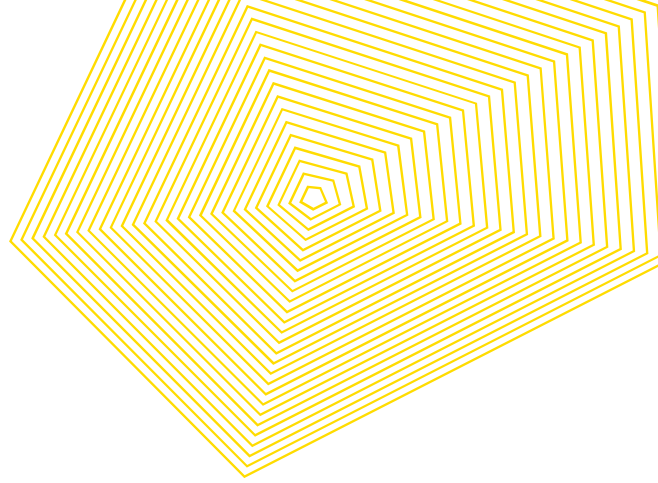




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# Stigma Indicators Monitoring Project

## Men who have sex with men – New South Wales

### Background

Stigma and discrimination have major health implications for people living with or at risk of blood borne viruses (BBVs) and sexually transmissible infections (STIs). Australia has five national strategies addressing HIV, viral hepatitis, and STIs, each with a clear goal to eliminate the negative impact of stigma and discrimination on people's health (Australian Government Department of Health, 2018a,b,c,d,e).

Since 2015, the Australian Government Department of Health has provided funding to the Centre for Social Research in Health (CSRH, UNSW Sydney) to develop and implement an indicator of stigma amongst priority groups identified by the national strategies, namely: gay and other men who have sex with men, people who inject drugs, people living with HIV, people living with viral hepatitis, and people who engage in sex work. Information regarding the development of the indicator has been published elsewhere (Broady et al., 2018). A mirrored indicator was also developed to monitor the expression of stigma by populations such as health workers or the general public. Since 2016, the stigma indicator and mirrored indicator have been periodically used in surveys of the priority populations, health workers, and the general population.

This report outlines the results from a survey of men who have sex with men conducted in 2021. Results specific to participants living in NSW are provided, including comparisons with participants from the rest of Australia and with NSW participants from previous surveys of men who have sex with men (conducted in 2018 and 2020).

### Method

In 2021, the stigma indicator was included in the PrEPARE survey (MacGibbon et al., 2021). Participants were recruited through community organisations, Facebook groups about HIV prevention, and paid social media advertising. Recruitment for the 2018 and 2020 surveys used similar approaches.



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Survey questions included demographic characteristics and a range of questions regarding experiences of stigma and discrimination over the past 12 months. Participants responded to the stigma indicator and an additional question regarding discriminatory treatment from health workers.

In 2021, comparisons were made between participants from NSW and those living elsewhere in Australia. Comparisons between binary or categorical variables were conducted using chi-square tests, comparisons between continuous variables were conducted using independent samples t-tests, and comparisons between ordinal variables (e.g., the stigma indicator) were conducted using Mann-Whitney U tests. Among NSW participants, trends over time (i.e., from 2018 to 2021) were assessed using binary logistic regression.

Table 1 shows the demographic characteristics of NSW participants from 2018 to 2021.

