

## National HIV Prevention Conference, 2001 Sexual Health Needs of HIV-positive Bisexual Men

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### Research Findings: Overview

This study seeks to explore sexual health and wellness needs specific to HIV-positive bisexual men.

We conducted two focus groups for HIV-positive bisexual male clients (N = 11, 10) of an ASO in Los Angeles.

The following themes emerged: bisexual-specific program needs, being grouped with gay men, HIV-related advertising, sexual behavior and health, HIV disclosure, sexual orientation disclosure, HIV/AIDS stigma, bisexuality stigma, and general program recommendations.

Some primary findings include:

- The focus group participants expressed a strong need for programs and advertising that specifically target HIV+ bisexual men (and do not group them with gay men).
- HIV+ bisexual men were more likely to report facing obstacles with their female vs. male sexual partners. — Please see conclusion and research implications sections for a discussion of recommendations for programs targeting HIV+ bisexual men.
- More research is needed to understand the complex interplays among sexual identities, activities, and risk behaviors and should focus on how cultural forces (or the lack thereof) shape individual sexual risk and disclosure behaviors.

### I. Introduction and Background

- Most researchers studying HIV/AIDS and bisexuality have grouped bisexual men with gay men in their analyses, despite behavioral differences (Diaz et al., 1993; Chu et al., 1992).
- Simon et al. (1999), one of the few studies to look at bisexual men distinct from gay men, found that 28% of HIV-positive bisexual men in Los Angeles County (LAC) reported unprotected anal intercourse (UAI).
- Mutchler et al. (2001) found that 31% of self-identified bisexual men reported unprotected anal or vaginal sex.
- HIV-positive bisexual men report low rates of serostatus disclosure to their sex partners (Wolitski & Goldbaum, 1996; Marks, 1994).
- Qualitative studies on bisexual men are needed in order to understand their sexual health needs.

### II. Objective

- This study seeks to explore sexual health and wellness needs specific to HIV-positive bisexual men.

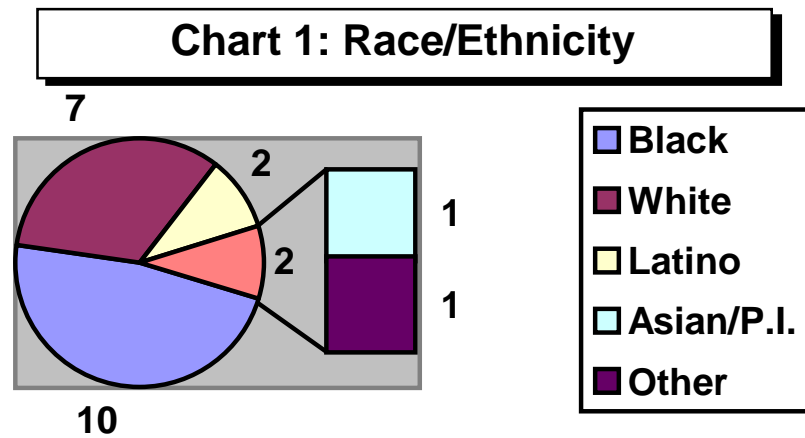
### III. Methods and Sample

The semi-structured focus group questionnaire included questions on relationship issues, disclosure of sexual orientation, disclosure of HIV status, responsibility for safer sex, drugs and alcohol, mental health issues, health and sexual problems, coping, and program recommendations. We conducted two focus groups for HIV-positive bisexual male clients (N = 11, 10) of an ASO in Los Angeles. Clients were recruited via fliers mailed to all self-identified bisexual men who agreed to receive mail from the agency. All clients who responded were scheduled into one of two focus groups.

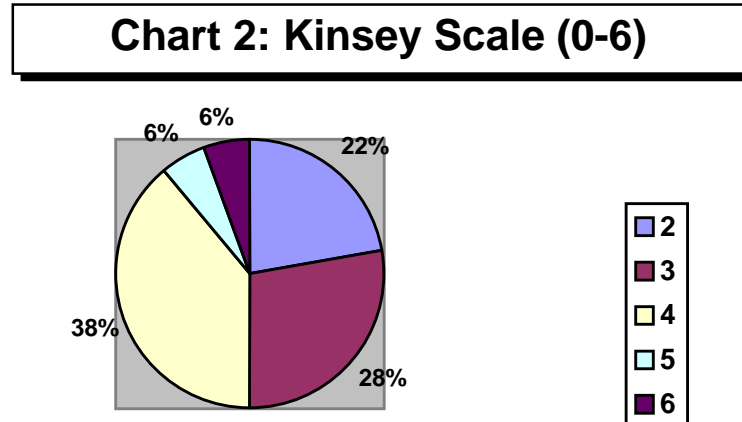
References: Available upon request.

