asking respondents to define monogamy, sexual agreements with primary partners, and same sex sexual behaviour (Mitchell *et al.* 2012). Of men who reported strictly

monogamous heterosexual relationships, only 14.5% reported actually having sex exclusively with their female relational partner (Mitchell *et al.* 2012). However, as a quantitative study, this study provided little information on the formation of these partnerships and the feelings and relationship dynamics that may have influenced behaviour. Another study that examined women's views on down-low African American men found that some women were hesitant to confront or ask partners about sexual histories with men because of economic dependence (Goparaju and Warren-Jeanpiere 2012). While these studies provide needed dyadic partner information and additional insight on sexual agreements, they only looked at these agreements from the MSMW or female partner perspective.

Through interviews with men who identify as gay and bisexual, this paper adds complexity to the body of literature on MSMW by exploring their relationships with their male partners. It investigates the role that women play in how MSM define exclusivity, form partnerships and perceive HIV risk with their MSMW partners.

METHODS

A 10-week longitudinal qualitative study was conducted with self-identified gay and bisexual men (GBM) in Atlanta, GA between November 2012 and April 2013. The Emory University Institutional Review Board approved this study. Eligible participants were men aged 18 and older, lived in the Atlanta metropolitan area, reported unprotected anal intercourse (UAI) in the last three months and identified at gay or bisexual. A group of 1440 men who previously participated in studies at Emory University were emailed to complete an eligibility screening survey. Of 198 survey responses, 115 met eligibility criteria. Of those eligible, 46 expressed interest in the study and were contacted to

participate. After the research team conducted, summarized and assessed 20 baseline interviews for saturation and participant variation, five additional participants were recruited and interviewed based on age and race to enhance saturation in those categories.

Participants first completed a baseline in depth interview (IDI) where they examined past dating and relationship histories by building a life-history timeline. The timelines allowed for the systematic exploration of relationship histories over time and across partners. Participants discussed up to five partners who they considered "significant or memorable". The timeline spanned the age when the participant met his earliest partner to the participant's age at the time of the interview. For each partner, participants explored emotional aspects in the partnership by placing predetermined labels on the timeline and answering follow up questions that examined relationship dynamics, rules, feelings and emotions. To describe their sexual experiences with each partner, participants placed stickers on the timeline to indicate the frequency of anal sex with and without a condom. Participants then ranked each partner based on how risky they were for HIV and STIs with a set of stickers defining HIV/STI risk from most (1) to least (5) risky. Participants were then asked to explain their rankings and how they defined risk.

After baseline interviews, participants completed three web-based quantitative personal relationship diaries (PRD) in which they entered information on sexual experiences and accompanying emotions with partners over the study period. Participants reported the number of partners with whom they had oral and/or anal sex, the number of oral, penetrative anal, or receptive anal sexual encounters with each partner, and the frequency of condom use. They ranked each partner on a scale of 1-5 on how well they

knew their partner, emotional risk, and HIV/STI risk. To capture additional emotional aspects of relationships, participants applied statements describing various relationship characteristics/emotions (i.e. “I get jealous when he flirts with other people” or “I trust him a lot”).

To gain insight into participants’ emotions and sexual decisions with partners and changes over the study period, participants took part in debrief IDIs which discussed data extracted from the PRD. A separate timeline was created and displayed for each partner and interviewer guides were tailored to each participant based on his reported experiences in the PRD. Guides addressed four different scenarios: participants with multiple partners, participants with one sexual partner, participants who discuss romantic interests but not sexual partners, and participants who discuss no romantic interests and no sexual partners. Interviewers asked participants to explain the information on the timelines and used predetermined stickers to add new information.

All interviews were audio recorded and transcribed verbatim. Data were analysed using MAXqda 10 software (Verbi Software, Berlin, Germany). Interviews were analysed as individual life stories which characterized the relationship styles, patterns of condom use, and risk definitions of each participant. This approach facilitated a thematic analysis to explore patterns across participants. A preliminary codebook was created and consistently applied to all verbatim transcripts based on recurring themes. A team of six analysts tested the codes using one transcript and then assessed inter-coder agreement and refined the codebook. This process was repeated four times and completed using three baseline and one debrief interview. The team of analysts then applied the codes to all 50 transcripts with at least two analysts coding each transcript. Coded transcripts were

merged and the study coordinator reconciled discrepancies. Transcripts were re-read and text related to the "exclusivity" and "risk" codes was analysed for recurring themes around relationship types/designations, concurrency, and sexual/emotional risk. Analysis focused on participants who described concurrent partnerships. Among participants who described concurrent partnerships, coded text related to exclusivity were compared between participants who *did* and *did not* describe partnerships with MSMW.

