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CHIPTS HIV NEXT

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A 'Think Aloud' Qualitative Study to Understand Intersectional Stigma and Discrimination Among Black Sexual Minority Men (SMM)

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Background and Introduction

- **Black sexual minority men (SMM) across HIV-serostatus face intersectional stigma related to being Black and a sexual minority – and potentially to living with HIV.**
- **We conducted in-depth qualitative semi-structured interviews with Black SMM for a comprehensive understanding of intersectional stigma and discrimination and its effects on mental health, as well as to improve the Multiple Discrimination Scale (MDS).**
- **MDS items cover concrete behavioral expressions of prejudice related to HIV-serostatus race/ethnicity, and sexual orientation using similar items across different types of stigma, including interpersonal (close others, partners, strangers, in general), institutional (verbal, employment, housing, healthcare) and violence (physical and property).**

Methods

- **20 Black SMM (10 HIV-positive, 10 HIV-negative) recruited to do a “think aloud” qualitative interview where they were retrospectively probed about their thought processes as they completed the Multiple Discrimination Scale (MDS).**
- **Participants were recruited from a randomized controlled trial of *Still Climbin’*, an intervention that addresses coping with intersectional stigma and discrimination.**
- **Participants in the control group were eligible if they reported at least one discrimination event on the MDS during a follow-up assessment**
- **Transcripts informed the development of a codebook that reflects content revealed in the data and will be used to facilitate thematic analysis.**
- **Dedoose is being used to do the in-depth analysis.**

Codebook & Thematic Analysis

| Codebook Theme | Direct Quote/Example |
|--|--|
| Responses and Coping Mechanisms (social support, spirituality, self-advocacy, etc.) | “I really don’t like think about it too much... because I just let – all that crap, I just don’t let it bother me. It hits me when it hits me, but I have to let it go because I know me. I’m the worrying type. If I worry to much, it’ll make me sick, so you know...” |
| Vulnerability Factors (what factors [physical, mental, emotional] impacted their reactions to discrimination) | “...it’s be proven that if I can think differently, make different decisions, make different actions, I will get different results. And so that’s kind of how I apply that unto the things we do talk about in this study – my race, sexual orientation, my HIV status, and my, uh, yeah those three things.” |
| Physical Environment/Setting (where the act took place and how it impacted reaction and/or outcome) | “...Why having this disease and the stigma... no matter where you go, the opposition is not only there, they’re in places you won’t believe: medical department, police department, you name it.” |
| Intersectional Social Identity (individual identifying and presenting factors) | “...I’m not a flamboyant gay man but, like I said, my nails are done, and people assume I’m gay by the way I talk...” |
| Response to MDS Items | “So, I looked at that question as a ‘all of the time’ thing. That was an isolated incident.” |
| Medical Discrimination (systemic, due to pandemic, etc.) | “I think I’ve experienced it more now. And my guess would be because people in general are stressed more, so any kind of bad habits they may have including, you know, being more openly hostile towards Black folk, Black men for example, that’s gonna be exacerbated due to the stress they’re under due to COVID.” |

Responses to the MDS Questions

- **Most participants answering ‘a little’ to questions have either normalized the discrimination as a part of their life, have developed coping skills, or the discriminatory action did not lead to anything physical.**
- **Most participants answering ‘very much’ to questions said that the discrimination acts led to physical altercations, discrimination impacted their healthcare, or their coping skills were not matched adequately to the situation.**
- **Participants with healthcare discrimination due to living with HIV, answered the MDS with ‘a lot’ because it impacted their health and how they get care.**
- **Some participants stated that COVID-19 gave people another excuse/a new way to discriminate and made people more prone to discriminate due to the stressors of the pandemic.**

Recommendations for the Scale & More

The MDS is thorough enough to capture environments where discrimination happens; however, participants noted that discrimination that happened prior to the MDS timeframe can impact how it is answered.

- Discrimination is intersectional and complex, and everyone processes it differently, which can show up in quantitative and qualitative surveys.**
- More research is needed about the pandemic's impact on discrimination and how discrimination has changed over the last three years.**
- Black SMM have unique experiences within their community and need continuous support and safe spaces for them to tell their stories, so that supportive programs can improve, as well.**

The background is a vibrant, abstract composition of various shapes and patterns. It includes large organic shapes in shades of orange, blue, and yellow. Some areas are filled with patterns like polka dots, wavy lines, or small dashes. There are also scattered wavy lines and small circles in white and black. A dark grey horizontal band is positioned across the middle of the image, containing the text.

Thank You!

**Have more questions? Please feel free to reach out:
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