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Facilitators and Barriers to HIV Status Disclosure Among HIV-positive MSM Age 50 and Older

Perry N Halkitis, Ph.D., M.S., MPH [Director],

The Center for Health, Identity, Behavior, and Prevention Studies (CHIBPS), The Steinhardt School of Culture, Education, and Human Development, Professor of Applied Psychology, Public Health, and Medicine, New York University, Global Institute of Public Health, 41 East 11th Street, #716, New York, NY 10003 212 998 5373

Molly J. Kingdon, M.A. [Counseling Psychology Doctoral Candidate/Research Assistant],

The Center for Health, Identity, Behavior, and Prevention Studies (CHIBPS), The Steinhardt School of Culture, Education, and Human Development, New York University, New York, NY

Staci Barton, B.A. [Project Director], and

The Center for Health, Identity, Behavior, and Prevention Studies (CHIBPS), The Steinhardt School of Culture, Education, and Human Development, New York University, New York, NY

Jessica Eddy, B.A. [Research Assistant]

The Center for Health, Identity, Behavior, and Prevention Studies (CHIBPS), The Steinhardt School of Culture, Education, and Human Development, New York University, New York, NY

Abstract

Objective—Most HIV-positive men who have sex with men (MSM) ages 50 and older feel a responsibility to protect their sex partners from HIV transmission risk. For some, this is enacted through HIV disclosure, for others, this is realized through reduced risk behaviors.

Methods—To examine this, we analyzed interviews of 23 HIV-positive MSM ages 50 and older.

Results—We identified several contextual, relational, and psychosocial factors that served as either barriers or facilitators to HIV disclosure.

Conclusions—Our findings suggest HIV status disclosure is multifaceted and continues to impact sexual communication in the lives of MSM as they enter middle age.

Keywords

HIV disclosure; HIV Prevention; MSM; Aging; Facilitators; Barriers

Introduction

The prevalence of HIV among older adults continues to rise. Adults aged 55 and older accounted for 19% of those living with HIV in the United States in 2010 (Center for Disease

Control and Prevention [CDC], 2013). Epidemiologists have predicted that by 2015, more than half of all those living with HIV in the United States will be aged 50 and older (Effros et al., 2008), the majority of whom were infected in their youth or before middle age, with only 1 in 9 new infections occurring in adults over age 50 (Prejean et al., 2011). In 2010, 63% of all new infections in the United States were among gay, bisexual or men who has sex with men (MSM) (CDC, 2014). Previous research has documented that HIV-positive men of all ages continue to engage in sexual behaviors across the life span (Pappas & Halkitis, 2011; Halkitis, 2013), yet little is known about the contextual/behavioral, relational, and psychosocial factors associated sex risk behaviors and HIV status disclosure.

Historically, HIV prevention programs were targeted to those at risk for infection (Wolitski, Janssen, Onorato, Purcell, & Crepaz, 2005) and aimed at encouraging HIV-negative individuals to adopt practices that would protect them from transmission (Wolitski, Flores, O'Leary, Bimbi, & Gómez, 2007). In light of the increasing prevalence rates, HIV messaging has become focused on prevention for those who are seropositive, (Crepaz et al., 2006, Kalichman, Rompa, & Cage, 2005), an approach which seeks to motivate HIV-positive individuals to disclose their status to potential sex partners (Divisions of HIV/AIDS Prevention, 2007), and is based on the notion that verbal communication leads to protected sexual behaviors (Simoni & Pantalone, 2005). However, others do not believe that HIV-positive status disclosure leads to safer sex (Serovich & Mosack, 2003).

Disclosing one's HIV-positive status to others is not an absolute or one time event, but rather an evolving process that varies by context and partner (Chaudior, Fisher & Simoni, 2011). Verbal disclosure may not always be communicated in a clear and straightforward manner (Cusick & Rhodes, 1999) and may be nuanced and conditional. One study found that some HIV-positive MSM responded affirmatively when asked, "Are you healthy?" (Klitzman, 1999). Others hinted at a positive serostatus either by stating they know someone who is HIV-positive or by leaving antiviral medication bottles visible (Marks, Burris, & Peterman, 1999). These methods may be effective in some circumstances, but the lack of explicit, verbal, communication could lead to incorrect assumptions about a partner's serostatus (Cusick & Rhodes, 1999).