RESULTS

A total of 25 men participated in the study with 100% retention during the study period. Participants ranged between 19 and 50 years of age with an average age of 32.2. The study had relatively equal representation among black and white participants with 48% (12) of participants identifying as white, 44% (11) as black/African-American, and 8% (2) as multiple races. The majority of participants (98%, 23) identified as gay rather than bisexual (8%, 2). Of 25 participants, 8 described relationships with MSMW partners. One of the 8 participants also described relationships with women.

During interviews, participants discussed and defined the concept of exclusivity in emotional and sexual terms in both MSM and MSMW partnerships. Participants' relationships with MSMW partners were an inductive theme that emerged from initial readings of the data. Participants, regardless of their partnerships with MSM or MSMW, described "exclusivity" as a fluid concept that characterized a continuum of negotiated sexual agreements and levels of emotional attachment. While participants described little variation in how they defined exclusivity with MSM and MSMW partners, they note that the presence and role of women created dynamics unique to MSMW partnerships. The common dynamic was one where participants initially pursued relationships with MSMW

partners because of a perception of them being very masculine. Once formed, many participants described developing high levels of emotional attachment that were not reciprocated by their MSMW partners. These partnerships led to feelings of jealousy and competition with women.

Participant definitions of exclusivity in partnerships with MSM compared to MSMW

Participants described sexual agreements and emotional attachments on a continuum from an '*intention… to be with [the person] forever*' and '*unconditional*' feelings to casual sexual encounters with concurrent partners. While they represent extremes on the continuum, these agreements accompanied varying levels of emotional commitment. Participant 113 provides an example of how some participants define exclusivity as an emotionally attached relationship where both partners are *'close'* and *'connected'*.

> *Getting to know him better. Maybe even being in a relationship together…I guess we would become exclusive, become partners and all that good stuff.*

Some participants described partnerships with high levels of emotional commitment and attachment as *'mutual agreement[s] to monogamy'* with the intention *'to be together for a long while'*.

> *It means he's, he's the one. I mean I'm not having sex with anybody else. I'm not seeing anybody else… that's what it means to me to be committed above all others*

In these monogamous relationships, it was expected that neither partner engaged in outside sexual activity. For other participants, *'commitment above all else'* was defined by *'unconditional feelings'* for a partner rather than monogamous sexual activity: *'open relationships'* and *'having sex with different people'* were considered acceptable agreements.

> *…I think for a lot of people, monogamy is something that most would attach to being committed. But for me, it's more so that you're like your feelings for that person are unconditional and you have no interest in looking for somebody else at all. The way I felt when I was with my partner of 6 years. Like sure I met guys that were nice and cute and great to hang out with but never, it just never crossed my mind to date them. Sure I'd hook up with them and have fun but like it just, it would never phase me to do anything else because I just didn't even have the interest. So that, to me, would be committed above all else.*

Participants revealed how the formation of partnerships with MSMW distinguished them from their partnerships with MSM. Some participants reported that manliness was a desirable trait and that their attraction to '*masculine*', '*manly m[e]n*' was a key factor in why they pursued and entered into partnerships with MSMW.

> *I was glad to have a man. Excited that this new relationship, and it's a manly man…I say very sexy.*

For some participants, their partner having a female partner contributed to perceived manliness. They explained how they were not only attracted to men who seemed "masculine" but specifically men who were also involved with women. Participant 101 described how he was specifically attracted to one partner because he had a girlfriend.

> *With AA…I was turned on because I always think it's hot for someone outside of a, of a certain lifestyle… that had a girlfriend …[to] come at me with more, with, with, with a sexual undertone, it was hot at first. It was hot.*

One participant explained that he pursued relationships with MSMW not only because they were masculine, but also private.

