

*February 2020*

## **Gay Black Men: How Intersectional Stigma May Impact Use of PrEP**

HIV infection in the U.S. continues to [disproportionately affect black men who have sex with men](#) (MSM) when compared to white and Hispanic MSM, despite black men [consistently reporting fewer sex partners and less risky behaviors](#). Half of all black MSM are projected to acquire HIV in their lifetime, compared to 25% of Hispanic MSM and 9% of white MSM. Recent reports show there are major disparities in PrEP use. Of the 1.1 million estimated individuals who could benefit from PrEP, 45% are black MSM. Yet of those currently using PrEP, only 11% are black MSM, compared to 13% Hispanic/Latino men and 69% white men.

Qualitative [research](#) published in [\*Social Science & Medicine\*](#) by Dr. Katherine Quinn and colleagues at the Center for AIDS Intervention Research highlights how intersectional stigma contributes to low [Pre-exposure prophylaxis](#) (PrEP) use for black MSM in the U.S. Intersectional stigma is experienced as a result of discrimination based on multiple identities, such as being black and gay. Mistreatment in healthcare services, racism, homophobia, and structural inequities intersect to deter black MSM from seeking out PrEP as a means of preventing HIV infection.

According to this research, one of the most prominent barriers to accessing PrEP was anticipated and experienced stigma from healthcare providers based on race, sexuality, or both. Participants expressed that, as black MSM, they tend to receive sub-standard healthcare services which contributes to hesitancy to access PrEP and healthcare in general.

## Passive Aggressive Racism in Healthcare Settings

A common theme in the study was racism and social inequities experienced by participants at multiple levels. This was compounded by sexuality-based discrimination and created a unique situation in which black MSM had specific concerns when accessing PrEP.

***“I think, like from the minute we walk in [the clinic], they just already know, like, “Okay, they probably on some type of Title 19 or state insurance or something.” But, when a white person come out, in my honest opinion, when a white person come in there, they look at them, like, okay, they know that they can probably get more money out of that white person than a black person ‘cuz they insurance only take them so far. But a white person, you know what I’m saying, they insurance probably can go further...”***

-Focus group participant

Societal racism intersects with homophobia and contributes to feelings of anxiety, defensiveness, and low self-worth. Stigmatization happens at multiple levels: individual communities and society at large. Regarding racial disparities in PrEP uptake, men cited structural barriers and poverty, unemployment, and racial discrimination as contributing factors.

The research highlights the importance of acknowledging intersectional stigma when considering limited PrEP uptake among black MSM. This approach goes beyond individual-level risk factors and considers broader social and structural factors that make black men more vulnerable to HIV infection—many of these are the same factors that pose barriers to PrEP uptake and adherence.

Men experienced both racism and homophobia within a context of inequities in healthcare access, socioeconomic status, education, and HIV infection. PrEP use has also become stigmatized as it is linked to being gay, sexually promiscuous, and irresponsible. The intersection of being gay, black, and HIV positive had the most negative impact on perceptions of PrEP use, and men wanted to distance themselves from this intersectional identity.

## Young Black MSM Reduced to Sexuality by Doctors

***“When you say you’re gay it’s like, STD check! Like right away it’s like, I didn’t come here for that. I gotta itch right here. Like, you know I got an itch on my head, do an STD check? What? No.”*** -Focus group participant

As the authors point out, this necessitates the need for multi-level interventions to mitigate intersectional stigma and its consequences. This could be in the form of supportive youth spaces and implementing resiliency-focused interventions to reduce negative associations of being gay and black. Public health interventions also need to work to normalize PrEP use and break the association between PrEP use and sexual non-conformity. Awareness and knowledge of PrEP will reduce stigma, increase positive attitudes, and build healthier individuals and communities.

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