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The Negative Impact of Stigma Perceived by Men Who Have Sex with Men (MSM): An Integrative Review

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A B S T R A C T

The stigma perceived by men who have sex with men (MSM) and people living with HIV (PLHIV) may negatively impact their physical and mental well-being, testing and healthcare seeking, adherence to treatment and social insertion of individuals. In the present review, stigma-related aspects on MSM behavior and perceptions on HIV/AIDS are discussed. An integrative literature review was performed, including experimental and non-experimental studies. The presence of stigma and discrimination against MSM and PLHIV still remains, especially in association with HIV infection and ethnic aspects. Identifying the impact of stigma on infection dynamics and mental health of individuals remains necessary and urgent.

Introduction

Studies on human sexual orientation are crucial for providing insights in this complex phenomenon, consisting of different patterns and functions. Sexual orientation does not only result from biological or cultural factors, but, from its multiple forms of manifestation, resulting from different interactions between such elements and ontogenetic development paths. Furthermore, the influence of sexual dimorphism -observed from typical gender patterns - plays a major role in the construction of sexual identity, social interactions and sexual orientation development (Menezes *et al.*, 2010).

A homosexual is defined as an individual who engage in sexual relations with individuals of the same sex/gender, and who socially identify as homosexual. Yet, these individuals can also identify in other ways: homosexual men, for instance, can identify as gay; women as lesbian; some are bisexual, and while others men do not identify as gay, but have sexual relations with other men, so called men who have sex with men (MSM). Unfortunately, such 'definitions' and 'labels' are often stigmatizing (Colling, 2018).

The group MSM emerged in Brazil as an epidemiological category used to investigate the dynamics of propagation (transmissibility, virulence and control mechanisms) of sexually transmitted infections (STIs) among such population (Rocha, 2014; Unaids, 2014). In this group, individuals are included considering their sexual practice, rather than his sexual orientation, given that it is possible for MSM to recognize themselves as heterosexual, often related to the heteronormativity social context in which they are inserted. Thus, it is inappropriate to attest that MSM are gay, bisexual, or other sexual orientation (Duque; Pelúcio, 2010). Studies demonstrated that such men identify as "passive heterosexuals" and "versatile heterosexuals", the latter being the most common category observed. Also, such individuals maintain affective-sexual relationships (through marital or casual agreements) with people of the opposite sex, often rejecting female mannerisms in themselves and in the men partners; feeling pleasure when penetrating women, however, in relationships with partners of the same sex, prefer to be penetrated (Nogueira, 2017).

Failure to establish safe sexual practices during sexual intercourse is a major risk factor for HIV (Gutierrez *et al.*, 2019). Some MSM individuals do not periodically test for HIV, while others, even though are aware of their serological condition, do not communicate their partners, and engage in risky sexual behaviors, highlighting that lack of discussion on sexual agreements and stigma are still common in our society (Cota; Cruz, 2021; Kessler, 2013; Unaids, 2019). According to the Global AIDS Prevention Guidelines, MSM are considered key populations to the HIV epidemic and response, mainly, due to high prevalence rates, and behavioral and/or structuring factors in society that affect the vulnerability of this population group. In addition to MSM, individuals deprived of their liberty, injecting drug users, sex workers and transgender people also present high vulnerability for HIV (Sullivan *et al.*, 2012; Unaids, 2014).

Among the behavioral factors, early sexual initiation, number of sexual partners, infrequent use of condoms, use of illicit substances and alcohol, and sexual agreements are of relevance (Rocha, 2014). According to the United Nations HIV/AIDS Program (Unaids), 1.5 million people were diagnosed with HIV in 2020, where 23% of new cases were reported in the key population of MSM (Unaids, 2021). In addition, people living with HIV/AIDS (PLHIV) are target of stigmas based on the dominant and structuring moral expectations of society, which have persisted since the 1980s in the Brazilian society (Monteiro *et al.*, 2013). Stigma, homophobia and discrimination exert a strong influence in the vulnerability of the MSM population to HIV and STIs epidemics (Calazans, 2018).

