

**“RAW IS LAW”: EXPLORING SEXUAL BEHAVIOURS OF GAY
MEN WHO USE PRE-EXPOSURE PROPHYLAXIS (PrEP) IN
GAUTENG, SOUTH AFRICA**

By

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LIST OF ABBREVIATIONS

AIDS	Acquired immunodeficiency syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral
CDC	Centers for Disease Control and Prevention
COVID-19	Coronavirus disease of 2019
GBMSM	Gay, bisexual, and other men who have sex with men
GLOW	Gay and Lesbian Organisation of the Witwatersrand
HIV	Human immunodeficiency virus
LGBTQIA+	Lesbian, gay, bisexual, transgender, queer/questioning, intersex, asexual, and others
MSM	Men who have sex with men
NGO	Non-governmental organisation
NSP	National Strategic Plan
PeP	Post-exposure prophylaxis
PEPFAR	President's Emergency Plan for AIDS Relief
PrEP	Pre-exposure prophylaxis
STI	Sexually transmitted infection
TB	Tuberculosis
UK	United Kingdom
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNISA	University of South Africa
USA	United States of America
WHO	World Health Organization

DECLARATION

I, Mr Dalisu Dumisani Thanduxolo Gama, student no 36475149, declare that I wrote this dissertation, titled *“Raw is Law”: Exploring Sexual Behaviours of Gay Men Who Use Pre-Exposure Prophylaxis (PrEP) in Gauteng, South Africa*. I have noted and credited any sources that I have used.

This study treatise is my original work. It has not been evaluated by any other university. I accept full responsibility for any editorial, grammatical, or structural faults in this content.



MR D.D.T. GAMA

18 November 2025

DATE

DEDICATION

I dedicate this dissertation to my late father, Musa Alfred Gama, and my late brother, Solomuzi Justice Bongani Gama, who did not live to see or hear about this dissertation. Your spirit lives in me.

To my mother, Lindiwe Peggy Gama, thank you for making education fashionable in our family. Thank you for being a true role model to us. I appreciate your words of encouragement and the sacrifices and love that you have shown us over the years.

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A special thanks to all my 10 participants who sacrificed their time to meet with me. You opened up to me and shared your lived experiences with regard to your sexuality, sexual behaviours, and stigma. I understand that sharing your personal experiences with a stranger was not easy. Undoubtedly, your experiences shaped this research into what it is.

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ABSTRACT

This study explored the sexual behaviours of gay men who use pre-exposure prophylaxis (PrEP) in Gauteng, South Africa, through the perspectives of Erving Goffman's stigma theory and Berger and Luckmann's social constructionism theory. Employing these two theories, the study examined how sexual identities and the stigma associated with human immunodeficiency virus (HIV) and PrEP influence the sexual behaviours and decision-making processes of gay men. Consequently, the study explored the stigma and related barriers to accessing PrEP and its influence on sexual behaviours of gay men. Data were collected through in-depth interviews with 10 gay men in the Gauteng province of South Africa. The key findings are presented through three major themes. The first theme highlights the prevalence of risky sexual behaviours among most gay men who take PrEP, including condomless sex and multiple sexual partners, both before and after initiating PrEP. The second theme underscores that PrEP does not solely dictate sexual behaviour; rather, many participants continued to use it alongside other HIV-prevention strategies, such as condoms. The third theme addresses the stigma related to PrEP and uncovers the ongoing experiences of shame and negative labelling by friends, family, partners, healthcare professionals, and society as a whole. Overall, the study reveals a complex interaction between PrEP uptake, sexual behaviours, and stigma. While PrEP serves as an important method of HIV prevention, its impact varies among the gay men who use it. The persistent stigma surrounding PrEP highlights the urgent need for targeted education and awareness, continuous screening for sexually transmitted infections, and stigma-reduction initiatives to support and encourage informed and safe sexual health practices by gay men. The limited data available suggest that research focusing exclusively in gay men who take PrEP has not been sufficiently explored in South Africa. This research contributes to the body of knowledge on how PrEP affects various aspects of the lives of men who identify as gay and thus contributes by enhancing existing HIV-prevention methods. In addition to the wider prevention strategies, the research proposes how the methods can be better tailored for gay men. Additionally, the study also proposes a number of strategies to address various stigmas and social challenges faced by gay men who take PrEP. Based on the findings, recommendations were developed to inform strategies for HIV prevention,

advance awareness and education in communities, reform healthcare practices, and influence health policy in inclusive and affirming ways.

Keywords: sexual behaviour; gay sexual identity; gay men; HIV/AIDS; pre-exposure prophylaxis (PrEP); South Africa

CHAPTER 1:

A STUDY ON PRE-EXPOSURE PROPHYLAXIS (PrEP) UPTAKE AND THE SEXUAL BEHAVIOURS OF GAY MEN

1.1 INTRODUCTION

This study explored the sexual behaviours of gay men who take PrEP in Gauteng, South Africa. PrEP is a human immunodeficiency virus (HIV)-prevention medication used by individuals who have not tested positive for the virus that is highly effective when adhered to (Hascher *et al* 2023). When taken as prescribed, the medication can reduce the risk of infection through sexual intercourse by approximately 99% and by 74% through injection drug use (Chakrapani *et al* 2022). As such, the World Health Organization (WHO 2015) recommends that prevention methods such as PrEP be included in HIV-prevention strategies for individuals who are at high risk of contracting HIV. Various studies have focused on gay men and men who have sex with men (MSM) to encourage testing to identify potentially HIV-positive individuals and initiate them on antiretroviral therapy (ART) at early stages (Yang & Sun 2024). This study focused on gay men in part because they are considered to be at high risk for HIV infection due to the vulnerability of the anus to tearing, which can result in the effective transmission of the virus during anal sex without a condom (Maleke, Makhakhe, Peters, Jobson, De Swardt, Daniels, Lane, McIntyre, Imrie & Struthers 2017).

PrEP is one of the most significant discoveries in modern technology aimed at HIV prevention (Spieldenner 2016). Alongside other efforts, the uptake of PrEP is expected to reduce the number of new HIV transmissions among gay men. However, researchers in South Africa have not paid much attention to how the use of PrEP changes the sexual behaviours of gay men. This study provides an opportunity to address concerns raised by Prestage *et al* (2019), who argue that little is known about whether gay and bisexual men alter their sexual behaviours after initiating PrEP. Risky sexual behaviours contribute to the increase in HIV infections. Research conducted by Nkomazana and Maharaj (2014:43) in Zimbabwe found that some university students continue to engage in risky sexual practices despite being informed about HIV. The prevalence of HIV and associated risks is higher among MSM in the Middle

East and North Africa, and these countries have not succeeded in reducing the growing incidence of HIV (Laurent *et al* 2021).

Previous research by Gamarel and Golub (2015), Gafos *et al* (2019), Quinn, Bowleg and Dickson-Gomez (2019), Shrader *et al* (2022), Bavinton *et al* (2021), Traeger *et al* (2022), Matetola-Mohapi (2021), and Abu-Ba'are *et al* (2024) focused on MSM and not exclusively on gay men who take PrEP. It is therefore essential to consider the experiences of gay men independently from those of MSM, as the two groups may have different lived experiences regarding PrEP uptake and access. Notably, according to the American Centers for Disease Control and Prevention's (CDC 2021) *Sexually Transmitted Infections Guidelines*, the term "MSM" is often used to refer to sexual behaviour alone, regardless of sexual orientation. For example, a person might identify as heterosexual but still be classified as MSM, whereas a gay sexual identity is an expression of one's sexual identity and cannot be solely described based on sexual behaviour. The term "gay" can also be used to refer exclusively to men who are emotionally, romantically, sexually, affectionately, or relationally attracted to other men, or who identify as members of the gay community (CDC 2021).

The social aspects of HIV cannot be ignored, which is why this research focused on the social issues that affect gay men, in recognition that PrEP uptake is fundamentally a social issue shaped by the broader social contexts in which gay men live. Factors such as gay men's vulnerability, low socio-economic conditions, undiagnosed infections, drug and substance abuse, lack of family support, having multiple sexual partners, and engaging in unprotected anal sex (also called "barebacking", which is intentional sexual intercourse without a condom) contribute to the perception of gay men as being at high risk of contracting HIV (LaSala 2015; Evans, Cloete, Zungu & Simbayi 2016; Stahlman *et al* 2017; Hart *et al* 2017). As mentioned above, risky sexual behaviours are considered among the contributing factors for the high rates of HIV among gay men. The term "raw is law" is another colloquial expression used by gay men to refer to the act of engaging in sex without a condom (Dean 2009). This research unpacks the term by exploring gay men's real-life narratives of how PrEP uptake influenced their decisions to engage in or abstain from "raw sex", or sex without a condom. This study also acknowledges that "raw is law" is not a new concept that emerged after the PrEP breakthrough; rather, it is an act previously explored by individuals seeking sensorial pleasure with a steady or trusted partner, or during

casual sex with strangers (Da Silva, Brasil, Duarte, Cunha & Castellanos 2023). This study took this earlier conceptualisation further by considering how social factors and perceptions surrounding PrEP inform the sexual behaviours of gay men in the Gauteng province. I employed social constructionism and stigma theories to develop an understanding of how the social constructions of gay identities and the stigma associated with HIV and PrEP facilitate the uptake of PrEP and the sexual behaviours of gay men.

1.2 HISTORICAL CONTEXT OF HUMAN IMMUNODEFICIENCY VIRUS / ACQUIRED IMMUNODEFICIENCY SYNDROME (HIV/AIDS) IN SOUTH AFRICA

Prior to engaging with the objectives and research questions of the study, it is important to first examine a historical overview of HIV/AIDS in South Africa. The historical context of HIV/AIDS is critical to understanding the country's journey in combatting HIV, which particularly led to the breakthrough of PrEP. Historically, there have been mixed messages, myths, and misinformation regarding the origins, treatment, and prevention of HIV globally, especially in developing countries such as South Africa (Tun *et al* 2012). This section provides an overview of South Africa's history and journey with HIV prevention, treatment, and care during apartheid and in contemporary South Africa.

The first known case of HIV infection in South Africa was reported in 1981, with instances recorded among gay men in 1982 (South African History Online 2012; Simelela, Venter, Pillay & Barron 2015; Rohleder, Swartz, Kalichman & Simbayi 2009; Bekele 2016). According to South African History Online (2012), the first case of an HIV-related death in South Africa was reported in 1982. The infection was also found among blood transfusion recipients, haemophiliacs, and African migrants. The first case of HIV infection in heterosexual individuals was reported in 1987. The government of the old dispensation was not particularly concerned about HIV and regarded the pandemic as a disease that affected gay and Black individuals, whom they did not believe warranted attention. Upon assuming office, the new democratic government focused on "more important things", such as establishing the new administration, during which time the fight against HIV was neglected (South African History Online 2012; Simelela *et al* 2015). According to the International Labour

Organization's Social Protection Platform (n.d.), by 1985, it was evident that HIV was not merely a disease that affected gay or Black men but a societal issue that required urgent attention. For this reason, in 1985, the South African government established the country's first AIDS Advisory Group to address HIV/AIDS-related matters.

During the 1990s, the national antenatal survey to test for HIV found that between 74 000 and 120 000 people in the country were infected with the virus. In 1991, the number of diagnosed heterosexual individuals equalled the number of infections transmitted through sex between men (South African History Online 2012). In 1992, the government, led by the first democratic president, Nelson Mandela, formed the National AIDS Convention of South Africa to develop a national strategy for AIDS. This was followed by the establishment of the National AIDS helpline and the formation of the Soul City organisation to educate communities about HIV/AIDS through the media (South African History Online 2012). The hosting of the International Conference for People Living with AIDS in 1995 by South Africa was a significant highlight. During this conference, then Deputy President Thabo Mbeki acknowledged the seriousness of the pandemic. Another important highlight was the establishment of the Treatment Action Campaign in 1998, a group formed to fight for the rights of people living with HIV and to demand access to HIV treatment for everyone infected with the virus. In 2000, the National AIDS Council was formed to oversee the implementation of the Department of Health's five-year strategy for HIV, tuberculosis (TB), and sexually transmitted infections (STIs). That same year, during the International AIDS Conference held in Durban, then newly elected President Thabo Mbeki claimed that poverty was the main driving factor behind the high rates of HIV-related deaths in the country, missing an opportunity to acknowledge the causal relationship between HIV and AIDS (South African History Online 2012).

The year 2002 was a significant moment in history due to a High Court order in South Africa that compelled the government to make nevirapine, an HIV medication, available to pregnant women to help prevent mother-to-child transmission of HIV. This decision was not welcomed by then Minister of Health, Manto Tshabalala Msimang, who cited the high costs of the medication (Sidley 2002). In 2003 and 2004, the country witnessed the approval and roll-out of the antiretroviral (ARV) treatment programme. In 2006, the government launched the Broad Framework for an HIV and AIDS Strategic Plan for South Africa 2007-2011, followed by the National Strategic Plan

(NSP) 2012-2016 and NSP 2017-2022, all of which aimed to guide various sectors of society while building on the work of previous strategies. It is worth noting that the South African government revises each strategy every five years. The South African government is currently implementing NSP 2023-2028.

In 2016, the country witnessed a breakthrough with the roll-out of PrEP in selected facilities, which prioritised those who provided services to sex workers. This was followed by the roll-out to MSM and university students. Another significant milestone was the adoption of the Joint United Nations Programme on HIV/AIDS's (UNAIDS) 90-90-90 targets by the country in 2016. The adoption of these targets, along with prior strategies, demonstrated the country's commitment to combatting HIV. According to UNAIDS (2023), the 90-90-90 targets were ambitious, with the belief that by 2020, 90% of all people living with HIV would know their HIV status, 90% of all people diagnosed with HIV would receive sustained ART, and 90% of all people receiving ART would achieve viral suppression. The universal targets are now set at 95-95-95 by UNAIDS, a target to which South Africa has also committed. During the 11th South African AIDS Conference held in Durban in 2023, then Minister of Health, Dr Joe Phaahla, indicated that South Africa stood at 94% of people living with HIV who knew their status, 77% of those who knew their status and were on ARV treatment, and 92% of those on ART who had a suppressed viral load. He also explained that the country had to initiate an additional 1.4 million people on ART if it wanted to meet the 95-95-95 targets (Phaahla 2023). Between 2023 and 2024, the country worked to finalise the National Health Insurance to ensure healthcare access for all citizens, as well as the National Strategic Response Plan on HIV, TB and STIs 2023-2028. This indicates that the country is committed to fighting HIV and ensuring free and equal healthcare access for all citizens. Understanding the sexual behaviours of gay men who take PrEP as a prevention measure for HIV/AIDS requires an appreciation of the historical background and origins of the pandemic, as well as the work that has been done to address its dire impact on societies globally. The aforementioned key populations (LGBTQIA+ persons) still experience discrimination and stigma, along with social and structural barriers to accessing healthcare services.

The next section provides the background of the study, with a particular focus on discrimination and stigma and how they inform gay men's experiences of using PrEP.

1.3 BACKGROUND OF THE STUDY

This study was conducted against the backdrop of the HIV pandemic, which remains one of the most challenging life mysteries to explain and solve. According to the WHO (2025), HIV is an infection that attacks the body's immune system, specifically the white blood cells (CD4 cells). HIV destroys CD4 cells, which results in an individual's immune system being compromised against opportunistic infections such as TB, fungal infections, severe bacterial infections, and some cancers. The WHO (2025) further indicates that MSM, sex workers, transgender people, prisoners, and people who use drugs are among the key population groups with an increased risk of HIV infection. Given this revelation by the WHO (2025), this study focused on gay men who use HIV medication (PrEP) to explore their experiences, motives, and challenges associated with PrEP uptake, with the aim to enhance the overall understanding of its effectiveness in preventing new HIV infections.

Statistics indicate that, globally, approximately 85 million people have become infected with HIV, and more than 40 million people have died from AIDS-related diseases since the start of the epidemic (UNAIDS 2023). In 2022, 39 million people worldwide were living with HIV, and new cases were estimated at 1.3 million. Furthermore, 600 000 HIV-positive individuals died from AIDS-related illnesses in the same year. Conversely, by the end of December 2022, more than 29.8 million people living with HIV globally were accessing ART (UNAIDS 2023). These statistics indicate that there are successful efforts aimed at reducing the number of new infections. However, the 1.3 million new HIV cases recorded in 2022, compared to 3.2 million in 1995, clearly indicate that a much more concerted effort is required to reduce the number of new infections per year to 335 000 by 2030. Reducing the number of new HIV infections is a global goal set out in the Global Health Sector Strategies and the Sustainable Development Goals for 2030, which play a significant role in the fight against the pandemic and the call for the promotion of healthy lifestyles among global citizens (UNAIDS 2023). Both of these frameworks, along with many other initiatives, have played a major role in curbing HIV through awareness campaigns and prevention programmes, such as the roll-out of condoms and ART such as post-exposure prophylaxis (PeP) and PrEP (Govender *et al* 2021).

UNAIDS (2023) highlights a high HIV prevalence among key populations (LGBTQIA+ persons), which account for the majority of new infections in regions such as West, North, and Central Africa (Jin, Restar & Beyrer 2021; Govender *et al* 2021). Furthermore, UNAIDS (2025a) reported that globally, in 2023, approximately 3% of new infections occurred among sex workers, 7.7% among gay men and MSM, 5% among people who inject drugs, 9.2% among transgender persons, and 1.3% among people in prisons. Research conducted by Appiedu-Addo *et al* (2025) in Ghana indicates that by the end of 2023, Africa accounted for more than 70% of the 40 million people who live with HIV globally. East and Southern Africa accounted for more than 20% of the HIV cases in Africa, while West and Central Africa reported over five million HIV cases. Despite a reported 50% decline in HIV-related deaths across Africa from 2010 to 2023 (decreasing from 890 000 to 390 000), mortality rates on the continent remain very high. Interestingly, a study conducted by Govender *et al* (2021) suggests that the increase in HIV infections is not solely an African problem, as there has been a resurgence of HIV in European countries, as well as in North and South America, over the past 10 years. The United States of America (USA), Spain, Russia, Ukraine, Brazil, Argentina, and Portugal are among the countries that have shown an increase in HIV incidences since 2010 (Govender *et al* 2021). While some countries in the Global North have experienced rising rates of new HIV incidences, during the same period, countries in the Global South, such as China, East Asia, Kenya, and South Africa, have seen a decrease (Govender *et al* 2021).

While Govender *et al* (2021) and Mojola, Angotti, Schatz and Houle (2021) recognise a decrease in HIV-related deaths, attributing this progress to South Africa's large ART programme, earlier research by Lane *et al* (2014) and Sullivan *et al* (2020) found an increase in the rate of HIV among MSM in South Africa. In Tshwane, during the Gauteng AIDS Council roadshow, Member of the Mayoral Committee for Health, Councillor Rina Marx, indicated that there is an increasing HIV prevalence of 13.1% among people aged 15 to 49 years, which made Tshwane one of the top five districts in South Africa with a high burden of HIV (Morare 2023). Linked to the Marx's statement, this study provides an opportunity to interrogate the implications of PrEP on the sexual behaviours of gay men. Is PrEP uptake yielding the intended outcomes, or is it resulting in unintended consequences? This is one of the questions the study sought to answer as it explored the sexual behaviours of gay men who take PrEP.

MSM, gay men, people who inject drugs, transgender women who have sex with men, prisoners, and detainees account for the majority of new infections in countries in areas such as West, North, and Central Africa (Jin *et al* 2021; Govender *et al* 2021). In contrast, East and Southern Africa saw a notable decline in HIV incidences among all key populations from 2010 to 2022, although this decline was slower among gay men, MSM, and people who inject drugs (UNAIDS 2025a). China reported an increase in new HIV cases among MSM and gay men between 2009 (5%) and 2018 (6.9%), which was attributed to engagement with multiple sexual partners and inconsistent condom use, which heighten the risk of HIV incidence among MSM and gay men (You *et al* 2021). Undoubtedly, it is imperative to engage with the social implications of HIV due to their impact on the lives of individuals, families, and communities and their socio-economic status globally. HIV/AIDS creates a burden in most nations, especially in developing countries, which particularly affects health services. In addition, the coronavirus disease of 2019 (COVID-19) pandemic and the resulting economic downturn further increased people's vulnerability to HIV, particularly those from low- and middle-income countries (Govender *et al* 2021; UNAIDS 2022). This study built on past and current efforts to combat HIV in the country and explored gay men's experiences regarding HIV, along with the stigmas and behaviours associated with HIV prevention. By examining sexual experiences, the study aimed to reveal how the uptake of PrEP influences gay men's sexual behaviours.

1.4 PROBLEM STATEMENT AND RESEARCH RATIONALE

This study explored the sexual behaviours and decisions of gay men who take PrEP in order to understand their sexual behaviours before and after PrEP initiation. Fennie and Laas (2014) conducted a study with 220 undergraduate university students and found that the sexual behaviours of young people, particularly first-year university students, were concerning, as they downplay their risk of contracting HIV and continue to engage in risky sexual practices. Consequently, HIV-prevention strategies must focus on changing the attitudes and sexual behaviours of individuals at risk of HIV/AIDS and other STIs, regardless of the context in which they engage in sexual activity (Esacove 2010). A study on the impact of PrEP on the sexual behaviours of gay, bisexual, and other men who have sex with men (GBMSM) in the United Kingdom (UK), conducted by Gafos *et al* (2019), found that PrEP enhanced existing HIV-

prevention strategies for individuals who were having sex without a condom prior to PrEP uptake. The same research acknowledged an opportunity for further investigation into how individuals integrate PrEP into their existing strategies for preventing HIV infection. Similarly, a study conducted by Castro, Delabre and Molina (2017) in France found that PrEP enabled some participants, who were not using condoms prior to PrEP, to feel safer. In contrast, those who had been using condoms continued to do so while incorporating PrEP as an additional preventative measure. However, the same study revealed that inconsistent condom use by some participants led to the belief that PrEP filled a preventative gap and provided added protection for individuals at high risk (Castro *et al* 2019). A similar study conducted by Gafos *et al* (2019) in the UK found that participants who frequently engaged in sex without a condom added PrEP as one of their strategies for HIV prevention.

This study acknowledges that previous research has been conducted on the medical and health contributions of PrEP to gay men for the prevention of HIV (Kim *et al* 2010; Hankins, Macklin & Warren 2015; Baeten 2018). However, little attention has been paid to the influence of PrEP uptake on the sexual behaviours of gay men in South Africa. Much of the available research on the topic originates from other countries; this research therefore aimed to provide a South African narrative, which is necessary considering that context shapes gay men's experiences differently. This study sought to highlight the important topic of safe and risky sexual behaviours among gay men and the resulting stigmas associated with PrEP uptake. The research also contributes to the body of knowledge on how PrEP uptake informs the sexual behaviours of gay men, particularly focusing on its impacts on various aspects of the lives of men who identify as gay, including the decisions they make about their sexual lives. Additionally, the study has the potential to address other sexual stigmas and social challenges experienced by gay men who take PrEP. Given the limited local data, this area of research has not been sufficiently explored in South Africa; the significance of this study therefore lies in its potential to shed light on this understudied topic and to influence policy.

This study provides an understanding of how PrEP uptake influences the sexual behaviours of gay men in Gauteng, South Africa. The contributions of this study will benefit various stakeholders in the public and private health sectors, civil society, and organisations (mostly non-governmental organisations [NGOs]) that administer PrEP

and other sexual health-related services to gay men. The research outlines recommendations in response to the barriers and challenges faced by gay men in accessing PrEP in under-resourced townships and rural areas, where access to healthcare is limited and healthcare practitioners often lack sensitisation to LGBTQIA+ issues. This underscores the importance of shaping public health interventions and policies to specific socio-cultural contexts rather than adopting generalised international models. Lastly, this study proposes recommendations for community awareness and education campaigns related to the roll-out of PrEP, thus contributing to the development of more inclusive stigma-reduction and sexual health strategies.

1.5 RESEARCH PURPOSE, OBJECTIVES, AND QUESTIONS

1.5.1 Purpose of the study

This study aimed to explore how the uptake of PrEP informs the sexual behaviours of gay men in Gauteng, South Africa.

1.5.2 Objectives of the study

The objectives of the study are as follows:

- To explore the sexual behaviours and experiences of gay men before and after the use of PrEP.
- To explore whether PrEP use changed the sexual behaviours of gay men in Gauteng, South Africa.
- To explore the stigmas attached to the use of PrEP among gay men in Gauteng, South Africa.
- To explore the social implications of the stigma attached to the use of PrEP for gay men's sexual behaviours and lifestyles in Gauteng, South Africa.

1.5.3 Research questions

The main research question that the study sought to address is: **How does the uptake of PrEP inform the sexual behaviours of gay men in Gauteng, South Africa?**

The following specific sub-questions aimed to help address the main research question:

- What were the sexual behaviours and experiences of gay men before using PrEP and afterwards in Gauteng, South Africa?
- How does PrEP change the sexual behaviours of gay men in Gauteng, South Africa?
- What are the stigmas associated with gay men's use of PrEP in Gauteng, South Africa?
- How does the stigma attached to the use of PrEP inform the sexual behaviours of gay men and their lifestyles in Gauteng, South Africa?

1.6 DEFINITION OF KEY CONCEPTS

This section defines key concepts related to exploring the sexual experiences of gay men in Gauteng, South Africa.

1.6.1 Sexual behaviour

Chawla and Sarkar (2019) define sexual behaviour as actions exhibited by individuals to satisfy their basic sexual needs. Sexual behaviour encompasses all activities that gratify sexual needs, and engaging in sexual behaviour with a certain gender does not imply that an individual identifies with a sexual identity consistent with that behaviour or that the person is attracted only to that particular gender (Mishel 2019). Sexual behaviour is influenced by various factors, including culture and individual experience. Society plays a key role in defining what is considered normal or abnormal. Additionally, the ineffectiveness and morbidity associated with sexual behaviour and HIV can be attributed to several factors, such as culture, community norms, gender, and age (Ventriglio & Bhugra 2019). Risky sexual behaviour, such as reduced condom use and engaging in casual sex with multiple partners, can lead to an increase in HIV and other STIs (Hoorneborg *et al* 2019). HIV behavioural interventions, such as condom use and PrEP uptake, are primarily designed to lower the rate of infection by reducing high-risk sexual behaviours, such as engaging in sex without a condom. However, behavioural interventions alone have proven ineffective and require medical interventions, such as the use of PrEP (Pantalone *et al* 2019).

1.6.2 Sexual identity

Sexual identity refers to the relative sexual attraction to individuals of the same sex, both sexes, or the opposite sex (Bailey *et al* 2016). The development of sexual identity is a complex concept to explain, as there are various beliefs about its nature and origins, and it is less explored due to its political controversy (Moleiro & Pinto 2015). Some researchers argue that sexual identity is biologically determined, fixed across the lifespan, and exists in distinct categories such as homosexual, heterosexual, and bisexual (Morandini *et al* 2015). In contrast, others suggest that it extends beyond the notion of naturalness (Tierney, Spengler, Schuch & Grzanka 2021).

