CSRH UNSW Centre for Social Research in Health

Stigma Indicators Monitoring Project

General public – 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 the Australian public 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 the Australian public (conducted in 2017 and 2020).

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Method

In 2021, CSRH conducted a survey of members of the Australian public. Participants were recruited via a market research panel coordinated by Qualtrics (i.e., a panel of potential participants who have signed up to be contacted for research participation opportunities). Survey questions included demographic characteristics and a range of questions regarding their attitudes towards priority population groups identified by the National BBV/STI Strategies. Participants responded to the mirrored stigma indicator in relation to sexual orientation, injecting drug use, HIV, hepatitis B, hepatitis C, sex work, and STIs. This survey followed on from previous surveys of the general public, conducted in 2017 and 2020. The 2017 survey was the Australian Survey of Social Attitudes (AuSSA), conducted by the Australian Consortium for Social and Political Research Incorporated, where recruitment involved postal surveys sent to a random sample selected from the Australian Electoral Roll. The 2020 survey was conducted online, with participants recruited via paid Facebook advertising. Due to the different recruitment methods used for each survey, comparisons over time should be interpreted cautiously.

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 2017 to 2021) were assessed using binary logistic regression.

Table 1 shows the demographic characteristics of NSW participants from 2017 to 2021 (see next page).

Table 1. Demographic characteristics of NSW participants, 2017-2021

	2017 n (%)	2020 n (%)	2021 n (%)	Change from 2020	Trend over time
Total sample	**316**	**760**	**688**		
Gender					
Female	181 (57.8)	446 (59.0)	350 (50.9)	↓ p<.01	ns
Male	132 (42.2)	283 (37.4)	336 (48.8)	↑ p<.001	ns
Non-binary	0	20 (2.7)	2 (0.3)	-[a]	-[a]
Different identity	0	7 (0.9)	0	-[a]	-[a]
Sexuality					
Heterosexual/Straight	-[b]	503 (68.4)	635 (93.0)	↑ p<.001	-[c]
Lesbian	-[b]	24 (3.3)	9 (1.3)	-[a]	-[c]
Gay/homosexual	-[b]	81 (11.0)	16 (2.3)	↓ p<.001	-[c]
Bisexual/pansexual	-[b]	97 (13.2)	20 (2.9)	↓ p<.001	-[c]
Queer	-[b]	19 (2.6)	0	-[a]	-[c]
Different term	-[b]	11 (1.5)	3 (0.4)	-[a]	-[c]
Age: Mean (SD)	54.2 (16.4)	43.8 (15.8)	55.5 (16.6)	↑ p<.001	ns
Aboriginal or Torres Strait Islander	10 (3.2)	25 (3.3)	15 (2.2)	ns	ns
Born overseas	70 (22.4)	129 (18.2)	171 (24.9)	↑ p<.01	ns
University education	105 (33.9)	382 (50.4)	271 (39.4)	↓ p<.001	↑ p=.04
Employed full-time	-[d]	227 (31.1)	197 (28.6)	ns	-[c]
Income					
<$40,000	109 (47.0)	317 (45.9)	277 (42.9)	ns	ns
$40,000-$79,999	65 (28.0)	208 (30.1)	192 (29.7)	ns	ns
$80,000+	58 (25.0)	165 (23.9)	177 (27.4)	ns	ns
Lives in capital city	176 (57.1)	345 (48.6)	365 (53.1)	ns	ns

