Sexual Agreements and HIV Risk Among Gay Male Couples

Colleen Hoff, PhD

Center for Research on Gender and Sexuality,

San Francisco State University



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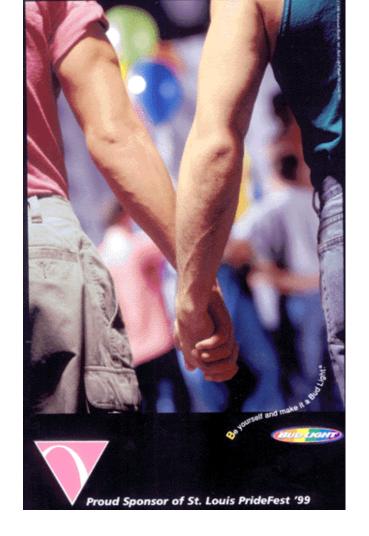
Presentation Objectives

- Brief overview of what we know about gay male couples and HIV.
- Describe the agreements couples make about whether or not to have sex with outside partners.
- Explore factors associated with agreement breakdown.
- Identify relationship factors associated with sexual risk.
- Implications for intervention.



Factors to consider in research and interventions with gay couples

- Serostatus
- Agreement type
- Sex with main partner
- Sex with non-main partner
- Sexual positioning
- Relationship length
- Partner influence





What we know about gay couples

- Approximately 50% of gay men are in committed relationships (Kippax et al., 2000; Stall et al., 2000; McKusick et al., 1990; Blumstien & Schwartz, 1983)
- On average, half of those in relationships have open relationships (Hoff et al., 2009; Kippax et al., 1997)
- Primary partners are a major source of HIV infection (Sullivan et al., 2009; Davidovich, et al., 2006)



What we know about gay couples: Sexual behavior

- Men in primary relationships more likely to engage in unprotected anal intercourse (UAI) with primary partner than single men with casual partners especially if seroconcordant (Klausner, et al., 2006; Parsons et al, 2005; Kippax, et al. 2000; Hoff et al., 1997)
- Those with NS agreements (HIV-) less likely to engage in sexual risk behaviors (Kippax et al., 2005) and less likely to become infected with HIV than those without NS agreements (Jin et al., 2009).



What we know about gay couples: Relationship factors

- Monogamous and non-monogamous couples do not differ in relationship satisfaction (Hoff et al., in press; Blumstein & Schwartz, 1983; Bell & Weinberg, 1978)
- Condoms are viewed as a barrier to intimacy, trust and spontaneity (Elam et al 2009; Bosga, et al., 1995).
- Greater relationship satisfaction associated with safer sex with primary and non-primary partners (Julien et al., 1996).



What we know about gay couples: Relationship factors

Among men in discordant relationships, UAI with primary partner was found to increase over time (Prestage, et al., 2008) and decision making about UAI was based on partner VL (Guzman, et al., 2006).

 Partners influence each other's behavior (Interdependence Theory, Rusbult & Buunk, 1993)



Gay Couples Study: Objectives

- Explore the agreements couples make about sex with outside partners
- Develop a scale to measure how invested couples are in their agreements
- Identify relationship variables associated with HIV risk
- Explore whether relationship variables associated with risk differ by couple serostatus



Gay Couples Study: The Samples

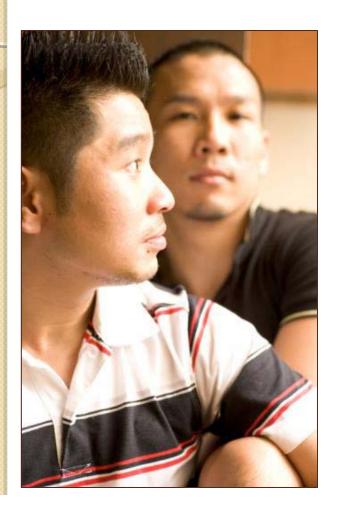
- Phase I: Qualitative Interviews (N = 39 couples)
- Phase 2: Quantitative Pilot (N=191 couples)
- Phase 3: Quantitative, followed longitudinally (N = 566 couples)

These three independent samples consisted of

- All couple-serostatus compositions: concordant HIVpositive, concordant HIV-negative and serodiscordant
- All agreement types: monogamous and non-monogamous



What is an 'Agreement'?



