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RESEARCH ARTICLE



# ‘Why are PrEP gays always like this ...’: psychosocial influences on U.K.-based men who have sex with men’s perceptions and use of HIV pre-exposure prophylaxis

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## ABSTRACT

**Background:** Pre-Exposure Prophylaxis (PrEP) is a prescription-based drug used to prevent the spread of Human Immunodeficiency Virus (HIV). In the four nations of the United Kingdom, those with increased need for HIV prevention (e.g. some groups of men who have sex with men) are eligible for PrEP for free, provided by the National Health Service. However, the uptake of PrEP has faced several challenges and many still report barriers to accessing PrEP. This current study aimed to augment current understandings of key psychosocial factors that encourage and inhibit PrEP usage.

**Method:** Twenty-two individuals participated in a qualitative interview study and thematic analysis was used to analyse the data.

**Results:** The findings are presented under three themes: (1) Reckoning with the Legacies of HIV; (2) PrEP versus Condoms: tensions of sexual liberation!; and (3) The Transposition of PrEP Stigma.

**Conclusion:** This study highlights current psychosocial barriers to PrEP uptake and use, as well as the benefits (e.g. reduced HIV anxiety) that PrEP usage can elicit. Three superordinate themes describe how PrEP use is influenced by perceptions of HIV and individuals’ condom use preferences. These coalesce into an identity of a ‘PrEP User’, shaping how stigmas associated with PrEP are then both attributed and mitigated. These data hold merit for informing future PrEP uptake campaigns.

## ARTICLE HISTORY

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PrEP; HIV; MSM; LGBTQ+; stigma

## Introduction

Pre-exposure prophylaxis (PrEP) is a biomedical intervention aimed at preventing human immunodeficiency virus (HIV) infection, involving the use of antiretroviral medication typically targeted at individuals at high risk of acquiring HIV (Donnell et al., 2014). The United Kingdom (UK) government has set ambitious targets, aiming to reduce HIV transmissions by 80% by 2025 and eliminate new transmissions by 2030 (UK Health Security Agency [UKHSA], 2021). PrEP is thus a vital component of HIV prevention strategies, particularly for groups at increased risks, such as HIV-negative men who have sex with men (MSM) who report ongoing condomless anal sex, transgender, and gender-diverse individuals, and heterosexual women (Baldwin et al., 2021; Sun et al., 2022). Despite the aforementioned targets, data from 2023 revealed a 19% increase in HIV acquisitions in 2022 within the UK. While there was an 8% decline in new HIV diagnoses among MSM, this group still

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represented 30% of new diagnoses (UKHSA, 2023), evidence of the continuing disproportionate impact of HIV acquisition among MSM. In contrast, HIV acquisition among women exposed through heterosexual contact represented 15% of diagnoses (UKHSA, 2023). The availability of PrEP through the National Health Service (NHS) marks a significant step towards the UK's goal of zero new HIV cases by 2030 (UKHSA, 2022). However, with 20% of individuals encountering challenges related to PrEP use (O'Halloran et al., 2019), it is crucial for researchers and healthcare practitioners to understand the barriers to and facilitators of this public health intervention.

PrEP has demonstrated high clinical efficacy in reducing HIV acquisition when taken correctly (Spinner et al., 2016). Given the heightened levels of perceived HIV risk and associated anxiety among MSM (Kesler et al., 2016), PrEP provides an additional, highly effective means for MSM to exert control over their own HIV prevention strategies (Curley et al., 2022). PrEP can be used alongside or in addition to other effective methods, such as condom use or treatment as prevention (TasP). This multifaceted approach contributes to the broader concept of sexual well-being, which encompasses not only physical health but also sexual pleasure and wellbeing (Mitchell et al., 2021). Despite its benefits, the rollout and uptake of PrEP have faced significant barriers. Initially, NHS England raised unfounded legal and scientific uncertainties concerning PrEP, which delayed its initial commissioning (Nagington & Sandset, 2020). Post-commissioning, substantial inequities in PrEP access and use have persisted, despite overall increases in PrEP use across the devolved nations of the UK (Coukan et al., 2024).

### **Barriers to PrEP**

Both practical barriers, such as insufficient access to sexual health services (Madhani & Finlay, 2022), and social-psychological barriers (Maatouk & Jaspal, 2021; Young et al., 2014) impede access to PrEP. In 2022, 29% of individuals identified as having a need for PrEP in clinical consultation (i.e. at substantial risk of acquiring HIV) did not initiate or continue with PrEP (UKHSA, 2023). Despite significant clinical advances in HIV treatment and prevention, the persistent stigmatisation of HIV within society by the media and in clinical settings continues to hamper PrEP uptake (Aghaizu et al., 2023; Jaspal & Nerlich, 2017). Negative stereotypes about HIV are often conflated with perceptions of PrEP and PrEP use, further impacting acceptability (Rathbone et al., 2024).

Among MSM, awareness of social stigma surrounding PrEP can lead to hesitation in adopting this preventive measure (Jaspal & Daramilas, 2016). MSM report concerns that using PrEP may lead to being perceived as 'promiscuous' or 'risky' (Brooks et al., 2020; Protiere et al., 2023), with some individuals and broader society characterising PrEP users as sexually irresponsible (Williamson et al., 2019). The acceptability and usage of PrEP are in a state of flux, influenced by social representations of PrEP, individual risk perceptions of HIV, stigmatisation of sexual behaviour, and challenges related to serostatus disclosure (Young et al., 2014). For MSM, these issues are often rooted in, and may exacerbate, homonegativity, internalised homonegativity, and anti-sex attitudes (i.e. views opposing sexual positivity) (Calabrese & Underhill, 2015; Howell et al., 2024; Meanley et al., 2021).

Recent research exploring PrEP use among young MSM in the UK further states that lack of knowledge and necessity (i.e. a belief that taking PrEP is essential or beneficial) also impede access (Haggipavlou & Hamshaw, 2023). This perceived lack of necessity stems from perceptions of PrEP having no unique benefits compared to condom usage. Haggipavlou and Hamshaw (2023) further state how such beliefs unidirectionally limit the relationship between PrEP usage and condomless sex. This corroborates the findings of Madhani and Finlay (2022) who found notions of unrealistic optimism in sexual risk behaviours. This may account for the continued low use of PrEP among MSM with 'PrEP need' (i.e. having a clinical recommendation to take PrEP) (Ogaz et al., 2022).

As such, the above comprehensive review of the literature indicates that the main barriers to PrEP are PrEP knowledge, perceived necessity, and stigma. Cross-sectional data, however, were often collected prior to PrEP becoming widely commissioned across the UK in 2021 (e.g. O'Halloran et al., 2019; Sullivan et al., 2021). Recent qualitative research can provide further contextualisation and

nuance to this area of research. However, sample limitations often mean only those already aware of or engaged with PrEP use were already interviewed (e.g. Arnold-Forster et al., 2022; Haggipavlou & Hamshaw, 2023). Where both PrEP engaged and PrEP-naïve participants were recruited, these studies were often limited to specific regions and localities (e.g. Rathbone et al., 2024; Williamson et al., 2019; Witzel et al., 2019). Finally, without a unified theoretical framework, continued effort is needed to expand this literature base. Recent research underscores the need to develop targeted interventions to overcome barriers to PrEP, though the current understanding of psychological responses and processes remains insufficient. Specifically, it is necessary to acknowledge the dynamic interplay of the psychological, interpersonal, and collective aspects of sexual identity in developing solutions to increase PrEP uptake and overcome these barriers (Jaspal, 2022).