Tierney *et al* (2021) highlight four factors that contribute to sexual identity development for gay individuals:

- Naturalness/immutability: The belief that sexual identity is biological.
- Discreteness: The belief that there is a clear distinction between straight and gay.
- Homogeneity: The belief that members of a group share similar characteristics.
- Informativeness: The belief that sexual identity is a means of understanding someone.

Greene and Britton (2012:188) identify six stages of identity development: identity confusion, identity comparison, identity tolerance, identity acceptance, identity pride, and identity synthesis. Other researchers believe that gay sexual identity can be explained through milestones: (1) first same-sex attraction, (2) first identification as a same-sex identity, (3) first sexual experience with a person of the same sex, and (4) first self-revelation as a same-sex individual to others.

In contrast, Jaspal (2022) explains that gay identity development occurs at three levels: the psychological, the interpersonal, and the collective. Jaspal (2022) highlights the need for individuals to be aware of and acknowledge their sexuality, as social issues such as culture, psychological well-being, and stigma play a critical role in a person's acceptance of their sexual identity. This study favours Jaspal's (2022) explanation of gay identity and acknowledges that sexual identity development is a complex concept with no universally accepted explanation.

1.6.3 Gay men

Victor, Nel, Lynch and Mbatha (2014:298) define a man who has sexual, romantic, and intimate feelings for, or is in a love relationship with, another man as gay. Theorists have different beliefs and explanations regarding how individuals become gay. Pathological theories regard homosexuality as unnatural and a disease that is immoral and evil, while theories of immaturity consider being gay a normal phase that a person outgrows as they develop into heterosexuality. Normal variations theories believe that people are born differently and that being gay occurs naturally (Victor *et al* 2014:298). Society's negative attitudes towards sexual variations have contributed to the discrimination against gay men, and same-sex sexuality was previously classified as psychopathology. It was removed from the Diagnostic and Statistical Manual of Mental Disorders in 1973 (Ventriglio & Bhugra 2019). This study adopted the normal variations theory's definition of gay identity and confirms its positive meaning.

1.6.4 HIV/AIDS

The WHO (2025) defines HIV as a virus that attacks the body's immune system, specifically the CD4 cells. HIV can be categorised into HIV Type 1 and HIV Type 2. HIV destroys and weakens the immune system against opportunistic infections and causes AIDS, which can lead to death (Van Dyk, Tlou & Van Dyk 2017:702).

1.6.5 PrEP

PrEP is defined by the WHO (2015) as the use of ARV drugs by individuals who have tested negative for HIV to reduce the risk of HIV infection. According to the CDC (2024), PrEP aims to prevent HIV from taking over a person's body by using medication before exposure to the virus. It is prescribed to individuals who are HIV negative but at high risk of infection. There are currently three types of medications that are CDC-approved for use as PrEP, each targeting different groups. Truvada is intended for individuals at risk through sex or injection drug use, while Descovy is meant for people at risk through sex, except for individuals assigned female at birth who may be at risk of HIV from vaginal sex. Lastly, Apretude shots are designed for all individuals at risk through sex. According to the 2021 Department of Health Guidelines for the Provision of Pre-Exposure Prophylaxis (PrEP), the preferred

regimen in South Africa is a combination of oral tenofovir disoproxil and emtricitabine (TDF/FTC). Regular and consistent uptake of PrEP has significant potential to decrease new cases of HIV infections among GBMSM by up to 99% (Siegler *et al* 2018; Holloway *et al* 2020). This study presents an opportunity to engage gay men about their diverse experiences related to PrEP uptake.

1.7 METHODOLOGICAL UNDERPINNINGS

This study employed a qualitative research methodology to explore the sexual behaviours of gay men in the Gauteng province, South Africa. The research focused on 10 gay men who take PrEP to understand the influence of the medication on their sexual behaviours and decisions before and after initiating PrEP, as well as the stigma associated with its use. Additionally, the participants detailed their experiences of stigma and discrimination from society based on their sexuality and PrEP uptake. Using face-to-face interviews and an interview guide, I posed relevant questions and probed for a deeper understanding of the participants' experiences. The interviews were recorded using a smart tablet. Upon finalising the data collection and interviews, I translated and transcribed the data. Finally, the data were coded and analysed using thematic analysis to identify themes and subthemes. Ethical principles of informed consent, voluntary participation, confidentiality, privacy, and anonymity were upheld throughout this research.

1.8 OUTLINE OF THE CHAPTERS

This thesis comprises the following six chapters:

Chapter 1 sets the scene and introduces the study by focusing on the background of the research, the historical context and origins of HIV/AIDS, the first cases of HIV in South Africa, a snapshot of PrEP as a mechanism to prevent HIV, the research problem statement and rationale, and the aims and objectives of the research.

Chapter 2 provides a discussion of existing literature on HIV/AIDS and areas related to the stigma and sexual behaviours of gay men who take PrEP. The literature review assists in identifying gaps and opportunities for research. Lastly, the second chapter unpacks the theoretical framework and foundation of the research.

Chapter 3 describes the research design and methods that were applied to this research and how the data were analysed. The chapter concludes with a discussion of the ethical considerations, trustworthiness, and reliability of the research.

Chapter 4 reports the findings of the study, with a particular focus on the participants' experiences of navigating relationships as PrEP users, their social backgrounds and motivations behind PrEP uptake, and their romantic partners' perspectives regarding their use of PrEP.

Chapter 5 delves into an analysis of the core research findings of the research related to sexual behaviours before and after PrEP uptake. It also provides a discussion of the participants' experiences related to discrimination and stigma related to their sexuality and PrEP uptake.

Chapter 6 provides a conclusion and the summary of the main research findings and answers to the research questions. Recommendations for future research and concluding remarks are also outlined in this chapter.

1.9 CONCLUSION

This chapter discussed the historical context and origins of HIV/AIDS, the first cases of HIV, the breakthrough of PrEP, and the research problem statement and rationale, as well as the aims and objectives of the research. The chapter provided a detailed explanation of key concepts such as sexual behaviour, gay sexual identity, gay men, HIV/AIDS, and PrEP. Given international research, this study acknowledged and sought to address a gap in South African literature regarding the sexual behaviours of gay men who take PrEP.

The following chapter focuses on the literature review and provides a detailed discussion of PrEP and the rights of gay men. It also addresses the stigmas and discrimination experienced by gay men due to their sexuality and PrEP uptake.

CHAPTER 2:

UNDERSTANDING SAME-SEX SEXUAL IDENTITIES, SEXUAL BEHAVIOURS, AND STIGMA IN THE ERA OF PrEP: A REVIEW OF THE LITERATURE

2.1 INTRODUCTION

As mentioned in Chapter 1, HIV is a complex phenomenon that continues to affect many societies globally. There has been substantial progress in the care and treatment arena, which resulted in the development and administration of PrEP by both developed and developing countries. This chapter considers international, regional, and local literature related to the current research on sexual behaviours and stigma concerning gay men who take PrEP. Chapter 2 begins by examining the rights of gay men, both globally and within the South African context. This is followed by an analysis of policies and laws aimed at advancing the rights and liberation of sexual minorities in South Africa. The chapter then engages with literature that explores the intersection of gay sexual identities and HIV, with particular attention paid to the experiences of shame among gay men associated with the use of PrEP. Subsequently, the discussion addresses the role of PrEP in HIV prevention for gay men, as well as the perspectives of gay men on its use. The literature review also considers the barriers faced by gay men in accessing and using PrEP. Finally, the chapter outlines the theoretical framework that underpins this study, focusing on social constructionism and stigma theories.

2.2 RECOGNITION OF LGBTQIA+ PERSONS' HUMAN RIGHTS GLOBALLY

Same-sex relationships and acts remain illegal in many African countries, which results in a violation of the rights of gay men and MSM. Research conducted by Bosson, Weaver, Caswell and Burnaford (2012) in the USA found that some gay men who experience violence do so at the hands of heterosexual men. The same study found convincing evidence to suggest a causal relationship between situational gender threats and anti-gay violence among heterosexual men (Bosson *et al* 2012). Additionally, the socio-political situations of gay men contribute to the exacerbation of the discrimination they experience. Research by Moor, Anderson, Koc and Kapelles (2019) indicates that shifts in the socio-political landscape have facilitated the

legalisation of same-sex marriage in countries such as the USA, Australia, Austria, and Taiwan. In contrast, many Asian countries, including China, continue to experience significant homophobia, despite China's general openness to various forms of marriage and sexual unions, including same-sex relationships. Due to persistent societal homophobia and heteronormative expectations, many gay men and lesbians in China still conceal their sexual identities by entering into heterosexual marriages (Ren, Howe & Zhang 2019). Consistent with previous research by Moor *et al* (2019), Ren *et al* (2019) found that a gay sexual identity in China was associated with family shame, disgust, AIDS, mental illnesses, and hooliganism.

In Russia, a public survey during the 1990s showed a notable decrease in homophobia, while recent studies indicate an increase in homophobia (Loriga 2020). The same study found that by 2017, 81% of Russian citizens who participated in a poll indicated that they did not support same-sex relationships. Another similar study indicated that citizens believed that gay sexualities were destroying their country's value systems. This view is supported by the president, who passed anti-gay laws in 2013 and subsequently closed down several LGBTQIA+ centres. President Putin has since been found guilty by international courts and the European Court of Human Rights for violating the human rights of LGBTQIA+ persons in Russia (Loriga 2020).

Discrimination and violations against LGBTQIA+ individuals occur worldwide, even in developed communities. However, it is imperative to acknowledge the legal progress made by some Global North countries, such as the USA, Australia, Austria, and Taiwan, which continue to advocate for the protection of the rights of LGBTQIA+ individuals globally.

In his book, titled *Heterosexual Africa? The History of an Idea From the Age of Exploration to the Age of AIDS*, Epprecht (2008) argues that men and boys in Africa have always engaged in sexual behaviours with other men, regardless of their sexual identity. He further asserts that these sexual acts occur through anal, thigh, and oral sex in locations such as hotels, prisons, dormitories, nightclubs, and bushes. However, the violation of the rights of gay men remains prevalent in many cultures in African countries such as Nigeria and Ghana (Strömdahl, Hoijer & Eriksen 2019). MSM and gay men on the African continent continue to face social exclusion and human rights violations due to HIV stigma and discrimination from their own families, communities,

and governments based on their sexual identity (Hassan & Tucker 2021). Contrary to the Global North, where most countries have legalised gay marriage, same-sex marriages and unions are criminalised in most parts of Africa. Several issues affect members of the LGBTQIA+ community on the continent, relating to socio-economic, public health, and other developmental challenges (Izugbara & Roth 2020). As in many countries, such as China, Russia, and the USA, homophobia in Africa is associated with paedophilia, immorality, and irreligiosity, which in turn violate the dignity and human rights of LGBTQIA+ individuals as members of society (Izugbara & Roth 2020). Notably, the literature shows that discrimination is prevalent at a social level, perpetrated by friends, family, and community members, and violates the rights of sexual minorities (Epprecht 2008; Strömdahl *et al* 2019; Izugbara & Roth 2020; Hassan & Tucker 2021).

In Nigeria, same-sex unions or relationships are regarded as an offence that is punishable by death or imprisonment. A study by Strömdahl *et al* (2019) found that gay men and MSM in Nigeria are often blackmailed and beaten due to their sexual identities. In Uganda, gay men and LGBTQIA+ activists have been killed, despite the presence of more than 500 000 LGBTQIA+ individuals in the country. Furthermore, Uganda established an anti-LGBTQIA+ group tasked with preventing citizens from coming out and advocating for the rights of the LGBTQIA+ community (Zanin 2020). In 2014, Uganda passed anti-gay laws that undermined the rights of gay men in the country. Gay men who engaged in “unnatural” offences and anal intercourse faced sentences of up to life in prison (Zanin 2020). Although the 2014 anti-gay laws were in effect for only about six months, Uganda managed to pass further anti-gay legislation in 2023 (Atuhaire 2023).

In a similar vein, gay men in Kenya continue to face violence and discrimination (Mbwana 2020). In Kenya, same-sex relationships are banned and criminalised, and sexual minority individuals are attacked by communities based on heteronormative religious doctrines and cultural traditions that do not acknowledge sexual diversity. Heteronormative religious doctrines refer to teachings derived from sacred texts that typically shape people’s views, which promote and emphasise the binary nature of gender and heterosexual relationships. This influences how those who do not conform to such standards are perceived, which often leads to their marginalisation and

stigmatisation. For example, most religious denominations teach against unions among same-sex identities (Zehra, Nur & Melike 2023).

Same-sex desires are criminalised in Ghana, and those found guilty may be sentenced to up to three years in prison. A study by Gyamerah *et al* (2020) found a high prevalence of stigma, discrimination, and physical and sexual violence experienced by gay men in Ghana. The study revealed that perpetrators of such violence were often friends, acquaintances, family members, and neighbours, which suggests that violence against gay men is primarily inflicted by individuals who are known to them.

Even though some countries still discriminate against LGBTQIA+ persons on a social level, South Africa is one of the few African countries that respects and protects the rights of LGBTQIA+ individuals on the continent. It leads in the development of non-discriminatory policies and legislation for sexual minority individuals. In partnership with the civil society sector and other relevant stakeholders, South Africa was one of the first countries in the world to advocate for and promote the rights of LGBTQIA+ people (Jones 2019). However, legal recognition and protection have not translated into social acceptance and tolerance, as various studies indicate that gay men face discrimination in certain social spaces, including religious institutions, schools, universities, workplaces, and health facilities (Strömdahl *et al* 2019; Zanin 2020; Mbwana 2020; Gyamerah *et al* 2020; Zehra *et al* 2023).

The following section discusses the rights of sexual minorities in South Africa.

2.3 SEXUAL MINORITY RIGHTS IN SOUTH AFRICA

African cultural systems have historically rarely recognised same-sex sexual identities, which led to widespread discrimination and violations of the rights of LGBTQIA+ individuals on the continent (Matetola-Mohapi 2021). This lack of recognition has had enduring effects, as evidenced in South Africa, where, despite progress in legal protection, LGBTQIA+ persons still experience discrimination. This was particularly evident during the apartheid era through legislation such as the Immorality Act of 1927, which explicitly prohibited same-sex relationships. According to South Africa's Law Library (2024), the Act also banned various sexual activities that were deemed offensive, including sexual conduct with minors (both girls and boys) and sexual relations between white individuals and people of other racial groups. Between the

1950s and 1980s, the Act increasingly targeted and criminalised interracial relationships, as well as same-sex intimacies (Carolin 2017). Similarly, a study by Westman (2023) on the impact of colonialism in South Africa highlights that during apartheid, from 1948 to 1994, when the country was ruled by the National Party, sexual acts between men were punishable by up to seven years in prison. A study conducted by Maake (2019) in South Africa underscores important considerations for the discussion at hand. Maake (2019) indicates that homosexuality was criminalised and socially denounced under the apartheid regime, which promoted heterosexual norms. In response to the actions of the apartheid government, gay and lesbian organisations emerged, which were initially dominated by white middle-class members. However, the establishment of the Gay and Lesbian Organisation of the Witwatersrand (GLOW) by Black activist Simon Nkoli marked a turning point, as he emphasised the inseparability of racial and sexual identity struggles. GLOW played a crucial role in linking the fight for LGBTQIA+ rights with the broader anti-apartheid movement, which ultimately led to the African National Congress recognising these rights and including protection against sexual identity discrimination in South Africa's Bill of Rights (Gevisser & Cameron 1995). Undoubtedly, the Immorality Act was one of the most significant violations of human rights and contributed to segregation and social hierarchy. Notably, post-apartheid, the subsequent amendment of the Civil Union Act, No. 17 of 2006, to include unions for gays is one of the achievements of a democratic South Africa (Skinner & Mfecane 2004).

South Africa accepts the LGBTQIA+ community on paper; however, many cultures, individuals, politicians, and religious leaders still do not accept differences in sexual identities (Skinner & Mfecane 2004). Even though there has been progress regarding the inclusion of LGBTQIA+ individuals, South Africa is still confronted with what Westman (2023) terms "horizontal discrimination". According to Westman (2023), horizontal discrimination is evident in people's everyday interpersonal and psychological interactions, whereas vertical discrimination arises from socio-political structures and institutions such as constitutions, regulations, and policies. Horizontal discrimination has been observed in the past through the utterances of national leaders such as former president Jacob Zuma, King Goodwill Zwelithini, and Reverend Kenneth Meshoe, who were publicly heard speaking against same-sex identities and unions, stating that a sinful lifestyle or same-sex marriage was unacceptable (Matetola-

Mohapi 2021). Chapters 4 and 5 unpack the violation of the rights of gay men in more detail as it relates to the participants' lived experiences of discrimination due to their sexual identity and PrEP uptake.

South Africa was the first country in Africa to protect and promote the rights of its citizens against discrimination based on their sexuality, which paved the way for the change that LGBTQIA+ individuals had long hoped for (Maake 2019; Marnell, Oliveira & Khan 2020). The new reforms, informed by the Constitution of the Republic of South Africa of 1996, removed legislative barriers to the inclusion of sexual minorities. Chapter 2 of the Constitution ensures equal rights for everyone, regardless of their race, gender, sex, pregnancy, marital status, ethnic or social origin, colour, sexual orientation, age, disability, religion, conscience, belief, culture, language, and birth (Republic of South Africa 1996). Although the country has made significant progress regarding the inclusion of human rights for LGBTQIA+ individuals, this legal recognition does not fully reflect the perspectives of broader society, as many South Africans still do not support these human rights (Maake 2019; Marnell *et al* 2020). This study recognises that heteronormativity (*a belief system based on the rationale that heterosexual norms regarding gender and sexuality are the standard*) plays a major role in shaping people's perspectives of same-sex identities (Ramalepe & Asamani 2024). Moreover, the disconnect between South African legislation and societal attitudes reflects the belief that heteronormative ideologies lead to the discrimination and stigmatisation of LGBTQIA+ individuals.

The following section discusses the implications of heteronormative ideologies for the rights of LGBTQIA+ individuals, with a focus on sexual healthcare.

2.4 THE INTERSECTION OF GAY IDENTITIES AND HIV-RELATED STIGMA

The historical link between gay men and HIV/AIDS creates stigma and increases HIV vulnerability among GBMSM. Stigma refers to an individual's socially undesirable qualities that discredit their standing in society (Goffman 1963). HIV-related stigma involves reducing people to nothing and encompasses labelling, status loss, and humiliation directed at individuals who are living with or associated with HIV (Logie *et al* 2016:92; Siegel, Lune & Meyer 1998). Research conducted by Hedge, Devan, Catalan, Cheshire and Ridge (2021) in the UK revealed that MSM living with HIV face

both internalised and community stigma. HIV-related stigma stems from trauma and the messaging surrounding the early HIV epidemic and is associated with individuals' reluctance to test for HIV and their disengagement from healthcare services. A study conducted by Ziersch *et al* (2021) in Australia found that misconceptions about the association of HIV with gay sexual identities contribute to HIV-related stigma and discrimination. Fear of being labelled as HIV positive and the stereotyping of HIV testers as sexually promiscuous discourage gay men from testing due to concerns about rejection by friends, family, and healthcare practitioners (Ziersch *et al* 2021). When gay men and MSM test positive for HIV, they face stigma, which results in non-adherence to ARV treatment (Jiménez-Rivagorza, Orozco, Medina-Mora & Rafful 2024). Gay men living with HIV in South Africa continuously suffer embarrassment due to the stigma associated with the epidemic (Slater *et al* 2015; Petros, Airhihenbuwa, Simbayi, Ramlagan & Brown 2006). HIV-related stigma operates at the intersection of various forms of stigma, which impact gay men's decisions to take and adhere to HIV-prevention and care strategies such as PrEP (Ferraz *et al* 2019). A study by Maleke, Daniels, Lane, Struthers, McIntyre and Coates (2017) found that stigma contributes to delays of up to two years in the uptake of HIV ARV treatment for some individuals who test positive for HIV in South Africa. Stigma is intimately connected to the reproduction of power structures, which is reflected in discriminatory legislation and negative attitudes towards gay identities (Petros *et al* 2006; Brown *et al* 2017). Sexual minority groups in South Africa were subjected to unfair practices and discrimination by the apartheid government, which were reflected in legislation (Bilchitz 2015). The LGBTQIA+ community in South Africa continues to be excluded and unaccepted, even though there are democratic regulations that protect them (Maake 2019). Unfortunately, some stigma, discrimination, stereotypes, and negative attitudes toward infected gay men find expression in regulations that continue to exclude and act as barriers to the success of HIV-prevention strategies (Beyrer *et al* 2016; Brown *et al* 2017).

The following section discusses the role of PrEP in preventing HIV infection among gay men.

2.5 THE ROLE OF PrEP IN PREVENTING HIV AMONG GAY MEN: “A SILVER BULLET”

PrEP is an HIV-prevention medication that aims to dramatically reduce the risk of HIV infection in humans (Rahman *et al* 2021). The pill contains tenofovir and emtricitabine, which interfere with HIV’s ability to replicate itself in the human body after exposure to the virus (Dai & Harrington 2021). PrEP is a highly effective method of HIV prevention that has the potential to reduce new HIV infections. It involves the daily consumption of a pill by HIV-negative individuals. For PrEP to be effective, consistent use is necessary among populations who are at risk of HIV infection, such as gay men (Calabrese 2020; Mayer, Agwu & Malebranche 2020; Bartels *et al* 2021; Rotsaert *et al* 2022). PrEP is a biomedical intervention that was first approved in 2012, with a second once-daily pill approved in 2019 (Pyra *et al* 2019; Grov, Westmoreland, D’Angelo & Pantalone 2021). It has the potential to eliminate fears of HIV, improve sexual lives, and empower individuals to protect themselves and others against HIV (Castro *et al* 2019).

Pyra *et al* (2019) argue that the impact of PrEP should be assessed based on the overall HIV incidence in broader populations, rather than just among users. Furthermore, the impact of the medication should not focus solely on high uptake without considering persistence. Unlike Truvada, which was approved for adults, PrEP was approved for some adolescents who weigh at least 34 kilograms (Grov *et al* 2021). The WHO (2015) recommends regular HIV testing and further urges all MSM and gay men to consider using PrEP as part of their HIV-prevention strategy. Including them in HIV-prevention strategies is crucial, as it ensures access in hostile environments that are characterised by stigma and discrimination, such as sub-Saharan Africa (Grov *et al* 2021; Coulaud *et al* 2018).

2.5.1 International trends regarding PrEP uptake among gay men and MSM

The approval of PrEP in 2012 by the Food and Drug Administration is one of the greatest milestones in the field of HIV/AIDS, particularly because, at the time of this approval, there was an increasing rate of young people engaging in unprotected sex in the USA (Hammack, Toolis, Wilson, Clark & Frost 2019). Additionally, many young men in the USA believed they could reduce their risk of HIV infection by serosorting,

which is engaging in unprotected sex with someone of the same HIV status, at an increasing rate (Hammack, Frost, Meyer & Pletta 2018). The global availability of PrEP has afforded many individuals the choice of HIV-prevention strategies. Diverse stakeholders with various areas of expertise are required to successfully prevent, treat, and reduce new HIV infections while addressing social exclusion among gay men in communities worldwide (Hassan & Tucker 2021). Importantly, consistent uptake and adherence to PrEP medication are critical for achieving its effectiveness and impact on the lives of gay men in South Africa, particularly in the Gauteng province (Toledo, McLellan-Lemal, Henderson & Kebaabetswe 2015). Undoubtedly, adherence to PrEP depends on several other important considerations, such as sexual behaviour and social and environmental factors.

Research by Ogunbajo *et al* (2019) suggests that there is an increasing rate of PrEP use worldwide. In 2018, an estimated 300 000 people were using PrEP globally (Pyra *et al* 2019). By 2020, approximately 500 000 people were using PrEP across the globe (Grov *et al* 2021). Data from a study conducted by Bavinton *et al* (2021) revealed that the rate of PrEP usage among gay and bisexual men increased from 1% in 2004 to 30% in 2019. According to PrEP Watch, an organisation that monitors the accessibility of PrEP globally, countries in Eastern Europe, North Africa, Latin America, and Asia reportedly have no provision of PrEP, while the USA has rolled out PrEP to 220 000 people, followed by Kenya and South Africa with 55 000 and 44 000 respectively (Brown & Di Felicianantonio 2022). The observation that South Africa has the second-highest number of PrEP recipients in Africa justifies exploring the social challenges that gay men in Gauteng face regarding access to and provision of PrEP.

The establishment of universal institutions such as UNAIDS and the Global Fund to Fight AIDS, Tuberculosis and Malaria represents some of the first interventions by the global community to ensure that both developed and developing countries have access to ARV treatment, including PrEP (Heffron, Pintye, Matthews, Weber & Mugo 2016). PrEP is considered one of the most effective methods of combatting HIV and is recommended for individuals who are at high risk of contracting the virus (Heffron *et al* 2016). Research evidence indicates an increasing number of gay men and MSM who are living with HIV. The primary focus of PrEP should therefore be on these groups to maximise its effectiveness in preventing HIV (Brown & Di Felicianantonio 2022). This study examined the experiences of gay men who take PrEP, with a

particular emphasis on understanding their sexual behaviours both before and after the initiation of PrEP.

2.5.2 Regional trends concerning PrEP uptake among gay men and MSM

A study conducted by Coulaud *et al* (2019) focusing on high-risk MSM from West African countries (Mali, the Ivory Coast, Burkina Faso, and Togo) found that MSM at greater risk of HIV engaged in more risky sexual behaviours and were more likely to seroconvert (show detectable levels of HIV antibodies) during follow-up sessions. The same study indicates that after being exposed to an MSM community peer educator programme, some of the MSM who were at elevated risk at the beginning of the study displayed improvement after 18 months of follow-up, which suggests a positive effect of the MSM peer educator programme (Coulaud *et al* 2019). A similar study by Laurent *et al* (2021), also focusing on MSM from West African countries (Mali, the Ivory Coast, Burkina Faso, and Togo), showed that HIV incidence was lower in the cohort of MSM who received daily PrEP compared to those who did not receive PrEP.

South Africa was the pioneer of PrEP administration on the African continent between 2016 and 2017 (Pillay *et al* 2020). The roll-out was conducted in phases and prioritised sex workers and MSM, as they are regarded as a high-risk population for HIV (Pillay *et al* 2020). The administration and use of PrEP come with challenges related to access and costs. Fortunately, in South Africa, PrEP is accessible free of charge to MSM and sex workers through community- and health-based facilities, such as clinics and NGOs like the Aurum Institute, OUT LGBT Well-Being, and the Desmond Tutu Health Foundation; among others (Ntimani, Mokoena-De Beer & Phetlhu 2025).

The recent funding cuts by the American government have an immediate and dire long-term impact on the prevention and treatment of HIV globally. This will be felt even more by low-resource countries such as Botswana, the Ivory Coast, Ethiopia, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, and Zambia, which have received support from the American government's PEPFAR (President's Emergency Plan for AIDS Relief) programme over the years (Akingbola, Adegbesan, Mariaria, Isaiah & Adeyemi 2025). According to UNAIDS (2025b), American funding totals an estimated \$301.6 million for HIV in the East and Southern African region. Funding cuts have already resulted in job losses for healthcare

providers, facility closures, and disruptions in the administration of HIV treatment and prevention services.