As proposed by Ayres *et al.*, (2022), the relation between vulnerability and human rights provides means to understand the behavioral aspects of prevention (individual dimension), in the light of its relations with the material and cultural contexts of individuals and communities affected (dimension social), and with the characteristics of policies, programs, services and resources available in these contexts (programmatic dimension). Considering this challenging situation, there is an urgent need to investigate and comprehend stigmatizing factors influencing the epidemiology of HIV/AIDS among MSM, in order to promote effective and swiftly measures (Grangeiro, 2015; Calazans, 2018).

The effectiveness of a health policies for HIV/AIDS permeates a sociocultural environment where often stigma, moralism and lack of information, contribute

negatively to the physical and mental well-being of PLHIV, adherence to treatment and social insertion of individuals. In the present study, aspects of stigma related to MSM behavior and perceptions on HIV/AIDS are discussed.

Materials and Methods

An integrative literature review was performed, including experimental and non-experimental studies. This type of study has stood out in the context of healthcare research, allowing a methodological analysis of publications on a given topic, also making it possible to synthesize and understand the context of the object of study from different perspectives, and identify of possible scientific gaps that can be investigated in future studies (Costa *et al.*, 2020).

The study was designed based on criteria described by WHITTEMORE (2005), including the following steps: (I). Elaboration of the research question; (II). Establishment of inclusion and exclusion criteria; (III). Information extraction; (IV). Reading and critical analysis; (V). Interpretation and discussion of results, and (VI). Presentation of the integrative review.

At first, the guiding question was elaborated: Do aspects such as stigmatizing factors are related with infection risk and access to information related to HIV among MSM? For this purpose, The Patient, Intervention, Comparison, Outcome (PICO) strategy was used applied, considering P=(MSM); I=(Stigma aspects); Co=(HIV-related information).

Studies research was performed in the following databases: *PubMed*, Virtual Health Library (BVS), *Scientific Electronic Library Online* (SciELO), *Medical Literature Analysis and Retrieval System Online* (MEDLINE) and EMBASE. Health science descriptors were listed from the Descriptors in Health Sciences (DECS) and MeSH (*Medical Subject platform Headings*) databases: *Sexual Behavior, Sexual and Gender Minorities, HIV, Homosexuality, Male, Health Communication, Psychology, Social* (PubMed); *Sexual Behavior, Male Homosexuality, HIV, Health Communication, Social Psychology* (BVS); *sexual deviation, Human immunodeficiency virus, medical information, social psychology* (EMBASE), associated through the Boolean operators "AND" and "OR". Studies published between 2010 and June 2021; in English, Spanish and Portuguese; evaluating the biopsychosocial aspects of MSM and stigma, interference factors in the risk of infection, and access to information related to HIV, were included. Studies without the full version available, not addressing the topic of this review, abstracts, dissertations, theses and review articles, as well as, studies published in a language other than those already cited, were excluded.

After applying the inclusion and exclusion criteria, the pre-selected articles were identified by reading the title, abstract, objectives and results, which was independently conducted by two reviewers, using a preformatted worksheet in *Microsoft Excel*. In case of disagreement in the selection of articles, a third reviewer was convened.

