

Using Relationship Timelines in a Qualitative Longitudinal Study Examining Emotions and Sexual Risk among MSM

Tamar Goldenberg, Catherine Finneran, Karen A. Andes, Rob Stephenson

Background:

When qualitative methods are used to examine sensitive topics among marginalized populations, novel and accessible research methods are required in order to ease the data collection process and improve data depth. A challenge to conducting qualitative research on a sensitive subject is the possibility for embarrassment and shame, which may influence accuracy of reporting, data quality, and data depth. Therefore, examining topics such as sexual health requires novel methods that are feasible, safe, and accessible. These methods should also be culturally appropriate, build rapport, increase comfort, and promote a nonjudgmental and safe environment in which to discuss experiences. This study used multiple forms of data collection in a longitudinal qualitative study to examine how emotions impact sexual risk-taking behaviors among men who have sex with men (MSM).

Methods:

We conducted an innovative, three-phase, 10-week longitudinal qualitative study with MSM in Atlanta, GA who reported unprotected anal intercourse (UAI) in the three months prior to recruitment. All participants completed three study components: A timeline-based in-depth interview (IDI) at baseline, three personal relationship diaries (PRDs), and a Debrief IDI, based on the PRDs.

Baseline IDIs followed a step-by-step process using a life-history timeline to retrospectively examine dating and sexual histories. Participants placed stickers with predetermined labels on the timeline in response to questions about relationship characteristics (e.g. partner type, commitment, exclusivity), emotions (e.g. love, trust, safety), experiences with anal sex (e.g. frequency, condom use, sexual decision-making), and perceptions of HIV and STI risk with each partner. Participants described sexual experiences with each partner using purple and green dots, with purple dots representing UAI and green dots representing anal intercourse with a condom. There were three different sizes for each color to indicate frequency; smaller dots were less frequent and larger dots were more frequent.

During the next phase of the study, participants completed three perspective, web-based PRDs (one every three weeks), answering quantitative questions about each sexual partner during this time period. PRDs asked about commitment to each partner, how they knew each partner, how long they knew each partner, how many sexual encounters they had with each partner (stratified by type: oral, penetrative anal, receptive anal), how frequently condoms were used, and how they ranked each person on a scale from one to five based on how well they knew the partner, emotional risk, and HIV/STI risk. Participants were also asked to choose applicable statements from a list of 26 “hot spots,” statements that demonstrated a variety of emotions/relationship characteristics (e.g. “I don’t know the first thing about him,” “I get jealous when he flirts with other people,” “I trust him a lot,”).

PRD data were extracted and unpacked in a Debrief IDI, which also employed a timeline approach to further examine emotions and sexual decision-making during the ten weeks of follow-up. PRD data were presented to participants on a separate timeline for each partner, signifying changes between each PRD three-week period; participants were asked to further describe PRD answers and expand on each partner using predetermined labels that they placed on the timelines. Each Debrief IDI was tailored to participant responses in PRDs, with slightly different interview guides addressing different types of responses (e.g. multiple sexual partners, one sexual partner).

Verbatim transcripts from IDIs were analyzed using MaxQDA. Data were first examined as individual life-stories; after multiple close readings, we created thick descriptions characterizing each participant, summarizing his relationships and identifying his relationship style, patterns of condom use, and risk definitions. We then used a thematic analysis to examine how reoccurring themes were discussed across participants and between groups of participants.

Results:

Among the 25 participants, we had 100% retention. In total, participants completed 25 Baseline IDIs, 75 PRDs, and 25 Debrief IDIs. This reflects the feasibility of the study and acceptability of men to participate. Interviews lasted from 45 minutes to three hours, depending on the participant's experiences. Two components of this research project proved to be most successful in improving data depth: (1) a multi-phase data collection process in which each step informed the next and (2) the use of visual aids to ease discussion and offer opportunities for reflection.

Multiple Forms of Data Collection

Collecting various types of data from each participant allowed for an in-depth understanding of participants' experiences and decision-making processes using both broad and detailed data. Baseline IDIs provided an overview of experiences and patterns of behavior, while Debrief IDIs captured in-depth details of daily sexual activity.