2.6 PrEP-RELATED STIGMA AND HETERONORMATIVITY IN HEALTHCARE

This section discusses the stigma faced by gay men due to PrEP uptake and the influence of heteronormative beliefs on reinforcing stigma related to PrEP and other issues within healthcare systems. The heteronormative system conceptualises sex as male and female, gender as man and woman, and sexuality as heterosexual and homosexual (Warner 1991). For instance, Turpin *et al* (2025) highlight how heteronormative assumptions contribute to the stigma surrounding HIV and PrEP uptake in the USA, alongside PrEP misinformation and disinformation. In a related American study conducted by Turpin *et al* (2025), it was noted that heteronormative healthcare structures lead to stigma and structural discrimination, which create barriers for gay men when seeking to access healthcare services, particularly for those from low socio-economic backgrounds. Related to the current study's objective regarding experiences of stigma by gay men, research by Hammoud *et al* (2019) among minority groups from rural parts of South Africa found that heteronormativity limits gay men and other minority groups when accessing healthcare services. In addition, the heteronormative belief system embedded in the health care sector perpetuate other forms of discrimination and homophobia and this results in gay men not seeking sexual health educational programmes and resources.

2.6.1 PrEP-related stigma and its negative impacts on gay men

As discussed in Section 2.5, heteronormative ideologies result in discrimination and shame against and among gay men. PrEP-related stigma is associated with gay men who take PrEP and negatively impacts HIV-negative individuals who wish to take PrEP as a preventative measure (Petros *et al* 2006; Schwartz & Grimm 2019). This stigma targeting gay men is one of the barriers to accessing the medication and can stem from family, friends, sexual partners, healthcare practitioners, and society, due to the belief that they are promiscuous, irresponsible, and immoral (Pico-Espinosa *et al* 2022). PrEP stigma represents an expression of social power, whereby those who take PrEP are discriminated against, prejudiced, and devalued because of their PrEP use (Bartels *et al* 2021). Due to its association with promiscuity and high-risk sexual

behaviours, PrEP comes with several stigmas in addition to the pre-existing ones related to gay men's sexuality. Latino MSM in the USA have reported experiencing multiple forms of stigma related to PrEP uptake. This stigma is accompanied by disapproving judgements, labelling, attitudes, and criticism from friends, family, sexual partners, and medical practitioners, which stem from negative perceptions associated with PrEP (Brooks, Nieto, Santillan, Fehrenbacher & Cabral 2022). The stigma that is present in Latino communities may contribute to the lack of disclosure regarding PrEP use or even sexual orientation (Brooks *et al* 2022). Stigma impacts gay men and MSM by decreasing access to HIV medication and directly affecting other social inequalities, such as violence (Brown *et al* 2017). Overall, the research cited in this section indicates that gay men who take PrEP navigate numerous societal challenges as a result of stigma that is informed by heteronormative systems that exist in families and communities.

The next section unpacks the impact of heteronormativity on gay men's access to sexual health and related services in healthcare facilities.

2.6.2 Heteronormativity and healthcare services: Impacts on access to PrEP services

As discussed in Section 2.5, discrimination against LGBTQIA+ individuals is rooted in heteronormative ideologies that position non-heterosexual people as morally deviant and socially abnormal. These negatively framed ideologies contribute to the marginalisation of gay men, many of whom become reluctant to access PrEP due to persistent stigma and the cultural insensitivity of healthcare providers. Such providers often exhibit discouraging and discriminatory attitudes towards MSM and gay men, especially in the context of HIV and STI testing and the utilisation of other essential health services (Seotsanyana 2021). Research by Seotsanyana (2021) found that MSM in Gauteng do not trust medical service providers, which serves as a barrier to accessing healthcare services. Power relations in MSM relationships also play a significant role in the decision of MSM to use or not to take PrEP. Furthermore, Seotsanyana (2021) advises that for MSM and gay men to be encouraged to access healthcare services, they need to be treated with respect, given privacy, and shown empathy by non-judgemental healthcare workers. Similarly, Pico-Espinosa *et al* (2022) argue that despite its health benefits, the use of PrEP, especially in developing

countries, can expose gay men and other MSM to further stigmatisation from themselves, LGBTQIA+ community members, families, friends, sexual partners, healthcare professionals, and society, who believe that people who take PrEP are promiscuous, irresponsible, and immoral. A study conducted by Perez-Urbano et al (2024) in Soshanguve Township in Tshwane, South Africa found that PrEP uptake among MSM and transgender individuals remains low despite the Country being the first African Country to approve PrEP. The study found that the gap that exists in the uptake of PrEP is not exclusively due to a lack of interest in the medication but rather a lack of poor education efforts about PrEP and the lack of accessible gender and sexual minority sensitive health facilities. Perez-Urbano et al (2024) proposes three public health strategies to increase PrEP uptake in communities. Firstly, a drive to demystify PrEP through increased education in communities. Secondly, an increase in efforts to capitalise on existing peer social networks because they are deemed to play a critical role in relaying PrEP related information. Lastly, expansion of already existing accessible and non-judgemental responsive PrEP service delivery models. Additionally, Ramalepe and Maake (2025) argue that the exclusion of LGBTQIA+ individuals is exacerbated by existing structural barriers, which reinforce stereotypes and prejudice against LGBTQIA+ persons, who already face challenges in accessing healthcare services on the African continent (Ramalepe & Maake 2025).

2.6.3 The disclosure of sexual practices in healthcare, PrEP uptake, and fear of stigma among sexual minorities

The disclosure of sexual practices and behaviours to healthcare providers plays a crucial role in the prevention and treatment of HIV among gay men and MSM (Qiao, Zhou & Li 2018). In their research conducted in the USA, Qiao *et al* (2018) found that awareness of the sexual practices and behaviours of gay men and MSM promoted and increased testing for HIV and other healthcare needs. In the USA, disclosure of same-sex sexual practices was positively linked to testing for HIV. Moreover, the research found that MSM from ethnic minority groups were less likely to disclose their same-sex practices and sexual lifestyles. Clinics and healthcare facilities with LGBTQIA+ signs and gender-neutral language are perceived as safe places where disclosure is more likely to occur. Additionally, MSM residing in urban areas in the USA were found to be more likely to disclose their sexuality than MSM in rural settings

(Qiao *et al* 2018). A study conducted by Kokogho *et al* (2021) in Nigeria indicates that MSM and gay men from that country are less likely to disclose their sexuality to healthcare providers, which negatively impacts gay men's decisions to seek healthcare services such as HIV testing, treatment, and STI screening. Nigerian MSM and gay men who disclose do so in settings that have fewer chances of criminalisation and stigmatisation of same-sex identities. Lastly, less disclosure could be attributed to unfriendly LGBTQIA+ legislation in Nigeria compared to higher rates of disclosure in countries with gay-friendly legislation, such as South Africa (Kokogho *et al* 2021).

In a similar study, Wiginton *et al* (2021) explored the patterns of disclosure of same-sex practices and experiences of healthcare stigma and found that disclosure to family members was more commonly reported than disclosure to healthcare workers. Even though disclosure to family was more common, Wiginton *et al* (2021) found that such disclosure was linked to perceived or enacted stigma in the healthcare sector. This illustrates that disclosure to family is intricately connected to experiences of stigma in other contexts, even when disclosure has not occurred in those settings. Disclosure to healthcare workers is also associated with perceived and enacted stigma in that environment. Lastly, Wiginton *et al* (2021) suggest that sexuality-based stigma intersects with HIV stigma, thereby increasing the likelihood of being stigmatised in healthcare.

A study in Australia found that some gay and bisexual men who take PrEP do not disclose their use to their partners due to fears of negative reactions and stigma, while some participants felt obliged to disclose, believing that informing partners about PrEP use is important for negotiating safe sexual practices (Holt *et al* 2018). PrEP uptake disclosure impacts gay men's access to and adherence to the medication.

Research conducted by Bartels *et al* (2021) in Guatemala found that when gay men or MSM disclose their PrEP use, they can receive support in accessing and adhering to the medication. For instance, they can be assisted in buying or collecting medication and in maintaining their adherence to it. Bartels *et al* (2021) found that gay men and MSM primarily disclose to those they are close to, as they fear judgement from others with whom they do not feel comfortable. Interestingly, the same study revealed that some gay men and MSM stigmatise one another based on decisions to engage in

risky sexual behaviours, such as having sex without a condom, which reinforces and perpetuates stigma.

Brooks *et al* (2022) argue that addressing stigma requires collaboration between community leaders, celebrities, key personnel, and other relevant stakeholders in the health sector to implement programmes that will normalise PrEP and educate HIV-affected communities. Like the rest of the world, South African gay men are prone to experiencing stigma and discrimination due to their sexuality, HIV status, and PrEP use (Quinn *et al* 2019). As a result, this study sought to understand the experiences of 10 gay men who participated in the study as they navigated stigma and discrimination while negotiating access to and adherence to PrEP.

2.7 PrEP USE, PERSPECTIVES, AND CHANGING SEXUAL BEHAVIOURS AMONG GAY MEN AND MSM

Understanding the sexual behaviours and perspectives of gay men who take PrEP was central to this research. Risky sexual behaviour is defined as any behaviour that increases the probability of negative consequences associated with sexual contact, including STIs and viruses such as HIV (Mthembu, Maharaj & Rademeyer 2019). Some gay men and MSM engage in sex without a condom, while others use condoms; the decision to use or not use a condom is sometimes influenced by an individual's relationship status. A study by Brito *et al* (2015) on risky sexual behaviours and the prevalence of STIs and HIV among Dominican MSM and gay men found that some engage in sex without a condom, while others continue to use it.

Additionally, a study by Bavinton *et al* (2021) conducted in Australia found that gay and bisexual men in relationships who initiated PrEP preferred to be with a partner who was also on PrEP compared to those whose partners were not using PrEP. The study further found that gay and bisexual men who initiated PrEP as a couple did not do so because they wanted to have sex without a condom or have multiple partners, but because they were already engaging in these activities. However, some findings indicate that certain couples started PrEP because they wanted to explore new sexual roles (mostly receptive) without a condom (Bavinton *et al* 2021). Little attention or research has focused solely on gay men; this research sought to address this gap by engaging both gay men in romantic relationships and those who were not.

Risky sexual behaviours fuel the spread of HIV/AIDS and STIs among young people, with even higher risks for youths with multiple sexual partners (Mthembu *et al* 2019). Recent studies conducted in South Africa and Namibia by Stephenson, Darbes, Chavanduka, Essack and Van Rooyen (2021) found that GBMSM exhibit significant levels of risky sexual behaviours that could lead to HIV infection in these countries. Furthermore, the findings of a qualitative study conducted by Mavhandu-Mudzusi (2017) on the impact of stigma and discrimination on the sexual well-being of LGBTQIA+ students at a rural university in South Africa indicate that some students in the LGBTQIA+ community are at high risk for HIV and STIs. This vulnerability arises from their involvement with multiple partners, including both heterosexual and same-sex partners. Ultimately, they do not want to be stigmatised and thus wish to present themselves in public as heterosexual (Mavhandu-Mudzusi 2017). Similarly, Mthembu *et al* (2019) found that there is an increasing number of college students in South Africa who are engaging in risky sexual behaviours. Consequently, safe sexual practices, such as PrEP adherence, condom use, and having a single sexual partner among young gay men, are critical preventative measures against STIs and HIV/AIDS (Dos Santos 2020).

In addressing one of the most critical questions that this study sought to answer, the issue arose of whether there are changes in the sexual behaviours of gay men before and after they started using PrEP. Research conducted by Grov *et al* (2021) in the USA explored the impact of PrEP on sexual behaviour by examining changes in the behaviour of HIV-negative GBMSM who used PrEP and those who did not. The study revealed that some participants used condoms less frequently because they believed that PrEP would provide adequate protection, while others indicated that PrEP enabled them to reconsider their decision regarding condom use.

A study conducted in the USA by Hammack *et al* (2018) found that younger gay and bisexual men were more likely to emphasise the role of PrEP in contributing to a positive sexual culture characterised by reduced anxiety and greater pleasure, while middle-aged men in the study expressed concerns about how PrEP might lead to an increase in the number of gay and bisexual men engaging in sex without condoms. Men from different cohorts are likely to think differently about HIV, which subsequently shapes their views on HIV-prevention strategies such as PrEP (Hammack *et al* 2019; Dos Santos *et al* 2023).

The way individuals view PrEP is critical for understanding gay men's decisions regarding whether to engage in risky or safe sexual behaviours. A study by Philpot *et al* (2020) revealed that gay men in Australia hold both negative and positive perspectives on the use of PrEP. Participants who expressed positive viewpoints described PrEP as a significant advance in reducing HIV transmission, while those with negative views were primarily concerned about how the medication might encourage them to engage in sex without a condom, which would consequently expose them to STIs (Philpot *et al* 2020).

Another related American study on how PrEP has altered the sexual behaviours of GBMSM also found differing opinions about how PrEP affects gay men's sexual practices. Some gay men who participated in the study indicated that they continued to use condoms while using PrEP, whereas others reported discontinuing condom use after beginning PrEP (Groves *et al* 2021). In line with the abovementioned research, the core objectives of this study aimed to explore the sexual behaviours of gay men before and after they commenced using PrEP.

The next section examines access challenges related to PrEP uptake.

2.8 BARRIERS EXPERIENCED BY GAY MEN IN ACCESSING PrEP

As widely recognised, PrEP is an HIV-prevention method that offers individuals, including gay men, a variety of options regarding prevention strategies. However, accessing the medication remains a challenge for some gay men, particularly those in developing countries such as South Africa. Sullivan and Siegler (2018) highlight several challenges associated with PrEP access for gay men:

- The high costs related to PrEP, which include the time spent seeking healthcare facilities and the money spent on transport to such facilities.
- Some healthcare providers are unwilling to prescribe PrEP, and others are uninformed about the medication.
- Social and healthcare inequalities, low capacity, and the geographical locations of healthcare clinics create difficulties, particularly when clinics are far from beneficiaries and patients.

- Non-permissive environments with no enabling policies for the implementation of PrEP also pose challenges, where enabling policies can help to remove barriers to access.

Several studies have identified the complex barriers gay men face in accessing PrEP and other healthcare services (Hubach *et al* 2015; Antonini *et al* 2023). A study conducted by Hubach *et al* (2017) in the USA highlights various challenges faced by gay men when accessing PrEP. These include cultural stigma, where societal norms discourage open discussions about sex with strangers, and PrEP shaming takes place within the LGBTQIA+ community. Additionally, many gay men experience uncertainty around how to disclose their sexual identity to healthcare providers, have limited resources and sexual health education, especially regarding PrEP, and struggle with access to knowledgeable providers. Integrating PrEP into daily routines also emerged as a significant hurdle. Furthermore, a study conducted by Antonini *et al* (2023) in Brazil categorised PrEP-related barriers into three areas: individual, social and interpersonal, and structural. Individual barriers relate to a reluctance to use medication, which often stems from a dislike of medication. Social and interpersonal barriers include external stigma, lack of partner support, and hesitancy within social networks. Structural challenges encompass administrative delays, medication shortages, and healthcare providers who are inadequately trained to offer PrEP services. Together, the studies by Hubach *et al* (2017) and Antonini *et al* (2023) underscore the multifaceted nature of the obstacles that hinder PrEP access among gay men. Understanding the sexual behaviours and decisions of gay men concerning PrEP uptake cannot be achieved without addressing the challenges they face when accessing PrEP and other healthcare services.

This study thus sought to explore the stigma surrounding PrEP and sexuality that gay men encounter when seeking healthcare services, as well as the need for continuous awareness, training, and gender sensitisation of healthcare providers when dealing with LGBTQIA+ individuals.

The following section explores the theoretical frameworks that underpin this research.

2.9 THEORETICAL FRAMEWORKS OF THE STUDY

This study adopted Goffman's (1963) stigma theory and Berger and Luckmann's (1966) social constructionism theory as the foundations for this research. This section demonstrates how the two identified theories connect and work together to enhance our understanding of gay men's changing sexual behaviours before and after the uptake of PrEP medication, as well as their lived experiences of stigma and discrimination related to their sexuality and PrEP use. First, I discuss Goffman's (1963) stigma theory to establish how stigma operates among gay men who take PrEP medication. This is followed by a discussion of Berger and Luckmann's (1966) social constructionism theory and an explanation of its contribution to our understanding of the socially constructed meanings attached to same-sex identities. To conclude the section, I establish a connection between the two theories and explain how, together, they contribute to our understanding of the sexual behaviours and stigma experienced by gay men in relation to PrEP uptake.

2.9.1 Goffman's (1963) stigma theory and the sexual behaviours of gay men who take PrEP

This section discusses the relevance of Goffman's (1963) stigma theory to this study by examining the definition of stigma, different forms of stigma, the stigma experienced by gay men due to their sexual identity, the sexual behaviours associated with stigma in gay men, and the stigma related to HIV and PrEP uptake.

2.9.1.1 *Defining stigma*

Goffman (1963) describes stigma as a term used to discredit and marginalise individuals, which transforms them from whole persons into tainted ones. This discrediting can be based on attributes such as a person's ethnicity, race, religion, skin colour, body size, or mental illness. This suggests that stigmatised individuals are devalued, stereotyped, and discriminated against by society due to their differing attributes (Goffman 1963). The stigma theory is founded on the belief that a discrepancy exists between how a person is perceived by society and the attributes they possess. Stigma manifests in the vilification of a person's body, the tarnishing of an individual's character, and stigmatisation related to race, nationality, religious beliefs, and other identity markers. Stigma distinguishes and blames individuals. It

categorises them as a separate group and associates stigmatised individuals or groups with undesirable outcomes (Goffman 1963; Yang *et al* 2007; Schwartz & Grimm 2019).

As pointed out by Clair (2018), stigma occurs through four processes: (1) labelling human differences, (2) stereotyping, (3) separating the labelled from “us”, and (4) status loss and discrimination against the labelled. Using Goffman’s (1963) stigma theory, Keksin *et al* (2022) conducted research in Turkey and found that LGBTQIA+ individuals are stigmatised because of their sexual identity. They are perceived as dangerous and sick. As a result, these individuals live in fear of rejection, violence, sexual abuse, and sexual harassment (Keksin *et al* 2022). Similarly, a study conducted by Molde and Embornas (2024) found that LGBTQIA+ individuals from the Morenaro tribe in the Philippines also face rejection and shame from their families and society because of their sexual identity. Stigma harms individuals who experience it in many ways.

Drawing on Goffman (1963), research by Molde and Embornas (2024) found that stigma significantly harmed many LGBTQIA+ individuals within their communities and led to familial abandonment and early exposure to violence, including sexual, verbal, and emotional abuse. In line with Goffman (1963), this study provided the participants with the opportunity to share their experiences of stigma related to their sexuality, sexual behaviours, and PrEP uptake by discussing discrimination and exclusion, labelling, and stereotypes imposed by their societies, including family, friends, and partners. For this study, Goffman’s (1963) stigma theory was used to explain the following: (1) different forms of stigma that affect gay men, (2) stigmas associated with gay sexual identity, (3) sexual behaviours associated with stigma in gay men, and (4) stigma related to PrEP uptake.

2.9.1.2 Different forms of stigma

Building on Goffman’s (1963) work, Bos, Pryor, Reeder and Stutterheim (2013) highlight four diverse types of stigma, namely public stigma, self-stigma, stigma by association, and structural stigma.

Public stigma refers to people's social and psychological reactions to an individual they perceive as having a stigmatised condition. Self-stigma primarily results from public stigma and can impact the self through:

- Enacted stigma, which is the negative treatment of a person perceived to have a certain stigmatised condition.
- Felt stigma, the experience or expectation of stigma by the person with a stigmatised condition.
- Internalised stigma, which is the reduction of self-worth and the distress experienced by an individual with a stigmatised condition.

Stigma by association is a form of stigma that affects stigmatised individuals and their associates, which results in low self-esteem and psychological distress. Structural stigma concerns societal ideologies and institutions whereby stigma reproduces social inequalities and power dynamics.

Since stigma and the fear of being judged are among the reasons that prevent individuals from accessing HIV and other related health services (Pantelic, Steinert, Park, Mellors & Murau 2019), it is clear from the above discussion that gay men are subjected to various forms of stigma that greatly affect their mental health, social experiences, and access to healthcare. Overall, this discussion highlights how persistent and complex stigma continues to negatively impact the lives of gay men and perpetuates health inequalities and social exclusion.

Based on Goffman (1963), the next section discusses stigma related to gay sexual identities.

2.9.1.3 *Stigma theory and gay sexual identities*

Despite efforts by modern democracies to end homophobia targeted at gay men and other sexual minorities, gay men continue to be stigmatised because of their sexuality, which may impact their well-being (Nouvillas-Palleja, Silvan-Ferrero, Fuster-Ruiz de Apodaca & Molero 2017). They experience stigma in social interactions through direct and indirect verbal abuse, physical assault, unfair treatment, and the receipt of inferior services, all of which occur at societal, interpersonal, and individual levels (Bos *et al* 2013; Hlavka 2016; Schwartz & Grimm 2019). While homophobia is a common term

used to explain discrimination against gay men, this study adopted the term “heterosexism”. Heterosexism unpacks the cultural, social, and psychological aspects of prejudice that targets gay sexual identities. Moreover, it further examines internalised sexual stigma, as well as attitudes, feelings, and behaviours towards sexual minorities (Bollas 2024). As noted in Goffman’s (1963) stigma theory, people are stigmatised and not valued because they display attributes that do not conform to socially acceptable standards. Stigma has a tendency to turn the stigmatised into instigators of the same stigma that targets them. This occurs due to self-hatred developed through internalising negative values and the repressed anger that stems from their own personal experiences of discrimination (Smit *et al* 2012). Stigma thrives and is dependent on the stereotyping of individuals and the negative framing based on attributes, characteristics, or identities (Stenger & Roulet 2017). In line with Goffman’s (1963) theory, gay men are stigmatised because they do not conform to what society regards as normal (Shamrock *et al* 2024). As a result, stigmatised gay men often find themselves excluded from society and left with feelings of inferiority. This study extended research on Goffman’s work (1963) by examining the sexual behaviours of gay men and the impact of internal and external stigma on their social, familial, and personal lives.

As mentioned above, gay men experience stigma due to societal perceptions and stereotypes regarding same-sex identities. In highlighting Goffman’s (1963) stigma theory, Altman *et al* (2012) point out that stigma arises from misinformation that seeks to discredit individuals or groups. Altman *et al* (2012) argue that sex between men is misunderstood, feared, and discriminated against, which leads to the formulation of stereotypes and the stigmatisation of gay men for engaging in sexual acts with other men. A study conducted by LeeVan *et al* (2022) in Nigeria found that gay men and MSM face stigma because of their sexual identity and practices. This same study highlights that the sexual behaviours and practices of gay men in Nigeria are criminalised and punishable by law. Accordingly, building on Goffman’s (1963) work, this study explored the sexual behaviours of gay men with a view to understand the role of stigma attached to risky sexual behaviours and its impact on gay men’s decisions to initiate and use to PrEP.

2.9.1.4 Goffman's (1963) stigma theory and PrEP uptake

PrEP stigma is another form of victimisation that gay men experience based on heteronormative standards imposed by society. As a result, gay men often find themselves humiliated, made to feel inferior, and powerless (Herek 2007). Furthermore, they may encounter stigma from researchers and other professionals due to their participation in studies related to PrEP (Haire 2015). In light of Goffman's (1963) stigma theory, Grace, Jollimore, MacPherson, Strang and Tan (2017) indicate that early adopters of PrEP in Canada felt liberated, even though they were heavily burdened by stigma and shame associated with using PrEP. Utilising Goffman's (1963) stigma theory, a study conducted by Calabrese (2020) in the USA found that gay men who take PrEP are further exposed to stigmatisation through myths that people on PrEP are promiscuous, which becomes a barrier to PrEP uptake among gay men. Keene *et al*'s (2020) findings align with research by Dubov, Galbo, Altice and Fraenkel (2018), who used stigma theory to investigate PrEP-related stigma. They found that stereotyping and labelling gay men as sluts or whores is another way in which PrEP-related stigma is enacted and accelerated by individuals and communities. Building on the work of Goffman (1963), who believed that stigma is a social construct, research by Howell, Deane-King and Maguire (2025) in the USA found that gay men and MSM are subjected to an intersection of stigma related to HIV, PrEP uptake, race, and poverty, all of which impact access to healthcare services. Similarly, a study conducted by Howell *et al* (2025) in Ireland found that stigma penetrates different aspects of the lives of gay men and MSM. Stigma has a negative impact on relationships, health behaviours, and disclosure regarding PrEP uptake. According to Howell *et al* (2025), stigma related to healthcare providers was widely reported, which suggests a need to create a conducive, supportive, and non-judgemental environment for PrEP users.

As discussed in Chapters 4 and 5, some participants indicated that they made the decision not to inform friends, family, and even partners about their use of PrEP due to fears of stigma, which resulted in what has been termed a "PrEP closet". Using Goffman's (1963) stigma theory, this research investigated the stigma experienced by gay men in relation to their sexual identity and PrEP uptake. In accordance with Goffman (1963), this study explored the sexual and PrEP-related stigma experienced by 10 gay men from Gauteng. As noted by Pescosolido and Martin (2015), stigma

devalues individuals by labelling the differences between the stigmatised and others, associating those differences with negative attributes, and segregating the stigmatised from others. Ultimately, it leads to discrimination and a loss of status in society for the affected individuals.

2.9.2 Gay sexual identities, stigma, and sexual behaviours based on social constructionism theory

Scholars such as Burr (2012) argue that while the term “social constructionism” may appear recent within the social sciences, its foundational ideas have long been rooted in disciplines such as philosophy, sociology, and linguistics. These fields have historically drawn on the premise that reality is not merely discovered but constructed through social processes. Burr (2012) further acknowledges that early strands of social constructionist thought were greatly influenced by symbolic interactionism, particularly the work of Herbert Blumer (1937). Symbolic interactionism emphasises how individuals create and sustain social realities through continuous, meaningful interactions. It suggests that human behaviour and social structures develop from the interpretive processes that individuals engage in during social encounters (Carter & Fuller 2016). Building upon these foundations, this study adopted a social constructionist perspective that challenges positivist and natural science approaches to understanding social phenomena. Rather than viewing knowledge as objective and fixed, social constructionism emphasises the contextual, negotiated, and dynamic nature of meaning-making in human societies. This theoretical framework highlights the role of language, discourse, and shared understandings in shaping perceived reality and offers a lens through which to explore how social norms, identities, and institutions are continuously produced and reproduced.

