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Stigmatizing attitudes against people living with HIV and AIDS among MSM.

Results from a nationwide survey of MSM in Germany.

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Background

At the end of the third decade of the epidemic and 15 years after the introduction of HAART, HIV/AIDS is still a highly stigmatized condition. The stigma surrounding HIV is supposed to be a major barrier to controlling and stopping the epidemic and a relevant stressor for people living with HIV and AIDS. There is a considerable amount of research on the prevalence of stigmatizing attitudes of the general population against people living with HIV and AIDS (PLWHA). However, only few researchers point out that HIV stigma is likely to exist also in the MSM community (Flowers, Duncan & Franks, 2000; Courtenay-Quirk et al., 2006). In the only quantitative analysis of HIV stigma among MSM to date, Díaz (2006) finds high rates of HIV stigma in a sample of HIV-negative Latino MSM. To evaluate the prevalence of HIV stigma among MSM in Germany and to analyze relationships with further variables, we conducted a nationwide online survey.

Methods

As part of the evaluation of the nationwide HIV- and STI-prevention campaign ICH WEISS WAS ICH TU ("I know what I do"), MSM were recruited from various websites to take part in an online survey. The questionnaire contained questions regarding HIV-related behaviors and attitudes, and also addressed stigmatizing attitudes against PLWHA. 2,352 HIV-negative or untested participants responded to a scale comprising four items regarding shame and blame (symbolic stigma, Cronbach's alpha= .72), and three items regarding social distancing (instrumental stigma, Cronbach's alpha= .78) on a five-point scale with higher scores denoting higher stigma. An additional item on social distancing in a sexual context (sexual distancing) had a ten-point scale, with higher values equaling higher stigma. Bivariate analyses using t-tests and ANOVA were conducted via PASW.

Results

The prevalence of stigmatizing attitudes expressed by HIV-negative or untested MSM against PLWHA ranged from 7 % to 32 % (fig. 1). The vast majority of the participants stated that HIV-negativity of sex partners was important for them (fig. 2).

Bivariate analyses showed no substantial relationships with age or formal education of participants, while MSM who identified as bi- or heterosexual and MSM living in more rural areas showed higher rates of instrumental stigma and sexual distancing (table 1).

Table 2 shows bivariate relationships with HIV testing and sexual risk behavior. MSM who got never tested for HIV expressed higher levels of HIV stigma and sexual distancing. Reporting more sex partners, inconsistent condom use and unprotected anal intercourse with someone, whose HIV serostatus was positive or unknown, was associated with lower levels of HIV stigma and sexual distancing.

		symbolic stigma	instrumental stigma	sexual distancing
	n	M (SD)	M (SD)	M (SD)
Age		p <.001	ns	p <.001
	2,352	r=-.08	r=.00	r=-.09
Sexual orientation		ns	p <.001	p <.001
gay/homosexual	1,809	2.3 (0.9)	1.7 (0.9)	7.9 (2.7)
bi-/heterosexual	440	2.5 (0.9)	2.7 (1.2)	9.0 (2.0)
Formal education		p <.05	p <.001	ns
low	288	2.5 (1.0)	2.2 (1.2)	8.0 (2.8)
middle	724	2.3 (0.9)	1.9 (1.1)	8.1 (2.7)
high	1,283	2.3 (0.9)	1.9 (1.0)	8.1 (2.6)
Size of community (number of inhabitants)		p <.05	p <.001	p <.001
up to 100,000	1,093	2.4 (0.9)	2.1 (1.1)	8.4 (2.4)
100,000 to 1,000,000	740	2.3 (0.9)	1.9 (1.0)	8.1 (2.6)
more than 1,000,000	499	2.3 (0.9)	1.8 (1.0)	7.5 (3.0)

Table 1: Bivariate analyses between stigma and sociodemographic variables.

