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Pre-Exposure Prophylaxis and Non-Monogamous, HIV Negative Gay Men in Serodiscordant Relationships

Robert Dale Gallagher
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Walden University

College of Social and Behavioral Sciences

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Robert Gallagher

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Walden University
2018

Abstract

Pre-Expose Prophylaxis and Non-Monogamous, HIV Negative Gay Men in
Serodiscordant Relationships

by

Robert Gallagher

MA, Cleveland State University, 1998

BA, Cleveland State University, 1997

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Human Services

Walden University

October 2018

Abstract

HIV transmission continues to increase for Gay men, especially for those Gay men in nonmonogamous serodiscordant relationships. As the use of PreExposure Prophylaxis (PrEP) increases, much less is known about how PrEP is creating social meaning and transforming the sexual behaviors of HIV negative, non-monogamous Gay men. Accordingly, the purpose of this study was to investigate the meaning making experiences of Gay men in nonmonogamous serodiscordant relationships. Using the Minority Stress Model, Resiliency Theory, and Queer Theory as theoretical frameworks, the research question for the study focused on how HIV negative Gay men who are on PrEP and involved in nonmonogamous serodiscordant relationships navigate their sexual lives. Interpretative Phenomenological Analysis was employed within a purposeful sample of 13 Gay men. The two themes of resiliency and reframing emerged from the descriptive coding, member checking, and triangulation of the data. Of the two themes identified, participants noted pre-PrEP resiliency strategies including looks and trust, while current PrEP strategies included strategic positioning, getting educated about HIV and PrEP, and dating undetectable men. Reframing experiences included marketability, greater feeling of sexual freedom and responsibility, new rules around nonmonogamy, increased sexual confidence, and new masculine terms for condomless anal sex. Findings and recommendations from the study may advance positive social change when researchers and practitioners combat stigma, understand perceived lower risk of HIV transmission through new resiliency techniques, and facilitate the reframing of sex within an individual, relational, and Gay cultural context.

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Dedication

I dedicate this work to my family, friends, and colleagues. To my grandparents, who are deceased, you provided the inspiration for me to be the first person in our extended family to go to college. Your hard work as a homemaker and a coal miner taught me the value of working hard for your passion and never giving up on your dream. You also always protected me and provided for me in times of need. I truly believe this dissertation would not have been possible without the both of you in my life.

I would also like to dedicate this dissertation to my mother. Thank you for pushing me to continue my education. Many times, you struggled to ensure that I would not have to struggle as much as you did. Your ability to always lift yourself up and out of a negative situation and believe that there is a better future, was a major driving force in me pursuing my dream of an education.

I also want to dedicate this dissertation to my spouse. Your continued support of me throughout this dissertation, and in life overall, is the reason I married you. You were always the person I could talk to when I was struggling with the research, or anything in life. The advice and support you gave me will never be forgotten.

Finally, I want to dedicate this dissertation to all my other family, friends, and work colleagues who supported me. My family and friends would always tell me how proud they were of me. This gave me the motivation to continue. Thank you to my work colleagues, my boss, and administration at my work for not only providing the financial means to earn this doctoral degree, but also the encouragement and support needed to complete this dissertation.

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Chapter 1: Introduction to the Study

Introduction

High rates of HIV transmission within the Gay male community have been well documented (Center for Disease Control [CDC], 2016). Rates of HIV transmission continues to increase among Gay men in the United States (Bauermeister, Hickok, Meadowbrooke, Veinot, & Loveluck, 2014; CDC, 2015; Taylor et al., 2015). Taylor et al. (2015) found that 63% of all new HIV cases are from Gay men, Bisexual men, and Men who have sex with men. The concern over HIV transmission increases for Gay couples as 25% of Gay men with HIV are in serodiscordant relationships, where one partner is negative and the other partner is positive (Persson, 2013).

In 2012, Truvada, commonly known as PreExposure Prophylaxis (PrEP), was approved for groups at high risk of contracting HIV including Gay men who are in serodiscordant relationships (Goedel, Halkitis, Green, Hickson, & Duncan, 2016; Hoff et al., 2015; Hood et al., 2016). PrEP has been shown to effectively eliminate concerns over HIV transmission when used daily (Collins, 2014; Gallagher, 2015; Mantell, Sandfort, Hoffman, Guidry, Masvawure, & Cahill, 2014; Newcomb, Mongrella, Weis, McMillen, & Mustanski, 2016). Researchers suggested this has led to some Gay men believing that most of their Gay friends would get on PrEP to reduce the risk of HIV transmission during sex (Dolezel et al., 2015; Hoff et al., 2015; Mantell et al., 2014). Bauermeister et al. (2014), Goedel, Halkitis, Green, Hickson, and Duncan (2016), and Hoff et al. (2015) provided insight into the lives of HIV negative Gay men, serodiscordant couples, and PrEP to understand why HIV transmission rates continue to increase for Gay men such as

many Gay men know about PrEP, but only a fraction of those Gay men are on the medication. Goedel et al. (2016) and Spieldenner (2016) highlighted that PrEP medication allows for condomless sex without the fear of HIV transmission.

Stigma toward Gay male sexuality, PrEP within the Gay community, nonmonogamy, HIV fears, and serodiscordant coupling has been shown to play a significant role in the sexual lives of many HIV transmissions among Gay men (Goedel et al., 2016; Haire, 2015; Jaspal & Darmilas, 2016; Knight, Small, Carson, & Shoveller, 2016; Newcomb, Mongrella, Weis, McMillen, & Mustanski, 2016; Young et al., 2014). For example, Holt et al. (2014) noted PrEP stigma may help to explain why PrEP usage had declined in Australian Gay and Bisexual men since 2012. In 2015, only 27% of serodiscordant Gay Australian couples were using PrEP (Hoff et al., 2015). Goedel et al. (2016) suggested that similar low rates of only 12% PrEP usage among Gay men in South Florida is due in part to PrEP Stigma.

The aim of this study is to better understand how PrEP is understood in the sexual lives of nonmonogamous HIV negative Gay men who are in serodiscordant relationships. The intent of this study is to effectively contribute to social change by reducing stigma inside and outside of segments of the Gay community as it relates to the sexual lives of HIV negative men while on PrEP. The hope is that the present research contributed to the existing body of literature on Gay men's sexual lives. By facilitating an understanding of stigmas within the sexual lives of some Gay men where HIV transmission is a concern, this research hopefully provided practitioners with a better understanding of how to best offer services to Gay men at risk of HIV transmission. A study of Gay men's sexual

experiences while on PrEP and in serodiscordant, nonmonogamous relationships could have implications for potential reduction of rates of HIV transmission within the Gay community.

Background

HIV is a universal problem, and efforts to address the specific health needs of many Gay men have been in response to the need to address the continued higher rates of HIV transmission between Gay men and Gay couples. Classic and current literature on minority stress and stigma by Goffman (1963), Hamilton and Mahalik (2009), Rostosky, Riggle, Gray, & Hatton (2007), and Thomas, Mience, Masson, & Bernoussi (2014) has been used to theorize how some Gay men are managing the stress of potential HIV transmission and stigmatized sexual behaviors in their lives. Stigmatizing sex between men, stigmatizing those who use PrEP, and stigmatizing those who are in either nonmonogamous relationships or in a serodiscordant relationship has been shown to increase HIV transmission between individual Gay men and Gay couples (Dentato, Halkitis, & Orwat, 2013; Hamilton & Mahalik, 2009; Rostosky, 2007; Thomas et al., 2014).

In addition to the stigma of sex, condomless sex between Gay men has been shown to have significant social meaning within the sexual lives of Gay men (Bryne, 2015; Goedel, Halkitis, Green, Hickson, & Duncan, 2016; Sanchez & Vilain, 2012; Thomas et al, 2014). Most Gay men report the inconsistent use of condoms during sex (Bryne, 2015). Thomas et al. (2014) reported that condom usage continues to decline among Gay men. Sanchez and Vilain (2012) suggested that the decreased use of condoms

is due to condomless sex being viewed as a positive masculine trait of risk-taking behavior. Masculinity is an important trait for some Gay men when looking for a partner, causing many men to participate in condomless sex (Sanchez & Vilain, 2012). However, condomless sex leads some Gay men to be more exposed to HIV infection (Thomas et al., 2014). However, there is contradictory evidence as to whether PrEP is encouraging or discouraging condomless sex within and outside of Gay male relationships (Gallagher, 2015). Some Gay men and HIV prevention organizations worry that Gay men use PrEP to reduce their rates of condom usage (Aids Healthcare Foundation, 2014; Bryne, 2015; Hoff et al., 2015; Vermund, 2013).

HIV transmission between serodiscordant couples is increasing (Persson, 2013) Bavinton (2014) found 30% of all new HIV transmission are among Gay men occur when they are in a serodiscordant relationship. This transmission percentage is higher than among the general Gay male population (Bavinton, 2014). PrEP may be an important tool in preventing HIV transmission in the sexual lives of Gay male serodiscordant couples, as 25% of all HIV positive Gay men are in serodiscordant relationships (Persson, 2013). Grant and Koester (2016) reported that PrEP demand by Gay serodiscordant couples is increasing to ensure reduction of HIV transmission during condomless anal sex between partners. Understanding how PrEP is affecting the sexual lives of these couples is important as there is contradictory research as to whether Gay men in serodiscordant relationships are still using condoms (Brooks, Landovitz, Kaplan, Lieber, Lee, & Barkley, 2012; Persson, 2013).

There is pressure for condomless sex for HIV negative Gay men in serodiscordant relationships as condomless sex is a way to prove their love and intimacy to their HIV positive partner, or to make oneself marketable for sex outside of their primary relationship (Bauermeister et al., 2014; Byrne, 2015; Hoff et al., 2015; Newcomb et al., 2016; Persson, Ellard, & Newman, 2016; Persson, 2013). Some serodiscordant couples are using techniques such as serosorting, pullout method, and sexual positioning to avoid HIV transmission while having condomless sex (Brooks et al., 2012; Smith et al., 2012). Taking PrEP reduces the need for condoms for HIV prevention which may be increasing sexual risk-taking related to Sexually Transmitted Diseases (STDs) and Sexually Transmitted Infections (STIs) inside and outside of their primary relationship (Auerbach & Hoppe, 2015). However, the role of PrEP in condomless anal sex for HIV negative Gay men in nonmonogamous, serodiscordant relationships has yet to be explored.

Since PrEP was authorized in the United States in 2012 there have been varying perceptions about PrEP by doctors, HIV prevention agencies, heterosexuals, and Gay men (Goedel et al., 2016; Haire, 2015; Hoff, et al., 2015; Krakower & Mayer, 2015; Lokes, 2014; Mantell, Sandfort, Hoffman, Guidry, Masvawure, & Cahill, 2014; Newcomb et al., 2016; Persson, 2013; USA Today, 2014). Many HIV prevention organizations are still resisting PrEP because they feel condoms are the gold standard for sex between Gay men (Haire, 2015; Knight et al., 2016). For other Gay men, PrEP creates fears that it increased condomless sex, thus increased the rates of STDs and STIs within the Gay community (Auerbach & Hoppe, 2015; Cáceres, Koechlin, Goicochea, Sow, O'Reilly, Mayer, & Godfrey-Faussett, 2015; Calabrese et al., 2015; Haire, 2015;

Knight, Small, Carson, & Shoveller, 2016; USA Today, 2014). These concerns create a stigma around those who take PrEP which may have caused some Gay men to avoid using PrEP (Spieldenner, 2016). These may have helped to explain why only half of Gay serodiscordant couples state they would take PrEP (Hoff et al., 2015). PrEP stigma, however, may be changing and needs to be explored. For example, a recent phenomenon occurring in parts of the Gay community is some Gay men are embracing the stigma of being on PrEP (Spieldenner, 2016).

While the literature addresses some issues regarding Gay men and PrEP, such as monogamy within the Gay community, HIV transmission rates among Gay men, Gay men's thoughts about PrEP, and issues for serodiscordant couples, it does not specifically focus on the sexual meanings of PrEP for HIV negative Gay men who are in nonmonogamous, serodiscordant relationships. More specifically the literature has not answered the questions on how some Gay men are creating new resiliency techniques in the era of PrEP, and how Gay men are reframing their sexual lives in the era of PrEP. Given that HIV transmission remains high among these Gay men, a study is needed.

Problem Statement

The CDC (2015) recently found an overall 20% decline in HIV infection from 2005-2014. However, rates of HIV have increased 6% among Gay and Bisexual men in the United States during the same time (Bauermeister, Hickok, Meadowbrooke, Veinot, & Loveluck, 2014; CDC, 2015). The concerns over HIV transmission is heightened for Gay couples as 25% of Gay men with HIV are in serodiscordant relationships (Persson, 2013).

Although the aforementioned research regarding the importance of PrEP in reducing the risk of HIV for Gay men illuminates important findings, I have found no research that had examined how HIV negative Gay men who are in nonmonogamous serodiscordant relationships were using PrEP to create meaning and practicing resilient techniques in their sexual lives to prevent HIV transmission. Darbes, Chakravarty, Neilands, Beougher, and Hoff (2014) suggested this type of research was important because the most common time of HIV transmission among Gay men occurs while Gay men were in relationships. This research was vital in that HIV transmission rates continue to rise for Gay men while falling for most other groups (CDC, 2016). Given the continued problem of high rates of HIV transmission within the Gay community, and specifically for HIV negative Gay men who are in nonmonogamous serodiscordant relationships, an interpretive phenomenological analysis research study was needed. With this study, I hoped to provide an understanding of how PrEP was culturally understood in facilitated sexual agreements in the lives of HIV negative nonmonogamous Gay men who are in serodiscordant relationships.

Purpose

The purpose of this study was to understand how PrEP is understood and used in facilitating sexual agreements by HIV negative, nonmonogamous Gay men within and outside of their primary serodiscordant relationship within a Gay community cultural context. Understanding how HIV negative Gay men who are in serodiscordant nonmonogamous relationships felt others perceived and practiced sexual behaviors while

on PrEP may help in facilitating policies and practices to reduce the spread of HIV between some Gay men.

Research Questions

Qualitative: How do HIV negative Gay men who are on PrEP navigate their sexual lives while in nonmonogamous serodiscordant relationships?

Theoretical Framework

There were three theoretical approaches that were used to frame this study: minority stress model (MSM), resiliency theory, and queer theory (Dentato et al., 2013; Meyer, 2015; Mutchler, Ayala, & Neith Mutchler, 2005; Spieldenner, 2016; Thomas et al., 2014). The MSM was used because this theory addresses stress factors including prejudice and discrimination for being Gay, stigma of sex between men, stigma toward those who take PrEP, and HIV/AIDS phobia (Kamen, Burns, & Beach, 2011; Thomas et al., 2014). The MSM has been a theoretical model previously used when discussing the sexual lives of HIV negative Gay men, HIV positive Gay men, nonmonogamous Gay couples, PrEP usage among some Gay men, and between serodiscordant Gay male relationships (Kamen et al., 2011; Thomas et al., 2014). However, research has not been found that used the MSM to understand the sexual lives of these combined groups.

The MSM helps to explain Gay men's internal prejudices about their sexuality, expectations of being rejected due to being Gay, and internalized homophobia which increases psychological and relationship stress (Dentato et al., 2013; Hamilton & Mahalik, 2009). Current research by Hamilton and Mahalik (2009) and Thomas et al. (2014) and classical work by Rostosky (2007) on minority stress also suggested minority

stress helps to explain structural stress factors such as societal stigma for being Gay, PrEP stigma, having nonheteronormative sexual agreements such as nonmonogamy or open relationships, and how being in a relationship with someone who is HIV positive can negatively affect Gay men and Gay couples via what others think. These negative individual and structural stress factors have been shown to lead to risky behaviors which increased the chances of HIV transmission, STDs transmission, and STIs transmission within the relationship (Dentato et al., 2013; Hamilton & Mahalik, 2009; Rostosky, Riggle, Gray, & Hatton, 2007; Thomas et al., 2014). Using the MSM, as one of a triad of theoretical models, gave valuable insight into the role stigma played for some Gay men who take PrEP and participant in nonheteronormative sexual practices. Without incorporating this theoretical model, I would not have been able to better understand how cultural stigma plays a role in the sexual decision-making process for HIV negative Gay men who are in nonmonogamous serodiscordant relationships.

Two other theoretical approaches that was used in this study include resiliency theory and queer theory (Mutchler et al., 2005; Gorman-Murray, 2012; Spieldenner, 2016). Many macro-level theoretical approaches, such as the MSM for Gay men focused on deficit-based approaches which ignore the ways individual Gay men overcome the risk of HIV transmission in their sexual practices through resiliency techniques (Herrick, Stall, Goldhammer, Egan, & Mayer, 2014; Hughto, Hidalgo, Bazzi, Reisner, & Mimiaga, 2016). Reliency Theory gave a unique insight into this study by helping me understand the ways some Gay men perceived PrEP as a resiliency tool in the fight against contracting HIV. The other theoretical approach, queer theory, was used to understand

how Gay men understand, experience, and interpret sex (Pullen, Thanem, Tyler, 2016). Queer theory was also an important theoretical approach to include in understanding the oppressive and discriminatory structures of heteronormativity when researching Gay men (Pullen et al., 2016). Triangulating these three theoretical approaches created a better understanding of the research question of how HIV negative Gay men who are in serodiscordant relationships were using PrEP to creating meaning in their sexual lives.

Nature of the Study

The nature of this study was an interpretive phenomenological analysis inquiry. Interpretive Phenomenological Analysis was consistent with understanding how some Gay men make sense of their everyday sexual lives, which was the primary focus of this dissertation (Boden & Eatough, 2014; Finlay, 2014; Frost, McClelland, Clark, & Boylan, 2014; Lewis, 2015; Smith, 2014; Sousa, 2014). Methods of inquiry included phenomenological reflections of data elicited by interviews of HIV negative Gay men who are on PrEP and in nonmonogamous serodiscordant relationships. Keeping the focus of the interviews on how PrEP was understood in relation to sexual agreements by HIV negative Gay men in serodiscordant relationship was consistent with MSM resiliency theory, and queer theory on how stress, risky sexual behavior, stigma, and heteronormativity was understood and overcome in the sexual lives of HIV negative serodiscordant Gay men within and outside of their primary relationship.

To illustrate how meaning was culturally understood and sexual agreements formed while on PrEP, this dissertation used primarily purposeful sampling and snowballing sampling techniques from social service providers that facilitate PrEP

meetings for Gay men, serodiscordant Gay male couple, and HIV prevention organizations to enlist participants. Online apps were also used to elicit participants. Baltar and Brunet (2012) suggested snowball sampling techniques when the population under investigation is hidden due to low numbers or sensitivity of the topic or to access the participant's social networks may be effective. Convenient sampling was not used as a another sampling strategy as I obtained enough participates from purposeful sampling and snowball sampling techniques.

The study involved 13 participants. Saturation occurs when the researcher has found that newer interviews no longer add to the themes in the data (Mason, 2010). Saturation was met when I interviewed 10 participants. However, I interviewed 3 more participants to ensure no new information was gained. I also interviewed a leader of a Gay social service agency as a field test of the interview questions to elicit feedback for culturally sensitive language and flow of the interview questions.

The study was limited in that only self-defined HIV negative Gay men on PrEP who are in a nonmonogamous serodiscordant relationship were interviewed. The study used purposeful and snowball techniques for Gay men who have disclosed their use of PrEP to Gay or HIV social service agencies or friends. Some participants were accessed by gaining permission from social service agencies who facilitate social activities for this population by leaving flyers, brochures, and the ability to speak to individuals and groups that came to the agency about the potential inclusion, purpose, and participation in the study. The study was limited to participants in a Southeastern state.

Definition of Terms

For this study, the following terms are defined and how their meanings are used are as follows:

Condomless Sex, Bareback Sex, Unprotected Anal Sex: Interchangeable terms for sexual practices of not using condoms when having anal sex. Many Gay men are more likely to refer to this practice as bareback sex, compared to condomless sex or unprotected anal intercourse (Spieldenner, 2016; Thomas et al., 2014).

Femphobia: When Gay men fear being labeled as feminine for participating in receptive anal sex (Sanchez & Vilain, 2012; Thomas, 2014).

Looking Glass Effect. A term Meyer (2003) used by Cooley (1902) to describe how some will feel about themselves based on what others think and say about them.

Minority Stress Model: A theoretical model that helps to explain why stress is higher in minority communities (Dentato et al., 2013; Hamilton and Mahalik, 2009; Rostosky, 2007; Thomas et al., 2014).

Monogamish: A term used in some parts of the Gay community to refer to when a couple is mainly monogamous but will occasionally have sex outside of their relationship or will together enlist a person or persons for a sexual encounter (Parsons, Starks, Dubois, Grov, & Golub, 2013).

Monogamy: Refers to when a couple chooses to be sexually exclusive to one another (Conley, Moore, Matsick, & Ziegler, 2012; Parsons et al., 2013).

Nonmonogamous relationships: Refers to couples who are not sexually exclusive to each other. It is also known as open relationships in segments of the Gay community

(Bauermeister et al., 2014; Mitchell, Lee, Woodyatt, Bauermeister, & Sullivan, 2016; Parsons et al., 2013).

Open Relationships: Refers to when partners or spouses have agreed to allow for sex outside of the primary relationship (Groves, et al., 2014).

PreExposure Prophylaxis (PrEP): Also known as Truvada, PrEP is a medication that is used to help prevent the transmission of HIV from one sexual partner to another (Goedel et al., 2016; Hiare, 2015; Hoff et al., 2015; Lekes, 2014; Mantell et al. 2014; USA Today, 2014)

Pull Out Method: A method employed by some Gay men to avoid HIV transmission to a partner by inserting his penis without a condom inside his sexual partner's anus, but removing his penis from the partner's anus before he ejaculates or if the receptive partner asks his partner to pull out before he ejaculates inside him (Brooks et al., 2012; Tieu, Li, Donnell, Vittinghoff, Buchbinder, Parente, & Koblin, 2013).

Queer Theory: A theory that focuses on how Gay men create their own unique culture and language to overcome heterosexism and heteronormative practices (Pullen et al., 2016).

Receptive Partner or Bottom: Refers to a Gay man who receives or prefers to receive anal sex from another man (Sanchez & Vilain, 2012; Thomas et al., 2014).

Receptive Unprotected Anal Intercourse (RUAI): Refers to when a Gay man receives anal sex without a condom on his sexual partner (Thomas et al., 2014).

Resiliency Theory: A theoretical model that takes a positive-based approach in understanding how individuals create unique ways to overcome barriers (Conley et al.,

2012; Herrick, Stall, Goldhammer, Hughto, Bazzi, Reisner, & Mimiaga, 2016; Newcomb et al., 2016).

Serodiscordant relationships: Gay couples in which each partner or spouse is of a different HIV status (Goedel et al., 2016; Hoff et al., 2015; Hood et al., 2016). In some segments of the Gay community these relationships are known as magnetic relationships (Easton, 2017).

Seroconcordant Gay couples: Gay couples in which each partner or spouse is of the same HIV status (Hoff et al., 2015).

Serosorting: When Gay men seek out only other Gay men of the same HIV status to have condomless anal sex with to avoid HIV transmission (Auerbach & Hoppe, 2015; Newcomb et al., 2016; Paul et al., 2010; Smith et al., 2012).

Sexual Positioning: A sexual technique used by Gay men to only be the penetrator or the only one being penetrated to avoid HIV transmission (Brooks, Kaplan, Lieber, Landovitz, Lee, & Leibowitz, 2011; Smith et al., 2012).

Stigma: A term Goffman (1963) used to describe how individuals are negatively labeled for who they are or their practices in which they participate.

Truvada Whores or PrEP Whores: Interchangeable terms used to negatively label Gay men who are taking PrEP (Young et al., 2014)

Unprotected Anal Intercourse: A practice when Gay men do not use condoms when having anal sex with another man (Taylor et al., 2015).

Assumptions

There are specific aspects of this study that are believed to be true but cannot be proven. I assumed all the men in the study identify as Gay. I believed that none of the participants were coerced into agreeing to participate in the study. I assumed that there was no alternative motive to participate in the study and that the participants are being honest in their responses. An assumption was made that participants are being truthful about their HIV status and their partner's HIV status. I assumed participants were currently taking PrEP. Finally, I assumed that the inclusion criteria for the sample was appropriate for all participants to experience the phenomenon under study.

Scope and Delimitations

For this study, the scope included focusing on non-monogamous, HIV negative Gay men who are at least 18 years old, in serodiscordant relationships, taking PrEP, who can speak and understand English, and that live in the the region where I am conducting interviews. I chose this research question because I am curious about how PrEP is affecting the sexual lives of Gay men in serodiscordant, non-monogamous relationships. There are several delimitations of the study including using only the MSM model, resiliency theory, and queer theory as theoretical frameworks. The theoretical perspectives showed in the literature review as important theoretical explanations regarding the sexual lives of Gay men. Other theoretical perspectives may provide insight into the research questions, but the literature suggests these theories are equipped to answer the research question. Other delimitations were demographic. For example, if a

participant became HIV positive before the interview, he was excluded. If the participant stopped taking PrEP before the interview, he was excluded.

Limitations

This phenomenological qualitative study was limited to 13 participants. Interviewing these individuals face to face in a private room in a public library provided confidentiality that allowed for a more openness in discussing their individual perspectives on how PrEP is creating meaning in the sexual lives of non-monogamous, HIV negative Gay men who are taking PrEP while in a serodiscordant relationship. However, finding a setting that provides confidentiality and anonymity limited the number of potential participants. Another limitation is that participants were only from the one Southeastern State so transferability to other Gay men across the Country or internationally may be limited. I considered interviewing individuals from other parts of the Country, but due to South Florida, specifically Broward and Miami-Dade County having the highest rates of new HIV transmission among Gay men (Bousquet & Auslen, 2016), I limited the study to only participants who live in the South Florida area. In addition, I chose to keep the focus on South Florida because I am utilizing Gay and HIV prevention organizations located in South Florida to access potential participants. Finally, the inability to interview Gay men from different parts of the Country also stems from a lack of resources.

Another limitation was that participants had to be aware of and at least partially participate in Gay or HIV prevention organizations for them to be known to these organizations or know someone who goes to these organizations. This limited the

potential participants to only those who may be open about their sexuality and comfortable talking about their sexuality. Therefore, closeted potential participants, potential participants that are not involved in these organizations, or do not know other Gay men who attend these organizations, were not included. Also, those who are not open to talking about their sexual practices to those they do not know may also feel uncomfortable talking to a stranger about their sexual lives when they are on PrEP for fear of being stigmatized limited potential participation.