Some men are motivated to disclose their HIV-positive serostatus as a result of feeling personally responsible for their partners' health or in an effort to avoid feelings of guilt; HIV-positive MSM are more likely to disclose to main partners than to casual partners, (Simoni & Pantalone, 2005). Chaudior, Fisher, and Simoni (2011) suggest that the decision to disclose is often approached from a pursuit of positive outcomes, or from the avoidance of negative outcomes, impacting the disclosure process differently. HIV disclosure is not only influenced by gender and relationship status, but also by partner serostatus, length of HIV-diagnosis, comfort with one's sexual identity, knowledge of CD4 count, knowledge of viral load detectability, and race (Simon Rosser et al., 2008). One study found that HIV-positive MSM were less likely to disclose to an HIV-negative or status unknown casual sex partner as they were to an HIV-positive partner (Przybyla, Golin, Widman, Grodensky, Earp, & Suchindran, 2013). In other cases, HIV-positive MSM reported that they do not disclose at all, regardless of partner serostatus. Reasons cited were fear of rejection, discrimination,

HIV stigma, the risk of violence, and the loss of privacy (Relf et al., 2009), and internalized stigma (Overstreet, 2013), anxiety, and shame (Bayer, 1996).

In the absence of disclosure, some HIV-positive MSM have engaged in risk reducing sex practices such as serosorting and strategic positioning (Parsons et al., 2005; van Kesteren, Hospers, & Kok, 2007), methods which theoretically reduce the risk of transmission. Other research suggests that disclosure was not a precondition for risk reduction or safer sex among of HIV-positive MSM (Marks & Crepaz, 2001). Further, Tieu, and colleagues (2011) also reported that HIV-positive MSM who disclosed were no more likely to use condoms regularly than those who do not disclose.

Numerous quantitative and qualitative studies have explored HIV disclosure practices and sexual behavior in HIV-positive MSM in general. This study sought to generate knowledge about these practices in the lives of HIV-positive MSM age 50 and older, a new and growing cohort. The aims of this study were (1) to document and describe the frequency and manner in which HIV-positive MSM age 50 and older enact disclosure to casual partners of HIV-negative or unknown status, (2) to identify the contextual, relational, and psychosocial factors related to HIV status disclosure, and (3) indicate whether these factors serve as facilitators or barriers to HIV disclosure.

Methods

Procedure

The data for this qualitative analysis, which explored HIV status disclosure among HIV-positive MSM, were drawn from a larger, cross-sectional, mixed methods study that examined the lived experiences of 100 HIV-positive MSM aged 50 and older. Because HIV disclosure was not explicitly explored in the larger study, only interviews in which HIV status disclosure happened to be discussed, were analyzed. The study sample was recruited from AIDS Service Organizations (ASO), community agencies that served gay men, and local Pride events between May and August of 2010. Participants were also recruited from various online dating and sex-seeking websites. In order to be eligible for the study, potential participants were required to 1) be HIV-positive, 2) age 50 or older, 3) biologically male, 4) to identify as male, 5) to have had at least one instance of sex with another man in the 6 months prior to screening, and 6) to reside in New York City. Eligible participants who were scheduled for an assessment were asked to bring proof of age and HIV status to the appointment. Participants provided written consent and were paid \$50 for their participation. The Institutional Review Board of New York University approved all study protocols.

