Feature

A Mixed-Method Study on Correlates of HIV-Related Stigma Among Gay and Bisexual Men in the Southern United States

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Societal prejudice against people living with HIV infection is a formidable public health challenge that can negatively impact health and well-being. We recruited a multiethnic sample of 129 gay and bisexual men living with HIV who completed a brief survey; a subset of participants completed semi-structured qualitative interviews to contextualize the data. In bivariate analyses, stigma was positively and significantly correlated with depression ($r = .402$, $p < .001$) and negatively correlated with social support ($r = -.482$, $p < .001$). Qualitative interview results captured the mental suffering caused by stigma and coping strategies the men had developed. Although some of the coping strategies reduced the likelihood of experiencing acts of stigmatization, they also exacerbated the psychological stress of living with a stigmatized disease and limited the potential for social support. Our results highlight the need to scale up stigma-reduction programs, particularly those that can bolster social support networks.

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HIV is a major global public health issue. In the United States alone, it is estimated that more than 1.2 million people are living with HIV, with 67% of these cases in men who have sex with men (MSM). The area with the highest estimated number of people living with HIV (PLWH) is the southern United States, which at the end of 2014 accounted for 50.4% of all estimated new diagnoses (Centers for Disease Prevention and Control, 2015).

Since the beginning of the epidemic, HIV has been associated with stigma, described as "a process of devaluation of people either living with, or associated with, HIV and AIDS" (Smit et al., 2012, p. 405). Recent Joint United Nations Programme on HIV/AIDS (2015) data have indicated that in 35% of countries with available data, more than 50% of people reported having discriminatory attitudes toward PLWH. While the level of societal stigma connected with HIV has decreased since the early epidemic, it continues to pose a serious challenge for HIV prevention and care efforts (Chenard, 2007; Joint United Nations Programme on HIV/AIDS, 2015; Smit et al., 2012).

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The notion of minority stress (Meyer, 2003) can help people to better understand the societal prejudice against PLWH and its implications. It is a model that explains how stigma and prejudice create a stressful social environment that leads to mental health problems. Meyer (2003) defined minority stress as "excess stress to which individuals from stigmatized social categories are exposed as a result of their social, often a minority position" (Meyer, 2003, p. 676). HIV-related stigma is often conceptualized as a form of minority stress that is exacerbated by social rejection from families and religious institutions (Emlet, 2007; Garcia et al., 2016), and influences a range of negative health outcomes in PLWH (Pulerwitz, Michaelis, Weiss, Brown, & Mahendra, 2010), including mental health outcomes (Courtenay-Quirk, Wolitski, Parsons, & Gomez, 2006).

Researchers have not examined to any significant degree HIV-related stigma in MSM in general, as noted, for example, by Dowshen, Binns, and Garofalo (2009), Hatzenbuehler, O'Cleirigh, Mayer, Mimiaga, and Safren (2011), and Smit and colleagues (2012). Even fewer have examined how HIV-related stigma is experienced by MSM with HIV infection (Courtenay-Quirk et al., 2006). Our own search of the literature and a recently published literature review of HIV-related stigma in communities of gay men identified only a handful of qualitative and mixed-methods studies on this topic. The studies that have been conducted have demonstrated significant associations with mental health problems and social isolation. In quantitative studies, HIV-related stigma in MSM has been found to be associated with posttraumatic stress disorder symptoms (Bogart et al., 2011), anxiety (Courtenay-Quirk et al., 2006; Hatzenbuehler et al., 2011), depression (Bogart et al., 2011; Courtenay-Quirk et al., 2006; Dowshen et al., 2009; Hatzenbuehler et al., 2011), and self-esteem (Dowshen et al. 2009). Additionally, cross-sectional studies have identified an association with loneliness (Courtenay-Quirk et al., 2006), quality of life (Slater et al., 2013), and social support (Burnham et al., 2016; Dowshen et al., 2009). There has been some investigation of whether there are other potential correlates of HIV-related stigma (see literature review by Smit et al., 2012), but research into a potential link with behaviors such as alcohol use is limited and results are equivocal (Courtenay-Quirk et al., 2006; Galvan, Davis, Banks, & Bing, 2008; Liao et al., 2014; Radcliffe et al., 2010).

Findings from a few U.S.-based qualitative studies of gay, bisexual, and other MSM indicate that HIV-related stigma intersects with social rejection. Among Black MSM, rejection from families and religious institutions was reported as a common HIV-related stigma experience, which in turn affected men's self-care behaviors, such as medication adherence and sexual practices (Garcia et al., 2016). In striving for normalcy, the participants in Chenard's (2007) study attempted to avoid social rejection by deliberately limiting their social contacts to other PLWH and HIV-related environments. A third qualitative study showed that romantic and sexual rejection was a unifying reality experienced by most of the gay participants. Enacted HIV-related stigma had made many men closeted about their serostatus, a behavior that "required substantial effort, in particular continuous management of stigmatizing information, and appeared to be psychologically taxing" (Berg & Ross, 2014, p. 196). Indeed, the Seropositive Urban Men's Study, which collected qualitative and quantitative data up to 1998, found that HIV-related stigma influenced gay, bisexual, and other men's psychological experiences with HIV infection through, for example, the loss of formal and informal relationships (Courtenay-Quirk et al., 2006).

While a growing number of quantitative studies have described how the societal stigma associated with HIV posed a psychological challenge to MSM with HIV infection, knowledge about its association with factors such as social support and alcohol use has been sparse. An investigation into these links is important because the pervasiveness of HIV-related stigma theoretically disrupts social relationships (Lakey & Cohen, 2000), and alcohol use could form a maladaptive coping strategy, which is associated with sexual risk behaviors (Radcliffe et al., 2010). Further, few mixed-method and qualitative studies that provide context to previous quantitative findings of stigma and psychosocial health outcomes in MSM exist. The objectives of our mixed-method study were to examine whether HIV-related stigma was associated with psychosocial variables in MSM with HIV, as well as how MSM with HIV experienced and coped with HIV-related stigma.