To address these issues, assuring confidentiality and anonymity hopefully allowed participants to feel more comfortable talking to a stranger. Informing the participants of my passion to better understand the lives of Gay men may have helped build rapport. Finally, my role in volunteering at many of these Gay social service agencies was required by Walden's Institutional Review Board (IRB) to be disclosed to participants could also limit the number of participants for fear of confidentiality. This limitation was addressed by reducing the time I volunteer in these organizations during the dissertation process and assuring confidentiality, anonymity, and getting Walden University's Internal Review Board's (IRB's) approval before I started recruiting participants.

Significance

Although rates of HIV continue to decline for most groups, HIV transmission continues to disproportionality affect Gay men (CDC, 2016). HIV transmission is also more likely to occur for Gay men than heterosexuals when Gay men are in relationships (Persson, 2013). HIV transmission can also be a concern among Gay couples as 25% of HIV positive Gay men are in relationships with another Gay man who are HIV negative

(Persson, 2013). This research hopes to create a better understanding of the ways HIV transmission between these couples can be reduced through understanding how PrEP has created meaning in the sexual lives of HIV negative nonmonogamous Gay men who are in serodiscordant relationships. Better understanding of the way HIV transmission is avoided within these relationships may help to create positive social change within these relationships through increase relationships quality and within parts of the Gay community by helping practitioners and researchers advocate for better policies, marketing campaigns, and new directions for future HIV research that will potentially help to reduce HIV transmission between Gay men.

Summary

In Chapter 1 I presented a contextual framework for understanding how PrEP is creating meaning in the sexual lives of nonmonogamous, HIV negative Gay men who are in serodiscordant relationships. The three theoretical perspectives of MSM, resiliency theory, and queer theory were included because they provided a unique insight and perspective to understand sexual stigmas, sexual terminology, and sexual practices among many HIV negative Gay men who are taking PrEP while in a nonmonogamous serodiscordant relationship.

I found no research that examined how HIV negative Gay men who are in nonmonogamous serodiscordant relationships are creating meaning in their sexual lives when using PrEP. This research is important, as Taylor et al. (2015) highlighted that most all new HIV cases are from men having sex with men. The concerns over HIV

transmission is heightened for Gay couples as 25% of Gay men with HIV are in serodiscordant relationships (Persson, 2013).

In Chapter 2, I reviewed the literature on understanding minority stress in the sexual lives of many Gay men, what resiliency techniques some Gay men have used to avoid HIV transmission, and how queer theory is used to better understand the sexual lives of many Gay men from a nonheteronormative perspective. Chapter 2 then transitions into the literature focusing on how stigmas, especially PrEP Stigma, within and outside segments of the Gay community, is affecting the perception of sex while on PrEP for many Gay men. Chapter 2 then transitions into a discussion on the social construction of sex by Gay men, Gay men and open sexual relationships, HIV in Gay men's sexual lives, strategies to remain HIV negative, perceptions of PrEP, and a summary of the chapter.

Chapter 2: Literature Review

Introduction

The purpose of this study is to understand how the use of PrEP, otherwise known as Truvada, is facilitating sexual agreements by HIV negative Gay men within and outside of their primary serodiscordant relationship in a Gay community cultural context. Understanding how HIV negative Gay men who are in serodiscordant nonmonogamous relationships feel others perceive PrEP may help in facilitating policies and practices to reduce the spread of HIV.

The Center for Disease Control ([CDC] 2015) recently found an overall 20% decline in HIV infection from 2005-2014. However, rates of HIV increased 6% among Gay and Bisexual men in the United States during the same time (Bauermeister, Hickok, Meadowbrooke, Veinot, & Loveluck, 2014; CDC, 2015). Taylor et al. (2015) highlighted that 63% of all new HIV cases are from Gay, Bisexual, and Men who have sex with men. The concerns over HIV transmission is heightened for Gay couples as 25% of Gay men with HIV are in serodiscordant relationships, where one partner is HIV negative and the other partner is HIV positive (Persson, 2013).

In 2012, Truvada, commonly known as PrEP, was approved for groups at high risk of contracting HIV, including Gay men who are in serodiscordant relationships (Goedel, Halkitis, Green, Hickson, & Duncan, 2016; Hoff et al., 2015; Hood et al., 2016). PrEP had been shown to effectively eliminate concerns over HIV transmission when used daily (Collins, 2014; Gallagher, 2015; Mantell, Sandfort, Hoffman, Guidry, Masvawure, & Cahill, 2014; Newcomb, Mongrella, Weis, McMillen, & Mustanski, 2016).

Researchers have suggested this has led some Gay men to believe that their Gay friends use PrEP to reduce the risk of HIV transmission during sex (Dolezel et al., 2015; Hoff et al., 2015; Mantell et al., 2014).

While many Gay men found PrEP to be a valuable tool to prevent contracting HIV for their Gay friends, PrEP had been slow to take hold within many parts of the Gay community because of the stigma attached to taking PrEP within the Gay community (Goedel et al., 2016; Haire, 2015; Jaspal & Darmilas, 2016; Newcomb et al., 2016). Many in the Gay community felt the only people who take PrEP are high-risk or sexually promiscuous people (Knight, Small, Carson, & Shoveller, 2016). This has led to a phenomenon within segments of the Gay community of labeling other Gay men who are in PrEP as Truvada Whores (Young et al., 2014). Several in the Gay community also felt the use of PrEP would increase Gay men engaging in condom-less sex which would increase the Gay community's risk of STDs and STIs (Calabrese & Underhill, 2015; Knight et al., 2016; Philbin, Parker, Wilson, Garcia, & Hirsch, 2016). Condoms for some, represented 'responsible' Gay sex, while PrEP represented 'irresponsible' sex (Spieldenner, 2016). For other Gay men, PrEP violated sexual norms within the Gay community (Spieldenner, 2016). McKechnie, Bavinton, and Zablotska (2013) suggested sexual norms within the Gay community vary but mainly revolved around sex with condoms that helped to reduce the chances of STI, STD, and HIV infections. However, the stigma of PrEP has been slow to take hold within some parts of the Gay community (Schwarz & Grimm, 2016; Goedel et al., 2016; Haire, 2015).

Although the aforementioned research regarding the importance of PrEP in reducing the risk of HIV for Gay men has illuminated important findings, I found no research that examined how HIV negative Gay men who are in nonmonogamous serodiscordant relationships are using PrEP in understanding their experiences within their sexual lives. More specifically, I have found no research that examined how nonmonogamous HIV negative Gay men in serodiscordant relationships are creating sexual meaning and strategies within and outside of their primary relationships to prevent potential HIV exposure. Given the continued problem of high rates of HIV transmission within the Gay community, and between Gay couples as well as more Gay men taking PrEP, an interpretive phenomenological analysis research study was needed to understand how PrEP is culturally understood in helping to facilitate sexual agreements in the lives of HIV negative Gay men who are in serodiscordant relationships. This research contributed to the existing body of literature that together, may aid in addressing policy and practice aimed at reducing HIV and other STDs and STIs.

Chapter 2 is organized in several different segments that provided background on Gay men who are in serodiscordant relationships. In the first part, I focused on the literature review strategy that included the journal databases I used, key search words, and the criteria used in selecting the journal articles for the literature review. Understanding how the criteria was being selected was important in understanding my lens.

The literature review then went in-depth on the three theoretical approaches that anchored the research. From the theoretical foundations, I move into the literature that

focuses specifically on issues facing HIV negative Gay men who are in nonmonogamous serodiscordant relationships. Issues that I explored included the role of HIV in Gay men's lives, perceptions of condomless sex, nonmonogamous relationships within segments of the Gay community, serosorting, and sexual positioning. This section of the literature review was important in understanding how Gay men make sense of their sexual lives.

From making sense of Gay men's sexual lives, the perception of PrEP by Gay men and others was then explored to better understand how PrEP is viewed. Finally, gaps in the current research and a transition to the next chapter was noted in the summary and conclusion section.

Literature Search Strategy

Through the literature review, I supported the need to conduct a study on the research topic. The goal in the literature review was to understand the sexual lives of Gay men to inform the research question and interview guide. Based on the literature review, the current study made an original contribution to the areas of Gay men's sexual lives and HIV prevention.

I used several journal databases to find the literature. Those databases include PsychInfo, SocInfo, ProQuest, and Scholar Google. Using those databases, key terms such as Gay, Gay Sex, Monogamy, HIV and Gay men, Serosorting, Slut-Shaming, Stigma, PrEP, Serodiscordant, Sexual Satisfaction in Gay men, Monogamy, Queer Theory, Minority Stress Model, and Resiliency Theory were used. These keywords and phrases were essential in finding relevant and related peer-reviewed journal articles and documents about Gay men's sexual lives and how PrEP is creating meaning in the sexual

lives of Gay men. The criteria of being peer-reviewed and being published within the last 5 years from 2011 or later was necessary to provide information that was both credible and relevant. The only literature that was used before 2011 was historical research that was the foundation to the current research such as Goffman's (1963) work on Stigma, foundational research on the three theoretical approaches (Green, 2007; Green, 2002; Jagose, 1996; Meyer, 2007; Mutchlar et al., 2005; Rostosky, Riggle, Gray, & Hatton, 2007; Rousseau, 2000) and Feminist research on women's access to birth control in the 1960's (Rubin, 2010). Government, non-profit, and newspaper websites were also used to obtain statistics regarding Gay men and HIV rates and the decision to start taking or not taking PrEP. After finding several articles related to these topics, more journal articles were found by reviewing the reference list within the articles previously found. However, after an exhaustive search, I was unable to find literature that directly focused on how HIV negative Gay men who are in nonmonogamous serodiscordant relationships were using PrEP to create meaning in their sexual lives.

After an exhaustive search of the literature, I had chosen to limit my research to exclusively Gay men and not include men who have sex with men. Everett (2013) suggested Gay men are different from men who have sex with men as sexual behaviors and sexual lives between the two groups may have had a different meaning. For example, Everett (2013) suggested men who have sex with men had much higher rates of STIs than Gay men and had different sexual experiences. This may have been due to Gay men having a Gay identity and an alliance to the Gay community (Everett, 2013). Everett (2013) reported affiliations with the Gay community may have helped to explain the

lower rates of STIs and HIV among openly Gay men versus men who have sex with men and who were not part of the Gay community. The Gay community's emphasis on HIV prevention practices may have also help to reduce STIs and HIV among Gay men who are active in the Gay community (Everett, 2013). Everett (2013) also recommended to search the term "Gay" instead of "sexual minorities" as terms like sexual minorities may have been too broad to help understand the sexual experiences of Gay men specifically (Everett, 2013). Therefore, I chose articles that specifically were filtered for the term "Gay" in the title in the body of the journal as the research was conducted on men who identify exclusively as Gay.

Theoretical Foundation

Three theoretical foundations was be used in this research. The first theoretical foundation was the Minority Stress Theory. This theory was used to explain the research on HIV stigma and PrEP stigma as it related to the sexual lives of many Gay men. The second theory, resiliency theory, was incorporated to explore how some Gay men use strategies to remain HIV negative and stigma-free. The last theory, queer theory, was used to help explain the how several Gay men came to define their sex, sexuality, and monogamy within a heterosexist environment.

At the macro level the MSM theory for the literature review addressed stress factors including prejudice, internalized homophobia, discrimination, and stigma as it relates to AIDSphobia, external and internal homophobia, and PrEPphobia (Dentato, Halkitis, & Orwat, 2013; Hamilton and Mahalik, 2009; Kamel et al., 2011; Rostosky, 2007; Thomas et al., 2014). Resiliency theory was used to better understand how Gay

men used strength-based approaches to creating resilient sexual practices, such as serosorting, strategic pulling out methods, and sexual positioning in remain HIV negative (Herrick, Stall, Goldhammer, Egan, & Mayer, 2014; Hughto, Bazzi, Reisner, & Mimiaga, 2016; Miniaga, Closson, Kothary, & Mitty, 2014). The final theory, queer theory, was used to uniquely understanding of how Gay men understood and interpreted sexual practices such as condomless less, risk-taking, and masculine sex. Queer theory was used to understand the oppressive and discriminatory structures of heteronormativity (Green, 2007; Pullen, Thanem, Tyler, & Wallenberg, 2016; Rostosky, 2007).

By triangulating these three theories I created a better understanding of how PrEP is creating sexual meanings in the lives of HIV negative non-monogamous Gay men in serodiscordant relationships. These three theoretical approaches needed to be used as each approach had its limitations. By using a three-prong theoretical approach, I theoretically grounded the experiences of HIV negative Gay men who are in non-monogamous relationships while on PrEP.

Minority Stress Model

The MSM explained why there are increased stressors that many Gay men face that heterosexuals do not face such as discrimination based on one's sexual orientation (Meyer, 2015). The MSM highlighted how several Gay men experience stress because of their stigmatizing sexuality and sexual behaviors which affected their sexual lives and relationship quality (Feinstein, Frost, Lehabot, & Meyer, 2015; Figueroa & Zoccola, 2015; Goldfried, & Davila, 2012; Hatzenbuehler, Phelan, & Link, 2013; Kamen, Burns, & Beach, 2011; Lick, Durso, & Johnson, 2013; Meyer, 2015). Hatzenbuehler, et al.

(2013) and Thomas et al. (2014) added social stigmas, such as being in an open relationship or taking PrEP, reinforced self-hatred and affected the sexual practices of several Gay men. This self-hatred increased internalized homophobia and ‘homonegativity’ which facilitated at-risk sexual behaviors in some Gay men (Feinstein et al., 2012; Thomas et al., 2014). In addition to internalized homophobia and homonegativity, the MSM helped to explain guilt feelings over sex, sexual problems, and the need for sex outside of the relationship (Meyer, 2003; Rostosky, 2007; Thomas et al., 2014). This increase in stress caused some Gay men to drink alcohol which in turn facilitated risk-taking sexual behaviors that may not occur if the person was sober (Meyer, 2003; Rostosky et al., 2007; Thomas et al., 2014).

Lingiari, Baiocco, and Nardelli (2012) suggested this stigma for most Gay men can be a lifelong process. Goffman (1963) also highlighted how stigmas are developed and maintained among individuals and groups by those in the society that has the power to exercise and maintain those negative labels. This increased stress throughout the lifetime in the individual (Goffman, 1963). Meyer (2003) also suggested that Cooley’s looking glass effect is important to understanding the sexual lives of many Gay men because the negative view some Gay men have about their sexuality and their sexual behaviors was often based on what others thought of them or their sexuality.

Using the MSM was important for this study as this theoretical model helped to provide an understanding of the importance of identity formation and the role identity can help in facilitating stigma management. For example, some Gay men or Gay couples overcame minority stress by primarily associating themselves with other Gay men or Gay

couples like themselves to avoid being rejected (Meyer, 2015; Meyer, 2003). Meyer (2015) and Meyer (2003) suggested the idea that group identity was important for many Gay men when it comes to making sense of how sex is understood and safe sex is negotiated. Hatzenbuehler, Plelan, and Link (2013) and McDavitt and Mutchler (2014) also noted how Gay men who participating in condomless anal sex while on PrEP were labeled as sluts which increased minority stress. These stigmas within the Gay community had a significant effect on the ways in which several Gay men understood sexual risk and protective behaviors (McDavitt & Mutchler, 2014). Slut shaming has been shown to increase condomless anal sex and HIV transmission among Gay men (Figueroa & Zoccola, 2015; Hatzenbuehler et al., 2014). Figueroa and Zoccola (2015) noted that research should focus on stigma related to serodiscordant couples, couples who have non-monogamous relationships, and couples where at least one partner is on PrEP to help understand how minority stress can be reduced through resiliency techniques.

Resiliency Theory

Resiliency is only applicable when there is stress, therefore, resiliency theory is inherently tied to the minority stress model (Meyer, 2015). Colpitts and Gahagan, (2016), Kubicek, McNeeley, Holloway, Weiss, and Kipke (2013), Kurtz, Buttram, Surratt, and Stall (2012) and Meyer (2015) suggested that resiliency is the positive adaptations to adversity and a way to overcome minority stress. Using a resiliency theoretical approach was important to understand how many Gay men created resilient strategies and practices in their sexual lives to avoid contracting HIV (Bourne et al., 2013; Harper, Bruce, Hosek, Fernandez, & Rood 2014; Kubicek et al., 2013; Mutchler, Ayala, & Neith, 2005). Using

this theoretical approach, I better understood the resilient ways the participants are understanding sexual safety and avoiding HIV transmission in their sexual practices.

Resiliency theory aligned well with this study as it focused on the ways Gay men negotiate sexual acts to avoid HIV transmission (Herrick, Stall, Goldhammer, Egan, & Meyer, 2014). For example, several Gay men used resilient sexual practices such as role-playing, serosorting, or strategic sexual positioning in their sexual lives to avoid risky sexual behaviors that led to HIV transmission (Hughto et al., 2016; Kurtz et al., 2012). These practices were important in understanding Gay couples in South Florida because of the high rates of same-sex household along with the high rates of Gay men who are HIV positive (CDC, 2016; Kurtz et al., 2012). In addition, this theoretical approach was important to understand in this study as South Florida has one of the highest rates of same-sex couple households in the nation, along with having the top two Counties for new HIV transmission rates in the United States (Kurtz et al., 2012). Studying HIV transmission in South Florida was also important as 31% of HIV-negative Gay men seroconvert within 5 years of moving to South Florida (Kurtz et al., 2012).

Resiliency techniques was also important to understanding in this study because this theory gave insight into why Gay men may serosort, participate in nonmonogamy, or practice strategic positioning to reduce their chances of HIV transmission (Kurtz et al., 2012). Meyer (2015) suggested some Gay men may come to know these resiliency techniques through community resources and their Gay friends. Therefore, the social environment in which many Gay men participate needed to be accounted for when focusing on the resilient ways some Gay men are staying HIV negative.

Resiliency theory brings a unique lens on the psychological and social-cultural context of perceived good sex by some Gay men (Bourne et al., 2013). Resiliency theory helped to inform practitioners on how to prevent HIV within segments of the Gay male community by using a strengths-based approach rather than a deficit-based approach (Herrick et al., 2014). Herrick et al. (2014) also highlighted a 23% reduction in condomless anal sex and a 61% increase in condom usage when practitioners used a resiliency approach rather than a deficit approach. Using a resiliency theory lens researchers and practitioners can better understand how several Gay men in serodiscordant relationships are understanding and compensating for HIV risk factors before and during sex (Colpitts & Gahagan, 2016; Herrick et al., 2014; Meyer, 2015).

Resiliency theory, however, does have its critics. Colpitts and Gahagan (2016) suggested that resiliency is too often focused solely at the individual level. A more structural theoretical model like the MSM could help link macro level theoretical approaches with individual theoretical models such as resiliency theory (Colpitts & Gahagan, 2016). This may help researchers understanding the inability to overcome cultural stigma in the sexual lives of some HIV negative non-monogamous Gay men who are in serodiscordant relationships (Colpitts & Gahagan, 2016).

Queer Theory

While the MSM and the resiliency theory plays a significant role in understanding how many Gay men contract HIV or avoid HIV transmission, these two theories still do not account for how some Gay men view their sexual lives and sexual risks differently from heterosexuals. This is where queer theory was used in this study to help focus on

specifically how Gay men viewed sex and sexual risk-taking as it related to HIV transmission. Queer theory is important as a theoretical approach to consider in this study as it focuses on the social construction of sexual norms (Gorman-Murray, 2012).

Queer theory rose to prominence in the early 1990's from Feminist literature and Gay and Lesbian studies (Jagose, 1996). Micro-level qualitative research work from ethnomethodology, phenomenology, and symbolic interactionist to Goffman's writing on *Stigma and Presentation of Self* were seen by some as the beginning of queer theory (Green, 2007). The focus of queer theory is to critique the oppressive and discriminatory structures of heteronormativity, or the idea that heterosexual sexual practices are the norm and that Gay sex was abnormal (Gorman-Murray, 2012; Green, 2007; Jagose, 1996; Pullman et al., 2016). The term 'Queer' focuses on whatever is at odds with normal or dominant (Hall, 2002; Pullen et al., 2016). Queer theory also focused on how some Gay men experience and challenge sexual discrimination and stereotypes within and outside of the Gay community (Pullen et al., 2016). Queer theory validated a range of sexual activities for Gay men (Gorman-Murray, 2012).

At the heart of queer theory is a critique of identity and heteronormative practices such as sexual monogamy (Green, 2007; Jagose, 1996). Queer theory suggests there was no moral superiority of monogamous to non-monogamous relationships (Van Eeden-Moorefield et al., 2016). The concept of the morality of monogamy is important for this study as Van Eeden-Moorefield et al. (2016) highlighted that nonmonogamy is more prevalent in many segments of the Gay community than the general population. Nonmonogamy for some Gay men is associated with levels of emotional closeness, the

amount of sexual contact with a partner, the volume of sex outside of the primary relationship, and how sexual agreements are negotiated between couples (Van Eeden-Moorefield et al., 2016). By incorporating queer theory, I hope to better understand why some Gay men within the Gay community label certain sexual acts negatively, such as nonmonogamy or condomless anal sex, as a form of oppression or stigmatization (Rifkin, 2012; Spargo, 2000).

Queer Theory also informed this study as it notes how sex between Gay men is a masculine gendered performance rather than an identity that helped shape many Gay men's sexual behaviors (Numer & Gahagan, 2009). By using a queer theory perspective in deconstructing masculinity and power relations one can better understand what safe and unsafe sexual practices really meant between countless Gay men (Numer & Gahagan, 2009). For example, masculine norms tell many men in general, but especially, many Gay men, to take sexual risks such as participating in condomless anal sex within and outside of their relationship (Numer & Gahagan, 2009). Refocusing researchers and practitioners away from what are 'normal' risk levels can help dismantle heteronormativity (Numer & Gahagan, 2009). This can help researchers and policymakers sharpen their analytical lenses to reduce HIV transmissions between Gay men by creating effective and relevant policies that affect Gay men (Numer & Gahagan, 2009).

While queer theory was beneficial to understanding sex between Gay men in this study, queer theory does have its critics. Green (2002) highlighted how queer theory ignored institutional and social structures that affect the sexual lives of many Gay men.

Hall (2002) argued that sociologists have shown how identity and culture affect sexual behaviors that are ignored by queer theory (Hall, 2002). Pullen et al. (2016), Green (2007), and Spargo (2000) suggested if queer theory is an anti-identity theoretical approach then how can queer theory talk about HIV within the overall Gay male community if the identity of a 'community' or even the term 'Gay' does not exist. Queer theory also runs into a problem with rejecting heteronormative behaviors and heterosexual privilege as by rejecting heteronormative behaviors and privileges one must admit there is an identity of heterosexuality (Green, 2007). Gorman-Murray (2012), Green (2007), and Spargo (2000) suggests queer theory ignores the importance of sexual identity and community formation within the Gay world that forms a self-sense of pride over one's sexual orientation (Spargo, 2000). Green (2007) also noted if anal sex between men is understood as the best act to shown masculinity by some Gay men, then how does Gay anal sex become 'queer' as anal sex may be the zenith of masculinity and therefore, the antithesis of breaking gender norms. Queer theorist can't overcome these labeling dilemmas (Pullen et al., 2016; Hall, 2002).

While queer theory helped to provide a unique perspective on deconstructing sexual acts and reducing heteronormative privilege, these are still many questions facing queer theory that can't be answering by using solely a queer theory perspective when understanding how PrEP is creating meaning in the sex lives of many non-monogamous Gay men who are in serodiscordant relationships. Green (2007) suggested that queer theory can be better used by combining more traditional sociological theoretical approaches. This is what I did by combining the strengths of the MSM, resiliency theory,

and queer theory to triangulate a better understanding of the sexual lives of HIV negative Gay men who are on PrEP and in serodiscordant relationships.

The Social Construction of Sex by Gay Men

Now that the theoretical foundation has been introduced, it is important to understand how sex is socially constructed by Gay men. This part of the literature review opened with a discussion on how Gay men view condomless sex and risk-taking. Specifically, the literature focused on the role masculinity plays in the decision to not use condoms and risk-taking. Next, the literature review focused on monogamy within the Gay male community. More specifically, open relationships and rules about those open relationships were discussed. Then, the literature on HIV within the Gay community was discussed, followed by resilient ways Gay men overcome the risks of HIV transmission. Finally, the literature review ended with a discussion on the perceptions and stigmatization of PrEP including early research on the medication, views from heterosexual serodiscordant couples, doctors, HIV prevention agencies, and most importantly by Gay men.

Condomless Sex and Gay Men

Since the 1980's condom use within many parts of the Gay community has represented 'responsible' Gay sex and has led to condoms being a health and social necessity within the Gay community (Spieldenner, 2016). Historically, many Gay men felt condom use made Gay sex 'hot' (Spieldenner, 2016). Even though condoms protect against HIV, not all Gay men use condoms. Bryne (2015) noted most Gay men report the

inconsistent use of condoms during sex (Bryne, 2015). This is where PrEP plays a significant role in how condomless sex is viewed by Gay men.

Goedel, Halkitis, Greene, Hickson, and Duncan (2016) highlighted that PrEP is a daily medication that is taken to essentially eliminate the chances of HIV transmission during anal sex. PrEP potentially represented the lack of a need for condoms when it comes to preventing HIV transmission among Gay men, therefore, making Gay sex no longer attractive (Spieldenner, 2016). However, de Wit et al. (2015), Hoff et al. (2015), and Brooks et al. (2012) reported many Gay men's motivation to be on PrEP is the ability to not use condoms during anal sex. Persson, Ellard, and Newman (2016) suggested PrEP creates the feeling of safety and empowerment while having sex as PrEP allows for the control of one's vulnerability to HIV. PrEP may be increasing condomless sex among Gay men as Holt et al. (2012) suggested 26% of Gay men said they would be less likely to use condoms if they were on PrEP. Mantell et al. (2014) also reported that just under half (45.4%) of Gay men believe that other gay men would stop using condoms if PrEP were available.

There are advantages to telling other Gay men that one is available for condomless sex. For example, there was evidence on Gay 'hook up' sexual websites such as 'Grindr' and 'Scruff' that when more Gay men announce the desire for condomless anal sex, which is also known as unprotected anal intercourse (UAI) or 'bareback sex' within segments of the Gay community, they elicit more sex partners and sexual encounters (Spieldenner, 2016). 'Barebacking', however, is often associated with the increased risk of contracting HIV (Spieldenner, 2016). Understand the motivation for

having 'bareback' sex and the meaning of 'bareback' sex, queer theorists suggest is important on a study on Gay men (Eeden-Moorefield et al., 2016; Green, 2007; Gorman-Murray, 2012; Jagose, 1996, Hall, 2002; Numer & Gahagan, 2009; Pullman et al., 2016; Spargo, 2000; Rifkin, 2012).