Each component informed the next. In the first step, we collected information on general perceptions towards dating. This provided insight into the next step of the study, in which participants answered detailed questions about current sexual and romantic partners. Finally, in the Debrief IDI, participants offered a qualitative explanation of the data collected in the previous phase, providing explanations and reflections on behaviors that were described quantitatively. Qualitatively describing quantitative data allowed for improved recall; participants completed PRDs every three weeks rather than trying to recall all experiences over a ten-week period. This also enabled the interview to focus more on the thought processes and decision-making, rather than descriptions of what occurred, since that information was previously reported.

The multiple interview process also allowed for increased rapport-building. In some cases, details were disclosed in Debrief IDIs that had not been addressed in Baseline IDIs. For example, one participant disclosed his positive HIV status during his Debrief IDI and explained how this impacted his sexual decision-making, even though he had not addressed his HIV status during his Baseline IDI.

The Use of Visual Aids

Visual data aided the interview process. Timelines from Baseline IDIs visually displayed up to five significant relationships on one paper, indicating when relationships began and ended, overlaps in relationships, dating patterns, etc. (Figure 1). Debrief IDIs visually represented the development (or lack of development) of a relationship over a nine-week period. Figure 2 (based on data from P104) represents an example of a developing relationship that occurred during the PRD period; each PRD included additional stickers and stronger feelings. This visualization allowed participants to identify when changes occurred in their relationship and encouraged reflection on those experiences.

The process of using predetermined labels in a step-by-step timeline-building activity prompted discussion and provided a systematic process, while also allowing flexibility for participants to personalize their timelines to accurately display their relationship experiences; participants wrote in their

own words on description labels, ripped hearts in half or used multiple hearts on partners to describe their experiences of love, and found alternative, more personal ways to describe ranking for HIV and STI risk.

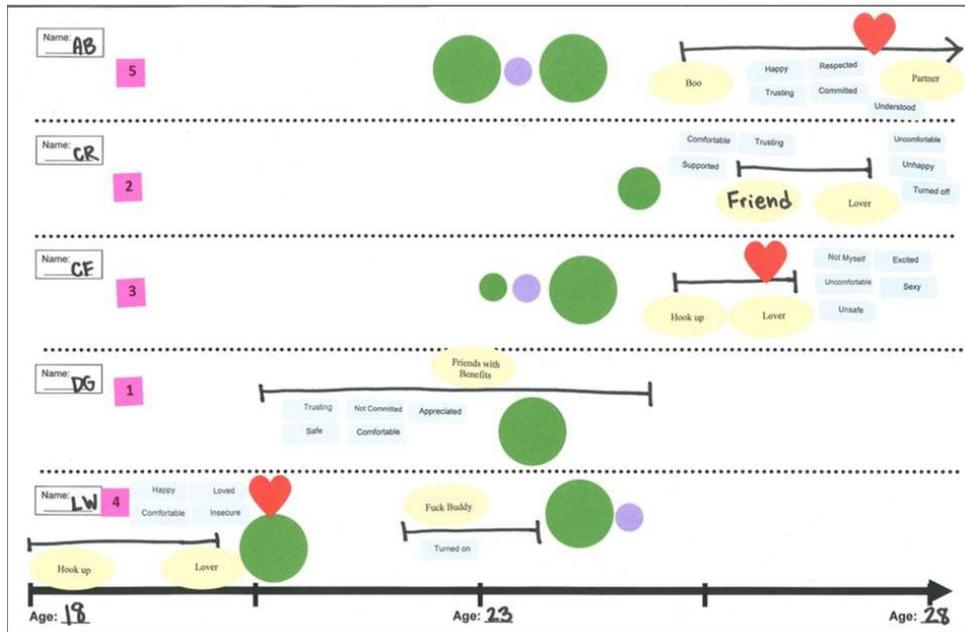
The use of nondescript stickers to describe sexual behaviors also increased participant comfort and safety. Using green and purple dots to represent sexual experiences provided a non-threatening and discreet way to demonstrate frequency of sex and condom use with each partner prior to asking questions related to decision-making about sex and condom use. One participant described how using the dots to describe sex made him feel during the interview: *“This was actually very good, as far as replaying my sexual history in a different way. Because it doesn’t make it look like it’s, I don’t see dick and ass on the table. But it’s dick and ass on the table. Literally. So it was good to actually see”* (P101). Multiple participants expressed how the stickers made it easier to talk and created a visual that made the interview *“more fun.”*

