

MODULE III

Barriers to Health

LEARNING OBJECTIVES

After completing this module, participants will be able to:

1. Identify barriers, facilitators, and critical enablers that impact access to and utilization of healthcare services.
2. Describe how stigma undermines the health of gay men and other men who have sex with men (MSM).
3. Identify the advocacy role of providers in mitigating barriers to healthcare access.

INTRODUCTION

Gay men and other MSM experience social discrimination targeted against them in many ways, precluding them from accessing necessary healthcare services. While some of these barriers and experiences are within the health system, other factors such as laws concerning homosexuality, or the lack of proper legal recourse in the case of human rights abuses, impede the ability of gay men and other MSM to talk about their sexuality or health issues with their healthcare providers.

It is important for providers to be equipped with knowledge concerning the social context in which gay men and other MSM navigate their healthcare needs so that they can create a safe and welcoming environment within their respective healthcare settings. Structural barriers have the potential to exacerbate vulnerability and therefore can increase high-risk behaviors and HIV and STI transmission among gay men and other MSM.

This module is designed to increase provider understanding of the well-known barriers faced by gay men and other MSM, and how they may negatively affect health outcomes.

MODULE OVERVIEW

1. Conceptual Framework: Facilitators, barriers, and critical enablers to service access
 - » Structural-level factors
 - » Community and interpersonal-level factors
 - » Individual-level factor

2. What are the stigma and discrimination?
 - » Stigma
 - » Discrimination Individual-level factor
 - » Homophobia
3. Stigma within the gay community
4. HIV-related stigma
5. Link between social discrimination and health
 - » Criminalization and HIV prevention
 - » Internalized homophobia and sexual health
 - » Mental health
 - » Homophobia and the health system
6. The role of health professionals in advocacy on behalf of gay men and other MSM
7. Key points from the module

PRE-READING ASSIGNMENT

Please find the pre-reading assignment for Module 3 at:

http://www.msmgf.org/index.cfm/id/371/document_id/27/

QUESTIONS FOR DISCUSSION

1. Is sexual conversion therapy an appropriate intervention for gay men and other MSM? Why? Why not?
2. Are there instances or examples that you can think of where government law and policy may render harm to gay men and other MSM in your country?
3. What are some of your guiding principles that help providers deliver competent and high-quality care regardless of a client's sexual identity and behavior or gender expression?

CONCEPTUAL FRAMEWORK: FACILITATORS, BARRIERS, AND CRITICAL ENABLERS TO SERVICE ACCESS

There are many ways to understand social discrimination targeted against gay men and other MSM. In this module, we will refer to a Conceptual Framework (below) developed by the Global Forum on MSM and HIV (MSMGF) based on major findings from the 2012 Global Men's Health and Rights Study (GMHR).¹ This framework demonstrates the strong relationships between structural-level, community and interpersonal-level, and individual-level factors that influence how gay men and other MSM access health services. This includes both HIV services specifically and

	Structural	Community/Interpersonal	Individual	
Facilitators	<ul style="list-style-type: none"> • Safe spaces • Comprehensive, tailored health & mental health services 	<ul style="list-style-type: none"> • Stable relationships • Family support • Community engagement 	<ul style="list-style-type: none"> • Financial resources • Sustainable work • Education 	Sexual Health
Barriers	<ul style="list-style-type: none"> • Criminalization • Sexual prejudice • Discrimination • Cultural norms • Poverty • Insensitive/uniformed providers 	<ul style="list-style-type: none"> • Extortion • Blackmail • Ridicule • Eviction • Job termination • Violence 	<ul style="list-style-type: none"> • Fear • Poor self-worth • Depression • Suicide • Anxiety • Substance abuse • Delay/avoidance of services • Treatment interruption 	
Critical Enablers	<ul style="list-style-type: none"> • Political will • Laws, policies and practices 	<ul style="list-style-type: none"> • Mobilization • Organizational capacity • Provider sensitization • Education & training • Social connectivity 	<ul style="list-style-type: none"> • Linkage to care and comprehensive services 	Service Access

FIGURE 3.1 Conceptual Framework of Facilitators, Barriers, and Critical Enablers for Service Access Among MSM

sexual health services more broadly. We will begin by discussing higher-level structural barriers and facilitators to accessing health services before moving to community/interpersonal-level factors, and finally factors at the individual-level.

» **Structural-level Factors**

Structural determinants of health include the social, economic, organizational, political, and legal factors that contribute to the access or utilization of healthcare services or to social inequities.^{2,3} Higher-order structural factors play a significant role in determining access by gay men and other MSM to healthcare services.^{1,4,5} These structural barriers are outlined in Table 3.1 below.

Homophobia	A barrier to accessing health services in many settings. ^{1,6} It plays a significant role by making healthcare services inappropriate or inaccessible for gay men and other MSM, and impedes the response to HIV and AIDS.
Social norms	Cultural norms that predominantly align with heteronormative attitudes may also serve to cement homophobia in various social and healthcare settings. The pressure felt by gay men and other MSM to acquiesce to traditional social norms may lead them to get married, have a girlfriend, or pretend to have a girlfriend in order to hide sexual behavior and maintain social standing. ¹ This need to hide real identity may have a negative impact on health and the perceived freedom to readily seek or receive the services needed.
Provider stigma and insensitivity	Healthcare providers who are unfamiliar with issues of concern to gay men and other MSM may express stigma against this population. ¹ Many gay men and other MSM would rather avoid the healthcare system than be treated poorly by providers.