> *Interviewer 2. So this guy is also married. Does it, does that impact your relationship with him…*
>
> *P104: 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…And they're also, generally, more masculine than other guys.*

While many participants **defined** an exclusive relationship as a mutual agreement of monogamous sexual activity, very few participants describe this arrangement as

occurring between themselves and MSMW partners. Though participants provided similar **definitions** of exclusivity in MSM and MSMW partnerships, they noted how the presence of women presented a distinct challenge in establishing relationship *"boundaries"* and negotiating sexual agreements and with MSMW partners.

> *When it's two men, you know you're going to do what you're going to do. So it really was no boundaries…I know he said I better not ever hear that you slept with another man. I didn't and I knew he wasn't. But women, it was no boundaries, you know.*

Some participants described how the presence of women created fluid sexual agreements and 'boundaries' between MSM and MSMW partners: sexual agreements and definitions of exclusivity frequently changed and boundaries were difficult to define. Participants described various roles women assumed in relationships between MSM and MSMW. While some participants may have been in what they defined as exclusive sexual relationships with their MSMW partners, either they or their partners still engaged in sexual activity with women.

> *Interviewer. So with you and him, had you had discussions about things like monogamy or breaking agreements, agreements, things like that?*
>
> *Participant 120. Well, we talked about, um, um, I think we talked about maybe some time down the road us going 3-somes and then we would get high and that kind of stuff.*

The presence of women ranged from casual '*three-some*' sexual encounters as described by Participant 120 to MSMW partners who '*had a girlfriend during the day and mess[ed] around [with the participant] at night*' and partners who were in '*pretend relationships*' with women. In these scenarios, exclusivity with MSMW partners didn't include sexual encounters or relationships with women. It's as if women 'didn't count' in how they defined and perceived exclusivity with their MSMW partners.

> *Participant 113. This guy, I like I said, was bisexual…he had a girlfriend during the day and then we would mess around at night…this one… we were best friends so I knew everything about him, he knew everything about me…We even had two girls that were cousins pretend to be our girl, well they thought they were our girlfriends for real, bless their hearts. But yeah, so we did do the exclus-, exlu-, exclusi- blah blah, that word piece [exclusive]. This guy, like I said, he was straight so I really didn't, I'm still trying to adjust to that psychologically. And then this guy, we worked together. So we pretty much hung out every day at work. So we were definitely exclusive. This guy was in the closet, if you will. So he had a girlfriend and then he had me and, yeah, so that was how that was.*

By discussing how he was '*best friends*' with one partner and *'pretty much hung out every day'* with another, participant 113 described how the presence of women affected the development of emotional attachments and revealed a key pattern in the relationship dynamics between MSM and MSMW partners. While some participants eventually did develop emotional attachments to their partners, they largely described these attachments as unreciprocated. In these cases, the MSMW partner's relationship with a woman made them what one participant described as 'sexually' but not 'emotionally' available.

> *he wasn't as emotionally involved with me, come to find out, as I was with him…his emotional attachment was to females whereas mine was to him and we had sex.*

These relationships developed a dynamic characterized by uneven levels of emotional attachment, where one partner desired more intimacy and commitment than his MSMW partner could reciprocate.

> *106…he was more of the masculine type but he had messed around, he had girlfriends and he wasn't faithful either. So I think that I was more trying to be the wifey, trying to be, you know, have a home and that kind of thing, and I think he was more uncommitted and he thought that it was OK to do that.*

Participant 113 echoed the feeling of uneven expectations and relationship dynamics described by participant 106 in his description of a relationship with an MSMW partner

he met on the Internet. While he '*loved [his partner] from the moment [he] met him*' his partner didn't '*see himself with a man for the long haul*' but *'[saw] himself with a wife and children*'. Participant descriptions of stark imbalances in emotional attachments between MSM and MSMW partners revealed a discrepancy between the desire for increased intimacy (or monogamy) and the inability to experience it in the context of their relationships with an MSMW partner. This imbalance left some participants feeling '*hurt*', '*insecure*' or '*used*'.

> *Participant 106…I feel like I was more committed to him than he was to me…I don't think that there was ever an emotional commitment between the 2 of us…it was more me loving him and him not being committed to me. . So after a while, I started feeling used*

Some participants discussed how uneven relationship expectations led to feelings of jealousy towards female partners. While jealous feelings were not unique to men in partnerships with MSMW, female partners seemed to present a unique threat and introduced a sense of fatalism into the relationship: a fear that the MSMW partner would eventually 'leave them' for their female partner. Participant 106 describes this fear.