2.9.2.1 Defining social constructionism theory

Peter L. Berger and Thomas Luckmann coined the term “social construction” in their 1966 book *The Social Construction of Reality: A Treatise in the Sociology of Knowledge*. According to Berger and Luckmann’s (1966) sociological perspective in *The Social Construction of Reality*, all cultural and social realities, such as values, norms, and meaningful actions, are not innate or natural but rather the result of collective human actions and practices. Berger and Luckmann (1966) emphasise that

reality is a product of social interactions, which is shaped and sustained through shared meanings and routines. In line with social interactionism theory, Galbin (2014) explains that social constructionism is a theory within the fields of sociology and communication that examines and understands the world based on the perspective that human life exists due to social and interpersonal influences. Social constructionism posits that both genetic and social factors are significant, as they interact to shape the way that individuals live their personal and communal lives (Galbin 2014). Building on the work of Berger and Luckmann (1966), Mkhize (2018) argues that social constructionism seeks to understand the nature of reality by viewing people as social constructors of meaning, informed by their unique thoughts, feelings, and experiences. Social constructionism acknowledges the existence of both objective and subjective realities. It is concerned with the creation of knowledge and how that knowledge is understood. Andrews (2012) highlights that social constructionism places people at the centre of creating reality through the use of language. The emphasis is on society rather than the individual, and on how these elements interact to influence people's routines and habits. By applying social constructionism theory, this study sought to understand how gay men interpret their sexual behaviour and practices, how they navigate the social meanings attached to them, and how stigma is perpetuated or internalised through daily social interactions. This highlights the need for interventions that address not only structural inequalities but also the symbolic dimensions of health and identity.

2.9.2.2 Social construction of gender, sexuality, and gay identity

Social constructionists view gender as something that is constructed through a process external to the individual, rather than as a trait or characteristic. It is defined by interactions between individuals through language and cultural discourses (DeLamater & Hyde 1998). In line with Berger and Luckmann's (1966) social constructionism theory, DeLamater and Hyde (1998) acknowledge that sexuality is based on innate, natural urges that do not dictate when, where, or with whom a person chooses to engage in sexual behaviour. The idea that sexuality is not universal or consistent across historical times and cultural settings suggests that it is a product of culture, which defines certain behaviours and relationships as sexual (DeLamater & Hyde 1998). As a result, societies learn these definitions and act accordingly.

Furthermore, sexuality is derived from language or discourse, whereby each society, through an institutional system, defines sexuality and how they think and talk about behaviours associated with that sexuality and its expressions (Segre 2016). Social constructionists argue that attraction may be important and universal, but there are no universal standards of attraction. For example, being gay is perceived differently across societies. In some cultures, being openly gay is accepted, while in others it may still face stigma or misinterpretation. Regarding sexual identity, social constructionists contend that there must be substantial variation across cultures concerning behaviours related to same-sex identities and heterosexuality (Segre 2016). The ideology surrounding male and female roles, kinship, marriage regulations, and the sexual divisions of labour plays a crucial role in shaping behaviours related to gay sexual identities. In some societies, sexuality is seen as fixed and linked to institutional roles, while others view sexuality as fluid, which allows individuals the freedom to define their own identities. This study focused on the stigma experienced by gay men due to their sexual identity, which arises from society's expectation that everyone must conform to heteronormative ideological dictates.

2.9.2.3 *Social constructionism and heteronormativity*

Utilising Berger and Luckmann's (1966) social constructionism theory, Page and Peacock (2013) highlight the key role that society plays in socialising gender and sexual identity. Society prescribes a standard model of heterosexual development for gender and sexual identity (Page & Peacock 2013). Individuals who do not conform to these models must construct and develop their own identities outside of heteronormativity. Heteronormativity is defined as a system that values heterosexuality as a natural and normative sexual identity and disregards other sexual identities (Page & Peacock 2013). It is based on the patriarchal system, which holds that gender is determined by an individual's biologically assigned sex of either male or female. Unfortunately, gay men continue to be excluded and stigmatised by their societies because they do not conform to heteronormative ways of life. Social constructionism is grounded in the belief that individuals interact with society to create meaning through the use of language. This study examined how heteronormative constructions of sexuality inform gay men's lived experiences of stigma when accessing and using PrEP as an HIV-prevention strategy. In line with social

constructionism, this study acknowledges that sexuality and gender evolve over time, which necessitates flexibility and fluidity for individuals whose identities differ from those dictated by heteronormativity and its standards. Utilising social constructionism, this study explored the social meanings attached to gay sexual identity, sexual behaviours that are deemed unnatural, and the stigmas associated with these.

2.9.2.4 Social construction of gay identities: Implications for sexual behaviours and the decision to take PrEP

The uptake of PrEP among gay men can be meaningfully understood through the lens of social constructionism, which posits that identities, behaviours, and meanings are not innate but are shaped through social interaction and cultural discourse. A gay identity is a socially constructed category that is influenced by language, societal norms, and institutional power structures that define what is considered acceptable or deviant sexual behaviour.

Drawing on social constructionism theory (Berger & Luckmann 1966), Sibanyoni, Mkhize and Amali (2023) highlight how society reinforces traditional gender roles. Other gender roles or same-sex relationships are viewed as immoral or sinful and are punishable. As a result, same sexual identities face stigma and victimisation, including homophobic violence and corrective rape¹ in lesbians. In addition, non-conformity leads to society judging and labelling those who deviate from strict heteronormative gender roles. Furthermore, the sexual behaviours of gay men are socially constructed. The social construction of gay identities significantly shapes how gay men understand and engage in sexual behaviours. Drawing on Berger and Luckmann's (1966) social constructionism theory, Pawson and Grov (2018) conducted research in the USA and highlighted that the way that PrEP is framed by gay and bisexual men, as well as by individuals and societies, impacts how PrEP is perceived. The study found that PrEP is framed negatively, which suggests that gay men who use it are promiscuous, which results in gay men being viewed as immoral and violating societal norms, thereby perpetuating stigma against the LGBTQIA+ community (Hascher *et al* 2023). Lastly, the decision of gay men to take PrEP is also socially constructed. A study conducted by Alcantar-Heredia and Goldklank (2021) in the USA found that interpersonal and

¹ Corrective rape refers to raping a woman to "cure" her of her lesbian sexual identity.

social factors, including a sense of acceptance in society, influenced the decision to take PrEP and the attitudes towards it. Since gender identity, the sexual behaviours of gay men, and PrEP uptake are socially constructed, this study built on the work of Berger and Luckmann (1966) in understanding the social meanings that gay men attach to their sexual identities, behaviours, and PrEP, as well as the resulting stigma from society due to deviating from the “norm”.

2.10 CONCLUSION

This chapter reviewed literature focusing on areas related to the research on sexual behaviours and stigma associated with gay men who take PrEP. The literature acknowledges the journey that most countries have travelled regarding the rights of LGBTQIA+ persons, as well as the connections between gay sexual identities, which examine the myths and stigmas attached to gay men and HIV. This chapter also discussed gay men’s experiences of shame due to their perceived connections with HIV, their sexual identity, and PrEP uptake. It further examined the role of PrEP in preventing HIV among gay men and MSM and the barriers related to its uptake. Lastly, the chapter discussed the social constructionism and stigma theories that underpin this study. One of the key insights from the literature is the acknowledgement that while countries such as Uganda have passed anti-gay laws, countries like South Africa have legislation that promotes the rights of sexual minority groups. The literature also revealed the denial of HIV by religious and political leaders. Another key insight is the role that individuals play in shaping how societies perceive and stigmatise gay men due to their sexual identities, HIV status, and PrEP uptake. Chapters 4 and 5 link this literature review with the outcomes of this research.

The next chapter discusses the research design and methodology that guided this study.

CHAPTER 3: RESEARCH DESIGN AND METHODS

3.1 INTRODUCTION

In line with the objectives of this research, this third chapter provides an overview of the research design and methods that guided the study’s aim to explore the

experiences related to the sexual behaviours of gay men who take PrEP in Gauteng. To achieve the study's objectives, the research adopted an interpretative phenomenological analysis approach based on hermeneutical phenomenology. Interpretative phenomenological analysis is a qualitative research method that seeks to make sense of an individual's lived experiences (Gyollai 2020). This study involved in-depth interviews with 10 gay men, which allowed me as the researcher to understand their everyday lived experiences regarding PrEP uptake, as well as the sexual behaviours and decisions related to this uptake. Chapter 3 elaborates on the research methods and approaches undertaken for the purposes of this study. The discussions in this chapter provide a brief overview of the nature of the research, a detailed explanation of the interpretative phenomenological analysis, participant sampling methods, and the data-collection and -analysis methods used. I also provide my personal reflections as part of the journey. In conclusion, I discuss the ethical considerations that guided this research.

3.2 NATURE OF THE STUDY

The study employed a qualitative research approach, with a methodology that was designed to gain an in-depth understanding of the responses from the gay men who participated in the study. The research aimed to explore the role of PrEP in the decision-making processes of gay men regarding sexual choices by examining whether PrEP influenced their behaviours and decisions when engaging in sexual acts. By adopting this qualitative methodology, a deeper and richer conversation unfolded between myself and the participants as they shared stories about themselves, their social backgrounds, and their lived experiences related to PrEP uptake. Furthermore, the participants were able to articulate their experiences of stigma and discrimination from society based on their sexuality and PrEP use.

3.3 THE INTERPRETATIVE PHENOMENOLOGICAL APPROACH

This study employed an interpretative phenomenological approach to uncover the lived personal experiences of gay men who take PrEP. The interpretative phenomenological approach was first introduced in the UK in the early 1990s and was primarily used in the fields of psychology and health; however, it has since been extended to other areas such as education and organisational studies (Eatough &

Smith 2017). The interpretative phenomenological approach focuses on individuals and how they construct and reconstruct meanings in their daily lives. The interpretative phenomenological approach captures people's experiences by delving into their social, historical, and cultural contexts.

Through in-depth interviews with the participants, this study explored the unique worlds of gay men by seeking to understand the social contexts in which they exist in order to comprehend their patterns of interaction and how they assign meanings to events and situations (Leavy 2017). Nizza, Farr and Smith (2021) propose four qualities of the interpretative phenomenological approach. Firstly, the analysis should convey a holistic narrative that tells a story within and across themes and subthemes. Secondly, a good interpretative phenomenological approach must capture significant events and the experiences of the participants through experiential and existential themes and the meanings attached to them. Thirdly, there should be a close analysis and engagement with the participants' words and the meanings attached to them. Lastly, the quality of the interpretative phenomenological approach depends on the researcher's ability to attend to convergence and divergence by closely examining the individuals' responses at the individual level in comparison to the larger group of participants, focusing on prevalence, similarities, differences, and idiographic details that enrich the study themes (Nizza *et al* 2021).

Following the interpretative phenomenological approach was essential for this research, as it aimed to uncover the everyday lived experiences of gay men regarding the stigma and discrimination they face due to their sexuality and PrEP uptake. During the interviews, I posed open-ended questions related to the sexual behaviours and practices of gay men who take PrEP. Additional questions focused on their experiences of stigma and discrimination. This technique facilitated a thorough exploration of the subject matter without restricting the participants' responses. As a result, an open relationship of mutual trust developed between myself as the researcher and the participants (Blackwell 2018).

3.4 A QUALITATIVE RESEARCH DESIGN FOR GAY MEN WHO Take PrEP

This study adopted a qualitative research design to investigate the changing sexual behaviours of gay men who take PrEP. Qualitative research is considered an effective model for studying phenomena in a natural setting, as it aims to highlight, explain, and

give meaning to people's daily lived experiences (Mohajan 2018). It constructs reasonable narratives that account for the experiences and actions of individuals or groups. This approach involves an interpretative, naturalistic method of examining subjects in their natural environments to gain understanding (Gabriel 2018). It focuses on non-numerical data and seeks to understand and explore rather than explain and manipulate variables (Nassaji 2020). Using qualitative research methods was important for this study because it enabled me to gain an in-depth understanding of gay men's lived experiences regarding PrEP and stigma. Qualitative research is grounded in the interpretivist paradigm and is embedded in three theoretical frameworks, namely phenomenology, hermeneutics, and ethnography (Muzari, Shava & Shonhiwa 2022). Firstly, phenomenology focuses on the researcher's ability to elaborate on the participants' lived experiences. Secondly, hermeneutics involves the researcher's ability to analyse and interpret data to communicate comprehensive findings. Lastly, ethnography requires the researcher to tell the participants' stories within their natural environments to gain a deeper understanding of their way of life.

In this research, I entered the participants' world to understand their real-life experiences in relation to their sexual behaviours as a result of PrEP uptake and stigma, while taking their social context into consideration. This approach allowed them to narrate their individual and holistic experiences without the assumption of universality.

3.5 SAMPLING METHODS AND SELECTING RESEARCH PARTICIPANTS

The study employed a non-probability sampling method, which relied on my judgement as the researcher regarding what information was needed and identifying relevant individuals who possess that information (Etikan, Musa & Alkassim 2016). I utilised purposive and snowball sampling techniques to identify and select potential participants. According to Babbie (2015), snowball sampling is a non-probability sampling technique in which a researcher collects data from a few members of the targeted population, who may then be asked to suggest additional participants for the study. This approach uses a limited number of initial cases or participants to encourage others to participate, thereby increasing the sample size. In contrast, purposive sampling is employed to select participants who are most likely to provide appropriate and useful data (Campbell *et al* 2020). I began with purposive sampling to

identify participants who met the selection criteria, which was followed by snowball sampling to expand the sample.

In accordance with snowball and purposive sampling techniques, I developed an information sheet (see Annexure F) that was shared with personal contacts who are gay, as well as the Aurum Institute in Tshwane (an NGO that provides HIV treatment and prevention services to LGBTQIA+ individuals; see Annexure C), to provide information about the research and recruit potential participants (see Annexure D). The initial interviews were conducted with four intentionally selected gay men from Gauteng, who subsequently referred me to six additional participants.

In ensuring that the collected data were relevant and meaningful, the participants were selected based on the following criteria:

- Men who identify as gay, aged 18 years and above.
- Participants must be currently using PrEP. This excluded gay men who had stopped using the medication.
- Participants must be residing in the Gauteng province.

The sample consisted of the following 10 gay men who participated in the study:

Table 3.1: Profile of the participants

Pseudonym	Age	Race	Gender	Relationship status
Bhekisizwe Dumakude	42	Black African	Male	Single
Michael Van Wyk	47	White	Male	Single
Lwandle Mdladla	28	Black African	Male	In a relationship
Muziwakhe Ndebele	30	Black African	Male	In a relationship
Obakeng Mokoena	28	Black African	Male	In a relationship
Manqoba Sihlangu	29	Black African	Male	Single
Sizwe Nkomo	32	Black African	Male	In a relationship
Confidence Mabasa	33	Black African	Male	Single
Joel Sibanda	36	Black African	Male	In a relationship
Jason Green	42	Coloured	Male	In a relationship

3.6 DATA-COLLECTION PROCESS

Barrett and Twycross (2018) explain that data collection in qualitative research allows for a better understanding of individuals' experiences, with interviews being the most effective method to achieve this. Different approaches can be applied to conducting interviews, namely open or unstructured interviews and semi-structured interviews. This study utilised semi-structured interviews, which involved an interview guide with

questions designed to provide structure and focus for the flow of the conversation with the aim to address the research objectives (Adeoye-Olatunde & Olenik 2021). Due to the sensitivity of the research, information was gathered through in-person semi-structured interviews that were conducted in the participants' private residences. The interviews took place over three months, from 13 June to 2 August 2023, with each interview lasting between 30 and 90 minutes. Using the face-to-face method of gathering data was most suitable, as it allowed for the collection of detailed narratives of the gay men's experiences and realities. Semi-structured interviews were conducted to explore the participants' perspectives on their experiences related to the phenomenon under study (McIntosh & Morse 2015). Employing semi-structured interviews enabled me to engage with the participants and delve into their day-to-day experiences of PrEP and its impact on their sexual behaviours. This type of interviewing also allowed me to investigate the participants' experiences of stigma resulting from PrEP uptake and their sexual identity. Notably, securing appointments with some participants proved difficult due to their work commitments; however, I successfully arranged appointments based on the participants' availability.

In preparing for the interviews, I developed an interview guide (see Annexure G). The guide was created in English, which was also the language used to conduct the interviews. The first part of the interview guide focused on the participants' demographic information, including age, race, gender, marital status, level of education, home language, and employment status. For example, the participants were asked the following questions:

- Before using PrEP, did you engage in sexual intercourse with multiple partners?
- Did you use condoms during your sexual encounters before using PrEP?
- What sexual behaviours did you engage in after you started using PrEP?

The second set of questions related to the study's objectives and explored the sexual behaviours and experiences of gay men before and after using PrEP, PrEP uptake and how it influenced their sexual behaviours, and the stigma associated with their PrEP uptake. Additional questions examined how the stigma attached to PrEP informed their sexual behaviours and lifestyles.

3.7 DATA-ANALYSIS METHOD

This study applied the thematic data-analysis method. Thematic data analysis is a practical approach for qualitative researchers that clarifies how the collected data will be used. It is commonly employed in qualitative research because it provides a clear and precise description and interpretation of patterns (*themes*) in the data by breaking the information down and reconstructing it throughout the analysis process (Braun & Clarke 2012; Watts *et al* 2017; Kiger & Varpio 2020). The thematic analysis method identifies, analyses, and interprets patterns of meaning in the information. It describes data through the use of codes and the construction of themes. This method is widely used and appropriate in studies that seek to understand individuals' experiences, thoughts, and behaviours (Clarke & Braun 2017; Kiger & Varpio 2020).

In analysing the data, the process adhered to Clarke and Braun's (2006) six phases of thematic analysis. As pointed out by Braun and Clarke (2012) and Majumdar (2018), the first phase involves becoming comfortable and familiar with the collected data in order to engage in active reading and re-reading to extract meaning, identify patterns, and develop coding themes. According to Braun and Clarke (2012) and Kiger and Varpio (2020), transcribing is one way for researchers to become acquainted with the collected data. As part of the initial steps for this research, data familiarisation was achieved through listening to the interview audio recordings and transcribing them, a task carried out by myself as the researcher. The second phase of data analysis involves generating and noting codes to organise the data into groups. Coding for this research was performed manually to indicate the code number, code name, and the number of times each code appeared (see Table 3.2).

Table 3.2: Example of the coded dataset

Code number	Code name	Number of times it appeared
5	Stigma exists towards gay sexual identity and PrEP uptake	18
10	Gay men have a positive attitude towards PrEP and advocate its use	12

The third phase of thematic data analysis involves closely examining the coded data and searching for themes related to the phenomena being studied. In this study's analysis, some codes were combined to form a theme or subtheme. It is also important to ensure that no data are abandoned during the process of formulating themes. The fourth phase involves reviewing the themes against the coded data and the overall dataset. The fifth phase focuses on defining and naming the themes. For this study, I developed a template for the easy review of themes against the dataset (see Table 3.3). The final phase entails finalising and drafting a report on the analysed data, and it is a continuation of the previous five stages rather than a separate stage (Kiger & Varpio 2020). Table 3.3 presents the themes and subthemes that emerged from this study's thematic analysis.

Table 3.3: Summary of themes and subthemes

Themes	Subthemes
Risky sexual behaviours of gay men who take PrEP	• Condom use and multiple sex partners before PrEP uptake • Condom use and multiple sexual partners after PrEP initiation
The influence of PrEP on gay men's sexual behaviours: Complement or replacement in HIV-prevention strategies?	• PrEP and risk reduction: Understanding its impact on sexual behaviour choices • Should PrEP be used with another method of protection?
The stigma surrounding PrEP and its influence on the sexual behaviour of gay men	• Stigma linked to PrEP uptake by gay men • Manifestations of PrEP-related stigma linked to the sexual behaviours of gay men • Does PrEP-related stigma prevent gay men from engaging in risky sexual behaviours? • Promoting awareness and education as tools to combat and manage PrEP-related stigma

The three key themes and eight subthemes reflected in Table 3.3 are critical to this study in that they assisted in addressing the main research problem: whether PrEP influences gay men's sexual behaviours and decisions.

3.8 ETHICAL CONSIDERATIONS

The aim of the research was to generate knowledge while upholding ethical research standards and principles. It was important to ensure that the research was conducted in an ethical manner, whereby no one felt harmed in the process (Damianakis & Woodford 2012; Govil 2013). Ethical considerations primarily focus on ensuring the moral integrity, trustworthiness, and validity of a study by adhering to standards and values that regulate scientific activity to enhance the quality of research (Madushani 2016; Ferreira & Serpa 2018). This study complied with ethical principles. This section discusses how beneficence, non-maleficence, informed consent and voluntary participation, confidentiality, privacy, and anonymity were ensured throughout the study.

3.8.1 Informed consent and voluntary participation

The ethics approval application was reviewed and approved by the University of South Africa's (UNISA) College of Human Sciences Research Ethics Committee, in compliance with UNISA's Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment, under reference number 36475149_CRECHS_2023 (see Annexure B). The ethics approval was granted for the duration of one year, which provided me with sufficient time to conduct interviews and collect data. In the data-collection process, I was required to secure informed consent and voluntary participation from the interviewees. Informed consent entails that a researcher seeks permission from the participants to participate in research by obtaining their consent. When seeking informed consent, researchers must inform the participants of what will be required of them during their participation (Du Plooy-Cilliers, Davis & Bezuidenhout 2014). Informed consent is based on the assumption that participants are competent to make their own decisions (Kitchener & Anderson 2013; Zahle 2017). In this study, informed consent was obtained by providing the participants with an information sheet (see Annexure F) that explained the study's objectives and emphasised that participation was voluntary. During the interviews, I reiterated the objectives of the research and the role of the participants. This was followed by signing the informed consent form (see Annexure E). I received verbal consent from the participants to take part in the study, which was subsequently followed by each of the 10 participants signing the informed consent form.

3.8.2 Confidentiality, privacy, and anonymity

Respect for human dignity is at the heart of any research, as it ensures the privacy, confidentiality, and anonymity of the participants, the protection of personal information, and respect for fairness in the interview processes (Coffelt 2017; Ferreira & Serpa 2018). The sensitivity of this research required the participants to disclose personal information related to their sexual identity and behaviours. I assured the participants of their confidentiality, privacy, and anonymity.

Firstly, confidentiality concerns the researcher's awareness of participants' identities and the necessary steps taken to ensure that these identities are not easily discovered by others (Kang & Hwang 2023). Secondly, privacy refers to the protection of individuals' rights. It includes, but is not limited to, respecting people's bodies or private space, acknowledging personal decisions, and preventing the unwanted disclosure of private information (Resnik 2018). Lastly, anonymity relates to the collected data not containing information that could potentially connect a participant to it. Data should be collected anonymously in such a way that it cannot be linked back to a participant in any form (Hoft 2021). Protecting privacy, confidentiality, and anonymity is crucial for building trust and demonstrating respect for individuals' dignity (Resnik 2018).

During the interviews, which took place in the participants' private residences, I assured them that any information shared would be kept in a private and confidential encrypted Google Drive folder, accessible only by me. The recordings and transcripts were also stored in a password-protected Google Drive folder. Throughout the data-collection process and analysis, I ensured that the participants' identities remained anonymous by using pseudonyms. Lastly, I omitted additional information, such as physical addresses and contact details, due to their potential to reveal the participants' identities.

3.8.3 Non-maleficence

Non-maleficence means that researchers must not harm their participants as they pursue research (Kitchener & Anderson 2013). Non-maleficence is concerned with ensuring safety and that research participants are not subjected to any harm during the research process (Terre Blanche, Durrheim & Painter 2006). It was my responsibility as a researcher to protect the human rights of the participants and to

ensure that they were not exposed to any harm. The research participants were interviewed in the comfort of their homes in Gauteng to ensure that privacy and autonomy were respected throughout the research process. I arranged psychological services with a counselling psychologist for instances where the participants might experience psychological harm; fortunately, there was no need to utilise these services, as the participants did not experience serious psychological distress. During the research interviews, one of the participants indicated that he had been raped and victimised due to his sexual identity. This prompted me to pause and offer emotional support to the participant. The participant was asked if he could continue with the interview or if he needed additional psychological support. Fortunately, he was able to proceed with the interview as planned.

3.8.4 Beneficence

Beneficence is a principle of ethical research concerned with the researcher doing good for others and preventing harm (Orb, Eisenhauer & Wynaden 2000). Similarly, beneficence obliged me to maximise the benefits that the research would afford to the participants by explaining that their participation would contribute to the health and welfare of gay men through knowledge production (Terre Blanche *et al* 2006; Kitchener & Anderson 2013). The research participants were informed that no payments would be made to them as a benefit; however, their contribution to the study was valuable as it would aid in the production of important knowledge that has the potential to enlighten others and improve their lives. During the interviews, most of the participants proposed ways in which PrEP could be rolled out to benefit individuals who may not necessarily fall within high-risk population groups. Additionally, some recommendations were made regarding how gay men should address and confront stigma.

3.9 STRATEGIES EMPLOYED TO ENSURE THE TRUSTWORTHINESS OF THE STUDY

The trustworthiness of a study refers to the systematic rigour of the research design, the credibility of the researcher, the believability of the findings, and the applicability of the research methods (Gunawan 2015; Rose & Johnson 2020). This section

discusses trustworthiness in qualitative research by examining how credibility, dependability, transferability, and confirmability were ensured in this study.

3.9.1 Reliability

Reliability is one of the most important aspects of research and should be a primary concern when a study is being designed and analysed, as it directly informs the quality of the study. Reliability pertains to the dependability of the measurement instrument to yield the same results when used repeatedly under similar conditions. It relates to the consistency of the methodological process and its stability over time (Noble, Scheinost & Constable 2019; Rose & Johnson 2020).

Several factors affect the reliability of research, one of which is error. The source of error can be attributed to the researcher as a person, the research participants, the social context, and/or the methods used to gather information. In conducting this research, reliability and quality were ensured through meticulous note-taking during the interviews. Notes were meticulously captured and documented, audio was recorded using a dedicated tablet device, and all collected data were stored in an encrypted Google Drive folder. Some transcriptions were performed using the services of a professional transcriber, while others were transcribed by myself and stored in the same encrypted Google Drive folder. Furthermore, reliability was bolstered by reviewing literature from past studies conducted in South Africa and internationally on similar topics. It is also worth noting that there are few studies on this topic in South Africa. A literature review was therefore conducted in relation to similar studies carried out in countries such as the USA, the UK, Australia, Austria, China, Uganda, Nigeria, and Ghana.

3.9.2 Credibility

Credibility is the confidence placed in the truth of research findings. It concerns the believability of data drawn from participants and the correctness of its interpretation (Lincoln, Guba & Pilotta 1985; Holloway & Wheeler 2022; Graneheim & Lundman 2004; Macnee & McCabe 2008). In line with the objectives of this study, I selected suitable gay men aged 18 and above who were using PrEP medication. All the selected participants had experience engaging in sex while using PrEP.

3.9.3 Dependability

Dependability, or consistency, pertains to the quality of the data-collection method, data analysis, and the theory generated from the collected data (Du Plooy-Cilliers *et al* 2014). The data collected must be consistent and replicable in other studies to ensure trustworthiness. Unlike quantitative studies, achieving consistency in qualitative research is challenging because data collection occurs in uncontrolled conditions (Kakar, Rasheed, Rashid & Akhter 2023). In this study, dependability was ensured by selecting relevant participants and by clearly explaining the purpose of the data collection and analysis to them.

