

**TITLE:** The Impact of Stigma on Diffusion, Uptake, and Performance of HIV Prevention Practices

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**PRESENTER(S):** Joseph A. Catania, M. Margaret Dolcini, Ashley Schuyler

**STUDENT SUBMISSION:** No

**TOPIC/TARGET AUDIENCE:** Topic: The impact of stigma on HIV prevention practices among MSM

Target audience: Program developers, practitioners, and researchers

**ABSTRACT:** Current research on HIV-related social stigma shows that high stigma is associated with lower

levels of PrEP and HIV testing uptake, and reduced benefits from HIV behavioral intervention programs. The primary hypothesis is that fear of social stigma and the physical or psychological consequences of being stigmatized lead men-who-have-sex-with-men (MSM) to avoid situations that could reveal their sexual orientation or HIV status to others in the community (i.e., avoidance hypothesis). Concerns about stigma may be especially high among MSM from communities with low acceptance of homosexuality. We will present data on three studies that replicate, extend, and refine the avoidance hypothesis. Our findings demonstrate that high social stigma is associated with a lack of PrEP awareness, poor HIV testing uptake (independent of risk motivations or HIV-literacy), and poor learning and performance outcomes on self-administration of Oral-HIV test kits in young African American MSM. These findings support and extend the avoidance hypothesis to HIV-related cognitive attentional deficits (e.g., performance). The findings also suggest a second pathway linking social stigma related anxiety or distress to poor learning outcomes. The panel will discuss the multiple pathways linking social stigma and HIV-relevant outcomes and suggest intervention strategies that have potential to address specific pathways.

**OBJECTIVE(S):** Discuss the impact of stigma on HIV prevention practices among African American MSM.

**PANEL MODERATOR:** Sheryl Thorburn, Oregon State University

**PANEL ABSTRACT 1:** Title: Oral HIV Self-Implemented Testing: Performance Fidelity Among African-American MSM.

Background. Oral-Self Implemented HIV Testing (Oral-SIT) offers a low cost way to

extend the reach of venue-based HIV testing systems. We examined Oral-SIT performance fidelity among African-American MSM (AAMSM; 17-24 yrs.). Methods. We administered Oral-SIT kits to young adult, low SES, urban AAMSM (n = 178). Participants had never self-administered an Oral-SIT kit and reported either being HIV negative or never tested. Results. High levels of social stigma were significantly associated with lower levels of Oral-SIT training knowledge and performance fidelity. Training knowledge had a positive impact on performance fidelity. Prior testing history had a positive impact on training outcomes. With one exception (recording maximum incubation time), participants had relatively low error rates in performing the test. Conclusions. The present work extends research on HIV-related social stigma and suggests that social stigma inhibits knowledge acquisition across a variety of HIV contexts. The current Oral-SIT training materials were understood by individuals with a wide range of educational backgrounds. The results are discussed with regards to areas of intervention that might facilitate Oral-SIT training outcomes and performance fidelity.

**PRESENTER 1:** Joseph A. Catania, Oregon State University

**PANEL ABSTRACT 2:** Title: Correlates of HIV Testing Uptake Among African American MSM. Background: African American MSM (AAMSM) are at high risk for HIV, but a large proportion of AAMSM have never been tested. Purpose: The present study examined potential antecedents of HIV testing uptake among AAMSM (n=181; 17-24 yrs.) Methods: Data were collected (2016, Chicago) from HIV-negative and never-tested AAMSM. We examined hypothesized antecedents to HIV testing uptake (risk history, social stigma, health literacy, and education). Results: Nearly one quarter of the men in our sample had never been tested for HIV. Our multivariate logistical regression model showed that men who had been tested for HIV had significantly lower social stigma (OR = 0.26,  $p < .001$ ) and higher HIV literacy (OR = 1.42,  $p < .05$ ) than those who were untested, but did not differ in terms of level of education (OR = 1.33,  $p = .51$ ) or sexual risk behavior (OR = 1.12,  $p = .78$ ). Conclusions: Our results suggest that social cultural and cognitive factors influence HIV testing uptake. Specifically, we found that HIV-related social stigma is related to a failure to seek testing independent of health literacy, education level, and level of sexual risk behavior. Findings are discussed in the context of social stigma theory.

**PRESENTER 2:** M. Margaret Dolcini, Oregon State University

**PANEL ABSTRACT 3:** Title: Diffusion of PrEP Among African-American MSM. Background: Pre-exposure prophylaxis (PrEP) is an effective HIV prevention strategy. PrEP diffusion has encountered barriers within the African American MSM (AAMSM). Purpose: We examined individual-level characteristics of AAMSM (n=181; 17-24 yrs.) that may inhibit PrEP diffusion. Methods: Data were collected (2016, Chicago) from HIV-negative and never-tested AAMSM. Participants were divided into three groups: PrEP unaware (11.6%), PrEP aware/non-adopter (76.2%), and PrEP adopters (12.1%). We examined hypothesized antecedents (risk history, social stigma, health literacy, insurance coverage, and education) of PrEP awareness (vs. unaware) and adoption (vs. aware/non-adopter). Results: PrEP unaware vs. aware (logistic regression) men had significantly higher levels of social stigma (OR=2.05,  $p < .03$ ), and lower HIV health literacy (OR=.74,  $p < .05$ ); adopters (vs. aware/non-adopters) had significantly higher levels of education (OR=2.40,  $p < .04$ ) and risky sexual behavior (OR=2.92,  $p < .03$ ). Conclusions: Our results suggest that social cultural, cognitive, motivational, and social network factors influence diffusion at different points in the diffusion process. Specifically, we found that HIV-related social stigma inhibits awareness of PrEP-related information, independent of health literacy. Neither stigma nor health literacy were related to uptake, rather uptake appears to be related to motivational (i.e., risk-

related) and social network (i.e., highly-educated networks) factors. Findings are discussed in the context of diffusion theory.

**PRESENTER 3:** Ashley Schuyler, Oregon State University

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