> *Participant 106. I think that goes back to I'm afraid he'll break my heart because …it's just like dating a married man.*
>
> *Interviewer. Are you at all concerned that you might develop those feelings for him?*
>
> *Participant 106:…I don't know how it's gonna work out because, I mean, I know the girlfriend…I don't want no crazy trois situation or, you know, nothing like that. So, I'm trying to distance myself because I know it's not gonna turn out right but it's kind of hard*

For some participants, the fear of losing their MSMW partner also led to feelings of competition with women for intimacy with their shared partner. Participant 108 had both male and female partners and described how competition and jealousy of his male partner

towards his female partner led to fights. He describes how their fights '*broke up th[e] relationship*' with his male partner because he eventually sided with his female partner (and mother of his child).

> *P108: [he] tried to fight her a couple of times…I said if you hit her, I swear to God I will kill you…he said that's what hurt him. He said that I would take her over him, you know. I'm like hey, that's mother of my child and she's a women.*

Perceptions of HIV Risk in MSM/MSMW relationships

For the majority of participants involved in partnerships with MSM and MSMW, perceptions of HIV risk were driven largely by his knowledge of and trust in a partner's sexual behaviour and dating history. There were no clear patterns in condom use between partnerships with MSM and MSMW. Instead, knowledge of a participants '*actual…experiences','the different opportunities that they would have to contract something'* as well as how well they '*kn[e]w the person…their sexual history and the people in their sexual history'* ultimately determined who posed the most STI/HIV risk. One participant provided a potential explanation for this pattern by explaining that close ties and '*interconnected communities*' fostered knowledge and trust in a partner's sexual history and behaviours because they created environments where information about a partners' STI/HIV status could be shared freely.

> *most people have done things with most people... most of the people he knows I know…the people who do have, you know, diseases of some sort, the news gets out pretty quickly and they're pretty blacklisted*

However, some participants perceived men with one female partner or men who recently ended a relationship with a woman as among their least risky partners. Comparisons between various participants' perceptions of STI/HIV risk among MSMW partners

revealed no clear patterns for why some with female partners were considered the least risky. Participants don't explicitly attribute an MSMW partner's lower perceived risk of STIs/HIV to female gender of his partners. However, their explanation for why these partners are less risky illuminated underlying perceptions of gender, behaviour and HIV risk. Participant 104 described one of his MSM partners as low risk because of his limited sexual history with men and the trust they built over time.

> *…we've talked more about being careful and safe and STDs. I've talked more with [MSM partner] about that than I have with [Married MSMW partner].*

But despite the open communication in their relationship, Participant 104 still viewed his married partner as posing the least STI/HIV risk

> *Yes, so really you asked who I feel like is the least risky as far as getting STDs. It probably is not [MSM partner] because I know he is hooking up with other guys…it would probably one of these married guys …because he does not hook up with anybody else but me. So he actually would be the absolute least risk of anybody.*

Participant 104 comments revealed that some participants viewed these partners as least risky because their sexual activity was limited to an assumedly monogamous relationship with a woman and with the participant.

> *Then with Chris, you know, he just got out of the marriage and I didn't think he was positive because they weren't swingers or anything like that and I knew I wasn't positive because I just got tested so we didn't use condom*

However, participants provide no clear or consistent explanation whether monogamy or female gender of partners made MSMW partners seem less risky. Participant 101 attributes lowered perceived HIV risk of one partner to the HIV negative status of his children.

> *I was always OK with him because he had two kids and he had a fiancé…So I kept saying OK, well if he got kids, they ain't no way that he can be HIV positive because the kids are OK.*

Partners who participated in concurrent sexual relationships with inconsistent condom use were perceived as posing a higher STI/HIV risk, regardless of the gender of their partners. Participant 110 ranked one MSMW partner as a 5 for STI/HIV risk (the highest risk on a scale of 1-5) because he told participant 110 that he '*d[i]d not believe in condoms"*. Participant 101 ranked an MSMW partner as a 3 for HIV risk

> *Participant 101. Right, even though we use condoms, he's still with these girls. I don't think I'm the only one he does this with. Any time you try to act like, he's a red flag. It's just a 3 because I know he tricks off a lot, I know he, I know he does not mind doing whatever it takes to get what he needs at that particular time, and I don't think I'm the only one he's done this with, and he's been to prison.*

While participants discussed how varying relationship definitions and dynamics between MSM/MSMW partners affected their perceptions of HIV risk towards MSMW partners, only two participants discuss how these dynamics influence women's risk of HIV. These participants discuss how men and women pose equal HIV risk to each other.

