Homophobia and Sexual Risk-Taking among MSM in Australia, Brazil, Canada, South Africa, Thailand, the United States, and the United Kingdom

ABSTRACT

Introduction: Research suggests that experiences of homophobia are correlated with negative mental health among men who have sex with (MSM), and that in general, poor mental health in MSM is associated with sexual risk-taking and HIV risk. However, research investigating the impact of specific experiences of homophobia, namely homophobic discrimination, internalized homophobia, and heteronormative social pressure, on sexual risk-taking among MSM is limited. Moreover, we find no research investigating the effects of homophobia on sexual risk-taking among MSM across multiple countries.

Objective: We examine three areas of homophobia -- homophobic discrimination, internalized homophobia, and heteronormative social pressure -- and their associations with sexual risk-taking among a sample of internet-recruited MSM in seven countries.

Methods: Internet-using MSM in Australia, Brazil, Canada, South Africa, Thailand, the United States, and the United Kingdom were recruited through selective banner advertisements on Facebook. Men were eligible for survey completion if they reported being at least 18 years of age and having had sex with a man in the past year. Respondents meeting these criteria were directed to an online survey, where information about the survey was given and consent was obtained. Only respondents with complete responses for all covariates of interest were included in analysis.

Three outcomes were examined through linear regression: reporting homophobic discrimination, internalized homophobia, and heteronormative social pressure. Experiences of homophobic discrimination was assessed using an index scale comprising responses to 11 types of homophobic discrimination, which previous studies have shown to be associated with negative mental health outcomes, such as, being made fun of as an adult or child, experiences of police harassment, and experiences of job discrimination due to the respondents' orientation. Internalized homophobia was quantified using a 20-item subset of the Gay Identity Scale, a validated tool used to measure the self-acceptance of an individual's homosexual thoughts, feelings, and behaviors, for example, the respondents' degree of gay pride and his willingness to be open about his sexuality with family, friends, and strangers. Experiences of heteronormative social pressure were evaluated by creating an index scale of responses to four questions regarding the extent to which respondents felt pressure to hide their sexuality, get married (to a woman), have children, and have sex with women.

Analysis focused on associations between these three outcomes and reported sexual risk-taking. Covariates of interest included demographic characteristics (race, age,

education level), sexual orientation, HIV status, age of sexual debut, recent drug use, behavioral bisexuality, relationship status, unprotected anal intercourse (UAI) at last sex, and whether the respondent knew his partner's HIV status prior to first intercourse.

Results: Degrees of homophobic experiences varied across the seven countries in the sample. On a scale from zero-11, mean reported experiences of homophobic discrimination ranged from 3.99 (Thailand) to 5.97 (South Africa). On a scale from zero-80, mean reported feelings of internalized homophobia ranged from 11.98 (United Kingdom) to 25.86 (Thailand). Lastly, on a scale from four-20, mean reported experiences of heteronormative social pressure ranged from 6.58 (Australia) to 9.80 (Thailand). For all scales, an increase in index score was correlated to an increased amount of homophobic experiences over the lifetime.

Preliminary findings suggest that the reporting of homophobia varied both across countries and within countries. No single demographic variable was a significant predictor of homophobic experiences across all seven countries; however, some outcomes did vary significantly across certain demographics in different countries. Age was a significant correlate of reported experiences of homophobic discrimination in Brazil and Thailand; particularly, those aged over 35 years reported greater experiences of homophobic discrimination. Age was also a significant correlate of reported heteronormative social pressure in Brazil and South Africa. Finally, race was a significant correlate of reported internalized homophobia in Canada and the United Kingdom; specifically, non-white/European men reported higher levels of internalized homophobia.

In all countries but Thailand, the majority of respondents reported knowing their partners' HIV status prior to engaging in sexual intercourse, ranging from 56.79% in Brazil to 77.53% in Canada (Thailand, 32.31%). However, those respondents who reported not knowing their partners' HIV status prior to engaging in sexual intercourse reported greater experiences of homophobic discrimination, and also reported greater degrees of internalized homophobia. Respondents who reported engaging in UAI in their last sexual encounter also reported experiencing higher levels of internalized homophobia as well as greater experiences of heteronormative social pressure. Additionally, respondents who reported ever having had sex with a woman in their lifetimes also reported greater experiences of homophobic discrimination, whereas respondents reporting never having had sex with a woman reported higher internalized homophobia and more experiences of heteronormative social pressure.

Discussion: This novel study adds to the growing body of literature that suggests that homophobia, writ large, is a health risk for gay, bisexual, and other men that have sex with men. Furthermore, while the majority of this research body has been drawn from American or European populations, these findings suggest that the health risks of

homophobia are also present outside of those geographic and demographic contexts. In fact, experiences of homophobic discrimination, internalized homophobia, and experiences of heteronormative social pressure were highest among non-American, non-European respondents.

These results suggest that the demographic characteristics that differentiate the diverse sample in our study are insignificant in their association with respondents' sexual risk taking, which demonstrates the importance of examining the social and political contexts that may also affect the conditions in which MSM worldwide experience homophobia. However, this homophobia, in its multiple manifestations, was shown to increase reporting of recent sexual risk-taking in all contexts. Given that the worldwide epidemic of HIV/AIDS continues to impact MSM at a disproportionately higher rate, this finding should cause concern.

This research is significant because it addresses a gap in the current literature about the association between experiences of homophobia and the sexual behaviors of MSM worldwide. Moreover, our results demonstrate the potentially harmful effect of homophobia on MSM's sexual behaviors across contexts, and highlight the need for inclusion of homophobia as a physical and mental health risk factor for MSM. Additional research should focus on addressing experiences of homophobia in HIV/AIDS and STI counseling and testing tools.