Sample Demographics

Twenty-three of the 100 qualitative interviews from Project Gold contained data relevant to the research aims of this study, which sought to explore the disclosure practices of HIV-positive gay men with casual partners, and comprised the final analytic sample. The average participant age was 55 (range 50-64 years). With regard to race/ethnicity, 43.5% identified as Black ($n = 10$), 30.4% as White ($n = 7$), 13.0% as Latino ($n = 3$), 4.3% as American Indian ($n = 1$), 4.3% as Mixed/Asian Pacific Islander ($n = 1$), and 4.3% as Other ($n = 1$). We

assessed the frequency of consistent HIV status disclosure to casual partners. Participants were asked, “Do you disclose your HIV status to casual partners?” to which they could answer, “No, never,” “Yes, sometimes,” “Yes, usually,” or “Yes, always.” Five participants (21.7%) reported they never disclosed, 13 (56.5%) sometimes disclosed, four (17.4%) usually disclosed, and one participant (4.3%) reported he always disclosed his HIV status to casual partners.

Qualitative interview method

Project Directors and trained Research Assistants conducted the discovery-based interviews based on the *Listening Guide Method to Psychological Inquiry*, an approach to exploring a person's decision-making processes (Gilligan, Spencer, Weinberg, & Bertsch, 2003). Participants spoke about HIV, aging, substance use, mental health, sexual behavior, and relationships. The interviews were digitally recorded, transcribed verbatim, de-identified, and reviewed for accuracy by at least two research interns.

Analytic process

Because this was a secondary examination of 100 interviews during which the participants spoke broadly about aging and HIV, we commenced the analytic process by conducting an extensive review of all 100 transcripts. During this process, HIV disclosure themes were identified, coded, and categorized. Seventy-seven interviews contained HIV disclosure narratives related to monogamous relationships, seroconcordant partners, insufficient or vague disclosure data, or were devoid of HIV disclosure-related narrative altogether, and thus, were discarded, yielding a final analytic sample of $n = 23$. The authors acknowledge the value of these data, however, for the purposes of this study, our focus was on HIV-status disclosure methods, beliefs, and behaviors in aging HIV-positive MSM with HIV-negative or unknown serostatus casual partners.

Results

Methods of Disclosing

Participants described two methods of disclosing to casual partners: hinting and prompting.

Hinting

In an effort to impart important health information to their partners, some participants planted clues, hoping their partner would take notice. One described his deliberate yet non-verbal attempt at disclosure.

I figure like this, I keep, if-if you come to my house, in my bedroom I keep the condoms right there in the open...you know what I'm saying, and if I think we're going to have sex, I throw them on the bed.

(Age 52, Black, never discloses).

The danger in this approach is that requires the partner to first identify and then accurately interpret the hint. “*If [they] take the sheet and flick them off, ‘okay I gave you, I*

gave you a shot””(same participant). The following participant disclosed his HIV status just prior to anal intercourse.

“I am the bottom...[if] they try to fuck me without a condom I usually tell them, ‘I would use a condom if I were you...”

(Age 60, Other race, usually discloses).

Although this participant hinted that there may be a reason for condom use, he never explicitly states or initiates a discussion about HIV.

Prompting

The vast majority of men reported that they would disclose their HIV status if asked by a partner. However, our findings indicate that the “if asked” style of disclosure is nuanced and conditional. This is evidenced by the following statement, “*I-I generally wouldn’t...I wouldn’t tell them. If they ask, I’ll, I’ll answer honestly*” (Age 58, White, usually discloses). Another participant reported an instance with a casual partner just prior to anal intercourse at which time the partner inquired, “*Oh by the way, are you positive? And I said, I didn’t lie to him, I said, ‘Why yes, I am positive’*” (Age 53, Latino, never discloses). One participant stated that it is not possible to “instantly disclose” and simultaneously preserve the sexual excitement he desires. In spite of the fact that he deems HIV status disclosure as a major impediment to exciting sex, he reported that he discloses, “*If someone asks me, point blank, ‘Are you HIV positive?’ I say, ‘Yes, I am.’*” However, disclosure when prompted came with conditions. The same participant continued, “*Um, if someone, you know, does one of these routines with, you know, [are you] clean or something like that...you didn’t ask me a question. [So] I don’t really deal with it*” (Age 52, White, sometimes discloses).