The Role of Masculinity in Condomless Sex

A queer theoretical approach that focuses on gender performance can be used to understand how some Gay men viewed masculinity and sex within and outside of their primary relationship differently than many heterosexuals. Thomas et al. (2014) reported in many parts of the Gay community condom usage continued to decline and condomless sex continued to increase. Condomless sex continues to increase among Gay men because it is viewed as a risk-taking, which is a masculine behavior (Sanchez & Vilain, 2012; Thomas et al., 2014). This risk-taking, however, exposed some Gay men to potential HIV transmission (Sanchez & Vilain, 2012; Thomas et al., 2014). Therefore, the ultimate sign of masculine sexual behavior within parts of the Gay community was the willingness to participate in bareback sex (Thomas et al., 2014).

Barebacking came from the notion of riding a horse without a saddle which invoked images of a masculine cowboy (Thomas et al., 2014). Sanchez and Vilain (2012) suggested this masculine behavior is even more important than masculine looks within many parts of the Gay community. What other Gay men thought about an individual's masculinity was very important for positive self-identity for some Gay men and led to increased pressure among some to take sexual risks such as not using condoms while having anal sex (Sanchez & Vilain, 2012).

Within some segments of the Gay community, being the receptive partner, or also known as being the 'bottom' for anal sex was a feminine trait (Sanchez & Vilain, 2012). However, other Gay men who take the semen while they are the receptive partner during barebacking, helped to facilitate a masculine identity because bottoming was the ultimate in sexual risk-taking (Thomas et al., 2014). Participating in receptive unprotective anal intercourse (RUAI) or bottoming became eroticized and masculine (Thomas et al., 2014). Unfortunately, this masculine risk-taking led some Gay men to be more exposed to HIV infection (Thomas et al., 2014). However, testing positive for some Gay men became proof of the masculine identity through taking risks (Thomas et al., 2014). In this sense, HIV status became a brotherhood status wrapped around the masculine trait of sexual risk-taking encouraged by the internal and external homophobia of being Gay or being a bottom (Thomas et al., 2014).

Sanchez and Vilain (2012) suggested barebacking relates to 'femphobia', or the fear to be seen feminine by others. This phenomenon was rooting in the Gay male culture and was introduced to the Gay community to reduce the stigma attached to Gay sex by men who identified as masculine Gay men (Sanchez & Vilain, 2012; Thomas, 2014). Femphobia created a sense of the need for a macho man status (Sanchez & Vilain, 2012). Macho man status equated to sexual risk-taking, barebacking, and being a top (Thomas et al., 2014). Having heterosexist and internalized femphobia views of Gay sex by some Gay men helped to increase the chances of HIV transmission through condomless sex and sexual risk-taking (Thomas et al., 2014).

There is some controversy on whether the use of PrEP encouraged bareback sex or discouraged it as different studies had drawn different conclusions on whether bareback sex increased rates of STDs in Gay men (Gallagher, 2015). For some within the Gay community bareback sex is viewed negatively because it increased the risk of contracting HIV, but for others, it was a sign of masculine risk-taking to be encouraged and sought (Thomas et al., 2014). Gallagher (2015) called for an updated study for Gay men who are participating in bareback sex while on PrEP. This study was important as some in the Gay community viewed PrEP negatively because they felt others would stop using condoms while others felt differently (Young, Flowers, & McDaid, 2014).

Masculinity for Gay men was rated as a desirable quality when looking for a partner (Sanchez & Vilain, 2012). Some Gay men reported it was easier to increase risky behaviors, hence perform masculine acts to meet a potential partner if the person was under the influence of drugs (Friedman et al., 2014). In this sense, Friedman et al. (2014) suggested the using of drugs during sex was a way to balance masculine identities and concerns of exposure to HIV. However, for Gay serodiscordant couples in South Florida, the use of substances increased the rates of HIV transmission within the relationship (Friedman et al., 2014). Therefore, drug use occurred among single Gay men and Gay couples to help in ignore the fears of HIV transmission and created a masculine identity (Thomas et al., 2014). This may have made PrEP unacceptable to some couples as PrEP would eliminate the phenomenon of sexual risk-taking, hence a masculine identity, as it relates to one still finding their partner attractive via their willingness to take risks.

Condomless Sex and Gay Serodiscordant Couples

Twenty-Five percent of all HIV positive Gay men are in serodiscordant relationships (Persson, 2013). HIV rates among Gay men who are in serodiscordant relationships are increasing globally (Persson, 2013). Grant and Koester (2016) reported that PrEP demand is increasing for Gay serodiscordant couples. However, serodiscordant couples report condom usage was still the primary way to reduce the risk of HIV within the relationship (Brooks et al., 2011). Persson (2013), however, seemed to contradict these findings by suggesting within many serodiscordant relationships condom usage was not extremely high. Hoff et al. (2015) suggested that some HIV negative Gay men report pressure to have more condomless sex with their HIV positive partners when they got on PrEP. Newcomb et al. (2016) also suggested PrEP may also reduce the rates of condom usage within the general Gay community and not just serodiscordant couples. However, Persson (2013) suggested the potential reason for less condom usage now than before within serodiscordant relationships are many HIV positive Gay men now have low viral loads, which makes HIV transmission less likely, hence created a space for condomless sex within serodiscordant relationships (Persson, 2013).

While there are several reasons why some Gay men in serodiscordant relationships do not take PrEP, while there are many Gay men in serodiscordant relationships that saw PrEP as a benefit (Newcomb et al., 2016). For some Gay men in serodiscordant relationships, condomless sex was a way to prove their love to their partner (Bauermeister et al., 2014; Persson, Ellard, & Newman, 2016; Persson, 2013). Condoms for some Gay men in relationships interfered with intimacy within the

relationships and their sexual experiences (Byrne, 2015; Hoff et al., 2015; Newcomb et al., 2016). This may have helped to explain why some Gay men in nonmonogamous relationships felt more confident asking a stranger to wear a condom than a partner (Bauermeister et al., 2014). Others HIV negative Gay men in serodiscordant relationships reported they would have liked to get on PrEP to have less anxiety about having sex with their HIV positive partner (Brooks et al., 2012). For seroconcordant Gay couples, 50% stated they would not change their condom usage if they were on PrEP, while 30% reported they would stop using condoms if they were on PrEP (Hoff et al., 2015). From some Gay serodiscordant couples or couples of different HIV status, PrEP seemed to create sexual freedom from condoms which in turn created feelings of intimacy between partners of different HIV status (Auerbach & Hoppe, 2015). It appeared no matter whether the Gay man was single, in a seroconcordant relationship or those of the same HIV status, in a serodiscordant relationship, monogamous, or non-monogamous, they shared cultural values and common experiences that helped to frame the importance of condomless anal sex (Spieldenner, 2016).

Gay Men and Open Sexual Relationships

Many Gay male couples report they prefer to be monogamous because it increased their level of commitment, health, and trust while decreased the risk of contracting HIV (Conley, Moore, Matsick, & Ziegler, 2012; Parsons, Starks, Dubois, Grov, & Golub, 2013). While sexual fidelity was important in many Gay male relationships, other Gay male couples preferred open or non-monogamous relationships in part to participate in their sexual desires and fantasies (Mitchell, Lee, Woodyatt,

Bauermeister, & Sullivan, 2016). Sexual agreements within or outside of the relationship were more common within some Gay male couples than heterosexual couples (Groves, Starks, Rendina, & Parsons, 2014; Mitchell et al., 2016; Parsons, Starks, Dubois, Groves, & Golub, 2013). Queer theory would help to explain why nonmonogamy may be more prevalent among Gay men than heterosexuals as many Gay men may reject the heteronormative value of monogamy.

Parson et al. (2013) suggested some Gay and Bisexual men enacted various sexual relationship arrangements that differed from the conventional, relationship arrangement of monogamy. However, they also created unique risks and benefits regarding the well-being and sexual risk-taking behavior (Parson et al., 2013). There were many positive reasons why some Gay male couples reported participating in sex outside of the relationships including how sex outside of the relations built trust, improved communication, increased understanding about expectations and behaviors, increased longevity of the relationships, and enhanced intimacy (Parsons et al., 2013; Mitchell et al., 2016). However, there were some negative effects of having a non-monogamous relationship. Sex outside of the relationship also increased the risk of HIV transmission, STDs and STIs within the relationships (Groves et al., 2014; Mitchell et al., 2016; Perry, Huebner, Vaucom, & Hoff, 2016). Parsons, Starks, Dubois, Groves, and Golub (2013) found similar findings noting the increased rates of nonmonogamy by some Gay men versus heterosexuals may have helped to explain why 52–75% of new HIV infections among Gay and Bisexual men could be traced back to main partners. Having an open relationship increased the stigma of the relationships from others, increased the

awkwardness of the discussion on outside sexual encounters between partners, and increased the chances of jealousy (Mitchell et al., 2016).

Parsons et al. (2013) suggested researchers who study Gay men should not use the binary term monogamous and non-monogamous but should consider the phenomenon within some part of the Gay community of some men having ‘monogamish’ relationships with their partners or spouses. ‘Monogamish’ is the phenomenon where the couple is mainly exclusive to each other but will on a rare occasion agree to a threesome, group sex, or sex outside of the relationship (Parsons, et al. 2013). These terms were important to distinguish for this research as many Gay men reported ‘monogamish’ was different from an open relationship because an open relationship implied more sexual freedom outside of the primary relationship than a couple who are ‘monogamish’ (Parson et al., 2013). However, ‘monogamish’ behaviors led to some issues for some Gay men as ‘monogamish’ couples faced more conflict around casual sex with others than monogamous or open relationships (Parsons et al., 2013). This is where rules about sex outside of the relationship became important (Groves et al., 2014).

Rules within Open Relationships

Many Gay couples who have open relationships created rules when it came to sex within and outside of their primary relationship to reduce the risk to HIV and built trust (Groves, et al., 2014). These agreements included rules on group sex, getting permission to have sex outside of the relationship, condom usage, restrictions on anal sex outside of the relationship, and rules on overnight affairs (Groves et al., 2014). Other couples had no rules (Groves et al., 2014). Mimiaga, Closson, Kothary, and Mity (2014) suggested sexual

agreements in non-monogamous relationships tended to be more broken more among Gay male couples than their heterosexual counterparts (Mimiaga, et al. 2014). For the couples with no rules, outside sex became a sort of ‘Don’t ask, Don’t tell’ policy (Groves et al., 2014). A queer theoretical approach may help to understand how some Gay men view, understand, and participate in open relationships.

Brooks et al. (2011) indicated 44% of Gay male negative partners participated in sex outside of the serodiscordant relationship. However, Hoff et al. (2015) suggested 63% of HIV negative partners in serodiscordant relationships stated they would still tell their partners if they participated in a broken agreement about sex outside of the relationships. However, breaking the rules when it came to open relationships increased the risk of contracting HIV for HIV negative men who are in serodiscordant relationships (Groves et al., 2014; Hoff et al., 2015).

Younger Gay men, partners who made less money, and White partners are more likely to break the sexual agreement for sex outside of the relationship which increased their risk of contracting HIV (Perry et al., 2016). Hoff et al. (2015) reported 24% of respondents noted they are less likely or not likely to disclose a broken agreement if they were on PrEP (Hoff et al., 2015). When having sex outside of the relationship, partners also report rarely telling their outside sexual hook-ups they are taking precautions by being on PrEP when participating in bareback sex (Hoff et al., 2015).

This phenomenon of sex outside of the primary relationship was critical in understanding HIV concerns in serodiscordant relationships as many Gay serodiscordant couples were less likely to have monogamous relationships versus Gay seroconcordant

couples (Groves et al., 2014). Some serodiscordant couples felt that PrEP could be used to reduce sexual anxiety about sexual risk-taking within and outside of the primary relationship which makes nonmonogamy more acceptable (Mitchell et al., 2016). Other Gay serodiscordant couples felt PrEP was not for them as it would undermine their sexual agreements (Mitchell et al., 2016). These agreements were important because couples who report higher relationship satisfaction were more likely to agree to their sexual agreements and not break those agreements about sex outside of the relationship (Mimiaga et al., 2014). Persson et al. (2016) highlighted there are too few studies that tell the stories of Gay couples who are of mixed HIV status and how they themselves perceive and manage their sexual lives in an open relationship. Mitchell et al. (2016) also suggested there is a need to study how Gay men in serodiscordant couples view PrEP as it relates to their sexual agreements while in open relationships.

HIV in Gay Men's Sexual Lives

HIV transmission continues to be a problem in the United States as 50,000 new cases of HIV are reported yearly (Taylor et al., 2015). Gay men are one of the few groups in the Western world in which HIV continues to increase (Bauermeister, Hickok, Meadowbrooke, Veinot, & Loveluck, 2014). While HIV continues to rise in the overall Gay community, in most other communities, HIV has declined (Center for Disease Control [CDC], 2016; Thomas, Mience, Masson, & Bernoussi, 2014). For example, HIV transmission had historically been high among African American women, but has decreased by 21% from 2008-2016, with HIV transmission increased 22% among young Gay and Bisexual men ages 13-24 (CDC, 2016). HIV transmission continues at a

disproportionate rate in the U.S. Gay male community as 63% of all new infections being among Gay and Bisexual men (CDC, 2016; Spieldenner, 2016; Taylor, et al., 2015). The rates of HIV infection in Gay, Bisexual, and men who have sex with men is 44 times greater than among heterosexual men (Taylor et al., 2015). Due to the higher transmission of HIV among Gay men, fears over HIV while having sex continues to increase minority stress among Gay men.

Condomless anal sex among most Gay men are the primary factors driving up HIV rates within the Gay community (Taylor et al., 2015). Goedel, Halkitis, Greene, Hickson, and Duncan (2016) highlighted how many Gay men on PrEP were more likely to participate in condomless anal sex and have three to five times the number of partners that those not on PrEP. However, this research focused primarily on single HIV negative Gay men and not on non-monogamous HIV negative Gay men who are in serodiscordant relationships.

Bauermeister et al. (2014) and Brooks et al. (2012) suggested HIV infection rates increased in several serodiscordant relationships as Gay men in serodiscordant relationships engage in risky sexual behaviors, such as bareback sex that placed them at risk for HIV infection. Brooks et al. (2012) research, however, was conducted before PrEP was well-known and used by many Gay men. Bauermeister et al. (2014) study did not look at the effects of PrEP on many Gay men's sexual activities. Therefore, Newcomb, Mongrella, Weis, McMillen, and Mustanski (2016) highlighted the need for research to help explain the ways PrEP may be changing the sexual lives of many Gay men who are in serodiscordant relationships.

Strategies for Remaining HIV Negative

Serosorting within the Gay Community

Many Gay men used different techniques and practices to remain HIV negative within and outside of their primary relationship. While monogamy may not be that important for some Gay men in a relationship, choosing who to have sex with outside of the primary relationships was important to many Gay men. One resilient sexual technique that some Gay men within and outside of Gay male serodiscordant relationships used to avoid contracting HIV was serosorting (Auerbach & Hoppe, 2015; Newcomb et al., 2016; Paul, Ayala, & Choi, 2010; Smith et al., 2012).

‘Serosorting’ was where Gay men seek out only other Gay men of the same HIV status to have condomless anal sex to avoid contracting HIV or avoid transmitting HIV to another person (Smith et al., 2012). Serosorting became popular in some elements of the Gay community because those who were HIV positive were low on the social status pole (Smith et al., 2012). Therefore, HIV negative men sought out condomless anal sex with other HIV negative men to avoid an HIV positive status, while HIV positive men sought out HIV positive men to avoid being stigmatized by an HIV negative sexual partner (Persson, 2013). This fear of a low status based on HIV status within the Gay community caused some HIV negative Gay men not to get tested for fear of being regulated to a lower sexual status which would reduce their potential for sexual outlets (Persson, 2013).

The Gay community sorting by HIV status was not a new phenomenon (Paul et al., 2010). Racial minority men, older men, overweight men, and feminine men report experiencing lower levels of status within many segments of the Gay community (Paul et

al., 2010). Smith et al. (2012) suggested some Gay men experienced rejection and hierarchy status within the sexual market based on race or ethnicity on internet hook-up sites. For example, online sex sites such as ‘Grindr’ and ‘Scruff’ are places where gay identities and social values are expressed through filtering out ‘others’ for sexual pleasure which led to a marginalization of some groups of Gay men creating a sexualized hierarchy (Paul et al., 2010; Spieldenner, 2016). Gay hook-up websites gave Gay men a way to reject those who they do not prefer, like racial minorities or HIV positive men, with ease and little social awkwardness as a lack of face to face contact made rejection and serosorting easier (Paul et al., 2010). For example, Spieldenner (2016) highlighted in Gay online hook-up websites common sorting like “No fats, femmes, or Asians” occurred frequently. The internet became a place to bargain one’s demographic commodity with White and HIV negative at the top of the assets to sell oneself (Paul et al., 2010). However, little research has been done to explore how HIV negative Gay men in non-monogamous relationships have disclosed on internet hookup sites they are on PrEP to prove their HIV negative status, thus potentially increasing their sexual status. This was an interesting avenue to explore as participants disclosed they use internet hook-up sites to have sex outside of their primary relationships while being on PrEP.

For Gay men who are in serodiscordant relationships and have open relationships, serosorting allowed the HIV negative partner to find a sexual hook-up for condomless anal sex that is not HIV positive (Paul et al., 2010). Filtering on the internet for only HIV negative men gave some HIV negative partners a false sense of security and increased their risk for HIV (Paul et al., 2010). Serosorting also had the effect of creating a ‘dirty’

and ‘clean’ binaries within segments of the Gay community where HIV positive are equated to ‘dirty’ and HIV negative are equated to ‘clean’ (Spieldenner, 2016). This serosorting leads to many Gay men noting their HIV-negative status as a symbol of “sexy” when searching for a casual sex partner online (Spieldenner, 2016). Stating in Gay hook-up websites one was on PrEP may be a pseudo way for HIV negative men to claim he is ‘safe’ and available for condomless anal sex making his chances for hooking up increase (Newcomb et al., 2016). For some Gay men, PrEP may be creating a new sexual privileged status that had yet to be explored (Auerbach & Hoppe, 2015).

Gay Men and Sexual Positioning

A second resiliency technique that some Gay men, especially those in serodiscordant relationships, used in their sexual lives to avoid HIV transmission was sexual positioning. Sexual positioning was a technique used outside and inside of serodiscordant relationships where the HIV positive partner only took the receptive position during sex to reduce the chances of transmitting HIV to his HIV negative partner (Brooks et al., 2011). However, Tieu et al. (2013) reported 63% of Gay men stated they are sexually versatile, meaning sometimes they are reception partner or ‘bottom’ in anal sex and sometimes they are inserter or ‘top’ in anal sex. Tieu et al. (2013) reported that being versatile, however, increased the individual’s chances of contracting HIV while in a serodiscordant relationship versus those who used sexual positioning to avoid HIV transmission.

Another sexual position method used by HIV negative Gay men in serodiscordant relationships included the pulling out method. When the negative partner was primarily

the bottom, the HIV positive partner pulled their penis out of their partner's anus before he ejaculated to reduce the chance of HIV transmission. If an HIV positive partner does not want to pull out, the HIV negative partner many times insisted that his HIV positive partner must use a condom (Tieu et al., 2013; Brooks et al., 2011). For sex outside of the relationship, if the HIV negative partner did not know the HIV status of their sexual partner, he was more likely to be the top in a sexual encounter to lower the risk of contracting HIV (Tieu et al., 2013).

Sexual positioning is an important phenomenon to study in the sexual lives of HIV negative Gay men who are in non-monogamous serodiscordant relationships. However, no known research had been conducted on how HIV negative Gay men in serodiscordant relationships view PrEP as it related to sexual positioning and serosorting within and outside of the primary relationships. Some researchers suggested that many Gay men in serodiscordant relationships may reject PrEP because of resilient techniques already being used such as practice strategic positioning and the pulling out method (Brooks et al., 2011). However, Brooks et al. (2011) research needed to be re-examined as it was conducted before PrEP was authorized in the United States in 2012 and recommended by the World Health Organization (WHO) and the CDC in 2014 for Gay men.

The perception of PrEP

Early Research on PrEP

PrEP, was approved by the Food and Drug Administration in the United States in July 2012 (Goedel et al., 2016; Hiare, 2015; Hoff, et al., 2015; Lokes, 2014; Mantell et al.

2014; USA Today, 2014). In May 2014, the World Health Organization (WHO) and the Center for Disease Control (CDC) announced that all men who have sex with men should be taking PrEP along with other risk reduction measures such as using condoms (Goedel et al., 2016; Hiare, 2015; Hoff et al., 2015; Mantell et al., 2014; Schwarz & Grimm, 2016; Spieldenner, 2016). In 2011 more than 60% of people had never heard of PrEP (Mantell et al., 2014). However, Gay men are more likely to hear of PrEP than heterosexual men (Rucinski et al., 2013). PrEP over the last several years had shown promise in reducing HIV transmission (Gallagher, 2015; Mantell et al., 2014; Newcomb et al., 2016). Auerbach & Hoppe (2015), Bryne (2015), Collins (2014), Haire (2015), and Krakower & Mayer (2015). Spieldenner (2016) suggested PrEP was over 90% effective with daily adherence. Later studies, such as those by Newcomb et al. (2016), reported daily adherence of at least using PrEP four days a week was 100% effective.

Mantell et al. (2014) noted early research indicated most Gay men (79.4%) believed that all or most of their friends would use PrEP if it became readily available. Most HIV negative Gay men who heard of PrEP's benefits wanted to be on it (Dolezal et al., 2015). Spieldenner (2016) noted if PrEP was initiated in 20% of men who have sex with men in the United States, new HIV infection rates would be reduced by an estimated 13% (Spieldenner, 2016). However, the cultural views of PrEP such as the high rates of the stigma attached to being on PrEP must be considered to understand PrEP effectiveness. Therefore, this literature review focused deeper on how medication has historically been used to moralize minorities. Then a closer look at how PrEP is viewed

in several communities with an emphasis on the views of PrEP from Gay men's perspective was examined.

Historical stigmatization of PrEP

The stigma of sexual practices and medication to help facilitate those sexual practices did not start with PrEP. There was historical roots in the United States to stigmatizing medication that liberated individual's sexuality (Spieldenner, 2016). PrEP had frequently been compared to the birth control pill when it comes to the moralization of sex and promiscuity (Lekes, 2014). In the 1960's there was a belief by some that only 'naughty little girls' used the birth control pill (Lekes, 2014; Meyers & Sepkowitz, 2013). Birth control for women in the 1960's was related to declining morals just as PrEP was associated with careless sexual behaviors (Rubin, 2010). PrEP users, like women who began using birth control, are currently stereotyped as only wanting the medication to have condomless sex or use it as a party drug (Lekes, 2014).

However, stigmatization can be overcome by empowerment. Just as the birth control pill allows women to gain power over their reproduction creating sexual liberation, PrEP gave Gay men the freedom from HIV concerns and empowered them to take control over their sex lives (Grant & Koester, 2016; Lekes, 2014). PrEP, like the birth control pill, is a daily medication that gives power to the receptive partner (Bryne, 2015; Lekes, 2014; Knight et al., 2016; Spieldenner, 2016). These medications created receptive partner empowerment through the capacity to act autonomously on one's own behalf because it allows for control over pregnancies and HIV transmission concerns

(Grant & Koester, 2016). Ironically, around the world, 48% of all PrEP users today are women (Lekes, 2014).

The stigma of PrEP by medical doctors and among HIV prevention agencies has also facilitated Gay men's resistance to getting on PrEP (Auerbach & Hoppe, 2015; Calabrese & Underhill, 2015; Haire, 2015). Doctors focused on sexual behaviors in deciding who should be prescribed PrEP due to the high cost of the medication (Adams & Balderson, 2016; Calabrese & Underhill, 2015). HIV prevention agencies such as Aids Healthcare Foundation (AHF) (2014) also question PrEP because it reduces the need for condoms, which AIDS prevention organizations have historically seen as the best way to prevent HIV. Many HIV prevention agencies also questioned PrEP's effectiveness over concerns that some Gay men may not be responsible enough to take the medication daily as prescribed, making them still vulnerable to HIV transmission (AHF, 2014; Bryne, 2015; Hoff et al., 2015; Vermund, 2013). Therefore, there was a resistance by doctors and HIV prevention agencies to endorse PrEP usage among Gay men (Hiare, 2015; Knight et al., 2016). Holt et al. (2014) noted PrEP stigma by Gay men, doctors, and HIV prevention agencies may have helped to explain why PrEP usage had declined in Australian Gay and Bisexual men since 2012. In 2015, only 27% of serodiscordant Gay Australian couples were using PrEP (Hoff et al., 2015). Goedel et al. (2016) highlighted similar low rates of only 12% PrEP usage among Gay men in South Florida due in part to PrEP Stigma.

Views on PrEP: Heterosexual Serodiscordant Couples

To understand how PrEP is understood by Gay men, a cross-comparison on how PrEP was viewed by some in the heterosexual community may help understand the meaning of PrEP for Gay men. For heterosexuals in Africa, PrEP has not changed their behaviors toward condomless sex (Newcomb et al., 2016). In this heterosexual community, the HIV positive partner's low viral load was the most important factor in determining if sex occurs without condoms than if the partner was on PrEP (Newcomb et al., 2016). However, heterosexual transmission of HIV in Africa continues to be high among serodiscordant couples as 60% of HIV transmission in Africa occurs within primary relationships (Matthews, Baeten, Celum, & Bangsberg, 2010). For these heterosexuals, the need for sex that produced children out-weighed the risk of HIV (Persson, 2013). The need for children was one of the most significant differences between the decision to use PrEP between heterosexuals and Gay couples (Matthews et al., 2010). However, like African heterosexuals, Gay men in the United States also reported daily adherence to the medication was cited as a reason many felt PrEP would not work while in a serodiscordant relationship (Persson, 2013). Second, heterosexual and Gay male couples also agreed that the cost of PrEP being around \$724 a month makes PrEP almost unobtainable for most people (Persson, 2013).

For African heterosexual serodiscordant couples, HIV status differences had the tendency to destabilize the couple by creating distance between the couple (Ware et al., 2012). Many HIV negative partner who were in open relationships, both heterosexual and Gay, reacted with fear, anger, and sadness due to due to infidelity that the HIV change in

status may have signified when HIV was transmitted from an outside sexual encounter when one partner broke the sexual agreement (Ware et al., 2012). Research on how PrEP reduced relationship distance and increased sexual intimacy between the Gay serodiscordant couple needed to be explored (Ware et al., 2012).

