

Pride and prejudice: serostatus identity and HIV-related stigma among HIV-negative men who have sex with men (MSM) in Australia

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Background

Differentiating between *us* and *them* is a key aspect of stigma, and this study investigates whether a stronger serostatus identity is associated with more HIV-related stigma among HIV-negative gay men. This study also explores the extent to which HIV-negative men perceive risk from a range of sexual practices when having sex with a HIV-positive man, and assesses whether any association between serostatus identity and HIV-related stigma is mediated by perceived risk of infection. This would suggest that HIV-related stigma in HIV-negative MSM at least in part may reflect a self-protection process.

Methods

Procedure and participants

Between 1 December 2009 and 31 January 2010 we recruited over 1,350 respondents into a national online survey in Australia, called the *HIV Stigma Barometer*. A total of 1,260 gay and other men who have sex with men responded to the survey and were eligible for inclusion in the analysis.

Almost three quarters (72.6%) of the men believed they were HIV negative; 17.0% were HIV positive; and 10.4% were of unknown serostatus (either because they had never tested or were unsure of their current status).

The present analyses are limited to the 915 HIV-negative participants. The majority of these men (91.6%) described themselves as gay; the remainder described themselves as bisexual. The mean age of respondents was 37.9 years. Three-quarters (77.6%) had some form of tertiary education and two-thirds (67.5%) lived in a major city.

Serostatus identity

The survey included four items related to the importance of men's serostatus to their *current*, *future*, *ideal* and *ought* self:

- My HIV status is a key aspect of the person I currently am
- My HIV status is a key aspect of the person I will be in the future
- My HIV status is a key aspect of the person I want to be
- My HIV status is a key aspect of the person I should be

Responses were given on a 5-point scale (1=totally disagree; 5= totally agree). The four items formed a reliable scale of serostatus identity (alpha .95).

Perceived risk

Perceptions of risk of HIV infection when having sex with a HIV-positive partner of unknown viral load were assessed for 21 specific sexual practices (alpha=.92). These practices ranged from deep kissing, to unprotected receptive anal intercourse with ejaculation. Perceived risk was indicated on a 5-point scale (1=no risk; 5=very risky).

HIV-related stigma

There were 22 questions to assess HIV-related stigma (alpha= .90); responses were given on a 5-point scale (1=not at all; 5= always). The items encompassed four sub-scales tapping into stigmatising thoughts, feelings and actions:

- Attributions of responsibility (6 items; e.g., blame; alpha=.82)
- Negative emotional reactions (5 items; e.g., disgust; alpha=.79)
- Social distancing (9 items; e.g., avoidance; alpha=.85)
- Sexual exclusion (2 items; e.g., will not have sex; alpha=.90)

Results

Serostatus identity, stigma and perceived risk

Overall the participating HIV-negative MSM attached moderate importance to their serostatus identity (M=3.1, SD=1.3). Importance of serostatus identity was unrelated to participants' age, education and place of residence, but bisexual men attached significantly more importance to their serostatus identity than gay men. Men overall perceived moderate risk from engaging in any sexual practice with a HIV-positive partner of unknown viral load (M=2.7, SD=.65), with younger men, lower educated men, bisexual men and men living outside major cities perceiving significantly more risk. Men expressed low HIV-related stigma (M=1.7, SD=.55), but this was significantly higher among younger men, bisexual men and men living outside major cities. Education was not related to HIV-related stigma.

Influence of serostatus identity on stigma towards HIV-positive people

In univariate analysis, having a stronger serostatus identity was found to be significantly associated with expressing HIV-related stigma ($r=.37, p<.001$); significant associations were found for all four stigma sub-scales (attributions of responsibility: $r=.28, p<.001$; negative emotions: $r=.27, p<.001$; social distancing: $r=.30, p<.001$; sexual exclusion: $r=.34, p<.001$). Serostatus identity was also significantly associated with perceived risk from any sexual practice with a HIV-positive man of unknown viral load ($r=.25, p<.001$).

A multivariate analysis, controlling for age, education, sexual orientation and place of residence, confirmed the association of serostatus identity with expressed stigma (Beta=.35, $p<.001$) and perceived risk of HIV infection (Beta=.23, $p<.001$).

Furthermore, perceived risk of HIV infection from any sexual practice with a HIV-positive partner of unknown viral load was significantly related to expressed HIV-related stigma ($r=.39, p<.001$). In a multivariate analysis controlling for perceived risk, the effect of serostatus identity on expressed stigma remained significant, but its effect was reduced (Beta=.23, $p<.001$), suggesting a partial mediation effect.

Conclusions and discussion

This study found an association between seronegative status identity among HIV-negative MSM and stigma towards PLHIV. In particular, there was a strong association between the value placed on one's own seronegative status and avoiding seropositive MSM as potential sexual or romantic partners. Furthermore, serostatus identity was significantly related to these HIV-negative men's perceived risk of HIV infection from any sexual practice with a HIV-positive partner of unknown viral load. Importantly, perceived risk partially mediated the association between serostatus identity and HIV-related stigma in HIV-negative men.

These findings suggest that HIV-related stigma expressed by HIV-negative men at least in part reflects worries about becoming infected, and may function as a means for self-protection. HIV prevention that addresses misconceptions and fears related to HIV infection might have the benefit of reducing HIV-related stigma. HIV prevention that seeks to enhance HIV-negative *seropride*, in contrast, may have potential detrimental effects, not only affecting seropositive men *directly* through feelings of shame and blame, but also indirectly through social distancing and sexual exclusion by seronegative men.