These visualizations also offered opportunities for reflection of behaviors and relationships, resulting in a deeper understanding of thought and decision-making processes. Participants described the study process as a *“lesson”* or learning experience; the realizations that occurred while participants examined their own sexual decision-making provided valuable data on why behaviors occur. Visual aids in both IDIs increased participants’ awareness of their own behaviors, allowing for deeper explanations of cognitive processes. This examination improved the depth and quality of the data collected in this study.

Discussion

These results suggest that when studying a sensitive topic such as sexual health, longitudinal qualitative studies that incorporate multiple data collection tools and methods can be useful in improving data depth. Systematic processes that provide visual aids can ease the interview process and build rapport, while also creating a safe and comfortable method to discuss sensitive issues. These methods can be useful when examining sexual health and other similarly sensitive subjects.

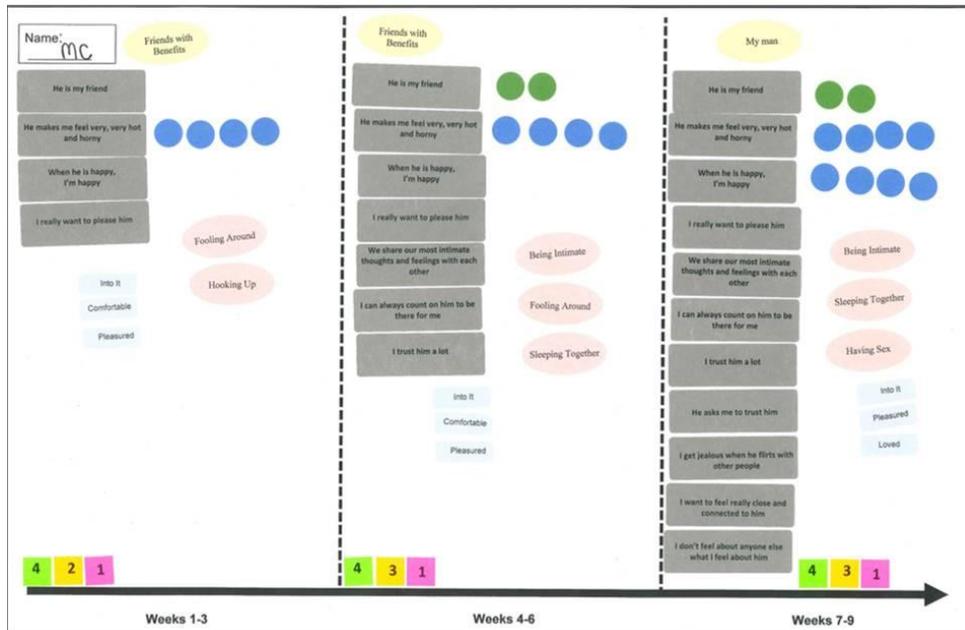
Figure 1: Sample Timeline for Baseline IDI*



*For confidentiality, this is representative of data, but is not an actual Baseline Timeline

Key: Yellow word=relationship definitions, blue word=emotions experienced during relationship, hearts=experienced love, green dots=anal intercourse with a condom, purple dots=unprotected anal intercourse (smaller dots=less frequent, larger dots=more frequent), pink number=HIV/STI risk ranking (5=least risky, 1=most risky)

Figure 2: Sample Timeline for Debrief IDI*



*For confidentiality, this is representative of data, but is not an actual Debrief Timeline

Key: Yellow word=relationship definitions, grey="hot spot" statements chosen during PRDs, blue dot=oral sex, green dot=anal sex with a condom, purple dot=unprotected anal sex (not on this timeline) (1 dot=1 incident), pink word=sex descriptions, blue word=emotions during sex, green number=ranking how well knew partner, yellow number=emotional risk ranking, pink number=HIV/STI risk ranking (ranking on a scale of 1-5, 1=least, 5=most)