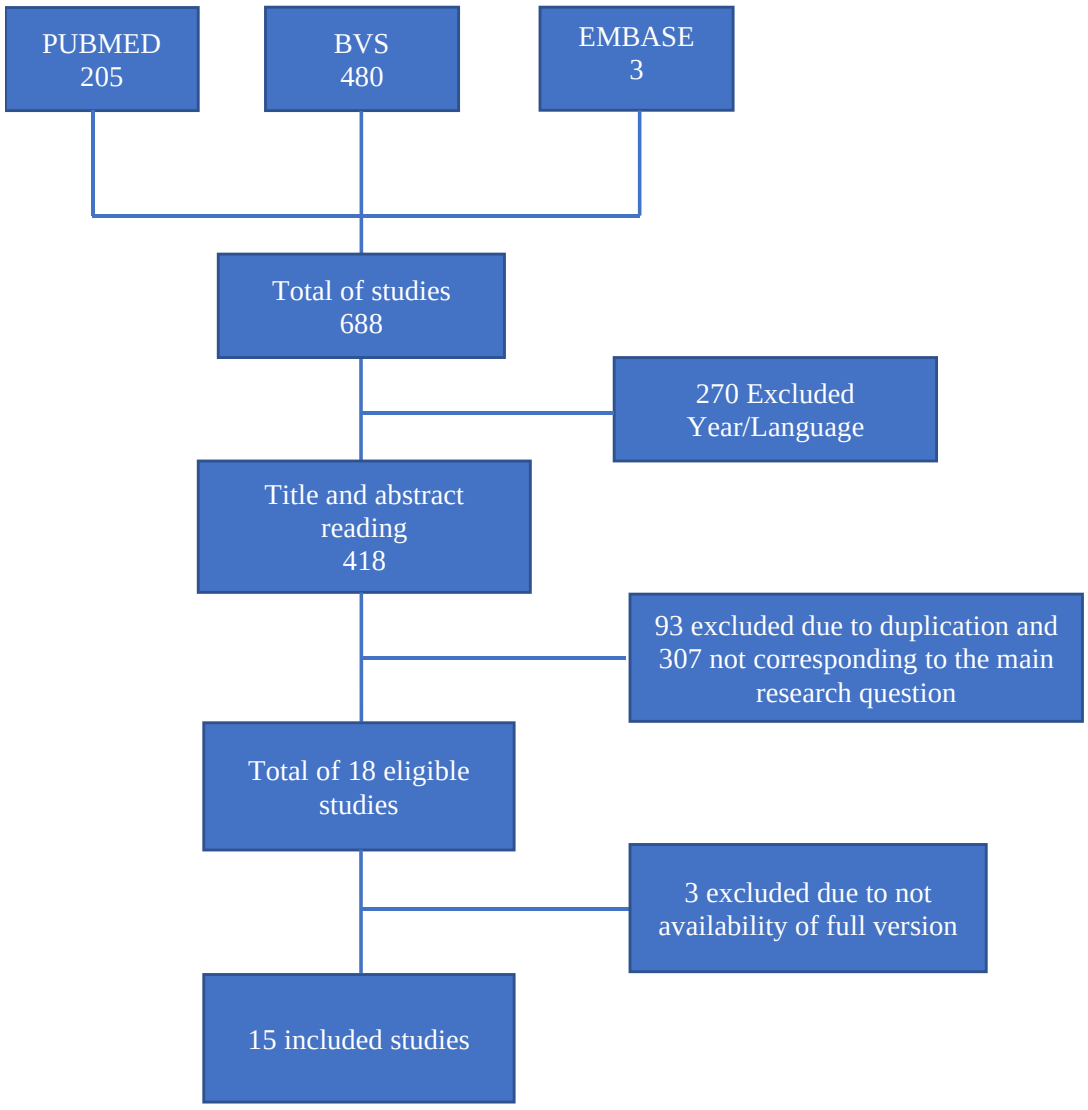
Database search in resulted in a total of 688 articles. Of these, 270 did not meet the inclusion and exclusion criteria. Of the 418 with titles and abstracts read, 93 were excluded due to duplication, and other 307 by not meeting the guiding question. A total of 18 studies were selected for full reading, however, three were excluded by not being fully available, resulting in a total of 15 eligible studies. Figure 1 describes the article selection process.

Results and Discussion

Despite advances in HIV/AIDS treatment, PLHIV suffer from stigmatization, mainly associated with MSM sexual behaviors, which are still discriminated by society, leading to family and social rejection (Berry *et al.*, 2013; Lyons *et al.*, 2019). It is also worth remembering that homosexuality was classified as a disease until May 17, 1990, being called homosexuality (Unaids, 2018). Homosexuals were treated as carriers of some pathology or

disorder, and this "disease" was attributed to biological, genetic causes or inadequate psychic development (Terto, 2002). In the present study, articles that reporting the biopsychosocial aspects of stigma perceived by MSM were included (Table 1).

