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Black Sexual Minority Men's Stigma-Based Experiences Surrounding Pre-exposure Prophylaxis in the Southern United States

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Abstract

Purpose: Intersecting experiences of stigma related to pre-exposure prophylaxis (PrEP) influence PrEP uptake among Black sexual minority men (BSMM) living in the southern United States; however, it is unclear what stigmatized identities and behaviors are impacted when accessing human immunodeficiency virus prevention options. To inform identity-specific PrEP interventions, this study examined stigma in BSMM's lives relating to intersecting experiences of PrEP stigma.
Methods: We conducted 32 virtual, semistructured qualitative interviews with BSMM residing in the southeastern United States between February and April 2019.
Results: We identified three themes (anticipated stigma, experiences of prejudice and stereotyping, and negative attitudes) and one subtheme within negative attitudes (othering social/sexual groups). Across all themes, PrEP stigma was often manifested through stigma against BSMM's sexual orientation or sexual behavior. BSMM in othering social/sexual groups displayed instances of cognitive dissonance by regularly expressing negative attitudes about and explicitly distancing themselves from social/sexual groups based on sexual orientation and sexual behavior. BSMM's race and gender were rarely mentioned as being stigmatized.
Conclusions: Interventions focused on PrEP use could benefit from expanding their definition of PrEP stigma to include a stronger emphasis on intersecting identities and work to reduce cognitive dissonance in BSMM in the form of internalized homophobia.

Keywords: Black sexual minority men (BSMM), human immunodeficiency virus (HIV), intersecting stigma, pre-exposure prophylaxis (PrEP) use

Introduction

The number of individuals who have been diagnosed with human immunodeficiency virus (HIV) in the United States has decreased over time across most racial groups, yet this decline has not been observed among Black/African American individuals. In fact, the number of Black individuals living with HIV has remained stable from 2015 to 2019.[1] Further inequality exists for Black individuals when examining these statistics based on sexual orientation and geographic region. Among Black men who are diagnosed with HIV, 6 of every 10 are sexual minority men.[2]

Although only 38% of the U.S. population resides in the southern states,[3] these states account for 51% of new HIV cases annually.[2] HIV pre-exposure prophylaxis (PrEP) is an effective medication in preventing the transmission of HIV.[4,5] However, individuals living in the southern United States compose only 27% of PrEP users[6] and only 11.2%

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of PrEP users are Black.[7] One salient barrier to PrEP use is PrEP stigma, which is when individuals are mistreated because of their actual or perceived PrEP use.[8–12]

The HIV Stigma Framework[13] suggests that experiences of stigma impact outcomes related to HIV, including PrEP uptake.[14] Experiences of stigma are based on individuals' perceived socially devalued identities or behavior (e.g., having multiple sexual partners) and are manifested through prejudice, stereotypes, and discrimination.[13] Using this framework can help inform interventions for PrEP uptake on how experiences of PrEP stigma are associated with PrEP use among Black sexual minority men (BSMM).

However, when addressing PrEP stigma as a barrier, it is important to acknowledge intersecting experiences of PrEP stigma[15] as BSMM in the southern United States hold multiple marginalized identities (e.g., racial and sexual identities) and are subject to other social stigma based on their HIV status and sexual behavior.[9,15,16–20]

Research has described the utility of qualitative research in informing HIV interventions by examining intersecting experiences of stigma and highlights the need for similar qualitative research to inform programs focused on PrEP uptake.[21] Even though recent literature examines stigma against BSMM in the southern United States,[22–26] much of this work focuses on one identity or behavior being stigmatized at a time. However, in the context of intersecting experiences of stigma, individuals are often unable to differentiate which stigmatized identity is being targeted.[27]

Investigating the identities or behaviors that individuals perceive are targeted in the context of PrEP can inform culturally and socially competent interventions. Subsequently, the aim of our study is to further capture (1) the different identity-based (e.g., race, sexuality) stigma experiences of BSMM in the southern United States and (2) how stigma appears in the daily lives of BSMM as it relates to intersecting experiences of PrEP stigma.

