

BACKGROUND

Gay, bisexual men & other men who have sex with men (GBMSM) are disproportionately impacted by HIV worldwide.

Previous research has documented associations between sexual stigma (homophobia), health provider discrimination and poor access to health services.

Less is known about how the criminalization of sex between men impacts access to HIV services among GBMSM.

METHODS

DATA n=6,186

30-minute online Global Men's Health & Rights Survey open from November 2019 through March 2020

10 languages: Arabic, Chinese, English, French, Indonesian, Kiswahili, Portuguese, Spanish, Russian, & Vietnamese

Online convenience sampling (e.g. email, listservs, networks, gay dating apps & websites)

ANALYSES

We used Chi-square test or Fisher's exact test to test bivariate differences in structural violence, resiliency, and HIV-services access, between criminalizing and non-criminalizing countries; and conducted multivariate analysis using variables that had a p<0.05 significance in bivariate analysis.

MEASURES

CRIMINALIZATION

Criminalizing countries were those with State-sanctioned provisions that make "consensual same-sex sexual acts" illegal according to ILGA World's 2019 State-Sponsored Homophobia Report.

STRUCTURAL VIOLENCE

Financial Insecurity: "Have you enough money to meet your needs?" on a 5-point Likert response ranging from "Not at all" to "Completely".

No Health Care Coverage: "What is your primary source of healthcare coverage?" response was "I have no health care coverage"

Sexual Stigma: 7 item scale (e.g., "In your country, how many people believe that male homosexuals are disgusting?") ranging from "none" to "all".

Health Provider Discrimination: 3 item scale (e.g., "In the last 6 months, has a health care provider refused to treat you because you are gay | bisexual | MSM?") ranging from "No, never" to "Yes more than 5 times".

RESILIENCY

Post secondary Education: "Which best describes your education level?" Postsecondary Education / College/University" or greater.

Community Engagement: 10 item scale (e.g., "During the past 6 months, how often have you participated in gay | bisexual | MSM social groups or in activities such as a book or cooking club?") ranging from "Never" to "More than 12 times".

HEALTH SERVICES ACCESS

Accessibility of 12 different health services (e.g., "In your community, how accessible is free or affordable HIV testing?") along a 5-point Likert scale ranging from "Completely accessible" to "Completely inaccessible". For current analysis we dichotomized the continuous outcome as "Poor Access" for anything less than "Somewhat accessible".

RESULTS

Globally, large proportions of GBMSM reported inadequate access to HIV-prevention and other health services.

Among GBMSM living with HIV, 18% and 14% reported poor access to HIV care and HIV treatment, respectively.

Table 1. Overall Access to Health Services

Poor Access Variables	n	Poor Access Score		
		(%)	Mean	(SD)
HIV Prevention Programs	3,082	50%	3.24	1.31
Condoms	1,322	21%	4.08	1.15
Lubricants	3,042	49%	3.28	1.33
HIV Testing	1,485	24%	3.98	1.15
STI Testing	1,771	29%	3.82	1.18
STI Treatment	2,244	36%	3.61	1.21
PrEP	4,081	66%	2.8	1.3
HIV Care*	182	18%	4.13	1.09
HIV (ART)*	140	14%	4.26	1.02
Mental Health	3,904	63%	2.91	1.23
PwUD Treatment	3,707	60%	3.05	1.22
Community-based Support	3,834	62%	2.96	1.24

Criminalization of consensual sex between men is associated with poor access to HIV-services for gay, bisexual and other men who have sex with men worldwide: New #GMHR Findings

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RESULTS (Continued)

Globally, compared to respondents from non-criminalizing countries, GBMSM from criminalizing countries were significantly more likely to be:

- Younger,
- Members of racial/ethnic minority groups,
- Unemployed,
- Sex-workers,
- Unaware of their HIV-status,
- Unable to financially meet needs, and
- Uninsured.

In addition, GBMSM in criminalizing countries were more likely to report provider stigma and poor access to HIV-prevention, PrEP, HIV-Care and HIV-ART. Moreover, they were significantly less likely to have post-secondary education or be community engaged.

