

Double Stigma: Being Both Gay and at risk for HIV

International Conference on HIV –related Stigma
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Core Themes

Long-term success in responding to the epidemic will require sustained progress in reducing human rights violations associated with it, including gender inequality, stigma and discrimination

- UNAIDS, 2008

Faced with legal or social sanction MSM are excluded, or exclude themselves from sexual health and welfare

- UNAIDS, 2006

LGBT rights issues are also *civil rights* issues

--NY Governor David Paterson

Archbishop Emeritus Desmond Tutu

WP, March 12, 2010

Hate has no place in the house of God. No one should be excluded from our love, our compassion or our concern because of race or gender, faith or ethnicity — or because of their sexual orientation. Nor should anyone be excluded from health care on any of these grounds...

My scientist and medical friends have shared with me a reality which so many gay people have confirmed, I now know it in my heart to be true. No one chooses to be gay. Sexual orientation, like skin color, is another feature of our diversity as a human family.

Outline

- Stigma, homophobia and HIV
- HIV among men who have sex with men in (MSM) in the U.S.
- What is the role of stigma and discrimination in these epidemics?

NIMH R01

High Risk Men: Identity, Health Risks, and Stigma

- We are assessing 2 forms of stigma
- Stigma towards MSM (homophobia)
- HIV/AIDS stigma

For each type of stigma we will assess:

- *Self stigma* (also termed internalized stigma)
- *Perceived stigma* (also termed anticipated stigma)
- *Experienced stigma*

“Epidemiology of Stigma”

We aim to:

Assess the prevalence, level and distribution of the manifestations of each type of stigma in our study population.

Investigate the association between stigma and various variables of interest e.g., uptake of testing, behavioral risk, HIV/STI infection, and human rights.

Assess the modifying role of stigma in the relationship between sexual identity and substance use and depressive symptoms among men in our study

Determine the role of sexual identity in the relationship between stigma and coping with human rights abrogations, using vignette based assessment methods.

Measuring stigma

- Scales
 - Validated HIV/AIDS stigma scales
 - MSM stigma scales developed using structure from validated HIV/AIDS stigma scales
- Novel vignette based method

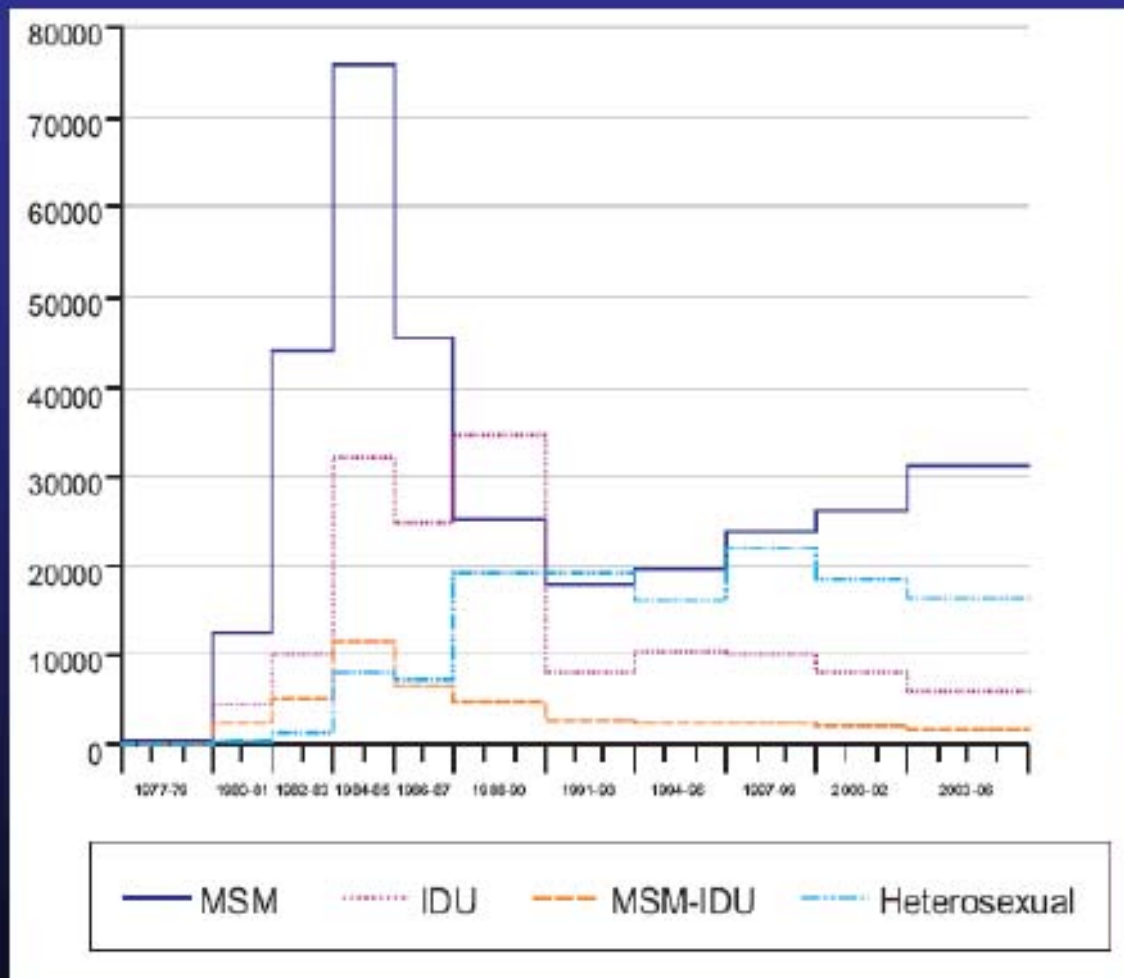
Scales and vignettes have been piloted, and will be psychometrically tested for validity and reliability.