### *Identity process theory*

A greater understanding of the social-psychological issues is needed to help combat misconceptions of PrEP as a preventative tool. Jaspal (2018) notes the inter-relations of identity, mental health, and sexual health in his exposition of health outcomes among MSM. Analyses of PrEP use and uptake must also reflect on the roles of social representations of PrEP and identity processes in shaping MSM's perceptions and decision-making regarding its use (Jaspal & Bayley, 2020). Identity Process Theory (IPT) provides a valuable framework for examining how social representations of PrEP influence the identities of MSM (Breakwell, 2015). The core tenets of IPT and identity principles are described in detail by Jaspal and Breakwell (2014). Briefly, IPT posits that people strive to construct an identity that is characterised by feelings of self-esteem, self-efficacy, continuity, and positive distinctiveness (i.e. the four identity principles; Breakwell, 2021a). The exploration of identity processes in relation to PrEP use has been applied to populations in the United States (e.g. Silva-Brandao & Ianni, 2022). IPT has been utilised successfully in work relating to PrEP usage among MSM (e.g. Jaspal, 2020) and other health behaviours (e.g. vaccine uptake; Breakwell et al., 2023). As a comprehensive framework, encapsulating both principles and content of self-identity (e.g. identifying as a gay man), it outlines how the assimilation of new information, and behaviours, can have either positive or negative identity outcomes. Thus, it can provide theoretical insight into behaviours such as PrEP usage. Perceptions of PrEP usage may be theorised as enhancing one or more of the identity principles such as (sexual) self-esteem (Grov et al., 2021) thereby contributing to a positive identity outcome.

IPT also considers the individual's identity resilience, which is a relatively stable trait-like self-schema that reflects the ability to cope with change and maintain a stable sense of identity in the face of change (Breakwell et al., 2022). Stressors (e.g. social stigma) can undermine these feelings, resulting in identity threats and a negative identity outcome. The threatened individual is thus spurred to attempt to cope using strategies such as denial of the threat or self-disclosure (Jaspal, 2018). Avoidance of PrEP may constitute a strategy for coping with threats to self-esteem associated with the stigmatisation of HIV and PrEP (Jaspal, 2020). IPT has been used extensively in the study of health among MSM (Breakwell & Jaspal, 2022; Jaspal, 2021). In this study, the tenets of IPT (e.g. the four identity principles) are drawn upon to understand social-psychological influences on perceptions and uptake of PrEP.

### *The current study*

This study aims to explore the psychosocial influences on perceptions of PrEP among MSM currently living in the UK. It explores not only what MSM perceive to be facilitators and barriers to PrEP uptake but also how they psychologically respond to these. This was achieved by using a theoretical framework (IPT) to guide data analysis and further theoretical and empirical understandings. We examine qualitative data from both current PrEP users and those who have never used it. This was to help gain a plurality of opinions and perceptions of PrEP usage more broadly. Importantly, we

evaluate current social perceptions of PrEP in the UK at a time when this preventive drug is available for free via sexual health services provided by the NHS. As PrEP becomes more embedded in healthcare regimens, an understanding of the long-term patterns of PrEP use is needed (Hedge et al., 2021). Momentum for increasing PrEP awareness is imperative to acknowledge that risk factors for HIV are not static, and as the novelty of PrEP wanes, communities are still aware of the importance of PrEP regimens for HIV prevention (Bavinton & Grulich, 2021). This includes developing models for understanding PrEP use at the individual level to accelerate roll out. More specifically, the following research questions are addressed:

- (1) What are the perceptions of PrEP use within the MSM community?
- (2) How does the role of intrinsic and extrinsic stigma influence PrEP usage and other aspects of sexual health among those identifying as MSM?
- (3) How are barriers to PrEP perceived by MSM and how do these perceived barriers impact subsequent motivation for PrEP usage or continuation?

## Method

### Participants

A total of ( $N = 22$ ) men who have sex with men<sup>1</sup> participated in this study. Regarding self-identified sexual identity, 18 participants identified as gay, 3 as bisexual and 1 as queer. The age range was 20–56 years ( $M = 29.40$ ,  $SD = 8.0$ ) with 12 participants currently using or having previously used PrEP (PrEP Users) and 10 participants who had never used PrEP (Non-PrEP Users). Participants were recruited from the UK, and all participants had free access (if desired) to PrEP through NHS sexual health services at the time of the study. Table 1 provides an overview of the demographic characteristics of the participant group. Names have been replaced by pseudonyms to protect participant confidentiality.

### Data collection

Data collection, using semi-structured interviews, took place between June and August 2022. Participants were only interviewed at one timepoint throughout this period. Topics pertaining to perceptions and experiences of PrEP usage formed the basis of the discussion (Breakwell et al., 2006; Hackett & Fisher, 2019), in which participants were first asked several demographic questions, as well as to provide an indication of their current PrEP usage, followed by describing five attributes that they would use to define their own personal identity. The interviews were guided by open-ended questions and specific topics included: (1) their attitudes towards and perceptions of PrEP (e.g. *'What are your overall thoughts about PrEP?'*), (2) navigating perceived barriers to PrEP facilitation (e.g. *'Could you describe ways you feel it could be easier to access PrEP?'*), and (3) perceived stigma surrounding PrEP (e.g. *'How do you feel PrEP is spoken about amongst your family or friends?'*). Interviews lasted between 30 and 120 minutes. Interviews were conducted both in person ( $n = 3$ ) and virtually using Microsoft Teams (MS teams;  $n = 19$ ) by the lead author. Online interviews allowed for recruitment across the entire UK. Initial transcripts were produced by the auto-transcribe function in MS Teams and then edited verbatim by the lead author.

### Data analysis

Reflexive Thematic Analysis (TA; Braun & Clarke, 2021) was applied for data analysis. This method offers a level of flexibility in the study design and subsequent data analysis. It can help identify patterns (i.e. themes) within a corpus of data (Braun & Clarke, 2006) both inductively and quasi-deductively (Jaspal & Cinnirella, 2012). It allows examination of data

Table 1. Demographic information and pseudonyms of each participant.

Pseudonym	PrEP User? (Y/ N)	Age	Sexuality	Pronouns	Relationship Status	Ethnicity	Location
Adam	Y	37	Gay	He/Him	Single	White British	London
Alex	N	31	Gay	He/Him	Single	White Caribbean	East of England
Alfie	Y	29	Gay	He/They	Single	White British	North West
Ali	Y*	20	Gay	He/Him	It's Complicated	White British	London
Andy	N	41	Gay	He/Him	Single	White British	London
Brad	N	39	Bisexual	He/Him	Partnered	White British	East Midlands
Connor	Y	25	Gay	He/Him	Single	White Irish	East Midlands
Diogo	Y*	24	Queer	They/Them	Single	White Mediterranean	East Midlands
DT	Y	26	Gay	He/Him	Single	White British	London
Elias	N	20	Bisexual	He/Him	Single	Middle Eastern	East Midlands
Freddie	Y	25	Gay	He/Him	Partnered	White British	South East
George	N	28	Gay	He/Him	Partnered	White British	East Midlands
Gregg	N	25	Gay	He/Him	Single	White British	West Midlands
James	Y	32	Gay	He/Him	Single	White Scottish	Scotland
Luca	N	27	Gay	He/Him	Partnered	White British	South East
Mark	Y	27	Gay	He/Him	Single	Mixed British Asian	London
Maverick	Y	28	Gay	He/Him	Single	Mixed Caribbean	London
McKenzie	Y*	30	Gay	He/Him	Single	White British	East Midlands
Michael	Y*	27	Gay	He/Him	Widowed	White British	South East
Parker	N	23	Gay	He/Him	Single	White British	South East
Sebastian	N	56	Gay	He/Him	Single	White British	Northern Ireland
Zayn	N	27	Bisexual	He/Him	Single	British Asian	West Midlands

\*Indicates Event Based Dosing (EBD<sup>2</sup>) of PrEP.

beyond an idiographic sample (i.e. just PrEP users) and of both semantic perceptions of PrEP, alongside critical unpacking of latent psychosocial influences related to PrEP usage (Braun & Clarke, 2021). Importantly, we were able to incorporate theoretical tenets (e.g. from Identity Process Theory) to enrich the analysis of experiential data generated from the interviews, while acknowledging the emic positionality of the researcher(s) (Braun & Clarke, 2023). IPT in this instance was used throughout the coding phase to enrich theme generation. As in Jaspal and Cinnirella (2012), the quasi-deductive approach then allowed for developments of the overall theoretical framework. Furthermore, it served to develop a theoretical model based on these current data to further connect the narratives of PrEP usage (e.g. Anderson & Clarke, 2019).