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

[a] Trends not calculated due to small sample size

[b] Data not collected in 2017

[c] Trend not calculated due to no available data in 2017

[d] Data not comparable

The most notable demographic changes were between the 2020 and 2021 samples (likely due to the respective recruitment strategies). Compared to the 2020 sample, the 2021 sample had a smaller proportion of female participants (50.9% vs. 59.0%, p<.01) and a larger proportion of male participants (48.8% vs. 37.4%, p<.001). Participants in 2021 were more likely to be heterosexual (93.0% vs. 68.4%, p<.001) and less likely to be gay (2.3% vs. 11.0%, p<.001) or bisexual/pansexual (2.9% vs. 13.2%, p<.001) than those in 2020. On average, participants in 2021 were older than in 2020 (M=55.5 years vs. M=43.8 years, p<.001). Participants in 2021 were more likely than those in 2020 to have been born overseas (24.9% vs. 18.2%, p<.01) and less likely to have completed university (39.4% vs. 50.4%, p<.001). Over time, the only significant demographic trend related to education, with the proportion completing university increasing from 33.9% in 2017 to 39.4% in 2021. The samples from the 2017 and 2021 surveys showed the most similarities and are also more reflective of the broader population in NSW. Due to the convenience sampling approach utilised in recruiting via social media in 2020, the

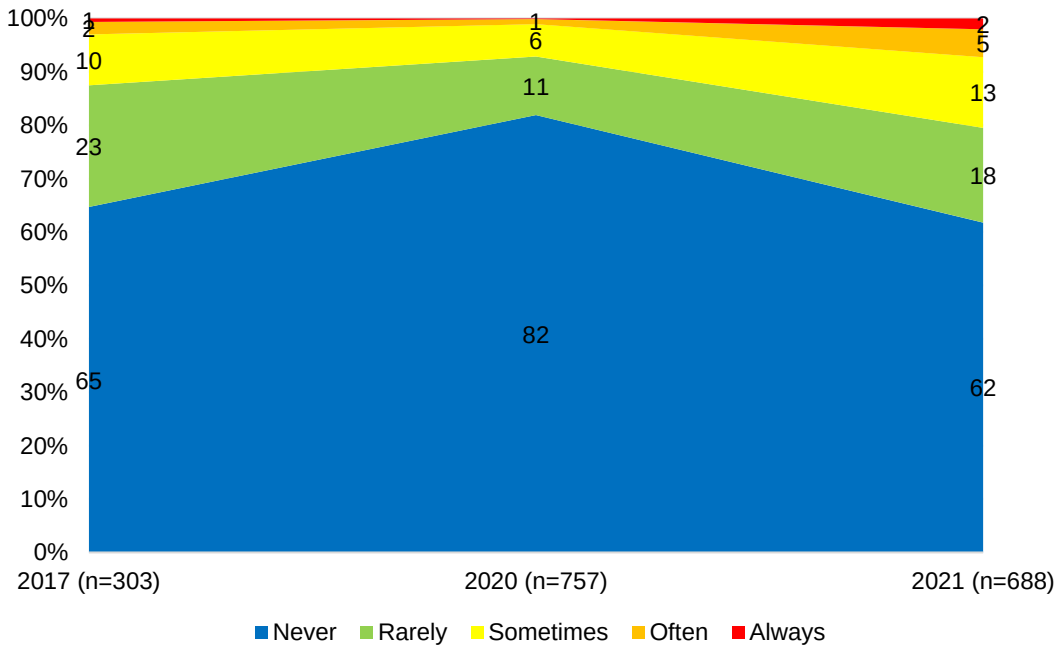
sample from that year is less representative of the broader population. This should be considered when interpreting any trends over time in relation to reported stigma.

In 2021, NSW participants were younger than those from the rest of Australia (M=55.5 years vs. M=59.0 years, p<.001). Participants from NSW were more likely to have completed university than those from elsewhere in Australia (39.4% vs. 31.2%, p<.001) and were more likely to be employed full-time (28.6% vs. 20.2%, p<.001). They also reported higher incomes, with 27.4% reporting a personal income of $80,000 or more (compared to 19.4% of participants from elsewhere in Australia, p<.001). NSW participants were less likely to live in a capital city than those from other states (53.1% vs. 62.3%, p<.001).

