



# ‘I don't care if you think I'm gay ... that won't make me either promiscuous or HIV positive’: HIV, stigma, and the paradox of the gay men's sexual health clinic - An exploratory study



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## ARTICLE INFO

### Keywords:

Gay male youth  
Healthcare workers  
HIV  
Nurses  
Stigma

## ABSTRACT

Young gay men are affected by HIV. Due to a lack of studies on these males, and that previous research notes youth's minimal healthcare seeking, we recruited young gay men at a gay men's STI testing clinic to explore their perceptions of care. Eight men participated in semi-structured interviews. Our results identified that, while our participants experienced stigma in some interactions, particularly when healthcare workers emphasized the probability of contracting HIV for gay men, overall they reported positive experiences with healthcare providers, particularly at the gay men's STI clinic. The gay men's STI clinic diminishes stigma and promotes HIV testing among a group of gay male youth who are affected by HIV, while its very existence propagates the association between gay males and HIV that most of the participants found stigmatizing. The association between sexuality and HIV was reported as stigmatizing in some situations, while the construction of a clinic on the premise that gay men require such testing was not. This reinforces the idea that stigma is a personal experience independent of action and locale.

## 1. Introduction

Despite ongoing HIV prevention, incidence continues among 15 to 29-year-old gay, bisexual, and other men who have sex with men (GBM) (PHAC, 2015, 2010) (Mihan, Kerr, Maticka-Tyndale, & Team, 2016). As HIV testing can prevent transmission (O'Byrne & MacPherson, 2015), we explored young GBM's perceptions about a gay men's sexually transmitted infection (STI) clinic. Our interest was perceptions of stigma and how this affected healthcare access. Our participants both praised this STI clinic (which provides HIV testing for gay men) and felt stigmatized when clinicians associated homosexuality with HIV. We present and discuss this point.

## 2. Concept of stigma

Stigma refers to something that brings discredit or shame or reduces social status (Goffman, 1963). Goffman (1963) posited that stigma can be perceived, internalized, or enacted. Perceived stigma is an individual's fear s/he will be discriminated against due to a trait, and subsequent interpretation of many actions as a manifestation of stigma (Scambler & Hopkins, 1986). Self-stigma is internalization of negative feelings about a stigmatized trait (Corrigan & Penn, 1999). Enacted

stigma refers to an experience of discrimination; e.g., when those with, or who are thought to possess, a stigmatizing trait experience social rejection (Brown, Trujillo, & Macintyre, 2003). Studies link stigma to delayed care seeking (Cunningham, Kerrigan, Jennings, & Ellen, 2009; Lichtenstein, 2003; Malta et al., 2007). Despite such findings, there is little literature regarding stigma and gay males under 30.

## 3. Methods

The study occurred at an STI clinic for gay men, where, during registration, the receptionist asked patients to read an information letter and return it if they were interested in the study. The researcher verified the inclusion criteria with interested persons: youth, HIV-negative, lived in local area, contact with nurses in the last two years, and sex with men. The University of Ottawa and Ottawa Public Health research ethics boards approved this project.

### 3.1. Data analysis

We transcribed the interviews and undertook line-by-line readings. We segmented the text to identify discrete concepts, and applied Strauss and Corbin's (1990) open, axial, and selective coding. Open coding

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**Table 1**  
Participant demographics.

		Mean	Frequency	Percent	Cumulative percent
Age		22.3			
Sexual orientation	Homosexual/Gay		7	87.5	87.5
	Bisexual		1	12.5	100
Education level	High School		7	87.5	87.5
	Bachelors		1	12.5	100
Income (CAD)	< \$10,000		4	50	50
	\$10,000–\$19,000		2	25	75
	\$20,000–\$29,000		0	0	75
	\$30,000–\$39,000		2	25	100
Ethnicity	Caucasian		5	62.5	62.5
	Asian		1	12.5	75
	Other		2	25	100

involved asking questions about the segments and comparing them. We grouped similar segments to form categories. Open coding used participants' words to ensure findings reflected their descriptions. In axial coding, we expanded categories to include the properties and contexts that gave it dimension. In selective coding, we chose a core category based on common aspects of major categories, and related it to others. We placed the data on a grid, with the interview number on the x-axis and the code on the y-axis. We then funneled the data into themes (global descriptions), sub-themes (midlevel classifications), and categories (tangible phenomena). When we added no new findings to the grid, we ended data collection.