> *Women and men think the same thing who have been infected by this incredible disease…they never thought for one moment that their wife or their husband would step out on them and then they come back and they are HIV positive…when I was infected, I was like Lord… here am I being safe with men and I get infected by a woman.*

While Participant 108 discussed how the lack of disclosure of concurrent partnerships increased HIV risk to men and women equally, 101 also expressed frustration that society perceives women's sexual activity as less risky.

> *I'm like OK, you got 5 baby daddies and all of this, well that was 5 times that you did not use a condom…it seems like society embraces that where if I was to get on TV and say well… this individual has HIV…These are the last 5 people I had sex*

with…I just don't understand it and that really is a pet peeve. Your 5 unprotected sex and my 5 unprotected sex, me…I'm in quarantine, but with you, you get to go on Maury. I don't know who my baby daddy is. Well I don't know who just infected me because it's probably your baby daddy.

DISCUSSION

This paper offers unique insights into the formation and maintenance of sexual agreements, emotional attachments, and perceptions of HIV risk among MSM involved with MSMW sex partners. An exclusive relationship was generally defined as a mutual agreement of monogamous sexual activity; however, very few relationships involving MSMW partners adhered to this definition. Participants noted how the presence of women presented a distinct challenge in establishing and negotiating sexual agreements with MSMW partners.

This paper contributes to a growing body of research on behavioural bisexuality and moves away from conceptualizing this as merely a risk behaviour, but instead examines the feelings, motivations, relationship designations, and interpersonal dynamics that inform risk perception and sexual behaviour in these partnerships (Wolitski and Fenton 2011, Mitchell *et al.* 2012). The study also responds to a call for research that examines how structural factors influence HIV risk in MSMW and their partners (Malebranche 2008). Previous studies have shown the potential for concepts of masculinity and gender norms to create power imbalances in relationships between men and their female partners (MacPherson *et al.* 2012, Mbonye *et al.* 2012, Seeley *et al.* 2012). Power imbalances shape communication, patterns of disclosure, and HIV risk, especially if one partner is economically dependent on the other (Goparaju and Warren-Jeanpiere 2012).

Our results show how similar gender related structural forces influence the romantic motivations and dynamics in MSM/MSMW partnerships (Malebranche *et al.* 2012). Participants' attraction to 'masculine men' illustrates that concepts of masculinity shape not only the formation of partnerships between MSM and MSMW, but also how attraction to a conventional display of masculinity creates an imbalance of power within these partnerships. The negotiation of attitudes and expectations of monogamy with their same sex partners also affected power dynamics that inform sexual agreements (Prestage 2012). Unreciprocated emotional attachments and desires for monogamy created an imbalance of power where MSM partners felt unable to advocate for their emotional needs in the relationship. This finding is consistent with other studies in which MSMW describe little to no emotional attachment with male partners and restrict intimacy with male partners to reinforce a sense of masculinity and heterosexuality during sexual encounters (Reback and Larkins 2010).

While concepts of gender and masculinity also influenced how MSM perceived their partner's HIV risk, the mechanism of that influence was not as clear as with relationship dynamics in MSM/MSMW partnerships (Malebranche *et al.* 2012). Participant accounts that describe MSMW partners in assumedly monogamous relationships with women as among their least risky partners are consistent with studies with MSMW where women are described as less risky than their male partners (Dodge *et al.* 2008, Malebranche *et al.* 2009). However, in some studies, men attributed women's lowered perceived risk to an assumption that they were less promiscuous than their male partners (CDC 2005). These studies were consistent with our findings that some participants' perceptions of a partners risk were more influenced by the knowledge and

trust in their sexual history and behaviours than the gender of their other sex partners. This indicates, as some studies have shown with MSMW, that MSM are not only aware of and articulate the risk of certain behaviours (including unprotected sex and concurrent partnerships) but also potentially engage in protective behaviours such as choosing partners who they perceive as less risky (in this case men with female partners) to reduce their risk (Dodge *et al.* 2008, Mercer *et al.* 2009).