### III. Methods and Sample — *continued*

The age range was 25 to 56, with a mean of 43.1. Twenty participants identified themselves as male; one identified as transgender (M to F). Twenty participants identified themselves as bisexual; one identified himself as heterosexual. Ten participants were black/African American; 7 were white/Caucasian; 2 were Latino/Hispanic; 1 was Asian; and 1 was “other.” See Chart 1 please.



On the Kinsey scale, four men considered themselves as predominately heterosexual, more than incidental homosexual (2). Five reported being equally heterosexual and homosexual (3). Seven reported homosexual, more than incidental heterosexual (4). One reported homosexual only incidental heterosexual (5). One participant identified himself as homosexual (6); (There were three missing values.) See Chart 2 please.



### IV. Bisexual Program Needs

- The participants strongly requested programs specifically designed to meet the needs of HIV-positive bisexuals.
- Many participants wanted more venues (e.g. support groups or parties) where they could meet HIV-positive women who would understand the problems faced by PWAs.
- Programs should also address family and children issues.
- The participants were pleased with efforts by ASOs to educate their families.
- Many also praised programs that have educated primary partners who, once educated about HIV/AIDS, were better able to understand the problems faced by the participants and meet their needs.
- Several people indicated the importance of spirituality for coping.
- The participants often requested individuation via one-on-one interaction from ASOs.
- Many reported benefiting from some experiences with counselors, especially with regards to depression.
- They repeatedly emphasized being able to communicate their problems without fear of judgment or stigma.

### V. Being Grouped with Gay men

- Participants stated that existing programs do not meet their needs because they were designed for gay men.
- Although AIDS awareness programs have tried to disassociate HIV/AIDS from homosexuality, the participants felt that even ASOs assumed they were gay because they were HIV-positive.
- Interventions aimed at large groups tend to ignore bisexual men because the large number of HIV-positive gay men may mask the specific needs of bisexuals.

## VI. HIV-related Advertising

- HIV-related advertising mostly focuses on reaching gay men and subsequently alienates bisexual men.
- The participants believed that the large number of HIV-related advertisements depicting two (implicitly gay) men perpetuates the belief that all men with HIV/AIDS are gay.
- Several suggested more advertising outside of gay venues (e.g. non-gay bars) to dispel the myth that HIV/AIDS is a “gay disease.”
- They feared current advertising campaigns that focused on gay populations would not reduce the stigma associated with HIV/AIDS and bisexuality and might lull HIV-negative bisexuals and heterosexuals into a false sense of safety from HIV/AIDS.

## VII. Sexual Behavior and Health

- In addition to programs specific to bisexuals, the participants also expressed a need for programs that address topics relevant to both HIV-negative and HIV-positive people, regardless of sexual orientation.
- The most often suggested workshop topics were medication side effects and sexual wellness.
- One of the chief complaints of the participants was the negative effects of the medication on their sexual habits, including difficulties with achieving and/or maintaining an erection and a decreased libido.
- A large number of participants requested workshops on protecting themselves from opportunistic infections in sexual encounters (e.g. how to avoid contracting bacterial infections from anal or vaginal intercourse).
- A small number of participants practiced voluntary abstinence because they felt they were contaminated and did not want to risk infecting other people or themselves.

## VIII. HIV Disclosure

Because HIV-positive bisexual men find themselves in situations with both male and female sex partners, they have a wide range of experiences with disclosure. One of the most striking findings of the focus groups was the diversity of attitudes regarding disclosure of HIV status to sex partners among the participants. For example:

- Some participants disclosed to all of their sex partners.
- Some only disclosed to male partners, while others only disclosed to female partners.
- Some of the men who visited prostitutes disclosed to them while others did not. One man said that he did not disclose to female sex workers but did disclose to women he met in more “respectable” environments (e.g. a workplace).
- Some men disclosed their serostatus soon after meeting a potential casual sex partner, while others waited to disclose until they were about to have sex.
- A few participants claimed that disclosing to primary partners was easier than disclosing to a casual sex partner because there was established communication between the primary partners.
- Others felt that disclosing to casual partners was easier than to primary ones because the potential rejection from a casual partner was considered less stressful than rejection from a primary partner.
- Many participants did not disclose to any sex partners because they planned to practice safer sex. They saw disclosing as unnecessary since it would probably lead to rejection.
- A number of participants practiced abstinence.

There was also diversity in how the participants used these attitudes. Some used these attitudes as general guidelines that aided their decision to disclose or not to disclose.