Views on PrEP: Health Care Providers

Doctors agreed with Gay men and African women that the costs of PrEP is high, however, many doctors used this justification to determine who they felt needs to be prescribed PrEP (Adams & Balderson, 2016; Calabrese & Underhill, 2015). Bryne (2015) highlighted PrEP can cost up to \$1,500 a month in the United States. This meant the average cost of PrEP was around \$17,000 a year (Calabrese & Underhill, 2015). The public and some doctors were less supportive of paying for PrEP through Medicaid and other Government programs if PrEP was being used by Gay men versus other groups (Calabrese et al., 2016). Health departments, other medical providers, HIV advocates, and AIDS organizations also had less-than-enthusiastic views of PrEP helped to facilitate negative views of PrEP by some Gay men (Auerbach & Hoppe, 2015).

Compounding the problem of the perception of PrEP was that many health care providers were still untrained about the benefits of PrEP for their clients (Krokower & Mayer, 2015). The limits of health care provider's public health knowledge and nuance about queerness within the Gay community also impacted the uptake of PrEP (Spieldenner, 2016). Doctor's lack of knowledge about the effectiveness of PrEP led many doctors to only wanting to prescribe PrEP to Gay serodiscordant couples leaving single Gay men and seroconcordant Gay couples unable to access the medication (Adams

& Balderson, 2016; Bryne, 2015; Knight et al., 2016; Spieldenner, 2016). This contributed to those not in a serodiscordant relationship and single Gay men to question the authenticity of the medication (Adams & Balderson, 2016).

While HIV negative Gay men who take PrEP, and are in serodiscordant relationships were likely to be prescribed PrEP by their doctor, they stated they continue to feel stigmatized by those same doctors (Hiare, 2015; Krakower & Mayer, 2015). Stigmatization by doctors can't be avoided by Gay men, as just like the birth control pill required women to see a doctor twice a year to obtain a prescription, PrEP requires continuous three-month HIV testing and doctor's visits (Meyers & Sepkowitz, 2013). This led to individuals that could benefit from PrEP to shy away from being prescribed PrEP due to the stigma of having to see doctors, describe their sexual behaviors to those same doctors, and be forced to get an HIV test (Calabrese & Underhill, 2015). Just like in the 1960's doctors who felt they knew what type of women should receive prescribe birth control medication, today doctors felt they knew what type of Gay man should be prescribed PrEP (Rubin, 2010).

In addition, in the 1960's most doctors were men and felt women would forget to take the pill daily, making the birth control pill ineffective (Lekes, 2014; Meyers & Sepkowitz, 2013). Today, some heterosexual medical professionals worry that Gay men who take PrEP will forget to stay on the daily medication as needed making PrEP ineffective (Meyers & Sepkowitz, 2013). By demanding access to PrEP many Gay men challenged the doctor-patient power relationship just as women did in the 1960's (Lekes, 2014). Due to this perception of moralization by doctors toward patients, the Center for

Disease Control (CDC) had released guidelines to help healthcare providers prescribe PrEP to all at-risk groups including Gay men (Adams & Balderson, 2016).

Doctors and Government Officials, like the CDC, are still advocating for Gay men to still wear condoms while being on PrEP. This advocacy by doctors and the CDC seemed to send mixed messages about the effectiveness of PrEP to Gay men (Young et al., 2014). This was problematic as many Gay men historically have not seen Government agencies, such as the Food and Drug Administration or the CDC, as advocating for them, so this only increased a lack of trust in public health officials and doctor's recommendations and knowledge of PrEP's effectiveness (Young et al., 2014).

Views on PrEP: HIV Prevention Organizations

Compounding this mixed message of PrEP to Gay men by the medical field and the CDC was the role HIV prevention providers took in initially rejecting PrEP (Knight et al., 2016; Haire et al., 2016; Haire, 2015). HIV prevention organizations have historically advocated condoms as the gold standard in HIV prevention and not PrEP, so there was still resistance from those providers to advocate for PrEP usage among Gay men (Knight et al., 2016; Haire, 2015). In addition, focusing on 'condomless sex' had historically been key to understanding how to increase HIV prevention efforts by HIV social service agencies (Auerbach & Hoppe, 2015). Therefore, the CDC recommends social service providers stop using the term 'unprotected sex' when condoms are not being used as the person may not be 'unprotected' when having sex (Auerbach & Hoppe, 2015). However, this idea went against the history and culture of HIV prevention social service agencies so resistance to PrEP continues by some HIV prevention providers (Auerbach & Hoppe,

2015; Spieldenner, 2016). The media and HIV prevention organizations also invested heavily in campaigns and initiatives meant to normalize the use of condoms for Gay men (Spieldenner, 2016). Many Gay bars and Gay-owned businesses make condoms available for free (Spieldenner, 2016). The condom has been celebrated by HIV prevention organizations as an integral tool to Gay sex for three decades (Spieldenner, 2016). To ignore the history of condoms within HIV prevention organizations that work in the Gay community may be ignoring an important social fabric that condoms bring in the sexual lives for many Gay men.

A second organization that has worked closely with many in the Gay community is the Aids Health Foundation. The Aids Health Foundation (AHF) (2014) also suggested there should be a challenge to the CDC's recommendation that 500,000 Gay men should go on PrEP. AHF's and other HIV prevention agencies stated their primary resistance to PrEP in Gay men was not their comfortability with condom effectiveness, but fear of Gay men's lack of daily adherence to PrEP (AHF, 2014; Bryne, 2015; Hoff et al., 2015; USA Today, 2014). Vermund (2013) seemed to back AHF's and other HIV service providers concerns by noting many Gay men did not adhere to the daily pill requirement to maintain an HIV negative status. In this vein, some HIV prevention agencies create a confusing narrative that PrEP was unsafe and problematic or simply Gay men were too lazy to maintain adherence in the fight against HIV (Spieldenner, 2016).

Views on PrEP: Gay men

Even though there are negative views of PrEP by some HIV prevention organizations and some in the medical field, many Gay men viewed PrEP in a positive

light. Within the Gay community non-Whites, older men, those who recently had condomless anal sex, and those who perceive themselves at higher risk of HIV are more likely to approve of the usage of PrEP (Hoff et al., 2015). For many Gay men who are in serodiscordant relationships, PrEP was viewed as protecting the HIV negative partner from HIV transmission (Mimiaga et al., 2014). PrEP use was also associated with feeling safe during sex by many Gay men (Grant & Koester, 2016). Couples who were not monogamous or had open relationships saw PrEP as a valuable HIV prevention tool (Mimiaga et al., 2012). Other HIV negative men in serodiscordant relationships reported their partners also encouraged them to be on PrEP (Mimiaga et al, 2012).

Hoff et al. (2015) reported that recent studies have shown no new infection of HIV has been transferred when an HIV negative person took PrEP 4 to 6 times a week. Although the primary benefit of PrEP use was to reduce the risk of HIV infection, many Gay men who use PrEP often expressed an alternative set of social and emotional benefits that are provided by PrEP (Grant & Koester, 2016). For example, PrEP provided a means for many Gay men to potentially pursue a kind of sex or sex partner while remaining free from HIV transmission (Spieldenner, 2016). Knight, Small, Carson, and Shoveller (2016) suggested an awareness of PrEP in 2016 still tended to be low within many segments of the Gay community. However, Grant & Koester (2016) highlighted PrEP demand has reached a tipping point in the USA and has increased rapidly within much of the Gay male community due to PrEP's sexual and medical benefits.

Many Gay men in serodiscordant relationships viewed the risks of HIV differently than Gay men in seroconcordant relationships (Greenhalgh, Evangelini, Frize,

Foster, & Fidler, 2013). For some Gay men, especially those in serodiscordant relationships, PrEP disrupted the traditional notions of ‘safe’ and ‘unsafe’ sex with partners because HIV transmission was a concern in these relationships (Auerbach & Hoppe, 2015). This had a significant effect on sexual practices within serodiscordant relationships (Auerbach & Hoppe, 2015).

Social stigmas also played a significant role in PrEP adherence (Hiare, 2015; Knight et al., 2016; Young et al., 2014). Grant & Koester (2016), Haire (2015), Perry et al. (2016), and Whiteside, Harris, Scanlon, Clarkson, & Duffus (2011) suggested that negative perceptions of PrEP also varied by gender, age, education level, HIV status of the couple, open versus closed sexual relationships, likelihood of participating in risky sexual behavior, history of STD’s/STI’s, and number of sexual partners in the last three months. For example, Gay men who were older, more educated, had more sexual partners and had a history of other STD’s or STI’s are more likely to use PrEP (Grant & Koester, 2016; Grant et al., 2014). However, Holt, Murphy, Callander, Ellard, Rosengarten, Kippax, and de Wit (2012) found similar and different results suggesting PrEP acceptance was more likely found in younger men, those who have anal intercourse with casual partners, those with fewer concerns about PrEP, and those with higher perception about risk of HIV.

Some of the biggest challenges in adherence to PrEP seemed to suggest social, psychological, cultural, and structural factors all contribute to the success or failure of PrEP within the Gay community (Haire, 2015; Perry et al., 2016). Goffman used the term ‘spoiled identity’ to describe how social and cultural forces such as stigma affected how a

person or their actions are viewed negatively (Haire, 2015). Knight et al. (2016) suggested Cooley's Looking Glass Effect helped to explain why some Gay men thought about what how others viewed condomless anal sex between men in considering whether to use PrEP. For some heterosexuals, PrEP was associated with promiscuity and condomless sex with the 'Gay lifestyle' leading to a stigmatizing view within the Gay community of PrEP (Haire, 2015; Knight et al., 2016).

Liu et al. (2013) suggested some Gay men were less likely to take PrEP because it increased their sexual risk-taking habits. Many Gay men were also against PrEP because they feared PrEP increased condomless sex among Gay men exposing the community to other STDs and STIs (Auerbach & Hoppe, 2015; Cáceres, Koechlin, Goicochea, Sow, O'Reilly, Mayer, & Godfrey-Faussett, 2015; Calabrese & Underhill, 2015; Haire, 2015; Knight, Small, Carson, & Shoveller, 2016; USA Today, 2014). Just like the birth control pill was thought to have created irresponsible sexual behaviors in women, some today felt PrEP users are promiscuous, irresponsible, and greedy for not using a condom (Lekes, 2014). In this sense, PrEP and the birth control pill shared a dirty/clean binary within society (Spieldenner, 2016). However, this concern over STD and STI increasing may be a valid concern about PrEP as Meyers and Sepkowitz (2013) highlighted 10 years after the legalization of birth control medication gonorrhea rates were higher in women than before the birth control pill was legalized. However, Liu et al. (2013) reported no increase in the number of the sexual partner for Gay men after three months on PrEP.

The same fears of STD and STI transmission within the community increased the negative views of PrEP. Negative perceptions of the birth control over fears of STDs and

STIs helped to facilitate why half of all pregnancies in the United States are unintended (Littlejohn, 2013). Negative fears of PrEP may have explained why Holt et al. (2014) suggested from 2011-2013 the willingness to use PrEP declined in Australian Gay and Bisexual men from 28.2% to 23.3%. Low rates of PrEP usage among Gay men may be due to Gay men not seeing themselves at risk, stigma attached to PrEP, unknown long-term effects, costs of medication, and because PrEP did not help in preventing STD's or STI's (Goedel et al., 2016; Grant et al., 2014; Grohskphy et al., 2013; Knight et al., 2016; & Young et al., 2014). However, it seemed like labeling Gay men as 'whores' for taking PrEP may have facilitated Gay men's consistent rise in sexual disease rates like HIV within the United States (CDC, 2016).

A study on PrEP and how the stigma of PrEP may have affected sexual behaviors of Gay men in South Florida was needed as Goedel et al. (2016) suggested location affected Gay men's decision to get on PrEP. For example, in South Florida because of the high rates of HIV over 75% of Gay men are aware of PrEP (Goedel et al., 2016). However, only 12% of Gay men in South Florida Gay men are on PrEP (Goedel et al., 2016). This seemed to be true of other Gay community around the nations as Haire (2015) highlighted how PrEP uptake remained relatively low (Haire, 2015). A study specifically within South Florida's Gay serodiscordant community may help to explain PrEP's meaning and the willingness or unwillingness to get on PrEP to reduce HIV transmission.

Some Gay men who are in serodiscordant relationships viewed PrEP as something positive. There are also sexual benefits for HIV negative Gay men who are in

serodiscordant relationships while being on PrEP. Brooks et al. (2011) reported several reasons why Gay male couples in HIV-serodiscordant relationship reported they are likely to take PrEP. They included protection from HIV infection, fewer fears of transmitting HIV to a partner or spouse, reduced sexual intimacy issues, increased relationships satisfaction, and increased opportunity to engage in condomless anal sex with an HIV positive partner (Brooks et al., 2011; Calabrese & Underhill, 2015).

With all these benefits mentioned, the serodiscordant couple was more likely to support PrEP than seroconcordant couples (Hoff et al., 2015). For example, very few HIV positive men in serodiscordant relationships feel PrEP was a bad HIV prevention strategy (Hoff et al., 2015). Hoff et al. (2015) suggest HIV positive partners were supportive of their HIV negative partner wanting to get on PrEP. For those in serodiscordant relationships, PrEP usage was associated with hope for the future of the relationship and was not associated directly with stigma (Haire, 2015). In fact, 80% of HIV positive men said they would encourage their partner to get on PrEP (Hoff et al., 2015).

Half of HIV negative Gay men within serodiscordant relationships felt PrEP was a good HIV prevention strategy for themselves (Hoff et al., 2015). HIV negative Gay men who were in serodiscordant relationships were 51% extremely likely or likely to go on PrEP (Hoff et al., 2015). However, the same is not true for seroconcordant couples as only 27% of Gay men in seroconcordant relationships are currently on PrEP (Hoff et al., 2015). Those in long-term relationships seroconcordant relationships were less likely to support the use of PrEP as an HIV prevention strategy (Hoff et al., 2015). Relationship

strength was negatively associated with PrEP as an HIV prevention strategy in seroconcordant relationships (Hoff et al., 2015).

For serodiscordant couples, Hoff et al. (2015) suggested partners taking HIV medication together, one for PrEP by the negative partner and the other for HIV medication for the positive partner, seemed to bond many couples together and increases relationship strength. Within these relationships, HIV negative partners saw PrEP as reducing the risk of HIV and increased the quality of the relationships (Jaspal & Darmilas, 2016). This trend may have implications for HIV negative non-monogamous Gay men in serodiscordant relationships as PrEP may be preserving the relationship and promoting intimacy (Auerbach & Hoppe, 2015). However, continued research needed to be conducted to give more evidence to this theory as PrEP stigma continues to play a significant factor in Gay men deciding to get on PrEP (Auerbach & Hoppe, 2015).

A recent phenomenon occurring in parts of the Gay community that needed to be taken into consideration when interviewing the participants in this study was some Gay men are embracing the stigma of being on PrEP. Within segments of the Gay community, many Gay men who take PrEP were called 'Truvada whores' or 'PrEP whores' (Haire, 2015; Spieldenner, 2016). The phenomenon of 'Truvada whores' started in San Francisco around 2012 (Spieldenner, 2016). Just as women who were labeled 'whores' in the 1960's for taking the birth control medication, many Gay men found themselves also being labeled as 'whores' for taking PrEP (Auerbach & Hoppe, 2015; Calabrese & Underhill, 2015; Knight et al., 2016; Spieldenner, 2016). Many Gay men that are on PrEP are starting to take back the name 'Truvada Whores' or 'PrEP whores' and empowering

themselves by accepting the label (Haire, 2015; Spieldenner, 2016). Feminist activists did the same by having ‘SlutWalks’ as a means of challenging the slut discourse when the birth control became legal (Dow & Wood, 2014; Spieldenner, 2016). Claiming the ‘PrEP whore’ label was a clear way to turn the negative label into a means of empowering the sexual self (Spieldenner, 2016). This served to proclaim the stigmatized identity proudly rather than to live in fear of being discovered (Spieldenner, 2016).

Self-empowerment by those who take PrEP may also have had some medical benefits. For example, Baum et al. (2016) suggested that women demanding birth control be given over the counter increased privacy and destigmatize birth control. This allowed women to feel more comfortable accessing the medication (Baum et al., 2016). If PrEP users become empowered and demand the medication be given over the counter instead of through a prescription then maybe more Gay men would be willing to adhere to the daily dosage of medication.

While self-empowering and taking back a negative label was important, for many Gay men in serodiscordant relationships the decision to get on PrEP was dependent on the partner’s level of support and educational knowledge about how HIV is transmitted (Greenhalgh et al., 2013; Mimiaga et al., 2014). For couples, trust and communication in the relationship was a significant factor in whether HIV negative Gay men decided to get on PrEP (Newcomb et al., 2016). Trust in these relationships was extremely important as some HIV positive Gay men in serodiscordant relationships disliked their partner using PrEP for fear that their partners would lie to them that they were continuing taking their daily regiment (Young et al., 2014). For this reason, some HIV positive men continued to

fear transmission of HIV to their partners, therefore, reject PrEP (Young et al., 2014).

Also, some HIV negative partners also rejected PrEP because discussing getting on PrEP with their HIV positive partner may have called into question their sexual faithfulness to the relationship (Mimiaga et al., 2014).

While trust and honesty were important factors in the acceptance of PrEP by serodiscordant couples, the story did not seem to be the same when disclosing with casual sexual about the use and acceptance of PrEP (Miniaga et al., 2014). Several Gay men in serodiscordant non-monogamous relationships reported not feeling the need to disclose to casual sexual partners that they are on PrEP (Mimiaga et al., 2014). Some Gay men feel casual partners were more likely to stigmatize them if they stated they are on PrEP, therefore, PrEP disclosure would have reduced their chances of sexual encounters (Mimiaga et al., 2014). However, other non-monogamous HIV negative Gay men felt disclosure of PrEP to casual partners invited more sexual encounters (Mimiaga et al., 2014). PrEP disclosure seemed to have created a dynamic where disclosure benefitted the Gay man by marketing their HIV negative status while on PrEP to casual sexual partners, but disclosure is still discrete for fear that some Gay men may be stigmatizing them for being on PrEP. This phenomenon was investigated in this study.

Overall, within both serodiscordant and seroconcordant Gay male relationships, PrEP stigma seemed to be the biggest factors in Gay men deciding to get and stay on PrEP (Goedel et al., 2016; Haire, 2015; Jaspal & Darmilas, 2016; Schwarz & Grimm, 2016). For many serodiscordant couples that told peers, family, and friends they are on PrEP, it created a stigmatizing image of their relationship (Hiare, 2015). Telling family

and friends one was on PrEP meant risking others thinking they are engaging in high-risk sexual practices (Haire, 2015). This led to perceptions of rejection and gossiping about possibly one's sexual behaviors while on PrEP (Haire, 2015). For closeted couples, the disclosure of PrEP essentially outed them as a Gay couple (Haire, 2015). Brooks et al. (2011) suggested a more recent study was needed to determine how PrEP is being disclosed by Gay men and how that disclosure played a role in the sexual intimacy of Gay men in both serodiscordant and seroconcordant relationships.

Discussions on or disclosure of PrEP still did not seem to be happening as Hoff et al. (2015) suggested about 46% of Gay community had heard of PrEP. There still is a lack of knowledge about the availability of PrEP within Gay communities outside of the HIV epicenters of San Francisco, Los Angeles, New York City, and Miami (Spieldenner, 2016). Outside of these HIV epicenters, PrEP may still not be talked about due to the stigma of the medication (Schwarz & Grimm, 2016; Goedel et al., 2016; Haire, 2015). However, Knight et al. (2016) highlighted PrEP was less stigmatized when PrEP was used by Gay men who were in 'faithful' or monogamous serodiscordant relationship. So, it is unknown if location or monogamy plays a more important role in the stigmatization of PrEP.

Many in the Gay community, whether it is HIV epicenters or not, are still divided over the use of PrEP (USA Today, 2014). 20% of Gay men in Hoff et al. (2015) study reported PrEP was a bad HIV prevention strategy. Another one-third of seroconcordant couples noted that PrEP would not apply to them as an HIV prevention strategy (Hoff et al., 2015). Other men within the Gay community felt PrEP would allow men to throw off

their condoms and increase their risks of other STDs and STIs (Auerbach & Hoppe, 2015; Young et al., 2014). The perception of PrEP increasing condomless sex creates a phenomenon within the Gay community of labeling those who took PrEP as these 'PrEP Whores' (Young et al., 2014; USA Today, 2014). Many Gay men reported feeling shameful for using PrEP because of the Gay community's stereotypes of 'PrEP Whores' as being only sexually promiscuous people (Knight et al., 2016; USA Today, 2014).

Outside of stereotyping Gay men who are on PrEP, some within the Gay community just felt condoms are a better way than PrEP to balance individual need and responsibility to others for safe sex (Hiare, 2015; Young et al., 2014). Within many segments of the Gay community, condoms were also viewed as the best way to prevent HIV and reduce the risk of STDs and STIs, as PrEP only reduced the risk of HIV (Calabrese & Underhill, 2015; Knight et al., 2016; Young et al., 2014). Others felt PrEP increased Gay men's engagement in 'irresponsible' condom-less sex and led to more STIs and STDs within the Gay community (Philbin et al., 2016; Calabrese & Underhill, 2015). In this sense, condom equated to responsible sex and PrEP equated to irresponsible sex (Haire, 2015). This may have accounted for the small increase in those using PrEP within many segments of the Gay community and lack of regular adherence to PrEP among many Gay men (Haire, 2015; Taylor et al., 2015).

Caceres et al. (2015) suggested negative beliefs about PrEP must be confronted to allow PrEP to continue to be an effective way to prevent the spread of HIV. In many parts of the Gay community stigmatizing PrEP users was problematic because it silenced discussions about sex among Gay men (Spieldenner, 2016). Many Gay men have had

decades of promoting discussions about Gay sex—first through Gay Liberation and then through HIV prevention and activism (Spieldenner, 2016). These conversations have been and continue to be particularly important in the development of community norms around sex and communication about sex practices in a heteronormative world that stigmatizes Gay male sex (Spieldenner, 2016).

Summary and Conclusion

The literature identified several themes related to how PrEP has affected the sexual lives of different types of Gay men include non-monogamous Gay men, monogamous Gay men, HIV negative Gay men, HIV positive Gay men, serodiscordant Gay couples, and serodiscordant Gay couples. The major themes that emerged from the literature review included how Gay men felt HIV is transmitted between Gay men, strategies used by Gay men to remain HIV negative, views of nonmonogamy by some Gay men, rules about open relationships, masculinity and sex with parts of the Gay community, and the historical and current stigma associated with sexually liberating medicines (Auerbach & Hoppe, 2015; Bauermeister et al., 2014; Bryan, 2015; Eeden-Moorefield et al., 2016; Goedel et al., 2016; Grov et al., 2014; Haire, 2015; Lekes, 2014; Spieldenner, 2016; Tieu et al., 2013; Thomas et al., 2014). In most cases, the stigma of PrEP played a significant role in many Gay men's perceptions of PrEP and whether to get on PrEP. In addition, many resilient sexual techniques were used to avoid contracting HIV in lieu of taking PrEP including sexual positioning, serosorting, and the strategic pullout method (Spieldenner, 2016; Tieu et al., 2013). The literature review also revealed how PrEP was viewed differently between those in serodiscordant, seroconcordant,

monogamous, and non-monogamous couples (Conley, 2012; Grov et al., 2014; Parsons et al., 2013). Much of the research noted different views of PrEP between single Gay men, serodiscordant couple, seroconcordant couples, and those outside of the Gay community. The literature review also provided a foundation for theming the literature within three theoretical frameworks including the MSM, resiliency theory, and queer theory (Gorman-Murray, 2012; Herrick et al., 2014; Kubicek et al., 2013; Meyer, 2013; Pullen et al., 2016).

Both quantitative and qualitative research methods utilized by academic scholars were studied in this literature review. The literature review presented by scholars incorporated primary and secondary sources, interviews or surveys with Gay men, surveys and interviews with doctors and those in the HIV prevention social service field, as well as demographic statistical breakdown within segments of the Gay community. The literature also used historical and current peer-reviewed journal articles to show how the three theoretical models were applied to better understand the sexual lives of non-monogamous Gay men in serodiscordant relationships. However, there was a lack of literature that specifically focused on the sexual lives of HIV negative Gay men who are in non-monogamous serodiscordant relationships while taking PrEP.

The goal of this research was to fill in the gap in the literature by seeking to gain a better understanding of how PrEP created meaning in the sexual lives of non-monogamous Gay men who are in serodiscordant relationships. Calbrese and Underhill (2015) and Hoff et al. (2015) suggested that most Gay men never heard of PrEP. Most studies on PrEP with the Gay male community was completed between the time of

PrEP's approval in 2012 and the CDC recommendations in 2014 that all Gay men at risk of HIV get on PrEP (Calbrese & Underhill, 2015). However, updated research was needed to better understand how PrEP has changed the sexual lives of Gay men since more Gay men have heard of or been introduced to PrEP since its approval and the CDC recommendations in 2014. Calbrese and Underhill (2015) and Hoff (2015) agreed that current research is still needed to understand how PrEP is shaping the sexual lives of Gay men. For example, Hoff et al. (2015) suggested a study is needed on condom use intentions of Gay male partners who are taking PrEP.

In Chapter 3 a more elaborate description of the methods that was used in this qualitative research study is laid out. The research question that was asked was viewed from the perspective of non-monogamous HIV negative Gay men who are in serodiscordant relationships. A pilot interview with a leader of a local HIV prevention agency was completed to ensure the questions made sense and flowed throughout the interview. The stories the participants told provided a better understanding of how PrEP was understood in the sexual lives of non-monogamous HIV negative Gay men in serodiscordant relationships.

Chapter 3: Research Method

Introduction

The purpose of this study was to understand how PrEP is understood in facilitating sexual agreements by HIV negative, nonmonogamous Gay men within and outside of their primary serodiscordant relationship. Understanding the social meanings of PrEP by HIV negative Gay men who are in serodiscordant nonmonogamous relationships helped to facilitate policies and practices to reduce the spread of HIV between some Gay men. In this chapter, I first provided an overview of interpretive phenomenological analysis, along with the rationale as to why this methodological approach was chosen. Next, my role as researcher was discussed, including my personal and professional relationships, my potential bias, and any ethical issues that may arise. I then discussed the methodology including identifying the problem, justification for the sampling strategy, criteria for the number and selection of participants, and how saturation and sample size was reached. Finally, issues of trustworthiness including credibility, transferability, dependability, and confirmability were examined.

Research Design and Rationale

Research Question and Central Concepts

The research question was as follows:

How do HIV negative Gay men who are on PreExposure Prophylaxis (PrEP) navigate their sexual lives while in non-monogamous serodiscordant relationships?