Fig.1 Flowchart of study selection according to Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA).



Source: Authors research.

Also, healthcare professionals, family and general society were agents of stigmatization of individuals living with HIV, especially those belonging to sexual minorities (Berry *et al.*, 2013; Lyons *et al.*, 2019; Bird; Voisin, 2013; Fisher *et al.*, 2018; Jemmott *et al.*, 2019; Hussen *et al.*, 2014).

In 2008, the Global Network of People Living with HIV (GNP+), the International Community of Women Living with HIV/AIDS (ICW), the International Planned Parenthood Federation (IPPF) and the Joint United Nations Program on HIV/AIDS (UNAIDS) created the Stigma Index. This tool allows detecting and measuring changing trends in relation to HIV-related stigma and discrimination, considering the perspective of people living with HIV (Unaids, 2021).

Although the infection has been known to society since the 1980s, there is still a lot of prejudice and misinformation against PLHIV along with high stigma index, calling attention to the adoption measures aiming to expand the social vision in relation to HIV and sexual orientation (Paho, 2020). Such scenario reflects in the studies included in the present review, were mostly were related to HIV stigma (Table 1).

A critical point for people living with HIV is disclosure serological status to close relatives and partners. This revelation can be a life changing experience, as many will probably face family prejudice, abandonment by their partner, discrimination by friends and the gay community itself (Unaids, 2019; Lyons *et al.,* 2019; Bird; Voisin, 2013).

Unfortunately, as presented in the included studies, most societies still stigmatize and often does not provide support, consequently, this stigma negatively influences treatment adherence and can contribute to drug use and abuse (Carey *et al.*, 2018).

Also in face with scenario, individuals usually do not communicate HIV status and have discussion on prevention and testing measures, as they fear rejection and being stigmatized (Henny, 2019; Lyons *et al.,* 2019) (Table 1).

Several studies indicate that ethnic aspects, older age and religious beliefs contribute to the stigmatization and discrimination of MSM and PLHIV (Holloway, 2014; Kerrigan, 2017). The identification of these groups is important, as it allows the elaboration of strategies with the objective to break the barriers of stigma and discrimination against HIV and issues related to sexual orientation (Table 1).

MSM often do not feel included in health policies aimed at LGBTQIA+ communities, leading to limited access to healthcare systems, and delay in STIs and HIV diagnosis (Fisher *et al.,* 2018; Mitchell *et al.,* 2017; Cao *et al.*, 2018). Perhaps, the development of inclusive healthcare policies minimizing stigma barriers may contribute to the inclusion of such individuals in the health systems, enhancing the use of prophylaxis, testing and treatment measures for HIV and STIs.

In the other hand, a significant number of MSM, do not get tested for HIV regularly and report not using condoms during sexual relationships. Such aspect highlights the importance of continuous health education campaigns, aimed at promoting safe sex practices and HIV/STIs (Garcia *et al.,* 2021; Chittamuru, 2018; Gass *et al.*, 2012; Kolstee *et al.*, 2017; Dai *et al.,* 2015; Feinstein, 2018) (Table 1).

Stigmatization due to HIV/AIDS can lead to serious mental health problems, which can compromise achievements in the area of prevention and care, highlighting the complexity of discriminatory processes, such as homophobia, sexism, social inequalities and structural violence (Cruz *et al.*, 2021).

Another consequence of stigma and discrimination is social isolation, as many individuals avoiding leaving home or having a social life, breaking any possibility of social support.

The absence of social support has a negative impact on psychological and physical well-being, having been related to episodes of depression, decreased self-esteem, increased HIV transmission and poor disease progression (Cruz *et al.,* 2021; Hao, 2015; Santos *et al.,* 2018; Garrido *et al.,* 2007) (Table 1).

Table.1 Description of the studies discussing the impact of stigma related to MSM and HIV/AIDS included in the integrative review.