Layered stigma

- Men may internalize, perceive or experience both HIV and MSM related stigma
- It's not necessary to have a known HIV infection to internalize, perceive or experience HIV related stigma
- A man doesn't need to identify as gay, or be known to have sex with a man to internalize, perceive or experience MSM related stigma
- It is often hard to know which type (i.e., HIV or MSM) and manifestation (e.g., self, experienced) of stigma is most influencing men's lives
- We've have built parallel scales of HIV and MSM related stigma to elucidate their individual and combined effects.

MSM and HIV in the USA

Figure 1: Estimated Number of New HIV Infections by Transmission Category, Extended Back-Calculation Model, United States, 1977-2006



Hall et al. *JAMA*. 2008; 300: 520-529.

Note: MSM refers to men who have sex with men; IDU refers to injection drug users

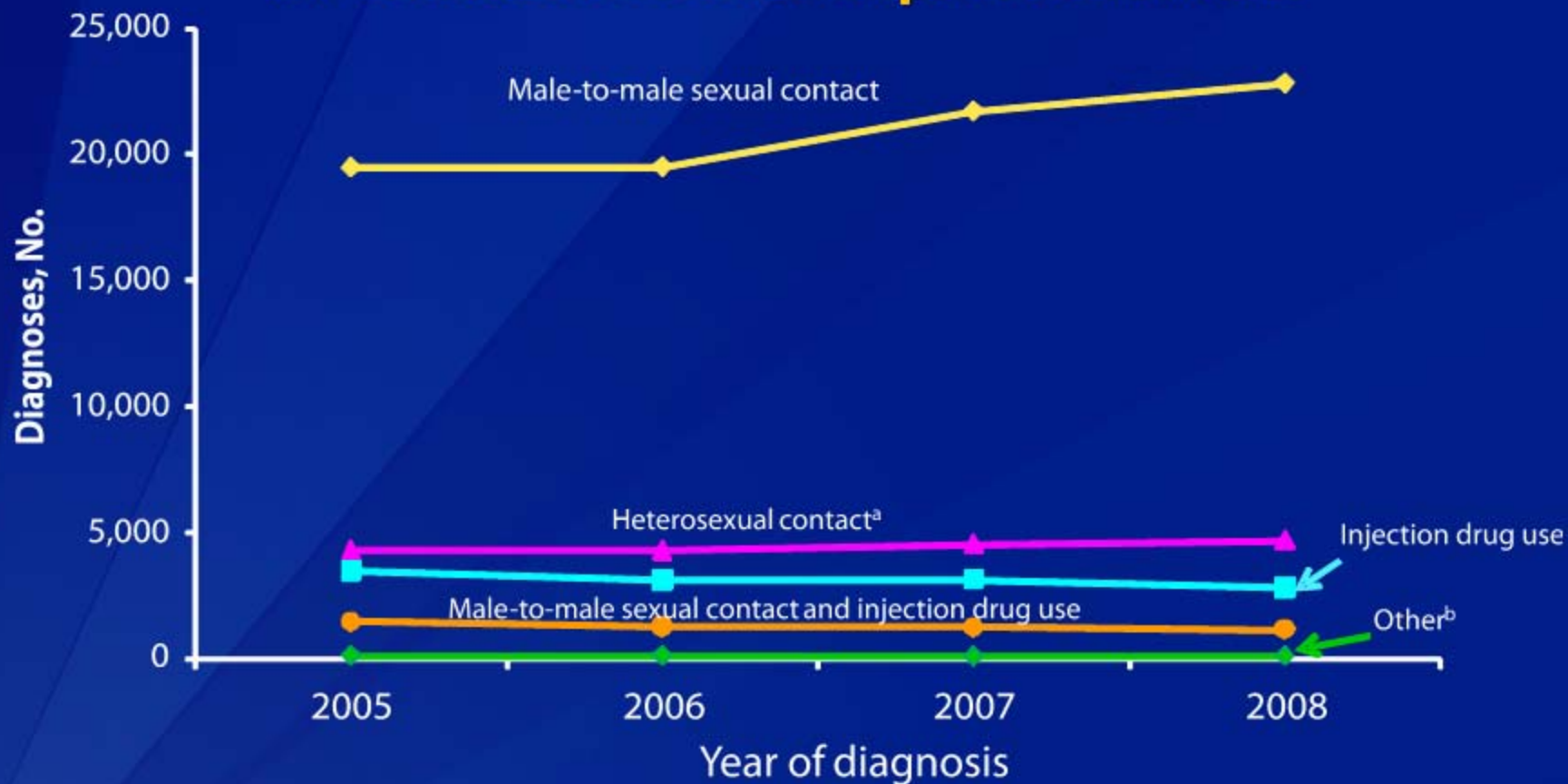


HIV Surveillance in Men Who Have Sex with Men (MSM)

National Center for HIV/AIDS, Viral Hepatitis, STD & TB Prevention
Division of HIV/AIDS Prevention



Diagnoses of HIV Infection among Adult and Adolescent Males, by Transmission Category, 2005–2008—37 States and 5 U.S. Dependent Areas