While not strictly prescribed, TA follows an iterative multi-stage process:

- (1) The lead author became familiar with the transcripts by reading and re-reading them.
- (2) The transcripts underwent an initial quasi-deductive coding conducted by the lead author. Guided by the research questions and an overarching theoretical framework, the codes were both semantic and latent.
- (3) The research team then discussed a selection of transcripts collaboratively, scrutinising the indicative codes to gain 'richer' and more 'nuanced' insights into the data (Braun & Clarke, 2021).
- (4) Arguably, analytic saturation is a fallacy, as the subjectivity in qualitative analysis presents an opportunity for infinite analysis (Low, 2019). Instead, reflexive TA calls for the researcher(s) to make a situated, pragmatic judgement in order to progress from coding into theme generation (Braun & Clark, 2021). Once coding is deemed to be thorough and refined based on in-depth understanding of the data set and application of a theoretical lens, diversity of meaning can be developed into theme generation.
- (5) Initial themes are generated based on the clustering of the developed codes and code labels.

- (6) The lead researchers then developed these initial themes with supporting extracts, which were then critically explored and refined.
- (7) Finalised themes were then described and suitable participant quotations were identified and used to help illustrate the narrative of the analysis.

## **Reflexivity**

Reflexive TA recommends giving due consideration to the positionality of the researchers, the individual study design, and the discipline within which the research is located (Braun & Clarke, 2021). We provide, at the outset, an outline of the positionality of the research team and then, as part of the ensuing analysis, continue to consider its relevance. The research team consisted of three gay, cisgender men and one heterosexual, cisgender woman. Three of the researchers are of white European heritage and one is of diverse heritage. The lead researcher, who was responsible for data collection, contributed most to the analyses and subsequent drafting of the manuscript and is a PrEP user, born and raised in the UK and white. The insider positionality of the lead researcher, in relation to the target population of this study, was envisaged to, and did allow for in-depth discussion of experiences, where participants felt comfortable to share. For example, the lead author disclosed they are a PrEP user. However, issues around perceptions of expertise meant that some participants were motivated to use the interview to establish whether they should use PrEP or not, beyond the remit of the researcher and research. It may have also contributed to the predominately white participant group, where mistrust and hesitancy to participate in research experienced by marginalised ethnic groups is rooted in deeper social contexts – especially within health-related research (Farooqi et al., 2022).

This research aimed to be positioned within a critical realist perspective. This is widely utilised within contemporary psychology conducted in the global north (e.g. Braun & Clarke, 2023) and, especially, enables researchers to explore perceptions and experiences of PrEP use as mediated by language and cultural context. This approach may be critiqued for ignoring certain epistemological tensions within HIV scholarship (Gaspar et al., 2022). One main critique being that public health scholarships and interventions prioritise pragmatic HIV prevention, while often failing to understand the unique challenges faced by specific, and historically neglected, groups (Fiereck, 2015). However, this research remains warranted on the basis that the psychological impacts of both HIV and PrEP stigma continue to persist and act as a barrier to its uptake as an effective HIV acquisition prevention tool (e.g. Calabrese, 2020). Critical realism allows for perceptions of PrEP usage to be explored at this individual/psychological level, while acknowledging the ongoing complexity and biopolitics of the HIV pandemic. This enables, as Grov et al. (2021) call for, an examination of perceptions of PrEP among MSM who do or do not take the medication, as opposed to just the community they are a part of.

## **Analysis**

Three themes (with associated subthemes) were developed to reflect the patterns of shared meaning. Table 2 lists these thematic titles as well as the underlying subthemes and a summary of the organising concept.

## **Reckoning with the Legacies of HIV**

The disproportionate impact of the HIV pandemic on the LGBTQ+ community was a central tenet that characterised and influenced participants' beliefs surrounding PrEP (Jaspal & Daramilas, 2016). Guided by IPT, the multifaceted social and psychological impacts of HIV and PrEP were described at three levels. An intrapsychic level, whereby HIV anxiety was mitigated by PrEP usage. An interpersonal level, indicating how resonant moral panic surrounding HIV and sex continues to influence PrEP



**Table 2.** A list of the themes and subthemes presented in the findings.

Themes	Subthemes
(1) <b>Reckoning with the Legacies of HIV</b> <i>The resonant social and psychological discourses of HIV and their relationship with PrEP.</i>	1a. PrEP & HIV Anxiety 1b. The Echoes of Moral Panic 1c. The HIV Pandemic: then and now
(2) <b>PrEP versus Condoms: tensions of sexual liberation!</b> <i>Ideological debates between two HIV prevention strategies.</i>	2a. The Facilitation of Condomless Sex 2b. Condom Morality
(3) <b>The Transposition of PrEP Stigma</b> <i>Descriptions of the differing experiences of PrEP stigma</i>	3a. Micro and Macro aggressions 3b. Coping Strategies

use decision-making. Finally, at an intergroup level, we describe the lasting impact of the HIV pandemic on MSM and the wider LGBTQ+ community.

*PrEP and HIV anxiety*

Participants discussed their experiences of PrEP in relation to personal fears of HIV. Consistently, participant descriptions reflected higher levels of HIV anxiety in comparison to other sexually transmitted infections (STIs), with PrEP being characterised as a preventative measure serving to mitigate such anxieties:

I think you know, obviously condoms protect against STI's and, but catching things like, that, that . . . something such as HIV, which you can't really get rid of it . . . That's always a bit scarier, and so having just a PrEP which helps against that is just an extra level of, I think, reassurance when you're meeting guys and . . . (Freddie, 25, Gay, PrEP User)

The permanence of HIV acquisition, despite increased awareness that it can be managed through appropriate treatment, was described as scarier by Freddie. He outlines how PrEP provides an additional layer of reassurance when meeting other men to have sex, a sentiment shared by other participants:

Yeah, I think safety net is, is the big view I have of it, it's, it may not be failsafe, but it's a really good thing to be able to say, ah, you know, just in case, it's just, you know, there is that slight backup. (James, 32, Gay, PrEP User)

James invokes a comparable analogy of PrEP as a safety net, a mechanism that facilitates individual negotiation and rationalisation of sexual encounters. However, by describing PrEP as a back-up, rather than a primary method of HIV prevention, it calls into question the wider obfuscation of PrEP use and its perceived clinical efficacy by some MSM (i.e. the purview paradox) (Cooper et al., 2021).

Alternatively, the positive advancements in treating HIV mean that it is now not viewed as a 'death sentence' but as a manageable condition (Catalan et al., 2020):

I guess having protection against HIV is good. But I'm . . . also HIV is like, particularly in wealthy countries is like, for the moment, just an eminently manageable condition. So not curable, but it's extremely manageable. It's, it's like, it's to be honest, it's not even clear to me that the . . . downside of getting HIV these days, assuming constant access to antiretroviral, is, like I said, it's not even clear to me that this is worse than getting, for example, herpes, where you get annoying cold sores a few times a year, which are like painful and distracting and annoying given that. (Ali, 20, Gay, PrEP User)

Ali presents a clear example of insouciance (i.e., lack of concern) towards HIV with the caveat that access to treatment is essential. HIV was comparable then to other manageable but incurable illnesses like herpes. This is, of course, not the lived reality and experience of all MSM. Indeed, the root causes of HIV anxiety and understandings of HIV prevention among MSM are embedded within the multifaceted complexities of historical HIV stigma, medical mistrust, and misinformation (El-Krab et al., 2023). The clinical and social complexities of HIV means that fear of HIV is also understood differently to other (chronic) illnesses:

You know, if I get HIV, what the hell's gonna happen to me? That's why I think, I don't just worry about my health. I worry about my . . . full life, my, my family. (Elias, 20, Bisexual, Non-PrEP User)



Elias summarises how HIV anxiety can be both state and trait like (Endler & Kocovski, 2001). He had immediate state-like HIV anxiety due to assessing the impact on his own health. Then, imagining himself living with HIV, or indeed seroconverting, provoked enduring or trait-like anxiety. The latter is arguably embedded in wider societal stigmas surrounding HIV acquisition.