Authors / Year	Methodology/Objective	Stigma-related factor	Main findings and discussion
Fisher *et al*. (2018)	Internet-based survey including 198 adolescent MSM with 14 to 17 years of age, and focusing in identify factors facilitating and impeding HIV/STI preventive health services for.	Anticipated stigma by healthcare providers	Adolescent MSM would avoid testing and counseling on HIV/STI due to fear of stigma and heterosexist bias by healthcare providers. Also, the majority of participants reported inequitable treatment for LGBTQ patients in healthcare settings.
Chen, Guo; Shi (2019)	A total of 133 gay men living with HIV/AIDS (GMLHA) were recruited through snowball sampling on Weibo platform, China. The study evaluated how the perception of HIV stigma motivated social support seeking on social media.	HIV/AIDS and homosexuality in Chinese society	HIV/AIDS and homosexuality stigma is still predominant in China, often leading to marginalization of MSM living with HIV. GMLHA who expressed perceptions of severity on HIV and stigma tend to post more emotional support-seeking messages on social media.
Durvasula *et al*. (2019)	A discrete-choice experiment surveyed 885 MSM regarding which aspects of HIV testing marketing affect MSM willingness to share specific HIV testing messages on social media platforms in China.	Disclosure and discussion of serological status and sexuality in social networks in China	Concerns regarding MSM disclosure or stigma associated with HIV may affect online engagement with testing materials, posing a major barrier to HIV prevention in China. The study also highlight that sex-seeking platforms represent a targeted, efficient method of actively engaging MSM in public health interventions.
Herder & Agardh (2019)	In-depth interviews were conducted with 10 MSM living with HIV in Sweden aiming to explore experiences of communication with clinical staff at HIV clinics regarding rules of conduct and infectiousness among MSM	Rules of conduct given to PLHIV in Sweden	Sweden HIV legislation has been criticized for being stigmatizing and for not being guided by scientific evidence, impacting negatively HIV management. Even though, MSM living with HIV had good relationships with clinical staff at clinics, inconsistencies arose regarding how they experienced receiving information about the rules of conduct and infectiousness. Findings indicate that the

	living with HIV.		lack of solid routines about how information and rules of conduct are communicated negatively affects MSM living with HIV and presents potential risks to the individual.
Thaker *et al*. (2018)	Cross-sectional survey conducted in south India including 225 MSM and transgender females. Five dimensions of stigma: experienced stigma, HIV-related vicarious stigma, self-stigma, media stigma, and felt normative stigma were evaluated.	The influence of stigma in collective efficacy and advocacy communication	Respondents reported highest amount of perceived media stigma, followed by felt normative stigma, vicarious HIV-related stigma, self-stigma, and experienced stigma. Collective organization could reduce stigma and discrimination as well as enhance access to resources for community, including healthcare. Collective efficacy helped them to possibly counter the negative impact of stigmas.
Rucker *et al*. (2018)	Semi-structured individual in-depth interviews were conducted with 29 Black MSM in New York City. Factors related to disclose of their sexual orientation to healthcare providers, and discuss their sexual health were investigated.	Stigma by healthcare providers	Discussion of sexual orientation and behavior by healthcare providers with their Black MSM patients is possible in a less stigmatizing environment, which improves their overall knowledge of sexual health.
Bird *et al*. (2013)	In-depth, qualitative interviews were conducted with 20 HIV-positive Black MSM in Chicago, exploring themes related to HIV-related stigma and the underlying messages HIV-positive Black MSM receive regarding their status.	Perception of stigma by HIV positive Black MSM	Participants are aware and concerned about stigma of HIV/AIDS, and the negative stereotype created by society. Fear of being discriminated due to their serological condition was mainly reported. Also, stigmatization occurs within the family, among friends, society and in the gay community itself is internalized. Developing antidiscrimination and antistigma campaigns in may be an effective strategy for reducing HIV-related stigma.
Natan *et al*. (2011)	A descriptive, cross-sectional study was conducted to explore disclosure decisions regarding	Disclosure of HIV status among Israeli men	Disclosure intention might be affected by behavioral and normative beliefs, attitudes toward the behavior, and subjective norms. Stigma reduction could