3.9.4 Confirmability

Confirmability refers to the extent to which the data collected align with the findings of the researcher (Du Plooy-Cilliers *et al* 2014). It reflects the degree to which the researcher remains unbiased during data collection and the interpretation of the study's results (Kakar *et al* 2023). In this study, confirmability was ensured by quoting the participants verbatim, as demonstrated in Chapters 4 and 5.

3.10 RESEARCHER REFLEXIVITY AND REFLECTIONS

Rabbidge (2017) highlight an important distinction between reflection and reflexivity. While reflection involves looking back on events that have already happened, reflexivity is an ongoing process of self-awareness that continues throughout the research journey. Because qualitative research is shaped by the researcher's own experiences and viewpoints, reflexivity becomes essential in acknowledging the ways in which subjectivity influences the study (Olmos-Vega, Stalmeijer, Varpio & Kahlke 2023). This includes paying attention to personal, interpersonal, methodological, and contextual factors that shape the research. Personal reflexivity involves examining my own expectations and assumptions; interpersonal reflexivity requires being conscious of the power dynamics between myself and participants; methodological reflexivity asks me to question the choices I make in conducting the study; and contextual reflexivity encourages me to consider the broader historical and cultural environment in which the research takes place. From a constructionist perspective, reflexivity is not about proving that the research is unbiased but about acknowledging and valuing the role that subjectivity plays (Olmos-Vega *et al.*, 2023).

Embarking on this master's degree and choosing a topic that is deeply personal to me has been both fulfilling and daunting. As I started interviewing participants, I realised how closely the topic touched my own identity as a gay man. I entered the research with preconceived ideas about gay men's sexual behaviours and PrEP uptake. I had to constantly check myself by going back to the principles of qualitative research—approaching every interview with openness and a willingness to learn from participants rather than impose my own assumptions.

Because of my interactions with and being part of the gay community, I thought I already knew what the findings would be. I assumed that PrEP was mostly taken by gay men who were promiscuous or engaging in condomless sex with multiple partners. However, some participants shared very different reasons for their PrEP use, describing it as another option and method for HIV prevention, rather than something that encouraged riskier behaviour. Hearing this challenged my own beliefs and reminded me that my role was to listen, be open and not to project.

Reflexivity became central to this study because researchers serve as the primary instruments of qualitative research (Watt 2007). Reflexivity required me to look inward, to question where my beliefs came from, and to recognise how they shaped my interactions with participants (Patnaik 2013; Shufutinsky 2020; Maake 2021). Reflexivity also made me aware that my identity, experiences, and even my comfort or discomfort—could influence how I interpreted the data (Gabriel 2018; Maake 2021). Alongside reflexivity, being self-aware and understanding my position and power dynamics I was able to understand how who I am affects every stage of the research process (Bourke 2014).

There were several moments during data collection that forced me to pause and reflect:

- **Confronting my own biases as a gay man who also uses PrEP.** My personal experiences had shaped certain assumptions about other gay men's sexual behaviour, and I had to acknowledge these biases so they did not interfere with how I understood participants' stories.

- **Requests for financial assistance.** Some participants or referrals hinted at wanting compensation. I had to be clear, firm and remind participants that their participation was voluntary and unpaid as explained during selection.
- **Unwanted sexual advances from participants.** A few participants contacted me after interviews requesting sexual favours. This made me uncomfortable and unsure if something I said had unintentionally blurred the lines. I declined politely and learned the importance of emphasising professional boundaries more clearly at the start of future interviews. Processing these incidents was challenging, and I relied on emotional support from my partner and a friend who is a psychologist. I also used pause-and-reflect sessions and journaling to help me make sense of my feelings and experiences.

Taking a reflexive approach helped me confront my internal biases and acknowledge the influence of my identity on the research. It reminded me to keep returning to my research objectives and to remain open to participants' lived experiences. Overall, reflexivity encouraged me to approach the research with empathy and humility, always remembering that understanding participants' perspectives requires stepping into their world rather than viewing it only through my own.

3.11 CONCLUSION

This chapter served as the backbone of the study by detailing the research journey undertaken to explore the deeply personal and nuanced sexual experiences of gay men who take PrEP. By adopting an interpretative phenomenological approach within a qualitative research design, this study sought to centre the voices and lived realities of its participants. The chapter walked through each critical stage of the research process: from the justification of a qualitative method that prioritises meaning-making to the strategic use of snowball and purposive sampling techniques that facilitated rich participant recruitment. It outlined how semi-structured, one-on-one interviews fostered trust and openness and created a space for honest and intimate conversations.

Furthermore, the chapter delved into the rigorous data-analysis process, where themes and subthemes emerged through careful coding, and emphasised the ethical frameworks that guided the study to ensure respect, confidentiality, and integrity.

Measures to ensure the trustworthiness of the research were also examined to reinforce the credibility of the findings.

Finally, the chapter closed with a reflective researcher account that acknowledged the personal insights, positionality, and growth experienced throughout the study. Altogether, this methodological foundation lays the groundwork for the chapters that follow, where the participants' voices come alive through the data they so generously shared.

The next chapter presents the participants' narratives and highlights their knowledge of PrEP and their perspectives on its use.

CHAPTER 4:

GAY MEN'S EXPERIENCES AND PERCEPTIONS REGARDING PrEP AND RELATED STIGMAS

4.1 INTRODUCTION

Chapter 3 outlined the research design and methods that informed the data collection and analysis of this study. This chapter presents the participants' narratives and highlights their knowledge of PrEP and their perspectives on its use. Gay men share differing views and perceptions regarding PrEP uptake. Research conducted by Brooks *et al* (2022) among Latino gay men and MSM in the USA revealed that some participants considered PrEP to be important and key in preventing HIV, while others viewed it negatively. Those who held positive views were often judged harshly by their peers and partners, who believed that their PrEP uptake was a sign of infidelity or an excuse not to use a condom during sex. Similarly, a study conducted by Philpot *et al* (2020) in Australia found that gay men have varying perceptions regarding PrEP; some viewed it as a reliable method for preventing HIV, while others held negative views. With regard to knowledge of and access to PrEP, gay men's decisions to initiate PrEP can be influenced at personal, interpersonal, community, and structural levels. Philbin *et al* (2016) point out that at a personal level, gay men are concerned about PrEP efficacy and side effects, as they believe that the medication is a standalone prevention method rather than a complement to condom use. In light of these research findings, this chapter provides a comprehensive overview of the narratives that emerged from this study, including (1) the participants' perceptions of PrEP, (2) their knowledge of and access to PrEP, (3) their relationship status and their partners' perceptions of PrEP, and (4) gay men's experiences of stigma related to sexuality, HIV, and PrEP.

4.2 PrEP KNOWLEDGE, MOTIVE, AND ACCESS

This study established that gay men are motivated by different factors when deciding to initiate PrEP. These reasons include, but are not limited to, the desire to protect themselves against HIV, a lack of trust in a partner, uncertainty about a partner's HIV status, or the wish to explore sexual pleasures without the concern of contracting HIV. While some choose to continue with PrEP, others decide to discontinue it for various

reasons, such as side effects of the medication and the inability to manage or cope with these side effects (Camlin *et al* 2020). This study found that gay men learned about PrEP through personal research, word of mouth, the media, and healthcare facilities.

“I found out about PrEP around 2017, through social media and media platforms and through people in my circle who were also having conversations about PrEP. I then did my own research and finally decided to start with the medication in November 2021, immediately after I met my current partner. One of the reasons for me to start taking PrEP is being fascinated by the fact that PrEP was able to prevent HIV. I am a firm believer in that prevention is better than cure” (Sizwe, 13 June 2023).

“I found out about PrEP through a friend and then I started seeing it on social media and then I did my own research. I then went to the OUT clinic for gay men in Hatfield, the facility then closed down and I was moved to Aurum Institute close by” (Joel, 3 July 2023).

“I am not being accurate but I heard about PrEP around 2008, 2009 through journals. I started writing about HIV around 2006 when I was still in high school and started researching HIV and ARVs for educational purposes. In my 20s I read a lot about the possible prophylaxis that researchers were working on. When PrEP finally came into the market, I learned that it was a regular method of treatment of HIV-negative individuals and that it can be used as a prophylaxis” (Bhekisizwe, 22 July 2023).

“There is a lot of research that has been done regarding PrEP so I trust it to prevent HIV. I have also read about it, including the side effects. Based on scientific research, I trust its effectiveness. I am currently accessing it at Aurum Pop Inn Centre in Hatfield. It is extremely easy to access ... Okay, I first learned about PrEP in the media through a campaign or advertisement. I also read about it online and decided to take it for the purpose of safety as the main reason. I am not in a relationship so I usually meet sex partners on Grindr. I would let them know that I am on PrEP and also ask if they were on PrEP” (Michael, 27 July 2023).

“When I found out about PrEP was after I got raped. I went to a local clinic and that is where I got introduced to PeP and PrEP even though I did not understand much as I was focusing on the dilemma I was in at the time. At the time of the unfortunate incident, PrEP was primarily given to sex workers and MSM” (Muziwakhe, 2 August 2023).

The data provided in this section reveal diverse pathways through which the participants became aware of PrEP, with social media, personal networks, and medical literature playing significant roles. Some participants, like Sizwe and Joel, discovered PrEP through online platforms and friends before conducting personal research, while others, like Bhekisizwe, had early exposure through academic journals. The decision to initiate PrEP use was often tied to specific life events, such as entering a new relationship, as seen in Sizwe’s case, or seeking personal safety, as noted by Michael. Trust in PrEP’s efficacy was largely rooted in scientific research and accessibility, with participants like Michael and Joel highlighting the role of specialised clinics. However, Muziwakhe’s experience underscores the intersection of trauma and PrEP awareness and demonstrates how access to the medication is sometimes shaped by crisis situations rather than proactive health-seeking behaviour. Overall, the narratives reflect a combination of self-driven research, structural accessibility, and personal circumstances in shaping PrEP uptake among the participants.

In line with research by Curley, Roseh, Mistler and Eaton (2022), which found that some gay men initiate PrEP to experience greater intimacy with their sexual partners, including the freedom to have condomless sex, this study found that PrEP uptake increased intimacy and options for sexual experiences for most gay men who participated in my study. Lwandle indicated that for him, starting PrEP meant that he and his partner could enhance their sexual lifestyles.

“I first found out about PrEP in 2016 when I was engaged. My partner and I wanted to explore other sexual experiences such as threesomes². We decided to educate ourselves about [the] risks involved with taking PrEP. Before 2016,

² A *threesome* in this context refers to gay men engaging in sex with more than one person at the same time. It involves having sex with two other people. It is not the same as group sex, which would generally refer to having sex with four or more persons at the same time.

I was clueless about PrEP and I took a decision to educate myself about the medication, other prevention methods, and the risks involved. Unlike condoms, PrEP was not popular. I learned more about PrEP when we visited the clinic” (Lwandle, 1 July 2023).

While this study found that most gay men were knowledgeable and had different motives for initiating PrEP, the process was not without challenges. In line with the research findings by Camlin *et al* (2020), some gay men in this study faced difficulties related to misconceptions about PrEP, unsupportive partners, and health professionals who were not trained in PrEP administration.

“One of the misconceptions that I had regarding PrEP was that once a person starts taking PrEP, they cannot stop because once the body gets used to it, the ability of PrEP to prevent HIV stops. Another reason I delayed taking PrEP was because I did not have discipline to take PrEP every day” (Sizwe, 13 June 2023).

“I learned that there is so much more that one needs to know about the use of PrEP. For example, something like regular visits to the GP [general practitioner] to do some testing regarding your kidneys, your liver function, and all those things. If you are not HIV positive, the medical aid does not see it as a chronic condition, so for me I still need to pay cash for it” (Jason, 24 July 2023).

“I still remember when I started having PrEP in 2019, when I went to a hospital in Tshwane because of [a] broken arm, the medical practitioners asked about the medication that I was taking or allergic to. When I told them that I am taking PrEP, they asked me what it is. It just shows that back then even hospital staff did not know about PrEP” (Confidence, 3 July 2023).

The above narratives highlight key misconceptions, barriers, and knowledge gaps surrounding PrEP use. Sizwe’s experience reflects common misunderstandings, such as the belief that using PrEP long term reduces its effectiveness, as well as concerns about daily adherence, which can deter uptake. Jason’s narrative underscores the financial burden associated with PrEP access, particularly for those not infected with HIV, as medical aids do not classify it as a chronic condition, leaving some users to cover the costs out of pocket. Confidence’s experience in 2019 points to a lack of

awareness among healthcare professionals and reveals gaps in medical knowledge about PrEP even in hospital settings. Collectively, these narratives illustrate how misinformation, financial constraints, and systemic unpreparedness influence individuals' engagement with PrEP and highlight the need for broader education and healthcare integration.

4.3 A SILVER BULLET? PERCEPTIONS OF GAY MEN REGARDING PrEP

As mentioned in Section 4.2, there are several reasons for initiating PrEP. This section examines the participants' perceptions regarding PrEP and its efficacy. In their study, Camlin *et al* (2020) found that PrEP users believe in its effectiveness and consider it sufficient to protect them against HIV. This study revealed that most participants were knowledgeable about PrEP and trusted in its ability to prevent HIV. It was also discovered that gay men had differing views on PrEP and its uptake. Insights from Bhekisizwe and Joel highlighted these differences. For Bhekisizwe, PrEP represented more than just protection against HIV; it influenced how he perceived his sexual relationships with others. In contrast, for Joel, using PrEP was primarily about personal protection against the unknown, specifically the uncertainty of a partner's activities, and the fact that he sometimes engaged in risky sexual behaviours by having casual sex with strangers when he went out clubbing.

“Using PrEP has had an impact on how I view sex, intimacy, whether in passing, or forming intimate relationships. I unknowingly got into a relationship with an HIV-positive person in 2017 and only found out about his status when we went to test for HIV. This got me thinking about what could have happened if I were not on PrEP. I am trying to express that I have a rounded view regarding PrEP based on my experience” (Bhekisizwe, 22 July 2023).

“I might be sleeping with one person but I do not know what my partner is doing behind my back, so there is that mistrust or that lack of trust, or just... how can I put it? Ukuhala,³ lust, because, you know, men bayahala⁴. [Laughter]. We go

³ *Ukuhala* means to crave something. In this context, *ukuhala* means to lust for someone.

⁴ In this context, *bayahala* refers to an act of craving someone sexually. The participants used these terms to answer an interview question on how gay men perceive PrEP and how it informs sexual behaviours and decisions.

out clubbing or we go out to groove and then you find umuntu⁵ just hitting on you whilst uyabona ukuthi [he can see] you are with a person, but he keeps on hitting on you, and then eventually it unnerves you or grabs your attention or... you know” (Joel, 3 July 2023).

Joel’s narrative illustrates the complex dynamics of mistrust and sexual exploration in relationships, where the uncertainty about a partner’s fidelity and the temptation of external encounters contribute to the decision to take PrEP as a preventative measure. Bhekisizwe’s narrative reflected on the personal impact of PrEP on shaping his understanding of sexual health, particularly after unknowingly engaging with an HIV-positive partner. His experience underscores a sense of security and empowerment provided by PrEP, which shaped his broader perspective on intimacy and HIV prevention. These narratives highlight that PrEP use is not solely about preventing HIV but is deeply intertwined with emotional trust, personal experiences, and the desire for sexual autonomy.

Camlin *et al* (2020) point out that some participants in their study remained uncertain about PrEP efficacy even after initiating the medication and felt the need to test for HIV to confirm that it was effective. In this study, participants like Lwandle expressed some uncertainty regarding PrEP efficacy; however, he continued to use it because he believed it might be working, as he remained HIV negative.

“Look, I will be honest. So far, I am still HIV negative, so it must be working. In contradiction, I would not exactly know because I have never been with someone who is HIV positive and tested negative. It is effective in preventing HIV” (Lwandle, 1 July 2023).

“I learned about it in 2017, 2018 through one of my friends who was taking PrEP, however, I did not take it immediately due to my doubts about its effectiveness. It is only when I started to work with PrEP at an NGO called Engagement that I started to be interested in PrEP because I knew more about it in my line of work and was confident in its effectiveness” (Obakeng, 22 July 2023).

⁵ *Umuntu* refers to a human being. In this context, *umuntu* is used to refer to a person who is soliciting a sexual relationship.

Lwandle's narrative illustrates that PrEP serves as a silver bullet⁶ for some individuals and gives them a pass and freedom to engage in risky sexual behaviours knowing that they are protected against HIV, regardless of other STIs that they might be exposing themselves to. Obakeng initially questioned the effectiveness of PrEP; however, this perception changed due to increased exposure to information about PrEP, which highlights the need for widespread education on the topic. Although some participants had uncertainties regarding PrEP's efficacy, this study found that most participants believed in its effectiveness in preventing HIV.

"To my knowledge, PrEP is not 100% effective but 99%. Even though I am taking PrEP, I know that I still possess a risk of contracting HIV because there is resistance to medication. For example, having sex with someone who is HIV positive and has a regimen of virus that is resistant to HIV increases [the] risk of getting infected even if I am on PrEP. I still appreciate that PrEP still provides greater chances of prevention" (Manqoba, 30 July 2023).

"PrEP is effective. It has given me full protection" (Obakeng, 22 July 2023).

"There is a lot of research that has been done regarding PrEP so I trust it to prevent HIV. I have also read about it, including the side effects. Based on scientific research, I trust its effectiveness" (Michael, 27 July 2023).

In support of an American study by Garamel and Golub (2020), which found that gay men who have sex outside their relationships are more likely to take PrEP, this study found that some participants initiated PrEP due to having multiple sexual partners. Muziwakhe articulated his motive for using PrEP by stating that, even though he was in a relationship, he engaged in sex with multiple partners.

"I always tell my friends that I would not be on PrEP if I was sleeping with one person. I know ukuthi Ehh joe o sefebe" [I know that I am a whore⁷] (Muziwakhe, 2 August 2023).

⁶ A *silver bullet* generally refers to something that very quickly and easily solves a serious problem. In this text, the *silver bullet* refers to PrEP being the only reliable and sufficient method to prevent HIV.

⁷ Isifebe is an isiZulu word that is used to refer to someone who is perceived to be sleeping with multiple sex partners. It typically translates to "harlot" or "whore", describing someone who is sexually immoral, especially a woman. In this context, *isifebe* refers to a gay man who engages in sex with multiple partners.

Ultimately, the narratives demonstrate varying levels of confidence in the effectiveness of PrEP among the participants, with some expressing a nuanced understanding of its limitations, while others had greater trust in its protective capabilities. Manqoba acknowledged that while PrEP offers a high level of protection, he was aware of potential risks, such as the possibility of encountering HIV-resistant strains that may reduce its effectiveness. In contrast, Obakeng and Michael emphasised their trust in PrEP's proven efficacy, citing extensive research as the foundation for their confidence. Muziwakhe's statement further underscored a pragmatic view, linking his use of PrEP to having multiple sexual partners and reflecting a belief that PrEP is particularly essential in high-risk sexual scenarios. Overall, these perspectives reveal a blend of trust in scientific research and personal experiences, with PrEP being seen as a vital tool for HIV prevention, particularly for individuals with multiple sexual partners or concerns about HIV resistance. Drawing on the social constructionism theory, these findings also highlight what happens when PrEP socially constructed positively among the gay community wherein those who understand and trust the medication rely on it and trust it to prevent HIV. Furthermore, this indicates that when PrEP is positively constructed, it becomes a moral signifier for those who take it.

4.4 RELATIONSHIP-RELATED STIGMA AND PrEP

Many individuals present themselves differently in various social contexts, including with friends, family, and romantic relationships, when it comes to PrEP. The decision to take PrEP among gay men impacts their sense of trust and affects their sexual relationships. PrEP uptake influences how gay men behave in their relationships, whether in committed or casual partnerships. This study found that gay men in open relationships face similar disapproval regarding PrEP uptake as those in monogamous relationships, with PrEP often being viewed negatively. Some romantic partners of the participants in this study believed that the participants initiated PrEP due to promiscuity. Additionally, this study found that some gay men started using PrEP because they perceived themselves as engaging in promiscuous behaviour. As recounted below, participants like Muziwakhe and Confidence, who were in committed relationships, experienced challenges when explaining their motives for PrEP uptake to their partners:

“My partner is bisexual and engages in sex with girls, so I also need to take protection since I do not know what he gets up to. I even encouraged him to take PrEP and he said why do I drink a pill to avoid taking a pill [ARV]? He sees PrEP as one with ARVs. He said that he does not sleep around but I am also taking PrEP to protect him because of my own promiscuity” (Muziwakhe, 2 August 2023).

“I had a fight with my boyfriend about PrEP until he understood. I was surprised. Okay, there was this moment when we went to the clinic because of a health scare, the nurses asked if we were using PrEP and he said no. He was counselled and given information about PrEP. It is then that he started understanding and using PrEP” (Confidence, 3 July 2023).

From Muziwakhe’s and Confidence’s narratives, the study reveals how misunderstandings and differing perspectives on PrEP can create tension in relationships. In Muziwakhe’s account, his partner’s reluctance to take PrEP stemmed from confusion about its purpose and the belief that it was akin to ARVs. Similarly, Confidence’s experience highlights how a lack of knowledge about PrEP can lead to initial resistance; however, through counselling and education, his partner came to understand its importance, which ultimately resulted in shared usage.

This study supports Calabrese (2020), who found that gay men using PrEP in the USA were referred to as “Truvada whores” due to the stigma attached to the medication and the belief that individuals who take PrEP are promiscuous. While some participants initiated PrEP to protect themselves against their partner’s promiscuity and the unknown, others felt compelled to lie in order to be accepted and to avoid judgement by partners who associate using PrEP with promiscuity. Utilising Goffman’s stigma theory, the above narratives indicate how PrEP stigma is produced and reinforced in relationships stemming from misconceptions and assumptions that the partner who is taking PrEP is promiscuous.

“My partner is okay with me taking PrEP, but, at first, he thought that I wanted to sleep around; however, later he believed that as an HIV/AIDS counsellor working with blood, then I needed to be on PrEP. Me being a counsellor was not the main reason I started to take PrEP. Being in a gay relationship, people tend to sleep around, and they are not truthful about it. In my line of work, I

learned that a lot of gay men would get infected by their partners without knowing” (Obakeng, 22 July 2023).

“As a contingency issue, we are constantly fighting because he thinks it is either I am fucking around or I am not loyal to the relationship in its entirety. He is not on PrEP and does not believe in blood testing and other things, [but] it is a story for another day” (Joel, 3 July 2023).

Unlike Joel’s case, Lwandle and Sizwe were supported by their partners with regard to PrEP uptake, while for Jason, it was a subject that was not discussed much with his partner.

“I am not in a committed relationship, but I am dating someone. The person I am dating does not take PrEP but he is in support of me taking it” (Lwandle, 1 July 2023).

“My partner and I are both on PrEP. We value it as a means of preventing HIV” (Sizwe, 13 June 2023).

“I do not talk much about it because of the age gap of 19 years between myself and my partner. It is about making sure that I am healthy and I look after myself, and that way I am also to an extent ensuring that he is safe on his side, although I will not discuss or talk about it” (Jason, 24 July 2023).

This section of the study explored the relationship-related stigma surrounding PrEP uptake among gay men, which revealed how societal perceptions of promiscuity and trust impacted the participants’ decisions to take PrEP. For some participants, PrEP usage was viewed as a protective measure, which was motivated by the need to safeguard their health in relationships where trust and fidelity may be questioned. However, this decision often brought about misunderstandings and stigma, particularly in monogamous or open relationships. As seen in the experiences of participants such as Muziwakhe and Confidence, the fear of being labelled promiscuous or unfaithful can lead to tension and even conflict in relationships. Some partners initially resisted PrEP due to misconceptions about its purpose, which were only alleviated through counselling and education. The stigma surrounding PrEP is further reinforced by societal views that label those who use it as promiscuous, as illustrated by the

reference to “Truvada whores” in the USA (Calabrese 2020), which indicates a global trend of associating PrEP with sexual risk taking.

Despite the stigma and misunderstandings, the findings also highlight instances where gay men received support from their partners in their uptake of PrEP, particularly in relationships characterised by mutual trust and shared values regarding sexual health. For example, participants such as Sizwe and Lwandle reported that their partners were supportive, viewing PrEP as a valuable tool for HIV prevention. However, for others, discussions about PrEP were limited or avoided, as seen in Jason’s narrative, where the age gap between him and his partner hindered open dialogue on the subject. These findings underscore the complexity of navigating PrEP use in relationships, where factors such as trust, communication, and social perceptions of fidelity intersect with individual health practices. The findings suggest that for PrEP to be more widely accepted, increased education is needed to address the stigma and foster understanding in relationships.

4.5 EXPERIENCES OF SEXUALITY AND PrEP-RELATED STIGMA

Stigma against gay men continues to be linked to various health-related problems, such as HIV/AIDS. Gay men who have or are suspected of having HIV are subjected to social prejudice, discrimination, and violence (Boone, Cook & Wilson 2016). Reducing the stigma attached to gay men and other sexual minorities will aid in HIV prevention and treatment programming (Stahlman *et al* 2017). In line with the objectives of this study and previous research by Boone *et al* (2016) and Stahlman *et al* (2017), this research explored the participants’ experiences of stigma related to their sexual identity and PrEP uptake.

Gay sexual identity is a social identity associated with stigma, whereby individuals are shamed based on their sexual identity (Frey, Hall, Goldbach & Lanier 2021). Utilising Goffman’s (1963) stigma theory, Frey *et al* (2021) point out that stigma deeply discredits particular individuals or groups in society. Gay men continue to face stigma and prejudice. A study conducted by Lewis *et al* (2023) found that gay men in Kenya experience persistent stigma from family and friends due to their sexual identity. This study supports the findings of Lewis *et al* (2023), as my participants indicated that they experienced stigma from their loved ones, including friends and family. Additionally,

some participants reported experiencing stigma at work and in other social settings, such as sports.

“I have been stigmatised by friends and people close to me because some straight gents would make me feel like I cannot share a bed with a straight friend because of fear that I might sexually harass them. The stigma has been from most of my friends that are raw and upfront. They would say something without thinking about how the other person feels” (Obakeng, 22 July 2023).

“I have gotten stigmatised because of my sexuality, this has been from family members, at work, by peers, and society in general. The family that I come from does not believe in homosexuality. I have experienced negative remarks from peers who feel uncomfortable by my presence” (Manqoba, 30 July 2023).

“As a gay athlete I have faced stigma from other rugby players who believed that I cannot play rugby as a gay man. My own coach doubted my abilities due to my sexuality. My own father, uncles, and their friends have stigmatised me and even told me that I am not a man because I am trying to be a woman” (Sizwe, 13 June 2023).