### *The echoes of moral panic*

While social representations of living with HIV since the introduction of effective antiretroviral therapy (ART) challenged HIV stigma, sustained anticipation of such experiences, as a result of HIV acquisition, remained (Hedge et al., 2021):

Yeah, it's like... if I get HIV, you know, my parents are obviously... I mean, heterosexual couples can get HIV as well, you know, but then they would be like... Did he fuck a guy? Did he get fucked? (Elias, 20, Bisexual, Non-PrEP User)

Elias notes that people (including his own family) incorrectly perceive HIV as only affecting MSM, reflective of how penetrative anal sex between two men continues to be conflated with historic and prevailing HIV stigma (Hutchinson & Dhairyan, 2018). This problematic perspective that HIV is an 'illness of sexuality' (Holleran et al., 2023) inextricably linked to homosexuality (Gonzalez, 2019) serves to perpetuate a historical moral panic surrounding same-sex sexual intercourse and reinforces HIV stigma:

But then I think there's also a moral side to the debate, which is an inherent appearance or this association between having a lot of sex and being a morally corrupt person... So what if you sleep with five people every day? (Diogo, 24, Queer, PrEP User)

Diogo summarises such moralistic perspectives surrounding sex and sexuality within what is considered normative society. Such attitudes, while not only contentious, serve as a precursor for PrEP stigma:

People don't like talking about sex in public. And when, you know, whether it's a campaign about PrEP, or whether it's someone talking about their own experiences with PrEP, it is bringing sex out publicly, it's admitting that people have sex and that some people have more sex and others, it's admitting that people enjoy sex, and people don't mind others knowing about it'. (Diogo, 24, Queer, PrEP User)

Golub (2018) positions PrEP stigma as a distinct but related concept to HIV stigma in that they are both rooted in sexual stigma and moral panic stemming from the HIV pandemic. Diogo signals this by highlighting the prevalent discomfort regarding discussions of sex and sexuality. They allude to how PrEP is misconstrued not as a preventative mechanism for HIV, but instead as a resource for those that wish to engage in a socially stigmatised sexual behaviour. Thus, the wider issue needs to be considered whereby the stigmatisation of HIV, sexual practises, and marginalised groups (including diverse MSM) continue to be significant factors associated with PrEP use (Babel et al., 2021):

I feel like I would be judged [for using PrEP]. Because I feel that in the same way that HIV and PrEP are closely related, the relationship between sex positivity and PrEP are as well. And if people have a problem with sex positivity, people might have a problem with PrEP. (George, 28, Gay, Non-PrEP User)

Again, George highlights the role of sex negativity that is imbued within HIV, and how it is echoed in perceptions of PrEP usage (Girard et al., 2019; Hacking, 1999). The interactions between HIV stigma, PrEP stigma, and association with sex-negative views (e.g. Jeffries et al., 2015) are conflated with historical negativity stemming from the HIV pandemic (Dubov et al., 2018) and its associations with perceived MSM transgression. This may impact decisions to use an effective preventative mechanism.

### *The HIV pandemic: then and now*

Participants related their perceptions of PrEP to their reflections and/or experiences of the social impact of the HIV pandemic:

I developed the conviction that I had AIDS. . . . probably a couple of flu like illnesses. About. . . Would have been about 1992 or thereabouts. And. . . Erm err for about six months, I did nothing about it because although I think the medical profession will tell you [to] get tested. There was quite a resistance because there wasn't very much that could be done. You know if you've just got it then we guess you're probably going to die. (Sebastian, 56, Gay, Non-PrEP User)

A brief discussion on the resistance to getting tested for HIV reflective of an era before effective treatment reveals elements of collective trauma associated with living through the HIV pandemic (Halbwachs, 2020; Vaughn, 2020). For many MSM, sexual liberation was replaced with fear and uncertainty because of the HIV pandemic (Jaspal & Bayley, 2020). Yet despite advances in treatment and understanding of HIV, sex without condoms for MSM continues to elicit feelings of anxiety (Martinez, 2024):

It was, you know, kind of. . . your first time hooking up with someone of the same sex. It was kind of like huh. But what I actually really remember happening was, the next day, I had a bit of a cold, and then something like penny dropped in my head where I was like, Holy shit, I've just had like unprotected sex with a guy who has just told me he's had sex with like, you know, multiple people in the past month. I think he used you know, in the past few months, he was like, 10/20, something like that. And I really like freaked out. (Mark, 27, Gay, PrEP User)

Despite differences in time, Mark reports a similar sudden sense of anxiety after having sex (i.e. related to the perception of non-descript symptoms typically associated with seroconversion), indicative of the prevailing legacy of hypervigilance associated with the HIV pandemic that, in the global north, disproportionately impacted MSM (Hirschberger, 2018). Mark, like most participants in this study, was not sexually active, or indeed born, at a time when effective treatments for HIV were unavailable. However, he discussed the ways PrEP can mitigate anxiety caused by such lasting generational memory:

It's absolutely wild that, you know, not even what, 30 years ago, 20 years ago, you know, you had to be really careful, or you could contract something that could kill you, and that had a stigma. So even if you were dying, you know, you wouldn't necessarily be able to get the emotional support, physical support, treatment, because of that stigma. So, and, it's it's it's really wild. . . to even think about that, and now we have just a pill that you can take every day and, you know, you'll generally be protected be protected. . . (Mark, 27, Gay, PrEP User)

Mark reflects as someone who came of age in an era of effective ART, as well as at a time when preventative prophylaxis was commonly available. Nonetheless, he articulates how he understands PrEP to be an effective mechanism for reducing psychological discomfort associated with engaging in certain types of sex for MSM groups. Mark states that previously one 'had' to be careful (past tense), indicative of a shift in perspectives among some MSM vis-à-vis managing sexual health with PrEP.

Within an era of effective ART, PrEP was described as having interpersonal and group-level benefits:

I don't I don't feel like I'm doing it to be part of the crowd. Right. It's, it's, it's mostly for me and my health. It's partly for the you know, the community. (Adam, 37, Gay, PrEP User)

On one level, Adam felt that PrEP use was a form of personal protection in addition to safeguarding their sexual partners, and on the other, the wider community they are a part of. Furthermore, this extended to PrEP usage and advocacy for its use by others, achieved through the campaigns for sustained and universal provision (Hillis et al., 2020):

Like, it feels like something that was hard fought for, and something that I kind of want to advocate for, in the sense that I respect how difficult it was to convince institutions that we as a community, especially as like gay men who have sex with men needed it. So, it still feels like that, to me, sometimes, as well still feels a bit like a political thing as well. (Alfie, 29, Gay, PrEP User)

Therefore, in addition to providing personal protection, PrEP can be understood as a symbol of hope for MSM groups, navigating the lasting legacies of HIV. PrEP users described strong feelings of 'PrEP advocacy', and some actively campaigned for PrEP availability:

And, yeah, so there was a point where we were like, okay, well, PrEP is another sort of welfare resource that we could be offering from the [REDACTED]. So each committee gets given a fund per year. And we were like, okay, well, could the [REDACTED] fund [REDACTED] who want to go on PrEP to be able to purchase PrEP? Because it was not widely available with the NHS at the time that we were doing this. (Michael, 27, Gay, PrEP User)

The advent of PrEP serves as a symbol for a future without HIV – especially for gay and bisexual men (Jones et al., 2020). Conversely, issues of (growing) global inequalities in relation to PrEP, as well as across intersections of marginalised groups within the UK remain (Melo, 2021; Whelan et al., 2023; Witzel et al., 2019):

And like, like the astoundingness is of PrEP is like matched only by the absolute, like abhorrentness that I'm like, it's only the most cost-effective intervention in a really small number of highly developed nations. (Ali, 20, Gay, PrEP User)

Ali refers to PrEP as 'astounding' yet situated in 'abhorrent' social structures. This is cognisant of how public health interventions continue to fail other historically neglected groups (e.g. black, and ethnic minority MSM) (Williamson et al., 2019). It also relates to challenges faced by MSM in the context of other intersecting identities (e.g. Race; Gender):

But yeah, you do kind of feel, you know what the perception of like, the gay standard is right. So you'd probably say, you know, a masculine white male, maybe, you know, really muscle bound at the top of the top of the food chain. Right? (Maverick, 28, Gay, PrEP User)

With mixed Caribbean heritage, Maverick describes a reality in which there is a hierarchal 'gay standard' that he positions himself within. This perceived standard represents how some aspects of being gay have been scripted by heteronormative, hegemonically masculine social norms and racial discrimination (Stacey & Forbes, 2022). Considering perceptions of PrEP, it highlights what Mowlabocus (2020) presents as a conflict between homonormative ideologies (i.e. individualism) and queer rebellion (i.e. collectivism) in global north, industrialised countries. Moralistic and political contexts of HIV, its prevention, PrEP advocacy, and sexual wellbeing differ (and conflict) across MSM communities (Gaspar et al., 2022). Thus, gay sexuality is still evolving vis-à-vis what is now possible and what is, and should, be desired (Holleran et al., 2023)

### ***PrEP versus condoms: the tensions of sexual liberation!***

PrEP was unanimously discussed relationally to condom usage. PrEP users described how PrEP made condom usage more negotiable (i.e. whether to use them or not), whereas non-users highlighted concerns about increases in condomless sex.

