
“Get Them While They’re Young”: Reflections of Young Gay Men Newly Diagnosed With HIV Infection

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Thirty years into the epidemic, young men who have sex with men (YMSM) continue to be the largest at-risk group for HIV infection in the United States. In this qualitative study, face-to-face confidential interviews were conducted with 10 recently diagnosed YMSM. The purpose of the study was to explore the factors that may have contributed to each young man’s recent HIV diagnosis and to solicit his perspectives on the design and efficacy of existing HIV prevention programs. Content analysis of the interview data revealed four major themes: personal risks, lack of relevant education, accessing the Internet, and the need for mentors. The informants in this study recommended the formulation of age-specific education interventions and the development of HIV prevention interventions that match the sophistication level and needs of today’s gay youth to reduce the number of new HIV infections in YMSM.

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HIV was first identified more than 30 years ago; however, the very generation that does not know of a world without HIV still comprises a large percentage of those infected. In the United States, approximately

22,000 adolescents and young adults (10-24 years of age) living in 33 states are infected with HIV. For men ages 20-24 years, the primary transmission category is men who have sex with men (MSM; [Centers for Disease Control and Prevention \[CDC\], 2009c](#)). From 2001 to 2006, HIV and AIDS cases increased by 93% in African American young men who have sex with men (YMSM) ages 13-24 years ([CDC, 2009a](#)).

Early detection of HIV infection enables quick medical intervention and can reduce HIV transmission rates ([CDC, 2009b](#)). However, by the end of 2006 an estimated 21% of infected adolescents and young adults were thought to be unaware of their status ([Campsmith, Rhodes, Hall, & Green, 2010](#)). Reliable and inexpensive HIV tests are available, and testing is recommended for all persons 13-64 years of age ([CDC, 2006](#)); a recommendation that is similar to screening conducted to identify other chronic and treatable diseases. However, among young adults, two primary reasons have been found to be barriers to HIV testing: (a) testing could be interpreted as a sign of past unhealthy or socially unacceptable

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behaviors, and (b) the fear of discovering that one is infected with HIV (Graffigna & Olson, 2009; Moyer, Silvestre, Lombardi, & Taylor, 2007).

Exploring and defining one's sexuality can be a tumultuous process, especially for those individuals who have feelings that they perceive to be "different" from the norm. During this developmental phase, YMSM often find themselves feeling isolated from their families, and isolation can lead them to seek acceptance in gay-identified venues, such as bars and clubs where risks and exposure to negative health outcomes (i.e., illicit drug use) are increased (Kipke et al., 2007). While sexual orientation does not automatically translate into personal or social difficulties, the strain on an individual's social support systems, limited access to healthy interactions, and chronic stress can contribute to risky sexual behavior (Thompson & Johnston, 2003).

Kubicek and colleagues (2008) found that, although YMSM believed that they "knew everything" about sex and HIV, many reported having a lack of information when they first began to engage in anal intercourse. Study participants reported that (a) they learned little about anal sex as they grew up, (b) anal sex was not discussed in sex education classes, and (c) many young men learned about anal sex for the first time by watching pornography on videos, cable TV, and the Internet. However, research has found that HIV knowledge does not necessarily translate into less risky sexual behavior. Individuals often reported knowing about the importance of using condoms to prevent transmission of HIV but still actively chose to engage in risky sexual behaviors (Gastaldo, Holmes, Lombardo, & O'Byrne, 2009; Inungu, Mumford, Younis, & Langford, 2009; Simmon Rosser et al., 2008).

Input regarding HIV prevention programs has been sought from YMSM (Seal et al., 2000), and research has addressed the stressors of being newly diagnosed with HIV (Hosek, Harper, Lemos, & Martinez, 2008). But the sustained level of HIV infections among YMSM indicates a greater need to assess high-risk behaviors and existing HIV prevention strategies that target this demographic. The purpose of this qualitative research study was to explore the circumstances that contributed to YMSM becoming infected with HIV. It also solicited the insights of YMSM regarding the efficacy of current HIV prevention interventions. By exploring these issues from the

perspectives of those who have just become part of the statistics, we can begin to explain the intractable relationship between HIV and young gay men.

Methodology

Design

This qualitative, exploratory study used face-to-face interviews with YMSM who had been diagnosed with HIV infection during the previous year. The methodological technique for the study was rooted in phenomenology (Knaack, 1984). This approach sought to illuminate the perspectives of young men related to the circumstances surrounding a recent HIV diagnosis as well as the life experiences that may have contributed to becoming HIV infected. Additionally, informants were asked to describe how HIV prevention efforts could be redesigned to be more effective for their uninfected peers.

Study Informants

Informants in this study represented a convenience sample of 10 YMSM. The inclusion criteria required that all informants be male, 18-24 years of age, report having sex with other men, and disclose having an HIV diagnosis for 1 year or less at the time of the interview. The last criterion was chosen to eliminate recall bias and to explore the period after diagnosis when individuals typically learn to live with an HIV diagnosis.

To recruit study informants, case managers from three HIV service organizations in a major southeastern metropolitan area agreed to distribute flyers and talk to potential informants who received services at their facilities. Individuals who met the inclusion criteria and were interested in participating contacted one of the researchers directly to obtain further information or to clarify study procedures. After potential informants had their questions answered and agreed to be in the study, interviews were scheduled.

Data Collection

One-on-one audiotaped interviews were determined to be the most appropriate method of data collection because of the exploratory nature of the

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