Table 1. Participant Demographics

Pseudonym	*Current PrEP use*	*Past PrEP use*	*HIV status*	*Age, years*
Andre	Yes	No	Negative	–
Avery	No	No	Negative	20
Cameron	No	No	Negative	31
Darnell	No	No	Negative	34
Derreck	No	No	Negative	28
Dimitri	No	Yes	Negative	29
Dominic	No	No	Negative	27
Elijah	No	No	Negative	29
Emmett	No	No	Negative	28
Eric	Yes	No	Negative	35
Isiah	No	Yes	Negative	46
Jamal	Yes	No	Negative	29
Jay	No	No	Negative	25
Jeremy	No	No	Negative	52
Jesse	Yes	No	Negative	32
Kasim	Yes	No	Negative	24
Kevin	Yes	No	Negative	32
Liam	Yes	No	Negative	28
Marcus	Yes	No	Negative	47
Mason	No	Yes	Negative	36
Matthew	No	No	Negative	25
Miles	No	No	Negative	23
Orion	No	No	Negative	33
Owen	No	Yes	Negative	29
Quinn	No	No	Negative	48
Randall	No	Yes	Negative	26
Reymond	No	No	Negative	39
Terrance	No	Yes	Negative	27
Terryl	No	Yes	Positive	34
Trey	No	No	Negative	25
Xavier	Yes	No	Negative	39
Zahir	Yes	No	Negative	33

PrEP, pre-exposure prophylaxis.

Methods

Participants and procedure

We collected data for the purpose of informing the development of future PrEP-related stigma reduction interventions. Data collection took place between February and April of 2019 through semistructured interviews among 32 BSMM residing in the southeastern United States (i.e., Atlanta, Georgia). Eligible participants were 18 years and older, identified as Black/African American, reported having had condomless anal sex with a man in the previous 12 months, and were not living with HIV (i.e., HIV negative).

Participants were recruited through targeted social media advertisements and participant referral. Participants ranged from 20 to 52 years ($M_{age} = 34$) in age and identified as male. Ten participants were current PrEP users, and among those who were not currently on PrEP, six had previously used PrEP. We included participants who had never taken PrEP because the purpose of data collection was to examine the factors that are associated with taking or avoiding PrEP.

Although the eligibility requirement was for participants to be HIV negative, one participant revealed they were living with HIV during the interview. However, we retained the participant's data because they had used PrEP in the past (see Table 1 for specific participant demographics).

Before starting each interview, participants were read an information sheet detailing the purpose of the study, after which their understanding was assessed with a series of follow-up questions and written consent was provided. Interviews were conducted through video chat and phone call, lasted for ~40 to 50 minutes, and were digitally recorded and transcribed. All procedures were approved by the Institutional Review Board at the University of Connecticut.

Thematic analysis

We used a combination of thematic analysis approaches to examine the data: the codebook approach (i.e., a combination of reflexive thematic analysis and structured, early theme development)[28] and coding reliability (i.e., the process of identifying evidence for themes where multiple coders apply a codebook to the data).[29,30] We utilized these approaches because we desired a codebook that accurately reflected the possibility of informing assessments or interventions. We also wanted to ensure a level of rigor to assist in possible replication analyses.

After the first author read all interviews, she used an inductive approach and conducted initial open coding on all interviews to create a preliminary codebook based on themes related to BSMM's experiences surrounding intersecting PrEP stigma (i.e., generated initial themes).[28] The first author

then conferred with the coding team about the codebook; these authors then read all interviews, discussed and refined the codebook, and agreed on the themes (i.e., reviewing and developing themes).[29,30]

As our research was focused on intersecting stigma-based experiences, themes were developed using interviews from all participants regardless of HIV status or PrEP use history.[12,16–20] Coders also paid special attention to how themes related to identities and behaviors of BSMM. Coders met weekly to resolve disagreements and come to a consensus on codes and developed themes (i.e., refining, defining, and naming themes). To ensure that our codebook could be replicated, we calculated inter-rater reliability on all themes and subthemes using Krippendorff's[31] alpha coefficient.

Throughout this process, coders (i.e., the first, second, and third authors) performed reflexive discussions together[32] to examine how each coder's personal context influenced their coding[33,34] as we considered researcher's subjectivity as a source of possible bias.[30] These discussions included how minoritized identities among coders (e.g., one coder/author identified as a queer person of color) informed their interpretations of participants' responses.