“People were calling me a girlish name, thinking that if you are gay, it means you want to become a woman. Name-calling is a problem. People misjudge you. It breaks my heart if someone just calls me a girl, and in my mind, it is like I am someone’s wife, you understand?” (Confidence, 3 July 2023).

“Coming from a small town, I have seen gay men being stigmatised based on their sexuality” (Michael, 27 July 2023).

The above narratives indicate that experiences of stigma are widespread, which highlights that communities and individuals are often ill-informed about issues concerning LGBTQIA+ persons. In some societies, gay men are subjected to humiliation and abuse by healthcare professionals. Ross *et al* (2014) explain that gay men in countries such as Uganda, Nigeria, Botswana, South Africa, and Tanzania continue to experience mistreatment, prejudice, and stigma due to their sexual identity. This study found that some participants experienced stigma when accessing primary healthcare services.

“Growing up in a rural place, communities do not understand gay men. I once went to a clinic after someone badly fucked me and when I told them that I am a health worker I was judged for being in a sexual relationship with men” (Muziwakhe, 2 August 2023).

“... fortunately for me, I access PrEP through my medical aid. I believe that people who get PrEP through public institutions get stigmatised due to their sexual identity more than those who access it privately” (Manqoba, 30 July 2023).

The above quotations reveal that the participants encountered challenges when accessing PrEP and experienced the intersection of stigma as a result. Muziwakhe and Manqoba reported experiences of PrEP and sexuality stigma. Muziwakhe further revealed that he experienced secondary victimisation and shame from healthcare professionals after seeking healthcare services following his sexual trauma. These narratives reflect how stigma is deeply rooted in heteronormative societal systems, as demonstrated by healthcare practitioners who are not sensitised to the health needs and issues of LGBTQIA+ individuals. As mentioned in Chapter 2, stigma poses a challenge to the battle against HIV/AIDS. With an estimated rate of between 92% and 99% efficacy in terms of HIV reduction, PrEP-related stigma has contributed to the low uptake of the medication by most gay men due to the perception that PrEP is viewed as a mechanism for unprotected anal sex and multiple sexual partners (Zapata *et al* 2024). According to Goffman’s (1963) theory, power is central to the creation and perpetuation of stigma. It maintains existing social dynamics that disadvantage some groups over others. In this context, stigma represents an expression of social power in which individuals are stigmatised and devalued because of their PrEP uptake (Calabrese 2020).

This study found that most participants had been stigmatised by family, friends, and partners due to their PrEP uptake. Furthermore, some participants also acknowledged that they had stigmatised other gay men because of their HIV-positive status or PrEP use.

“Stigma is real; no one is spared from stigma, even nuns are stigmatised. It is a bag of opinions. I have stigmatised people because of their HIV status and considered myself ‘clean’ because I was HIV negative and they were HIV

positive. I have also experienced stigma from people who say that o sefebe [you are a whore] because of PrEP use” (Bhekisizwe, 22 July 2023).

“I have experienced stigma from a friend who thought that I was on ARVs. I have also experienced PrEP-related stigma because people thought that I was taking the medication because I wanted to engage in sex with more than one partner. As a straight-passing gay man [seen as a heterosexual man], I have been stigmatised by a colleague who believed that gay men must be feminine and display certain behaviours” (Lwandle, 1 July 2023).

“I was told that I am taking PrEP because I am sleeping around, vele ama gay anjalo [gay men are like that], they sleep around. As a result of this, gay men are scared to seek help because clinics and healthcare workers are not sensitised around these issues of same sexualities and PrEP” (Muziwakhe, 2 August 2023).

“... my mother is homophobic, highly homophobic. I know that; I know that. I have made peace with that. She knows about my sexuality. We have been talking about this for years and years, and she still is homophobic, based on the fact that she thinks that just because I am queer, I cannot have kids, because that is her anchor point right there, ukuthi [that] ‘I want a grandchild from you’. So, it is a contentious issue” (Joel, 3 July 2023).

These narratives demonstrate that PrEP-related stigma is prevalent among the participants, who have faced discrimination from family, friends, and partners due to their use of this HIV-prevention method. Participants such as Bhekisizwe and Muziwakhe expressed how they had been labelled as promiscuous or seen as engaging in risky sexual behaviour because of their decision to take PrEP. Furthermore, the findings illustrate how some individuals perpetuate stigma, either by considering themselves superior due to their HIV-negative status or by stigmatising other gay men for their HIV-positive status or PrEP use. The experiences shared by Lwandle and Muziwakhe emphasise how societal perceptions of promiscuity are linked to PrEP, which leads to judgement not only from peers but also from healthcare workers, who are not sensitised to issues of same-sex relationships and HIV prevention. Additionally, the stigma extends to familial relationships, as illustrated by Joel’s experience with his homophobic mother, which reveals how deeply ingrained

societal biases about sexuality can influence interactions and support systems, which further complicates gay men's decisions to take PrEP.

Goffman's (1963) theory indicates that stigma is an attribute that discredits individuals by tarnishing their image and casting those marked by stigma to the margins of society, which leads to social exclusion and disapproval. These findings support Calabrese's (2020) argument that individuals who take PrEP are also subjected to negativity and judgement from society due to the belief that PrEP medication is primarily used by HIV-positive individuals. In line with Calabrese's (2020) research, which found that the most pervasive stereotypes associated with PrEP uptake revolve around sexual irresponsibility, promiscuity, and immorality, this study discovered that some PrEP users face stigma because they are believed to be HIV positive, while others are stigmatised due to the perception that they are "sluts" or "whores".

"The gay community is small, and where you find a lot of pressure, and so once you start talking about PrEP, it's almost like you're saying that you are actually HIV positive" (Jason, 24 July 2023).

"I have also been stigmatised by my heterosexual friends because of PrEP use. I have been called a 'slut' but most people who know that I am taking PrEP are supportive. Not taking PrEP has become a taboo in my space" (Sizwe, 13 June 2023).

"I have also experienced stigma from people who believed that I take PrEP because I am a prostitute or isifebe [whore]. I had to lie and say that I am taking PrEP because of the nature of my job as a lay counsellor. The stigma has been from my friends that are raw and upfront, they would say something without thinking about how the other person feels" (Obakeng, 22 July 2023).

As evidenced in the narratives above, some gay men receive support regarding their PrEP uptake; however, others face stigma from their friends, family, and partners. They continue to endure shame, humiliation, and name-calling, such as being labelled as "PrEP whores" and "sluts".

4.6 CONCLUSION

This chapter discussed the lived experiences of gay men with regard to PrEP and stigma. Gay men have different motives for initiating PrEP medication and varying experiences related to the stigma associated with its uptake. This chapter covered narratives from the participants that revealed how misinformation, financial constraints, and systemic unpreparedness influence individuals' engagement with PrEP, highlighting the need for broader education and healthcare integration; perspectives that showed a blend of trust in scientific research and personal experiences, with PrEP being seen as a vital tool for HIV prevention, particularly for individuals with multiple sexual partners or concerns about HIV resistance; and the use of PrEP in relationships, where factors such as trust, communication, and social perceptions of fidelity intersect with individual health practices. The chapter also discussed the stigma surrounding PrEP uptake among gay men in this study, which revealed how societal perceptions of promiscuity and trust impact their decisions to take PrEP. The study found that most participants received support regarding their PrEP uptake; however, some participants were subjected to stigma from their friends, family, and partners. They continue to face shame, humiliation, and name-calling through terms such as "PrEP whores" and "sluts".

Chapter 5 provides a detailed discussion of the impact of PrEP on the sexual behaviours of gay men in Gauteng by examining risky and safe sexual behaviours before and after PrEP initiation, as well as the influence of PrEP on these behaviours. It also focuses on PrEP-related stigma and how it informs and influences the sexual behaviours of gay men.

CHAPTER 5:

SEXUAL BEHAVIOURS OF GAY MEN BEFORE AND AFTER PrEP UPTAKE: DOES PrEP UPTAKE RESULT IN SEXUAL BEHAVIOUR CHANGE?

5.1 INTRODUCTION

As discussed in Chapter 4, the participants in this study were knowledgeable about PrEP and trusted it as an HIV-prevention method. Consistent with previous research by Maxwell, Shahmanesh and Gafos (2022), this study revealed that gay men initiated PrEP because they engaged in anal sex without a condom with multiple partners. Additionally, for some participants, the motivation to initiate PrEP stemmed from a desire to explore and enhance their sexual experiences. The findings from this study confirm that before initiating PrEP, some gay men engaged in risky sexual behaviours, such as having sex without a condom and with multiple sexual partners. The study also found that after initiating PrEP, most gay men continued to engage in sex without a condom, explored new sexual pleasures, and had sex with multiple partners due to the protection provided by PrEP. At the same time, some participants recognised that PrEP did not offer complete protection against HIV; they viewed it as a valuable addition to existing prevention strategies rather than a substitute for condoms and did not believe that its use had significantly altered their sexual practices.

This chapter provides a detailed discussion of the impact of PrEP on the sexual behaviours of gay men in Gauteng by examining both risky and safe sexual behaviours before and after PrEP initiation, as well as the influence of PrEP and related stigmas on the sexual behaviours and decisions of gay men. The chapter is organised into three themes: the first theme focuses on the risky sexual behaviours of gay men who take PrEP, the second theme unpacks the influence of PrEP on the sexual behaviours of gay men, and the third theme explores PrEP-related stigma and its impact on the sexual behaviours of gay men.

5.2 THEME 1: RISKY SEXUAL BEHAVIOURS OF GAY MEN WHO Take PrEP

The first theme discusses the risky sexual behaviours of gay men before and after PrEP initiation. The findings related to this theme support previous research by

Zimmermann *et al* (2020), Koester *et al* (2017), and Mehta *et al* (2021), who argue that there are conflicting findings regarding risky sexual behaviours and condom use among gay men who take PrEP. Research conducted by Zimmermann *et al* (2020) in the Netherlands indicates that some gay men continued to engage in sex without a condom, while others preferred to use condoms even after initiating PrEP.

For most participants, the continued use of condoms after the initiation of PrEP was based on the need to balance additional HIV prevention and STI protection with increased sexual pleasure. Although there are concerns that PrEP uptake may lead to increased risky sexual behaviours, such as engaging in sex without a condom and promiscuity among gay men (Koester *et al* 2017), a study conducted by Mehta *et al* (2021) in Kenya found that MSM who take PrEP are at high risk for HIV and are more likely to take PrEP. However, there was no indication that they engaged in risky sexual behaviours after starting PrEP. This theme is divided into two subthemes and presents findings from this research regarding the risky sexual behaviours of gay men who take PrEP by exploring (1) condom use and multiple sex partners before PrEP uptake and (2) condom use and multiple sex partners after PrEP initiation.

5.2.1 Subtheme 1.1: Condom use and multiple sex partners before PrEP uptake

This study found that few participants used condoms when engaging in sexual activities before initiating PrEP; however, there were times when they engaged in sexual acts without using a condom. The findings from this study support previous research by Gafos *et al* (2019) and Grov *et al* (2021), which indicate that before using PrEP, some gay men were involved in risky sexual behaviours, such as having sex without a condom, drug use, and engaging in sexual activities with multiple partners or group sex with individuals they met through sexual networking. This study aimed to determine whether PrEP influenced behavioural changes among gay men after PrEP initiation. This subtheme therefore explores the sexual behaviours of gay men before PrEP initiation and directly addresses the objectives of this study. Consistent with research by Gafos *et al* (2019) and Grov *et al* (2021), most of the participants in this study reported that before they initiated PrEP, they were involved in risky sexual

behaviours such as engaging in random sex, group sex, and orgies⁸, without the use of condoms. Participants such as Michael, Lwandle, and Obakeng indicated that they used condoms when engaging in sexual activities before starting PrEP. However, there were times when they engaged in sexual acts without using a condom.

“Before PrEP, there were times when I would use a condom and there were times when I would not use a condom” (Michael, 27 July 2023).

“Pre-2016 I used condoms for most of the time but there were instances where I would engage in sex without a condom” (Lwandle, 1 July 2023).

“I used condoms with my partner, and at times, I would not use a condom” (Obakeng, 22 July 2023).

While participants like Obakeng mostly used condoms with their partners before using PrEP, others such as Muziwakhe and Sizwe, who were not in committed relationships, engaged in sex without condoms with multiple partners. Muziwakhe and Sizwe’s narratives indicate that both were involved in risky sexual behaviours, such as having sex with multiple partners without using condoms. For Muziwakhe, who did not feel committed to anyone, it was more than just engaging in sex with strangers; it was also about giving some men the experience of sleeping with a man. This mindset may have further made him vulnerable to abuse and sexual assault, resulting in emotional hurt that contributed to his risky sexual behaviours, which included orgies and threesomes.

“I have always been someone with a high sex drive. I was not committed to anyone, if someone wanted me and I wanted them, I always gave in to the demands. Growing up, I was... I would engage in sex with guys who wanted to experience sleeping with a man. I ended up sleeping with men to give them that experience. After the rape, I felt small and after I recovered, I decided that I will sleep around to fill the void and hurt. I did not mind sleeping around with multiple partners in a day and this caused a lot of hurt instead of healing. I would also be involved in orgies and threesomes. I would not use a condom and this is

⁸ The term *orgy* in this instance is used to refer to a wild party characterised by excessive indulgence and indiscriminate sexual activities. Individuals who engage in this activity freely engage in open and unrestricted sexual activity as a group.

when I appreciated PrEP because it gave me protection” (Muziwakhe, 22 July 2023).

Like Muziwakhe, Sizwe was involved in multiple sexual acts such as oral sex, rimming, nipple play, kissing, and sides when he was not in a relationship. Even though he started using PrEP, he was in an open relationship and continued to engage in sexual acts with other people outside that relationship. The following narrates Sizwe’s perspective:

“I had multiple sex partners before taking PrEP and this was even worse before I got into my current open relationship. I was promiscuous and would engage in oral sex, rimming, nipple play, kissing, and sides. I would even have sex in very adventurous places” (Sizwe, 13 June 2023).

The participants’ narratives reveal that half of the participants in this study engaged in risky sexual behaviours, such as having multiple sexual partners, threesomes, and casual encounters before initiating PrEP. Some participants indicated that they engaged in sexual activity without using condoms. One participant, Sizwe, noted that he continued to have sex with other people because he was in an open relationship. This finding aligns with the literature, as most gay men in this study participated in risky sexual behaviours, including having sex without condoms and with multiple partners. Although some did use condoms, there were instances when they engaged in sex without them.

The following subtheme addresses the participants’ sexual behaviour after the initiation and uptake of PrEP.

5.2.2 Subtheme 1.2: Condom use and multiple sexual partners after PrEP initiation

As mentioned in the previous chapters, PrEP medication is intended to prevent HIV among individuals who have tested negative for the virus; however, PrEP uptake may lead to unintended consequences for those who use it. This study found that most participants did not fear becoming infected with HIV or contracting STIs because they felt protected against HIV after initiating PrEP. Some participants indicated that with PrEP, they believed that no matter what they did sexually, they were protected from

HIV. This subtheme addresses the social perspectives and attitudes of gay men towards PrEP, while simultaneously revealing a shift towards riskier sexual intercourse, which was driven by the confidence instilled by the use of PrEP. While participants such as Bhekisizwe indicated that after initiating PrEP, he became more open to engaging in sex without using a condom, others, including Michael, emphasised the importance of a waiting period before engaging in sexual acts. Before using PrEP, Michael would delay having sex with someone; however, after initiating PrEP, he was more open to having sex sooner than he normally would. The positive social construction of PrEP by gay men in this study led to some participants becoming more open to engaging in sex immediately after meeting someone or even being more open to engaging in sex without a condom. These findings further indicate that the social construction of condom use is shifting whereby condoms are no longer the only form of trusted HIV prevention method.

“After discovering PrEP in my mid-30s and seeing it on the market, my behaviours changed as I became more open to engaging in risky sexual behaviours like engaging in sex without a condom” (Bhekisizwe, 22 July 2023).

“I would have sex with someone sooner than I would before taking PrEP, and this is probably because I am more protected than before. Previously, I would need to form trust with the person before I engaged in sexual acts with them” (Michael, 27 July 2023).

Similar to Bhekisizwe and Michael, Obakeng’s sexual behaviour became riskier after initiating PrEP. Working at an organisation that serves gay men and MSM exposed him to situations where he either initiated or was approached for sexual encounters, and he often engaged in sex without a condom, trusting that PrEP alone would sufficiently protect him against HIV. After initiating PrEP, participants like Joel chose to forgo condom use and rely on PrEP as their primary means of protection. He believed that the decision to take PrEP was linked to a greater openness to having sex with multiple partners. The narratives below highlight Obakeng and Joel’s perspectives.

“My sexual behaviours did change a bit. As I was working for an organisation that deals with programmes for men, different men than before would approach me. I got to meet a lot of guys at work and would meet some of them privately

for sex. I would sleep with some of them without a condom because I knew that I was on PrEP” (Obakeng, 22 July 2023).

“Yah, that is the only measure that I am currently using. Before that it was the use of a condom. But ever since being on PrEP, and it being like a needle in a haystack, it is on this PrEP. You sometimes wonder why you even actually take PrEP if you do not even hang out with someone else” (Joel, 3 July 2023).

The above articulations all point to the influence of PrEP use on promoting risky sexual behaviours among gay men. The findings from this study indicate that the sexual behaviours of most of the participants became riskier as soon as they started using PrEP. The findings discussed in this section are consistent with those of studies conducted by Hoornenborg *et al* (2018) in the Netherlands and Ssemata *et al* (2022) in the East and Southern African region, which found an increase in sexual activities without a condom among gay men who used PrEP. Additionally, these studies found an increased preference for engaging in sex without a condom after PrEP initiation, particularly due to the belief that condoms reduce sexual pleasure. Consequently, PrEP is perceived as providing protection against HIV while allowing for enjoyment of sex without a condom, even though it does not offer protection against STIs (Hoornenborg *et al* 2018; Ssemata *et al* 2022). This indicates a need for greater awareness and advocacy for the use of PrEP in conjunction with other prevention methods, such as condoms.

The next theme discusses the influence of PrEP on the sexual behaviours of gay men and whether PrEP should be used alongside other prevention methods.

5.3 THEME 2: THE INFLUENCE OF PrEP ON GAY MEN’S SEXUAL BEHAVIOURS: COMPLEMENT OR REPLACEMENT IN HIV-PREVENTION STRATEGIES?

As discussed in Subtheme 1.2, PrEP usage influenced most participants in this study regarding their sexual lifestyle choices. However, some gay men in this study reported that PrEP did not affect their sexual behaviours. A few gay men indicated that their lifestyle and behaviour did not change after initiating PrEP. This theme also explores the sexual practices and behaviours of gay men following PrEP initiation. This theme is particularly significant to the findings as it offers a different perspective and

highlights the voices and responses of the participants who believed that PrEP influenced changes in their sexual lifestyle.

5.3.1 Subtheme 2.1: PrEP and risk reduction: Understanding its impact on sexual behaviour choices

The participants in this study indicated that PrEP did not influence their decisions regarding sexual behaviour. Manqoba stated that, for him, the decision to take PrEP was primarily about protecting himself against HIV, as he did not trust his partner's decisions regarding sexual behaviours outside the relationship. The narrative below conveys Manqoba's perspective on the influence of PrEP on his sexual behaviours.

“PrEP has not influenced my sexual lifestyle choices. For me, the motive for taking PrEP was to protect myself as I did not know what kind of sexual behaviours my partner gets involved in” (Manqoba, 30 July 2023).

These findings support previous research by Shrader *et al* (2021) and Jin *et al* (2021), which found that some gay men who take PrEP continued to use condoms during sex, while others engaged in risky sexual behaviours, such as having sex without a condom.

Similarly, Jason explained that his sexual behaviours did not change to become risky due to his PrEP uptake. He believed that his decision to avoid risky sexual behaviours, such as having casual sex with multiple partners, was rooted in his personal beliefs, which did not encourage such acts. He indicated that he preferred to commit to and engage in sexual activities with one person because of his spirituality and fear of becoming attached to more than one person.

“I think I have not changed much because, I do not know, I am very spiritual. I avoid hookups and sleeping around because I easily get attached to a person. Once our fluids are exchanged, then I am always going to be attached. So, I have a problem; it is an issue on which I am working. So, it is still one person at a time. I cannot do this hook-up thing there and there, no” (Jason, 24 July 2023).

Although there is broad recognition that PrEP can influence the sexual behaviours of some gay men, which often leads to increased sexual risk taking, this was not the case

for all participants in this study. For participants like Manqoba and Jason, their prior sexual behaviours remained consistent even after initiating PrEP. Their decisions were shaped by deep personal factors, including a lack of trust in sexual partners, emotional attachments that influenced their sexual choices, and a conscious commitment to monogamy. These motivations played a critical role in their continued avoidance of behaviours they perceived as risky, which highlights that PrEP uptake does not uniformly alter sexual practices and that personal values and relationship dynamics remain powerful influences.

5.3.2 Subtheme 2.2: Should PrEP be used with another method of protection?

This study found that PrEP alone is not sufficient for HIV prevention, as most participants agreed that PrEP medication should be used with a condom to achieve 100% efficacy. For some participants, the necessity of condom use depended on their sexual partner. This suggests that the participants were well-informed about PrEP and understood how it worked, as well as how they could increase their chances of being safe from HIV. Most participants indicated that they trusted PrEP as an effective tool for preventing HIV; however, it was also noted that PrEP should not be viewed as a one-stop solution for sexual health. Many participants understood that when used consistently and correctly, PrEP can offer up to 99% protection against HIV transmission. This level of effectiveness promotes a sense of security, especially for those who engage in sex without a condom. While the conversation around PrEP was generally positive, many participants also raised concerns about STIs other than HIV. Some noted that the growing reliance on PrEP, and the subsequent reduction in condom use, may unintentionally lead to increased chances of contracting STIs, which can have serious health consequences if left undiagnosed or untreated.

As highlighted by Logan *et al* (2019), combination prevention, which includes the use of condoms, early testing and treatment, and PrEP uptake, is the most effective method for combatting HIV. Participants like Bhekisizwe appreciated that PrEP prevents HIV; however, he did not consider it to be a comprehensive solution to all HIV-related issues. He acknowledged that while PrEP is effective in preventing HIV, it does not prevent STIs.

“I do not see PrEP as the panacea. It’s not my everything. You might be missing HIV but get other STIs. PrEP cannot stand on its own, we are not free and clear of danger. I am not currently sexually active but I take PrEP all the way through as a means of preventing HIV” (Bhekisizwe, 22 July 2023).

Consistent with findings from Doyle et al (2021) which indicate that condoms remain a preferred method of prevention for MSM who take PrEP, and recognising that applying combination strategies will ensure appropriate tailoring of interventions for GBMSM as populations at risk for HIV, this research revealed that some gay men still prefer to use condoms, even while using PrEP. Lwandle strictly relied on PrEP as an HIV-prevention tool in his relationship. However, when he engaged in sex with others outside the relationship, he preferred to use both condoms and PrEP. Based on his assessment of whether the person has HIV or not, he decided whether to rely on PrEP or condoms for protection; however, most of the time he chose to engage in sex without a condom, knowing that he was protected by PrEP. While PrEP is socially constructed positively with some participants in this study relying on it alone to prevent HIV, some of the participants chose to rely on both condoms and PrEP for protection. Below is his narrative regarding his decision to rely on both PrEP and condoms for HIV prevention.

“It depends on who I am with. With my partner I do rely on PrEP but when I am with someone else, I also use a condom and rely on my eye-level assessment of the person, especially when I find myself with someone that I cannot sexually resist. If I am blatantly honest with you, I sometimes rely on PrEP as a sufficient prevention method even when I am with someone who is not my partner” (Lwandle, 1 July 2023).

These findings support the study by Shrader et al (2021), which found that Latino MSM who engage in sex with multiple partners used both condoms and PrEP as HIV-prevention methods. Muziwakhe’s decision to use condoms or solely rely on PrEP was influenced by whether he had condoms on hand. It was also a negotiated decision between him and his sexual partner. The level of urgency to have sex is another determining factor for condom use. If he felt an urgent need for sex and did not have a condom, he engaged in sexual activity without using one.

“I am using PrEP and condoms as HIV prevention. It is something that I discuss with my sexual partner. It also depends on whether I have condoms or I am willing to have raw sex with the person. It also depends on how hungry I am for sex” (Muziwakhe, 2 August 2023).

Consistent with findings by Shrader *et al* (2021) in the USA, which reported that PrEP use among Latino MSM was positively correlated with consistent condom use as a form of dual protection, this study found that most of the participants continued to use condoms after initiating PrEP. For some participants, the use of dual protection was conditional, which was often influenced by the nature of the sexual encounter and the level of trust in their sexual partner. These findings suggest that the decision to forgo condom use is not determined solely by PrEP uptake, but also by personal preferences, perceived partner risk, and the context of the sexual relationship. Extending the above discussion regarding PrEP and STIs, it is notable that some participants reported choosing not to use condoms even when aware of the risks of STI transmission. This behaviour underscores the need for enhanced education and awareness campaigns that emphasise the continued relevance of dual prevention strategies, not only for HIV protection but also for reducing the risk of other STIs. Greater emphasis on comprehensive sexual health education may help gay men make more informed decisions about condom use in the context of PrEP and promote a more holistic understanding of sexual well-being.

5.4 THEME 3: THE STIGMA SURROUNDING PrEP AND ITS INFLUENCE ON THE SEXUAL BEHAVIOUR OF GAY MEN

Employing Goffman's (1963) stigma theory, this study found that gay men continue to be subjected to stigma due to their sexual identity and use of PrEP medication. As mentioned in Chapter 4, the participants' decision to take PrEP in this study resulted in them being called promiscuous and labelled as “sluts” or “whores” by their partners, families, and communities. The humiliation and discrimination from others led some participants to refrain from disclosing their use of PrEP to friends, family, and even partners. One of the main objectives of this research was to explore how PrEP use is stigmatised among gay men in Gauteng, South Africa, and to examine the resulting social consequences for their sexual behaviours and lifestyles. As such, this theme sheds light on the impact of PrEP-related stigma and its influence on gay men's sexual

behaviours. The theme of stigmatisation emerged as a shared experience among a significant number of participants. Notably, even those who indicated that they had never been subjected to stigma acknowledged having witnessed it in their lifetime. This observation underscores the pervasive nature of stigma, which can affect individuals both directly and indirectly. This theme is divided into subthemes to facilitate its comprehensive exploration and analysis from different perspectives, focusing on gay men's risky sexual behaviours linked to stigma, the influence of PrEP-related stigma on the sexual behaviours of gay men, how gay men deal with sexuality and PrEP-related stigma, and awareness and education as tools to combat and manage PrEP-related stigma.

5.4.1 Subtheme 3.1: Stigma linked to PrEP uptake by gay men

Most participants indicated that they had experienced stigma in various social contexts, primarily associated with their sexual identity and the use of PrEP. Some noted that even their biological parents stigmatised them to the extent that they did not feel loved at home. Additionally, the communities and friends of gay men also contributed to their stigmatisation based on their sexual identity and PrEP uptake. Reasons cited include the belief that gay men cannot father children as expected by their families, perceptions of promiscuity, and the notion that being gay is taboo within the African context and religion; among others.