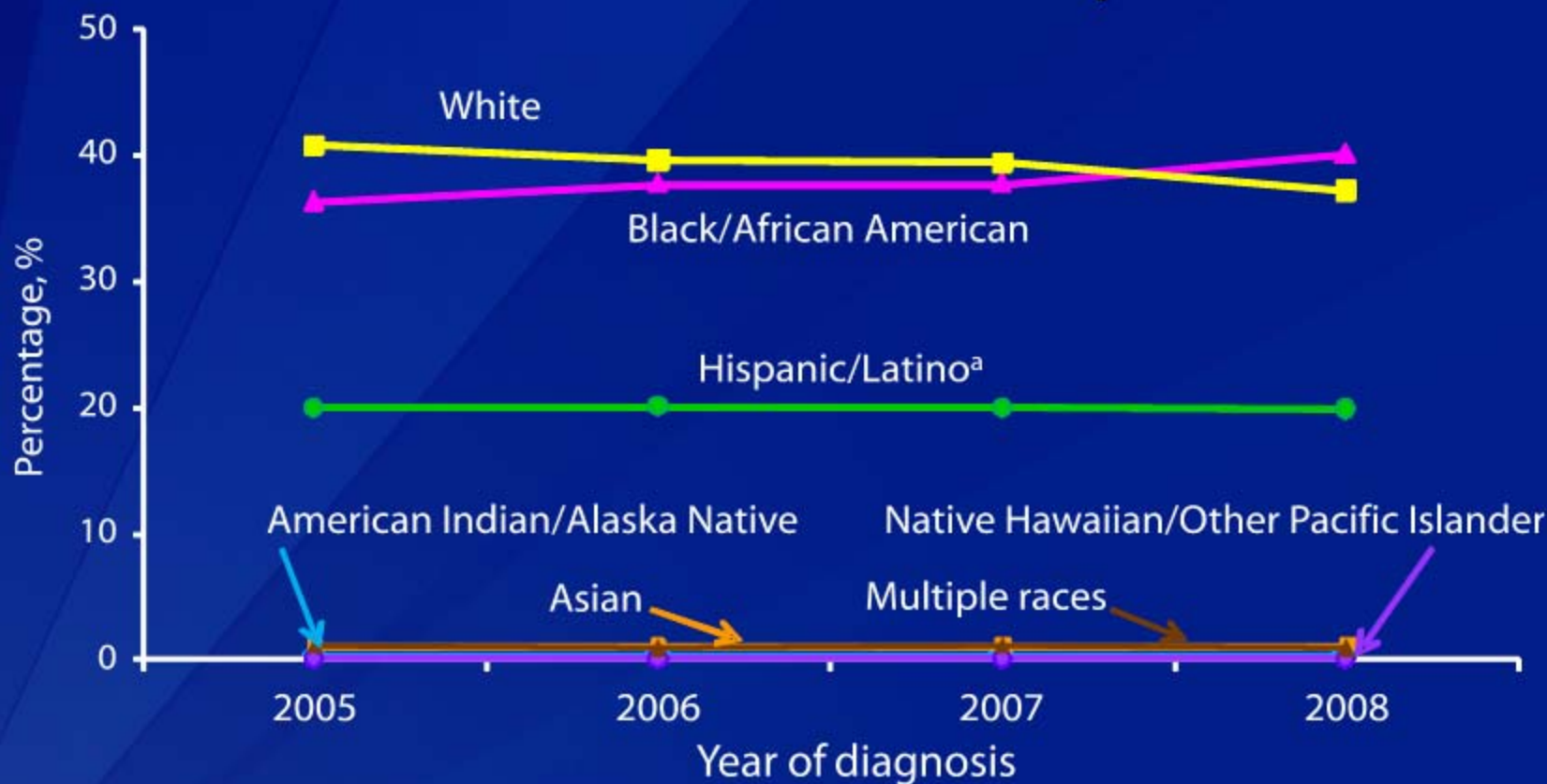
Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting.

^a Heterosexual contact with a person known to have, or to be at high risk for, HIV infection.

^b Includes hemophilia, blood transfusion, perinatal exposure, and risk-factor not reported or identified.



Diagnoses of HIV Infection among Adult and Adolescent Men Who Have Sex with Men, by Race/Ethnicity, 2005–2008—37 States and 5 U.S. Dependent Areas



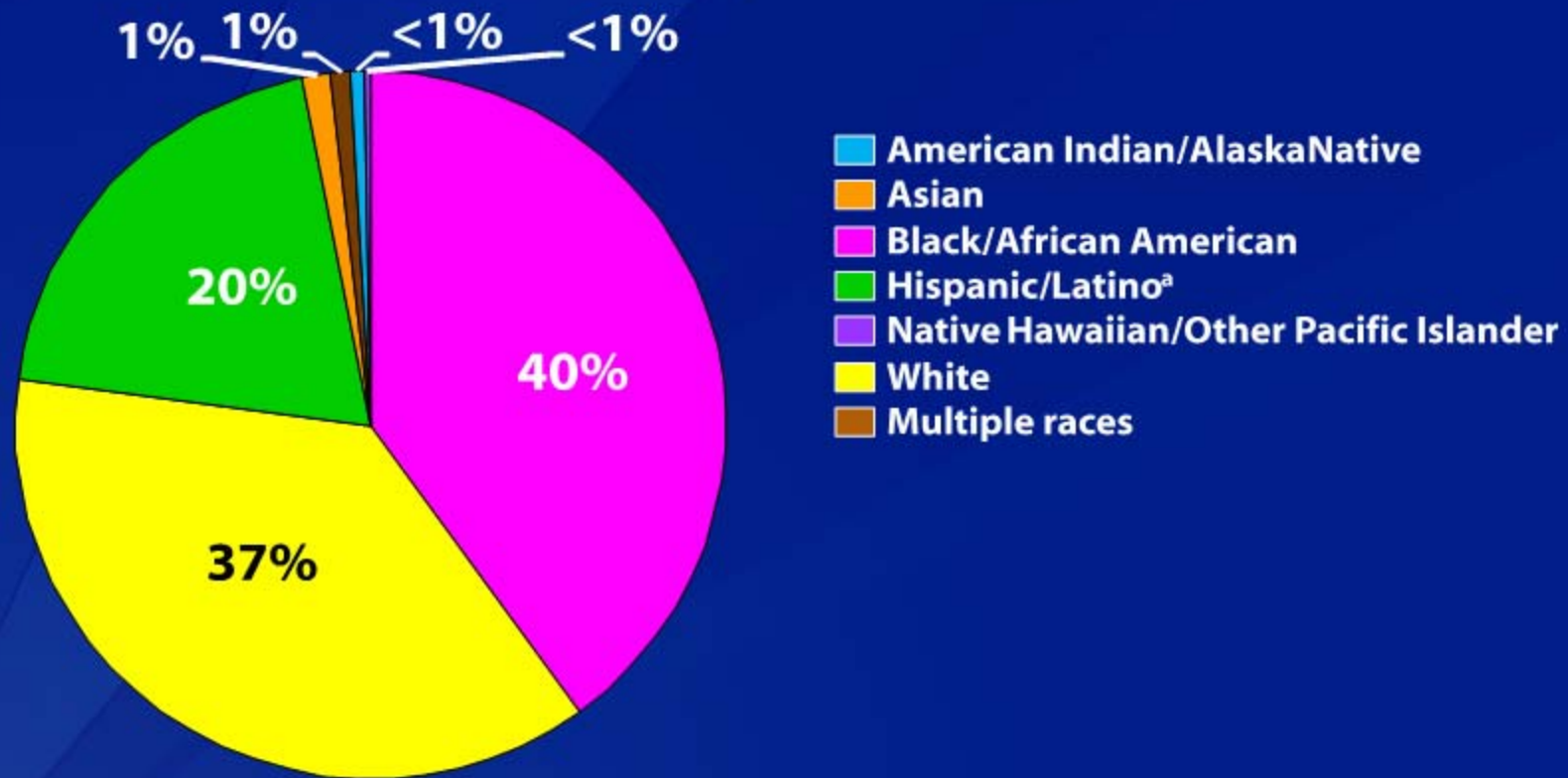
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^aHispanics/Latinos can be of any race.



