

# QUEER BODIES AND PLACES: DESTIGMATIZING HIV THROUGH PUBLIC TESTING

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**INTRODUCTION** HIV charities such as Positive East provide testing and information on prevention through their "mobile clinics" in everyday places such as libraries, bars, and parks. This research is dedicated to exploring how while striving to destigmatize HIV, public testing unveils multiple layers of stigma around having and getting tested for HIV.

**OBJECTIVE**

- What is revealed about the stigma when observing HIV testing in public places? Does the presence of mobile clinics destigmatize HIV?
- Do different locations of the mobile clinics yield different interactions?
- Are the experiences of getting the test homogenous among communities?

**METHODOLOGY**

- Participant observation in a community center, gay bar, "homeless health and wellbeing event" at a social club, and Positive East's own office/clinic
- Semi-structured interviews



## THE DEATH OF "ONE SIZE FITS ALL"

There are various modes of transmission: sexual transmission, needle sharing, breastfeeding, and receiving blood transfusions. With Positive East's "targeted prevention" approach, at each mobile clinic, the testers encounter people from different communities. Within these targeted groups exist individual differences that challenge the homogenous categorization of "community."

- Different immigrant communities approach the clinic for various reasons.
  - Some have to hide their sexual orientation from their families when going to get a test.
- The assumption that the British gay community is more knowledgeable and at peace with HIV as a reality is false. There are people who have recently come out as queer, cruising gay bars and approaching the clinic to learn about HIV prevention.
- Some people commute for hours to avoid being seen when getting a test.

## I TEST, THEREFORE I AM: AMBIGUITY, ANXIETY, AND POWER OF KNOWING

- Anxious testers: some get a test before the window period (90 days). Often the reason for this is the invisibility and unknowability of one's blood.
- Testees who repeatedly approach the clinic but are not ready to see the result.
- Thinking that they "deserve" getting HIV for being gay/having an affair/drug-use, there are some testees who were sure that they had HIV and decided to "punish" themselves by not getting tested earlier.

## ANALYSIS

Despite the accessibility and safety of HIV medication and testing, there is still a sense of unease felt by the testees. The contrast between scientific reality and the lived experience of getting a test has been a constant in this research.



By providing HIV testing in everyday places, mobile clinics challenge the assumed homogeneities of people living with HIV, the categorizations of communities, and the sameness of experiences. Not only do mobile clinics have various meanings for the testees (for some, it is a confessional, and for others a place where their morality is tested), the material reality of mobile clinic itself is a reminder that HIV cannot be ignored and if testing becomes more regular, than more people will know about its transmission and protection, lessening the already-existing and impacting stigma.



## CONCLUSION

Growing to have grey hair and wrinkles while having HIV is a revolution. We now live in a time when testing, PrEP, and PEP are easily accessible. A person can prevent transmission by medication or can start early treatment. Despite these advancements, the social stigma persists. With this research, I studied the cross-cutting, personal realities of stigma: multiple layers are intertwined.



Silence kills; therefore, through an anthropological approach, it is crucial to understand the nuances of how people have been silenced or conditioned to silence themselves. This ethnographic research shows that internalized and socially reinforced stigma impact people's approach to testing, sometimes preventing them from getting tested.

The visibility of mobile clinics places itself into the landscape of everyday life. As testing becomes a part of the flow of people's lives and awareness about its transmission and prevention is spread, the stigma around it decreases.

\*All of my data is based on my two-month participant observation in the field. I would be more than happy to elaborate on each ethnographic case either in person or through email.