### ***The facilitation of condomless sex***

PrEP users described how, by taking the medication, they can choose to engage in sexual practices that are more comfortable and fulfilling, while still prioritising a sense of sexual wellbeing and safety. For example, Michael (27, Gay, PrEP user) said: 'Another part was making sure that I had PrEP as a way of allowing me to have better sex because condoms, [are] not very comfortable ...'. For Michael, condoms are presented as a barrier to sexual pleasure, and therefore condomless sex is positioned as more desirable. Recognising that penetrative anal sex (without the use of biomedical or material prophylaxis) carries a greater risk for HIV transmission, PrEP provides mitigation while permitting sexual fulfilment (Hascher et al., 2023). This is an incredibly important aspect of sexual wellbeing, and the preference for condomless sex was shared throughout the participant group – expressed by both PrEP and Non-PrEP users alike. Sebastian (56, Gay, Non-PrEP user) stated how: 'The sensation is less [when circumcised] and ... rubber of any kind reduces it further. So, you know, to be able to keep performing is, is, more difficult [with the use of a condom]'. Sebastian articulates how condoms may not satisfy a holistic view of sexual pleasure and HIV prevention (Irungu et al., 2021). Yet, he continues to describe how desire for pleasure is juxtaposed by societal views on 'safer sex':

But erm... you know, in those days, all respectable porn producers featured condoms, [SIC] but actually, it is hot... Watching people shag... without [condoms]... so... I feel very bad about that and shall flog myself still further tonight. (Sebastian, 57, Gay, Non-PrEP user)

The premise of having to engage in forms of psychological self-criticism for preferring condomless sex is further evidence of the impact of the legacy of the HIV pandemic. Chambers (1994) 'condom code' represented an unambiguous prioritisation of condoms as a response to the HIV pandemic. However, there were critical responses of this public health mandate that spoke to the negative impacts this had on both the perceptions of condomless sex and intimacy between MSM (Dean, 2019). The advancements of PrEP and TasP now shift the narrative surrounding HIV prevention and sex between men to a new era of multiple prophylactic strategies (Haire et al., 2021); attempting to shift away from a time when condoms were seen as the only moral imperative, and their use (and therefore non-use) was labelled 'safe' or 'risky' (Holleran et al., 2023). Contemporary public health guidance, however, has been criticised for perpetuating a legacy of what is considered 'safer sex' (e.g. Kaya, 2024). Ambiguity and conflict around the desire for pleasurable sex is juxtaposed against the lasting echoes of the 'condom code' by Alfie:

I wish I could like tell you now like what my like cogent, salient argument about having unprotected sex was, but I just can't, I can't beyond the very selfish scope of I think unprotected sex is more enjoyable. I think it's less to worry about, I think, well, I say less worry about, it's less to worry about with PrEP. (Alfie, 29, Gay, PrEP User)

Alfie emphasises how PrEP alleviates elements of anxiety and allows him to engage in condomless sex. However, Alfie describes their preference for condomless sex as selfish, that is, seeking to engage in a behaviour that is more enjoyable while maintaining a sense that this behaviour is construed as riskier or reprehensible. This psychological conflict, or cognitive dissonance (Festinger, 1957; Metin Orta & Camgoz, 2011), can cause distress for those experience it. Many participants also felt the burden of this internal struggle:

Okay, if I'm gonna talk to you about my feeling I'd say... If I start... PrEP, there is no going back, to me, at least, you know, and then I think, I would be (laughs) be very tempted to try, probably, unprotected sex, just just for the sake of it, to try unprotected sex. (Elias, 20, Bisexual, Non-PrEP User)

Elias describes how for him PrEP would be a threshold to condomless sex. This is an interesting contrast to Alfie in terms of outcome but rooted in the same tensions between condom use and condomless sex:

One of the, a few things, I guess, is negative about PrEP that some people have the view of, you know, because I'm taking PrEP, I don't need to use condoms, kind of... a little bit of the viewpoint that well, HIV is not a problem. So, all the other STI is can kind of go out the window. [...] But yeah, my preference would always be to use them for more casual things, unless less I knew the person. (Luca, 27, Gay, Non-PrEP User)

Luca alludes to the 'straw man fallacy' that PrEP is an intervention that promotes 'risky behaviour' and condomless sex rather than an intervention that reduces HIV acquisition (Grov et al., 2021). This echoes the largely discredited 'slippery slope' arguments that were made against the universal introduction of PrEP (Montess, 2020).

### *Condom morality*

Despite many participants, irrespective of PrEP usage, describing a preference for condomless sex, this sentiment was not universal. While PrEP was portrayed as a facilitator of preferred sexual practices (e.g. condomless sex), some PrEP negative views were apparent:

Erm... Again, at the risk of sounding negative about it... It almost becomes a bit like a magic weight loss pill. If we use that analogy, if I take PrEP, I can just go out and fuck around and do whatever the hell I want, without consequences or without fear of jeopardising my health in any way... Erm Which I guess... makes me feel a bit uncomfortable... (Andy, 41, Gay, Non-PrEP User)

Andy refers to PrEP metaphorically as a magic weight loss pill, evoking ideas that PrEP users are not fully aware of its impacts, efficacy, and outcomes. There was a continued sense of downward comparison that persists by referring to PrEP users as selfish. Willis (1981) defines downward comparison as comparing oneself with someone worse off to provide a sense of self-enhancement. In this case, PrEP users were categorised as an outgroup that is less cautious, ergo more irresponsible, underpinned by a sense that condoms are morally superior. Additionally, evoking such an analogy questions the clinical efficacy of PrEP, resulting in uptake hesitancy. Participants acknowledged shifts away from this argument, yet struggled to reconcile this desire for condomless sex:

I feel like there's always that kind of devil on your shoulder telling you not to use a condom. I think that this might be increased, especially in this age of PrEP, because people now feel like they have this safety net, that they might be more willing to not use condoms because they feel protected from HIV, which is probably the biggest, most scary STD compared to other things. (McKenzie, 30, Gay, PrEP User)

While McKenzie valued PrEP as a method to both engage in condomless sex and prevent HIV acquisition, their perceptions of condomless sex were likened to a devil on the shoulder. This is a metaphor evoking the moral primacy of condom usage and problematises non-usage (Irungu et al., 2021). Overall, this psychological conflict could then result in hesitancy to use PrEP and stigma towards those who use it.

### *The transposition of PrEP stigma*

PrEP use, like HIV, in the days of early provision was considered to carry a high risk of stigma (Young & McDaid, 2014). Participants described experiences of stigmatisation from both outside their perceived community and within in. Representing how stigma towards PrEP operates on the different levels described by IPT: interpersonal, intragroup, and in some cases intergroup (Jaspal & Breakwell, 2014). Ways of psychological coping with stigmatisation were described, and this was specifically in relation to how narratives around PrEP disclosure are changing. While there are still examples of overt PrEP stigma described, PrEP stigma was also presented as having evolved into something more subtle.