#### 4. Results

##### 4.1. Participant demographics

We interviewed eight males, who were an average of 22 years old, Caucasian (62.5%), gay (87.5%), and made less than \$10,000 (50%). Although the highest education obtained was high school for 87.5%, most noted they were pursuing post-secondary education. See [Table 1](#).

##### 4.2. Theme 1: the experience of stigma

Participants discussed stigma in many ways, with a common element being that it was a negative feeling they experienced when interacting with healthcare workers:

He seemed like a grumpy old man ... very stern ... like you could smile more, you don't have to be such a tight ass ... he wasn't cold, he was very grumpy, ... so that made me feel uncomfortable, and that made me feel bad about myself (Travis, age 20).

Adam (age 28) similarly reported stories he heard about others experiences:

You hear the odd story of someone going somewhere and that doctor, because they don't agree with that person's sexual orientation, they don't treat them with respect or properly.

In this analysis, the actual experiences are unimportant; of interest is Adam's description of stigma as a lack of respect. Aaron (age 20), likewise, described stigma as feeling judged:

I did feel these two nurses ... were a little cold, maybe not just toward me, but in general, I felt some judgement ... I feel I was judged for my sexual activity.

Aaron felt that nurses judged him, describing his perceptions of them as "cold", highlighting that stigma is an experience or perception, which induces negative feelings about oneself.

##### 4.3. Experiencing stigma and HIV

Although the participants described stigma in many situations, one commonality was the link between promiscuity, HIV, and homosexuality. Marlin (age 23) stated:

I think [the physician] thought I was quite promiscuous ... she asked me four times in a half hour window when my last HIV test was until I told her not to ask me again.

Marlin believed that a healthcare worker assumed he was promiscuous because he was gay, but asserted that his sexuality had no effect on this. Aaron (age 20) described this:

[The nurse] said that gay males are at higher risk for HIV ... I felt, making that distinction wasn't necessary ... I felt she was going on the basis that HIV care is more directed toward gay men ... it's as though she didn't know she was judging ... I felt she was saying it out of care but underneath she was a little judgmental.

Rupert (aged 24) also felt an emphasis on HIV when he disclosed his sexual orientation:

As soon as it came up that I was gay, it was like 'you should get blood tests' ... which was something they were not suggesting before they heard about my sexual orientation ... it seemed like the fact that I was gay was the determining factor why I should be tested for chlamydia, gonorrhoea, syphilis, HIV ... and this was before they asked about my sexual history. As far as they knew, I could have been completely celibate. ... None of these questions was asked. It was just like, 'you're gay so here's this'.

Rupert felt stigmatized when healthcare workers linked HIV with homosexuality. Similarly, Marlin (aged 23) stated: "I don't care if you think I'm gay ... that won't make me promiscuous or HIV-positive". The participants' experiences of stigma manifested when they felt clinicians made assumptions based on sexuality identity, not sexual activities. Because the judgment was felt before the sexual health history was taken, but after the revelation of a gay orientation, participants perceived that clinicians' assessments were attached to non-heterosexual identities.

##### 4.4. Theme 2: a place of inclusion

Participants positively described the care they received. Nathan (age 21) stated:

As far as being treated fairly, given that this is a gay clinic, I think that's a very good thing ... it's very nice that we have these resources and I feel it helps people who may otherwise not have access to fair resources ... I guess the mere existence of this facility would help with that ... I'm more comfortable here ... because I feel I'll be treated fairly.

Other participants made positive comments about the gay men's STI clinic staff:

Because I come here frequently, ... it's become routine, like 'hey, paperwork, samples, have a nice day', but I feel the nurses who work here, they take it upon themselves to set time aside ... it really comes across that they enjoy being here (Aaron, age 20).

I went to [the gay men's clinic] one time, I had a great time there. I met [name]; he's a cool guy, made me feel really comfortable ... very friendly, very knowledgeable. He didn't pass judgment or anything like that. I would go see him again if I ever had to go (John, age 21).

