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2012

Understanding Barriers to
Sexual Intimacy among PHAs
in Guelph and Wellington County

ONTARIO, CANADA

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Our Team

- A community-based research project guided by a Working Group & Advisory Committee
- Principle Investigators: Tom Hammond & Megan DePutter
- Research Consultant: Tanya Darisi (The O'Halloran Group)
- Research Assistant: Sarah Murray
- Peer Research Assistant: Tim Walker

What we wanted to understand

ACG clients have reported challenges to sexual intimacy to staff for the last 10 years. What are the barriers to sexual intimacy among PHAs in Guelph & Wellington County, and what services are needed to help address these community needs and priorities?

Research Approach & Methods

- 18 Semi-Structured Face-to-Face Interviews
 - Interview questions addressed participants' experiences & challenges with sexual intimacy, body image, disclosure, rejection, criminalization, living with HIV, need for services, as well as experiences with positive relationships and resilience
- Thematic Data Analysis
- Advisory Committee feedback
- Data Validation Session with Participants

Who participated

Gender: 13 men, 5 women

Average age: 49

Sexual Orientation: 12 identified as LGBTQ;
6 as heterosexual

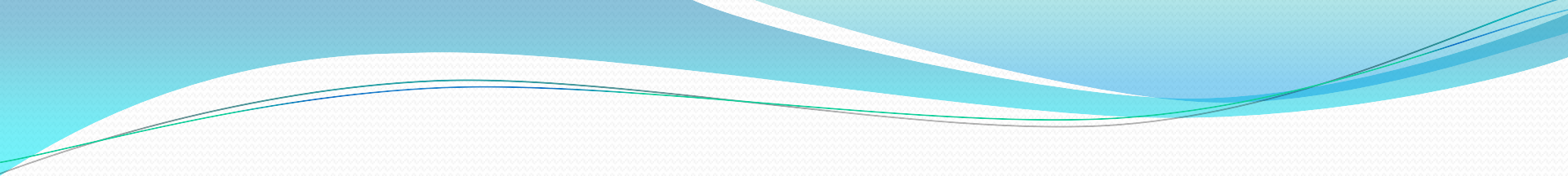
Relationship Status: 14 reported being single; 4
reported being in a current relationship



Findings

Celibacy

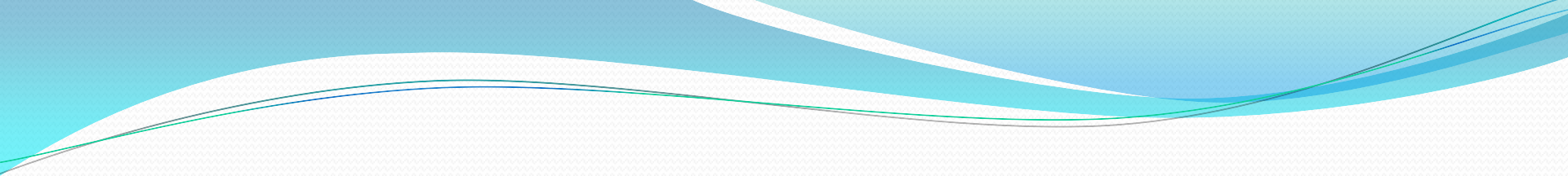
- Most participants identified as celibate
- This included participants in relationships
- Participants missed having sex; celibacy was experienced as a loss
- Participants also missed other kinds of physical closeness



“I would expect I’d be a little bit happier if there was someone in my life and I had sex with them. It don’t think sex is the be all and end all...[but] other things branch off from there - into intimacy, sharing, you know.”

Fear of transmission

- Unwilling to take a very low risk
- Fear of transmission overruled a doctor's reassurance or partner's willingness
- Exaggerated sense of risk(despite education)
- Participants bore the burden of responsibility to protect the partner's physical and emotional health

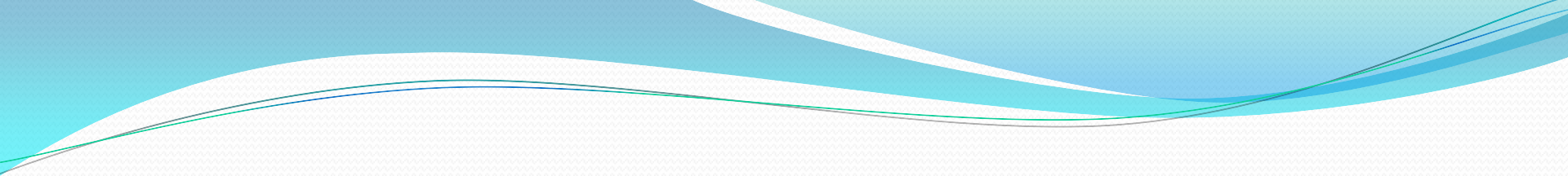


“I'm scared to have sex now. ... Because I'm terrified of infecting my partner, and the funny thing is, my partner has said ‘I know you have the virus, I'm perfectly willing to have sex with you, it's not a problem for me’. But... I'm not willing to take that risk... for me, it puts a damper on things, and I don't want to have sex now.”