Contextual Factors

Commercial/Public Sex Environments: Barriers to Disclosure

In line with established norms at commercial/public sex environments (bath houses, steam rooms, parks, and sex parties) the majority of participants not only reported a lack of discourse regarding HIV status in these locales, but also a lack of verbal communication in general. As such, all commercial/public sex venues and the behavioral norms associated with each venue served as barriers to HIV status disclosure for all of the men in the sample. As one man explained, “*There’s not a lot of talking. I mean, you would never...walk into a sauna and say, ‘Oh, before I fuck you, are you positive?’*” (Age 50, White, sometimes discloses), suggesting that it would be uncharacteristic to behave in a way counter to these expectations. Another participant stated that he always discloses except “*in a situation where it’s not appropriate, like in a steam room*” (Age 56, White, sometimes discloses). The rules and implicit understanding of the communication style endorsed in the following participant’s experience with seeking sex in a local park is highlighted in the following passage:

“There’s no questions. You just get eye contact. You don’t have to ask no name, no address. [There is no asking] ‘Hi, how is the weather?’ and all that shit. So, it’s like you don’t have to say a word”

(Age 59, Mixed/API, sometimes discloses)

This next participant was a frequent attendee at group sex parties during which he reported engaging in anal intercourse with “*No more than maybe four. Four or five [partners]*,” a situation described as a barrier to HIV status discussion between and among casual partners.

Interviewer: “And were the-were these protected or unprotected?”

Participant: “It was, it could have been half and half, depending on who's who, was who [there]. There-it was a lot of regular people

Interviewer: Was status discussed? HIV status.”

Participant: “No. No discussion. None of that, I know. None of that. None of that discussion...what I learned was...you kinda like knew, but didn't know”

(Age 51, Black, usually discloses).

Internet: Facilitator of Disclosure

Participants described meeting sexual partners on the Internet. Since online communication can be anonymous, it is not surprising the Internet has become a popular platform for HIV disclosure. Posting one's HIV-positive status on a personal profile page or disclosing to a potential sex partner via an online chat prior to meeting face-to-face makes the web a valuable time saving and potential rejection-minimizing tool. The following participant prefers to date and have sex with men in their 20s. In his experience, the majority of them “*Don't seem to have any interest in asking, learning, or caring about their HIV status*” (Age 50, White, sometimes discloses). As a result, he has made a practice of posting his HIV-positive status on his online hook-up profile for all prospective casual sex partners to see. “*I make it quite clear that I am [positive] before we ever meet. If it's an Internet thing, they know right off the bat*” (Age 50, White, sometimes discloses). The following participant also prefers to have sex with younger men and he is reiterative about disclosing his status to them.

“I meet people online and we're like getting to know each other chatting...they see my profile, that I'm HIV poz. I'm undetectable. Even then I'll say I just want to make sure you know I am HIV poz. I am undetectable, but I'm HIV positive. I'm undetectable...and even then I'd tell them I want to be sure you know. It's there in several places”

(Age 53, White, sometimes discloses).

Relational Factors

Anonymous Sex: Barriers to Disclosure

Many participants identified a lack of intimacy, an anonymous hook up, or transactional as barriers to HIV status disclosure. Several participants mentioned one-night stands as situations in which disclosure is typically avoided. “*I really wouldn't disclose to you if it was just a one night stand*” (Age 52, Black, never discloses). The brevity and superficiality of the interaction do not warrant HIV status disclosure for some HIV-positive MSM. The following two participants reported that they “usually disclose” to casual partners on the quantitative

survey. Their quotes highlight the relational contexts in which exceptions to HIV status disclosure occur. *"I don't have to disclose it. Especially if I'm never going to see that person after half an hour...[if] they don't ask me... I don't tell"* (Age 60, Other race, usually discloses). Similarly, another participant who "usually discloses" justifies this relational context as one in which disclosure is not warranted. *"I-I generally wouldn't [disclose] if it's something that's just a quick hook-up or something. I wouldn't tell them"* (Age 58, White, usually discloses). The following participant stopped having sex for three years after being diagnosed with HIV. Over time his desire for physical connection led him to seek out transactional sex partners. He describes his experience with HIV disclosure within this type of sexual relationship:

"Never, there was no disclos[ure]...I don't need to know your name, I don't need to know anything about you, just do what we gotta do, and you going about your business"

(Age 52, Black, never discloses).