### *Micro and macroaggression*

PrEP stigma was often constructed in a way that defined those who take the drug as an 'out-group'. This is usually in the form of a more direct and overt form of stigmatisation, for example:

And then this one guy was like, "oh why are PrEP Gays always like'...' these PrEP Gays'. It was like, 'oh, all of a sudden, like, you take a pill. And that means that you can just do whatever the fuck you want. And you don't have to do condoms. I think everyone should be having condoms. (Alfie, 29, Gay, PrEP User)

Alfie recalls a conversation with another person (also identifying as LGBTQ+) who categorised PrEP users negatively as an out-group. This again reflects downward comparison as PrEP users are constructed as less responsible and contravening social norms. Similarly, in the previous research, the pejorative characterisation of PrEP users as 'PrEP Whores' has been widely observed and discussed (Spieldenner, 2016). This extends beyond portraying PrEP as something negative but, by extension, the users as well. While for some, especially MSM groups, PrEP is a symbol of hope, for others it embodies the demise of the 'responsible gay identity' narrative (Young, 2022).

Misinformed confluences between PrEP and HIV medications (e.g. ART) can further result in negative experiences of stigma:

Yeah. So he came over once and I think I had PrEP bottles out on the counter and he saw them and he was like, oh, what are these? [...] He accused me of having HIV because he said the drug was the same as the drug used to treat HIV. And I was like, no, it's PrEP. Like, I don't have. ... And then he stopped talking to me. (Connor, 25, Gay, PrEP User)

In this case, Connor describes how a partner misconstrued prophylaxis for disease management, and consequently ended the relationship. Anxieties around using PrEP, or even internalised PrEP stigma, may be induced or exacerbated by a misconstrual of both medication and HIV. This is not just experienced within social relationships but also within professional relationships. For example, healthcare practitioners, and more specifically in the following example, the dentist (Song et al., 2020):

I had to explain it [taking PrEP] wasn't meaning I was actively, you know, medicating for having HIV, and I'm going no no no no, it's preventing me getting it. And so suddenly, they [the dentist] went, oh, we don't have to double glove then. (James, 32, Gay, PrEP User)

This not only demonstrates decreased knowledge of HIV and PrEP across sub-specialisms of health-care services (e.g. dentistry; Wakayama et al., 2021) but continued stigmatisation of people living with HIV (assumed or otherwise) (Patel et al., 2015). Microaggressions are described as subtle, sometimes unconscious, insults, or stigmatisations of marginalised identities (Nadal et al., 2019). The act of even double gloving has been described by some as a microaggression towards people living with HIV (Marks et al., 2023) and while James was able to challenge this incident, challenging such incidents may be difficult.

As with HIV, there were also examples of microaggressions towards PrEP and those who use it. For example, when discussing perceptions of PrEP usage, Brad said:

So. And I think it's been this kind of laissez-faire type attitude that again, well I'm taking PrEP, so I am okay, well, you might not be okay, because you may have any other any other number of infections that PrEP does not prevent. So erm... I think that's where the misunderstanding in the trust comes in. And I think, well, you know, for me, the person would really need to know their stuff in order for me to trust them, and their flippancy and perhaps, naivety about it just causes me to back away. (Brad, 39, Bisexual, Non-PrEP User)

While Brad does acknowledge (indirectly) that PrEP is effective at preventing HIV, he describes how PrEP users fail to take necessary precautions against other STIs. PrEP users are also othered in a more negative light with flippant and naive attitudes towards their own sexual health and wellbeing. When describing intimate relationships, Brad continued to say how PrEP was a deterring factor:

I guess what people are saying is "I'm on PrEP, do you want to, you know, have some form of relationship?" And erm... you know, whatever that act might be... So, I could have said yes, and done it... And that would have been something, but it hasn't because... of all those issues. [with PrEP]

(Brad, 39, Bisexual, Non-PrEP User)

This recognition of PrEP's efficacy while simultaneously being hesitant to sexually engage with PrEP users and the description of them as less trustworthy presents a form of discursive discounting (Hedrick & Carpentier, 2021). In other words, there is a sense of PrEP use is acceptable but, consequently, the user attracts higher level of scrutiny. Additionally, this form of discursive discounting extends to PrEP and the perceived impact on the NHS:

Oh, well, I think in principle, it ought to be a good thing. If it doesn't have harmful effects, and if it isn't, indeed, diverting health service resources from from from sort of old ladies getting their knees replaced or whatever... So, yes, and I, I, I have no objection to it. As as a as a principle (Sebastian, 56, Gay, Non-PrEP User)

Such opinions constitute a form of othering. It is evident that this stigma has shifted from simply refuting PrEP as an effective tool for HIV prevention to how, on a micro-level, PrEP availability is appropriate, providing it is not at the detriment of other social causes (e.g. socialised medicine). This reinforces this 'us versus them' dynamic between PrEP users and non-users, perpetuating stigma, and disparity.

### *Coping strategies*

PrEP users are aware of this stigma, and participants described ways in which it was coped with:

I've had ... I've had horrible experiences with health care and taking PrEP. Horrible experiences and in the sense that I actually emailed Terrence Higgins Trust and being like ... Something needs to be done about this (Connor, 25, Gay, PrEP User)

Following negative experiences within Emergency Care in England (i.e. A&E), Connor took action in response, and in doing so demonstrated PrEP negativism. Negativism refers to the taking action against of a source of threat to one's identity (see Breakwell, 1986, for a full description of negativism as a coping strategy). By reporting the incident to a relevant HV charity, Connor responded to the threat against his identity. However, one may also choose to conceal PrEP usage to avoid potential stigmatisation. This was more common among potential sexual partners:

And the reason I say that is because I have a little bit of conflict between just on the app [Grindr] right, put in whether you know, bareback, like for me, if I put that on the app, I kind of feel like, again, there's a maybe a little bit of stigma around that. So, like, people might view me as promiscuous, or some people might be completely turned off by that. And even though that's what I do, right, I've ever I just don't want... a small part of me that doesn't, have a little bit of stigma against that. (Maverick, 28, Gay, PrEP user)

Maverick does not wish to be perceived as 'promiscuous' when using the geosocial networking application Grindr (Jaspal, 2017). Carefully assessing one's social context plays a part in determining when, how and to whom it is safe to disclose PrEP usage. This is demonstrable of 'passing', a protective response where one conceals an aspect of their identity or group membership (Jaspal, 2018). This is an example of passing as a Non-PrEP user. Alternatively, it may also indicate 'self-disclosure' whereby one chooses to exchange confidences with a trusted other for positive validation (Jaspal, 2018). For Maverick, it is ensuring there is trust and communication before disclosing PrEP usage rather than having it on a public profile. However, fear of disclosing PrEP usage could have detrimental impacts as it could increase hypersensitivity to wider stigma (Jaspal, 2018). Thus, some PrEP users may assimilate PrEP into their identity and then exhibit it to others in their actions to engage in wider HIV and PrEP activism but in other contexts conceal their PrEP use to protect their own identity. This is a complex way of coping with the multifarious types of identity threat in relation to PrEP stigma.

## Discussion

This study explores the psychosocial influences on the perceptions and use of HIV pre-exposure prophylaxis (PrEP) among men who have sex with men (MSM) in the United Kingdom (UK). Three themes describe how PrEP use may be influenced by personal perceptions of HIV and preferences around condom usage, combined with societal expectations around HIV prevention, weighted by the communal legacy of the HIV pandemic. It corroborates past research, in that the continued stigmatisation of both HIV and PrEP can act as a barrier to its uptake (e.g. Jaspal & Daramilas, 2016), and highlights novel enactments of micro-aggressions towards PrEP and those who use it.

Drawing together the key themes, it permits a reflection on how the seemingly juxtaposed perceptions of PrEP across this specific corpus of data can be understood. Critical depth is gained by situating the data in the socio-cultural constructions of HIV and wider contexts pertaining to MSM specifically (e.g. homonegativity). It allows for the perceptions of PrEP to be explored at a latent level, understanding the implicit meanings of PrEP usage within the MSM community by those who take the medication and not (e.g. Grov et al., 2021). Additionally, through the application of Identity Process Theory (IPT), a theoretical narrative can be drawn from both PrEP and Non-PrEP users, allowing for exploration of the specific interplays of what it means to identify as a PrEP-user or not – moving beyond MSM as a homogeneous identity group.