The phenomenon of how PrEP is creating meaning in the sexual lives of Gay men in serodiscordant relationships was the core of this study. Phenomenology, more

specifically Interpretive Phenomenology Analysis, was chosen as the research method. Phenomenological research focuses on understanding the lived experiences of individuals in a study (Finlay, 2014; Frost, McClelland, Clark, & Boylan, 2014; Lewis, 2015; Smith, 2014; Sousa, 2014). These lived experiences are understood through an interpretation of the meanings by participants and the researcher (Finlay, 2014). Clancy (2013) noted that in interpretative phenomenological analysis this double interpretation is also known as a double hermeneutic and suggested a double hermeneutic is important as both the researcher and the participant may see the social-sexual phenomenon from a different perspective. Differences in opinion about the social-sexual phenomenon between the researcher and the participant could occur due to numerous reasons including different demographic factors between the researcher and the participant (Clancy, 2013). For example, creating meaning and interpreting the meaning of sexual behaviors, sexual desires, and sexual identity with the Gay male participants in this study may be different, for example, if the participant and I are not both HIV negative Gay men in nonmonogamous serodiscordant relationships.

Correctly interpreting how Gay men view their sexual lives can have enormous effects on policy making (Frost et al., 2014). Tuohy et al. (2013) suggested interpreting those experiences correctly must be understood within a cultural context. Understanding cultural contexts can help to lead to effective social policymaking (Frost et al., 2014). Frost et al. (2014) suggested currently in American culturally perceived stigmas for participating in nonheteronormative behaviors can play a role in understanding the

phenomenon of stigma management and policymaking that can help to reduce negative perceptions within a community.

Rationale for Interpretive Phenomenological Analysis

Interpretive Phenomenological Analysis is one of the most common phenomenological approaches used to focus on the meaning and interpretation of the phenomenon by both the participant and the researcher (Pietkiewicz & Smith, 2014; Smith, 2011; Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). Within a phenomenological research strategy, interpretive phenomenological analysis focuses on finding patterns in the interviews with the participants to build themes (Finlay, 2014). To find themes among the participants, I created a data analysis plan. This plan included coding similar statements into categories. Those categories were then labeled with a theme. I then interpreted those meanings within the theme using the MSM theoretical approach, the resiliency theory approach, and the queer theory approach.

Role of Researcher

Observer and Participant

I sought HIV negative Gay men who are in nonmonogamous serodiscordant relationships for this study. My role was to interview participants face to face in a private room in a public library to ensure the participant felt comfortable talking about their experiences. I also observed behaviors while interviewing the participant, as a second source of data, and looked for any visual cues of discomfort or emotional distress.

Personal and Professional Relationships

I had no personal or professional relationships with any of the participants. In my duties as a college professor, I had collaborated with several Gay and HIV prevention organizations in creating service learning opportunities, volunteer opportunities, and internships for previous students in my classes. Even though these social service agencies were used to elicit potential participants, I only included participants with whom I had no personal or professional relationships.

Researcher Bias and Power Relationships

Fotopoulou (2012) and Frost et al. (2014) suggested that researchers should be aware of any power relationships that exist between the researcher and their participants. To help reduce any sort of feelings of power relationships between the participants and myself, Frost et al. (2014) suggested that researchers should share with the participant similar identities to gain trust and rapport. Before the interview began, I informed the participant about my passion for the study and the Gay community to gain rapport. In addition, to reduce any feelings of power differences, I used an audit trail in describing the study, the purpose of the study, and how responses were recorded, transcribed and stored for anonymity purposes to the participants. I also reviewed the consent forms with the participants, explained the voluntary nature of their participation, and answered any questions. Each participant was told they can discontinue their participation at any time.

Teo (2014) suggested that bias was important for the researcher to recognize before, during, and after the interviews to ensure an accurate representation of the phenomenon. I did this by bracketing my views in a journal. Bracketing is an important

way to let the reader know the researcher's biases and points of view even though not all biases consciously may be known (Finlay, 2014; Tuohy et al., 2013; Yilmaz, 2013). I ensured bracketing occurred by noting my thoughts about the interview and my views about what the participants said about their sexual lives, PrEP, and perceptions of others in this journal.

Frost et al. (2014) also suggested that the researcher use reflexivity to account for any potential biases. In journaling my experiences, I had a way to reflect upon the meanings of the phenomenon. In reflecting on the interviews, I debriefed with my dissertation chair to review the accuracy of the interviews and discuss my interpretations. Having the interviews audio recorded and transcribed and checked for accuracy can also reduce bias (Pietkiewicz & Smith, 2014). I recorded the interviews and personally transcribed the interviews. Those audio records and transcripts were available to my Chair and my methodologist for accuracy checking.

The interviews that are recorded were about 1 hour in length. Frost et al. (2014) and Peitkiewicz and Smith (2014) suggested 1 hour interviews can facilitate a thick and rich understanding of the phenomenon under study in interpretive phenomenological analysis research. To ensure participants were willing to be interviewed for around an hour, participants were given a \$25 gift card along with a thank you card for the interview. Participants were also informed that a second follow-up short interview would be needed to ensure the accurate meaning of the findings.

Methodology

Participant Selection Logic

The sampling strategy included going to Gay and HIV prevention organizations to speak in meetings and to group leaders about the research, advertising on Gay and non-Gay social media sights, and placing flyers in and around businesses in heavily Gay populated areas including Wilton Manors, Fort Lauderdale, and Miami. The justification for these sampling strategies was that these outlets were ways to reach Gay men within the Gay community that fit the criteria for inclusion. Those criteria included Gay men who are on PrEP and in a non-monogamous serodiscordant relationship.

Once participants reached out via email, phone call, or face-to-face, they were screened using a screening criterion to ensure they fit the profile of the participants needed and used to collect some basic demographic information. The screening criteria sheet located in Appendix D included men who identify as Gay, HIV negative Gay men, Gay men in serodiscordant relationships, Gay men who have had sex with someone outside of their partner or while with their partner, and Gay men who either live or spend much of their time in South Florida. The participants knew they meet the criteria for inclusion in the study as the flyers, advertisements, and I explained the criteria for inclusion. The participants were also informed once they contact me, the criteria for inclusion would be assessed to ensure they still qualified for inclusion. I assumed that participants were telling the truth that they fit the criteria for inclusion into the study, but throughout the interview, I felt I could tell if the participant did not fit the criteria. I informed all selected participants, about confidentiality, IRB consent, the approximate

time involved for the interview, each person's role in the research before the interview begun, and who they were to contact if they had any concerns before or after the interview took place.

Sample Size and Saturation

Pietkiewicz and Smith (2014) suggested that there is no rule on the number of participants, but the sample size should be mostly homogeneous. Pietkiewicz and Smith (2014) felt six to ten participants were ideal. Sample size should also be determined by the depth, richness, contrasts of each case, and the pragmatic restrictions of the research (Pietkiewicz & Smith, 2014).

Saturation was used to determine sample size. Saturation occurred through purposeful sampling and snowball techniques. Purposeful sampling was an appropriate sampling strategy because it focuses on selecting a few participants who have experienced the phenomenon and can speak to the phenomenon under investigation (Finlay, 2014; Yilmaz, 2013). The two themes of resiliency and reframing emerged throughout the 13 interviews. I initially decided to select between 10-15 participants or until saturation was met with an emphasis on finding negative cases as Marshall, Cardon, Poddar, and Fontenot (2013) suggest 10-15 participants can be an adequate sample size but depended on the literature review, the purpose of the inquiry, what's useful, what's credibility, and time and resources available. Once 10 participants were interviewed, I felt saturation was met as themes emerged and were repeated. However, I interviewed three more participants to ensure saturation was completely met as the last three

participants also spoke about the resiliency and reframing themes. A total of 13 participants were interviewed.

Instrumentation

I used an open-ended, face to face interview guide for data collection purposes. The interviews were recorded and observations during the interviewed were noted for triangulation purposes. Jacob and Furgerson (2012) and Chenail (2011) suggested an interview guide should have a flowing script that includes prompts, transitions, re-explaining the informed consent, and probes to provide a guideline for each participant's interview. In addition, my questions came from the literature and were reviewed and approved by the dissertation chair and methodologist to strengthen content validity. I also read the questions to an HIV prevention and Gay social service agency leader to ensure the interview guide flowed and used culturally sensitive wording before the interviews started.

Recruitment Participation and Data Collection

Procedures for Recruitment, Participation, and Data Collection

I interviewed 13 participants to understand the phenomenon. Each participant was recruited through either purposeful sampling or snowball sampling. I collected the data through face to face visits with participants who had responded to my recruitment strategies and fit the criteria for inclusion. The data was collected after the participants had notified me they were interested in the study and met the screening criteria. The interviews were semi-structured as suggested by Frost et al. (2014). Each interview was

audio recorded to transcribe the interviews to ensure the reliability of the transcripts and more member checking purposes.

Data Analysis Plan

I was the only person who conducted, recorded, transcribed and stored the interviews. Responses from these interviews led to categories and themes. Keywords and comments were identified from the transcripts for coding purposes. For this phenomenological study, coding of the responses was completed inductively. I used both open and axial coding. Open coding allowed me to break down the data into headings and subheadings. After rereading the interviews, I used axial coding to ensure I had identified all the important aspects of the data. By using axial coding, I confirmed that my concepts and categories accurately represented interview responses and how the concepts related to the categories. The coded data then was put into a table with major categories highlighted and explanations of those categories were given.

The interviews were transcribed and color-coded into a word document and then key phrases were then transposed into NVivo for coding and theming purposes. Each code was designated by a color and those codes were used to establish emerging themes. However, some quotes did not fit into a theme. Discrepant comments from participants that did not fit into a theme were noted with their own color code along with a potential explanation as to why this occurred. I actively looked for and noted comments by the participants that contradicted with most participants said to ensure I had an accurate representation of the categories and meanings.

Trustworthiness

Credibility

Credibility, or internal validity, refers to the value and believability of the findings (Chenail, 2011; Houghton, Casey, Shaw, & Murphy, 2013). Cope (2014) suggested credibility can include triangulation, repeated contacts with participants, member checking with participants, saturation, reflexivity through a journal, and a peer review. Triangulation occurs through multiple sources of data (Houghton et al., 2013). I used different types of triangulation including interviews, observations, noted participant's emphasis on certain words, and secondary sources of data. Houghton et al. (2013) suggested that peer debriefing may also facilitate credibility. I did this by debriefing with my Chair about my findings. Credibility can also occur through member checking (Frost et al., 2014; Houghton et al., 2013). Member checking helps with accepting the interpretations of the meanings by the participants as valid (Finlay, 2014). I utilized member checking by speaking with the participants after the interviews were conducted and transcribed. I sent to the participant to review for not only the accuracy of the transcripts but also the meaning of the interpretation. All participants said I accurately reflected what they thought and felt with the exception of a few misspelled words or grammatical errors. I continuously interviewed participants until the data was saturated. Ensuring the interviews had led to the saturation of the data occurred through conversations with the dissertation chair. The transcribed interviews were reviewed several times to ensure later respondents were not giving any new information to the phenomenon, thus assuring saturation occurred. Credibility can also be ensured through

the researcher being reflexive (Clancy, 2013). I kept an extensive journal in which I wrote down my personal thoughts about each interview. This journal included what I observed about the participants and his surroundings during the interview.

Transferability

Transferability refers to whether the findings can be transferred to another similar context or situation, while still preserving the meanings and inferences (Houghton et al., 2013). A thick description of the participant's interview can facilitate transferability (Houghton et al., 2013). I ensured there were thick descriptions of the phenomenon and looked for similar patterns between several participants. I also tried to ensure transferability by seeking out participants that fit the criteria from different demographic status' and experiences. A demographic questionnaire (see Appendix A), was completed by each participant at the end of the interview to validate diversity and transferability. Transferability also occurred by allowing the participants to provide thick descriptions of their sexual experiences and perceptions while on PrEP through an open-ended, semi-structured interview guide that included probes. Finally, to ensure transferability all the primary interview questions were asked in the same sequence.

Dependability

Dependability is often compared to the concept of reliability in quantitative research and refers to how stable the data is through triangulation and an audit trail (Houghton et al., 2013). Dependability was ensured through the triangulation of the data. I ensured triangulation by focusing on highlighting where data diverges, highlighting people with different viewpoints, and using three different theoretical perspectives. By

capturing different dimensions of the same phenomenon, I provided a way to reduce selective perception and illuminated blind spots in the analysis.

One of the most important ways to ensure dependability is to have an audit trail to ensure that there is a rationale for the decisions made by the researcher (Houghton et al., 2013). An audit trail is a transparent description of the research's steps taken from the start of a research project to the development and reporting of the findings (Bergin, 2011). By using an audit trail, I showed the way I established a rationale for the methodology selected along with the decision to code and theme parts of the discussion from the participants. This is important as an audit trail allows the reader, who may not agree with the findings, to be able to discern how it has been reached (Houghton et al., 2013). By establishing an audit trail, I could help the reader understand the process in which the decisions were made in the coding and theming process using thick and rich descriptions of the data.

The audit trail was established while using NVivo software package. An audit trail documents the researcher's decisions and assumptions so another person can understand the essence of the interpretations (Cope, 2014). This research showed clearly how decisions were made about the themes that allowed another researcher to see how I came to those findings. Examples of study materials included interview transcripts, data analysis and processed notes, and drafts of the final report. Houghton et al. (2013) suggested NVivo is an excellent way to provide a trail of the decision-making process during the data analysis collection and analysis. This can be done by NVivo being able to locate all the passages that matched the criteria set in a query (Houghton et al., 2013).

Locating comments from the participants in NVivo ensures any theme found in the findings was not the perception of just one participant but confirmed by several participants (Houghton et al. 2013). I used text searches to find keywords or phrases in NVivo in creating themes. I also used NVivo to query based on demographic factors to see if any trends occurred based on these factors.

Confirmability

Confirmability refers to the neutrality and accuracy of the data and is closely linked to dependability (Houghton et al., 2013). Confirmability was ensured by using reflexivity. Participants were given an opportunity via email for twelve participants and via the regular mail for one participant to go over what they said and what they meant by what they said to not only give voice to those participants but also to ensure the meanings were interpreted accurately. Second, I noted my feelings and any potential biases by using a journal. Third, three different theoretical approaches were used in the interpretation of the meanings to ensure confirmability. Finally, confirmability was obtained by discussing with my Chair the findings and how I came to understand those findings.

Intra-coder reliability and Inter-coder reliability

Inter-code reliability was not applicable as only the researcher was the one who transcribed the interviews. However, intra-code reliability was established by having the codes created in the same way. Each code established was reviewed on a different day than originally coded to ensure the code accurately represents what it was intended to

represent. Finally, all quotes that went into a specific theme were coded with the same color code to ensure intra-coder reliability.

Ethical Procedures

Participants for this study were HIV negative Gay men who were in non-monogamous serodiscordant relationships while on PrEP. The research was in accordance with the ethical guidelines of the National Organization for Human Services (NOHS), Walden University Institutional Review Board, and the dissertation committee. The NOHS (2015) and Walden University Institutional Review Board required confidentiality be thoroughly followed. Confidentiality was assured by giving pseudonym names to the participants. Demographic factors such as race, ethnicity, social class, and age were generic enough not to give away who were the participants. Also, an informed consent was approved by Walden University's Institutional Review Board (IRB) and given to the participants before the start of the interview process. The IRB approval number was 12-21-17-0357771. This IRB approval helped reduce any ethical concerns with the intent of the study and allowed participants to be aware of their rights during the study.

The National Organization for Human Services and Walden University suggested that any relationship, past or present, with the participants, must be disclosed. I did not have any personal or professional relationship with participants. Ethical procedures were ensured by the dissertation committee checking for biases. Any discrimination based on a participant's given status is unethical and was avoided as suggested by NOHS (2015). Finally, NOHS (2015) stated the researcher must be aware of any local, state, or federal

laws that may apply to the participants and disclosed that any illegal activities may need to be reported. I did not have any comments from the participants that lead to having to report any unlawful activities to local, state, or federal authorities.

Agreement to Gain Access to Participants

One of the requirements to conduct research by a Walden University student was to complete an Institutional Review Board (IRB) application. In the application was a detailed description of the research, how participants have been informed of the nature of the research, how participants were selected, how risk was minimized, the voluntary nature of the study, and how participants were compensated.

The Treatment of Human Participants

As noted in the literature review some of the participants may feel vulnerable due to stigmas. These stigmas could include internalized homophobia, heterosexism, being labeled a 'whore' for taking PrEP and having their non-heteronormative sexual practice labeling in a negative manner. This created vulnerabilities for the participants that were considered. One way that I ensured the participants were not stigmatized was by me building rapport with the participants. In addition, I ensured the participants that only the committee members and I had access to the interviews with the participants and I was the only one who had access to their real names and all information was stored in a locked filing cabinet that only I had access to. I also informed the participants that the recording was to be deleted after the dissertation was completed, but that the transcripts with their pseudo names needed to be saved for five years per Walden University policy on a stored USB port that only I had access to.

Ethical Concerns in Recruitment Materials and Data Collection Activities

To participant in the study, I confirmed eligibility when the participants show interest in the study. Flyers were made with diversity in mind to assure participants from different races, ethnicities, or ages were eligible and encouraged to participate. Participants were told that interviews can occur at a private room in a public library. Informing the participants that the interviews needed to be tape recorded for transcription purposes occurred during the recruitment process and reiterated before the interview starts. In addition, participants were informed once they agree to be interviewed and fit the criteria, that the interviews would last around one hour and that they would be given a \$25 gift card along with a thank you note after the interview was complete. All participants were informed before the interview that they can stop the interview at any time.

Treatment of Data

All interviews were recorded using an audio recorder. The audio recordings were brought back to my home office and stored in a locked cabinet in a locked room. Only I had access to the locked cabinet. The data was transcribed into a word document that was saved on a USB drive that was stored in the locked cabinet. When the data was transferred to NVivo from a Word document, it was on my computer, and it was saved on a USB port that only I had access to it via a secured login and password. The personal journal that was used to ensure reflexivity was stored in the same secured USB port and kept in the same secured filing cabinet. The consent forms were also stored in the same

locked filing cabinet that only I had access to. Once the dissertation is five years old, I will destroy the data.

Other Ethical Issues

No other known ethical issues existed. However, I did live in the same county as most of the participants, but I did not personally or professional know any of the participants. All participants had my cell number and email to get in contact with me if they had questions. After the interview was completed, I gave each participant the number to a local Gay organization to ensure each participant had a resource in case they needed counseling. This organization has counseling available for people who contract HIV, dealing with coming out issues, and are knowledgeable about PrEP. To my knowledge, no participant needed their services after the interview.

Summary

In Chapter three I focused on the research methodologies including the research design and rationale, the role of the researcher, the methodologies used, the instrument for the study, procedures for recruitment, data collection procedures, data analysis plan, and discussed different issues of trustworthiness. Ethical concerns to be aware of from Walden University and the NOHS were noted for consideration before, during, and after the research takes place.

Chapter 4: Results

Introduction

The purpose of this qualitative phenomenological study was to understand the lived experiences of Gay men who are on PrEP while in serodiscordant nonmonogamous relationships. The following research question guided the study: What are the lived experiences of HIV negative Gay men who are on PrEP navigate their sexual lives while in nonmonogamous serodiscordant relationships?

Chapter 4 includes a description of the settings in which the interviews occurred followed by a description and chart of the demographics of the participants. Next, I addressed the data collected, followed by a discussion of the data analysis methods, including codes, themes, and discrepant cases. Evidence of trustworthiness including credibility, transferability, dependability, and confirmability were addressed, with a final focus on the results of the study including a summary and conclusion.

Setting

There was a total of 13 participants. I met with each participant in a private room at a public library. Eleven of the interviews took place at a local public library in the heart of a Gay neighborhood and was convenient for those participants. There was a cost of \$25 to use the room for each interview. Two of the interviewees lived in different neighborhood and the interviews occurred in a private room at a public library in near their homes. There was no cost to reserve those rooms. The goal of having the participants interview in a private setting was to ensure that they would feel comfortable talking openly about their sexual lives, and to ensure that the interview location was

convenient for them. Before the interview, each participant was given the number to a nonprofit agency that deals with Gay Men's issues if they needed counseling after the interview. Following each interview, no participant stated he felt any sort of trauma from talking about his experiences. Additionally, before the interview started, I ensured that all participants read and signed an informed consent form and noted that they could stop the interview at any time. No participant stopped the interview. During the initial phone interview, I used a screening guide to ensure that each participant fit the parameters of the study. At the end of the interview, each participant completed a demographic questionnaire. I finished the interview by providing each participant with a \$25 gift card with a thank you note, and personally thanked them for their time.

Demographics

The participants consisted of 13 self-identified Gay men who were on PrEP and were currently dating, in a nonmonogamous relationship with, or recently ended a nonmonogamous relationship with an HIV positive man. Eleven of the 13 men were still in those relationships during the time of the interview. The participants' ages varied from early 20s to mid-50s. Racially, three men identified as Bi-Racial (both Black and White), two identified as African American, and eight identified as White. Six participants identified as Hispanic and seven identified as non-Hispanic. The length of the relationship status varied between 0 to under 1 year, 1 to 5 years, 6 to 10 years, and 11 to 20 years, with the most common length of the relationship being between 0 to under 1 years. The status of the relationships varied between dating, boyfriends, partners, spouses, or recently broken up. The following defined each relationship status:

- *Dating*: defined as two men were going out with each other but did not define themselves as exclusive partners
- *Boyfriend*: defined as dating each other exclusively but not living together
- *Partner*: defined as dating each other exclusively and living together
- *Spouse*: defined as dating each other exclusively and living together

The most common reported relationship status (4 of 13) was spouses. The boyfriend, partner, and dating status each had three participants. One participant was in a polyamorous relationship with a positive and negative partner. All others were with only one partner, spouse, boyfriend, or dating one man. Table 1 shows a breakdown of the participants by demographics.

Table 1

Demographic Characteristics of Study Participants

Participant	Age	Race*	Ethnicity**	Rel. Length	Relationship Status
Ralph	48-57	W	N-H	0-1	Dating
Juan	27-37	B	Hispanic	1-5	Boyfriend
Geo	18-26	B	Hispanic	0-1	Partner
Donte	38-47	A	N-H	0-1	Spouse
Jay	27-37	A	N-H	1-5	Partner
Cam	48-57	W	N-H	6-10	Spouse
Tim	48-57	W	N-H	11-20	Spouse
Julio	27-37	W	H	0-1	Boyfriend
Mike	27-37	W	H	0-1	Dating (Now Single)
Dan	18-26	W	H	0-1	Boyfriend(s)
Raul	38-47	W	H	1-5	Partner (Now Single)
Abe	48-57	W	N-H	0-1	Dating
Omar	27-37	B	H	1-5	Spouse

*Race: W = White, A = African American, B= Bi-Racial

**Ethnicity: H = Hispanic, N-H = Non-Hispanic

Participants were recruited using a variety of recruitment strategies including flyers placed at Gay bars, flyers placed at Gay or HIV prevention agencies, and online apps including Facebook, Grinder, and Scruff. I also had participant agreements with local Gay or HIV prevention agencies in the region that allowed me to come to their meeting to discuss the study and engage in the recruitment of participants. Each participant was told that they would be given a pseudonym to ensure confidentiality and anonymity.

Data Collection

I conducted one-on-one, face-to-face, semi-structured interviews with 13 Gay men who are on PrEP and are or were recently in nonmonogamous serodiscordant relationships with HIV positive Gay men. I conducted the semi-structured interviews in two different public libraries. The interview duration ranged from 40 to 80 minutes with an average duration of 59 minutes. There were only two deviations from the data collection methods described in Chapter 3, as interview numbers six and seven did not save in the recordings. After a discussion with my dissertation Chair, the agreement was to re-interview these two participants. Therefore, I re-interviewed participant number six face-to-face. Participant number seven had left the area and so he was re-interviewed using Skype. Both participants were willing to be re-interviewed due to recording device issues.

Data Analysis

To analyze the data gathered from Gay men who are on PrEP and were in serodiscordant non-monogamous relationships, I used Interpretive Phenomenological Analysis. Interpretive Phenomenological Analysis is a common phenomenological approach used to focus on the meaning and interpretation of the phenomenon by both the participant and the researcher (Pietkiewicz & Smith, 2014; Smith, 2011; Tuohy, Cooney, Dowling, Murphy, & Sixsmith, 2013). Interpretive Phenomenological Analysis is effective when looking to find patterns in the interviews with the participants to build themes (Finlay, 2014).

To distill the data, I reread the transcripts to examine the relationship between each participant's response within each individual question to ensure those same themes as initially proposed did occur. During this process, I managed the data by recording all the interview, analyzing the interviews for themes, and interpreting the data after all the interviews were completed. Throughout the data analysis, I was constantly organizing the question by thirteen different color codes, organizing the themes through noting key words, immersing myself into the data, creating color-coded categories and themes, developing interpretations of the data, and looking for alternative meanings to each question. I presented the findings of the study in this chapter.

Two themes and subthemes emerged from data from the interviews of the thirteen participants. As illustrated in Figure 1 at the end of this section there is a visual image of the themes identified and how they emerged. The first theme of 'Resiliency' emerged through participants discussing the historical and current ways in which they remained HIV negative. All participants talked about their concerns over contracting HIV and how those concerns had affected the ways in which they had sex. To overcome concerns regarding HIV transmission and allow themselves to participate in condomless anal sex, the participants used several resiliency techniques to remain HIV negative. Participants discussed how used resiliency techniques to avoid HIV transmission before using PrEP including trust and looks of the other person during their sexual encounters. For example, several men talked about how they would use visual cues, such as appearance, to determine if someone was 'safe' to have condomless sex with. Other participants would self-determine if they could trust that their sexual partner was telling them the truth about

their HIV status in deciding whether to have condomless sex with them. Since being on PrEP, several men stated their resiliency techniques revolve around conversations about education and getting on PrEP to remain HIV negative. Several other participants also discussed how they would use strategic positioning, such as only being the top, to reduce their fears of HIV transmission during condomless anal sex. The third current resilient strategy several men use include dating HIV positive men that had an undetectable viral load. An undetectable viral load status is obtained when the amount of HIV in the blood is so low that it is unmeasurable (CDC, n.d.). These men felt that dating someone who was undetectable eliminated their chances for HIV transmission.

The second theme of ‘Reframing’ emerged from conversations about how condomless anal sex is being reframed in the era of PrEP especially in the terms of how we define masculine sex. These participants also felt that labeling oneself as on PrEP was changing their views of sexual marketability while on online hookup apps. Sexual freedoms and sexual responsibility are being redefined in the era of PrEP as PrEP lead to the belief that condomless anal sex was freeing, but at the same time being sexually responsible if the participant was on PrEP. Finally, monogamy is being reframed while on PrEP as agreements about sex and boundaries about bonding seem to be the critical criteria in determining if the relationship was defined as monogamous.