Coders engaged in a recursive process[33] involving an examination of themes, discussing shared and unshared identities and how these identities influenced their interpretations, and rereading interviews and refining themes accordingly. An additional author who interviewed participants and identified as a Black gay man from the southern United States attended coding meetings.

This author provided feedback on the coding process and themes, clarified passages of data, and critiqued coders' interpretations of certain excerpts of data. The remaining authors also represented diverse racial and sexual identities (e.g., one author identified as a gay man).

Results

We developed three themes to capture intersecting experiences of PrEP stigma relayed by participants: anticipated stigma, experiences of prejudice and stereotyping, and negative attitudes, which had the subtheme othering social/sexual groups. Below, we report on how each theme and subtheme related to various identities and behaviors (i.e., HIV, PrEP, sexual orientation, gender, race, and sexual behavior) of BSMM.

The total number of participants in all themes is more than 32 because participants' responses could be coded under more than one theme; however, no more than one theme was applied to a given passage in the response. The range of alpha coefficients was 0.79–1.00 (see Table 2 for reliability information and frequencies). We gave each participant a pseudonym for clarity in the results (see Table 3 for examples of each theme).

Anticipated stigma

Our first theme captures when participants mentioned intersecting experiences of PrEP stigma in the form of mistreatment or negative reactions they believed would occur if they did something related to one or more of their actual or perceived identities (e.g., living with HIV, using PrEP, sexuality, race, or gender) and behavior (e.g., sexual activity). Sixteen participants' responses were in the theme, anticipated stigma.

Table 2. Krippendorff's Alpha Coefficient ($N = 32$ Participants)

Themes, subthemes, and identities/behaviors	*Krippendorff's alpha coefficient*	*Frequency*
Anticipated stigma	0.92	16
HIV	1.00	6
PrEP	1.00	5
Sexual orientation	1.00	10
Gender	—	0
Race	—	0
Sexual behavior	1.00	7
Experiences of prejudice and stereotyping	0.79	14
HIV	1.00	5
PrEP	0.90	5
Sexual orientation	0.92	11
Gender	—	0
Race	1.00	2
Sexual behavior	1.00	1
Negative attitudes	0.83	27
HIV	1.00	5
PrEP	1.00	6
Sexual orientation	—	0
Gender	—	0
Race	—	0
Sexual behavior	0.89	6
Othering social/sexual groups	*0.88*	*15*
HIV	*1.00*	*2*
PrEP	*—*	*0*
Sexual orientation	*1.00*	*5*
Gender	*—*	*0*
Race	*1.00*	*1*
Sexual behavior	*1.00*	*11*

The total number of themes is more than 32 because participants' responses could be coded under more than one theme. The number of subthemes may add up to more than the number of participants in the theme because each participant could mention numerous PrEP stigma-based experiences related to specific identities.

HIV, human immunodeficiency virus.

Most participants referred to perceiving negative reactions about their sexual orientation, which was usually discussed in tandem with anticipating stigma about their sexual behavior. Participants also reported fearing reactions related to being perceived as living with HIV and their PrEP use. Regarding anticipating stigma around one's sexual orientation, one participant expressed worry about going to a heterosexual doctor when he explained,

> Because sometimes it's easier to talk to another gay physician about your sexual prowess versus someone heterosexual because you never know what their thought process is. There are certain things they know not to say, but that doesn't mean that they're not going to feel it [Reymond, never used PrEP, HIV negative, 39 years old].

Participants did not report anticipating mistreatment from others based on their gender or racial identities.

