

Greater Social Support Leads to More HIV and STI Prevention Practices Among HIV-negative Gay and Bisexual Men in Major Urban Centres

WHY DID WE RESEARCH THIS TOPIC?

- Having supportive social relationships is generally good for people's health and reduces the effects of negative everyday stressors.
- We wanted to know if social support could reduce the impact of the unique stressors gay and bi men face due to homophobia. These are referred to as "minority stressors."
- We also wanted to find out if social support would lead to an increased uptake of STI and HIV prevention practices for HIV negative gay and bi men.
- In turn, we wanted to know if a reduction in the impact of minority stressors for gay and bi men (because of social support) might lead to more frequent STI and HIV prevention practices.



Minority Stressors:

Stressors experienced as a result of being part of a stigmatized minority group.

HOW DID WE RESEARCH THIS?

- We recruited 1,409 men from Montreal, Toronto, and Vancouver to answer surveys about their experiences. We asked about their level of social support, their experience of minority stressors, and their recent HIV and STI prevention practices.



Pre-exposure prophylaxis (PrEP):

A pill that people regularly take to prevent getting HIV if they are exposed to the virus.

WHAT DID WE LEARN?

- Gay and bi men with more social support were more likely to engage in most of the HIV and STI prevention behaviours we asked about. This included getting STI/HIV testing and talking about HIV status with their sex partners. Guys with more social support were also less likely to have condomless anal sex while not on PrEP.
- Guys with more social support tended to experience fewer concerns about being accepted and had less motivation to hide their sexual orientation.
- Social support seemed to reduce the impact of internalized homonegativity guys experienced, which in turn was linked with lower rates of condomless anal sex.
- We also found important differences among racialized men in comparison with the overall group. Latino men more often reported having condomless anal sex without PrEP and were less likely to engage in annual HIV testing. East and South-East Asian men reported higher levels of minority stressors and asked about their partners' HIV status less often. Black men were less likely to seek out HIV testing.



Internalized homonegativity:

Having negative feelings about oneself due to one's identity as a gay or bisexual man. This can lead to negative self-talk, poorer mental health, and hiding one's sexual orientation.

WHAT ARE THE IMPLICATIONS OF THESE FINDINGS?

- Social support can help increase the uptake of various HIV and STI prevention strategies among gay and bi men. Work should be done to create tools that build and maintain social support and community connections.
- HIV and STI prevention programs that avoid shame around sex and instead affirm desire and consensual sexual activities will be most effective. In the era of PrEP and U=U, the assumption that more sexual partners leads to greater HIV and STI risk is not necessarily true.
- HIV and STI risk prevention strategies and programs need to be tailored to meet the unique needs of racialized gay and bi men.

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Although men with higher social support are more likely to report a larger number of male partners, they were also more likely to take steps to protect their sexual health.

These findings highlight the importance of considering ethnoracial identity when working in health care, as different groups may experience a unique array of stressors and risk factors.

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