Results

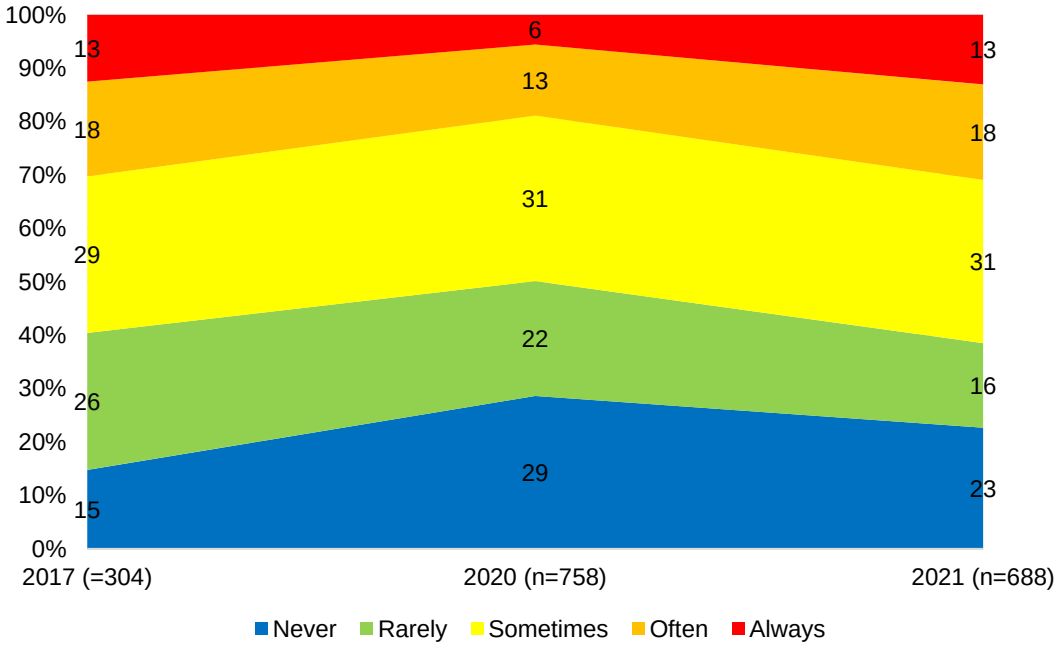
In 2021, 38% of NSW participants indicated that they would ever behave negatively towards other people because of their sexual orientation. This is a larger proportion than the 18% of NSW participants who reported they would behave negatively towards other people because of their sexual orientation in 2020, however, there was no significant change from 2017 to 2021. Between 2017 and 2021, the proportion who reported that they would 'rarely' behave negatively towards other people because of their sexual orientation decreased (from 23% to 18%, p=.02) and the proportion who would 'often' do so increased (from 2% to 5%, p=.03). There was no significant difference between NSW participants and those from the rest of Australia in 2021 (Z=0.65, p=.51).

Figure 1. Self-reported likelihood of behaving negatively towards others on the basis of sexual orientation