**Table 1. Demographic characteristics of NSW participants, 2018-2021**

	2018 n (%)	2020 n (%)	2021 n (%)	Change from 2020	Trend over time
<b>Total sample</b>	<b>389</b>	<b>284</b>	<b>482</b>		
<b>Gender</b>					
Man/male	386 (99.2)	279 (98.9)	472 (97.9)	ns	ns
Non-binary	2 (0.5)	1 (0.4)	9 (1.9)	-.a	-.a
Different term	1 (0.3)	2 (0.7)	1 (0.2)	-.a	-.a
<b>Sexuality</b>					
Gay/homosexual	324 (83.5)	23 (82.6)	394 (81.7)	ns	ns
Bisexual/pansexual	46 (11.9)	33 (11.7)	64 (13.3)	ns	ns
Heterosexual	2 (0.5)	1 (0.4)	0	-.a	-.a
Queer	11 (2.8)	11 (3.9)	14 (2.9)	-.a	-.a
Different term	5 (1.3)	4 (1.4)	10 (2.1)	-.a	-.a
<b>Age: Mean (SD)</b>	32.8 (12.8)	40.3 (14.4)	41.5 (13.9)	ns	↑ <i>p</i> <.001
<b>Aboriginal or Torres Strait Islander</b>	16 (4.1)	6 (2.1)	8 (1.7)	-.a	-.a
<b>Born overseas</b>	-.b	91 (32.0)	133 (27.7)	ns	-.c
<b>University education</b>	165 (42.5)	173 (61.1)	298 (61.8)	ns	↑ <i>p</i> <.001
<b>Employed full-time</b>	219 (56.9)	142 (50.2)	310 (64.3)	↑ <i>p</i> <.001	ns
<b>Income</b>					
<\$40,000	-.b	73 (27.9)	84 (18.7)	↓ <i>p</i> <.01	-.c
\$40,000-\$79,999	-.b	80 (30.5)	103 (22.9)	↓ <i>p</i> =.03	-.c
\$80,000+	-.b	109 (41.6)	263 (58.4)	↑ <i>p</i> <.001	-.c
<b>Lives in capital city</b>	-.b	184 (64.8)	539 (77.2)	↑ <i>p</i> <.001	-.c
<b>HIV status</b>					
Negative	303 (77.9)	241 (84.9)	409 (84.9)	ns	↑ <i>p</i> <.01
Positive	23 (5.9)	23 (8.1)	33 (6.8)	ns	ns
Don't know	63 (16.2)	20 (7.0)	40 (8.3)	ns	↓ <i>p</i> <.001

Note: 'ns' refers to non-significant test results

<sup>a</sup> Trends not calculated due to small sample size

<sup>b</sup> Data not collected in 2018

<sup>c</sup> Trend not calculated due to no available data in 2018

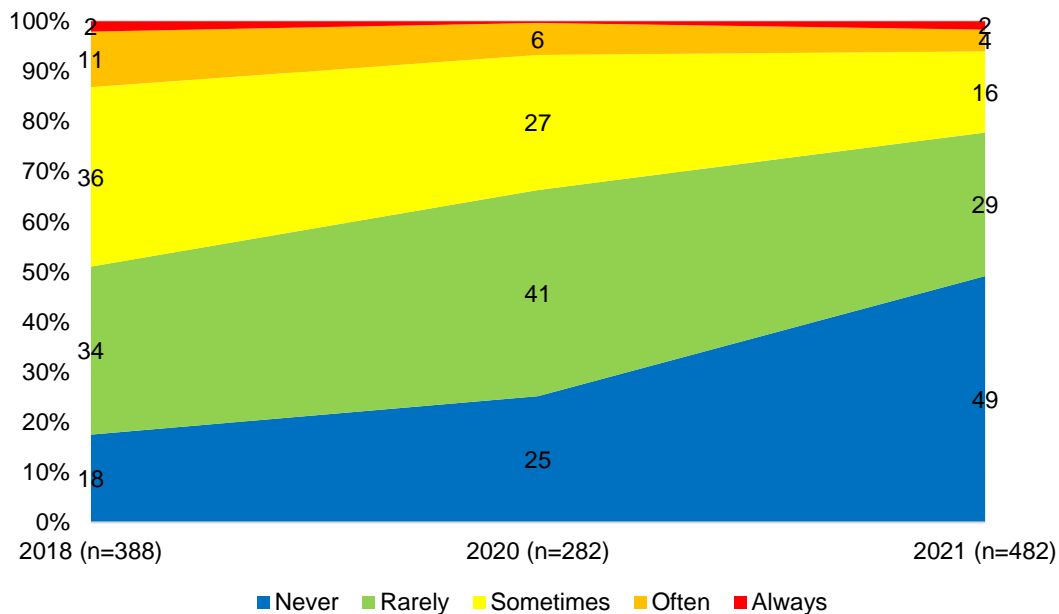
Between 2018 and 2021, the average age of NSW participants increased from 32.8 years to 41.5 years ( $p<.001$ ). The proportion of participants who had completed university level education also increased, from 42.5% in 2018 to 61.8% in 2021 ( $p<.001$ ). The proportion of HIV-negative participants increased from 77.9% in 2018 to 84.9% in 2021 ( $p<.01$ ). Conversely, the proportion of participants who did not know their HIV status decreased from 16.2% in 2018 to 8.3% in 2021 ( $p<.001$ ). The proportion of HIV-positive participants remained stable over time.

In 2021, NSW participants were more likely to be in full-time employment than those from the rest of Australia (64.3% vs. 57.6%,  $p=.02$ ) and reported higher incomes (58.4% reported a personal income of \$80,000 or more, vs. 44.2% of participants from elsewhere in Australia,  $p<.001$ ). Participants from NSW were also more likely to live in a capital city than those from elsewhere in Australia (77.2% vs. 71.3%,  $p=.02$ ).