	potential HIV infection by Israeli MSM. A total of 106 MSM responded a structured questionnaire.		positively affect disclosing HIV infection, thus possibly decrease both their mental and physical risks.
Cao *et al*. (2020)	The study explored the impact of serostatus disclosure on the spousal relationship between wives and their HIV-positive husbands using semi-structured interviews in China	Stigma of wives towards their husbands MSM behavior and serological status	Wives reported a high psychological and marital impact upon discovering their husband's condition, enhancing the stigma. Disclosure had negative impacts on the relationship, including limited communication about HIV-related issues, and some cases of reduced sex, compromised intimacy, and decreased emotional support.
Jemmott III *et al*. (2019)	Study exploring the barriers and facilitators to sexual healthcare among African American MSM. A total of 27 African American MSM were interviewed.	Perceived stigma by African American MSM	African American MSM still present high rates of HIV and low rates of engagement in the HIV healthcare. Interventions to reduce stigma by healthcare providers and enhance social support could be useful to reduce disparities in HIV care affecting African American MSM.
Tobin *et al*. (2014)	Cross-sectional survey including 226 African American MSM Participants completed an inventory to characterize network members with whom they had conversations about HIV testing and HIV status.	Perceived stigma by African American MSM	Stigma associated with MSM behavior or HIV, particularly in African American communities, may be a barrier to communication in healthcare. The study has also shown that older men are less likely to disclose their HIV status, given the heightened stigma related to MSM among older generations.
Lyons *et al*. (2019)	Survey with 532 individuals aiming to determine the latent constructs of stigma and disclosure status among cis-MSM and transgender women in Eswatini, Swaziland.	Sexual behavior and discriminatory attitudes	There is stigma in relation to sexual behavior at community level, which can be the target of family gossip; rejection by friends; refusal of police protection; fear of walking in public places, as some reported having been verbally assaulted; blackmailed; and mistreated in health services. Stigma interventions may benefit HIV prevention and treatment for MSM and transgender women in Eswatini.

Closson *et al*. (2015)	The study explored stigma, economic need and disclosure among male sex workers in Vietnam. In-depth qualitative interviews exploring motivations for sex work, patterns of sex work disclosure and experiences of social stigma were conducted with 23 MSM	Social stigma management	Sex workers experience social stigma. Many professionals emphasized the adverse mental, physical and moral effects of sex work. The management of social stigma is carried out in a variable way and many were unable to reveal their profession to the family.
Kerrigan *et al*. (2017)	A total of 900 PLHIV in Brazil were examined for investigating the relationship between stigma, discrimination and HIV outcomes.	Discrimination of PLHIV	Factors related to stigma were: gender, sexual orientation, having kids, age, participation in evangelical pentecostal religion, income and history of sex work. In relation to the high stigma and discrimination related to HIV, might result in a negative impact on physical health and reduce adherence to HIV treatment.
Berry *et al*. (2013)	A qualitative research study was conducted to describe how the social environment affects sexual behaviors of MSM in Vietnam.	Stigma perceived by MSM within the Vietnamese society	The stigma affects the number of partners and the participants' level of sexual risk. In addition, men generally reported poor communication between partners about sexual risk. While stigma in the wider community is difficult to change, social environments where gay men can communicate openly create an opportunity for HIV prevention and social support.

The existence of stigma and discrimination against MSM is undeniable, especially in association with HIV infection and ethnic aspects. Due to the fear of stigma, many men do not communicate their HIV status to their partners, family and friends, in addition, to not feel welcomed by health professionals.

The stigmatization of MSM and PLHIV should be faced as a social process that increases inequality and legitimizes the violation of human rights, with repercussions on both integrity and well-being. Identifying the impact of stigma on infection dynamics and mental health remains necessary and urgent.

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