HIV-Positive Gay Men Harbor Stigma About Contracting Hep C

A study of gay and bi men with HIV in Australia who had been cured of hep C found they associated hep C with injection drug use.

June 19, 2019 By Benjamin Ryan

A qualitative study of gay and bisexual men living with HIV who had been cured of hepatitis C virus (HCV) found that they tended to harbor more stigmatizing attitudes toward HCV than HIV, aidsmap reports.

Publishing their findings in the Journal of the International AIDS Society, researchers interviewed 15 gay and bisexual HIV-positive men who had contracted HCV and been treated and cured of that virus through direct-acting antiviral (DAA) treatment.

The men had a median age of 46 and ranged between 26 and 60 years old. Almost all of them identified as gay. They received their HIV and HCV diagnoses a median of 15 years and 7 years prior, respectively. Twelve men reported ever using illicit drugs; of these, 10 reported a history of injection drug use.

The men said that despite persistent stigma surrounding the virus, the gay community had normalized living with the virus. Using HIV as a reference point, they said HCV was more stigmatizing and that contracting that virus had led them to internalize such stigma. They noted that prevention messaging focuses on HIV, which may come at the expense of HCV awareness.

Hep C was associated with injection drug use in the men's minds, so they were keen to differentiate between different types of illicit drug use. That said, the men for the most part believed they had contracted the virus through sex. However, they were less inclined to attribute contracting HCV to their own individual risky behaviors than to link the virus to their membership in high-risk social and sexual networks.

Undergoing DAA treatment often led the men to make shifts to their lifestyle that meant separating themselves from such sex- and drug-use networks—a departure that could lead to loneliness and isolation. Thus, observing abstinence from drugs following treatment for HCV could necessitate the development of a new social network.

The men tended to regard the chance to be cured of HCV as a positive step. And in an effort to

skirt the stigma associated with the virus, including the need to disclose having it to sexual partners, they hoped to remain free of the virus.

Care and treatment for the virus tended to give rise to greater awareness of risk for reinfection as well as risk mitigation efforts, such as asking partners about their HCV status and avoiding rough, condomless sex with partners whose status was unknown. Nevertheless, inquiring about partners' HCV status, the men said, remained a challenge because of the associated stigma.

Some of the men said engaging in HCV care also drove them to lower their use of crystal meth and to reevaluate their use of drugs during sex. Reinfection, thus, was tantamount to failure in their minds.

"Hepatitis C/HIV coinfection among [gay and bisexual men] cannot be understood in isolation from co-occurring drug use and sex, nor as separate from their HIV infection," the study authors concluded. "Hepatitis C prevention must address subcultural heterogeneity and the intersectionality between multiple stigmatized social identities. Hepatitis C care presents an opportunity to provide support beyond cure. Peer support networks could mitigate social capital loss following a commitment to behavior change and reduce hepatitis C reinfection risks."

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