HIV disclosure in participant-generated narratives from black sexual minority men and transgender women

Clair Fuller, BA; Kris Rosentel, MSW; Alicia VandeVusse, PhD; Darnell N. Motley, PhD; John Schneider, MD; Brandon J. Hill, PhD

OBJECTIVE Black men who have sex with men (MSM) and transgender women (TW) face a high burden of HIV infection. Understanding how these groups conceptualize and communicate about HIV status with sexual partners may be critical to addressing HIV disparities. This study reports on narratives of HIV disclosure and non-disclosure among a set of participant-generated narratives written by Black MSM and TW.

METHODS Data were derived from the attention-control arm of PrEP Chicago, a randomized controlled trial of a PrEP peer education and knowledge diffusion intervention. In the control arm, participants wrote three fictional narratives depicting encounters that they considered low-, medium-, and high-risk for HIV transmission. Between March 2016 and February 2018, 425 Black MSM and TW (ages 18-35) participated. Participant-generated narratives were each independently coded by two research staff in Atlas.ti.

RESULTS Qualitative analyses revealed a number of distinct themes related to HIV status disclosure and non-disclosure. Different themes arose for stories featuring post-encounter and pre-encounter disclosure.

POST-ENCOUNTER DISCLOSURE
- Framing HIV-positive characters as deceptive or untrustworthy
- HIV-negative characters experiencing anger and distress after learning a partner’s status
- HIV-positive characters experiencing rejection or stigma after disclosing

PRE-ENCOUNTER DISCLOSURE
- Characters in committed relationships
- HIV-positive characters who are described as undetectable
- Use of condoms and/or PrEP

Narratives with non-disclosure or post-encounter were generally classified as high-risk by participants.

CONCLUSION HIV-related stigma and anxiety may be common among Black MSM and TW, hindering partner communication around HIV. Partner-focused interventions aimed at improving trust, healthy communication, and knowledge regarding the efficacy of treatment-as-prevention (i.e. U=U public health campaigns) may be valuable.