Table 2. Key Variable Proportions by Country Criminalization Status

DEMOGRAPHIC	TOTAL N=6,186		CRIM N=1,825		Non-CRIM N=4,361		p
	n	%	n	%	n	%	
Live in Rural Area	5,042	82%	1,466	80%	3,576	82%	0.118
Age < 30	3,226	52%	1,066	58%	2,160	50%	<0.001
Member of Ethnic/Racial Minority Group	1,456	24%	492	27%	964	22%	<0.001
Unemployment	950	15%	328	18%	622	14%	<0.001
Sex Worker	74	1%	58	3%	16	0%	<0.001
HIV Status							
HIV-Negative	4,050	80%	1,136	80%	2,914	80%	0.941
HIV-Positive	1,000	20%	273	19%	727	20%	0.568
Unknown	31	1%	15	1%	16	0%	0.011
STRUCTURAL VIOLENCE							
Financial Insecurity	2,267	37%	889	49%	1,378	32%	<0.001
No Healthcare Coverage	1,907	31%	673	37%	1,234	28%	<0.001
Sexual Stigma	6,179	100%	1,825	100%	4,354	100%	0.113
Provider Discrimination	1,286	21%	434	24%	852	20%	<0.001
RESILIENCY							
Post-Secondary Education	1,113	18%	221	12%	892	20%	<0.001
Community Engagement	758	12%	195	11%	563	13%	0.015
POOR HIV SERVICES ACCESS							
HIV-Prevention Programs	3,082	50%	1,163	64%	1,919	44%	<0.001
PrEP	4,081	66%	1,385	76%	2,696	62%	<0.001
HIV Care*	182	18%	82	30%	100	14%	<0.001
HIV ART*	140	14%	49	18%	91	13%	<0.001

*Access analyzed only for respondents who reported being HIV-positive and provided data on access to treatment (n=1,000)

Multivariable analysis revealed that GBMSM from criminalizing countries had higher odds of:

- being under age 30,
- sex-workers, and
- having unknown HIV-status.

They were also more likely to report:

- financial insecurity,
- poor access to HIV prevention, PrEP, and HIV care.

Surprisingly, GBMSM from criminalizing countries had lower odds of poor antiretroviral treatment access.

Table 3. Multivariate Factors Associated with Criminalization

DEMOGRAPHIC	TOTAL N=6,186	AOR	95% CI	P
Age < 30		1.38	(1.21, 1.58)	<0.001
Ethnic/Racial Minority Group		1.03	(0.89, 1.20)	0.697
Unemployment		1.25	(-0.06, 0.31)	0.187
Sex Worker		2.12	(1.52, 2.73)	<0.001
HIV Status (Unknown)		2.32	(1.11, 4.84)	0.025
STRUCTURAL VIOLENCE				
Financial Insecurity		1.65	(1.43, 1.90)	<0.001
No Healthcare Coverage		1.04	(0.90, 1.20)	0.596
Provider Discrimination		1.06	(0.90, 1.23)	0.500
RESILIENCY				
Post Secondary Education		0.65	(0.05, 0.79)	<0.001
Community Engagement		1.04	(0.86, 1.26)	0.692
POOR HIV SERVICES ACCESS				
HIV-Prevention Programs		1.56	(1.34, 1.82)	<0.001
PrEP		1.35	(1.16, 1.57)	<0.001
HIV Care*		2.52	(1.56, 4.07)	<0.001
HIV ART*		0.55	(0.31, 0.98)	0.042

CONCLUSIONS

GBMSM living in criminalizing countries experienced greater financial insecurity and had worse access to HIV prevention services.

Although GBMSM living with HIV from criminalizing countries had lower odds of poor access to ART, they had significantly poorer access to HIV care. Further research should explore this finding.

Addressing financial insecurity can contribute to improvements in HIV service access, especially for young GBMSM and GBMSM who are employed as sex workers.

Expanding coverage of rights-based, voluntary, and confidential HIV testing linked with comprehensive prevention programs, inclusive of PrEP, is key to improving access to health services, especially in criminalized settings.