"Many couples have an understanding, expectation, or agreement about the ground rules regarding sex with outside partners. Some agreements are specific and are discussed directly by each partner. For example, a couple may verbally agree not to have anal sex with outside partners. Other agreements may not be specifically defined and/or may not be discussed at all. For example, a couple may assume they can have sex outside the relationship, but never talk about it. Think about how you and your primary partner currently handle sex with outside partners. The next series of questions ask about the current agreement you have with your primary partner about sex outside your relationship. This can include agreeing not to have sex with outside partners."



Role of Agreements

- Sexual agreements are an important aspect of gay male relationships:
 - Foster trust
 - Provide structure
 - Facilitate sexual enhancement
 - Are non-heteronormative, support gay identity
- HIV prevention was not a primary motivator for having a sexual agreement.



Agreement Types

- Sexual agreements are commonly dichotomized into either open or closed (monogamous).
- These terms anchor a spectrum of various types of sexual agreements in gay male relationships:
 - 'Classic' monogamy
 - Open for three-ways only
 - Open with restrictions on who, when, where, and/or under what circumstances
 - Outside sex is OK if it is 'safe'
 - Completely open
- Explicit vs. implicit agreements



Agreements

- Differences in partners' perspectives
- Partner A: "There's an assumed agreement that we are in a committed relationship... Yeah, a committed and monogamous relationship. And it's interesting that he didn't ask me exactly what I thought about it. I didn't have a way to express my own feelings about it." (HIV-, Hispanic)
- Partner B: "Our agreement is monogamy." (HIV-, White)
- Partner A: "I find it difficult [to remain monogamous], especially when our sexual connection is not strong. When our sexual connection is not strong I tend to want to have another partner or... even a one-night stand. Just having sex with someone, even if very brief I tend to want it or to desire it." (HIV-, Hispanic)
- Partner B: "It's easy [to keep my agreement]." (HIV-, White)



Agreement Negotiation

- Agreement negotiation is a highly varied process: Negotiation occurs at different times in the relationship and for a variety of reasons.
 - Discuss once and never again
 - On-going conversations
 - Based on how the relationship evolves



Agreements Change

- Sexual agreements are not static.
- Relationships and needs change over time.
- Sometimes not explicitly discussed.
- Important to anticipate a need for change.





Internal Factors

- "Evolved naturally"
- "Take relationship to the next level"

(transitioning to both monogamy and non-monogamy)

 Medical/Psychological Issues (e.g., depression)



External Factors

- Contracting an STI
- Seroconverting
- "Busted"
- Broken Agreements





Broken Agreements and Disclosure

- Broken agreements often related to forbidden sexual behavior.
 - 32% broke agreement in past 12 months.
 - 53% did not disclose break to primary partner.
- Broken agreements can be difficult to disclose: fear harm to the relationship.
- But non-disclosure can
 - lead to possible risk for HIV infection and other STIs.
 - threaten relationship quality (e.g., guilt, distance).



Reasons for Breaking Agreement

• 5 most common reasons:

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93% "I was horny."
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- 89% "Someone wanted to have sex with me."
- 74%
 "I didn't have to worry about becoming infected with HIV by my partner."
- 72% "Most men who find themselves in the same situation would have broken their agreement too."



Relationship factors and agreement discrepancies

- 8% of couples reported discrepant agreements.
- These couples scored the lowest on agreement investment, intimacy, trust, commitment, attachment, and equality.
- These couples displayed significantly worse communication with partner - lower constructive communication and higher mutual avoidance and withholding.
- Men with discrepant agreements were more likely to engage in UAI with outside partners of discordant or unknown HIV status than monogamous and non-monogamous men.



What relationship factors are associated with risk?







- UAI included
 - Receptive (bottom) and insertive (top) sex
 - Dipping
 - Ejaculation
 - Withdrawal
- Two categories of partners considered
 - Primary partner
 - Non-primary partners of discordant or unknown HIV-status
- Counts of acts of UAI in the previous 3 months were dichotomized for both categories of partners, into
 - Reported zero acts
 - Reported at least one act



UAI with Primary Partner

Couple level prevalence

Overall sample 65%

By couple serostatus -

Concordant HIV-negative	69%
Concordant HIV-positive	73%
Discordant*	47%

* 53% of discordant couples who engaged in UAI with their primary partner reported at least one instance of the HIV-positive partner being insertive.