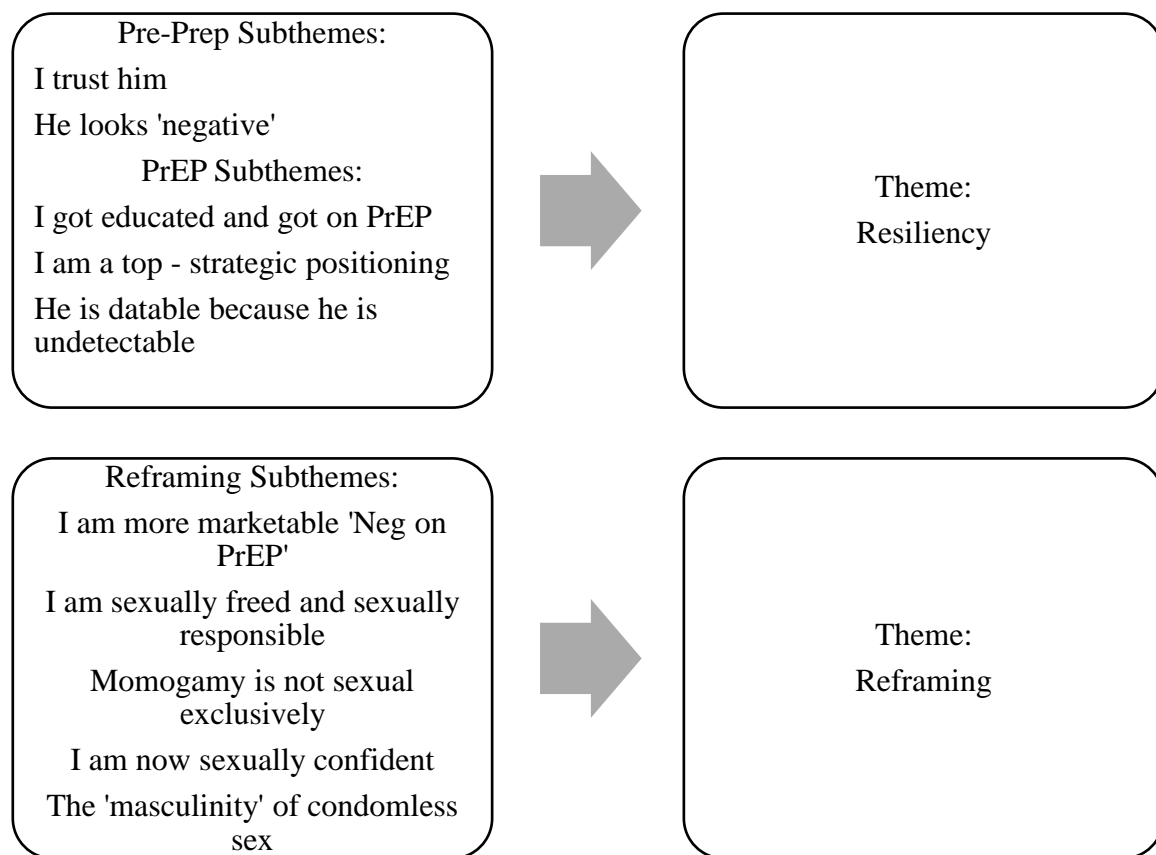


Figure 1. Theme identification.

Trustworthiness

Credibility was ensured by performing member checking for the accuracy of the transcripts with each participant. At the end of each interview, I collected the email address of all but one participant to send them a copy of the transcripts for member checking purposes. I sent twelve of the thirteen participants an email that they provided me once the interview was transcribed for their review. I asked each one to review the transcripts and contact me within seven days to ensure the accuracy of the transcripts. All participants responded via email, phone call, or text message and no participant suggested any content-related transcription issues. The only participant that was not emailed was

one individual who had an email address from another country and asked me to mail him a copy of the transcripts and findings, which I did with a note to call me if he had any concerns with the transcripts or analysis from the interview. This participant called me to state he had received the transcripts and the transcripts accurately reflected what was said. I also ensured credibility by interviewing each participant face-to-face and noting any observations in their behavior or emotions in their voices when they were talking about their experiences.

Findings of this study have also been validated by the participants. All transcriptions have been kept in their original format to prevent distortion of the data. Finally, I ensured credibility when I felt my data was saturated. This study called for between 10-15 participants or until saturation was met and when I got to the eighth or ninth participant, I saw trends and themes emerge as many of the interview questions were eliciting similar responses. Overall, I interviewed 13 participants to ensure the data was completely saturated.

The inclusion criteria and location also partially limited transferability as the focus was on Gay men who are in South Florida. I tried to increase transferability by recruiting participants of different ages, length of relationships, diverse relationship status, racial and ethnic diversity. Also, by ensuring all the questions were asked in sequential order to each participant, I tried to increase the likelihood of transferability. Finally, I noted thick descriptions of the themes that emerged from participants quotes.

Confirmability was ensured as all participants received a copy of the transcripts to note any discrepancies. I also emailed twelve of the participants, per their request, asking

them to read the findings to ensure the meanings were correctly interpreted. One participant requested that his transcripts and findings be mailed to him as his email is in another country and he did not always receive it. I received feedback from all 13 participants. I also kept a personal journal of my experiences throughout this process to minimize research bias that I may have encountered or any frustrations regarding the process. I also shared any concerns regarding the process with my Chair to seek encouragement and advice.

Dependability was obtained as I looked at the themes that emerged from each question and focused on finding cases that differed from the consensus. I also used a keyword search to find words that help portray the themes. Finally, I used an audit trail throughout this research process to help explain to the reader how I came to my conclusions in case any reader of this study disagrees with the findings, I can show how I can to those themes and conclusions.

Results

Two major themes emerged from the analysis of the data regarding the lived experiences of Gay men who are on PrEP and were in serodiscordant, non-monogamous relationships. The themes that emerged included (1) Resiliency and (2) Reframing. The sub-themes within resiliency focused on resiliency techniques used before PrEP and while on PrEP, while the sub-themes within reframing included the reframing of sexual marketability, sexual freedom and responsibility, monogamy, sexual confidence, and 'masculinity' around condomless anal sex.

Resiliency

Resiliency techniques to avoid HIV transmission were important for at least ten participants because they shared how they feared sex with men who were HIV positive. Fears of HIV transmission were paramount in most of the participant's lives. Some of those fears revolved around the perception of the high HIV transmission rates within the Gay community, while others revolved around the stigma of dating an HIV positive man and contracting HIV. Ralph who is dating a positive man talked about his fears of being sexual due to the high HIV rates in South Florida "HIV is a rapid thing here in Broward and Dade County. You try to find people [to date]...what is it, most people, one out of every four Latinos in Broward are positive, and one out of two African Americans will be positive." Mike who was recently dating an HIV positive man also talked about his hesitations dating within the Gay neighborhood due to HIV concerns:

"And...even though people don't like to say it, but if you know someone who is positive, at like apartment 5 who is positive, you know there is that stigma, you know what I mean, from everyone else. It's like "Duck Duck Goose. Duck Duck Goose" maybe. I don't know, but it's how I think. You know even when I look at the guy who is walking the dog when me and my friend are in the Gay community, I go "Duck Duck Goose" and like I go "Duck Duck Positive, Duck Duck Positive". (Mike)

Geo also talked about how living in South Florida also increases his fears about contracting HIV. "I guess it is just being here and seeing all the people who are

diagnosed and diagnosed and hearing their stories of how they were, it made you more aware of how something people can manipulate you.”

Several participants also talked about how they feared sex with HIV positive men. Geo stated, “it gets you thinking, like, after you have sex, it gets you thinking is there other possibilities or other options?” Jay also had fears of sex with someone who was HIV positive “But what it [sex with positive guys] has done is post-sexual activities gives me a certain...anxiety about what I did or what I didn’t do. Did I protect myself?”

Due to this anxiety over HIV transmission, most participants would create resilient ways in which they overcame those fears and prospered in serodiscordant relationships. The successful adaptations to negative stress and risk are the hallmark of resiliency theory. Participants talked about how they used different resiliency techniques before they got on PrEP and how those resiliency techniques have changed since they have been on PrEP.

Pre-PrEP Resiliency Strategies.

Before PrEP several men talked about how they would focus on trust and the looks of the person as a resiliency strategy to avoid HIV transmission. Juan had a policy that condoms must be used with someone he does not know, because he could not trust them “When strangers come over I was more likely to use a condom, but if it was someone I was talking to and I knew their situation and I felt ok, you know, I would not use a condom.” Geo also used the same resiliency strategy “Some were with a condom. Some were without a condom. Without a condom for people that I have known for a while.” Julio also used trust as a resiliency technique to determine if he would participant

in condomless anal sex “In general if...if I generally had a good vibe with the person, I had a feeling that this person was not BSing [Bull Shitting] me, uh, then I think that would be some factors that I decide to use a condom or not use a condom. Dan agreed that trust was an important resiliency strategy in determining if he were to use a condom before he started taking PrEP:

“Condoms whenever I would hook up, but, uh, I wouldn’t use condoms when I was with, uh...when I was with my ex or my friends with benefits. I mean we just still fool around, but uh, yea, mostly because I would trust them and we would know each other’s status”. (Dan)

For Duval, trust was also a resiliency factor in determining when he would participant in condomless anal sex with his partner. He talked about how he went back to wearing condoms with his HIV positive partner when he felt he could not trust him because he felt he was cheating on him as he found another guy in the house “I didn’t feel he had a right to sneak someone into the house when I didn’t even know the person, so...the next time we had sex I used a condom.”

For other participants, looks were used as a resiliency strategy to overcome the risk of HIV transmission when participating in condomless anal sex with other men. Some of the participants felt they would be able to determine if a guy had HIV by the way he looked. The following two participant’s responses symbolized how looks were used as a resiliency strategy by several participants. Mike stated:

“It wasn’t about looks per se. Well, it might have been. Actually, it might have been based on looks. Uh, you know you fall for that because you have that

connotation that or what's the word when you have, like when someone looks cute, again it's just...I don't know what it is. I don't know if it is a rational or irrational thought but or something your brain is like, A equals B. Like if it looks good it is most likely they didn't have anything". (Mike)

Julio also used looks as a resiliency strategy before PrEP "I would say about 80% of the time it was protected unless I thought this guy was really, really a loser but really attractive and there was no way this guy was like could do something or whatever."

PrEP Resiliency Strategies.

Since PrEP, several of the participants talked about how they use different resiliency techniques to overcome fears of HIV and thrive in their sexual lives. Those resiliency strategies included getting education about how PrEP can reduce the risk of HIV and getting on PrEP, sexual positioning, and dating undetectable guys. Four of the participants stated that they used their newfound education on how PrEP can reduce the chances of HIV transmission as a resiliency strategy to overcome fears of sex with HIV positive men. Juan stated "Over the years my thinking about it [HIV and PrEP] has changed a lot. I learned more...I became more comfortable with it." For Abe, education about PrEP helped him understand how he could remain HIV negative when dating an HIV positive guy and how that relationship could prosper "Uh...my concept of being with someone who was HIV positive before...I am going to say before I learned about...PrEP, probably the early 2010's was "Yea, if you are positive, I am just not going to engage with you sexually". Yea that was just not going to happen." Julio who is dating

an HIV positive man noted he had less fears of HIV once he got educated on HIV and PrEP and his willingness to date HIV positive men increased:

“Regarding HIV, I guess I was a little bit prejudice. That was back years ago before my, my first initial experience with it was with a former partner of mine. Before that, like I said, I know there are some personal cases, but just one of the cases where I would hear maybe a friend of mine talking and say that he met somebody and that, uh, that he met a guy and he was positive and whatever the case was and, I guess, I got turned off by it and it kind of rubbed off on me. Like those types of situations where, I guess, that was my attitude back then. I was...somewhat cautious. Uh, then when I started working for this organization and doing HIV testing and I had all the...all the...all the education and learned about it, and started getting myself on PrEP. That changed a lot. Uh, no longer do I fear HIV anymore”. (Julio)

Ralph, who has now started going out with an HIV positive man, also discussed how learning about PrEP and then getting on PrEP was the way he overcame the fears of HIV transmission and helped him facilitate his willingness to date a HIV positive man:

“Because in Wilton Manors, you know, we’re scared of HIV because it is so rampant in Broward County. Well PrEP takes care of me. It’s a safety net”.
(Ralph)

A second resiliency strategy utilized by several participants after they started taking PrEP was strategic positioning. Strategic positioning is the belief that one’s risk of HIV transmission during condomless anal sex was lessened when a person is the

penetrator. Using strategic positioning by some participants allowed them to reduce their fears of dating an HIV positive man. This allowed some participant's relationship to be successful as there were fewer fears of HIV transmission. Jay suggested he had less concerns about HIV because he is the top:

“You tend to be more lax with the conversation, thinking that you're going to avoid...you're not going to contract HIV because you're just the top. So, it was more of a feeling of “Oh, even if I...even if I unload in you, it's not going to be a problem, you know. I have a lesser chance of getting it”. (Jay)

Jose also suggested that being a top was a way in which he avoided HIV transmission while in a serodiscordant relationship. “When he told me I really wasn't 100% overly concerned because the odds are really less being the top. [raising voice] I mean it's still possible to get it [lowering voice] but it is less risky.” Jose later talked about how he still does not trust PrEP to help him remain HIV negative, so he uses strategic positioning to overcome his fear of HIV transmission when having condomless anal sex “After PrEP, I wouldn't like to bottom as much because I still feel insecure with relying on the medication.” Juan also suggested that being the penetrator while in a serodiscordant relationship allowed him to overcome the fears of contracting HIV and allowed him to have a healthy sexual life with his HIV positive partner:

“There were times like when we were on vacation that we didn't use condoms. You know or like moment when it was spontaneous or when you don't have something around. Uh, but at least in the back of my mind, we didn't have to worry about it in the spur of the moment what would happen. Then again, in the

relationship he is more of a bottom, so, it wasn't something much I had to worry about". (Juan)

Cam also suggested that he learned that being a top helped reduced his chances of contracting HIV while satisfying his sexual needs.

"I generally almost always never bottom. It was a very rare, uh, experience for me. And...the reason being that you know, bottoming is not something that comes naturally to you. Uh, I guess, but maybe it was more natural to others than it was to me, but...and knowing when I came out in 1987 that it was pretty much known by then, I believe, that barebacking or bottoming was the cause of the HIV spread. So...since I had no prior affinity for it, I just told myself, I don't need to go there". (Cam)

However, Cam talked about he has noticed his resiliency techniques of strategic positioning as being only the top during condomless anal sex to avoid HIV transmission as begun to diminish the more years he has been on PrEP:

"The big difference was that there were things I would avoid such as, you know, bottoming for a bareback situation. Certainly not...or would not encourage that person to...you know, ejaculate inside of me. Now I am beginning to encourage it (laughing), you know". (Cam)

A third resiliency strategy used in the PrEP era was dating an HIV positive men if he had an undetectable viral load. An undetectable viral load status is obtained when the amount of HIV in the blood is so low that it is unmeasurable (CDC, n.d). For example, Juan stated "I knew I was very knowledgeable at that point about, you know, how treatment

is prevention basically. So, I felt very confident in someone who I know is on treatment or undetectable and I knew that wasn't really a danger or a concern." Mike also used an undetectable status as a resiliency strategy to overcome his fears of being intimate and dating an HIV positive man "Uh, I wasn't even scared to kiss him, but I was like "Wow! I'm seeing someone who is positive, and I know that". But then again, he was undetectable because he showed me his...on his phone that he was basically undetectable."

Omar talked about how even though he is in a serodiscordant relationship, his fears of HIV transmission were overcome by his spouse telling him he was undetectable. Omar recalls having a conversation with his spouse in which his spouse told him "I'm HIV positive and undetectable and don't worry. You can have sex without a condom." This conversation ultimately led Omar to decide to start having condomless anal sex with his spouse. Omar also admitted that being on PrEP also contributed to his willingness to have condomless anal sex with his spouse. "It protects me to be honest because you never know when you are having relations without condoms. Even though he is undetectable, it [PrEP] is like a reinforcement."

Summary of Resiliency.

All the participants talked about the resilient ways in which they avoided HIV transmission when they were single or in a serodiscordant relationship. One pre-PrEP resiliency strategy utilized was trusting the individual. Another pre-PrEP resiliency strategy included using the look of the person as a determining factor in the decision to participate in condomless anal sex with someone.

The participants in this study suggested that since getting on PrEP that their new resiliency strategies included education about HIV and PrEP and getting on PrEP, strategic positioning, and dating undetectable partners. Most participants felt that getting educated on HIV and PrEP and then getting on PrEP was an effective resiliency strategy because it helped them overcome their fears of HIV while participating in condomless anal sex. Many participants also talked about how they used strategic positioning, such as being the top during condomless anal sex, as a resiliency strategy to overcome their fears of contracting HIV when having condomless anal sex. However, one participant suggested that he is more open to bottoming when participating in condomless anal sex now that he is on PrEP. Finally, many participants talked about how they used an undetectable status as a resiliency strategy to overcome the fears of HIV when dating an HIV positive man. Several participants gained knowledge that undetectable meant non-transmittable and therefore, they overcame their fears of sex and intimate relationship with HIV positive men. These pre-PrEP and PrEP resiliency strategies were utilized by these participants to significantly reduced their perceived risk of HIV transmission during sex with either their HIV positive significant others or during sex with men outside of their relationship. This reduced perceived level of risk opened the possibility to participate in condomless anal sex and facilitated the potential opportunity to date HIV positive men for several participants.

Reframing

A second theme that emerged was reframing. Five reframing subthemes emerged the interviews. PrEP subthemes included framing the concept of sexual marketability,

sexual freedom and responsibility, sexual confidence, monogamy, and the ‘masculinity’ of condomless anal sex.

Reframing Marketability while on PrEP.

When many of these Gay men first started taking PrEP a few years ago, most of them reported being stigmatized for being on PrEP because the perception was they just wanted to participate in condomless anal sex or be labeled as a whore. Jose stated he used to hear his friends talk negatively about other Gay men who were on PrEP “Some Gay guys used to think that taking it allows me to bareback or have unprotected sex with anyone”. Omar also stated he began to believe the stereotypes of PrEP “People would forget about syphilis, gonorrhea, or whatever, I felt that everyone just wanted to fuck without condoms while on PrEP”. Juan stated he also used to hear negative perceptions of PrEP as a pill you used to have condomless sex while under the influence of drugs or alcohol “At the beginning I was more likely to hear that it was a party drug”. Dan was also concerned about stigmatizing effect of being on PrEP “Before I even got the knowledge of what was PrEP, I would hear guys said ‘Oh, he is on PrEP because all he does is mess around’. And stuff like that”. Julio also noticed the PrEP whore label when he first started talking to others Gay man online about PrEP a few years ago:

“Uh, and I know when I did outreach when I was online, through like ‘Adam for Adam’ or ‘Grindr’ and so forth. I would try to get people talking about PrEP for a little bit. Uh, sometimes maybe like 1 to 2 people I kind of got a backlash but not a major backlash. Something like maybe like I don’t need it because...I wasn’t Truvada Whore or something like that. (Julio)

However, at least seven participants in this study reported they are noticing a most positive reframing of PrEP from other Gay men when they tell Gay friends they are on PrEP. Cam stated the historical stigma of being a 'Truvada Whore' or 'PrEP Whore' is going away and in many cases, now has a positive connotation:

“I have seen even t-shirts that say ‘Truvada Slut’ or something like that which is, uh, which I don’t believe now is meant in any derogatory way. It’s meant as a promotional way to get the conversation going, like “What is this Truvada or PrEP” and like “Wow!” (Cam)

Mike also sees the stigma of PrEP reducing in the Gay community:

“It’s just that I have a lot of my friend that are on PrEP now. But before I even got the knowledge of what was PrEP, people, I would hear guys said “Oh, he is on PrEP because all he does is mess around”. And stuff like that. Now I see it as “Oh, he’s on PrEP. He is taking care of himself and he’s...being careful in what he does”. (Mike)

At least ten participants who put ‘negative on PrEP’ on their profile in Gay hook-up sites reported their sexual marketability increased. These participants recalled how they were seen more sexually marketable as they were viewed as ‘safe’ and able to participate in condomless anal sex because they were tested and had ‘proven’ they are negative. Being ‘safe’ and ‘proven’ allowed these participants to be more marketable and opened the possibility of dating an HIV positive man. Ralph when he puts ‘Negative on PrEP’ in his online profile he said he became more popular “I, I, I just get hit on all the time from people because they, you know, they know I’m safe. That I’m not infected, and

they can't infect me at all. It's...I mean I get a lot more people talking to me." For Omar, putting 'Negative on PrEP' also increased his sexual marketability "They think when I am on PrEP, I am not positive, and I can fuck him without condom...immediately...no problem." Jay also experienced the reframing of his sexual marketability while on PrEP "When they ask you your status, you just write 'negative on PrEP'. You know [emphasizing] that...well you don't know, but you feel the sense that when someone reads that it's a go, you know!" Jay continues by saying: "It becomes a stamp of approval because that person hit you up or you hit up that person, so you automatically had some desire to hook up with that person and now they tell you they are negative on PrEP so it's like now it's game! Cam also noted his increased sexual marketability when he put 'Negative on PrEP' on his online profile "I just assume when I say that [negative on PrEP], that guys are...there is less hesitation in contacting me or being in contact with me or having sex with me."

Most participants also reported their sexual marketability also increased while on PrEP because it allowed them to potentially date HIV positive guys. Ralph said "Well...I got on PrEP because...well I was talking to this guy from Boston and this person was positive...and he wanted to have sex first before we go on dates...so I got on PrEP". For Abe, PrEP also opened his willingness to date an HIV positive man "Yea, I think it has opened with the confidence of PrEP, for me, has opened up the ability to at least consider guys who are positive. Cam also talked about how PrEP is increasing the marketability for HIV positive men "For those with HIV it should open up a lot more opportunities for them sexually with guys that are on PrEP to be a lot more uninhibited on what they do."

Today, the reframing of marketability is also occurring when many participants reported that they noticed that when they put ‘negative on PrEP’ versus just putting ‘negative’ on online hook-up apps, they received more responses for sexual encounters. Cam suggested “Someone who says they are negative but don’t mention they are on PrEP, or says condoms in their profile, you know, are, uh...definitely going to get less attention than guys that say that they are PrEP or guys that say they don’t mention condom or bareback sex or whatever.” Abe also has noticed how more men are putting ‘negative on PrEP’ than just putting ‘negative’ on their online profile to increase their sexual marketability:

Absolutely! You had mentioned the marketability word and it’s an excellent word. It might have been a choice on a profile, but if I said, ‘Negative on PrEP’ I am not just negative, I didn’t have a test 6 months ago and took 20 loads since then. I’m ‘negative on PrEP’ and I understand what that is. I am taking things into my own hands. I am being proactive which makes one marketable.”

Reframing Sexual Freedoms and Responsibility.

Most of the participants were reframing the meaning of sexual freedom and liberation as PrEP allowed these participants to stop using condoms and not having to worry about HIV transmission during sex. Cam stated:

“So, with others, uh...it was very rare that I would let someone else bareback or fuck me and certainly if they did I was very, uh, cautious as I could be about them ejaculating. So, I basically tried to avoid that as much as I could...and after PrEP, again, that became much more inhibited or more of a freefall and was a sought-

out activity since then and it was a great lifting, if you will, of that restriction on my adult life”. (Cam)

Ralph also stated being on PrEP sexually liberated him “HIV is not my worry now that I am on PrEP. I do think there is less pressure and am less anxious about sex.” Cam again noted how PrEP is creating sexual freedom for him “It is much less inhibited. I’m much more likely to bottom or bareback.” For Tim, PrEP enhanced his sexual freedom by allowing him to be more sexually diverse “Sexually, we [partner and I] are pretty much versatile, but since I have been on PrEP I’ve been more willing to be the bottom without condoms. It’s like practicing safe sex without wearing condoms.” For Mike, being on PrEP he felt liberated from condoms:

“I think the obvious best thing about it is that it is protection that you can use no matter what. Previous it was condoms and you had to negotiate them. They were physical. They were a barrier both physically and figuratively to good happy sex”.

(Mike)

While most of the participants discussed how PrEP was liberating for them and enhanced sexual freedoms, eight participants talked about how sexual liberation was limited by the negative views of heterosexual around them including family, friends, and doctors. Geo states “Well for sure I can tell you that straight people think it [Gay anal sex] is nasty.” Julio stated that he heard straight people think that Gay condomless anal sex is what causes AIDS “some people are still stuck in that mentality of...of that is how AIDS spread.” Jose also stated ‘Uh, so I don’t think it [bareback sex] is really a positive image for the Gay community when they [straight people] hear about Gay guys and

bareback sex because they might think we think it is okay spreading whatever STDs are out there.” Abe stated “Yea, so, I think the, uh, heterosexual perspective is that a lot of that is condomless sex has led to the HIV epidemic and that kind of those Gays brought it on themselves.”

Five of the Gay men that were on PrEP talked about how being on PrEP allowed them to reframe PrEP as being sexually responsible even when sex occurred without condoms. Jay stated “Uh...I feel totally comfortable to have sex with you without any shame afterward or before or anything. The fact that I am having promiscuous, high-risk sex now has been lessened by me taking responsibility for my health.” Ralph also feels responsible while on PrEP and not wearing condoms “You feel less, you do feel less, uh..., I don’t know...less urgency to use a condom...because you feel, you know, I really don’t have to worry about it [HIV] that much.”. Cam also states that being on PrEP and not using condoms is being sexually responsible for one’s health:

“I think the majority on PrEP, uh...have sworn off or used condoms a lot less than they would have, including myself, and...And I think many Gay guys would go “Hello! Isn’t that the point?” You know we’re are sick of condoms and we also to be able to...bottom and bareback and have the guy...take loads and such things, uh, which you could do before or couldn’t do without a risk...uh, a much greater risk prior to being on PrEP”. (Cam)

Reframing Sexual Confidence in Relationships.