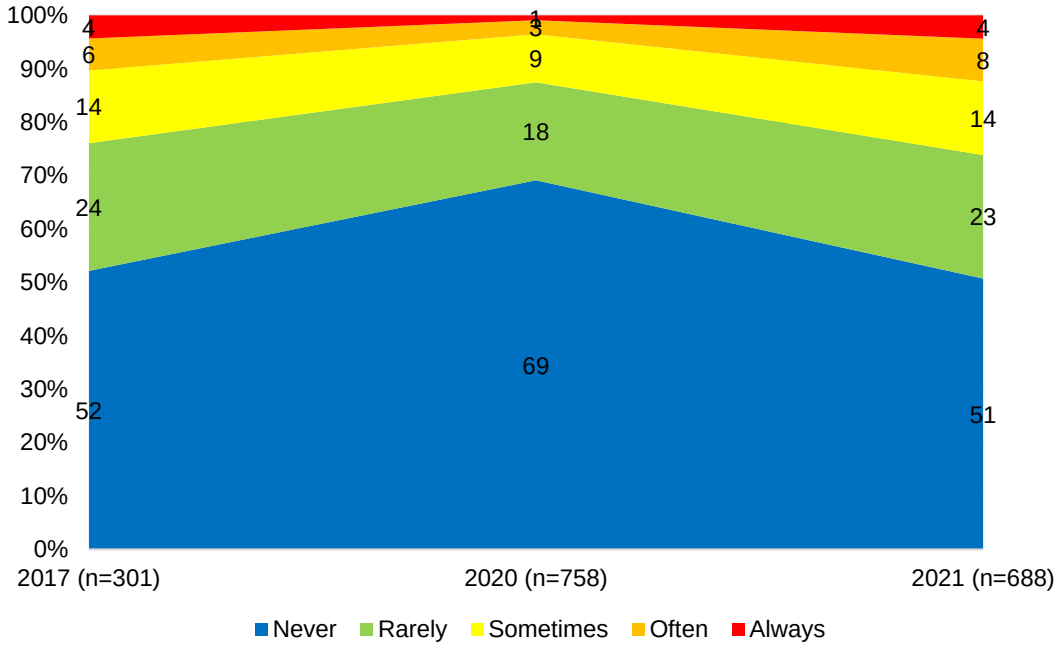
In 2021, 77% of NSW participants indicated that they would ever behave negatively towards other people because of their injecting drug use. This is a slightly larger proportion than in 2020 (71%). Over time, the proportion of participants who reported that they would ‘never’ behave negatively towards other people because of their injecting drug use increased (from 15% in 2017 to 23% in 2021, $p<.01$), while the proportion who would ‘rarely’ do so decreased (from 26% to 16%, $p<.01$). There was no significant difference between NSW participants and those from the rest of Australia in 2021 ($Z=1.21$, $p=.23$).

Figure 2. Self-reported likelihood of behaving negatively towards others on the basis of injecting drug use



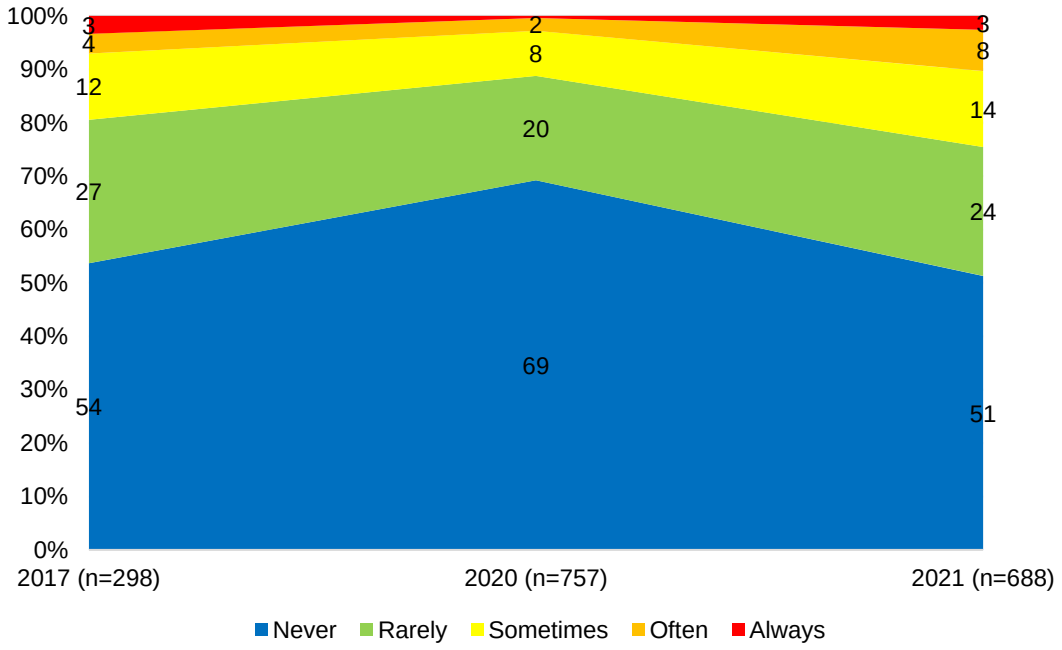
In 2021, 49% of NSW participants reported that they would behave negatively towards other people because of their HIV. This was a larger proportion than in 2020 (31%), however, there was no significant change from 2017 to 2021. There was no significant difference between NSW participants and those from elsewhere in Australia in 2021 (Z=0.28, p=.78).

