Associations between HIV-related stigma, sexual risk and alcohol use among MSM in India

Murali Shunmugam1, 2, Ruban Nelson1, Neeti Singhal2, Venkatesan Chakrapani1, 2, Peter A Newman3

1Centre for Sexuality and Health Research and Policy (C-SHaRP), 2The Humsafar Trust, 3 Factor-Inwentash Faculty of Social Work, University of Toronto

Introduction

HIV-related stigma and alcohol use have been shown to influence sexual risk behavior among men who have sex with men (MSM) in western countries (e.g., Bruce et al., 2012; Hatzenbuehler et al., 2011). Limited studies among Indian MSM have separately documented the associations between HIV-related stigma and sexual risk (Thomas et al., 2012), and alcohol use and sexual risk (Mimiaga et al., 2011), but not explicitly examined the associations between all three of these variables/constructs.

To help inform HIV prevention interventions, we examined the associations between HIV-related stigma, alcohol use and sexual risk among MSM.

Materials and Methods

Between May and October 2012, we conducted a cross-sectional survey among a venue-based sample of 400 MSM in Chennai and Mumbai.

Bivariate and logistic regression analyses were conducted to assess the relationship between problematic alcohol use (CAGE score ≥2), HIV-related stigma (vicarious and felt normative stigma) and sexual risk behavior (condom use in last anal sex).

We measured HIV-related vicarious stigma (hearing stories about enacted stigma) and felt normative stigma (an individual's awareness of or anticipation of stigma) using an adapted version of HIV-related stigma scale of Steward et al.’s (2008) study. We have used these HIV-related stigma subscales among MSM in Tamil Nadu, and those subscales had good reliability (Logie et al., 2012).

Results

Participants’ mean age was 26 years (SD: 4.6). One-fourth (n=99/400) had completed high school, 21% (n=84/400) completed college degree and only 3.5% were illiterate. About two-fifths (44%; n=177/400) were private company staff, 21% (n=84/400) were unemployed and 9% (n=34/400) were sex workers. Seventy-one percent (n= 215/301) had a monthly income of <10000 INR. Less than 20% (n=68/400) were married. About two-fifths self-identified as kothi (43%; n=171/400), 27% (n=109/400) as double-decker, 13% (n=52/400) as panthi and 9% (n=36/400) as gay.

Fifty-seven percent (n=227/400) of the participants reported having drunk alcohol in the previous three months, among whom 31% (n=71/227) were identified to have problematic alcohol use.

Among problematic alcohol users, 83% were above 25 years of age, 25% were sex workers, 18% were married and 51% self-identified as kothi (Table 1).

In logistic regression analyses, problematic alcohol use and HIV-related stigma (total score) were found to be significantly associated with unprotected anal sex in last sexual encounter (Table 2).

Conclusions

Our findings provide empirical evidence for the associations between HIV-related stigma, problematic alcohol use and sexual risk behavior.

Further research is needed to examine the mechanisms of these associations and possible differences by type and gender of partners of MSM.

HIV prevention interventions for MSM need to include information on alcohol use-related sexual risk behaviors and screening for problematic alcohol use along with treatment referrals. Also, structural interventions are needed to decrease HIV-related stigma both among the general public and within the MSM communities.

References


Acknowledgements: This analysis is part of the research project supported by grants from the Canadian Institutes of Health Research (MOP-102512; THA-118570), the Canada Research Chairs program and the Canada Foundation for Innovation.