Fear of rejection

Experiences of and fear of rejection led some participants to:

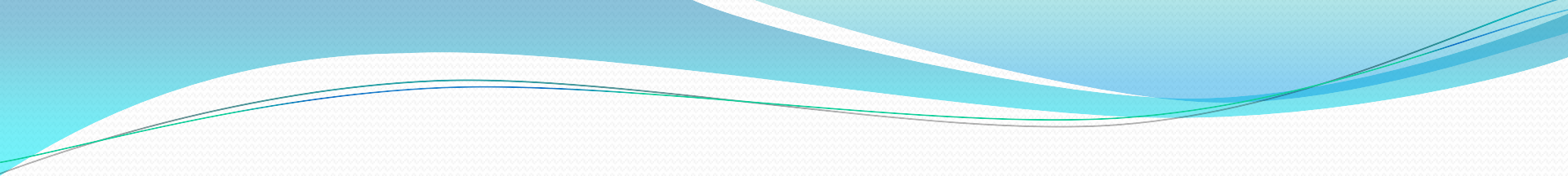
- Avoid disclosure by avoiding sexual intimacy
- Disclose up front, quickly, to everyone – a “self-preservation technique”



“Now I’m scared to even approach people, I’m saying, oh god, will I be rejected, or will I be turned down? So really I’ve got my guards up ... and it’s like, I don’t want to deal with this crap. It just gets to me, I find it very, very difficult.”

Social isolation

- Self-preservation techniques in response to rejection
- Not wanting to face other people's fears or emotional reactions
- Avoiding relationships or ending budding relationships



“There's actually been a few of them - people that have been interested in me and people that I'm interested in. And they just haven't worked because I put it off... I think [HIV] is something they can't deal with, or I'm going to get rejected by them.”

Challenges in meeting new people

- Triple jeopardy: “aging, being gay, and living with HIV”
- Ageism in the gay community
- Lack of a strong gay community in Guelph
- Poverty

Negative self-perception

- Body image issues were a deterrent in being sexual
 - HIV
 - Medications
 - Aging
 - (And the intersection of all of these factors!)

What services are needed?

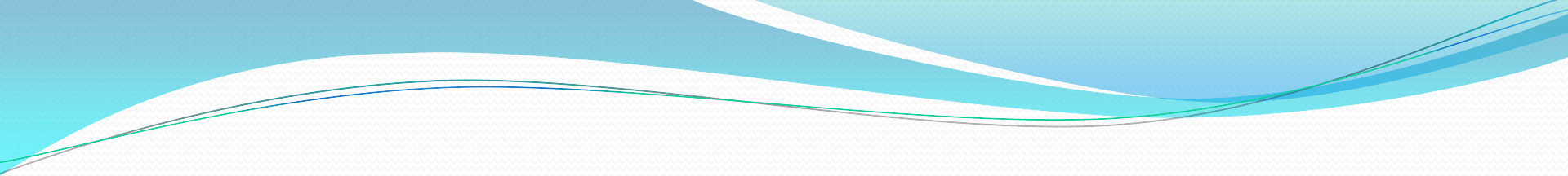
- Formal & informal relationships and supports with other PHAs
- Educational workshops on HIV transmission & disclosure that address fear, trauma, and other issues that impede learning and implementation of knowledge
- Efforts to fight stigma – internalized and enacted
- Other community supports
- Recognizing and valuing the importance of sex to quality of life

Acknowledgements

- We gratefully acknowledge the courageous contribution of the research participants themselves, who gave their time and shared experiences, and who inspired us throughout our work together.

Funding

- Funded by a Capacity-Building Grant to Fund Community-Based Research by the OHTN (Ontario HIV Treatment Network)



“Sex is very important. ... I love sex. I love sex because with sex, you go happy. ... It’s very important. ... Sex is like honey – you know honey? Very sweet.”