Figure 3. Self-reported likelihood of behaving negatively towards others on the basis of HIV



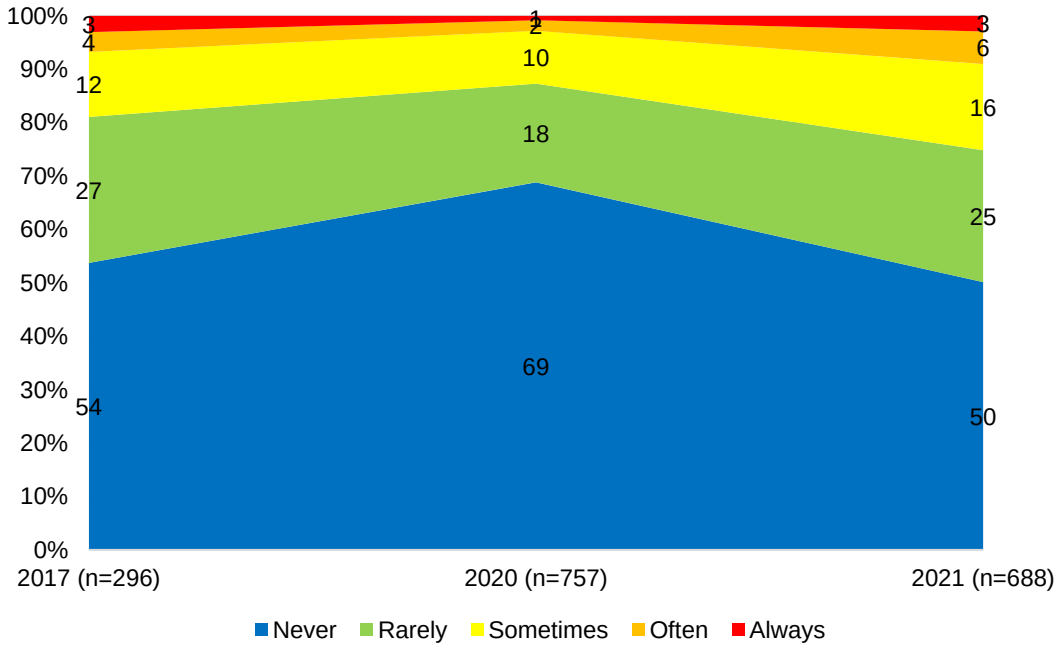
In 2021, 49% of NSW participants reported that they would behave negatively towards other people because of their hepatitis B. This was a larger proportion than in 2020 (31%), however, there was no significant change from 2017 to 2021. The proportion who reported they would 'often' behave negatively towards others because of their hepatitis B increased from 4% in 2017 to 8% in 2021 (p=.02). There was no significant difference between NSW participants and those from elsewhere in Australia in 2021 (Z=0.52, p=.60).