Relationship Factors associated with **UAI** with Primary Partner

- Agreement Investment

Attachment



HIV-specific Social Support



Controlling for

- Relationship Length
- Agreement Type





UAI with Non-primary partner *

Individual level prevalence

Overall sample 33%

Individuals, by couple serostatus

Concordant HIV-negative 10%

Concordant HIV-positive 16%

Discordant 19%

* UAI with sero-discordant or unknown-HIV-status outside partner



Relationship Factors associated with UAI with Non-primary partner

- Loneliness
 - 1
- Equality
- HIV-specific SocialSupport

Controlling for

- Relationship Length
- Agreement Type





Conclusions

- Primary partners are a source of HIV infection.
- Good relationship quality is protective.
- Having a NS agreement is protective.
- Agreements are ubiquitous and an integral part of relationships.
- HIV prevention not a primary motivation for having an agreement.
- Undisclosed agreement breaks can be harmful to the relationship and potentially increase risk.



Conclusions

Relationship factors are associated with UAI.

- With primary partner agreement investment and attachment are associated with greater odds of UAI whereas HIV-specific support from the primary partner lowers odds of UAI.
- With discordant and unknown HIV-status nonprimary partners - loneliness, feeling parity within the relationship and having HIV-specific support from primary partner are associated with lower odds of UAI.



Conclusions

• Discrepant agreements were associated with lower scores on all positive relationship traits and greater risk with non-primary partners which threatens the relationship and puts both partners at risk.

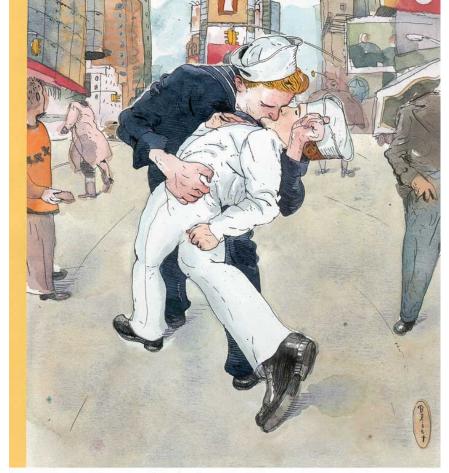
• To make couples' interventions most effective we must account for the influence partners have on each other and use it as a synergistic tool.



Thank you

choff@sfsu.edu

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June 17, 1996





Sample Characteristics (N = 566)

		Ν	%										
	Race/Ethnicity												
	American Indian/Alaskan Native	skan Native 2 <1 5 <1 26 5 11 2 254 45 268 47 tive (-/-) 310 55 132 23 tive (+/+) 124 22						American Indian/Alaskan Native 2					
	Asian/Pacific Islander	5	<										
	African American	26	5										
	Latino	11	2										
	White	254	45										
	Interracial	268	47										
	HIV Status												
	Sero-concordant negative (-/-)	310	55										
	Sero-discordant (-/+)	132	23										
	Sero-concordant positive (+/+)	124	22										
	Agreement Type												
	Monogamous 45		255										
	Sex with outside partners	allowed	262										
8	Discrepant		44										
J	No agreement		5										



The Theory

Individual (does not account for others' influence)

- Stages of Change: Progress through stages at one's own pace.
- Health Belief Model: Readiness to change based on one's perceptions about threat and barriers

Dyadic

- Interdependence Theory: Transformation of Motivation
- Social Control Theory: Social networks (e.g., partners) exert influence on our health behaviors.



Testing in HIV-negative men

UAI partner	Agreement Type		Time since last test							
			3 mos or less	3-6 mos	6 mos-1 yr	1-2 yrs	2-3 yrs	3+ yrs	Don't Know	Total
All	All	%	20	15	17	16	8	14	10	
		Ν	154	112	128	118	58	104	78	752
Outside	All	%	27	23	15	15	3	11	6	
		N	21	18	12	12	2	9	5	79
Outside	Open	%	27	20	17	17	2	11	6	
		Ζ	17	13	11	11	1	7	4	64
Outside	Monogamous	%	44	44	0	11	0	0	0	
		N	4	4	0	1	0	0	0	9