Psychosocial factors

Six psychosocial factors were identified; two served as barriers, one as a facilitator, and three as both as a barrier and a facilitator, depending on the participant. Specifically, the fear of stigma and the assumptions about a partner's serostatus emerged as barriers to HIV status disclosure. Feelings of guilt served to facilitate HIV disclosure for other participants. The fear of rejection, denial, and HIV responsibility beliefs emerged as both facilitators and barriers to HIV disclosure, highlighting individual differences among participants.

Fear of Stigma: Barrier to Disclosure

The fear of potential stigmatization due to being HIV-positive has led to this participant's decision to not disclose.

Interviewer: "What about stigma because of HIV? Have you experienced that?"

Participant: "No, because I don't disclose. That's why I don't disclose"

(Age 61, Black, never discloses).

For the next participant, the fear of potential stigmatization is a barrier to honest disclosure. He engaged in active deception regarding his HIV status, explicitly telling partners that he is HIV-negative.

"I find myself saying that I'm negative when I'm actually positive because I didn't want to... reveal—expose that, disclose that [I have HIV]. I still struggle with it, even though I know it's the right thing to do. I don't want to be, s-labeled, or-or you know, stuff like that"

(Age 53, Black, sometimes discloses).

Assumption about Partner's Serostatus: Barrier to Disclosure

Many participants reported disclosing their HIV status when prompted. They also reported situations where the partner did not inquire about their HIV status. This often led to participants drawing conclusions about their partner's HIV status based on solely on that

partner's non-verbal signaling or behavior. These assumptions served as barriers to disclosure. For example, the following participant describes the assumptions of serostatus that accompany anonymous sex—a type of interaction in which little, if any, discussion is had.

“...there's no words associated with having the kind of sex that I usually have. So. I basically just kind of assume that everybody I fool around with is either positive or doesn't care. That doesn't make it right, I'm just saying”

(Age 58, Black, sometimes discloses).

Similarly, the following participant concluded his partner's HIV status based strictly on the partner's behavioral cues, “*I felt if you know... okay if you don't want to protect yourself then you're positive. That's the way I looked at it*” (Age 52, Black, never discloses). Similar assumptions based on condom behavior were echoed by this man, “*...usually if the interaction is, 'here's a condom,' it means [they're] negative*” (Age 58, Black, sometimes discloses).

Feelings of Guilt: Facilitator to Disclosure

For the following participant, initiating the conversation about HIV status with casual sex partners prior to a sexual encounter allowed him to avoid taking on additional psychological burden—specifically, the guilt he anticipated would follow non-disclosure of his positive serostatus. “*...I'm gonna be up front, because I'm from the South and I carry enough guilt. I don't need to carry that around.*” (Age 53, White, sometimes discloses).

Fear of Rejection: Barrier and Facilitator to Disclosure

For some HIV-positive men, the fear of being rejected trumped their decision to disclose their status to casual sex partners of negative or unknown status. “*I didn't tell anybody. I just practiced safe sex. It was a little scary...you know, [I] didn't want to be rejected.*” (Age 51, White, sometimes discloses). The additional anxiety of potentially transmitting the virus to a serodiscordant casual partner further complicated the fear of rejection for the following two participants:

“...you don't want to contaminate no body else... and I don't want to say ‘well listen I [am HIV-positive]. I would probably be scared of that rejection”

(Age 52, Black, never discloses).

“They don't know my status, so...if I tell them, they may walk away, and if I don't tell them, could I live with the guilt [of potentially infecting them]?”

(Age 53, White, sometimes discloses).