Figure 4. Self-reported likelihood of behaving negatively towards others on the basis of hepatitis B



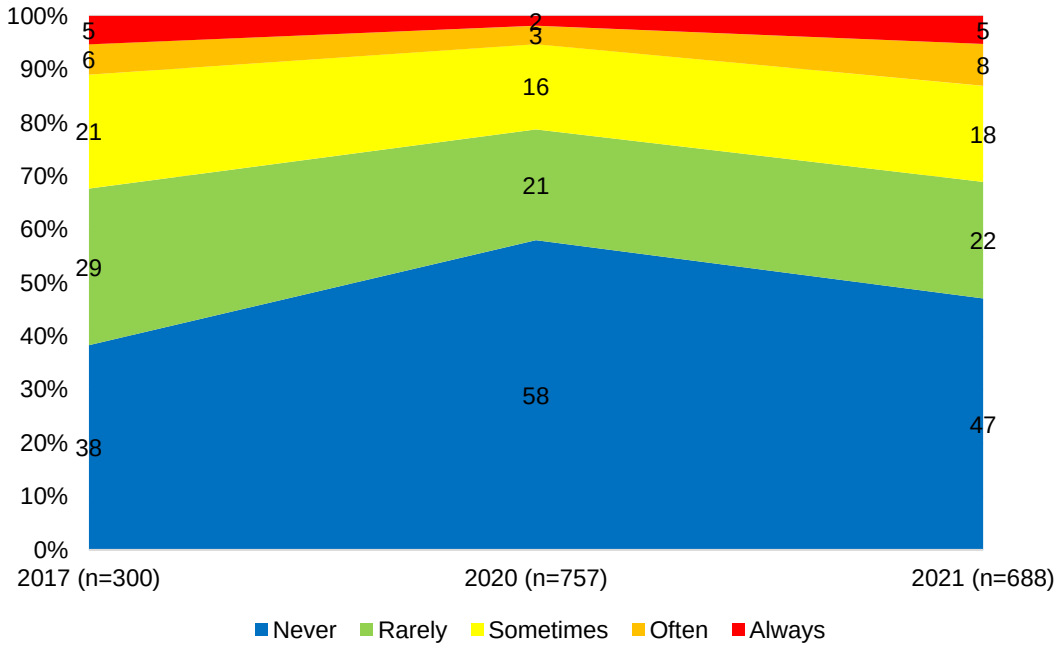
In 2021, 50% of NSW participants reported that they would behave negatively towards other people because of their hepatitis C. This was a larger proportion than in 2020 (31%), however, there was no significant change from 2017 to 2021. There was no significant difference between NSW participants and those from elsewhere in Australia in 2021 (Z=0.13, p=.89).

Figure 5. Self-reported likelihood of behaving negatively towards others on the basis of hepatitis C



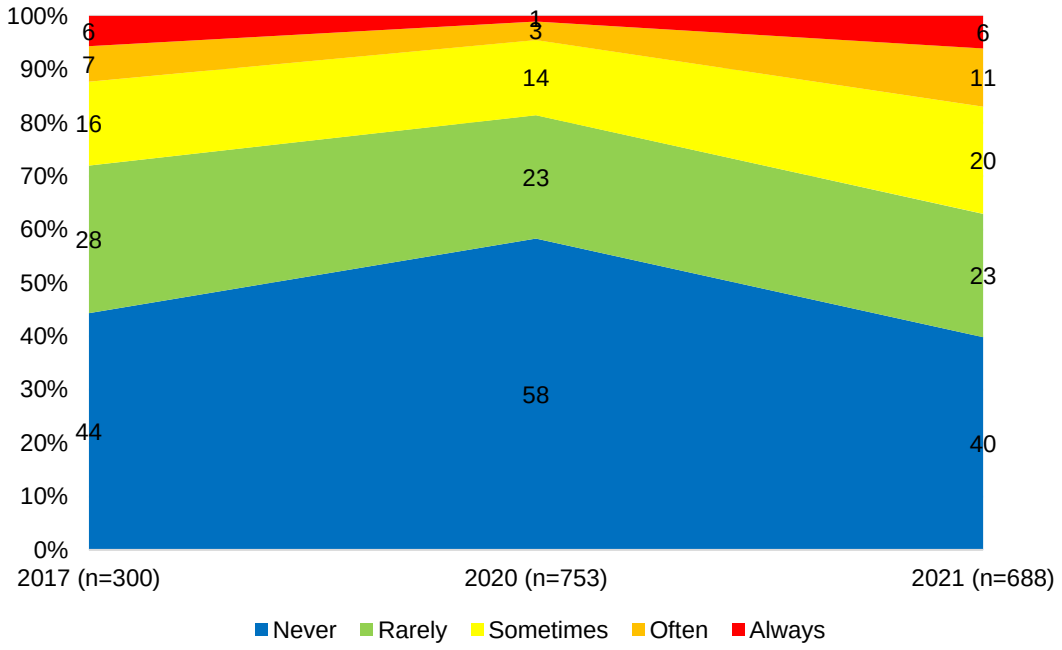
In 2021, 53% of NSW participants reported that they would behave negatively towards other people because of their sex work. This was a larger proportion than in 2020 (42%). Over time, the proportion of NSW participants who reported that they would 'never' behave negatively towards other people because of their sex work increased (from 38% in 2017 to 47% in 2021, $p<.01$) and the proportion who would 'rarely' do so decreased (from 29% to 22%). There was no significant difference between NSW participants and those from elsewhere in Australia in 2021 ($Z=0.13$, $p=.89$).