PrEP also facilitated the reframing of at least eight participant’s sexual confidence within their relationship. Juan stated, “If there is anything at all, it [PrEP] makes me feel

a little bit more confident in the sexual part of the relationship.” Geo agreed “And...with me being on PrEP, I feel I can be with him [partner] with less psychological bounds, less of a hassle. Because you are not always going to remember, oh yeah, I need to put a condom on.” Jose agreed that PrEP is reframing his sexual confidence in his relationship:

“Um, the best thing is if you are in a relationship with someone who is positive, uh, it builds on it. It makes you feel like a communicative person and you talk about it. I didn’t have to worry that he was positive and worry about getting it at any moment and is this the right person for me because I may end of getting sick if I am not careful one day. So being on PrEP made it a little bit less worrisome about him”. (Jose)

For other men, PrEP was reframing condomless anal sex as PrEP facilitated the prevention of erectile dysfunction. Duval stated “Uh, it feels good. It feels really good. It makes your day...and you don’t get soft.” Omar agrees that condomless anal sex helps him keep his penis erect “It depends, because sometimes you can cum fast without the condom and I don’t care. And with condoms it’s like the condom takes the energy down. It keeps my dick from getting erect” Abe also talked about his concern over condoms and erectile issues “Um, for me condoms became more challenging as I got older. And, I just couldn’t maintain an erection as I got older.” Cam also noted how he gets worried about having to wear condoms because of fears over erectile dysfunction:

“I think most Gay men prefer condomless sex. Uh...I don’t see how it’s more pleasurable to have a condom on and the interference it creates with the

sexual...experience it creates for most...frustrating because any kind of...E D, erectile dysfunction”. (Cam)

Reframing Monogamy.

Eleven of the thirteen men in this study focused on how they are reframing monogamy. For example, most participants did not define monogamy as being sexually exclusive to one partner. Monogamy was reframed as agreeing to and abiding by rules for sex outside of the primary relationship and a continued commitment to their relationship. Agreements were important to at least five participants. Breaking these sexual agreements caused the participants to feel their partners broke the bond of monogamy, not act of having sex with someone else. For example, Juan noted how keeping agreements are what defines monogamy for him:

“Uh, but I do think those sort [sex with other people] of things have to be agreed upon and discussed. Uh, you know, and people need to be on the same page about it. They really do”. (Juan)

For Jose, monogamy was defined as the agreement to tell his partner before he had sex with someone else “He told me I could have a ‘hall pass’, you know if I ever wanted to play or be with someone in that moment but let him know first.” Jay also felt monogamy occurred when the agreement was both partners were present when sex with others occurred

“Uh...and, but I also recognize that we are both interested in other guys and so the way we do that, or our rule, if you will, is that we can have sex outside of the relationship, but it is with each other present. In other words, like in a sex club,

uh, I want to have him to be a part of whatever I am experiencing and vis versa, even if it might not be the...same people we are in contact with, sexually we're in the same room". (Jay)

For Cam and his partner monogamy meant that they agree on the person "Uh, sometimes we kind of screen them. If we are at, say Ramrod [Gay leather club], or in a situation where we're are at, and see what they are into and so on and because we don't want to bring someone home who is not going to be any fun for us. So, you know, that conversation comes up like a checklist."

For other participants, monogamy was based on the connection to their partner.

Dan highlighted this point when he is with his two partners:

"The HIV positive one is more like me in an emotional sense. Um, we are more emotional, lovey-dovey in a romantic sense. So, we see sex as more of a connection. Um, but of course we see sex with other people as just having more fun. Amongst us, it's more like a connection". (Dan)

Dan later goes on to say "But, uh, I guess that is...I guess an open relationship means to be that you're having fun with other people but there are no strings attached. You still have everything you need at home. But it's just to get your rocks off, so.

Monogamy was also reframed by eleven of the thirteen Gay men in this study as a heterosexual and female value that did not apply to them. Jay suggests in the Gay world, monogamy is just not common:

“There is more of the cheating and it’s kind of like this underlying...hurtful scorn of all men cheat. You know, this is the way the Gay world is. We are different. We...our relationships are different, you know”. (Jay)

Jose also believes Gay men are less monogamous than straight couples:

“Uh, I guess in Gay relationships it is more common to hear about that than in the straight ones. In straight relationships, you don’t hear about that so much, you don’t hear that so much as being an issue. But in Gay relationships, I have many Gay friends who are in open relationships. They don’t have a problem with bringing in another person or playing separate and as long as at the end of the day they are safe”. (Jay)

However, several men focused on how being men in general, and not just being Gay helped them to reframe ideas around monogamy. Jay said:

“We’re...this is going to make it sound kind of chauvinist, but as the Gay community we’re all men, but as Gay men we are men, and you’ve learned that since a kid that men think with their dick [laughing]. So, when you get together they’re going to think about sex. They see a hot guy, they are going to want to have sex you know. Uh, a lot of people can’t control that, you know.” (Jay)

Mike agrees with Jay be suggested men are more likely to be non-monogamous:

“Well, it’s just a difference between being male and female you know. Again, if you look at psychology they [women] don’t want another woman or another person taking the love away from the person that they are supposedly trusting in that sense because who is, again motherly instinct, who is going to take care of

my baby. ‘Who is going to protect us? Uh, who is the male influence who is going to protect us and provide?’ They are just wired like that”. (Jay)

Reframing Condomless Anal Sex.

The final way in which sexual values were being reframed includes the idea that PrEP changed the view of condomless anal sex. Almost all the participants seemed to be reframing condomless anal sex or bareback sex in masculine terms such as being hot, risky, property ownership, emphasis on the chase for condomless anal sex, or your completed your job as these participants now felt that they could participate in the condomless anal sex without the fear of HIV transmission because they are on PrEP. Juan stated condoms take away the hotness of sex “The condom just...people think of it as lame, you know. A little like, oh, let me be safe [in a feminine voice]. Like, you know.” Tim agrees that having to put on a condom takes away the hotness of the moment “I mean when you’re...you’re...you’re it’s like you are all hot with the guy and, you know, and, uh, he’s in front of you and your rimming him or whatever and you’re getting ready to fuck him up the ass and he’s like ‘can you slap on a condom’, you had to stop what you are doing, put a condom on, and I think it just sort of ruins the moment. Geo also described how being on PrEP and the ability to participate in condomless anal sex as reframing condomless sex “Because if a guy can cum inside or you can cum inside a guy you completed your role as a man!” Jay suggests being the bottom in condomless anal sex proven he’s his partner’s property “Because I felt it was a sense of...a sense of commitment and loyalty to my boyfriend. ‘I’m only your bottom. I’m no one else’s bottom but yours’. Dan is also reframing condomless anal sex as someone being your

property “It’s just...a satisfaction out of the relationship knowing that the person is cumming inside of you because you feel, like, they are yours.”

Summary of Reframing Sexual Values.

The participants in this study have noticed a significant change in the ways Gay men are reframing sexual values. Several of these reframing of sexual values seemed to have occurred when PrEP became readily available to these participants. Reframing over these sexual values focused on reframing sexual marketability, reframing sexual freedom and sexual responsibility, reframing sexual confidence, reframing ideas around monogamy, and reframing condomless anal sex. The participants in this study suggested these the reframing of these sexual values is empowering them not only to control their sexual lives, but also maintain their sexual marketability while remaining HIV negative.

Summary

There were two major themes that emerged: resiliency and reframing. Resiliency focused on the way in which many of these men were changing were changing the resilient ways in which they remained HIV negative before and after getting on PrEP. While these resiliency techniques are changing, the goal is the same. Pre-PrEP resiliency techniques focused on the looks of the sexual hook-up and their trust of their sexual partners. However, those resiliency techniques were based on stereotypes and internal instincts. Since PrEP, resiliency techniques have focused on education about HIV and PrEP and getting on PrEP, sexual positioning, and dating HIV positive undetectable men. These after PrEP resiliency strategies seem to be better resilient ways to remain HIV negative as they relied more on facts about how HIV transmission is reduced then

internal instinct and stereotypes. These new resiliency techniques have also opened the possibility for several participants to date HIV positive men. However, the goal of all the resiliency techniques used before and while on PrEP was to assess the risk of HIV transmission during condomless anal sex and find ways to overcome those fears so that one may have a liberating sexual life in which HIV transmission concerns were significantly reduced.

The second themes of reframing focused on how these participants reframed the stigma around PrEP to increase the participant's sexual marketability, reframed sexual freedoms while labeling themselves sexually responsible while on PrEP, reframed sexual confidence in the era of PrEP, reframed monogamy post-PrEP, and reframed condomless anal sex while on PrEP. For example, most of these participants noticed how being labeled 'negative on PrEP' is becoming more sexually marketable than Gay men who are labeling themselves only as 'negative'. Almost all the participants talked about how sexual freedoms are being reframed within the context of sexual responsibility while being on PrEP. By being on PrEP several of the participants talked about how their sexual confidence is increasing and being reframed. Ideas around monogamy are also changing for these participants. Several participants talked about how agreements and connections are now being framed as being monogamous. Finally, most of the participants talked about since being on PrEP their ideas of condomless anal sex are changing to a more positive view because they are now able to participate in condomless anal sex since they are on PrEP.

Chapter 5: Discussion, Conclusions, and Recommendations

Introduction

The purpose of this study was to address the lived experiences of HIV negative Gay Men who are on PrEP and are or were recently in nonmonogamous serodiscordant relationships with HIV positive Gay men. The nature of this study was an interpretive phenomenological analysis inquiry. Interpretive Phenomenological Analysis was consistent with understanding how some Gay men make sense of their everyday sexual lives, which is the primary focus of this dissertation (Finlay, 2014; Frost, McClelland, Clark, & Boylan, 2014; Lewis, 2015; Smith, 2014; Sousa, 2014).

The use of PrEP to prevent HIV was approved for usage in 2012 for groups at high risk of contracting HIV, including Gay men who are in serodiscordant relationships (Goedel, Halkitis, Green, Hickson, & Duncan, 2016; Hoff, et al., 2015; Hood et al., 2016). PrEP has been shown to be more effective than condoms when it comes to reducing HIV transmission (Hodson, 2018). Studying the social, sexual, and safety meaning of PrEP as it related to HIV transmission in South Florida is important as 25% of all HIV positive Gay men in South Florida are in serodiscordant relationships (Persson, 2013).

HIV rates among Gay men who are in serodiscordant relationships are increasing globally (Persson, 2013). Grant and Koester (2016) reported that this has led to PrEP demand increasing for Gay serodiscordant couples. This study on Gay couples who are on PrEP and in nonmonogamous, serodiscordant relationship in South Florida is important as Gay men, on average, seroconvert to becoming HIV positive within 5 years

of moving to South Florida (Kurtz, Buttram, Surratt, & Stall, 2012). Not only is seroconversion a problem in South Florida, but Gay men are one of the few groups in the Western world in which HIV continues to increase (Bauermeister, Hickok, Meadowbrooke, Veinot, & Loveluck, 2014). While HIV transmission rates continue to rise in the Gay community, especially for those who identify as men who have sex with men, HIV has declined in most other communities (Center for Disease Control, 2016; Thomas, Mience, Masson, & Bernoussi, 2014). Therefore, Newcomb, Mongrella, Weis, McMillen, and Mustanski (2016) highlighted the need for research to help explain the ways PrEP may be changing the sexual lives of many Gay men who are in serodiscordant relationships as it relates to the risk of HIV transmission between partners.

Summary of Findings

Two major themes emerged from the analysis of the data regarding the lived experiences of Gay men who are on PrEP and in serodiscordant, nonmonogamous relationships: resiliency and reframing. Within the theme of resiliency, the participants in this study highlighted pre-PrEP and current PrEP resiliency strategies. Pre-PrEP resiliency strategies to avoid HIV transmission included using trust and the looks of their sexual partners to determine whether to participate in condomless anal sex. In the era of PrEP, resiliency strategies to avoid HIV transmission included getting educated and getting on PrEP, sexual positioning, and dating undetectable HIV positive men. The second major theme focused reframing of these men's sexual lives. This theme focused on the reframing of sexual marketability when men labeled themselves as 'negative on

PrEP', reframing what sexual freedom and sexual responsibility meant while on PrEP, reframing of sexual confidence while on PrEP, reframing monogamy, and the reframing of the meaning of condomless anal sex.

Most of the literature reviewed was between 2012 and 2018. However, the literature already seems to be outdated in the era of PrEP as the findings in this research noted several differences regarding resiliency and reframing in understanding the sexual lives of Gay men who are in serodiscordant nonmonogamous relationships. This study added to the larger literature on resiliency, reframing, PrEP, HIV, and serodiscordant male couples by creating a deeper understanding of these men's sexual lives.

Emergent Themes

Theme 1: Resiliency.

Most of the participants talked about how their fears of HIV transmission have been reduced by their use of resiliency techniques. For example, Ralph stated "HIV is a rapid thing here in Broward and Dade County. You try to find people [to date]...what is it, most people, one out of every four Latinos in Broward are positive, and one out of two African Americans will be positive." However, this study found that those resiliency techniques for these men have changed since they started taking PrEP. Before PrEP, many of the participants talked about how they used the looks of the person and trust in their sexual partner to determine their risk of HIV when participating in condomless anal sex. For example, Julio said "I would say about 80% of the time it was protected unless I thought this guy was really, really a loser but really attractive and there was no way this guy was like could do something or whatever." After many of the participants started

taking PrEP, those resiliency strategies shifted to getting educated on PrEP while getting on PrEP, strategic positioning, and dating HIV positive men who had an undetectable viral load.

As PrEP has become more widely known, several men reported that when they learned more about the benefits of PrEP and side effects, they decided to get on it. Education about HIV and PrEP, seeing others talk about the benefits of it, and wanting to participate in condomless anal sex but remain HIV negative seemed to be the strongest reasons why some participants got on the medication. Cam, Jay, Jose, and Juan stated they would use strategic positioning, such as being the exclusive top or penetrator during condomless anal sex, to reduce their chances of HIV transmission while in a serodiscordant relationship. For example, Jose stated “When he told me [he was HIV positive] I really wasn’t 100% overly concerned because the odds are really less being the top.” Finally, Juan, Mike, and Omar noted that they would only participant in condomless anal sex when their HIV positive partner had an undetectable viral load to eliminate their chances of HIV transmission as the CDC (2017) stated HIV cannot be transmitted by an HIV positive person when their viral load is undetectable. For example, Mike stated “Uh, I wasn’t even scared to kiss him, but I was like “Wow! I’m seeing someone who is positive, and I know that”. But then again, he was undetectable because he showed me his...on his phone that he was basically undetectable.”

Theme 2 Reframing.

Reframing of PrEP was a second significant theme heard throughout the interviews. The subthemes included the reframing of the following: sexual marketability,

sexual freedom and sexual responsibility, sexual confidence, monogamy, and the meaning of condomless anal sex. When PrEP was first introduced and Gay men started getting on the medication, they were labeled as ‘PrEP Whores’ or ‘Truvada Whores’ (Haire, 2015; Spieldenner, 2016; Young, Flowers, & McDaid, 2014). However, the participants in this study suggested that they are hearing a more positive reframing of PrEP in the Gay community. Several participants suggest now in the Gay community others not only talk about the benefits of PrEP but actively encourage other Gay men to get on it. For example, Julio stated ““Uh, and I know when I did outreach when I was online, through like ‘Adam for Adam’ or ‘Grindr’ and so forth. I would try to get people talking about PrEP for a little bit.” However, the negative views of PrEP have not been reframed by straight family members, friends, and doctors of the participants. These negative views of PrEP by the heterosexual community caused many of the participants to view the medication as something mainly for Gay men and they have reframed PrEP by calling it the ‘Gay birth control pill’. For example, Julio discussed how PrEP was mainly for Gay people as heterosexual perceive they are the ones having anal sex and that is why the medication is not for straight people “Some [straight] people are still stuck in that mentality of...of that is [Gay sex] how AIDS spread.”

The participants noted that sexual marketability is being reframed for those on and not on PrEP. Ralph, Omar, Jay, Cam, and Abe talked about how being on PrEP and on online Gay hook-up apps, such as Grindr and Scruff, increased their sexual marketability when they labeled themselves ‘negative on PrEP’ versus when they put just ‘negative’ on their profiles. For example, Jay stated “It becomes a stamp of approval

because that person hit you up or you hit up that person, so you automatically had some desire to hook up with that person and now they tell you they are negative on PrEP so it's like now it's game! A few of the participants even suggested that guys who just put 'negative' on their profile instead of 'negative on PrEP' were less likely to be viewed as sexually marketable because they could not 'prove' their HIV negative status. For example, Ralph said "I, I, I just get hit on all the time from people because they, you know, they know I'm safe. That I'm not infected, and they can't infect me at all. It's...I mean I get a lot more people talking to me."

In addition to the reframing of sexual marketability, sexual freedom and sexual responsibility is being reframed as well. Historically Gay men felt condoms created the sexual freedom to participate in anal sex while remaining responsible to themselves and to other Gay men to help avoid HIV transmission. However, being on PrEP allowed many participants including Jay, Ralph, and Cam to feel they were sexually liberated from condoms while at the same time being sexually responsible. Jay stated "Uh...I feel totally comfortable to have sex with you without any shame afterward or before or anything. The fact that I am having promiscuous, high-risk sex now has been lessened by me taking responsibility for my health."

For many of these participants, condoms are now being viewed as something they do not need since they are on PrEP. For example, Cam stated "I think the majority on PrEP, uh...have sworn off or used condoms a lot less than they would have, including myself, and...And I think many Gay guys would go "Hello! Isn't that the point?". Condoms are also being reframed by these participants as the antithesis to bonding within a

relationship. None condoms usage is creating more bonding between partners. For example, Jay stated “Because I felt it [condomless anal sex] was a sense of...a sense of commitment and loyalty to my boyfriend. ‘I’m only your bottom. I’m no one else’s bottom but yours’.”

The bonding of the relationship through condomless anal sex leads eleven of the thirteen participants to feel confident about the relationship when participants in sex outside of the relationship. Monogamy is being reframed as condomless anal sex exclusively for partners for several participants. However, other participants felt sex without condoms was acceptable with a stranger if there was no bond to that person. For example, Dan stated “So, we see sex as more of a connection. Um, but of course we see sex with other people as just having more fun.” It seemed for many of the participants, monogamy is being reframed by the bond that condomless anal sex creates while on PrEP in the relationship. Still, other participants felt that if agreements were maintained, then they defined the relationship as monogamous. Previous research by Auerbach & Hoppe (2015), Newcomb et al. (2016), Paul, Ayala, and Choi (2010), Paul et al. (2010), and Smith et al. (2012) suggested Gay men would have agreements to serosort by HIV status. However, most of this research was before PrEP. Since PrEP, none of these participants reported having to serosort by HIV status when engaging in sex outside of their relationship.

PrEP is also reframing sexual confidence through the ability to participate in condomless anal sex. Several participants including Abe, Cam, Duval, and Omar talked about how their sexual confidence increased while on PrEP because they feared condoms

would increase their chances of erectile dysfunction. For example, Abe stated “Um, for me condoms became more challenging as I got older. And, I just couldn’t maintain an erection as I got older.” Having the ability to participate in condomless anal sex without the fear of erectile dysfunction allowed many of the participant to reframe their identity in more masculine terms because the ability to participate in condomless anal sex was masculine traits such as ‘hot’, ‘the chase’, owning property, and completing my job’. Other participants also reframed sexual confidence because that sexual confidence increased the bonds within their relationship.

Interpretation of the Findings

Theme 1: Pre-PrEP and PrEP Resiliency

In 2014, the World Health Organization (WHO) and the Center for Disease Control (CDC) announced that all men who have sex with men should be taking PrEP along with other risk reduction measures such as using condoms (Goedel et al., 2016; Hiare, 2015; Hoff et al., 2015; Mantell et al., 2014; Schwarz & Grimm, 2016; Spieldenner, 2016). These participants sought out PrEP and actively encouraged other Gay men to get on PrEP. However, few participants continue to use condoms. PrEP as a resiliency strategy from HIV transmission is important for these participants who live in South Florida as South Florida leads the nation in the new rates of HIV transmission (CDC, 2015) Goedel et al. (2016) suggested that 75% of Gay men are aware of PrEP, but only 12% of Gay men in South Florida are on PrEP. However, the participants in this study suggested most of their Gay friends knew about PrEP, especially those that lived in the Gay community and were getting on it. These findings that more Gay men are getting

on PrEP to avoid HIV transmission is an important resiliency strategy to understand as 25% of Gay men with HIV who live in South Florida are in serodiscordant relationships (Persson, 2013).

The participants suggested that before PrEP they used the looks of their sexual partners and trust of their sexual partners as a resiliency strategy when participating in condomless anal sex. After taking the medication, resiliency techniques have changed to include getting educated on PrEP and then ensuring they got access to it, strategic positioning, and being in a relationship with an undetectable HIV positive partner. Some of these resiliency techniques have appeared throughout past research on Gay men and their sexual health. For example, Greenhalgh et al. (2013) and Mimiaga et al. (2014) found that Gay men actively seek education on how HIV is transmitted to ensure their sexual health. However, this study adds to this discussion by suggesting that these participants were knowledgeable about HIV transmission, so they actively sought out PrEP and openly educated and advocated for other Gay men to get on it. Several of the participants also felt it was their responsibility to educate the straight community about PrEP because their experiences suggested the straight community still have negative views of the medication, especially when it comes to Gay condomless anal sex.

A second resiliency strategy that was used by a few men in this study also used strategic positioning to avoid fears of HIV transmission. More specifically, a few participants said they would be the exclusive top when they had sex with an HIV positive partner. This resiliency strategy collaborates with Brooks et al (2011) and Tieu et al (2013) who found that Gay men in their research also used sexual positioning as ways to

avoid HIV transmission. While many of the participants talked about still participating in strategic positioning, several men in this study did not feel the need to use strategic positioning while on PrEP. In fact, a few men reported the ability to be more versatile while on PrEP during condomless anal sex. The ability to be more versatile in condomless anal sex may be motivating these participants to get on PrEP as Tieu et al (2013) suggested that most Gay men reported wanting to be versatile.

A third resiliency technique that was used by several participants included dating HIV positive men who had an undetectable viral load. Spieldenner (2016) and Tieu et al (2013) suggested Gay men serosort by HIV status, not by detectable status. However, the participants in this study suggested in the PrEP era that they are not serosorting by HIV status, but by detectable versus undetectable viral loads. This change in resiliency technique to remain HIV negative may be facilitated by advertising campaigns and the recent Center for Disease Control's (CDC's) acknowledgment that Gay men who are HIV positive but have an undetectable viral load are unable to transmit the disease to another partner (McDonald, 2018). This education campaign is called 'U = U' or 'Undetectable equals Untransmittable' (McDonald, 2018). The Florida Department of Health found 64% of HIV positive Gay men have suppressed viral loads making them unable to transmit HIV to a negative partner (McDonald, 2018). The participants felt this resiliency technique being used has opened the possibilities to find more sexual partners.

Theme 2: Reframing

This study seems to confirm research by Adams and Balderson (2016), Calabrese and Underhill (2015), Krakower and Mayar (2015), and Rucinski et al. (2013) that Gay

men are more likely to hear of PrEP than those outside of the Gay community. PrEP was also viewed more negatively by straight friends, family members, and doctors of participants in this study. This was in line with the literature by Haire (2015) and Knight, Small, Carson, and Shoveller (2016) who suggested straight people associate PrEP with promiscuity and condom-less sex with the 'Gay lifestyle' leading to the stigmatization of the medication. This negative view leads to most of the participants not telling their family members or friends that their partner, spouse, boyfriend, or someone they were dating was HIV positive. This negative view by heterosexuals within the participant's networks led many of these men to seek out Gay doctors or HIV prevention agencies to access PrEP.

Reframing Sexual Marketability.

The participants in this study did not view PrEP in a negative light and were reframing it in a positive image. In fact, most participants discussed hearing less PrEP shaming within the Gay community. Several participants observed that them being on PrEP is making them sexually more marketable on online sexual apps like Grindr and Scruff than Gay men who just put 'negative' on their profile. The 'Negative on PrEP' label allowed the participants a way to not only let other guys know they were available for condomless anal sex, but that they also have 'proof' of their last HIV, STD, and STI result. This 'proof' allows for condomless anal sex became a sexual option without risk. These research findings were in alignment with Spieldenner (2016) research that found that on Gay 'hook up' sexual websites such as 'Grindr' and 'Scruff' men who put on their profile they were 'Negative on PrEP' elicited more sex partners and sexual encounters

(Spieldenner, 2016). However, this research goes even further as it highlights that labeling oneself as 'negative' on online hook-up apps are becoming stigmatizing as it is seen not 'proving' one is HIV negative. This is because being on PrEP required to get rechecked for HIV every three months (Meyers & Sepkowitz, 2013).

Reframing Sexual Freedom and Sexual Responsibility.

Just like the birth control pill requires women to see a doctor twice a year to obtain a prescription, PrEP also requires a prescription and doctor's visits (Meyers & Sepkowitz, 2013). Most participants actively sought out Gay doctors or HIV prevention agencies to get on PrEP as a resiliency strategy to increase their sexual freedom while being sexually responsible. The moralization of PrEP by straight doctors has several analogies to women who sought out the pill to avoid unwanted pregnancies and create sexual freedom. For example, many doctors in the 1960's felt women would forget to take the pill daily, making the birth control pill ineffective (Lekes, 2014; Meyers & Sepkowitz, 2013). Meyers and Sepkowitz (2013) noted how some medical professionals worry that Gay men would forget to take their PrEP daily. Several participants did mention one of the things they would change about PrEP would be to have a pill that was not required to be taken daily. However, all participants stated they are sexually responsible and take their PrEP daily. These participants suggested the other negatives of PrEP was the size of the pill, the side-effects, and the bureaucratic resistance to the medication. However, even with those negatives, all the participants advocated for more access to the medication, more advertising of it, and the need for a discussion about the role of condoms during the PrEP era. Due to several analogies to the birth control pill and

PrEP as it related to sexual freedom and sexual responsibility, it is no wonder that several participants seem to concur with research by Grant and Koester (2016) that the medication is empowering and being reframed as Lekes (2014) and Rubin (2010) suggest it is the “Gay birth control pill”.

In the PrEP era, sexual freedom and condomless anal sex is being reframed. Previous research suggested PrEP led to more condomless anal sex which some viewed as ‘irresponsible sex’ because it would increase STDs and STIs within the Gay community (Calabrese & Underhill, 2015; Knight et al., 2016; Philbin, Parker, Wilson, Garcia, & Hirsch, 2016; Spieldenner, 2016; Young et al., 2014). Even the CDC (2016) today still recommends condom usage while on PrEP to avoid STIs and STDs. Several participants stated they did worry about STDs and STIs while on PrEP but did not worry as much about it as the participants suggested they can get a shot or pill for it or that STDs and STIs are a small price to pay for the sexual freedom of condomless anal sex. Most participants felt that condomless anal sex was liberating and the way Gay men should have sex. In the era of PrEP, a few participants stated they would be even disappointed if a person they were having sex with wanted to use a condom.

