

HIV+ Bisexual Men's Focus Groups
December 13 & 14, 2000
Notes
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Introduction:

Members of the Research and Evaluation Core (REC) conducted two focus groups with HIV positive bisexual clients at AIDS Project Los Angeles (APLA) on December 13 and 14, 2000. Each group lasted for 2 hours. Eleven individuals participated in the group on December 13 and ten individuals participated in the group held on December 14 (N=21). The sessions were tape recorded and each member of the REC team (myself and two interns) took notes on observations. These are my notes based on my observations and comments from participants that I wrote on flip-charts during the sessions. The purpose of these groups was to gain feedback from our bisexual clients regarding forthcoming sexual health and wellness programs at APLA.

Highlights:

- There was enormous energy among participants for bisexual-focused programs
- There were many differences among participants; HIV+ bisexual clients are not a uniform group
- Providers should be open-minded and educated regarding bisexuality
- Programs should be bisexual specific
- HIV+ bisexual clients experience discrimination and stigma regarding sexual identity and HIV status
- Issues to be addressed include disclosure in many contexts, HIV and STD risk, education regarding transmission and risk in general, depression, and drugs and alcohol
- Bisexual male clients report that their female partners are less educated regarding HIV and AIDS risk and more fearful about having sex with HIV+ individuals

Focus Group #1:

This group was very active. Eleven individuals shared very personal information while imparting valuable feedback for our planning purposes. There was also a high degree of conflict among at least three of the individuals. Different points of view emerged, for example, regarding whether or not individuals should need help with disclosure and whether or not individuals should disclose to every single sexual partner. As the moderator, I intervened and reminded individuals of the ground rules. However, many helpful ideas and themes emerged throughout the discussion.

1. What issues should sexual health and wellness programs address?

- Sexual Identity
- Should be bisexual specific
- Should include staff who are open-minded and understanding
- STD's, in particular protection with male and female partners
- Oral sex and prevention
- Non-judgmental
- Stigma and discrimination
- Disclosure and telling about HIV status
- Comfortable
- Not fitting into other groups
- Heterosexual issues
- Reproduction
- Family and children
- Not too many forms; they are stressful

2. What kinds of activities would you participate in at sexual health programs?

- Workshops
- Involve HIV+ and HIV- individuals
- Also, specific to medical status
- Involve male and female
- Educate about new terms
- Social Events
- Dances
- Bisexual focus
- Involve men and women
- One on one
- For increased comfort & therapy
- Social Support
- Good for helping with disclosure
- Sensitivity Training

- For staff
- Advertise in heterosexual contexts

3. How are your sexual experiences different with different sexual partners (primary vs. casual; male vs. female; HIV+ vs. HIV-)?

- Easier to disclose to a casual partner and just use a condom
- Hard to disclose to a potential primary partner in the beginning
- Fear of rejection strong; difficult for EVERYONE
- Disclosure, discrimination, and stigma are LIFETIME issues
- Some do not always disclose status in casual sex
- Disclosure of HIV status is harder than sexual identity
- Disclosing sexual identity, though, attributes HIV+ status
- Women seem to be less educated about sexual risk
- Women less educated about latest treatment options
- Women less educated regarding re-infection and super-infection
- Heterosexual women especially ignorant about issues
- Men sometimes reject them with HIV disclosure
- Gay men perceived as more comfortable with the issues
- They are having less anal sex with men
- Some believe that their status is their own business
- Others believe that acceptance comes with honesty
- Some believe that HIV+ individuals should always tell (HIV status)
- It is difficult to re-enter the dating scene when a relationship ends
- Many of the individuals report that they are NOT having sex because these issues are so complex
- There are sexual dysfunction issues to address

4. What other issues should be addressed?

- Family issues: disclose to families; have family functions
- Address risk issues with women (different STD's, etc.)
- Depression
- Drugs and alcohol
- Treatment geared toward heterosexuality
- Educate the families
- Transportation help needed
- Train staff on issues
- Train clients to educate others
- Want co-educational activities

Focus Group #2:

This group was calm and shy compared to the first group members. Ten individuals gathered to share their ideas. Perhaps because this group was conducted during the day (and the other one was at night); individuals were more reserved. They were also slower to reveal personal information. No deep tensions were felt. The group, as a whole, however, did raise new issues and confirm some of the themes that surfaced in the first focus group.

