SEXUAL OBJECTIFICATION AS A PREDICTOR OF WILLINGNESS TO ENGAGE IN SEX WITH HIV-POSITIVE PARTNERS

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Background

HIV Among MSM
- A recent CDC surveillance report indicated that men who have sex with men in the United States made up 73% of HIV diagnoses among males and 67% of total diagnoses (CDC, 2017a)
- MSM are the only group to have increased in the number of new diagnoses between 2007 and 2010 (Wejnert et al., 2013)
- Rates of condomless sex in the United States continue to climb for MSM (13% - 27%; Paz-Bailey et al., 2016)

HIV/AIDS-related Stigma
- Existing research suggests fear of sexual transmission of HIV may raise levels of HIV-related stigma, resulting in discriminatory treatment of people living with HIV (PLWH; Nyblade et al., 2003)
- Fear of being stigmatized acts as a barrier to testing, treatment, and medical adherence (Mahajan, Sayles, Patel, Remien, Ortiz, Szekeres, & Coates, 2008)

Objectification Theory
- Objectification theory refers to viewing a person as an object, commodity, body or collection of body parts, without considering or acknowledging their humanity (Nussbaum, 1995)
- Traditionally, this theory has been applied to studying sexual objectification of females and the impact of sexual objectification on personal identity (Fredrikson & Roberts, 1997)
- More recent research suggests that objectification is related to risky sexual behavior in MSM (Watson & Dispenza, 2014)

Purpose of Study
- This study explored the relationship between:
  - interpersonal sexual objectification and willingness to engage in sex with a partner who discloses they are HIV positive among adult MSM
  - HIV-related stigma and willingness to interact with a PLWH

Hypotheses
- Higher levels of experience of being sexually objectified will predict a higher likelihood of engaging in sex with a partner who discloses they are living with HIV
  - Among these, rates of endorsement of condom use will be low for participants who choose to engage in sex with a PLWH
  - Higher levels of HIV-related stigma will predict lower levels of willingness to have sex with PLWH
Methods

Procedure and Measures

- The Interpersonal Sexual Objectification Scale adapted with permission for MSM (Kozee, Tylka, Augustus-Horvath, & Denchik, 2007)
  - 15-item scale (5-point Likert)
  - Measures experiences of the sexually objectifying gaze and unwanted sexual advances
  - Item 2 of the original scale was adapted to change the word breasts to chest
  - Cronbach’s Alpha = .946 in our sample indicating high reliability

- The AIDS-Related Stigma Scale (Kalichman et al., 2005)
  - Brief 9-item scale (Agree/Disagree)
  - Measures stigmatizing beliefs such as coercive attitudes, blame, and avoidant behaviors
  - Cronbach’s Alpha = .812 for our sample indicating high reliability

Procedure and Measures

- Behavioral intentions of willingness to engage in sex and condom use were assessed by self-report items
- Demographic data were also collected
- Amazon Mechanical Turk was used for recruitment and Qualtrics for distribution of a behavioral intentions survey designed to examine sexual objectification, HIV-related stigma, a person’s willingness to engage with potential sexual partners who disclosed they were living with HIV, and condom use

Participants

- 150 MSM from across the United States who were at least 18 years old
Methods

Data Analysis

• A simultaneous binary logistic regression was performed to assess the predictive ability of sexual objectification on the likelihood participants would be willing to have sex with a PLWH
• AIDS-related stigma scores were included in the model as stigma is thought to negatively impact willingness to interact with PLWH
• Sexual objectification scores were included in the model as it is believed to correlate positively with sexual risk taking behaviors
• Significance levels were set at $p < 0.05$ for all analyses.
Results

Participant Demographics
- Participants ranged in age from 18-64 with a mean age of 39.8 (SD=15.34)
- The majority were White (74.70%), Non-Hispanic (92.60%) men living in Suburban (47.30%) or Urban (39.90%) communities primarily in the Southeast (32.40%), Midwest (25.50%), and Northeast (20.70%) regions of the United States
- Most participants reported being HIV-negative (93.30%) and identified as homosexual (49.00%) or bisexual (47.60%)
- Participants were single (58.20%), partnered (31.50%) or married (10.30%)

AIDS-related Stigma Scale (N-117)
- Scores ranged from 0-9 with a $M=1.231$, $SD=1.873$ indicating low rates of projected stigma

Interpersonal Sexual Objectification Scale (adapted for MSM) (N=147)
- Scores ranged from 15-75 with a $M = 31.8299$, $SD = 11.681$ indicating moderate rates of experience being sexually objectified
Results

Regression Analysis

• The logistic regression model was statistically significant, $x^2_{(2)} = 10.017$, $p < .007$
• The model explained 11.5% (Nagelkerke $R^2$) of the variance in willingness to have sex with a partner with HIV
• Controlling for AIDS-related stigma, levels of sexual objectification significantly predicted an increased willingness to have sex with an HIV-positive person (see Table 3)
• For every unit increase of experience being sexually objectified, participants were 6.4% more likely to engage in sex with a person who disclosed they were living with HIV
• Controlling for sexual objectification, levels of AIDS-related stigma significantly predicted a decreased willingness to have sex with a person who disclosed they were living with HIV
• For every unit increase in AIDS-related stigma, participants were 28.9% less likely to engage in sex with a person who disclosed they were living with HIV
## Results