Prior research was in alignment with this study that Gay men reduce their rates of condoms while on PrEP (Brooks et al., 2012; de Wit et al., 2015; Hoff et al., 2015; Mantell et al., 2014). One participant, Jay, summed it up as “isn’t that the reason why we get on PrEP?” The present study would seem to suggest that most men on PrEP that are not using condoms. Condomless anal sex may also be increasing in the PrEP era as most of the participants in this study suggested the medication allows for increased condomless

anal sex which increases intimacy within the relationship and show their commitment to the relationship. In the PrEP era, it seems that condomless anal sex is not viewed negatively at all by Gay men but as a source of liberation while being sexually responsible.

Reframing the ‘masculinity’ of Condomless Anal Sex.

For most participants, condomless anal sex in the PrEP era is being reframed in masculine terminology such as ‘hot’ ‘going your job’, the chase’, ‘breeding’, ‘seeding’, and ‘property ownership’. While these men were reframing Gay condomless anal sex in masculine terminology, only two participants actually called condomless anal sex masculine. Several participants states they were surprised that I used the terminology ‘masculine’ when talking about condomless anal sex. In future research, it would seem more appropriate to ask the men to describe their sexual behaviors rather than ask participants about masculinity as it relates to condomless anal sex. Previous research by Sanchez & Vilain (2012) and Thomas et al (2014) suggested Gay men call condomless anal sex masculine due to risk-taking, but in the era of PrEP where Gay condomless anal sex does not involve risk-taking for HIV, masculinity, and descriptions of masculinity may need to be reframed differently as risks for STDs and STIs were not seen as risk-taking behavior by most of the participants. Most stated that STDs and STIs are just a part of having condomless anal sex.

Reframing Sexual Confidence.

Most participants talked about how PrEP is reframing their sexual confidence, which in turn increased their perception of their manhood. For example, several of the

older participants including Abe, Cam, Duval, and Omar reported some forms of erectile dysfunction. However, PrEP increased their sexual confidence because condoms had facilitated their erectile dysfunction. The ability to not wear condoms created less erectile dysfunction and increased their sexual confidence. PrEP's ability to reframe some of the participant's ideas about their manhood and sexual confidence seems to agree with research by Persson, Ellard, and Newman (2016) who suggested PrEP creates empowerment.

Reframing Monogamy.

Several studies on Gay men reported that Gay men prefer monogamy because it increases their level of commitment, health, and trust while decreasing the risk of contracting HIV (Conley, Moore, Matsick, & Ziegler, 2012; Parsons, Starks, Dubois, Grov, & Golub, 2013). Still, other Gay male couples prefer having open or non-monogamous relationships (Mitchell et al., 2016). For many Gay men in non-monogamous relationships, sexual agreements within or outside of the relationship are important (Grov, Starks, Rendina, & Parsons, 2014; Mitchell et al., 2016; Parsons et al., 2013). The participants in this study also felt those agreements for sex with other people while in open relationships was important. However, understand how Gay men frame monogamy is important as Parsons et al (2013) found the increased rates of nonmonogamy by some Gay men may explain why 52–75% of new HIV infections among Gay and Bisexual men could be traced back to main partners.

This research adds to the literature in reframing monogamy as not only agreements being important, but that monogamy was determined by the level of bonding

with the outside sexual hook-ups. For example, bonding with sexual hookups was viewed as cheating. Other participants suggested monogamy was maintained if both partners agreed to the sexual hookup or if the hookup rejected one partner, the other partner would reject the sexual hookup, especially when the HIV positive partner was rejected by the sexual hookup because of his HIV status. Still, others stated monogamy was maintained when they agreed to only 'play' together with others while at sex clubs.

Bonding facilitated the reframing of monogamy in this study through the ability to ejaculate inside the partner while participating in condomless anal sex. Pre-PrEP HIV negative men would use the pull-out method to avoid HIV transmission, thus avoiding ejaculating inside a partner (Brooks et al., 2011; Tieu et al, 2013). However, in the PrEP era, the pulling out method may be framed as a form of nonmonogamy by a partner. This framing of monogamy is in line with Bauermeister et al (2014), Persson et al. (2016), and Persson (2013) research that suggested condomless anal sex was a way the HIV negative partner proved their love to their partners. Bonding through condomless anal sex was also in alignment with Bryne (2015) and Hoff et al (2015) research that suggested condoms interfered with the intimacy of these relationships. This bond through ejaculating inside the primary partner was used to help offset any feelings of jealousy when sex occurred outside of the relationship.

Theoretical Foundations

Three theoretical foundations were used to assist in interpreting the findings of this study. They included the MSM, resiliency theory, and queer theory. The MSM suggested that these men should feel that HIV continues to create stress in their sexual

lives within and outside of their relationship due to the fears of contracting HIV and being stigmatized for taking PrEP. HIV transmission does continue to at a disproportionate rate in the U.S. Gay male community as with 63% of all new infections being among Gay and Bisexual men (CDC, 2016; Spieldenner, 2016; Taylor, et al., 2015). The MSM theoretical model was useful by looking at minority stress in the PrEP era. The MSM theory helped in understanding how minority stress still exists due to the continued stigma of HIV and PrEP by the participant's straight friends, straight family members, and straight doctors. However, PrEP stigma seems to be disappearing in the Gay community, but not in the heterosexual community. Being only 'negative' in the Gay community and in online hook-up apps may be becoming the new stigma and increase stress among Gay men who are negative but not on PrEP.

The current study also helped to update the second theoretical approach, resiliency theory. The resiliency theory was used to focus on the ways these participants maintained an HIV negative status before and after PrEP. For example, before PrEP the literature talked about resiliency techniques that included serosorting, pull-out methods, and strategic positioning. In this study, the pre-PrEP strategies among several participants included the participants talking about how they used the persons looks and their feelings of trust to determine whether to participate in condomless anal sex. Since PrEP the resiliency strategies changed to include dating undetectable men, strategic positioning, and advocating for and getting on PrEP. For example, several participants talked about if a doctor would not prescribe PrEP to them, they would educate the doctor about PrEP and then go find a Gay doctor or an HIV social service agency that would get them the

medication. Another example is some participants discussed how they would still engaged in strategic positioning after they got on PrEP. However, others felt they could be more versatile in their sexual positions now that they are on PrEP. This theoretical approach was used in this study as the MSM seemed to be a deficit-based approaches, which ignore the way individual Gay men overcome the risk of HIV transmission in their sexual practices through resiliency techniques (Herrick, Stall, Goldhammer, Egan, & Mayer, 2014; Hughto, Hidalgo, Bazzi, Reisner, & Mimiaga, 2016). These resiliency techniques in the PrEP era are important to understanding Gay couples in South Florida because of the high rates of same-sex household along with the high rates of Gay men who are HIV positive (CDC, 2016; Kurtz et al., 2012).

It appears that resiliency theory has a long life ahead of it when it comes to understanding the ways Gay men are making sense of their sexual lives. However, resiliency theory and the MSM do not necessarily consider how these men's views are shaped by living in a heterosexist environment. This is where queer theory may help to explain how Gay men are reframing their sexual lives.

Queer theory was used to help explain the how these participants were reframing their sexual marketability while on PrEP, sexual freedom and sexual responsibility, sexual confidence, condomless anal sex, and monogamy. For example, the participates in this study viewed condomless anal sex as what Gay men sexually desire, and the reasoning behind getting on PrEP. However, they felt that heterosexuals viewed Gay condomless anal sex as something undesirable and should be avoided. Several participants also felt sexual confidence was being reframed as they were more able to

participate in condomless anal sex without having to worry about erectile dysfunction which helped frame their masculine identity within the Gay community. Queer theory was also used to describe the new ways in the PrEP era that these Gay men are reframing sexual marketability and what it means to be sexually free and sexually liberated for Gay men.

However, the present study highlighted the limitations of queer theory. For example, many of these men felt that being Gay as an identity is important as it related to their sexual health. Most of these men have moved to live in or near Gay neighborhoods for a sense of community-based on their sexual identities. Several men talked about how by identifying as Gay and being part of the Gay community helped to reframe their ideas about PrEP and sexual health. Queer theory seems to ignore the structural role identity and community can play in these men's behaviors and their sexual well-health. Therefore, a combination of theoretical approaches in this research and future research should be used to help explain Gay men's sexual health.

Theoretical Implications.

There are several implications for theoretical perspective. The MSM helped to explain why HIV transmission may still be a concern among Gay men along with being label as a 'PrEP Whore'. For example, several participants talked about being on PrEP now makes someone more sexually marketable than just labeling oneself as 'negative'. For the MSM, the reframing of stigma is a reminder to this theoretical model that minority stress can be turned upside down and directed toward those who are not the minority.

Implications for the resiliency theoretical approach is that practitioners and researchers need to consistently reinvestigate resiliency techniques that are used by the population they research or serve. While resiliency theory should continue to be a strongly recommended theoretical approach when understanding Gay men who are on PrEP and in a serodiscordant non-monogamous relationship, resiliency techniques change over time. Like the MSM, this theoretical approach needs to be a living, breathing theory that is consistently updated based on the ways individuals are becoming more resilient within the individual lives, within relationships, and within communities.

Finally, implications for queer theory seem to suggest that this theory can be used to better understand how Gay men are reframing their sexual lives in the era of PrEP differently from those Gay men not on PrEP and those who are heterosexual. These participants created their own sexual meanings. For example, several of the participants noted their definition of what it meant to be monogamous and be sexually free while being sexually responsible. Significant critiques of queer theory were also found in this study. Queer theory is a theory that this is more of a post-modernist, anti-label theory. These men in this study report their sexual lives and beliefs are incubated within the context of the Gay community. Therefore, queer theory can be critiqued in that 'community' and 'identity' does matter in terms of the formation of values and beliefs systems among Gay men. Shared identity of Gay men cannot be ignored by queer theory.

Limitations of the Study

Methodological Limitations.

There were ten noted methodological limitations to this study. First, generalization was limited. This study was limited to Gay men who are on PrEP in a serodiscordant relationship that had some form of nonmonogamy within their relationship. Second, all participants were in the South Florida area, so the feelings about PrEP can't be generalized to other Gay men who live in a different part of the Country. Next, since all the participants are or were in a serodiscordant relationship, the fears of dating someone who is HIV positive and the reasons for getting on PrEP can't necessarily be translated to single Gay men or Gay men who are in seroconcordant relationships. Fourth, this study was limited to men who had some form of nonmonogamy or open relationship in their current or recent past relationship. Therefore, the findings can't be generalized to monogamous couples.

The fifth limitation was sample size. I decided to use between 10-15 participants in my study as Pietkiewicz and Smith (2014) felt six to ten participants were ideal. Pietkiewicz and Smith (2014) also suggest sample size should also be determined by the depth, richness, contrasts of each case, and the pragmatic restrictions of the research. After the tenth participant, I felt that the data was saturated, but I interviewed three more people to ensure the data was fully saturated. However, there is no way to know if interviewing more participants may have changed the findings. To offset this concern, I made sure that the two themes clearly evolved throughout the interviews and analysis of the data.

The sixth limitation of the study was on the status of the relationship. For example, this study only interviewed the negative partners about their sexual lives while on PrEP and in a serodiscordant relationship. A gap remains in understanding the fears of HIV transmission by a positive partner in the era of PrEP. However, this current study gave insight into how at least one of the partners in a serodiscordant relationship feels about their sexual lives while being on PrEP.

Seventh, all participants were recruited through Gay and HIV prevention organizations, Gay bars, being on social media sites, or referred to by a friend who was involved in the Gay community some way. This means closeted men who are not part of the community, on social media, or have out Gay friends may not have been able to participate in the study. This relates to the eighth limitation. Gay men who are not comfortable talking about their sexual practices to a stranger when they are on PrEP may have also limited potential participation.

The last two limitations focused on theoretical and methodological limitations. I only used three theoretical approaches including the MSM, resiliency theory, and queer theory. Other theoretical approaches could have framed the results differently. Tenth, I only used an Interpretive Phenomenological Analysis. Using a different qualitative approach may have yielded different results.

One of the ways I tried to address these limitations to the study was I assured confidentiality throughout the research process. I felt this allowed participants to feel more comfortable talking to a stranger. Also, informing the participants about my passion to better understand the lives of Gay men may have helped to build rapport. In some

questions, I used the term ‘we’ when talking about Gay men which may have made these men feel more comfortable in talking about their sexual lives.

Other Non-Methodological Limitations.

Credibility.

I also tried to address the limitations to credibility. Credibility refers to the value and believability of the findings (Chenail, 2011; Houghton, Casey, Shaw, & Murphy, 2013). Cope (2014) suggested credibility can include triangulation, repeated contacts with participants, member checking with participants, saturation, reflexivity through a journal, and a peer review. I used triangulation by not only transcribing the interviews but described the settings and noted words that were emphasized in the participant's interviews. After the interview was completed and transcribed and later when the findings were noted, I sent the participants a copy of the transcripts and then the findings to ensure member checking. I also kept a journal to record my feelings about the interviews and the process of completing this study. Finally, I kept in contact with my dissertation chair on the findings from the study to assist me in making sense of the findings.

Transferability.

Transferability refers to a thick description of the participant’s interview can facilitate transferability (Houghton et al., 2013). To try to reduce the limitations of transferability of the findings, I kept the audio records and transcripts of the interviews to ensure there was a thick description of the participant’s views that created the two themes

in this study. I also ensured there were participants from a different age, racial, ethnic, economic brackets, and experiences to facilitate transferability.

Dependability.

I tried to address the limitations of dependability by noting where participants may have had a difference of opinion regarding a phenomenon. I also tried to address the limits of dependability by not just using one theoretical approach, but three. I also used two different types of recruitment strategies. Using these techniques, I felt I reduced potential selective perception and illuminated blind spots in the analysis. Houghton et al. (2013) also suggest a way of reducing the limitations of dependability was to have an audit trail. In my journal, I noted the daily activities I completed during the pre-interview and interview stage of the analysis.

Confirmability.

In reducing the limitations of confirmability, I had emailed 12 of 13 participants a copy of the transcripts and analysis to ensure I quoted them correctly and the findings accurately reflected the phenomenon. The 13th participant wanted his transcripts and a copy of the findings mailed to him. All the participants replied that they got the copy of the transcripts and findings. Every participant, including the 13th one, noted that outside of a few grammar or spelling errors, they felt the transcripts and findings were accurate. Next, I tried to bracket my feelings about the participant's view to avoid any interview bias in the research. Finally, using three theoretical approaches, I tried to reduce the limitations of confirmability.

Recommendations for Future Research

There are several areas in this study that I have highlighted where more research needs to be conducted. These recommendations include a study that focuses on reframing sexual marketability of HIV positive undetectable Gay men in the era of PrEP. In an era of undetectable now equals non-transmittable, a quantitative study that can confirm or disconfirm sexual marketability of undetectable HIV positive men. Second, a current study to determine if ‘PrEP shaming’ still exists. Third, a study updating resiliency techniques being used by Gay men to remaining HIV negative in the PrEP era should be conducted. Fourth, a quantitative study on resiliency and reframing for seroconcordant couples who are on PrEP could be conducted. Fifth, a study on non-Gay people’s view of PrEP should be conducted that incorporates views of Gay condomless anal sex. These recommendations could advance the meaning of PrEP within individual lives, couple’s lives, and community’s perception, which may help to reduce HIV transmission overall.

Implications for Positive Social Change

There are several implications for positive social change at both the micro, macro, practical and theoretical level. At the micro level, individuals can better understand through this study how changes in resiliency techniques and reframing of sexual values can help individuals understand why some seek out PrEP, hence reduce PrEP stigma. At the relationships level, this study helps to understand the reframing of sex within and outside of these participant’s primary relationship. This study also helps couples understand new resiliency techniques that could be used to remain HIV negative. Finally, this research could be used to create long-lasting relationships, especially for

serodiscordant couples as they would better understand the risks of HIV transmission while on PrEP.

At the macro level, this research can create positive social change by helping different segments of the Gay community better understand why Gay men actively sought out PrEP. This study also sheds light on the phenomenon of sexual marketability within the Gay community. This could help the Gay community reframe condomless anal sex while on PrEP in a more positive light. At the practitioner level, this study could be used by HIV prevention agencies to better understand how Gay men, like these participants, are reframing safe sex and creating new resiliency techniques in the PrEP era. This could help to create better evidence-based approaches to sexual health for Gay men. For example, all the participants in this study advocated for PrEP. However, several of the men focused on the need for better access, better advertising, having a conversation about condoms in the PrEP era, and mandatory testing for HIV. These ideas could be used to create social policies that would reduce the spread of HIV. Another example is the Center for Disease Control (2017) recommends Gay men who are sexually active to not only use PrEP but also to use condoms. However, in this study, most men are abandoning condoms for PrEP.

This study hopes to show how the CDC's recommendation should be altered to have an HIV prevention policy that focuses on what is going on in the community. A good example of this is that currently, PrEP is available at 16 Florida county health departments including Broward and Dade County (Straub, 2018). However, at the end of 2018, all 67 Florida county departments will offer the daily pill to people at risk for HIV

(Straub, 2018). This is an important initiative as the CDC (2016) reports that Florida had the third highest rate of HIV diagnoses, with 28 out of 100,000 Floridians diagnosed with HIV. Florida's rate of new diagnoses is nearly double the national rate (Straub, 2018).

Summary and Conclusion

I used a qualitative independent phenomenological analysis research design to address the purpose and nature of the study, which was to understand how Gay men are creating meaning in their sexual lives while on PrEP and in serodiscordant non-monogamous relationships. The research question that guided this study was 'What are the lived experiences of HIV negative Gay Men who are on PrEP while in a non-monogamous relationship?'

The literature review focused on issues such as the social construction of Gay sex with an emphasis on condomless anal sex, nonmonogamy among Gay men, HIV perceptions among Gay men, and the perceptions of PrEP by straight people, health care providers, HIV agencies, and Gay men. Based on this literature review I anticipated Gay men to talk about their fears of HIV transmission, views of PrEP by themselves and others, the social meaning of condomless anal sex within their relationships with others, thoughts on monogamy, and HIV prevention policies. The thirteen questions that participants were asked focused on these issues. I found that sometimes these men's views were in alignment with the literature, but in many instances the literature, even though relatively recent, appears to need to be updated as PrEP is rapidly changing resiliency techniques and reframing the way these participants view sex and their sexuality.

The three theoretical perspectives were still able to anchor this research. However, I believe this study also showed how these theoretical approaches need to be consistently monitored, updated, and integrated. This research also showed how one theoretical approach can't fully explain the social dynamics going on in the sexual lives of Gay men who are on PrEP and in serodiscordant relationships. Theories that focus on individual views, such as queer theory, ignore the cultural and structural influences that the Gay community has in influencing views of sex by other Gay men. Also, theoretical views that are only structural in nature, such as the MSM and resiliency theory, are not adequate to explain individual beliefs about stress and resiliency techniques used in assessing risk in explaining individual variations in social and sexual behaviors.

The findings addressed the gap in the research. Very little research was conducted on Gay men who are in serodiscordant non-monogamous relationships. Several studies were conducted on single men who were on PrEP and Gay seroconcordant couples on PrEP. However, few studies were conducted on resiliency and reframing in the PrEP era for Gay men who are on PrEP and in serodiscordant non-monogamous relationships. Because of this study, other Gay men, practitioners, researchers, and others that are interested in Gay men's sexual lives and HIV prevention for Gay men can facilitate better services and more relevant research questions when interviewing Gay men in the future.

To help the Gay male community researchers, practitioners, the public should fight sexual stigmas wherever they exist. By doing so, researchers, practitioners, and the public have the potential to create better and longer-lasting friendships and relationship among Gay men. For those social service agencies that have fought so hard against HIV

transmission, this research suggests they shouldn't be afraid to change the ways they think about HIV prevention in the era of PrEP and undetectable statuses. These changes will hopefully lead to Gay men, like those in this study, to better communicate with each other, and reduce the stigma and prejudice of Gay sex within and outside of the Gay community. This should lead to much-needed support for HIV negative gay men to remain HIV negative. At the same time providing emotional support and reduced stigma for our Gay brothers who have been diagnosed as having HIV. In the end, we owe this to those who have not only fought tirelessly to reduce HIV transmission within the Gay community, but to those who have fought for civil rights equality for Gay men, and those who have lost their lives due to HIV.

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Appendix A: Demographic Questionnaires

Please Circle all answers

Age:

18-26 27-37 38-47 48-57 58+

Race:

African-American Asian-American White Native American

Biracial American

Ethnicity:

Hispanic Non-Hispanic

Approximate Individual Income

\$0-\$12,000 \$12001-\$35,000 \$35,001-50,000 \$50,001-75,000

\$75,001+

Approximate Household Income

\$0-\$12,000 \$12001-\$35,000 \$35,001-50,000 \$50,001-75,000

\$75,001+

Length in your current relationship:

0-1 years 1-5 years 6-10 years 11-20 years 21+ years

What is the Status of your significant other?

Boyfriend/Partner (not married) Spouse

Appendix B: Interview Questions for Participants

Read to the Participant “Thank you for participating in this research study on how to understand the sexual lives of HIV negative Gay men who are in non-monogamous serodiscordant relationships while on PrEP. I chose this topic for my dissertation because I am passionate about understanding issues affecting our Gay community. I also share many of your demographic factors that qualified you for this study. I am conducting this research as part of my dissertation at Walden University where I am a Doctoral candidate. I am interested in this study because I would like to see how Gay men are viewing PrEP, and how it may be affecting their sexual lives.

Before we start, can you tell me a little about yourself like how long have you been with your significant other, what you do for a living, whether you always lived in South Florida, or anything else you would like to tell me about yourself? Thank the person and tell the person about the order of the questions. This questionnaire will consist of the following areas: 1. A discussion about HIV (Q1), 2. Perception of PrEP (Q2-Q4). 3. A discussion about your sex life while on PrEP (Q5-Q6), 4. Condom usage (Q7-8), 5. Nonmonogamy (Q9), and 6. Policy Advocacy (Q10). Feel free to elaborate on any question and remember confidentiality is assured. Do you have any questions about the informed consent you signed? If at any time, you have any questions before, during, or after the interview contact me at xxx-xxx-xxxx or contact my dissertation chairperson, Dr. Garland-Forshee at xxx-xxx-xxxx. Before we get started into the issues just mentioned, tell me a little about yourself. (Thank the person for telling about themselves then inform them we are starting with the questions. Remind the participants that there

are no right or wrong answers and their answers are only shared with the dissertation chair and methodologist, and will be completely confidential).

1. Tell me about how do you feel HIV and AIDS have affected the ways you have sex inside and/or outside of your relationship with your partner/spouse, and others?

Probe for Resiliency Techniques

2. What do you feel is the best thing and worst thing about being on PrEP, and why?

Probe for Sex and Stigmas.

3. What have you heard Gay men, specifically, say about other Gay men who are on PrEP?

Probe for Stigmas, where they got those perceptions, how that makes him feel

4. For non-Gay people, there may also be perceptions of PrEP. What do you hear non-Gay people from people outside of the Gay community say about PrEP, including straight friends, family, doctors, and or HIV prevention agencies?

Probe: Where do you think those individuals got those perceptions?

Add'l Probe: How do these perceptions make you feel?

5. Describe to me your sex life before you got on PrEP

Probe for Serosorting, Strategic positioning, Condoms, and ways used to avoid HIV

6. Describe to me your sex life after you got on PrEP

Probe for CAS & Probe for Condom usage, serosorting, and strategic positioning

7. For some Unprotected Anal Intercourse, condomless sex, or bareback sex is associated with masculinity, while others disagree. What is your perception of CAS?

Probe for where he got this perception

8. What do you think other Gay Men think of CAS or condomless sex? What do you think Heterosexuals think of Gay CAS or condomless sex?

Note: Make sure all three are answered. Probe which term the participant uses and why

9. Some in the Gay community have theorized that when Gay men get on PrEP, they will reduce their use of condoms when having anal sex, while others disagree. What have you heard from your Gay friends about this and what has been your experience?

Probe further into why the differences between Gay friends and participant's beliefs

10. What are your experiences with PrEP and condomless sex?

Probe: Less/More Serosorting, Less/More fear of HIV/STIs/STDs, PrEP Stigma?

Contradictions between actions and community response?

11. There is some evidence that Gay men are more open than heterosexual with bringing in another person(s) into the bedroom while with their boyfriend/partner/spouse, and/or having agreements for sex outside of their relationship. Some Gay men make rules for sex outside of their primary relationship, while others do not. What are your thoughts on this?

Probe for different types of sexual behaviors such as monogamy and nonmonogamy before and after PrEP

12. What are your agreements with your partner or spouse about sex with other people?

Probe for rules about nonmonogamy agreements before and after PrEP.

13. My last question relates to HIV prevention strategies. If you were in charge of HIV prevention policy in the USA for Gay men, what would be your top strategy to reduce HIV transmission for us Gay men and why?

This concludes the interview. Do you have any questions for me? Here is my phone number xxx-xxx-xxxx if you think of any questions after the interview. If you have any questions about the research you are also free to contact Walden University at 1-866-492-5336. From this point, I am going to continue to interview more participants. If you have anyone who you think may qualify for the study give them my phone

number. Once I have enough participants, I am going to analyze what all the participants have said. To ensure I accurately noted what you said, I would like to have a short follow up in the near future if that is ok with you. Once this dissertation is completed, I will send you an emailed copy of the dissertation from my email Robert.gallagher@waldenu.edu or if you would like a physical copy please let me know via phone or email. Please let me know your preference. Give the participants the number to [name of local sexual health organization] xxx-xxx-xxxx.

Appendix C: Data Collection Times

**Understanding how PrEP is creating meaning in the sexual lives of HIV
negative, non-monogamous Gay men who are in serodiscordant relationships**

Date: Time Started: Time Ended:

Participant: Pseudonym Name:

Themes and Colors for each theme

Key Themes from participant transcripts (Colors are TBD)

Appendix D Screening Criteria:

Do you identify as Gay? Yes _____ No _____

If yes, continue with screening. If no, person doesn't fit criteria, terminate screening and thank person

Are you HIV negative? Yes _____ No _____

If yes, continue with screening. If no, person doesn't fit criteria, terminate screening and thank person

Are you in a relationship with an HIV positive partner? Yes _____ No _____

If yes, continue with screening. If no, person doesn't fit criteria, terminate screening and thank person

Are you on PrEP Yes _____ No _____

If yes, continue with screening. If no, person doesn't fit criteria, terminate screening and thank person

Do you currently or have you in the past while with your partner/spouse, participated in some form of sex outside of your relationship or sex with others while with your partner/spouse? Examples could include but not limited to Threesome, Foursome, Group Sex, or Sex without their partner/spouse present).
Yes _____ No _____

If yes, the person meets the screening criteria, include the person in the study. If no, person doesn't fit criteria, terminate screening and thank person