## Results

In 2021, 51% of NSW participants reported any experience of stigma or discrimination in relation to their sexual orientation within the past 12 months, including 6% who indicated this 'often' or 'always' occurred. Between 2018 and 2021, the proportion of NSW participants who reported 'never' experiencing sexual orientation-related stigma increased (from 18% to 49%,  $p<.001$ ), while the proportions who reported 'sometimes' or 'often' experiencing stigma decreased (from 36% to 16%,  $p<.001$ , and 11% to 4%,  $p<.001$ , respectively). In 2021, there was no difference in the frequency of stigma reported by NSW participants and those from elsewhere in Australia ( $Z=0.52$ ,  $p=.61$ ).

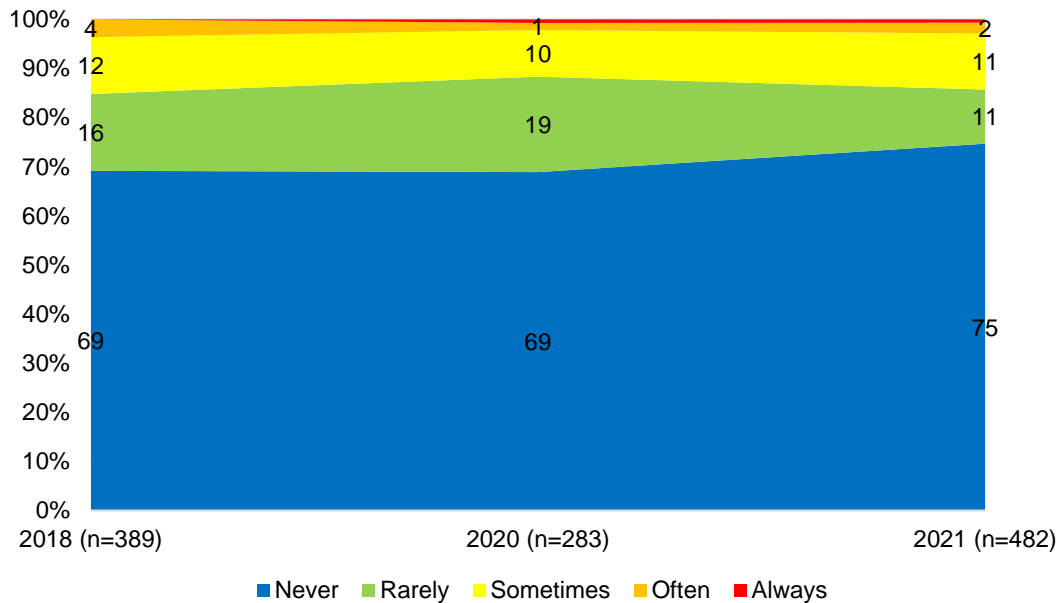
**Figure 1. Past 12-month stigma or discrimination in relation to sexual orientation**



In 2021, 25% of NSW participants reported any negative treatment by health workers in the past 12 months. Between 2018 and 2021, the proportion of NSW participants who reported 'never' being treated negatively by health workers did not significantly change ( $p=.10$ ). Similarly, the proportions who reported 'rarely', 'sometimes', 'often', or 'always' being treated negatively by health workers remained stable between 2018 and 2021. In

2021, there was no difference in the frequency of negative treatment from health workers reported by NSW participants and those from elsewhere in Australia ( $Z=0.81$ ,  $p=.42$ ).

**Figure 2. Past 12-month stigma or discrimination by health workers due to sexual orientation**



### Conclusion

Findings from the 2021 PrEPARE project show that men who have sex with men continue to experience stigma in relation to their sexual orientation, with over half of NSW participants reporting experiencing stigma within the past year. Although this represented a decrease in stigma over time, significantly more progress is still needed in order to eliminate stigma related to sexual orientation throughout the community.

Negative treatment within health care settings was reported less frequently than overall experiences of stigma, however, this was still reported by one in four NSW participants and has not significantly changed since 2018. This further highlights the clear need to invest in initiatives to reduce stigma towards men who have sex with men, including within health care settings.

Ongoing monitoring of stigma and discrimination as experienced by men who have sex with men is necessary to identify whether the reported trends continue over time. The progress in reducing sexual orientation-related stigma is noticeable, but relatively slow in these reported findings. Investing in wide-reaching and targeted interventions will be an important step towards reducing various forms of stigma towards men who have sex with men within health care settings and more broadly, particularly in situations where stigma continues to be most prevalent.

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