Here, the participants described positive experiences at, and attributes of, the clinic; e.g., the staff enjoy this clinic, and care providers are friendly, knowledgeable, un-intrusive, and non-judgmental. In addition, participants discussed the clinic atmosphere:

Because [the gay men's clinic] had someone saying you need to fill this, and they had someone even before that when you looked disorientated if it's your first time and they'll say 'it's towards that way' and they assist you with the steps (Jonathan, age 21).

The participants discussed positive aspects of the clinic, including not emphasizing the reason for visit and assisting clients. Overall, the participants were comfortable attending this STI clinic.

## 5. Discussion

We interviewed eight gay males under the age of 30 about their experiences accessing a gay men's STI/HIV testing clinic, and identified that (1) participants used the term stigma to describe situations when they felt poorly about themselves because they believed others viewed them negatively; (2) participants felt that some care providers associated homosexuality with HIV risk, and did so without inquiring about sexual activities; and (3) participants viewed the gay STI clinic favourably, assuming staff were friendly, competent, and non-judgmental, despite the fact that this clinic was designed due to an epidemiologic link between HIV and gay men.

These findings should be interpreted with caution. The sample was small, and arose from one clinic where testing is free. Also, our sample only included persons who attended the clinic. The favourable views we identified may have been an artefact of sampling. As well, to participate, persons had to feel confident in their expression abilities and the importance of their story. Lastly, our participants represent a fraction of the men who access the clinic.

Despite limitations, we feel our findings raise notable points. For one, they suggest that stigma is a feeling, not an objective or uniform experience. Participants used many terms to describe these negative perceptions, which we captured under the umbrella of stigma. This finding aligns with the literature, which shows different types of stigma, such as perceived, self, and enacted (Brown et al., 2003; Corrigan & Penn, 1999; Scambler & Hopkins, 1986).

Here, perceived stigma is most relevant. Irrespective of care providers' intentions and thoughts about patients (which would require questioning clinicians), participants felt stigmatized, especially when a link was made between sexual orientation and HIV. While clinicians may believe they are performing objective clinical assessments and making recommendations based on risk factors, patients' interpretation of this process is important. This means that efforts to address stigma must use the patient perspective as the benchmark of success.

It is important that our point is not misconstrued to minimize the stigmatization that many minority persons experience. Discrimination exists and profoundly affects on those who endure it. Our point is that specific acts are not inherently stigmatizing; they must be contextualized to be understood. This means that the interpretation of stigma is not always in clinicians' control. If patients deem an action or

statement stigmatizing, then, in their worlds, the situation is real. This led to our conclusion that stigma is unique to individuals, although experienced in ways that can be described more generally in relation to negative emotions about others' perceptions.

Supporting this assertion were participants statements that they did not experience stigma at the gay men's clinic. This reinforces our position that stigma is interpretive and influenced by place; that is, stigma is perceived by an individual. The gay men's clinic likely influenced participants to interpret actions and statements in non-stigmatizing ways, when they might have interpreted them as otherwise. While seemingly a paradox, the importance of place explains how our participants disliked when clinicians emphasized HIV due to sexual orientation, yet had no such issues within a gay men's STI clinic, which reinforces this very link.

Goffman's work (1963) helps explain this finding that stigma is perceived based on the historically constructed reality of the person making an assessment. Such an interpretation is important because it indicates that, when addressing stigma, one must not only address clinicians' behavior and attitudes, but also the places where they deliver care for marginalized persons. As well, efforts to address stigma need to be based on patient feedback and insight.

## 6. Conclusion

Our study showed that stigma exists in interactions between nurses and young gay males. Interactions perceived as stigmatizing occurred when clinicians emphasized the link between HIV and homosexuality. Our study also showed that participants had positive experiences accessing care, particularly at the gay men's STI clinic where they perceived the staff as knowledgeable, un-intrusive, friendly, and non-judgmental. This clinic may thus increase HIV testing among GBM, but without challenging homophobia in society or other institutions. Therefore, the utility of such clinics should be questioned because, while they exist, there is no incentive for the rest of the healthcare system to become spaces of inclusion for gay men.

## Acknowledgments

This project was funded through an Early Researcher Award from the Government of Ontario's Ministry of Research and Innovation, and through the Ontario Graduate Scholarship program.

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