The influence of stigma on HIV risk taking behavior among men who have sex with men (MSM) in Chennai, India.

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ABSTRACT

Background: Stigma has been shown to be an underlying context for HIV-infection in many settings around the world, although limited research has been conducted examining factors associated with stigma among MSM in India, whose HIV prevalence is greater than the general population.

Methods: In 2009, 210 MSM in Chennai completed an interviewer-administered assessment, including questions about stigma, sexual-risk, demographics, and psychosocial variables. A principal-components-analysis of an 11-item scale (Cronbach's alpha=0.99) assessing stigma as a result of being an MSM yielded six principal components (PCs): PC1: direct verbal abuse; PC2: indirect verbal abuse; PC3: social discrimination; PC4: feeling you cannot be yourself around family/friends; PC5: experiencing physical abuse/physical threats; and PC6: police/job related harassment. Stigma scale items had a likert score from 1 (“never”) to 4 (“many times”); Logistic regression procedures were used to examine associations to experiencing stigma.

Results: More than one fifth of the MSM reported unprotected anal sex (UAS) in the past three months; the mean stigma scale score was 12 (SD=8.0). Strikingly, 28% of the sample reported a high-level of stigma (>12 mean scale-score) in their lifetime. Significant predictors of experiencing stigma, adjusting for age/education, include: identifying as kothi (feminine acting/appearing and predominantly receptive partners in anal sex) compared to panthi (masculine appearing, predominantly insertive partners) (AOR= 63.23; 95%CI:15.92,251.14; p<0.0001); being “out” about MSM identity (AOR=5.63; 95%CI:1.46,21.73; p=0.01); having depressive symptoms (AOR=2.68; 95%CI:1.40,5.12; p=0.003); and engaging in sex work (AOR=4.89; 95%CI:2.51,9.51; p<0.0001). In a multivariable model adjusting for participant's age/education/MSM subgroup identity, experiencing physical abuse/physical threats (PC5) was significantly associated with an increased odd of engaging in UAS with another man in the prior three months (AOR=3.50; 95%CI:11.1,10.86; p=0.03).

Conclusions: These findings underscore the need to address psychosocial issues of MSM, which are often ignored in HIV prevention programs. Unless issues such as stigma are addressed, effective interventions for this hidden population remains a challenge.