Experiences of prejudice and stereotyping

Participants described numerous instances of stigma-based experiences when they felt medical professionals, family,

Table 3. Quotes for Each Theme and Subtheme

Themes
Anticipated stigma
Avery, never used PrEP, 20 years old: ''…if they don't ask it, then I'm not telling. Because it is still a stereotype [using PrEP], because a lot of people don't have the right info.''
Dominic, never used PrEP, 27 years old: ''I feel like [people] would probably feel like I'm promiscuous [if I'm on PrEP], or I'm out there…''
Derreck, never used PrEP, 28 years old: ''…If someone sees me [getting PrEP], they may think that I got [HIV, STIs] is the reason why I'm there versus me trying to get on PrEP.''
Experiences of prejudice and stereotyping
Andre, current PrEP user, ''…my mom had a conversation about don't catch anything [HIV]…that the lifestyle comes with a lot of different things…''
Kevin, current PrEP user, 32 years old: ''Me being a black man was a problem.''
Jesse, current PrEP user, 32 years old: ''I've had surgery twice and each time…the nurse or either the doctor…will ask, 'Oh, do you have HIV? Is that the reason you're on PrEP?'''
Negative attitudes
Trey, never used PrEP, 25 years old: ''I had to tell the other guy that I thought maybe I had an STI and that was very uncomfortable for me, because it…made it seem like I was promiscuous.''
Dominic, never used PrEP, 27 years old: ''…You have to be very sexually active and not protecting yourself…at the same time to even think about wanting to take PrEP.''
Orion, never used PrEP, 33 years old: ''…[PrEP] is like a crutch for sluts. Now they have a crutch to be as slutty as they want to be.''
Othering social/sexual groups
Mason, past PrEP user, 36 years old: ''I'm not a person to sleep around with random people….People believe [PrEP] is an escape for them to have unprotected sex''
Elijah, never used PrEP, 29 years old: ''…I do think that a lot of [gay men] would benefit from PrEP, considering the unnecessary…open type of lifestyle that's happening…it seems like in [a city] it would behoove anyone to take PrEP, but no I have not. And I am also negative the last I checked.''
Kasim, current PrEP user, 24 years old: ''…not that I was relying on [PrEP] or was going out and screw[ing] everybody with no condoms…people view [PrEP] as…[a] 'I'm taking PrEP, so I'm good to do whatever with whomever and I don't' ever need to use condoms…''

All participants quoted in this table are HIV negative.
STI, sexually transmitted infection.

friends, and others judged and stereotyped them. Fourteen participants' narratives characterized the theme of experiences of prejudice and stereotyping. Participants' experiences were related to their actual or perceived status as a sexual minority, PrEP user, or person living with HIV.

Less common were experiences of prejudice and stereotyping based on participants' race and sexual behavior. Participants' narratives did not reflect fear of experiencing gender stereotypes. A prominent stereotype surrounding participants' sexual orientation referred to the belief that gay men are promiscuous. One participant succinctly described their experience:

> Unfortunately, my family members that I've shared it with are straight, so they kind of feel as though PrEP is only for people who are gay…I guess because they feel as though gay people are just more promiscuous than straight people for some reason, even though I kind of feel like it's probably the same [Jesse, current PrEP user, HIV negative, 32 years old].

Negative attitudes

Twenty-seven participants endorsed negative societal attitudes about a social group they were or were not a part of. Within this theme, participants expressed negative attitudes based on sexual activity, PrEP use, and HIV status. For example, one participant, when asked about the emotional aspects of PrEP use, reported an instance when he found out a potential sex partner was living with HIV.

> I almost felt demonic in a sense with even dealing with the individual because I just remembered…being alone with him and just something was—it just was weird thoughts going in my mind…knowing that I was with someone that—possibly was going to have sex with someone that was positive [Mason, past PrEP user, HIV negative, 36 years old].

We did not find negative attitudes based on sexual orientation, race, or gender.

Othering social/sexual groups. Within negative attitudes was the subtheme, othering social/sexual groups, which was endorsed by 15 participants. The distinction between the theme, negative attitudes, and this subtheme is that in othering social/sexual groups, participants' expressions of negativity about a social or sexual group were always paired with them explicitly distancing themselves from the group.

Within this subtheme, participants frequently mentioned their negative attitudes about sexual behavior and sexual orientation together as they distanced themselves from those they deemed a part of these groups. One participant distanced himself from, and expressed negative attitudes about, sexual behavior *and* those who are a part of the sexual minority community when he said,

> I'm not abstinent but I'm just not an overly sexually active person…I feel like it's [PrEP] marketed more so gay and same gender loving men. Which, I mean I think is needed within a community because so many promiscuous men going around having unprotected sex [Jeremy, never used PrEP, HIV negative, 52 years old].