Diagnoses of HIV Infection among Adult and Adolescent Men Who Have Sex with Men, by Race/Ethnicity, 2008— 37 States and 5 U.S. Dependent Areas

N = 22,810

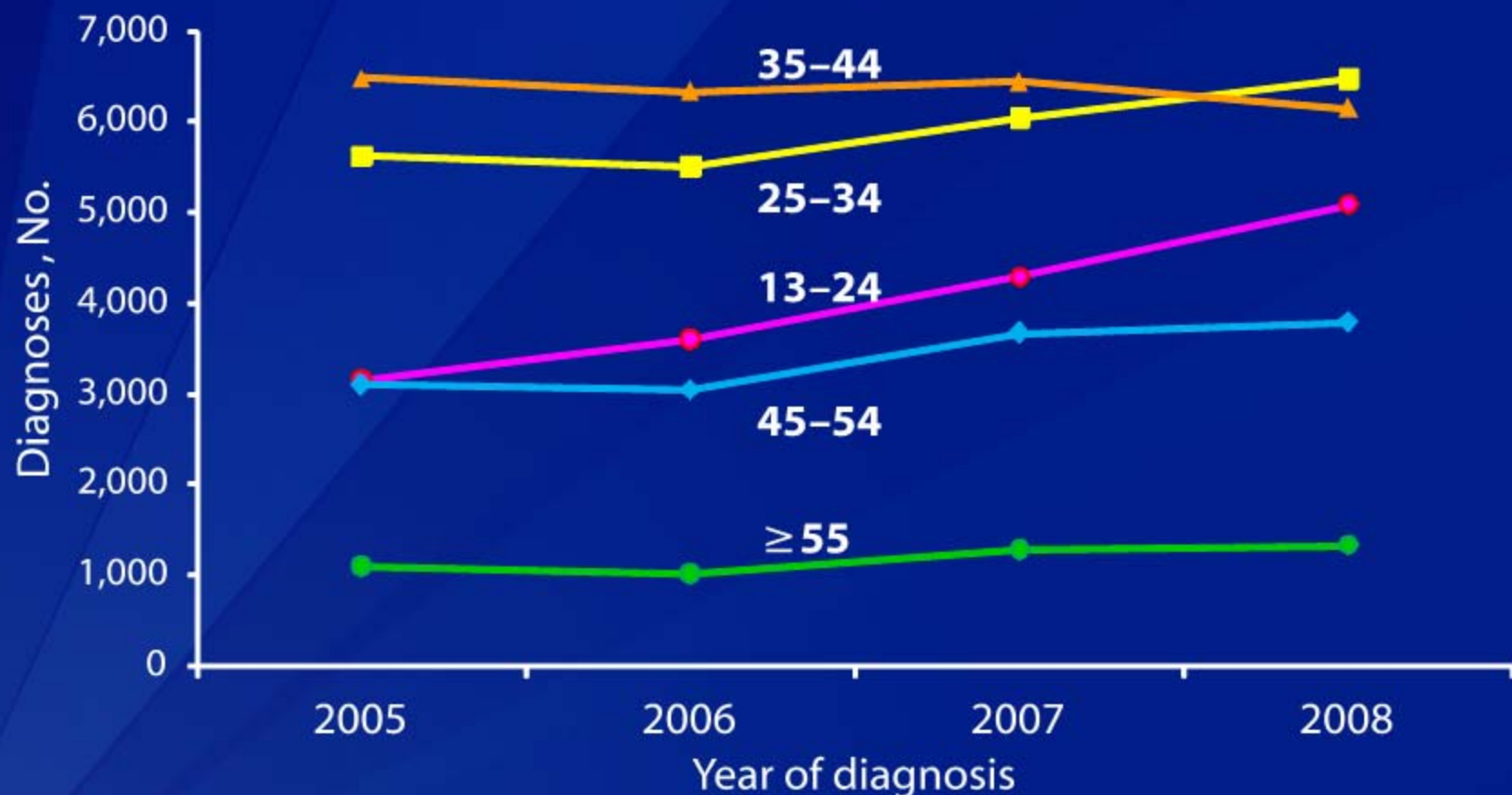


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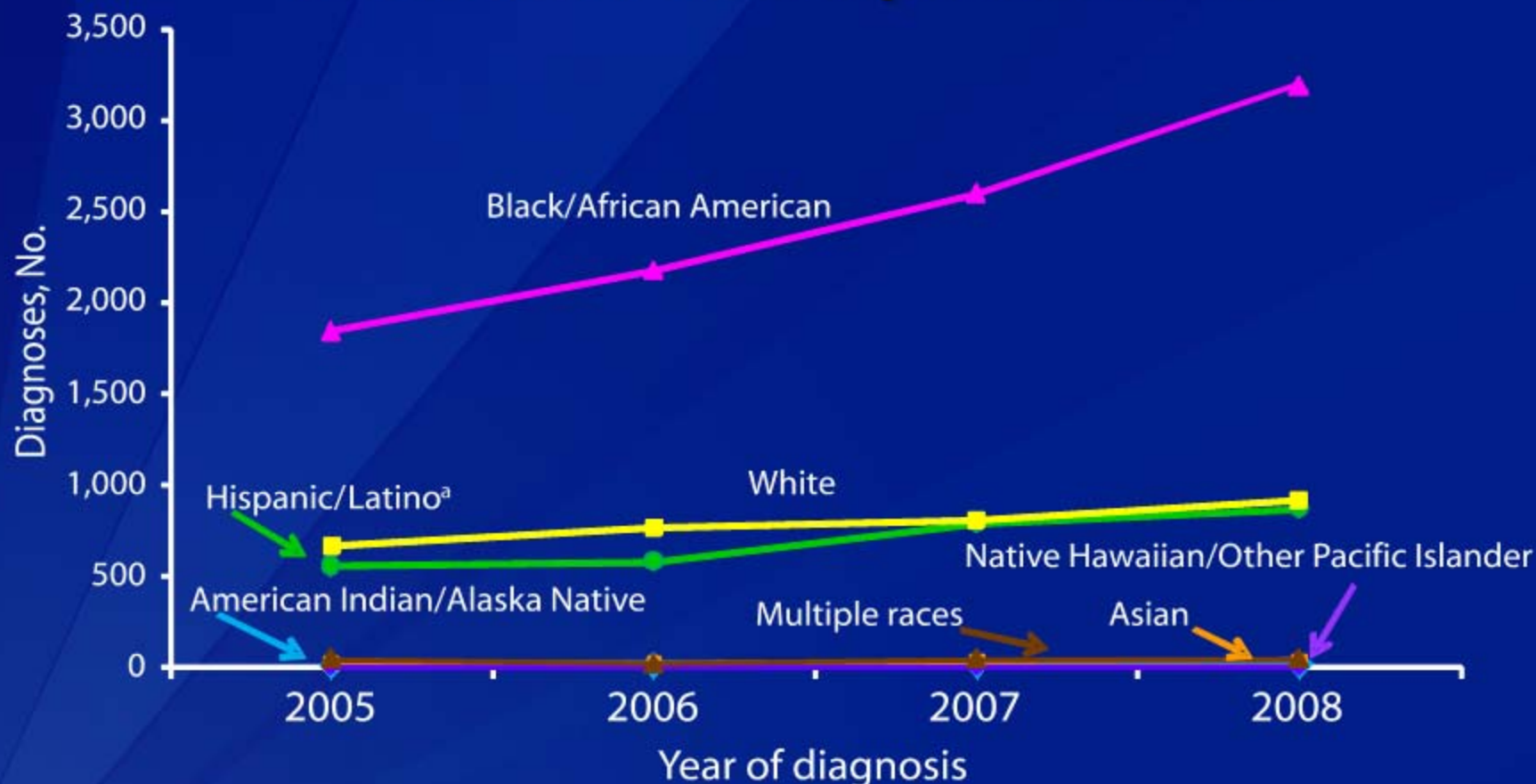
Diagnoses of HIV Infection among Adult and Adolescent Men Who Have Sex with Men, by Age Group, 2005–2008 — 37 States and 5 U.S. Dependent Areas



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting. Data exclude men who reported sexual contact with other men and injection drug use.



Diagnoses of HIV Infection among Men Who Have Sex with Men Aged 13–24, by Race/Ethnicity, 2005–2008—37 States and 5 U.S. Dependent Areas