### *HIV anxiety and insouciance*

HIV- and AIDS-related mortalities are described to 'dramatise' associations between death and sex (Race, 2017). This results in (lasting) anxiety being projected onto having sex within MSM groups. Møller and Ledin (2021) describe 'viral hauntologies' as an extension of Derrida's (2006) theory to explain how past ideas of HIV still (sometimes negatively) affect social representations of HIV (and PrEP) today. All participants described this in some way in their interview. For some, PrEP acts as a mitigation of HIV anxiety. For others, HIV insouciance, defined here as reduced anxiety around HIV, was achieved through use of condoms or assurance by effective treatment. Interestingly, it was also achieved in a paradoxical way whereby PrEP was also negatively perceived and thus rejected, due to a 'lingering fear' of HIV, as it served to disrupt previous safer sex ideologies (e.g. condom usage, regular testing). Such practices once assuaged HIV anxiety as part of the socially formed collective ethic (Møller & Ledin, 2021; Rofes, 1998). However, in the era of choice between multiple strategies of HIV prevention, intra-community tensions can arise in the aftermath of what Grov et al. (2021) describe as pervasive, lasting HIV anxiety and the 'morass' of lasting community messages around HIV prevention.

Psychologically, HIV anxiety and stigma can be debilitating and, through the lens of IPT, be considered a threat to the identities of MSM (Jaspal & Bayley, 2020). IPT posits that coping strategies operate at three levels: intrapsychic, interpersonal and intergroup (Breakwell, 2015). Among PrEP users, PrEP use assisted with coping with psychological threats of HIV at all three levels. Firstly, for those anxious about HIV, PrEP enabled them to engage in sexual practices that were both fulfilling and desirable with the absence of anxiety (i.e. intrapsychic). Secondly, PrEP use provided a sense of protecting participants' intimate partners as well as the community they are a part of (i.e. interpersonal). Finally, at the group level, some participants advocated for PrEP as a method of countering the social and cultural impacts of HIV that are felt within subgroups of MSM (i.e. intergroup). This operated in the form of 'PrEP pride' where some participants spoke passionately about PrEP, with high levels of advocacy and appreciation. This in turn also manifests in participation in HIV/PrEP activism and campaigning to equalise PrEP access (e.g. Jones et al., 2020).

Conversely, some participants described the concern that homonegative stereotypes (e.g. high levels of sexual risk-taking among MSM) would be exacerbated by PrEP use (Pawson & Grov, 2018). There was concern that the psychological benefits of PrEP would lead to a counterproductive reliance on the medication and risk compensation. This could be described as 'PrEP scepticism' (i.e. reluctance to use PrEP) or 'PrEP ambivalence'. HIV insouciance was instead achieved in various ways. Those more sceptic of PrEP tended to perpetuate moralistic ideals of condoms equalling safer sex (e.g. Gaspar et al., 2022). This type of downward comparison serves to affirm a sense of responsibility and mitigate psychological discomfort. More ambivalent attitudes occurred by means of adapting sexual behaviours or a preference for condoms yet with a general approval of PrEP. Such a position may be reflective of what Gaspar et al. (2022) describes as flexible PrEP use, where PrEP usage can fluctuate depending on circumstance. Overall, scepticism or ambivalence may vary depending on perceived self-efficacy in relation to sexual health-related behaviours (e.g. PrEP usage adherence; condom usage). In some cases, it may also involve 'anticipatory restructuring' which Jaspal (2018) describes as the anticipation of a threat to identity to proactively reduce the impact. HIV and PrEP stigma may be mitigated by attenuation of condom usage or vice-versa.

### *Perceived risk of HIV acquisition*

The ability to engage in sex, absent of anxiety, was crucial to all participants. Such desires occurred with a nuanced acknowledgement of sexual preferences but also a subjective self-reflection of HIV risk (Bosco et al., 2021). Although condomless penetrative anal sex (in the absence of PrEP) carries a higher risk of HIV transmission (Kesler et al., 2016), all participants described the benefits of condomless sex. PrEP use further allowed participants to negotiate their

sexual preferences with a reduced risk (and anxiety) of HIV acquisition and increased levels of sexual health self-efficacy (Jaspal & Page, 2018). This is beneficial as research indicates that condomless sex can increase feelings of intimacy and higher levels of self-esteem (Jaspal, 2018). However, with the advent of effective HIV treatment and then PrEP, what is considered as 'risky' with regard to sex can vary immensely (Underhill et al., 2018). Participants based their perceptions of PrEP need on appraisals of their individual HIV risk with what one participant aptly defined as a 'personalised risk window'.

However, while condoms were often appraised based on their impact on pleasure and sensation, PrEP as a biomedical intervention evoked different risk-based appraisals. Concerns about side-effects and longitudinal impact of PrEP are often cited as a barrier to uptake (e.g. Cahill et al., 2017). Misinformation and medical mistrust around PrEP efficacy needs to be critically reflected upon (Gómez, 2023), as this could exacerbate hesitancy to engage with PrEP use. Some participants in this study described a mistrust of PrEP efficacy while simultaneously acknowledging the multitude of ways condoms can hinder sexual well-being, potentially indicating a lower likelihood of engaging with either HIV preventative method. Studies utilising constructs of IPT (e.g. identity resilience) show the interaction between one's identity and trust in science in relation to health behaviours despite perceived risk of illness (e.g. taking a covid vaccine; Breakwell et al., 2023). Therefore, it stands to reason those discrete components of identity may shape PrEP-related behaviours in the face of personal or societal threat (e.g. medical mistrust). From this perspective, more work is needed to reduce mistrust of PrEP if condoms are not an individual's preferred choice of HIV prevention.

Participants also described a sense of cognitive dissonance regarding condomless sex even with the use of PrEP. While still acknowledging preferences and benefits of not using condoms, many were acutely aware of the societal condemnation of condomless sex. PrEP was also described negatively as likely to reduce condom use more generally. Similar research indicates how Non-PrEP users perceive the subjective benefits of PrEP regarding HIV transmission but saw these benefits as limiting due to shifting attitudes to condom usage (Haggipavlou & Hamshaw, 2023). This is cognisant of what Race (2019) defines as an attachment to the habitation of condom usage. Differences in attitudes towards STI prevention and reported risk behaviours have been reported quantitatively (Traeger et al., 2022). However, participants grounded their attitudes in STI prevention in the view that PrEP usage would dramatically increase STI incidence among MSM – despite this currently not being fully understood (e.g. Quaife et al., 2019). Indeed, the synergistic approach to integrated PrEP programmes and three-monthly sexual health screenings may improve public health inefficiencies with the treatment of STIs (Ong et al., 2021). Still, condoms were at times viewed as non-negotiable by participants and thus their risk of HIV was reportedly low. Therefore, tensions between enjoyable sex and what is deemed permissible continue to be a threat to the identities of MSM and a barrier to PrEP usage (Jaspal, 2020).

Within the epistemology of HIV prevention, condoms were once central to safer sex practices – yet this has been widely criticised (e.g. Upton, 2023). Condoms can be seen as a source of moral conflict, especially for MSM groups (Nicholls & Rosengarten, 2020). This study corroborated with wider research in that there were discrepancies on what was considered risky in terms of sexual and general health and wellbeing. Some participants saw PrEP as further exacerbating this lax nature towards sexual health (e.g. Orne & Gall, 2019). On the other hand, others self-perceived themselves as actively taking control of their sexual health in a way congruent to their sexual preferences. Overall, the realities of (non-)PrEP use remain complex in that moralistic debates of what 'safe sex' should be defined as remained (Møller & Ledin, 2021; Upton, 2023). This is a key psychological factor to consider within the future of PrEP provision.

### *PrEP stigma and identity resilience*

In terms of PrEP's associated stigma, PrEP users described experiences of being othered with discourses pertaining to a specific identity. While it is well documented how overt PrEP stigma

(e.g. 'Truvada Whore') undermined the public health benefits PrEP brought (Calabrese & Underhill, 2015), participants spoke of more covert, microaggressions towards PrEP usage. Through discursive disclaimers (Blum, 2019), defined as mitigating criticism of rhetoric by presenting prior thoughtful consideration; stigma towards PrEP was presented in ways that in general supported PrEP, while simultaneously negatively stereotyping those who used it. This was performed through mechanisms such as being supportive of PrEP usage but describing PrEP users as less well informed about sexual health. This creates an 'us' versus 'them' dynamic as well as a distinction between the identities of those who take PrEP and those who do not. Overall, microaggressions towards PrEP users could impact those more susceptible to feelings of shame or unable to cope with negative social representations of PrEP (i.e. lower identity resilience). Further research would benefit from exploring whether this could result in decreased likelihood in engaging with it.