Fewer participants expressed negative attitudes toward and distanced themselves from HIV or their race. Participants' narratives did not reflect othering negative attitudes toward PrEP use or gender.

Discussion

This study provides insights that prevention efforts aimed at improving PrEP uptake can use to tailor their services to address BSMM's intersecting experiences of stigma in the southern United States. We found that the themes of stigma-based experiences were related to more than one identity. The theme, anticipated stigma, described

stigma-based experiences when participants reported fearing any type of differential mistreatment based on their identities and behaviors.

The salient identities and behavior within anticipated stigma were related to BSMM's sexual orientation and sexual behavior, followed by HIV status and PrEP use. Anticipated stigma is mentioned in the HIV Stigma Framework,[13] and this theme illustrates that the experience of fearing mistreatment as it relates to PrEP is manifested across multiple identities and behaviors of BSMM.

Within the theme, experiences of prejudice and stereotyping, BSMM reported stigma-based experiences where numerous individuals (e.g., medical professionals, family, friends) stereotyped and mistreated them. Participants' sexual orientation and PrEP use were often the target of prejudice and stereotypes. Our results highlight the complexity of experiences of PrEP-related stigma and how pervasive these experiences are as numerous individuals across multiple contexts were sources of prejudices and stereotypes.

These two themes are supported by the growing literature on experiences of BSMM with PrEP-related stigma.[8,15–19,23,24]

Our results contribute to the literature in two main ways. First, BSMM frequently mentioned their sexual behavior in the anticipated stigma theme, but sexual behavior was rarely discussed within the experiences of prejudice and stereotyping theme. In other words, although BSMM fear mistreatment based on their sexual behavior, their experiences of actual mistreatment were directed at their sexual orientation. Pinpointing certain identities that are frequently the source of prejudice for BSMM in the South can help PrEP-related programs create content addressing identity-specific stigma.

Second, although these interviews were focused on PrEP stigma, PrEP was rarely the root of their fear of mistreatment or experiences of prejudice. These findings are important as quantitative measures of PrEP stigma typically do not measure how other identities and behaviors could be the basis of PrEP stigma.[35] Interventions that aim to reduce PrEP stigma may not be adequately assessing all aspects of PrEP stigma. To better address PrEP stigma as a barrier to PrEP use, PrEP-related programs and evaluations of these programs should extend their definition of PrEP stigma to include numerous identities of BSMM.

In the third theme, negative attitudes, participants endorsed stereotypes and prejudices about social or sexual groups they were or were not a part of. Prominent identities and behaviors mentioned within negative attitudes were sexual behavior, PrEP use, and HIV status. Within the subtheme, othering social/sexual groups, in addition to expressing negative attitudes, BSMM explicitly distanced themselves from the groups they had negative attitudes about.

The othering negative attitudes these BSMM expressed focused on sexual orientation or sexual behavior. This is consistent with limited prior research, which finds intracommunity stigma related to SMM's race/ethnicity, gender expression, and sexual position (e.g., bottom).[36] BSMM within the othering social/sexual groups may be experiencing cognitive dissonance, such as internalized homophobia, which can have detrimental health outcomes, such as distrusting the efficacy of PrEP.[37]

In conjunction with prior literature on intracommunity stigma,[36] our results highlight othering social/sexual groups as a potentially important point for intervention. Interventions designed to promote PrEP uptake could tailor their content to reduce cognitive dissonance among BSMM who promote negative attitudes about social or sexual groups they are a part of, yet verbally distance themselves from.

Prior literature suggests that sexual networks (i.e., sexual encounters and interactions between people) and social networks (i.e., social connections between people)[38] are important for understanding the transmission of HIV and how PrEP awareness among BSMM is disseminated.[39]

However, our results suggest that some BSMM distance themselves from social networks based on sexual orientation, although they are still a part of a related community. Because BSMM may distance themselves from certain social or sexual networks, programs for PrEP uptake may benefit from distinguishing between these networks to better spread awareness and knowledge of PrEP.

Gender and racial identities

Stigma based on gender was not reflected in any of our themes and there were only a few instances based on race. One possible reason could be the homogeneity of the sample as all participants identified as male and Black. Another possible reason could be that participants' HIV status, PrEP use, sexual orientation, and sexual behavior were more salient for these men when discussing PrEP-related stigma in terms of social factors.

