Feature

Factors Predicting Internalized Stigma Among Men Who Have Sex with Men Living with HIV in Beijing, China

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Internalized stigma in people living with HIV is associated with negative outcomes including sexual risk behaviors and depression. Little research has focused on internalized stigma in men who have sex with men living with HIV (MSMLWH) in China. We measured internalized stigma and examined its potential predictors in a sample of 277 MSMLWH from two infectious disease specialist hospitals in Beijing, China. Descriptive analysis showed an intermediate high level of internalized stigma in these men. Multiple linear regression revealed that higher levels of stereotypes, negative affect, older age, lower levels of mastery, and limited information and emotional support were significant predictors of internalized stigma. Cognitive reconstruction interventions should be developed to change negative stereotypes and reduce internalized stigma, and information and emotional support should be provided to develop mastery, foster coping skills for internalized stigma, and alleviate negative affect. MSMLWH of older ages need more attention in stigma reduction programs.

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In China, the number of newly detected HIV cases has increased rapidly in recent years. According to the National Health and Family Planning Commission of the People's Republic of China (2014), the number of people diagnosed with HIV infection from 2012 to 2014 increased from 82,000 to 103,000. Of the newly detected cases of people living with HIV (PLWH), the proportion of men who have sex with men (MSM) increased from 2.5% in 2006 to 25.8% in 2014 (National Health and Family Planning Commission of the People's Republic of China, 2014). Due to the increase in prevalence of MSM in people living with HIV (MSMLWH) in China, this group has attracted a double burden of discrimination as MSM who have HIV, and both groups have been negatively valued in Chinese society (Zhu, 2014). HIV is now considered a chronic illness due to widespread use of effective antiretroviral therapy (ART); however, the prolonged life span of PLWH also means that HIV stigma may negatively affect PLWH for a longer period of

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time (Pozniak, 2014). Therefore, understanding HIV stigma and its negative effects on the health of MSMLWH in China is of paramount concern.

HIV Stigma

Goffman (1963) defined stigma as a discrediting label that devalues people who possess this label. Stemming from Goffman's work, many researchers have proposed frameworks to illustrate stigma associated with HIV (Earnshaw & Chaudoir, 2009; Holzemer et al., 2007; Uys et al., 2005). Earnshaw and Chaudoir (2009) noted that HIV stigma was not solely the label itself, but the psychosocial processes it brought forth. According to Earnshaw and Chaudoir (2009), HIV stigma manifested in 3 dominant ways: (a) enacted stigma, also known as external stigma, which refers to actual prejudice and discrimination against PLWH (Scambler & Hopkins, 1986); (b) anticipated stigma, which refers to PLWH's expectations that they will experience prejudice and discrimination from others (Markowitz, 1998); and (c) internalized stigma, which refers to stigmatizing oneself by endorsing devaluation from others (Uys et al., 2005).

HIV-related stigma is considered to be one of the greatest barriers for PLWH when adapting to an HIV diagnosis; furthermore, HIV stigma is also associated with sexual risk behaviors, leading to HIV transmission (Fakoya, Reynolds, Caswell, & Shiripinda, 2008; Pellowski, 2013). HIV-related stigma has been significantly associated with unprotected sex, depression, and anxiety in PLWH (Earnshaw et al., 2014; Herek, Saha, & Burack, 2013). It has also contributed to decreased uptake of HIV counseling and testing by groups of people who are at high risk of contracting HIV (Ayiga, Nambooze, Nalugo, Kaye, & Katamba, 2013). Reducing stigma in PLWH is necessary for HIV prevention.

Since the HIV epidemic in China began in the 1980s, external stigma has attracted extensive public attention. Large-scale antidiscrimination interventions specifically targeted to reduce stigma against PLWH have been implemented (Joint United Nations Programme on HIV and AIDS & Institute of Social Development Research of the Chinese Central Party School, 2009). With the effort of a variety of antidiscrimination programs (Peng, 2014; Xu, 2012), policies have been made to protect PLWH against inequality in employment, health care, education, and other areas (General Office of the State Council of the People's Republic of China, 2006). However, little attention has been given to anticipated stigma or internalized stigma in research surrounding HIV-related stigma in China, especially among MSMLWH. Luoma and colleagues (2007) suggested that internalized stigma had negative psychological health consequences. Based on prior literature, our research aimed to describe the prevalence of internalized stigma in MSMLWH in China and to examine its predictors in order to provide a basis for reducing internalized stigma.

Conceptual Framework

Our research was informed by the Lazarus and Folkman (1984) transactional model of stress. Psychological stress in this model was described as "a particular relationship between the person and the environment that is appraised by the person as taxing or exceeding his or her resources and endangering his or her well-being" (Lazarus and Folkman, 1984, p. 11). Cognitive appraisal plays a key role in this model, which can be divided into primary appraisal and secondary appraisal. When confronting an event, people engage in primary appraisal to evaluate if the situation is "troubled"; if the event is assessed as troubled, secondary appraisal will be continued to evaluate if the individual has sufficient capacity or available coping resources; the "troubled" and "difficult to cope" appraisal can lead to stress (Liang, 2006). Miller and Kaiser (2001) noted that stigma was also a form of stress; stigma-related events would be perceived as stressful when they were appraised as threats exceeding the person's resources for coping.

Based on the information above, we constructed a conceptual framework (Figure 1) to guide our research. Social stigma is regarded as a stressor, while internalized stigma takes the position of psychological stress for MSMLWH in this framework; factors related to cognitive appraisal between social stigma and internalized stigma are hypothesized