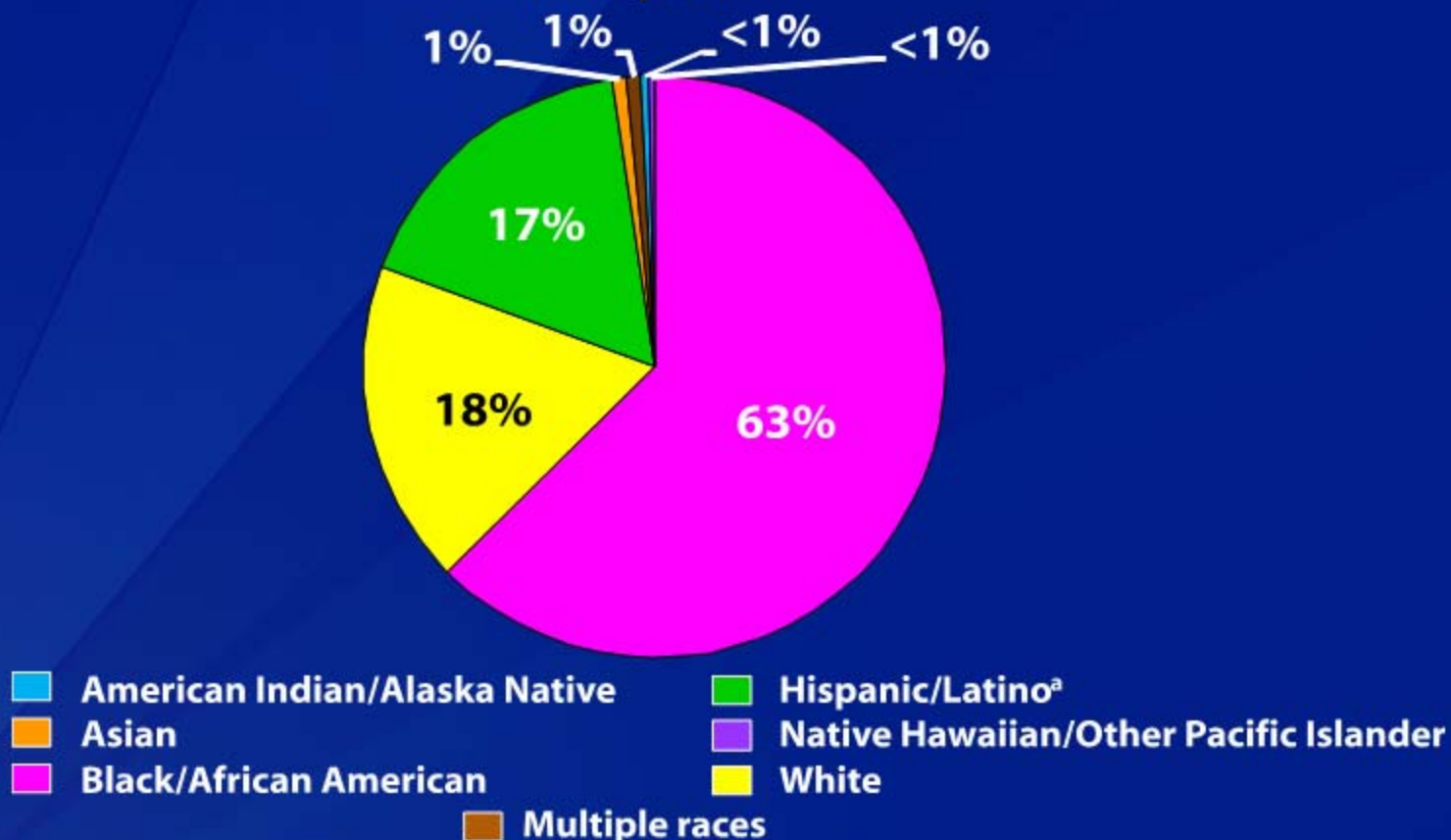
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Diagnoses of HIV Infection among Men Who Have Sex with Men Aged 13–24, by Race/Ethnicity, 2008—37 States and 5 U.S. Dependent Areas

N = 5,083



Note. Data include persons with a diagnosis of HIV infection regardless of stage of disease at diagnosis. Data from 37 states and 5 U.S. dependent areas with confidential name-based HIV infection reporting since at least January 2005. All displayed data have been estimated. Estimated numbers resulted from statistical adjustment that accounted for reporting delays and missing risk-factor information, but not for incomplete reporting. Data exclude men who reported sexual contact with other men and injection drug use.

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Individual level determinants for HIV among MSM

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Unprotected anal intercourse (↑ risk with receptive UAI)

High frequency of male partners (>3 sexual contacts/ week)

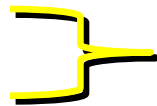
High number of lifetime male partners (>10)

Untreated STI (syphilis, HSV-2)

Injection drug use

Non injection drugs

Methamphetamines



Mediated through increased sexual exposure

Possible risk:

Lack of circumcision

Interventions with known efficacy for MSM

Education, behavioral interventions, peer outreach

Condom promotion and social marketing

HIV VCT

STI diagnosis and treatment (syphilis)

