Challenging Stigma Facing Gay and Bisexual Men

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MPact Global Action for Gay Men’s Health and Rights
TALK OVERVIEW

• About MPact
• HIV among gay and bisexual men worldwide
• What we’ve learned from GMHR
• What health professional can do
MPact Global Action for Gay Men’s Health and Rights
MPact’s mission is to ensure equitable access to sexual health services (including HIV services) for gay and bisexual men, while promoting health and human rights worldwide.
Where We Work

1 = Fijate Bien – U.S.
2 = BTG – Botswana, El Salvador, Honduras, Kenya, Tajikistan, Ukraine
3 = ACT – Burundi, Dominican Republic, Jamaica
4 = RCF – Senegal/W. Africa
5 = Global Fund – S. Africa, Thailand/S.E. Asia
6 = HIV2020 – Mexico
7 = BTG + Global Fund – Indonesia, Tanzania, Vietnam, Zimbabwe
8 = Global Fund + RCF – Estonia/EECA, Paraguay/LA, Lebanon/MENA
9 = Global Fund + ACT – Ghana, Cameroon, Cote D’Ivoire
10 = Other – DRC, Jordan, Montenegro, Morocco, Niger, Swaziland, Togo, Tunisia

Directly linked with:
120 CBOs in
62 countries and
1000s of advocates across Facebook, Twitter, Instagram, Mailchimp, mpactglobal.org
Field Strategies

• Watchdog and advocate
• Analyze, monitor, and document
• Build/strengthen capacity, train
• Subgrant, fund community-based organizations/initiatives
• Expand peer-led information exchange, networking and support
• Partner and work in coalition
HIV Among Gay and Bisexual Men Worldwide
HIV prevalence is disproportionately high among gay and bisexual men worldwide.
HIV Incidence is also high among gay and bisexual men, even as it seems to be decreasing in the general population in most parts of the world.

Re-emergence of other sexually transmitted infections in gay and bisexual men suggests ongoing vulnerability to HIV and the need for sexual health responses.

Beyrer ET al., Lancet, 2016
HIV among Gay and Bisexual Men Worldwide

- Gay and bisexual men are 28 times more likely to become HIV positive.

- We are less likely to have easy access to sexual health services.

- We are criminalized, stigmatized, and experience high rates of discrimination and violence.
The Global Men’s Health and Rights Survey (GMHR)
Global Men’s Health and Rights Survey

- International, multilingual, online survey
- Structural facilitators of/barriers to service access and utilization
- General trends in gay/bi men’s sexual health more broadly
- Rapid turnaround of study results
- Regional and sub-group analyses
- Galvanizing effect
- 15,000 respondents from nearly 200 countries

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<thead>
<tr>
<th></th>
<th>GMHR 1</th>
<th>GMHR 2</th>
<th>GMHR 3*</th>
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<tbody>
<tr>
<td>Year Conducted</td>
<td>2010</td>
<td>2012</td>
<td>2014</td>
</tr>
<tr>
<td>Sample Size</td>
<td>5,002</td>
<td>5,784</td>
<td>4,777</td>
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<tr>
<td>No. of Countries Sampled</td>
<td>37</td>
<td>160</td>
<td>136</td>
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<tr>
<td>Percent from Global South</td>
<td>30%</td>
<td>28%</td>
<td>60%</td>
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<tr>
<td>Percent from Global North</td>
<td>70%</td>
<td>72%</td>
<td>40%</td>
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*Baseline only (i.e., exclusive of 6-month and 12-month follow-up data)
What GMHR Teaches Us
Gay and bisexual men have difficulty accessing services.

N=2420 (HIV+ = 655)

Too many gay and bisexual men never use services.

N=2420 (HIV+ = 655)

We are losing gay and bisexual men along the way.

It matters how gay and bisexual men are treated.

- Men who felt comfortable with their healthcare provider were significantly more likely to:
  - have had an HIV test (aOR=1.22, CI=1.12 to 1.33)
  - report ever having used PrEP (aOR=1.4, CI=1.2 to 1.7)
  - be retained in care (aOR=1.18, CI=1.03 to 1.35)

- The odds of being tested for HIV within the past 12 months (aOR=1.63, CI=1.20 to 2.22) and participating in prevention programs (aOR=19.89, CI=13.43 to 29.49) were considerably higher for men who accessed these services from CBOs led by or serving LGBT people.

Accessing and Using Services

• The odds of being linked to care (aOR=0.52, CI=0.31 to 0.86) and being virologically suppressed (aOR=0.44, CI=0.23 to 0.84) were significantly reduced by greater experiences of provider discrimination.

• Viral suppression as also negatively associated with sexual stigma (aOR=0.48, CI=0.29 to 0.82).

• Virally suppressed men were also more likely to report having a regular healthcare provider (aOR=2.91, CI=1.20 to 7.07).
What health professionals can do
Health Professionals Can Be Advocates

• Normalize sexuality and sex
• Be transparent
• Ask permission
• Offer option to not answer questions
• Offer choices
• Avoid asking for opinions
• Be specific when asking questions
• Listen
Health Professionals Can Be Advocates

1. Health professionals play a central role in reducing stigma and discrimination

2. Educate ourselves and each other

3. In health settings, health professionals can:
   - Promote a welcoming atmosphere
   - Educate co-workers to ensure respect and dignity for gay men and other MSM

4. Outside of health settings, health professionals can:
   - Empower gay and bisexual men to participate in community activities
   - Lobby local authorities to support gay and bisexual men and the programs they lead
   - Understand HIV in the broader context of gay and bisexual men’s lives
“...it will be important to find some way to evade the choice between the rational subject and the pathological subject, as well as some way to take the drama out of the practice of risk. To do that, we may need to move HIV/AIDS away from the center of all thinking about gay men’s sexual health.”

–David Halperin