### Table 1

**Willingness to engage in sex with a person living with HIV**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unwilling</td>
<td>93</td>
<td>62.0</td>
<td>65.0</td>
<td>65.0</td>
</tr>
<tr>
<td>Willing</td>
<td>50</td>
<td>33.3</td>
<td>35.0</td>
<td>100.0</td>
</tr>
<tr>
<td>Missing</td>
<td>7</td>
<td>4.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>150</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Table 2

**Condom use for those willing to engage in sex**

<table>
<thead>
<tr>
<th></th>
<th>Frequency</th>
<th>Percent</th>
<th>Valid Percent</th>
<th>Cumulative Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>16</td>
<td>10.7</td>
<td>69.6</td>
<td>69.6</td>
</tr>
<tr>
<td>No</td>
<td>2</td>
<td>1.3</td>
<td>8.7</td>
<td>78.3</td>
</tr>
<tr>
<td>Maybe</td>
<td>5</td>
<td>3.3</td>
<td>21.7</td>
<td>100.0</td>
</tr>
<tr>
<td>Wish not to Answer</td>
<td>1</td>
<td>0.7</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not engaging in sex</td>
<td>126</td>
<td>84.0</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>150</td>
<td>100.0</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Results

### Table 3

Logistic Regression Predicting Willingness to Engage in Sex with an HIV+ Partner

<table>
<thead>
<tr>
<th></th>
<th>B</th>
<th>S.E.</th>
<th>Wald</th>
<th>df</th>
<th>Sig.</th>
<th>Odds Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARSS Score</td>
<td>-0.342</td>
<td>0.152</td>
<td>5.045</td>
<td>1</td>
<td>0.025</td>
<td>0.711</td>
</tr>
<tr>
<td>ISOS Score</td>
<td>0.062</td>
<td>0.022</td>
<td>7.852</td>
<td>1</td>
<td>0.005</td>
<td>1.064</td>
</tr>
<tr>
<td>Constant</td>
<td>-2.244</td>
<td>0.656</td>
<td>11.687</td>
<td>1</td>
<td>0.001</td>
<td>0.106</td>
</tr>
</tbody>
</table>
Discussion

- AIDS-related stigma was chosen for inclusion in the model based on existing research that suggests fear of sexual transmission of HIV may raise levels of HIV/AIDS-related stigma, resulting in discriminatory treatment of those living with HIV/AIDS including willingness to engage in sex (Nyblade et al., 2003).

- Those that stigmatize PLWH may see engaging in sex with a PLWH as risky sexual behavior which may explain low rates of willingness to engage in sex with PLWH (See Table 1; Nyblade et al., 2003; Goffman, 1963).

- Existing research also suggests that MSM are particularly affected by sexual objectification and that it may result in negative psychological outcomes that can increase the likelihood of engaging in risky sexual behaviors (Watson & Dispenza, 2014; Moradi & Huang, 2008; Fredrickson & Roberts, 1997).

- Higher levels of HIV knowledge and higher SES are related to lower rates of HIV-related stigma (Maughan-Brown, 2006).

- The low levels of HIV-related stigma found in the present sample corroborate existing research by Kalichman et al. (2017) showing similar ranges of enacted HIV-related stigma in the U.S.

- Counter to our hypothesis and existing literature, rates of endorsement of condom use were high (See Table 2; Centers for Disease Control and Prevention, 2013).

- High endorsement rates of condom use in this sample suggest that although experiences of sexual objectification may predict a willingness to engage in sex with a PLWH, risk reduction strategies may be used.
Limitations

- Data was gathered using anonymous self-reporting techniques and, thus, is subject to validity concerns (e.g., demand characteristics)
- Self-report measures are subject to social desirability bias
- The cross-sectional design of this study precludes directional or causal inferences among variables
- Participants’ anonymity prevented follow-up questions
- Stigma is a multi-faceted construct; the present research only analyzed projected stigma
- Information about condom use was limited to participants who indicated a willingness to engage with a sexual partner and, even among this group, participants were able to opt out of answering this question

Future Directions

- Interventions and educational campaigns should include messaging promoting awareness of the effects of sexual objectification, stigma reduction, HIV knowledge, PrEP, and condom use
- Body image satisfaction and body regard should be further investigated as an index of self-objectification
- As this study analysis was cross-sectional, future research is needed to examine the effects of sexual objectification on MSM in an experimental design
- Any percentage of participants indicating they might or would not consider condom use still indicates a need for continued research into improving condom use, HIV and STI transmission knowledge, and awareness of pre-exposure prophylaxis alternatives.
- The possible relationship between interpersonal sexual objectification of MSM and HIV/AIDS-related stigma should be further investigated