Another participant's reticence to disclose to casual sexual partners was situated in the fearful expectation that “half of society” would ultimately “dump me.” This was driven by the belief that his privacy and confidentiality would be violated, first by the sexual partner, and second, by the gay community as a whole.

“You don't know how they are, and when you disclose they may disclose further and further and further... because especially gay, gay community, they know each

other. And in New York, they know each other. And then, I realize, like gays know each other all over the world...if you tell one, one person, it can be [whistle] all over the world”

(Age 57, White, never discloses).

Alternatively, the fear of rejection facilitated serostatus disclosure for one man. He explained that the emotional pain of being turned down by a sexual partner “upfront” would be preferable and ultimately more tolerable than the pain of rejection that would occur in the context of an emotionally invested intimate relationship.

“And with this virus there's a lot of rejection. Once you tell people, you know, I got rejected and not called to go out...they're ‘hi’ and ‘bye’. I'm not going to...keep my mouth closed. [If] I'm going to end up liking you or possibly loving you then...I tell you”

(Age 64, American Indian, usually discloses).

Denial: Barrier and Facilitator to Disclosure

Denial served to both impede and facilitate disclosure of HIV status among participants. This participant selected negative or status unknown partners only because being with HIV-positive partners was *“like throwing HIV/AIDS right in my face. And I wasn't there yet... that was part of my denial”* (Age 51, Black, sometimes discloses). He continues on:

“I did not accept the fact yet that I was positive, so by me dealing, with like, with like positive [partners] sexually, that [was like] telling me that I'm positive. So my denial was real deep”

(Age 51, Black, sometimes discloses).

The following 59-year old mixed race/Asian Pacific Islander participant was simultaneously diagnosed with HIV and AIDS after his first viral test at age 56. He recounted a sexual history spanning more than 30 years in which he engaged in unprotected anal intercourse with three partners daily. *“Since the [beginning of the epidemic] I was doing the same things as my friends that died.”* Unable to attribute a plausible explanation to his survival in the wake of the deaths of so many others, he concluded, *“That means, maybe I'm immune to it. You know? This is the-the logic you-you know. You think, you don't think about getting sick, you just think about having a good time.”* In the following passage he provides an explanation for why he never tested:

“Cause I never wanted to know. I never wanted to know. I didn't want it in black and white saying ‘Oh, you-you are- are-you have HIV.’ I just never wanted to know. Because that means if... if I knew that I was 100% sure that I was HIV-positive, I'd have to change my whole lifestyle. And, I didn't want to change”

(Age 59, Mixed/API, sometimes discloses).

Conversely, the need to come to terms with the reality of an HIV diagnosis was the catalyst for movement from denial toward acceptance—an emotional journey for the following participant, which resulted in the integration of an HIV-positive diagnosis into his personal identity.

“It was [an]unburdening...my telling them was a way of telling, my telling myself, you know, a way for me to hear it...a way for me to begin to accept it. This is, this is now part of my life. This is what I am”

(Age 53, White, sometimes discloses).

Personal Responsibility Beliefs: Barrier and Facilitator to Disclosure

Many participants reported feeling a personal responsibility to protect their partners from the potential risk of HIV infection. For some, that translated to disclosure of status.

“Now, what happened to me...I just can't see doing it to someone else. So I always tell now... I always inform. Always” (Age 52, Black, sometimes discloses). For others, that meant engaging in harm reduction behaviors in the absence of disclosure. *“I didn't tell them [my status] but I did not put them at risk...I did kid stuff”* (Age 58, Black, sometimes discloses). The following participant defended this same belief by highlighting that he doesn't place others at risk for HIV transmission. *“I don't bareback people...[and] you know, I'm mostly into oral sex.”* This decision is logical and based on his understanding of the current medical information regarding HIV transmission.

“I don't consider penetrating somebody with a condom on to be, you know, extremely dangerous. Umm, and from what I'm reading in the last few weeks, I guess, as an undetectable person for the last maybe ten years, there's probably a very low percentage of me infecting somebody anyway”

(Age 52, White, sometimes discloses).

Some participants believed the onus of responsibility lies with the other person, thus serving as a barrier to HIV status disclosure.