“Not having protection when having sex. I engage in sexual behaviours like blowjobs and anal sex without a condom and these are some of the sexual behaviours that can lead to stigma” (Michael, 27 July 2023).

“People stigmatise PrEP users because they say that the medication is used to encourage men to have sex without a condom” (Lwandle, 1 July 2023).

“It is the whole idea of gay men being on PrEP and feeling that they do not need to use protection. That is one of the leading causes of stigmas” (Joel, 3 July 2023).

As indicated in the narratives above, participants like Michael and Lwandle explained that gay men are stigmatised for engaging in unprotected sex. Michael further revealed that he was also guilty of having sex without a condom, while Lwandle and Joel

believed that gay men who take PrEP are stigmatised due to the perception that PrEP encourages them to engage in sexual activities without using condoms. These narratives illustrate that gay men are stigmatised (enacted) because of the general belief that they have sex without condoms, which leads some gay men to internalise this stigma and feel guilt when engaging in unprotected sex. Additionally, the following narrative recounts Muziwakhe's experience of stigma, which was linked to a hurtful and painful incident at a health facility. He faced secondary victimisation during his visit to a local rural clinic after sustaining injuries during sex. He was stigmatised and told that what happened to him was a consequence of gay men's promiscuous behaviour.

“Growing up in a rural place, communities do not understand gay men. I once went to the clinic to look for help after someone badly fucked me, and when I told the healthcare worker, I was judged for being in a sexual relationship with men. With regards to PrEP I have been stigmatised. I was told that I am taking PrEP because I am sleeping around, vele ama gay anjalo [gay men are like that], they sleep around. As a result, gay men are scared to seek help because clinics and healthcare workers are not sensitised around these issues of same sexualities and PrEP” (Muziwakhe, 2 August 2023).

Muziwakhe's narrative offers important insight into the intersectional stigma experienced by gay men in rural settings, particularly regarding healthcare access and PrEP uptake. His articulations reveal how heteronormative ideologies reinforce and contribute to the manifestation of stigma in the healthcare sector, which manifests as prejudices, discriminatory actions, behaviours, and treatment. This exclusion is exacerbated by existing structural barriers that reinforce stereotypes targeting LGBTQIA+ individuals, who already face challenges in accessing healthcare services on the continent (Ramalepe & Maake 2025). The experience of being blamed or stereotyped due to a gay sexual identity and for using PrEP illustrates the dual burden of sexual identity and HIV-prevention stigma. Some participants, such as Manqoba and Sizwe, shared their experiences of stigma related to social media and entertainment. Manqoba explained that gay men are stigmatised due to their risky sexual behaviours, such as engaging in random casual sex through online sites, in gay clubs, and through unsafe sexual practices, which can lead to the contraction of STIs. Like Manqoba, Sizwe believed that gay men face stigma because of the

perception that they are promiscuous and because they host and share gay pornography on social media. He contended that gay men who produce and distribute sexual content online are often stigmatised due to the belief that the growth of the social media pornography industry is driven by the widespread availability and use of PrEP among gay men.

“I was in a conversation whereby a place called Factory was mentioned. The place is used for hookups with gay men whereby people would engage in sex freely with anyone and mostly without condoms and with multiple people. I do not think this is what was intended for PrEP. More education is needed around PrEP. People need to be aware that PrEP does not provide protection against STIs and even with HIV, it is not 100% effective. Gay men sometimes do not respect themselves by sleeping around, and this is something that society will not always understand. The use of online sites and hook-up culture exposes gay men to being vulnerable and even getting killed because of the risks involved with hook-up culture. All of these lead to stigma and judgement by society” (Manqoba, 30 July 2023).

“Gay men on PrEP are stigmatised because of the belief that gay men are promiscuous. People have these beliefs because they don’t want to think rationally. Gay men are also stigmatised because of the booming pornographic gay content on social media platforms such as Tumblr and Twitter. People who stigmatise gay men believe that these sites are growing because of PrEP use. This might be true but [it] is not the sole reason for the growth of raw sex content, that was available even before [the] PrEP era. PrEP has not removed condoms from the porn industry. HIV stigma has led to the demise of a lot of people. If it were not for stigma, so many lives could have been saved. A lot of coverage regarding PrEP is mostly targeting gay men and this could further lead to stigmatisation of gay men and this is further fuelled by the organisations that are providing PrEP solely to gay men” (Sizwe, 3 July 2023).

Sizwe offered a more critical reflection on societal and structural stigma. He challenged the idea that PrEP causes promiscuity or fuels the gay pornography industry, instead pointing to irrational public perceptions and pre-existing sexual cultures. He also critiqued the narrow targeting of PrEP to gay men, which he viewed

as contributing to stigma rather than addressing broader public health needs. The narratives presented in this section identified three issues regarding stigma targeting gay men: (1) the belief that gay men were stigmatised based on their decision to take PrEP, (2) the perception that gay men are promiscuous and engage in sexual activity with multiple sexual partners, and (3) the societal link between a gay sexual identity and promiscuity. Furthermore, these narratives indicate that society has not fully accepted gay men as an integral part of the general community, which makes it easier for them to be stigmatised. By the time they initiate PrEP treatment, society and the community have long written them off, which results in anything that gay men do, whether positive or negative, being considered taboo and subject to discrimination. Ultimately, the narratives demonstrate how PrEP exists within a contested social space, where both community attitudes and public discourse shape the experiences of gay men in complex and sometimes contradictory ways.

5.4.2 Subtheme 3.2: Manifestations of PrEP-related stigma linked to the sexual behaviours of gay men

The findings of this study support Calabrese's (2020) research, which identified that users experience PrEP-related stigma in three ways: enacted stigma based on their PrEP use, anticipated stigma due to expected negative reactions, and internalised stigma stemming from their use. This study revealed that most participants who reported experiences of PrEP-related stigma primarily encountered *enacted stigma* (the direct experience of discrimination, exclusion, or negative treatment from others due to their association with PrEP), and *anticipated stigma* (the expectation or fear of future judgement, prejudice, or discrimination based on their PrEP uptake). Notably, a few participants also reported *internalised stigma*, where individuals adopt and internalise negative societal beliefs about themselves. The findings from this research indicate that gay men may be stigmatised by other gay men for using PrEP. The PrEP-related stigma could stem from their gay or bisexual partners or even their friends in the gay community.

The gay men in this study revealed that they were labelled as promiscuous due to their use of PrEP, to the point where some gay couples ended up fighting when one partner learned that the other was on PrEP, as they were convinced that gay men who take PrEP are promiscuous. As a result of PrEP-related stigma in the gay community, many

participants reported disputes with their partners and friends; however, they persevered and did not allow this stigma to deter them from using PrEP. Obakeng stated that he experienced stigma because of both his sexuality and his PrEP usage. Consequently, he was labelled a “prostitute” by his partner. As shown in the below narrative by Obakeng, findings in this study reveal that there is peer to peer stigma that still exists in society which can lead to humiliation and reinforcement of stigma among friends or peers.

“I have been stigmatised by friends and people close to me because some straight gents would make me feel like I cannot share a bed with a straight friend because of fear that I might sexually harass them. The stigma has been from most of my friends that are raw and upfront. They would say something without thinking about how the other person feels” (Obakeng, 22 July 2023).

Confidence and Jason reported feeling stigmatised by their partners due to their PrEP uptake. Both their partners believed that they were using PrEP to have sex with others outside the relationship, which suggests a lack of trust in their relationships. Sizwe indicated that he experienced stigma from his partner and friends; however, he made an effort to educate those who impose stigma and judgement on him.

“Okay, this is what happened with my boyfriend. He found out that I was taking PrEP because he was not aware of the PrEP. After he found out, then I explained to say this is me taking PrEP because you found me taking it, and I still have to continue taking it. It was a fight. Then he said... because I explained that this is what it is used for and to protect myself. Then he said to me, ‘I am only dating you, you’re only dating me, so what’s the reason for you taking PrEP?’” (Confidence, 3 July 2023).

“He thinks it’s either I’m fucking around or I’m not loyal to the relationship in its entirety” (Jason, 24 July 2023).

“I have previously dealt with a friend and partner who stigmatised me by critically addressing the issue directly with the person who is stigmatising him based on his use of PrEP. I also try to educate whoever is stigmatising me” (Sizwe, 13 June 2023).

The participants' narratives highlight how the use of PrEP is often met with suspicion and stigma in romantic relationships, particularly due to misunderstandings about its purpose. Confidence and Jason's experiences reveal that romantic partners may interpret PrEP use as a sign of infidelity, promiscuity, or mistrust, which suggests that PrEP challenges traditional assumptions about trust and exclusivity in relationships. This leads to conflict, emotional strain, and the need for justification. In contrast, Sizwe's approach demonstrates agency and resilience, as he confronted stigma through dialogue and education. These narratives suggest that while PrEP is a powerful tool for HIV prevention, its social acceptance is hindered by misinformation, moral judgement, and relational insecurity. Furthermore, the narratives indicate partner stigma related to PrEP uptake is an issue in some romantic relationships. In some of the participant's romantic relationships PrEP has become a symbol of mistrust, power dynamics and a tool to negotiate sex. Promoting broader educational awareness and normalising PrEP use are therefore essential steps towards reducing stigma and supporting informed sexual and health related choices.

5.4.3 Subtheme 3.3: Does PrEP-related stigma prevent gay men from engaging in risky sexual behaviours?

It is imperative to note that this subtheme holds significant importance for this research. This is due to its ability to illuminate the correlation between the selection of PrEP, PrEP-related stigma, and sexual behaviour, which is a critical aspect of the study. Some participants, such as Bhekisizwe, Muziwakhe, and Michael, who reported being aware of stigma and having experienced PrEP-related stigma, revealed that PrEP influenced their sexual behaviours due to the protective benefits it offers against contracting HIV.

"I have experienced stigma from people who say that 'o sefebe' [you are a whore], because of the use of PrEP" ... Yes, they change. I am a prime example of that. My behaviour changed as I thought I am untouchable and engaged in more risky sexual behaviours" (Bhekisizwe, 22 July 2023).

"I always tell my friends that I would not be taking PrEP if I was sleeping with one person. I know ukuthi Ehh joe o sefebe [I know that I am a whore]" (Muziwakhe, 2 August 2023).

“I would probably have sex sooner now that I am taking PrEP and this is because I now feel more protected than before” (Michael, 27 July 2023).

These narratives suggest a complex and paradoxical relationship between stigma, self-perception, and sexual risk taking. Both Bhekisizwe and Muziwakhe acknowledged experiencing stigma and being viewed as sexually deviant and morally irresponsible because of their PrEP use; yet they also internalised it. Bhekisizwe even admitted that PrEP made him feel “untouchable”, which led to increased risky sexual behaviour. Similarly, Michael expressed that PrEP provided a sense of protection that encouraged earlier or more frequent sexual activity. Rather than preventing risky behaviour, PrEP-related stigma seems to coexist with it. The participants in this study indicated that they were aware of the judgement but continued or even escalated risk taking due to the perceived safety that PrEP provides. These findings suggest that while stigma is present, it does not deter risk; instead, it may shape how individuals rationalise or frame their sexual choices in the context of biomedical prevention.

5.4.4 Subtheme 3.4: Promoting awareness and education as tools to combat and manage PrEP-related stigma

Addressing stigma necessitates a multifaceted approach that includes educating the public about PrEP and mitigating the unfounded discrimination associated with it. Such efforts will also enhance awareness regarding the use of preventative treatments, their benefits, and their significance within the context of HIV. Many participants significantly contributed to this subtheme by offering a range of perspectives on how to combat stigma. For instance, individuals like Obakeng, Confidence, Joel, and Manqoba emphasised the importance of increased education and awareness about PrEP to address stigma within families, communities, and the healthcare sector.

“I think the only way to reduce stigma is to educate people about different HIV-prevention methods like PrEP. If we do not inform the community... especially elders need to be informed so that they can educate the young ones” (Obakeng, 22 July 2023).

“I think everyone should know about PrEP. It is like few people know. Only gay men are aware of PrEP. The gospel is supposed to be preached to everyone” (Confidence, 3 July 2023).

“I think in general, really, awareness about it and the use of it, and also, as I mentioned earlier on, your overall health and knowing that this thing is something that you can use but you need to be aware of all other implications that it holds in for you because, I mean, you are not positive” (Joel, 3 July 2023).

“Healthcare workers still have a lot to do to educate gay men and communities about PrEP” (Manqoba, 30 July 2023).

While some participants believed that much can be done to address the stigma targeting gay men, others, such as Bhekisizwe and Michael, felt there was little that could change the way communities perceive gay men and PrEP.

“Being gay itself was not normal as it brought shame and punishment. There is no silver bullet in this life. In the hopelessness of this world, where poverty and exclusion faced by gay men limit their thinking to just survival, you are not going to change social thinking before addressing poverty and other social ills experienced by gay men” (Bhekisizwe, 22 July 2023).

“I do not think that much can be done to change PrEP-related stigma; however, education and making PrEP available to everyone, not just gay men, would help in addressing stigma around PrEP use” (Michael, 27 July 2023).

While other participants gave the responsibility of dealing with stigma to others, Muziwakhe believed that gay men should take the lead, stand up for themselves, and address stigma and its consequences.

“I am one person who speaks for himself, ngiyazikhulumela [I can speak and stand up for myself]. I have developed a thick skin and unfortunately not everyone can stand up for themselves. I read and do my own research and this helps me to confront and correct people who stigmatise others” (Muziwakhe, 2 August 2023).

Participants such as Sizwe believed that addressing PrEP-related stigma required the involvement of the entire society and ensuring that everyone is aware of PrEP and its benefits. By informing and making PrEP available to all, stigma will not be associated solely with gay men.

“Authorities must ensure that PrEP is made available to everyone and not just focus on gay men or other high-risk groups. They should stop advertising PrEP for just gays. PrEP must be rolled out and be made available to all citizens, just like ARVs are” (Sizwe, 13 June 2023).

The participants' views suggest that raising awareness through education could potentially mitigate or eliminate the stigma associated with the use of PrEP. Given past research (Mutanga & Moen 2020), this finding implies that education and awareness campaigns can play a crucial role in reducing social barriers and increase access to PrEP, which could in turn lead to better health outcomes for individuals who are at risk of contracting HIV.

5.5 DISCUSSION OF THE FINDINGS

The findings from this study contribute to the expanding literature on the sexual behaviours of gay men who take PrEP. This chapter outlined the findings of a research study that explored the sexual behaviours and experiences of gay men who take PrEP in Gauteng, South Africa. The study focused on gay men's sexual behaviours before and after initiating PrEP and also examined the stigma attached to its use. Consistent with previous literature, this research revealed that gay men are knowledgeable about PrEP medication and its efficacy. Most participants demonstrated positive attitudes and believed that PrEP was an effective method for preventing HIV transmission. Despite the prevalence of misinformation and stigma surrounding PrEP, the majority of the participants reported consistent usage, which suggests that the perceived benefits outweighed social or cultural disapproval.

Before initiating PrEP, several participants reported engaging in behaviours classified as high risk, including having multiple sexual partners, participating in threesomes, and inconsistent condom use. Some participants indicated that they engaged in sex without using a condom. These findings are consistent with those of past studies conducted by Hoornenborg *et al* (2018) in the Netherlands and Ssemata *et al* (2022) in the East and Southern African region, which found an increase in sexual activities without a condom among gay men who take PrEP. Furthermore, these studies found an increased preference for engaging in sex without a condom after PrEP initiation, particularly due to the belief that condoms reduce sexual pleasure. As a result, PrEP

is perceived as providing protection against HIV while enabling the enjoyment of sex without a condom, despite the fact that PrEP does not offer protection against STIs. This indicates a need for greater awareness and advocacy for the use of PrEP in conjunction with other prevention methods, such as condoms.

However, this trend was not universal. In line with findings from Pantalone *et al* (2019) and Shrader *et al* (2021), some participants maintained condom use post-PrEP initiation. These individuals reported that their decision to use condoms was often contingent upon the nature of sexual encounters and the level of trust in their partners. This suggests that while PrEP may influence sexual decision making, it does not exclusively determine it.

Although the participants were aware that PrEP does not protect against STIs, some chose to engage in sex without a condom regardless. While this study did not directly assess the relationship between PrEP uptake and STI incidence, it acknowledges that researchers are divided on the link between PrEP uptake and STIs in gay men. A study conducted by Schmidt *et al* (2022) reported no increase in STI incidence among gay men who used PrEP in Germany, while a study conducted by She *et al* (2024) in China highlighted that MSM who used PrEP had a higher prevalence of STIs compared to MSM who were not using PrEP. Evidently, having sex without a condom exposes individuals to HIV and other STIs. This suggests a need for intensified HIV education campaigns to promote dual protection strategies that include both PrEP and condom use. Nevertheless, the participants in this study reported an increase in risky sexual behaviours, such as having sex with multiple partners and engaging in sex without a condom, which could all lead to elevated STI exposure. This highlights the importance of regular screening and medical oversight in PrEP programmes.

The participants frequently reported experiences of stigma related to their sexual identity and PrEP uptake. Sources of stigma included friends, family members, partners, healthcare providers, and broader societal attitudes. Stigma was not confined to external sources; some participants internalised these beliefs, which influenced their self-perception and sexual behaviour. For instance, several participants described engaging in riskier sexual practices due to a perceived sense of invulnerability afforded by PrEP, even while acknowledging the associated stigma.

Terms such as “silver bullet” and “permission” were used by the participants to describe how PrEP enabled them to feel justified or protected in their sexual choices.

This study recognises that stigma targeting gay men is deeply rooted in heteronormative assumptions, which result in insufficient care for LGBTQIA+ individuals based on the belief that heterosexuality is moral, while framing gay identities and PrEP uptake as markers of deviance and promiscuity (Kilicaslan & Petrakis 2019; Sileo *et al* 2022). The participants reported being labelled as promiscuous, irresponsible, or morally corrupt, which reinforces the notion that non-heterosexual sexualities are inherently risky or abnormal. As mentioned above, these heteronormative ideologies were evident in healthcare contexts, where the participants faced judgement and secondary victimisation from healthcare practitioners who were not sensitised to the issues faced by LGBTQIA+ PrEP users. These findings suggest that addressing PrEP-related stigma requires a critical interrogation of the heteronormative assumptions embedded in health systems, media narratives, and cultural norms to ensure inclusive public health strategies that promote education, awareness, and equitable access to HIV-prevention services.

5.6 CONCLUSION

This chapter discussed and responded to the main research question of whether PrEP uptake leads to changes in sexual behaviour among gay men. There was no simple or straightforward answer to this question. The findings were based on the participants' narratives and were presented under three themes.

The first theme examined the risky sexual behaviours of gay men who take PrEP. This theme was divided into two subthemes that explored condom use and multiple sex partners before and after PrEP. The main findings for the first theme indicated that some gay men in this study were involved in risky sexual behaviours, such as not using condoms and having sex with multiple partners before taking PrEP, and continued to engage in risky sexual behaviours after initiating PrEP.

The second theme revealed that PrEP does not exclusively influence the sexual behaviours of gay men, and some participants preferred to use it alongside other methods of HIV prevention, such as condoms. The subthemes explored the influence

of PrEP on gay men's decisions about sex and whether it should be used in conjunction with other methods of HIV prevention.

The final theme addressed PrEP-related stigma, which revealed that most participants experienced stigma related to their sexual identity and PrEP from friends, family, partners, healthcare practitioners, and society.

Overall, the findings of this study indicate a complex relationship between PrEP uptake, sexual behaviour, and stigma among gay men in Gauteng, South Africa. While PrEP offers an alternative to traditional HIV-prevention methods, such as condoms, its introduction appears to coincide with a range of behavioural responses from users, which range from increased risk taking to the reinforcement of existing protective strategies such as condom use. Importantly, the study highlights the need for comprehensive sexual health education, routine STI screening, and stigma-reduction interventions to support informed and healthy sexual decision making among PrEP users.

The next chapter provides a summary of the research findings, discusses the limitations of the study, and offers recommendations for gay men, healthcare providers, and NGOs that administer PrEP on how best to improve services that target gay men who take PrEP.

CHAPTER 6:

SUMMARY OF FINDINGS, RECOMMENDATIONS, AND CONCLUDING REMARKS

6.1 INTRODUCTION

Chapters 4 and 5 provided detailed discussions of the findings of this study, which explored the perspectives of gay men regarding their experiences with PrEP, associated stigmas, and broader social implications. The study was conducted in the Gauteng province, South Africa, and was guided by four primary objectives:

- 1) To explore the sexual behaviours and experiences of gay men before and after the use of PrEP.
- 2) To explore whether PrEP use changed the sexual behaviours of gay men in Gauteng, South Africa.
- 3) To explore the stigmas attached to the use of PrEP among gay men in Gauteng, South Africa.
- 4) To explore the social implications of the stigma attached to the use of PrEP for gay men's sexual behaviours and lifestyles in Gauteng, South Africa.

The findings revealed that gay men are generally knowledgeable about PrEP, including its usage, benefits, and the stigmas surrounding its uptake. The research also found that while some participants experienced no change in their sexual behaviours after initiating PrEP, others reported engaging in riskier sexual behaviours, such as having multiple sexual partners and reduced condom use. Additionally, while some gay men preferred to rely solely on PrEP for HIV prevention, others continued to use both PrEP and condoms for added protection.

Consistent with research by Sullivan and Siegler (2018), this study also highlighted that, despite recognising the benefits of PrEP, access to the medication was not always straightforward. The participants cited high costs and the challenges of accessing PrEP in rural or township areas, where healthcare infrastructure is often limited and where healthcare providers may lack sensitisation to PrEP and same-sex sexual identities. The study's recommendations align with the arguments put forward by Graybill *et al* (2025), who emphasise that eliminating HIV/AIDS as a public health

threat by 2030 requires significant reductions in HIV infection rates across Africa. Increasing PrEP use among populations at high risk of HIV is crucial to achieving this goal. Although international guidelines inform most African countries' national PrEP policies, they often fail to adequately address local social and behavioural factors that drive HIV risk (Sullivan & Siegler 2018). Adapting PrEP policies and programmes to the specific social contexts of local communities is essential for improving PrEP delivery and achieving global targets.

This chapter concludes by summarising the study's key findings in relation to the research questions and the three key themes of this study:

- 1) What were the sexual behaviours and experiences of gay men before using PrEP and afterwards in Gauteng, South Africa? (Theme 1).
- 2) How does PrEP change the sexual behaviours of gay men in Gauteng, South Africa? (Theme 2).
- 3) What are the stigmas associated with gay men's use of PrEP in Gauteng, South Africa? (Theme 3).
- 4) How does the stigma attached to the use of PrEP inform the sexual behaviours of gay men and their lifestyles in Gauteng, South Africa? (Theme 3).

Furthermore, this chapter outlines the contributions of the research, makes recommendations for future research, offers recommendations for policymakers and healthcare professionals administering PrEP, discusses the limitations of the study, and makes concluding remarks.

6.2 EXPLORING THE SEXUAL BEHAVIOUR OF GAY MEN WHO Take PrEP: A SUMMARY OF THE KEY FINDINGS

As stipulated in Chapter 1, the main research question of this research was: Does PrEP uptake result in a change in sexual behaviours of gay men in the Gauteng province, South Africa? The study also posed the following four secondary research questions:

- What were the sexual behaviours and experiences of gay men before taking PrEP and afterwards, in Gauteng, South Africa?

- How does PrEP inform changing sexual behaviours of gay men in Gauteng, South Africa?
- What are the stigmas associated with gay men's use of PrEP in Gauteng, South Africa?
- How does the stigma attached to the use of PrEP inform the sexual behaviours of gay men and their lifestyles in Gauteng, South Africa?

These questions were used to address the primary research question. The following discussion is based on how the participants responded to the interview questions, which assisted in answering the primary research question of this study.

6.2.1 What were the sexual behaviours and experiences of gay men before taking PrEP and afterwards? (Theme 1: Risky sexual behaviours of gay men who take PrEP)

This question and theme investigated the influence of PrEP on the sexual behaviours of gay men, with the focus on condom use and engagement with multiple sexual partners. Before PrEP uptake, many participants in this study reported engaging in risky sexual behaviours, including condomless sex, group sex, and multiple sexual partnerships, often facilitated through sexual networking platforms. Although some participants reported occasional condom use, others engaged more regularly in high-risk sexual activity, which was often shaped by psychological factors such as past trauma or a lack of committed relationships. These behaviours align with the findings of Gafos *et al* (2019) and Grov *et al* (2021), which documented similar pre-PrEP patterns. Following PrEP uptake, a significant number of participants indicated a reduction in condom use and a greater openness to engaging in sex with multiple partners. Motivated by the perceived protection that PrEP offers against HIV, some participants expressed diminished fear of infection, which led to changes in their sexual decision making. For example, some participants reported engaging in unprotected sex more frequently, while others highlighted sexual encounters with people they met briefly in social contexts. These findings align with previous research by Koester *et al* (2017), Hoornenborg *et al* (2018), Zimmermann *et al* (2020), Ssemata *et al* (2022), and Mehta *et al* (2021), which highlighted varying behavioural responses following PrEP initiation.

Overall, this theme highlighted a complex relationship between PrEP use and sexual behaviour, in which the biomedical protection provided by PrEP may unintentionally lead to increased sexual risk taking due to a reduced perception of HIV vulnerability. These insights have implications for ongoing sexual health education and support services aimed at PrEP users, particularly regarding STI prevention and the psychosocial dimensions of sexual health.

6.2.2 How does PrEP inform changing sexual behaviours of gay men in Gauteng, South Africa? (Theme 2: The influence of PrEP on gay men's sexual behaviours: Complement or replacement in HIV-prevention strategies?)

This question and theme examined the extent to which PrEP influences sexual decision making among gay men. Although previous research and the predominant narrative suggest that PrEP use typically leads to changes in sexual behaviour, this study's findings showed that not all the participants experienced behavioural changes after initiating PrEP. Some individuals maintained their pre-existing sexual practices, which highlights the complexity and diversity of experiences among gay men who take PrEP. Some participants used PrEP primarily as a precaution against their partner's potential infidelity, rather than as a reason to change their own sexual practices. Additionally, some participants' sexual choices were guided by their spiritual beliefs and a fear of emotional attachment, rather than the availability of PrEP. These findings align with earlier research (Shrader *et al* 2021; Jin *et al* 2021) and illustrate that personal values and trust issues significantly impact sexual behaviour, irrespective of PrEP use.

The study also explored perceptions of PrEP's sufficiency as a sole method of HIV prevention. Most participants acknowledged that while PrEP offers significant protection against HIV (approximately 99% efficacy when used correctly), it does not protect against other STIs. Consequently, some participants preferred using condoms in conjunction with PrEP, depending on the partner and context. For instance, while some participants mainly relied on PrEP with their primary partner, they combined it with condom use for casual encounters. Similarly, some participants' decisions to use condoms or not were influenced by availability, negotiation with their partners, and the urgency to have sex. These findings support previous research (Logan *et al* 2019;

Doyle *et al* 2016; Shrader *et al* 2021), emphasising the continued relevance of combination prevention strategies (e.g., PrEP, condoms, and early testing) for comprehensive sexual health among gay men.