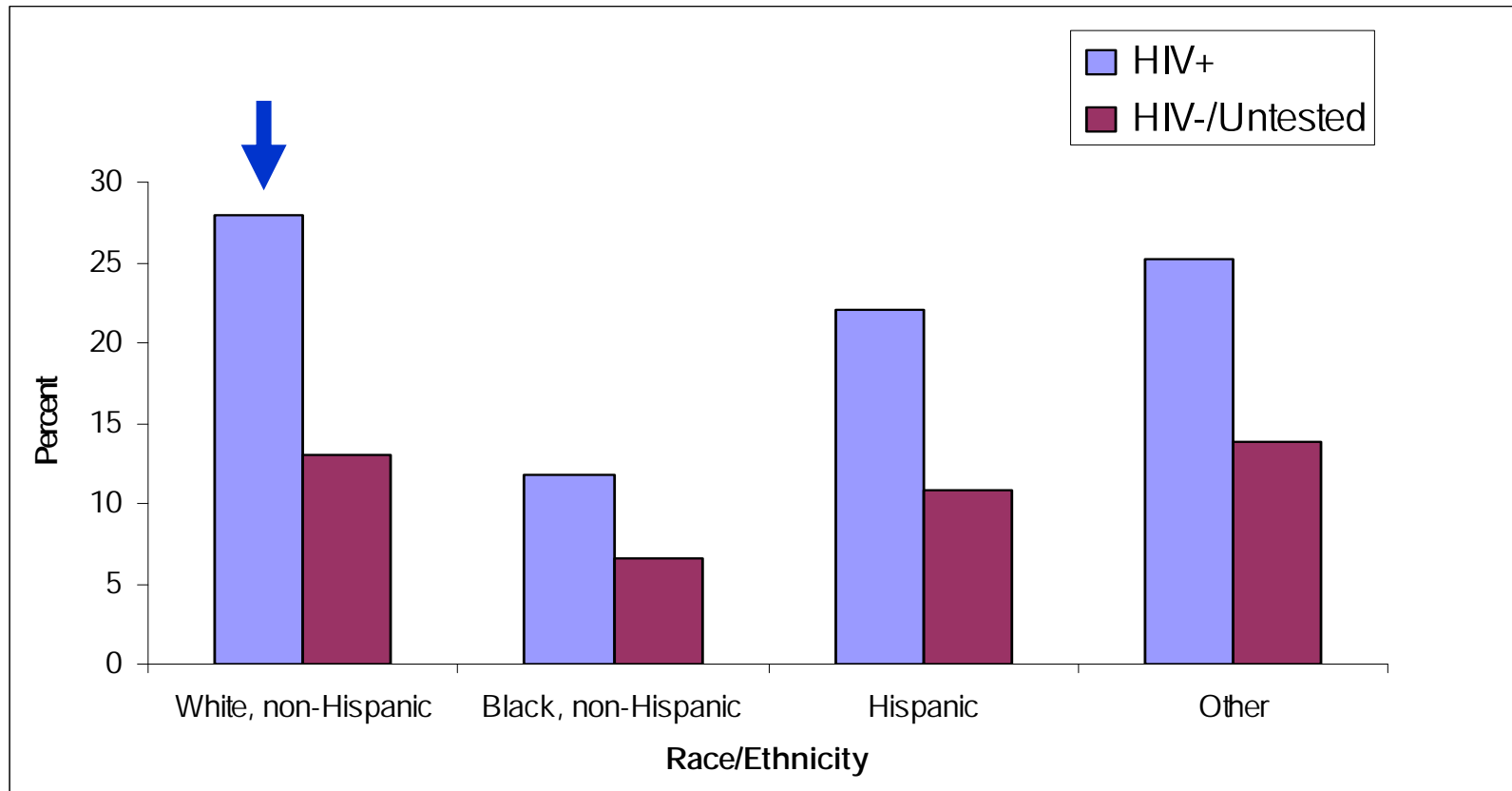
Structural interventions (closing baths, providing MSM-friendly clinic services)

Oral daily Pre-exposure chemoprophylaxis with Truvada 44% efficacy (95% CI 15-63%) in first RCT

Differing risks and different rates for Black MSM?

- Millett, et al reviewed literature on Black MSM and the hypotheses for higher HIV rates in the U.S.: AJPB 2006;96(6):1007-19
- Not Supported by literature
 - More likely to engage in high-risk sex
 - Less likely to have “gay” identity → more risk
 - More likely to use drugs, esp. IDU
- Supported by literature
 - More likely to contract STI, esp. syphilis, GC, NGU
 - Less frequently tested for HIV, less likely to know results
- Insufficient data
 - Less likely to be circumcised
 - More likely to be incarcerated → more HIV risk