## IX. HIV/AIDS Stigma

- Although there was much diversity in the attitudes regarding disclosure, the men did share the common experience of stigma in response to their disclosing.
- Many cited fear of rejection to be the primary barrier to disclosure as well as embarrassment from getting a negative reaction.
- The majority of the participants were extremely anxious about disclosing to their female sex partners, who were most likely to reject the participants upon learning of their serostatus.
- The participants came to a general consensus that their (heterosexual) female sex partners were more ignorant of HIV/AIDS than their (homosexual or bisexual) male partners, which generally led to more rejection and subsequent fear of rejection.
- The participants repeatedly associated ignorance with stigma and believed that educating people about HIV/AIDS and discrediting myths would reduce stigma. According to the participants, many people equate having sex with an HIV-infected person with their own death; the participants believed that if people did not have misconceptions about people with AIDS (PWAs) then they would be more accepting of them.

## X. Bisexuality Stigma

- Participants also received stigma about their bisexuality from the general public due to misconceptions about their sexual orientation. These misconceptions include:
  - Bisexuals being hypersexual or sexually “greedy.”
  - Bisexuals in reality being gay, a belief often held by heterosexuals.
  - Bisexuals in reality being heterosexual, a belief often held by homosexuals.
  - Being bisexual leads to a positive HIV-status.
- Participants agreed that female casual sex partners were most likely to stigmatize the participants’ bisexuality because of their lack of knowledge.
- Most people tend to see bisexual men as gay men who do not want to admit their homosexuality because of shame.
- A number of participants had positive experiences with disclosing their sexuality to gay men, who were said to have “justified their machismo” by having sex with a bisexual man.

## XI. Bisexuality Disclosure

The stigma associated with bisexuality often prevented the participants from disclosing their sexual orientation. However, many participants believed they should be honest about their sexuality to the people in their lives so they disclosed their bisexuality even though they knew they would receive negative reactions, especially from family members. Four categories of disclosing bisexuality were identified.

- Some disclosed their bisexuality to everyone, including their sex partners and family members. People who were open about their bisexuality tended to be open about their serostatus.
- Some never disclosed their sexuality to their sex partners.
- Some adopted the sexual orientation of their partner. For example, if the partner were a heterosexual woman, then the participant would identify as heterosexual.
- A few participants did not self-identify as bisexual, homosexual, or heterosexual. Instead, they described themselves as “sexual.”

## XII. Conclusion and Research Implications

The qualitative nature of this study elucidated a degree of the complexity of the participants’ lives, which indicated that some categories used by researchers to understand bisexual men and HIV/AIDS may distort how they view their sexual identity and relationships. Two issues were particularly salient.

- The participants disliked being categorized with gay men and being treated accordingly by the general public and by the health care sector.
  - They maintained that bisexuality is not a mere dilution of homosexuality and heterosexuality.
  - Researchers and health care workers should recognize the differences between bisexuals and homosexuals.
- Many participants did not differentiate among various types of sex partners, such as primary vs. casual partners or HIV+ vs. HIV-/unknown partners.
  - One notable exception is their differentiation between male and female partners.
  - Most of their accounts of experiences with one type of sex partner overlapped with other types, crossing the boundaries of various partner classification schemes.
  - Others understood the categories of sex partners differently than is commonly used in the literature. For example, one participant considered his primary partners to be those on his “fuck buddy” list and his casual partners to be those he met in bathhouses.
  - To gain a better understanding of how bisexuals differentiate between their sex partners, researchers need to pay more attention to individual constructions of their relationships.
  - Researchers and participants should be explicit in their respective classifications of sex partners instead of relying on tacit definitions, which increase the likelihood of misunderstandings between researchers and participants.

These qualitative focus group data shed some light on the sexual health issues that need to be addressed in order to change the risk behaviors reported by HIV+ bisexual men. Programs need to target self-identified bisexual men specifically in terms of content and advertising. For instance, topics such as disclosing to female partners and understanding the risks of transmitting STDs with female partners are of paramount concern. Health educators should be sensitive to double disclosure issues (HIV status and sexual orientation). According to these participants, prevention case managers would be able to work with HIV-positive bisexuals to reduce their sexual risk behavior. Their frequent negative experiences involving being grouped with homosexuals can be countered when health educators begin to understand bisexual men’s sexual health needs on an individual basis. Studies should pursue how, if at all, the lack of community expressed by bisexual men influences their decision-making processes regarding sex and disclosure practices. More research is needed to understand the complex interplays among sexual identities, activities, and risk behaviors among self-identified bisexual men and men who have sex with men and women.