Coping with HIV and the Decision to Disclose HIV-Status: An Examination of Sexual Behavioral Responses to HIV Diagnosis in Biographical Perspective

L. Kaplan, H. Kremer, L. Inowlocki
1 Department of Health and Social Work, University of Applied Sciences, Frankfurt, Germany
2 Department of Sociology, Goethe-Universität, Frankfurt, Germany
3 Department of Psychology, University of Miami, Miami, USA

I. Introduction

- Prior research indicates that negative coping is associated with unsafe sexual practices and HIV-disclosure. The purpose of this study is to examine how coping with HIV is associated with sexual risk behavior and HIV-disclosure.
- Research Question: In order to identify issues HIV-services can target to improve patients’ quality of life this case study inductively identifies themes potentially key to people’s life-experiences with HIV. Our research questions are: 1. How do people cope with HIV? 2. How does coping affect HIV-disclosure and safer sex?

II. Materials and methods

The study is based on autobiographical-narrative interviews with English-speaking patients receiving care and recruited on-site at an HIV clinic in a large German city. Three cases of young adults are discussed for contrastive comparison of their practice of safer sex in relation to coping. The first case is that of an African-American man, HIV-diagnosis one year ago, mode of transmission (MoT) heterosexual contact, who neither acknowledges his infection nor practices safer sex; his narrative is in a distinctly different mode of presentation than the other cases. Second, an African woman who was raped as an adolescent, HIV-diagnosis 11 years ago; she accepted medical treatment but did not practice safer sex. Third, a White-European man, HIV-diagnosis one year ago, MoT homosexual contact, immediately acknowledged his infection and practices safer sex. For each case, how the mode of transmission and context of HIV diagnosis shape life experiences and how individual coping affects sexual behavioral response is analyzed.

III. Results

- Results indicate that denial versus acceptance of HIV-status, desire for sex and to maintain sexual attractiveness, and fear of exposure can affect the decision to have unprotected sex and to disclose HIV status to sexual partners.
- A reconstructive life-story analysis reveals conditions facilitating safer sex. For Case 1, denial maintained self-image as responsible allowing for justification of risky sex and minimizing the perceived consequences of unprotected sex. Although he identifies unprotected sex as MoT, he denies that HIV is real and distracts doctors. He creates a construction of HIV as an “experiment” and has unprotected sex without disclosing his HIV-status.

III. Results Continued

- For Case 2, the traumatic experience of rape led to social withdrawal in the African country of origin and isolation during her stay as an asylum-seeker in the East of Germany.
  - Her trust in medicine was established through her mother’s encouragement.
  - Having unprotected sex was related to her fear of disclosure and led to pregnancies.
  - Stabilization of her quality of life is maintained through her family and strong ties to “Helping Hand”, a support group at the clinic.
- For Case 3, immediate acceptance of HIV-status upon discovery of his ex-partner’s infection raised awareness of the potential harm of unprotected sex and was related to gay sexual experience and strong social bonds to intimate others.

IV. Discussion

- Denial versus acceptance, desire for sex and to maintain sexual attractiveness, and fear of exposure are related to disclosure to partners and to safer sexual practices. Our results highlight the importance of biographical processes for coping with HIV-status for sexual behavior.
- The on-site services, such as group discussion of HIV-related issues and the provision of HIV-education and language services for migrant patients provided by Helping Hand, provided a source of social support, information about HIV treatment and modes of transmission, and enhanced acceptance of HIV.
- Results suggest that in-depth analyses of coping are key to developing an understanding of sexual behavior. Additional research using a biographical approach can further develop an understanding of these associations and guide interventions geared towards enhancing coping skills and safer sex among people living with HIV.

V. Conclusions

- Initiatives geared towards improving the quality of life of HIV-patients and preventing risky sexual behavior should integrate strategies to enhance biographical acceptance of HIV. Specifically, programs which focus on denial versus acceptance of HIV-status, desire for sex and to maintain sexual attractiveness, and fear of exposure may help patients to cope with HIV and to practice safer sex.
- Helping Hand appeared to facilitate acceptance of HIV and to reduce fear of exposure, enhancing positive coping with HIV. Therefore, Helping Hand provides a potential model for effective intervention of high-risk patients.
- HIV-services can benefit from taking account of patients’ life stories and their relations to significant others.

VI. Literature cited