“...I'm not here to be a safe-sex counselor for you...everyone is familiar with HIV...and how it's transmitted, so...”

(Age 50, White, sometimes discloses).

Feeling that everyone is responsible for their own health regardless of HIV status impeded HIV status disclosure for the following participant who reported that he never discloses. However, in the absence of disclosure he reportedly engages in lower risk behaviors.

“But see my thing is, the responsibility is on them. Yea, my thing is I won't ejaculate in them. I'll come out, and, I won't let them come inside me. So, I mean, that's not even good, but it's something”

(Age 52, Black, never discloses).

The following 53 year-old stated the onus of responsibility should be shared:

“I would have to have that conversation. I have to tell them up front I'm HIV-poz. And if [they] chose to ignore that...And then, they can make an informed decision if whether they want to have sex with me bare or with a condom. I have one fuck bud and he's negative and he still chooses to have bareback sex with me, but he knows my status...and so, that's his choice” (White, 53, sometimes discloses).

His responsibility is to verbally disclose his HIV status prior to sex. At that point, the responsibility to protect shifts to the partner.

Discussion

Previous research has suggested that HIV status disclosure is not a monolithic event, but rather a multifaceted process (Cusick & Rhodes, 1999). Our findings provide evidence in support of the complexity of HIV disclosure among HIV-positive MSM ages 50 and older. The data shed light on the manner in which HIV-positive MSM enact disclosure, and the contexts, relationships, and psychosocial states that serve as either facilitators or barriers to disclosure.

Some HIV-positive MSM disclose their status all the time to all partners, others report that they never disclose (Servoich & Mosack, 2003). The majority of men in this study disclosed “sometimes.” Two methods were identified; hinting, a method that has been corroborated by previous work (Cusick & Rhodes, 1999) and, prompting. Hinting can be a verbal or non-verbal exchange between two people. For instance, one may hint about their own serostatus by speaking about their previous lover who died of AIDS or one may ingest their daily antiviral medication in the presence of the potential sex partner (Marks & Crepaz, 2001). Many participants reported waiting for prompting by their partner, stating they do not always disclose on their own, but that they would willingly disclose if that partner asked explicitly. Several participants reported they did not disclose if asked about their serostatus in a manner that was implied (e.g., “Are you clean?”). However, almost all participants agreed they would honestly disclose if asked directly, “Are you HIV positive?” or “What is your current HIV status?”

Contexts were identified as facilitators and barriers to disclosure. In an effort to potentially avoid discomfort or rejection in a face-to-face interaction, several participants reported disclosing their status to others via the Internet. As the Internet is a venue in which many MSM of all serostatus types meet sexual partners, it is an area that should be explored further as a facilitator for HIV status disclosure. On the other hand, commercial/public sex environments were contexts in which the norms and expectations of the venue limited HIV disclosure potential altogether. Behavioral norms established in bathhouses, steam rooms, parks, and at sex parties were associated with assumptions about a partner's serostatus. For instance, if a partner did not introduce a condom, many participants concluded they must be HIV-positive or that they were willing to risk becoming infected.

As our findings demonstrate, HIV disclosure occurs in many ways and varies by relationship. Engaging in anonymous sex or “one night stands” proved to be a barrier to disclosure for participants. Knowing they weren't going to see their partner again made them feel they didn't need to disclose.

There were many psychosocial factors related to disclosure. Guilt was a facilitator to disclosure while fear of stigma and assumptions of a partner's serostatus were barriers to disclosure. Some participants took their partner's lack of asking about HIV status or condom use as a sign that they too were positive. In the absence of direct communication, the

misinterpretation of a casual partner's behavior can lead to assumptions of HIV status and potentially unprotected sexual behavior.

The psychosocial factors, which both impeded and facilitated disclosure included fear of rejection, denial, and HIV responsibility beliefs. For some men, the fear of being rejected by a partner after becoming emotionally invested facilitated HIV disclosure. For others the fear of being rejected not only by the casual partner but the community-at-large inhibited HIV status disclosure. Others reported being in denial about their status as a barrier to disclosing, as it was a reminder of their own serostatus; while for some disclosing their HIV status allowed them to confront their feelings of denial.