6.2.3 What are the stigmas associated with gay men's use of PrEP in Gauteng, South Africa? (Theme 3: The stigma surrounding PrEP and its influence on the sexual behaviour of gay men)

This study, guided by Goffman's (1963) stigma theory, examined how gay men in Gauteng, South Africa, experienced significant stigma related to both their sexual orientation and their use of PrEP. The participants reported being labelled as promiscuous, sluts, or whores by partners, family members, friends, colleagues, and even healthcare providers. The anticipation or experience of humiliation and discrimination led many to conceal their PrEP uptake, which highlights how stigma infiltrates even close personal relationships. This secrecy often intensified feelings of isolation and shame, which undermined the potential health benefits of PrEP.

PrEP-related stigma was closely tied to societal perceptions of risky sexual behaviour. The participants described how being on PrEP was often interpreted by others as a sign of engaging in irresponsible, condomless sex. Some participants acknowledged that while PrEP protects against HIV, its use was frequently misunderstood as encouragement of reckless sexual practices. Experiences in healthcare settings further demonstrated how stigma was institutionalised; individuals seeking care after sexual injuries were met with judgemental attitudes and victim blaming, which reinforced the idea that their health needs were a consequence of their "promiscuous" lifestyles.

The influence of stigma extended deeply into the participants' sexual behaviour. While some engaged in condomless sex, a practice partially enabled by the security that PrEP offers, they also acknowledged the increased risks of STIs and the broader societal judgement that accompanied their sexual choices. The hook-up culture facilitated by online platforms and gay clubs was highlighted as a space where risky behaviours could flourish, which leads to greater exposure to stigma. The participants noted that PrEP was often unfairly blamed for the rise of such spaces and practices, despite the reality that these behaviours predated the widespread use of PrEP.

Stigma is also reinforced by family expectations, particularly the belief that gay men cannot fulfil traditional heteronormative roles such as fatherhood, as well as by religious and cultural norms that position homosexuality and PrEP use as taboo. The visibility of gay pornography on social media further compounds these perceptions, with some blaming PrEP for the proliferation of explicit gay sexual content. Participants such as Sizwe emphasised that while PrEP may coincide with the visibility of raw sexual content, it is not the root cause, and that this misunderstanding fuels further stigma against gay men.

In summary, the findings revealed that PrEP-related stigma not only discourages the open and consistent use of PrEP but also deeply impacts the sexual decision making, mental health, and healthcare-seeking behaviour of gay men. There remains a pervasive societal association between PrEP use, promiscuity, and gay identity itself, which highlights the need for interventions to promote PrEP uptake that also directly address the broader societal prejudices and misconceptions that sustain stigma.

6.2.4 How does the stigma attached to the use of PrEP inform the sexual behaviours of gay men and their lifestyles? (Theme 3: The stigma surrounding PrEP and its influence on the sexual behaviour of gay men)

This question and theme explored the intersection of PrEP use, stigma, and sexual behaviour of gay men, which is an often under-examined but critical subtheme in HIV-prevention research. The participants' narratives revealed that while PrEP provides significant protection against HIV, it simultaneously exposes users to stigma, which is often characterised by derogatory labelling and social judgement. Despite these negative experiences, some participants reported engaging in riskier sexual behaviours after initiating PrEP use, which suggests a complex dynamic in which a heightened sense of protection may lead to reduced sexual caution.

The participants proposed multiple strategies for addressing sexuality- and PrEP-related stigma, with emphasis on the need for widespread education and awareness campaigns. They advocated for informing not only gay communities but also the general population, including elders, families, and healthcare workers, of the benefits and purpose of PrEP. Such initiatives were viewed as crucial for dismantling misconceptions and reducing discrimination. Some participants further suggested that

PrEP should be rolled out universally, rather than being targeted exclusively at high-risk groups, to normalise its use and lessen its association with marginalised identities.

While education was a dominant proposed solution, some participants expressed scepticism about the effectiveness of such efforts in deeply stigmatised social contexts. They pointed out that stigma against gay men and PrEP users is rooted in broader issues of poverty, exclusion, and entrenched social prejudices, which indicates that structural interventions are also necessary. Empowerment at the individual level, through self-advocacy and personal resilience, was highlighted as a coping mechanism; however, the participants acknowledged that not everyone possesses the resources or strength to confront stigma.

Overall, the discussion underscores the need for multifaceted interventions that combine education, structural policy changes, and empowerment strategies to effectively address stigma. It highlights that while biomedical advances such as PrEP are crucial, their success is contingent on addressing the social determinants of health and transforming the societal narratives surrounding sexuality and HIV prevention.

6.3 CONTRIBUTIONS OF THIS RESEARCH

This research offered a refined understanding of how PrEP uptake influences the sexual behaviours of gay men in Gauteng, South Africa. It revealed that while some individuals engage in riskier sexual practices following PrEP initiation, others maintain their pre-existing behaviours, which contributes to a more differentiated and localised perspective on sexual decision making within the context of biomedical HIV prevention. Like previous research, this study enriches academic deliberations by applying Goffman's (1963) stigma theory and Berger and Luckmann's (1966) social constructionism theory. It demonstrated how stigma operates at individual, interpersonal, and structural levels to shape health-seeking behaviours, mental health, and social inclusion. Additionally, it explored how gay men interpret their sexual behaviour and practices, how they navigate the social meanings attached to them, and how stigma is perpetuated or internalised through daily social interactions. This highlights the need for interventions that address not only structural inequalities but also the symbolic dimensions of health and identity. Goffman's (1963) stigma theory was employed in this study as a theoretical framework that helped to understand the

stigma that affects the lives of gay men. By adopting Berger and Luckmann's (1966) social constructionism theory, this research was able to appreciate how PrEP and sexuality-related stigmas intersect with other social factors that reinforce and perpetuate stigma in society, which negatively impacts efforts to combat HIV.

This study contributes to the healthcare system, particularly within the public, private, and NGO sectors that implement health programmes for gay men. It emphasised the need for localised HIV-prevention strategies and highlighted the significant challenges and barriers faced by gay men when accessing PrEP and other health services in under-resourced townships and rural areas, where healthcare access is limited and healthcare providers often lack sensitisation to LGBTQIA+ issues. This underscores the importance of tailoring public health interventions to specific socio-cultural contexts rather than adopting generalised international models.

The study also connected PrEP-related stigma to broader societal issues such as poverty, exclusion, and entrenched prejudice, which offers a critical interdisciplinary contribution that bridges public health, sociology, and human rights.

This study also highlighted the need for greater engagement with the wider society, including families, friends, and partners of LGBTQIA+ individuals, and healthcare practitioners regarding PrEP uptake and its implications. Awareness and education campaigns will empower communities in terms of sexuality issues and will contribute to the seamless and improved administration of PrEP, as well as the development of more inclusive health strategies that address stigma, STIs, and other health concerns specific to gay men in the healthcare system.

6.4 LIMITATIONS OF THIS STUDY

Despite offering valuable insights, this study was subject to several limitations. Firstly, the research was geographically confined to the Gauteng province, South Africa, and may not fully represent the experiences of gay men in other provinces, rural areas, or diverse socio-cultural contexts.

Moreover, the sample size was relatively small and may not reflect the wider gay male population, particularly given variations in socio-economic status, racial identity, and cultural background. Given the sensitivity of the topic, accessing participants was

challenging, with some cancelling or postponing their appointments. Nevertheless, I managed to gather in-depth information on the participants' experiences regarding PrEP, its uptake, and the interplay of stigma related to their gay identity and PrEP use.

Although the participants were able to express themselves freely during the interviews, my own gay sexual identity could have been perceived as a bias by the participants, which may have led some to hold back, considering my preconceived thoughts about potential responses to the research questions.

6.5 RECOMMENDATIONS FOR FUTURE RESEARCH

This study focused on 10 gay men in the metropolitan cities of Gauteng province. Future research on PrEP can build on this study and its findings by adopting a broader and more nuanced scope by examining the experiences of gay men in rural settings in Gauteng, other South African provinces, and diverse African contexts to capture regional variations in stigma, sexual behaviours, and access to PrEP. Longitudinal studies are especially needed to track changes in sexual practices and adherence over time, offering insights that cross-sectional designs cannot provide. The current study comprised of a participants of different race and social backgrounds, scholars have an opportunity to investigate how intersecting factors—including race, socio-economic status, age, and religious affiliation—shape experiences of PrEP use and stigma among gay men and other LGBTQIA+ populations. Further work is required to explore the psychological impacts of PrEP-related stigma, with particular attention to anxiety, depression, and coping mechanisms. The current study found that there is need for an enhanced education and awareness to the general community and health care sector. There is an opportunity for additional research evaluating the effectiveness of community education initiatives, public health campaigns, and healthcare provider training can help determine how best to reduce stigma and improve uptake and adherence. Understanding healthcare workers' attitudes, knowledge, and biases regarding PrEP and LGBTQIA+ individuals remains essential for creating more inclusive and supportive healthcare environments. Comparative studies across sexual and gender minority groups can further illuminate variations in experiences of PrEP and stigma, thereby shaping more comprehensive HIV-prevention strategies. This research found that gay men continue to be stigmatised due to their sexuality, the perceived HIV risk linked to HIV and PrEP uptake. Future

research can focus on the relationship between perceived HIV risk and actual sexual practices among PrEP users to inform targeted risk-reduction interventions. Finally, as highlighted in Chapter 2, the reduction in funding for HIV treatment and prevention poses significant challenges to the global HIV response; therefore, research focused on the implications of these funding cuts, particularly in African developing countries, is urgently needed.

By addressing these areas, future research can contribute to a more holistic understanding of PrEP use, sexual health, and stigma among gay men and the broader LGBTQIA+ community, which will ultimately inform more effective interventions and policies.

6.6 RECOMMENDATIONS FOR HEALTHCARE PROVIDERS AND POLICYMAKERS

Healthcare providers play a critical role in supporting the effective uptake and sustained use of PrEP among gay men and other key populations in Gauteng and the country as a whole. Based on the findings of this study, it is recommended that healthcare providers receive comprehensive training on PrEP, sexual diversity, and the specific health needs of LGBTQIA+ individuals. This training should aim to eliminate biases, reduce discriminatory practices, and promote an affirming healthcare environment where patients feel safe and respected. Healthcare providers should adopt a non-judgemental approach when discussing sexual health and recognise the diverse sexual practices and experiences of gay men without reinforcing stigma or moral judgement. In addition, healthcare practitioners should integrate PrEP education into routine health services, emphasising its benefits not only for HIV prevention but also as part of a broader sexual health strategy that includes regular STI screening, mental health support, and risk-reduction counselling. Providers are encouraged to proactively discuss the use of combination prevention methods, such as PrEP alongside condoms, and to tailor sexual health advice to the individual needs and circumstances of each patient.

Strengthening community outreach initiatives and collaborating with LGBTQIA+ organisations can also enhance trust, awareness, and PrEP accessibility. Overall, healthcare providers in the province of Gauteng must position themselves as allies in

the fight against HIV in working to dismantle stigma and to ensure equitable, culturally competent, and supportive care for all PrEP users.

6.7 CONCLUDING REMARKS

This study provided important insight into the sexual behaviours, experiences of stigma, and the broader social implications associated with PrEP use among gay men in Gauteng, South Africa. The findings highlight the dual realities faced by PrEP users in the province: the empowerment offered by biomedical HIV prevention and the persistent societal stigma that complicates its uptake and use. While PrEP has transformed HIV-prevention strategies, its success is deeply intertwined with addressing the social, cultural, and structural barriers that perpetuate stigma and limit access. The recommendations offered by the study call for a holistic approach to HIV prevention: one that not only promotes PrEP but also seeks to educate communities, reform healthcare practices, and influence policy in ways that are inclusive and affirming. Future research, policy interventions, and health initiatives in the province must prioritise the lived realities of those most affected to truly advance the global goal of ending HIV as a public health threat by 2030.

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ANNEXURES

ANNEXURE A: RESEARCHER ACKNOWLEDGEMENT

Research title: "Raw is law": Exploring sexual behaviours of gay men who use pre-exposure prophylaxis (PrEP) in Gauteng, South Africa

Researcher:

Dalisu Dumisani Thanduxolo Gama

Hereby, I, Dalisu Dumisani Thanduxolo Gama, identity number 87072556710851, in my personal capacity as a researcher, acknowledge that I am aware of and familiar with the stipulations and contents of the

- UNISA Research Policy
- UNISA Ethics Policy
- UNISA Intellectual Property Policy

and that I shall conform to and abide by these policy requirements.



Signature

Date: 30/01/2023

ANNEXURE B: ETHICAL APPROVAL FROM THE UNIVERSITY OF SOUTH AFRICA

College of Human Sciences Research Ethics Review Committee

24 April 2023

Dear Mr Dalisu Dumisani Thanduxolo Gama

Decision:

**Ethics Approval from 24 April 2023 to
24 April 2024**

NHREC Registration # : Rec-240816-052

CREC Reference # : 36475149_CRECHS_2023

Researcher(s): name: Mr D.D.T. Gama

Contact details: 36475149@mylife.unisa.ac.za

Supervisor(s): Name: Mr. T. Maake

Contact details: emaaketb@unisa.ac.za

Title: "Raw is law": Exploring sexual behaviours of gay men who use pre-exposure prophylaxis (PrEP) in Gauteng, South Africa

Degree purpose: Master's

Thank you for the application for research ethics clearance by the UNISA College of Human Science Ethics Committee. Ethics approval is granted for one year.

The **high risk application** was reviewed by College of Human Sciences Research Ethics Committee, in compliance with the Unisa Policy on Research Ethics and the Standard Operating Procedure on Research Ethics Risk Assessment.

The proposed research may now commence with the provisions that:

1. The researcher(s) will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.
2. Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study should be communicated in writing to the College Ethics Review Committee.
3. The researcher(s) will conduct the study according to the methods and procedures set out in the approved application.

Any changes that can affect the study-related risks for the research participants, particularly in terms of assurances made with regards to the protection of participants' privacy and the confidentiality of the data, should be reported to the Committee in writing, accompanied by a progress report.

5. The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines, and scientific standards relevant to the specific field of study. Adherence to the following South African legislation is important, if applicable: Protection of Personal Information Act, no 4 of 2013; Children's act no 38 of 2005 and the National Health Act, no 61 of 2003.
6. Only de-identified research data may be used for secondary research purposes in future on condition that the research objectives are similar to those of the original research. Secondary use of identifiable human research data requires additional ethics clearance.
7. No fieldwork activities may continue after the expiry date **(24 April 2024)**. Submission of a completed research ethics progress report will constitute an application for renewal of Ethics Research Committee approval.

Note:

*The reference number **36475149_CREC_CHS_2023** should be clearly indicated on all forms of communication with the intended research participants, as well as with the Committee.*

Yours sincerely,



Signature:

Prof. KB Khan

CHS Research Ethics Committee Chairperson

E-mail: khankb@unisa.ac.za

Tel: (012) 429 8210



Signature: PP

Prof. ZZ Nkosi

Acting-Executive Dean: CHS

E-mail: nkosizz@unisa.ac.za

Tel: 012 429 6758

ANNEXURE C: REQUEST FOR PERMISSION TO CONDUCT INTERVIEWS: AURUM INSTITUTE

Request for permission to conduct research with beneficiaries of the Aurum Institute

Professor Keitshepile Geoffrey Setswe
Aurum Institute
29 Queens Road
Parktown
Johannesburg
2193
010 590 1300
info@auruminstitute.org

Dear Professor Keitshepile Geoffrey Setswe

My name is Dalisu Dumisani Thanduxolo Gama and I am conducting a research study entitled "Raw is law": Exploring sexual behaviours of gay men who Use pre-exposure prophylaxis (PrEP) in Gauteng, South Africa" in fulfilment of the requirements of my Master of Arts in Social and Behaviour Studies (HIV/AIDS) at the University of South Africa, Department of Sociology, under the supervision of Dr Tshepo B. Maake.

The study aims to explore the sexual behaviours of gay men who use pre-exposure prophylaxis (PrEP) in Gauteng. The Aurum Institute has been selected because of the PrEP and wellness services that it provides to men who have sex with men (MSM) and gay men in South Africa.

The qualitative study will involve entering participants' worlds to explore their sexual behaviours as gay men who take PrEP, taking into consideration their context in order to narrate their collective experience without the assumption of universality. The participants will participate in one-on-one interviews, which will take place in a private, secure setting. The benefits of this study are non-financial; voluntary participation in this study will contribute to the body of scientific knowledge, especially in the field of HIV/AIDS.

Against this background, I am requesting permission from the Aurum Institute to accept copies of the information sheet containing the details of the study and sharing it with potential participants who collect their PrEP from the institute's centres in Pretoria and Johannesburg. As such, the role of the institute would be to provide access to potential participants. Interested participants are required to contact the researcher.

See attached information sheet.

Yours sincerely

A handwritten signature in black ink, consisting of several overlapping loops and a final vertical stroke, enclosed within a faint oval border.

Mr Dalisu Dumisani Thanduxolo Gama

ANNEXURE D: CALL FOR VOLUNTARY PARTICIPATION IN A MASTER'S DEGREE STUDY

“Raw is Law”: Exploring Sexual Behaviours of Gay Men Who Use Pre- Exposure Prophylaxis (PrEP) in Gauteng, South Africa

Required participants: Gay men who take PrEP in the Gauteng province, South Africa

Study objectives

- To explore the sexual behaviours and experiences of gay men before and after the use of PrEP.
- To explore whether PrEP use will result in a change in the sexual behaviour of gay men in Gauteng, South Africa.
- To explore the stigmas attached to the use of PrEP among gay men in Gauteng, South Africa.
- To explore the social implications of the stigma attached to the use of PrEP on gay men's sexual behaviours and lifestyles.

If you are interested in participating, please **call** or **WhatsApp** Dalisu Gama on +27 72 335 6270 or **e-mail** dalisudumisani@gmail.com for more information.

**This study was cleared by the College of Human Sciences Research Ethics
Committee at the University of South Africa (UNISA)**

ANNEXURE E: INFORMED CONSENT FOR PARTICIPATION

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation.

I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study.

I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable).

I am aware that the findings of this study will be processed into a research report, journal publications, and/or conference proceedings, but that my participation will be kept confidential and anonymous unless otherwise specified.

I agree to the recording of the interview and the collection of raw data through notes taking. I confirm that I have received a signed copy of the informed consent agreement.

Participant name & surname..... (please print)

Participant signature.....Date.....

Researcher's name & surname: Dalisu Gama

Researcher's signature  _____

Date.....

ANNEXURE F: PARTICIPANT INFORMATION SHEET

Dear Prospective Participant

My name is Dalisu Dumisani Thanduxolo Gama and I am doing research with Dr Tshepo Maake, a lecturer in the Department of Sociology, towards a Master of Arts in Social and Behaviour Studies (HIV/AIDS) at the University of South Africa. We are inviting you to participate in a study entitled *“Raw is Law”: Exploring Sexual Behaviours of Gay Men Who Use Pre-Exposure Prophylaxis (PrEP) in Gauteng, South Africa*.

WHAT IS THE PURPOSE OF THE STUDY?

This study is expected to collect important information that could assist in exploring sexual behaviours of gay men who use pre-exposure prophylaxis (PrEP) in Gauteng, South Africa. In addition, the study seeks to explore how the use of PrEP influences a change in the sexual behaviour of gay men and the stigmas attached to the use of PrEP among gay men.

WHY AM I BEING INVITED TO PARTICIPATE?

You have been chosen as a participant in this study because you are believed to possess the information that is required to address the study's objectives. The research acknowledges that the participants have firsthand experience of PrEP and will therefore contribute invaluable to the outcomes of the study. The total number of research participants will be 10.

WHAT IS THE NATURE OF MY PARTICIPATION IN THIS STUDY?

The study will use semi-structured in-depth interviews and will involve audio recording and taking of notes by the researcher. Participants are required to answer all questions asked truthfully. The session will take approximately 60 to 90 minutes for the one-on-one interviews. Interview questions will cover the following areas that will have sub-questions under each:

- Your demographical information.
- Your sexual behaviours and experiences before and after using PrEP.

- How the use of PrEP informs changes in the sexual behaviours of gay men in Gauteng.
- Stigmas associated with gay men's use of PrEP in Gauteng.
- How the stigma attached to the use of PrEP informs the sexual behaviours of gay men and their lifestyles.

CAN I WITHDRAW FROM THIS STUDY EVEN AFTER HAVING AGREED TO PARTICIPATE?

Participating in this study is voluntary and you are under no obligation to consent to participate. If you decide to take part, you will be given this information sheet to keep and asked to sign a written consent form. You are free to withdraw at any time and without giving a reason.

WHAT ARE THE POTENTIAL BENEFITS OF TAKING PART IN THIS STUDY?

Your participation in this study is voluntary and does not come with financial benefits. Voluntary participation in this study will contribute to the body of scientific knowledge, especially in the field of HIV/AIDS. Participation in the study will further afford an opportunity for the participants to play an active role in shaping and contributing to the societal understanding of how PrEP impact on the lives of South African gay men.

ARE THERE ANY NEGATIVE CONSEQUENCES FOR ME IF I PARTICIPATE IN THE RESEARCH PROJECT?

Since the study is sensitive, your privacy might be invaded, and you might not feel comfortable answering some of the questions. Participation in this study is voluntary (indemnity will be provided); you are therefore encouraged to engage me if you feel inconvenienced or uncomfortable during the interview. There is a risk of your identity being exposed; however, measures are in place to protect you from disclosure or any harm. Should you experience psychological distress during the interview, we have a psychologist on standby to assist and we may even arrange for counselling sessions after the interview.

WILL THE INFORMATION THAT I CONVEY TO THE RESEARCHER AND MY IDENTITY BE KEPT CONFIDENTIAL?

Since the study is sensitive and it requires that participants disclose personal aspects of their sexual identity and sexual behaviours, I will ensure confidentiality, privacy, and anonymity. During the interview, which will take place in a private setting, I will assure the participants that any information shared will be kept in a private and confidential encrypted folder that will only be accessed by the researcher.

Note that the anonymous data gathered during the research may be used for other purposes, such as a research report, journal articles, and/or conference proceedings. I will ensure that the participants' identity remains anonymous and protected. In so doing, I will use pseudonyms that will be used in identifying the participants and I will not collect any information that may potentially identify you, such as your physical address, surname, identity number, and pictures.

HOW WILL THE RESEARCHER PROTECT THE SECURITY OF DATA?

Recordings and transcripts will be stored in a password-protected Google Drive folder. To protect the data, only digital transcripts will be used and any notes taken during the interviews and recordings will be destroyed after they have been used. Future use of the stored data will be subject to further Research Ethics Review and approval if applicable.

WILL I RECEIVE PAYMENT OR ANY INCENTIVES FOR PARTICIPATING IN THIS STUDY?

There will be no payments that will be awarded to you as a benefit; however, your contribution to the study is beneficial as it contributes to the production of important knowledge that has the potential to enlighten other gay men and change their lives for the better.

HAS THE STUDY RECEIVED ETHICS APPROVAL?

The study has received approval from the Research Ethics Review Committee of the College of Humanities at the University of South Africa

HOW WILL I BE INFORMED OF THE FINDINGS/RESULTS OF THE RESEARCH?

If you would like to be informed of the final research findings, please contact Dalisu Gama at 072 335 6270 or dalisudumisani@gmail.com. Should you have concerns about the way in which the research has been conducted, you may contact Dr Tshepo Maake at 012 429 6576 or emaaketb@unisa.ac.za. Contact the Research Ethics Committee chairperson, Prof. K.B. Khan, on 012 429 6549 or khankb@unisa.ac.za if you have any ethical concerns.

Thank you for taking the time to read this information sheet and for participating in this study.

Sincerely,

A handwritten signature in dark ink, appearing to be 'Dalisu Dumisani Thanduxolo Gama', written in a cursive style.

Mr Dalisu Dumisani Thanduxolo Gama

ANNEXURE G: INTERVIEW GUIDE FOR PARTICIPANTS

Research title: “Raw is law”: Exploring sexual behaviours of gay men who use pre-exposure prophylaxis (PrEP) in Gauteng, South Africa

Participant number:

Instructions

Interviews will only commence after the participants understand and consent to be interviewed. An informed consent and an information sheet will be read to the participants beforehand.

1. Demographic information

- 1.1 What is your age?
- 1.2 What is your race?
- 1.3 How do you define your gender?
- 1.4 What is your marital status?
- 1.5 Where do you stay?
- 1.6 What is your level of education?
- 1.7 What is your home language?
- 1.8 What is your employment status?

2. What were the sexual behaviours and experiences of gay men before using PrEP and afterwards?

- 2.1 Tell me a bit about yourself.
- 2.2 How did you find out about PrEP?
- 2.3 When did you start using PrEP?
- 2.4 If you have a partner, how do they feel about you using PrEP?
- 2.5 Before using PrEP, did you engage in sexual intercourse with multiple partners?
- 2.6 Did you use condoms in your sexual encounters before being on PrEP?
- 2.7 What sexual behaviours did you engage in after you started using PrEP?
- 2.8 How will your decision to take PrEP influence your sexual lifestyle choices?

3. How does PrEP use inform changing sexual behaviours of gay men in Gauteng, South Africa?

- 3.1 To what extent do you consider PrEP an effective HIV-prevention method?
- 3.2 Is PrEP the only HIV-prevention measure that you are currently using?
- 3.3 Do you think PrEP has influenced your current HIV-prevention strategies?
- 3.4 Would you recommend PrEP to other gay men?
- 3.5 Do you believe that gay men's sexual behaviours change after they take PrEP?

4. What are the stigmas associated with gay men's use of PrEP in Gauteng, South Africa?

- 4.1 What are your experiences of stigma based on your sexual identity or sexual preferences?
- 4.2 What are your experiences of stigma based on your sexuality?
- 4.3 What are your experiences of stigma based on your use of PrEP?
- 4.4 In your opinion, why do people stigmatise gay men who take PrEP?

5. How does the stigma attached to the use of PrEP inform the sexual behaviours of gay men and their lifestyles?

- 5.1 What are some of your prejudices about the sexual behaviours of gay men who take PrEP?
- 5.2 Can you tell me about sexual experiences that could lead to stigma as a result of using PrEP?
- 5.3 Have you ever been stigmatised by your partner for using PrEP?
- 5.4 What do you think can be done to reduce stigma targeting gay men who take PrEP?
- 5.5 How do you deal with PrEP-related stigma, if any?

ANNEXURE H: INFORMED CONSENT FOR RECORDING THE INTERVIEW

“Raw is law”: Exploring sexual behaviours of gay men who use pre-exposure prophylaxis (PrEP) in Gauteng, South Africa

I, _____ (participant name),
voluntarily consent to take part in the study. I am aware that the interview will be recorded on audio tape, and I have no issue with this.

Participant signature..... Date.....