1. What issues should sexual health and wellness programs address?

- Health care
- Disclosure of HIV
- Protection (safer sex) with HIV- or unknown partners
- Different types of partners (male and female mentioned)
- Drug use
- ACCESS to safer sex tools
- Educate the general population including bisexuals and youth
- Educate regarding HIV AND STD's
- Sexual identity disclosure
- Discrimination, biphobia, HIV stigma
- Abstinence (at least 3 individuals said that they are NOT HAVING SEX)
- DEPRESSION

2. What kind of activities would you participate in at sexual health programs at APLA?

- Social activities
- Sunday socials
- Sports
- Involve HIV+ and HIV-; mix of people
- Workshops
- Bacterial exposure, i.e., hygiene and infection during sex
- Treatment issues; life expectancy; treatment failure
- Emotional Support
- How to medications affect sexual behaviors (interest, etc.)
- Long-term survival issues
- One on One Counseling
- Can ask personal questions
- Provides expertise
- With caring, concerned individual
- Referrals
- Must be comfortable with the person
- Spiritual activities
- Need respectful staff throughout the agency; a positive vibe
- Need a bi-positive climate at APLA

3. How are your sexual experiences with primary partners different from those with casual partners?

- Need to be open to many definitions of 'primary' vs. 'casual' partners
- More safe sex with casual partners
- Will do more things with a primary partner
- Need to negotiate with boyfriends
- Sex with casual partner is more interesting and exciting
- Sex with primary partners becomes routine
- Sex with primary partners also reported as more meaningful, complex, and emotionally satisfying
- Sex with casual partners is gratifying (like food)
- Some believe that you 'should' disclose status before sex with a casual partner and then negotiate safer sex
- Others believe that there should be no 'check-list' of what you can do with casual partners

4. How are your sexual relationships different with male vs. female partners?

- No difference; you should disclose to both men and women
- Both react with SURPRISE
- Disclosure is embarrassing with both partners
- Rejection is experienced with both partners
- Some women think that bisexuality=AIDS
- Some women do not believe that they are bisexual
- Women are less prepared
- Women may be allergic to condoms
- Heterosexual women have a fear of bringing up condoms, "It's the man's job"
- For women, pregnancy issues seem more important than HIV/STDs
- Male partners are not always honest about their HIV status
- Men may use condoms and not talk about it
- Lack of bisexual ads in heterosexual environments
- Sexual interest in males and females changes over time
- Some individuals experience a sexual identity crisis regarding the sex of partners
- Some gay men like bisexual partners because they are viewed as more 'macho'
- Other gay men do not want to 'share' bisexual male partners
- Bisexuality is a turn-on for some female partners as well
- Relationship issues should be addressed in general (getting and keeping one...or two)

5. How are your sexual experiences different with HIV+ vs. HIV- or unknown sexual partners?

- Many use condoms with HIV- or unknown, but do not disclose their HIV status
- Others say that you 'should' always use condoms no matter what

- Still others say they are not having sex because they are so afraid of giving HIV to sexual partners (tough roosters)
- With serodiscordant sexual partners, sex can be more creative
- Others feel that sex is tainted
- Some are more mindful of safer sex with HIV- partners
- Others are also mindful of re-infection (and want more education on that)

6. Other general issues:

- HIV+ individuals should assume that everyone is positive
- ALCOHOL AND DRUG USE LINKED WITH DEPRESSION
- Alcohol and drug use impair judgment, but does PASSION