It is unclear whether the lowered perceived risk of MSMW in assumedly monogamous relationships with women was more influenced by risk reduction behaviours or the perceptions of reduced biological risk and promiscuity of women. Nor do the results provide clarification as to whether the perception of MSMW with female partners as less risky reflects a greater concern for the risk posed to themselves rather than the risk they may pose to their partners (Dodge *et al.* 2008).

LIMITATIONS

This study was originally designed to explore how emotions shape sexual risk in MSM. Since the exploration of partnerships with MSMW was opportunistic, we cannot be sure that we reached saturation on this theme. While the small sample size provides insight into the experiences of a select group of men, the results are not generalizable. Also, since this study collected information only from the perspective of MSM, we miss the perspectives of MSMW and their female partners. Further studies should purposefully investigate the relationship dynamics of MSM and MSMW partners and collect information from each member of the triad.

CONCLUSION

This study presents novel and valuable insight into how gender norms and concepts of masculinity influence relationships dynamics and perceptions of HIV risk in MSM/MSMW partnerships. Further research that explores MSMW as a "bridge" population, should consider the bridge between the epidemics as not a set of risk behaviours, but as structural gendered forces that influence power dynamics with both male and female partners. Interventions that take a dyadic approach to HIV prevention should heed and address the potentially gendered dynamics in these relationships as a potential barrier to the negotiation of safer sex practices and condom use.

ACKKNOWLEDGMENTS

Funding for this project was provided by the University Research Council at Emory University. The authors report no conflicts of interest.

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CHAPTER 3: PUBLIC HEALTH IMPLICATIONS

This study illuminates how gender norms and conventional concepts of masculinity can influence relationships dynamics and perceptions of HIV risk in MSMW partnerships with both male and female partners. While there is evidence for how gender norms affect HIV risk between MSMW and their female partners (MacPherson *et al.* 2012, Mbonye *et al.* 2012), this study is the first investigation of the sexual agreements, emotional attachments and role of gendered imbalances of power in relationships between MSMW and their male partners, *from the perspective of their male partners*. A novel understanding of these gendered forces in MSM/MSMW partnerships has various implications for further research and interventions that address HIV risk and prevention. This chapter describes these implications and provides recommendations on how these findings can improve future research and HIV prevention practice.

Expanded view of the bisexual bridge

This study calls for an expanded view of MSMW as a bridge population for HIV transmission between MSM and women. Evidence of the role of masculinity and gender norms in the formation of power imbalances in MSMW's relationships with both male and female partners indicates that researchers must consider the bridge between the epidemics as not a set of risk behaviors, but as gendered forces that influence power dynamics with both male and female partners. This expanded view is in line with previous studies that have critiqued the discourse on behavioral bisexuality as reductive and potentially stigmatizing (Malebranche 2008). It implies that larger structural forces

influence partner dynamics and bridge male and female partners. Focus group discussions with women and MSM could explore issues of gender and power in their respective relationships with men, looking for similarities and differences across groups. Previous interventions and research studies have developed and used scales to measure gender equity and conflict; however, these scales have not been used to measure perceptions of gender equity in relationships between MSM and their MSMW partners (Pulerwitz *et al.* 2000, Malebranche *et al.* 2012). Further research studies could develop a Gender Equity measurement scale for MSM/MSMW dyads.

Integrating gender analysis and gender-responsive action into the design of HIV service programs for both men and women

Interventions that address MSMW are limited because they tend to focus on relationships of MSMW with their primary female partners or address risk behaviors without addressing the influencing motivations and relationship dynamics. To date, structural interventions for MSM have included changes in bathhouse practices (prohibiting unprotected sex), drug policies (restriction of sale of cold medicines that can be used methamphetamine ingredients), and internet forums/dating sites that cater to low risk men (Wohlfeiler). The fact that similar structural factors affect power dynamics with both male and female partners points to the need to simultaneously address these imbalances on both "sides" of the "bridge" or across the continuum of gender and sexual identities. However, no interventions and very little research have looked at gender norms and power dynamics within MSM/MSMW relationships (Williams *et al.* 2004, Harawa *et al.* 2008, Malebranche 2008, Operario *et al.* 2008).