Indeed, when participants discussed stigma-based experiences, they were typically within Black communities (e.g., family and friends) where experiences based on race would be less likely. In addition, interviews were not specifically focused on health care, where scholars have found themes of stigma based on race and gender,[40] but sought to explore participant experiences of PrEP-related stigma holistically.

Thus, by focusing on aspects such as social norms around PrEP use, stigma-based experiences associated with race or gender may have been less salient.

Limitations and future directions

Our study comes with limitations. Our qualitative approach emphasized the ways in which stigma-based experiences manifest themselves in relation to PrEP use among BSMM; however, it was outside the scope of the study to explicitly investigate the nuances between stigma mechanisms and stigma drivers. Future research should build upon these findings by delineating these different aspects of stigma within the broader HIV Stigma Framework[13] as stigma-based experiences may differ depending on different identities and behaviors of BSMM.

An additional limitation is that all participants likely identified as cisgender. Like BSMM, Black transgender women are also at an elevated risk for HIV infection in the southern United States[41] and hold numerous socially devalued identities that may be acting as barriers to PrEP use. Future qualitative work should examine Black transgender women's personal stigma-based experiences related to PrEP to better serve this population.

Conclusions

For our participants, PrEP stigma typically manifested as stigma against BSMM's sexual orientation or sexual

behavior. Our study provides critical information on the intersecting stigma-based experiences of BSMM within the context of PrEP. Interventions focused on PrEP use could benefit by expanding their definition of PrEP stigma to include the influence of numerous identities and work to reduce cognitive dissonance in BSMM to improve PrEP use in the southern United States.

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Authors' Contributions

V.H.-W. was involved in conceptualization, methodology, validation, formal analysis, and writing—original draft. K.A.S. was involved in conceptualization, methodology, formal analysis, and writing—review and editing. S.E.L. was involved in conceptualization, methodology, validation, formal analysis, and writing—review and editing. R.D. was involved in investigation, writing—original draft, and writing—review and editing. J.K. was involved in writing—review and editing. R.J.W. was involved in investigation, writing—review and editing, and supervision. L.A.E. was involved in writing—review and editing, supervision, and funding acquisition.