		symbolic stigma	instrumental stigma	sexual distancing
	n	M (SD)	M (SD)	M (SD)
Ever tested for HIV		p <.01	p <.001	p <.001
yes	1,481	2.3 (0.9)	1.8 (1.0)	7.9 (2.8)
no	871	2.4 (0.9)	2.2 (1.1)	8.4 (2.3)
Number of sex partners (last 6 months)		p <.01	p <.001	p <.001
up to 5	1,831	2.4 (0.9)	2.0 (1.1)	8.3 (2.4)
more than 5	521	2.2 (0.9)	1.7 (1.0)	7.2 (3.0)
Condom use with casual sex partners (last 6 months)		p <.01	p <.05	p <.001
always	992	2.4 (0.9)	2.0 (1.0)	8.1 (2.6)
not always	429	2.3 (0.9)	1.8 (1.0)	7.7 (2.7)
never	134	2.1 (1.0)	1.8 (1.1)	6.8 (3.6)
Unprotected anal intercourse (last 6 months)		p <.001	p <.001	p <.001
yes	453	2.2 (0.9)	1.8 (1.0)	7.2 (3.2)
no	1,899	2.4 (0.9)	2.0 (1.1)	8.3 (2.4)

Table 2: Bivariate analyses between HIV stigma and HIV testing and risk behaviors.

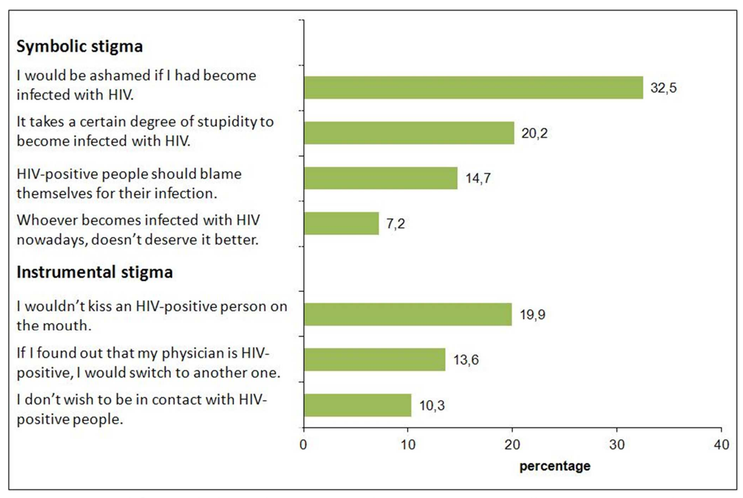

Fig. 1: Approval for symbolic and instrumental stigma items (totally agree + somewhat agree) (N=2,352)

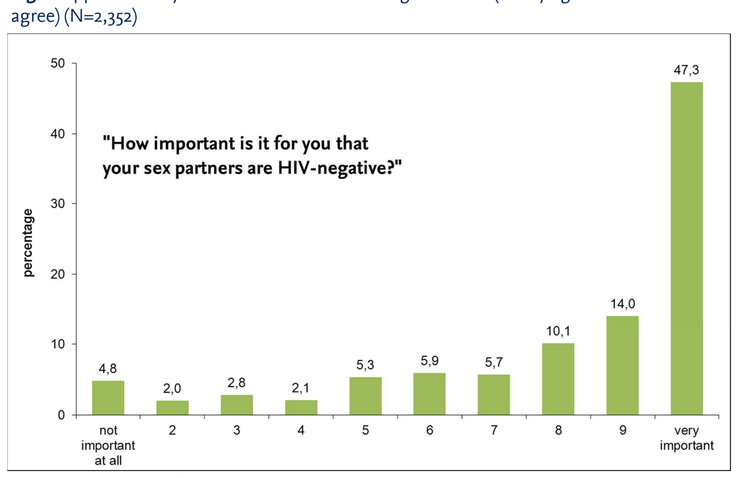

Fig. 2: Distribution of answers for item 'sexual distancing' (N=2,532)

Conclusion

Our study is the first to examine HIV stigma among MSM in a nationwide survey. We could prove the existence of HIV stigma in this group with approval rates to stigmatizing attitudes against PLWHA ranging up to 32 % of the sample. Whereas there were only small differences in symbolic stigma between subgroups, substantial differences for instrumental stigma and sexual distancing were found. Fear of rejection is a main reason for HIV-positive MSM not to disclose their Serostatus to casual sex partners (Flowers et al., 2000). According to our research these concerns of HIV-positive MSM seem justified. The relationships with risk behavior do not confirm expectations that people who express high rates of stigma are more likely to engage in risky behaviors. A possible explanation for our results could be the moderating influence of strong moral standards and/or fear of HIV infection on low risk behavior and high stigma. More research is needed to guide interventions to fight HIV stigma in MSM.

References

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