USAID defines a structural intervention for HIV as an intervention aimed at

"modifying the social, economic, and political structures and systems in which we live" (USAID AIDSTAR-One 2013). Instead of aiming to change individual behaviors, these interventions "alter the physical environments in which people live, work, play, or take risks to help reduce HIV transmission" (Wohlfeiler). Structural interventions should consider the specific characteristics and context of the target population, risk drivers and environmental mediators (USAID AIDSTAR-One 2013). Professionals who provide HIV related health services to MSM should be aware of the role that masculinity plays in the formation of relationships and should be prepared to incorporate gender responsive elements into programs that target MSM. Gender responsive programming refers to programs that consider and actively address gender norms, roles and inequalities (World Health Organization 2009). Gender responsive programming should address both practical and strategic needs of their clients (World Health Organization 2009). Practical needs correspond to their immediate, perceived necessities including easily accessible HIV services delivered by empathetic staff (World Health Organization 2009). Strategic needs are those related to their position in society (World Health Organization 2009). Programs that address strategic needs may provide both partners with skills to take responsibility for and negotiate safer sex practices (World Health Organization 2009).

HIV service organizations that serve both men and women should heed and address how gendered structural forces can influence relationships dynamics in all partner types, particularly partnerships between MSMW and their male and female partners. The World Health Organization (WHO) toolkit on "integrating gender into HIV/AIDS programmes" provides myriad guidelines for incorporating gender awareness into HIV prevention and treatment services. While many of the recommendations for

action are specifically related to women (i.e. prevention of mother to child transmission), we have selected recommendations based on their relevance to our project findings and their adaptability to men.

Based on the WHO tool kit guidelines and our project results, we recommend that HIV service programs promote "gender equality and health equity" by "challenging harmful norms and stereotypes related to masculinity, femininity, and sexuality" (World Health Organization 2009). Support groups run by HIV service organizations, particularly those that serve HIV negative men in concurrent partnerships may be ideal settings to address the desire for and pursuit of masculine partners and perceptions of female promiscuity and sexual behavior. This is particularly pertinent to the MSM/MSMW relationship context given the perception of men with female partners as among the least risky.

The WHO toolkit also recommends that gendered analysis and program design understand and address "how inequalities between women and men contribute to who gets sick, and where, how, when, why, and with what consequences" and "develop objectives to address barriers that women face as a result of the inequalities they experience" (World Health Organization 2009). Organizations that provide HIV services to both men and women could also develop support groups with both MSM and female participants that could facilitate discussions in both populations of how gendered stereotypes and norms affect the balance of power in their relationships and affect their ability to negotiate sexual agreements and maintain emotional attachment with which they are comfortable. These group conversations can also encourage MSM to consider how their gendered stereotypes of women's risk relate to their own sexual behavior and

encourage them to reflect on the burden these gendered stereotypes place on women. Support groups that include both MSM and female participants could also encourage women to examine and address their own hetero-normative or homophobic views that stigmatize male homosexual or bisexual behavior.

Proposed Intervention Setting

Organizations like Positive Impact, a non-governmental organization that offers HIV counseling, testing and support services for men and women in Atlanta, Georgia would be an ideal organization to integrate gender analysis and programming to their services with MSM and women. The organization runs a support group (called Live Free) for HIV negative gay and bisexual men who maintain concurrent casual partnerships with at least two or more partners (Positive Impact 2013. The aim of the group is to provide "a safe space of likeminded men who are concerned about their chance of being infected with HIV, but still desire to have a vibrant, active sex life" (Positive Impact 2013). This type of group would be an ideal setting to pilot the integration of gender related and empowerment programming for MSM. The organization also offers HIV related and preventive services to all populations including women, gay and bisexual men. The established mental health and support group service infrastructure that serves both men and women gives them existing capacity to develop a new support group that could include MSM and female participants.

Conclusion

This research calls for existing research projects that investigate the gendered structural forces that affect relationship dynamics between MSMW and their male

partners. New research projects could develop a Gender Equity measurement scale for MSM/MSMW dyads. HIV service programs, particularly those that already have the capacity to serve MSM and women should apply a gender responsive approach to their services for both MSM and female clients. These organizations should integrate components that address gendered structural forces that affect power dynamics in both male and female partnerships into existing programs such as support groups. They should also create forums where MSM and women can connect to address the structural factors that they both face that put them at risk for HIV.

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