Prevalence of Non injection Amphetamine or Methamphetamine Drug Usage in the Preceding 12 Months, by Race/Ethnicity and HIV Serostatus (N=11,147)



US National AIDS Strategy (July 2010)

“The United States will become a place where new HIV infections are rare and when they do occur, every person, regardless of age, gender, race/ethnicity, sexual orientation, gender identity or socio-economic circumstance, will have unfettered access to high quality, life-extending care, free from stigma and discrimination.”

MSM Risk and Stigma

Stigma can reduce MSM uptake of services, including VCT, STI treatment and care, ARVs

Self-stigma can lead to low self-esteem, depressive symptoms, substance use

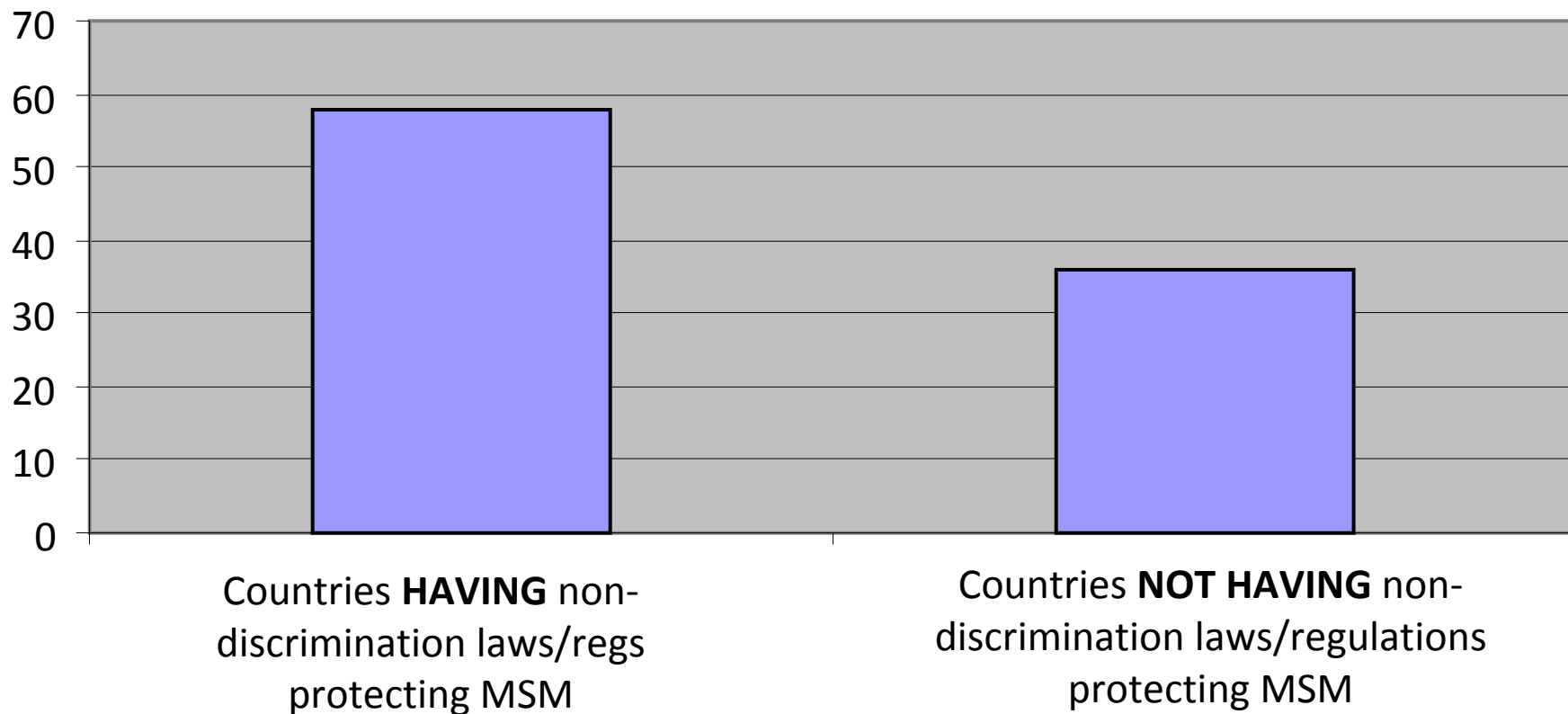
Self-stigma can lead to low condom efficacy