On the other hand, PrEP advocacy was also very central to participants' views of PrEP. As such, while PrEP stigma is apparent and evolving, ways to cope with it are evolving too. PrEP can be perceived simultaneously as very positive and very negative, which means varied coping strategies are needed to overcome this internal dissonance. For example, participants reported accounts of PrEP 'negativism' in that they overtly countered PrEP stigma with advocacy, education, and candid discussion. Concealment of PrEP use was also described to mitigate risk of stigma (e.g. being viewed as promiscuous). This is novel in terms of coping with identity threats, because the evaluation of PrEP is constantly fluctuating in accordance with social context. The positive and negative views, also evidenced in other studies (e.g. Philpot et al., 2020), were managed with dissonant and seemingly opposing strategies at interpersonal and intergroup levels. Overall, this may contribute to the level of psychological resilience needed to change or continue behaviours relating to HIV prevention.

### *The likelihood of PrEP usage*

Using IPT as a framework for deductive coding and analysis, perceptions of PrEP could be underpinned by a combination of multifaceted, psychosocial factors. These coalesce into a socially perceived identity of a 'PrEP User' which may be assimilated or rejected by any one individual. This identity then carries a risk of 'anticipated' or 'enacted' stigma, influencing the decision to take or continue the use of PrEP (Brooks et al., 2020). This is depicted visually by Figure 1 to visualise how perceptions of PrEP were driven by three core strands: (1) levels of HIV anxiety, (2) HIV risk behaviour, and (3) the extent to which an individual can cope with threats associated with the 'PrEP User' identity (e.g. PrEP Stigma), reflecting their level of 'identity resilience' (Breakwell, 2021a). While not mutually exclusive, or indeed exhaustive, *in totum*, it provides a connection between psychological processes that may reflect decisions to take PrEP in relation to the current socio-cultural context of HIV prevention among MSM. This in turn highlights specific target points to research regarding the coping with and mitigation of stigma and identity threat. This theoretical model does not constitute generalisability, rather more semantic and realist depiction of the data.

### *Implications, recommendations, and limitations*

The theoretical model presented provides a basis for psychosocial variables that can also be explored using other research methods. By taking these variables into account, researchers can establish their predictive utility in relation to PrEP acceptability. Owing to the high clinical efficacy of PrEP, if psychological barriers continue to prevent PrEP uptake, interventions being developed to mitigate this can benefit from such data (Calabrese, 2020). These data show how perceptions of PrEP move beyond risk compensation to the dynamics of identity and evaluations of oneself. This gives voice to some MSM and contributes to the call that healthcare messaging needs to be tailored in line with shifts of social and psychological representations of PrEP. However, future work also needs to prioritise the intersections of populations with increased need for HIV prevention but who are hesitant to engage with PrEP. Especially due to social

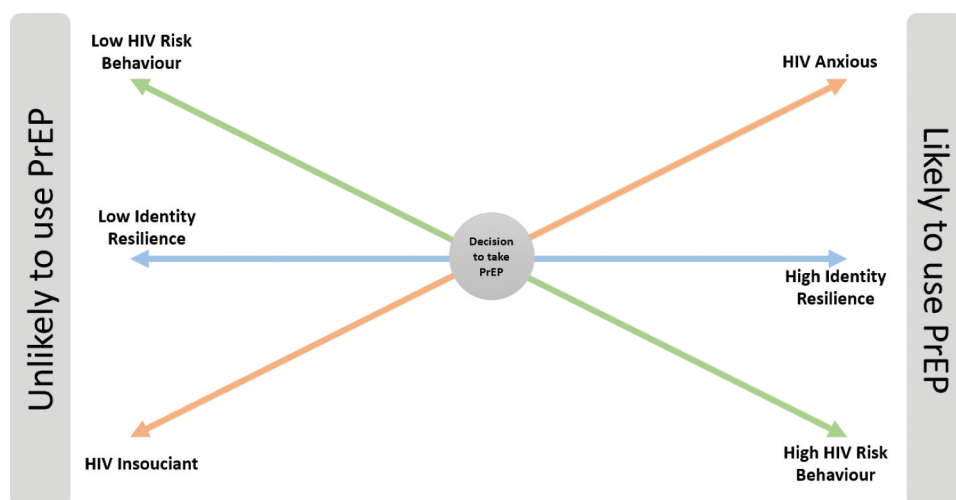


Figure 1. Theoretical model depicting the influences on the decision to take PrEP.

inequalities that present as additional barriers, for example, among ethnic minority groups and young people (Coukan et al., 2023; Ogaz et al., 2022).

With recent amendments to health policy (Department of Health and Social Care, 2020), there is a unique health context to consider: the NHS. Some participants were uncomfortable with free PrEP provision through the NHS, describing it as unnecessarily exhausting finite funding. Others described it as a much-needed right. PrEP is subject to 'welfare chauvinism' (Guentner et al., 2016) where PrEP availability continues to be debated as part of social protectionism. This shows the complex psychosocial influences on PrEP usage that may extend beyond the scope of this current study. Continued interdisciplinary research would benefit from exploring the problematic tensions between privilege, social status, and PrEP acceptability, acknowledging the contemporary and changing discourses within PrEP usage in the UK (Grov et al., 2021).

There are limitations to this study. Firstly, while recruiting both PrEP and non-PrEP users allowed for cross-case orientation, this may result in a fragmentation of accounts (King & Brooks, 2018). The generated data gives voice to some MSM but cannot attest to the plurality of perceptions of PrEP usage that longitudinal and larger studies may seek to present. Secondly, this study fell short at representing a diverse participant group as interviews were conducted with a mostly homogenous white participant group. While this was an unintentional outcome of the recruitment strategy, the data generated still provide valuable insight into current perceptions of PrEP to provide commentary on current psychological matters regarding PrEP (or non) use. There are geographical barriers to PrEP usage that could not be addressed by this study. Inequitable access to PrEP is a major issue that cannot be accounted for within the scope of this psychological research. Future research is still needed to continue to address this more systemic issue.

## Conclusions

The findings of this study suggest a shift in the way PrEP is perceived and discussed by gay and bisexual MSM in the United Kingdom. Those articulating perceptions of PrEP in essence carried dichotomous representations of either providing hope for MSM groups or further exacerbating stigma and (internalised) homonegativity. The decision to take PrEP extends beyond a simple assessment of perceived HIV risk but is part of a complex consideration of many psychosocial

influences such as HIV anxiety and resilience to social stigma. By understanding these psychosocial contexts of PrEP within groups with increased need of HIV prevention, it may help develop novel strategies to encourage PrEP usage. This would be of great benefit to help global targets of eradicating HIV specifically within the global north.

## Notes

1. While the acronym for men who have sex with men (MSM) is used throughout this article, it aimed to capture those assigned male at birth who have sex with other men. Due to pharmacokinetic differences of PrEP usage across gendered physiology, the experiences and perceptions of PrEP usage among MSM, in the opinion of the authors, could not fairly give voice to trans populations. However, to reduce harm as best possible (Rubini et al., 2023), discussions were had with gender diverse participants to ensure we captured their authentic identity, and this is described in the participant table.
2. Event based dosing (EBD) for PrEP is a dosing strategy whereby assigned male at birth PrEP users can take two tablets of PrEP 2–24 hours before an incident of perceived risk of HIV (e.g. unprotected sex), then one tablet a day, for two days after. This offers equivalent protection to taking it daily when adhered to correctly.

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## Ethical declarations

Favourable ethical opinion was granted by the Schools of Business, Law and Social Sciences Research Ethics Committee of Nottingham Trent University.

## Author Contributions

AJG gained ethical approval, collected data, contributed mostly to the analysis, write-up, and revision of the manuscript. RJ, BAJ, and DTM all contributed to gaining ethical approval, provided additional analyses of the data, and contributed to editing the manuscript.

## Data availability statement

No additional data is available for this study.

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