With regard to responsibility beliefs, it is agreed that the majority of HIV-positive men feel a moral obligation to protect their casual sex partners. What appears to be lacking is a consensus of exactly what it means “*to protect*.” Some HIV-positive men interpreted this to mean disclosing their HIV status. Some believe their role in protecting their partner does not include volunteering their HIV-positive status, but rather by minimizing the likelihood of transmitting HIV by engaging in risk-reducing behaviors which are believed to lower transmission (Vernazza, Hirschel, Bernasconi, & Fleep, 2008).

Limitations

The authors acknowledge several limitations in this study. Participants both self-selected to participate and were age 50 and older. Thus, these findings cannot be generalized to younger HIV-positive men, older HIV-negative men, or MSM who would otherwise be less likely to voluntarily participate in a research study. Additionally, all men resided in the New York City area, one of the nation's HIV/AIDS epicenters; we acknowledge that their experiences may differ than living in rural communities or in those lacking HIV/AIDS-related community resources. Also, in an effort to mirror the current rates of HIV prevalence in New York City at the time, we oversampled men of color. Again, this does not allow the findings to be generalized to HIV-positive men across races/ethnicities. Many participants were recruited from local HIV/AIDS agencies. As a result of social networking, several friends of study participants learned about and subsequently became enrolled in the study; possibly contributing to the homogeneity of the sample.

As mentioned earlier, we utilized qualitative interview transcripts that were part of a larger, mixed-methods investigation on HIV and aging for our analysis. Because HIV status disclosure was not one of the mandatory interview topics, data for this analysis were drawn only from those participants, who by chance discussed HIV disclosure. Additionally since our interests lie in HIV-positive MSM and the way in which they navigate HIV disclosure, primarily with HIV-negative and status unknown partners, as they are the men at highest risk for HIV infection, and since our research corroborated others' work indicating that HIV-positive men with main partners have high rates of status disclosure, we did not focus on the narratives related to main partner disclosure or seroconcordant partnering. As a result, this limited the number of participants and, consequently, the breadth of data from which to draw on for our analyses.

Conclusion

Despite more than three decades of educational campaigns, HIV remains a disease that is too often whispered about rather than openly discussed. As this study documented, deciding how and to whom to disclose is a complex process and one that is influenced by a larger cultural and political framework in which fear, stigma, and discrimination continue to be socially reinforced (Halkitis, 2012). Research suggests that disclosure of HIV status is critical to effective HIV prevention efforts and to the process of removing HIV-related stigma (Cusick & Rhodes, 1999). Ironically, the fear of HIV stigma served as a barrier to HIV status disclosure for many HIV-positive MSM ages 50 and older in this investigation. This finding highlights the problematic nature in which HIV non-disclosure and stigma interact to reinforce one another, only further fueling the epidemic. Interventions geared toward helping HIV-negative MSM gain communication skills necessary to initiate HIV status conversations with their casual partners may also be useful in increasing the likelihood of a discussion about HIV status, safer behaviors, and thus lowered HIV transmission risk. Maiorana and colleagues (2012) found that interventions which were developed to help HIV-positive individuals gain contextually-specific communication skills around disclosure resulted in increases in disclosure intentions and practices by participants. Based on this, interventions should aim to increase self-efficacy for disclosure among HIV-positive MSM who disclose, while at the same time addressing the deeper psychological pain associated with HIV-related stigma. In addition, and in order to protect those living with and affected by HIV, programming needs to include a reduction in HIV related stigma and discrimination (Joint United Nations Programme on HIV/AIDS [UNAIDS], 2012). UNAIDS recommends that non-stigmatizing messages be woven into ad campaigns, television and radio shows and that communities foster interaction and focus groups among people living with HIV and populations vulnerable to HIV infection (UNAIDS, 2012).

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