Experienced stigma *is* discrimination

May be most challenging for adolescents, younger MSM

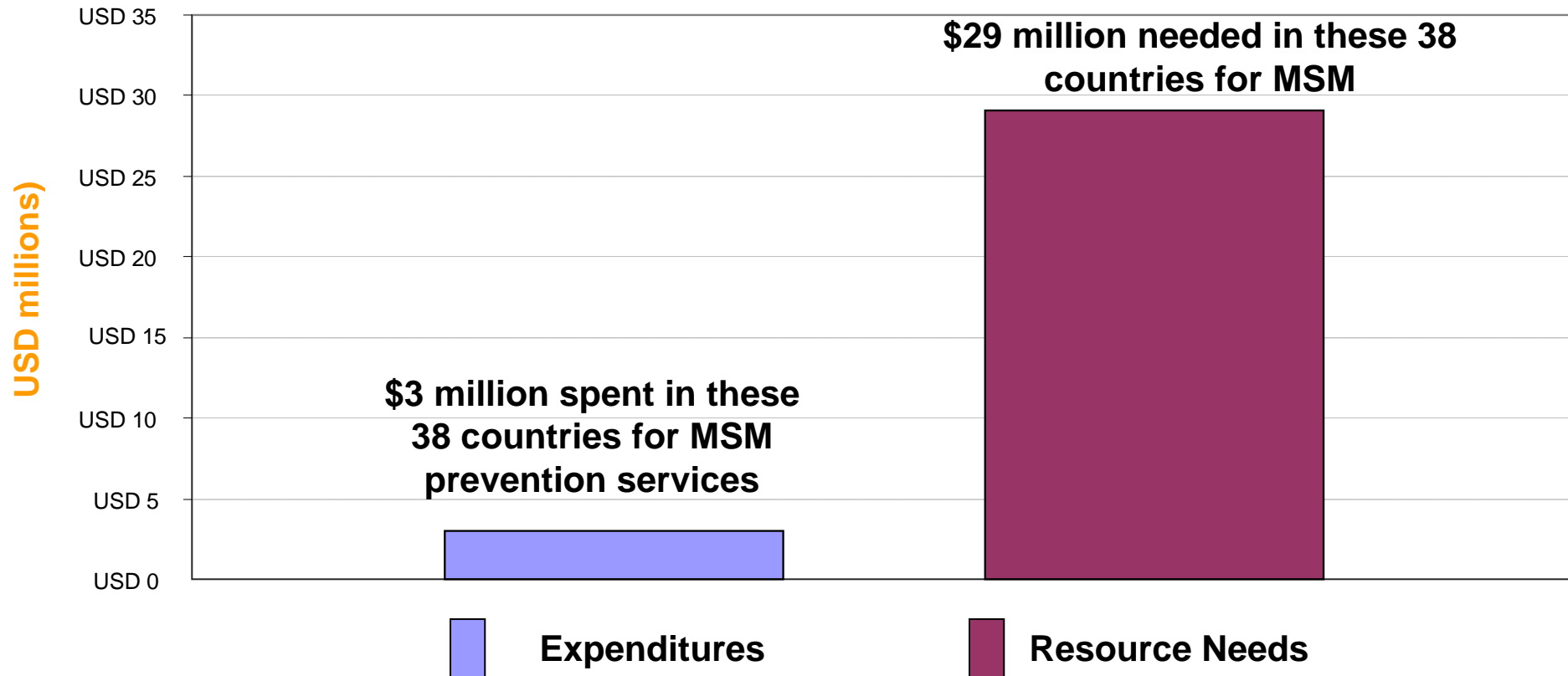
Median percentage of MSM reached with HIV prevention services

Adapted from UNAIDS 2008 Global Report



Comparison of AIDS Expenditures and Resource Needs for programs aimed at / involving Men who have sex with Men

(38 countries reporting detailed spending and comparison with resource needs estimates for MSM preventive services)



Conclusions

- Discrimination in health care access, and in funding for HIV prevention for gay and other MSM continues—and plays a major role in HIV spread
- Young and minority MSM are at particular risk in the USA and must be a priority for HIV programs
- The National HIV/AIDS Strategy for the US deserves our support!