Disclaimer

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Author Disclosure Statement

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References

1. HIV. U.S. Statistics. n.d. Available from: https://www.hiv.gov/hiv-basics/overview/data-and-trends/statistics [Last accessed: March 14, 2022].
2. Centers for Disease Control and Prevention. HIV Surveillance Reports. 2022. Available from: https://www.cdc.gov/hiv/library/reports/hiv-surveillance.html [Last accessed: March 14, 2022].
3. U.S. Census Bureau. National Population Totals and Components of Change: 2010–2019. n.d. Available from: https://www.census.gov/data/tables/time-series/demo/popest/2010s-national-total.html [Last accessed: March 14, 2022].
4. Baeten JM, Donnell D, Ndase P, et al. Antiretroviral prophylaxis for HIV prevention in heterosexual men and women. N Engl J Med 2012;367(5):399–410; doi: 10.1056/NEJMoa1108524
5. Grant RM, Lama JR, Anderson PL, et al. Preexposure chemoprophylaxis for HIV prevention in men who have sex with men. N Engl J Med 2010;363(27):2587–2599; doi: 10.1056/NEJMoa1011205
6. Wu H, Mendoza MCB, Huang YA, et al. Uptake of HIV preexposure prophylaxis among commercially insured persons—United States, 2010–2014. Clin Infect Dis 2017;64(2):144–149; doi: 10.1093/cid/ciw701
7. Smith DK, Van Handel M, Grey J. Estimates of adults with indications for HIV pre-exposure prophylaxis by jurisdiction, transmission risk group, and race/ethnicity, United States, 2015. Ann Epidemiol 2018;28(12):850–857; doi: 10.1016/j.annepidem.2018.05.003
8. Brooks RA, Nieto O, Landrian A, et al. Experiences of preexposure prophylaxis (PrEP)–related stigma among Black MSM PrEP users in Los Angeles. J Urban Health 2020;97(5):679–691; doi: 10.1007/s11524-019-00371-3
9. Calabrese SK. Understanding, contextualizing, and addressing PrEP stigma to enhance PrEP implementation. Curr HIV/AIDS Rep 2020;17(6):579–588; doi: 10.1007/s11904-020-00533-y
10. Maloney KM, Krakower DS, Ziobro D, et al. Culturally competent sexual healthcare as a prerequisite for obtaining preexposure prophylaxis: Findings from a qualitative study. LGBT Health 2017;4(4):310–314; doi: 10.1089/lgbt.2016.0068
11. Elopre L, Hussen SA, Ott C, et al. A qualitative study: The journey to self-acceptance of sexual identity among young, Black MSM in the South. Behav Med 2021;47(4):324–334; doi: 10.1080/08964289.2020.1870428
12. Kruger EA, Holloway IW, Marguerita L, et al. Psychological distress, felt stigma, and HIV prevention in a national probability sample of sexual minority men. LGBT Health 2020;7(4):190–197; doi: 10.1089/lgbt.2019.0280
13. Earnshaw VA, Chaudoir SR. From conceptualizing to measuring HIV stigma: A review of HIV stigma mechanism measures. AIDS Behav 2009;13(6):1160–1177; doi: 10.1007/s10461-009-9593-3
14. Golub SA. PrEP stigma: Implicit and explicit drivers of disparity. Curr HIV/AIDS Rep 2018;15(2):190–197; doi: 10.1007/s11904-018-0385-0
15. Quinn K, Bowleg L, Dickson-Gomez J. ''The fear of being Black plus the fear of being gay'': The effects of intersectional stigma on PrEP use among young Black gay, bisexual, and other men who have sex with men. Soc Sci Med 2019;232:86–93; doi: 10.1016/j.socscimed.2019.04.042
16. Geter A, Ricks JM, McGladrey M, et al. Experiences of antihomosexual attitudes and young Black men who have sex with men in the South: A need for community-based interventions. LGBT Health 2016;3(3):214–218; doi: 10.1089/lgbt.2015.0031
17. English D, Carter JA, Forbes N, et al. Intersectional discrimination, positive feelings, and health indicators among Black sexual minority men. Health Psychol 2021;39(3):220–229; doi: 10.1037/hea0000837
18. Arscott J, Humphreys J, Merwin E, et al. ''That guy is gay and black. That's a red flag.'' How HIV stigma and racism affect perception of risk among young Black men who have sex with men. AIDS Behav 2020;24(1):173–184; doi: 10.1007/s10461-019-02607-4
19. Cahill S, Taylor SW, Elsesser SA, et al. Stigma, medical mistrust, and perceived racism may affect PrEP awareness and uptake in Black compared to White gay and bisexual men in Jackson, Mississippi and Boston, Massachusetts. AIDS Care 2017;29(11):1351–1358; doi: 10.1080/09540121.2017.1300633