Figure 6. Self-reported likelihood of behaving negatively towards others on the basis of sex work



In 2021, 60% of NSW participants reported that they would behave negatively towards other people because of an STI. This was a larger proportion than in 2020 (42%), however, there was no significant change from 2017 to 2021. The proportion of NSW participants who reported that they would 'often' behave negatively towards other people because of an STI increased from 7% in 2017 to 11% in 2021. There was no significant difference between NSW participants and those from elsewhere in Australia in 2021 (Z=.0.11, p=.91).

Figure 7. Self-reported likelihood of behaving negatively towards others on the basis of STIs



Conclusion

Findings from the 2021 survey of the Australian public indicate that members of the general community continue to express stigma and discrimination towards priority population groups identified by the National BBV/STI Strategies. Stigmatising attitudes were consistently reported across Australia with no significant differences between participants from NSW and those from the rest of the country.

Compared to participants in the 2020 survey, those in 2021 were more likely to report that they would behave negatively towards other people on the basis of each of the listed attributes. However, this is likely due to the different recruitment methods used for these surveys. The demographic profile of participants in 2020 was noticeably different to both 2017 and 2021 samples and this is likely to explain the significant differences in responses between the 2020 sample and those in other years. These findings reflect previous research that has shown stigmatising attitudes differ across demographic groups (e.g., Broady, Brener, Cama, Hopwood & Treloar, 2020).

Given that the 2017 and 2021 samples were demographically similar (and more reflective of the broader population), the trend analyses over time are particularly noteworthy. Between 2017 and 2021, there were no significant changes in the proportions of NSW participants who indicated that they would ever behave negatively towards other people because of their sexual orientation, HIV, hepatitis B, hepatitis C, or STI, while the proportions reporting any negative behaviour towards other people because of their injecting drug use or sex work decreased (from 85% to 77% and 62% to 53%, respectively). There were small variations in the proportions of participants reporting that they would ‘rarely’ or ‘often’ behave negatively towards some groups. Without any substantial public initiatives to address stigma towards these priority population groups, it is not surprising that few changes were evident between the two demographically similar samples in 2017 and 2021.

Ongoing monitoring of stigma and discrimination expressed by the Australian public using consistent recruitment strategies is warranted to examine trends over time. It will also be necessary to ensure that samples within jurisdictions remain large enough to monitor these trends and identify any changes, particularly with samples that are largely representative of the wider population. Considering the continued reporting of stigmatising attitudes among the Australian public, there is a need to invest in wide-reaching intervention initiatives, including those specifically tailored to different demographic groups who report varying levels of discriminatory attitudes.

References

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