20. DiGuiseppi GT, Davis JP, Srivastava A, et al. Multiple minority stress and behavioral health among young Black and Latino sexual minority men. LGBT Health 2022;9(2):114–121; doi: 10.1089/lgbt.2021.0230
21. Wilson PA, Valera P, Martos AJ, et al. Contributions of qualitative research in informing HIV/AIDS interventions targeting Black MSM in the United States. J Sex Res 2016;53(6):642–654; doi: 10.1080/00224499.2015.1016139
22. Eaton LA, Earnshaw VA, Maksut JL, et al. Experiences of stigma and health care engagement among Black MSM newly diagnosed with HIV/STI. J Behav Med 2018;41(4):458–466; doi: 10.1007/s10865-018-9922-y
23. Serota DP, Rosenberg ES, Sullivan PS, et al. Pre-exposure prophylaxis uptake and discontinuation among young Black men who have sex with men in Atlanta, Georgia: A prospective cohort study. Clin Infect Dis 2020;71(3):574–582; doi: 10.1093/cid/ciz894
24. Serota DP, Rosenberg ES, Lockard AM, et al. Beyond the biomedical: Preexposure prophylaxis failures in a cohort of young Black men who have sex with men in Atlanta, Georgia. Clin Infect Dis 2018;67(6):965–970; doi: 10.1093/cid/ciy297
25. Watson RJ, Eaton LA, Maksut JL, et al. Links between sexual orientation and disclosure among Black MSM: Sexual orientation and disclosure matter for PrEP awareness. AIDS Behav 2020;24(1):39–44; doi: 10.1007/s10461-019-02696-1
26. Schwartz J, Grimm J. Stigma communication surrounding PrEP: The experiences of a sample of men who have sex with men. Health Commun 2019;34(1):84–90; doi: 10.1080/10410236.2017.1384430
27. Bowleg L. When Black + lesbian + woman ≠ Black Lesbian Woman: The methodological challenges of qualitative and quantitative intersectionality research. Sex Roles 2008;59(5–6):312–325; doi: 10.1007/s11199-008-9400-z
28. King N, Brooks J. Thematic analysis in organizational research. In: The Sage Handbook of Qualitative Business and Management Research Methods: Methods and Challenges. (Cassell C, Cunliffe AL, Grandy G. eds.) Sage: Newbury Park, CA; 2018; pp. 219–236.
29. Guest G, MacQueen KM, Namey EE. Applied Thematic Analysis. Sage: Newbury Park, CA; 2012.
30. Boyatzis RE. Transforming Qualitative Information: Thematic Analysis and Code Development. Sage: Thousand Oaks, CA; 1998.
31. Hayes AF, Krippendorff K. Answering the call for a standard reliability measure for coding data. Commun Methods Meas 2007;1(1):77–89; doi: 10.1080/19312450709336664
32. Levitt HM, Bamberg M, Creswell JW, et al. Journal article reporting standards for qualitative primary, qualitative meta-analytic, and mixed methods research in psychology: The APA publications and communications board task force report. Am Psychol 2018;73(1):26–46; doi: 10.1037/amp0000151
33. Creswell JW. Qualitative Inquiry & Research Design: Choosing Among Five Approaches. 2nd ed. Sage Publications: Thousand Oaks, California; 2007.
34. Goldberg AE, Allen KR. Communicating qualitative research: Some practical guideposts for scholars. J Marriage Fam 2015;77(1):3–22; doi: 10.1111/jomf.12153
35. Calabrese SK, Dovidio JF, Tekeste M, et al. HIV pre-exposure prophylaxis stigma as a multidimensional barrier to uptake among women who attend planned parenthood. J Acquir Immune Defic Syndr 2018;79(1):46–53; doi: 10.1097/QAI.0000000000001762
36. Hammack PL, Grecco B, Wilson BDM, et al. ''White, tall, top, masculine, muscular'': Narratives of intracommunity stigma in young sexual minority men's experience on mobile apps. Arch Sex Behav 2022;51(5):2413–2428; doi: 10.1007/s10508-021-02144-z
37. Rosengren AL, Lelutiu-Weinberger C, Woodhouse EW, et al. A scoping review of HIV pre-exposure prophylaxis stigma and implications for stigma-reduction interventions for men and transwomen who have sex with men. AIDS Behav 2021;25(7):2054–2070; doi: 10.1007/s10461-020-03135-2
38. Cortopassi AC, Driver R, Eaton LA, et al. A new era of HIV risk: It's not what you know, it's who you know (and how infectious). Annu Rev Psychol 2019;70:673–701; doi: 10.1146/annurev-psych-010418-102927
39. Ezennia O, Geter A, Smith DK. The PrEP care continuum and Black men who have sex with men: A scoping review of published data on awareness, uptake, adherence, and retention in PrEP care. AIDS Behav 2019;23(10):2654–2673; doi: 10.1007/s10461-019-02641-2
40. Maulsby C, Millett G, Lindsey K, et al. HIV among Black men who have sex with men (MSM) in the United States: A review of the literature. AIDS Behav 2014;18(1):10–25; doi: 10.1007/s10461-013-0476-2
41. Centers for Disease Control and Prevention. Transgender Women Urgently Need More HIV Prevention and Treatment Services, New CDC Data Show. 2021. Available from: https://www.cdc.gov/media/releases/2021/p0414-trans-HIV.html [Last accessed: June 25, 2022].

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