Poverty	<p>Poverty is a barrier to accessing healthcare services by everyone, not only gay men and other MSM. Those who are poor may not have the resources to access services.</p> <p>Gay men and other MSM often feel the need to hide their sexual behavior from employers, landlords, teachers, and family members in order to maintain their livelihoods.¹ This may lead gay men and other MSM to hide their sexual behaviors from healthcare providers for fear of being exposed, leading to insufficient or inappropriate healthcare services.</p>
Criminalization	<p>Criminalizing same-sex behavior affects the health of gay men and other MSM. Criminalization increases social discrimination and stigma. Additionally, criminalization may lead to a climate of impunity that validates this stigma and discrimination and allows for blackmail, extortion, and violence against gay men and other MSM. Those who fear discussing their sexual behaviors with healthcare providers because of criminalization have difficulty accessing HIV prevention services, may be misdiagnosed, may have delayed diagnoses, and often delay treatment for illnesses.</p>

TABLE 3.1 Structural Barriers

Despite the existence of these structural barriers, there are factors that may moderate them as well. A few such facilitators include:

Safe space	Spaces where gay men and other MSM can meet and engage with peers and safely receive friendly services in a respectful manner.
Mental health services	Structural barriers place a constant burden of stigma and discrimination on gay men and other MSM, which in turn places them at higher risk for mental health issues. Receiving mental health services may help them deal with fear, self-loathing, and other issues.
Comprehensive healthcare	Healthcare services that comprehensively address all the needs of gay men and other MSM, rather than simply HIV needs, facilitate accessing services and may minimize the stigma associated with HIV.

TABLE 3.2 Structural Facilitators

» **Community and Interpersonal-level Factors**

Gay men and other MSM face widespread social exclusion from families and friends, and within cultural, religious, and healthcare institutions. This inhibits their ability or willingness to disclose their sexual orientation or behaviors, and serves as a barrier to appropriate healthcare services. In a study published by the MSMGE, MSM identified a variety of community and interpersonal barriers to healthcare, such as experiencing:²

1. Extortion
2. Blackmail
3. Ridicule
4. Eviction
5. Job termination
6. Violence

These barriers influence the ways in which gay men and other MSM interact with the health system and the decisions they make about their own health and sexual lives. Additionally, damage to interpersonal relationships may lead to poor self-esteem and self-worth, depression, and anxiety.

In the MSMGF study, several factors were identified that may be used to mitigate these barriers. These facilitating factors generally involve creating a supportive social environment that gay men and other MSM use to navigate through their lives. These factors are:²

1. Community engagement
2. Family support
3. Stable relationships

» **Individual-level Factors**

Following the conceptual framework to the individual level, we see how the higher-level structural, and community and interpersonal factors, affect gay men and MSM as individuals. Higher-level factors limit access to education, employment, and a sustainable income, or cause gay men and other MSM to live in an environment with constant stigma and discrimination. These factors may lead to living in fear or experiencing negative mental health outcomes. Some barriers at the individual level include:²

1. Fear of being recognized as gay or MSM
2. Poor self-worth
3. Depression
4. Anxiety
5. Suicidality

Facilitators including financial resources, sustainable work, and education may moderate these barriers. Education prepares gay men and other MSM to work in better or higher-paying jobs, and provides them with a sense of worth and the ability to advocate for themselves.²

Stigma and discrimination underlie many of the barriers to engagement with health services by gay men and other MSM

WHAT ARE STIGMA AND DISCRIMINATION?

Underlying many of the barriers in the MSMGF Conceptual Framework are stigma and discrimination. Documentation of stigma and discrimination against gay men and other MSM exists in a wide variety of contexts. Stigma and discrimination are the underlying causes of many of the disparities between gay men and other MSM and the general population.

- » **Stigma:** An attitude that is deeply discrediting, and reduces the bearer from a whole and usual individual to a tainted, discounted one.⁷ Stigma is an attribute that shames an individual or group of individuals in the eyes of others. People express stigma externally, or keep it internal (see Table 3.3). One manifestation of stigma is discrimination. Though stigma does not always lead to discrimination, negative attitudes associated with stigma continue to be harmful to gay men and other MSM.

At the individual level, there are three primary manifestations of stigma.⁸ These are:

1. **Enacted Stigma:** The external expression of stigma through actions, including a wide variety of actions such as those shown in Table 3.3 under “Signs of External Stigma.” These experiences are common among gay men and other MSM. In one 2009 study in the United States, across sexual orientation groups, gay men and other MSM reported the highest levels of enacted stigma, with 24.9 percent reporting antigay violence, 28.1 percent reporting antigay property crimes, 21.1 percent reporting having had an object thrown at them, and 63.0 percent reporting having experienced verbal abuse because of their sexual orientation.⁹ Examples of enacted stigma in the healthcare setting are the denial of healthcare to gay men and other MSM, or having to sit in a separate section of the waiting area from other clients.
2. **Felt Stigma:** The internal expectation of experiencing stigma because one knows that homosexuality is often stigmatized. Others need not overtly express stigma behaviorally in order to effect the lives of those towards which it is directed. Felt stigma is shown to affect how people behave under certain situations.⁹ Felt stigma is often what leads gay men and other MSM to modify their behavior by attempting to “act straight” or hide their sexual behaviors to preemptively avoid enacted stigma. This can significantly affect the lives of gay men and other MSM.
3. **Internalized Stigma:** Accepting stigma as part of one’s own value system, also known as “internalized homophobia.” Feeling stigmatized does not necessarily mean that one accepts stigma as part of oneself. It encompasses the negative feelings that one has about oneself because of homosexuality or same-sex behaviors. Because of internalized stigma, self-esteem may suffer and gay men and other MSM may experience shame, depression, anxiety, suicidality, or a variety of other negative health outcomes.^{10,11}

Globally, HIV prevention services are estimated to reach less than one in ten gay men and other MSM.

Signs of External Stigma	Signs of Internal Stigma
» Avoidance of MSM	» Self-exclusion from services or opportunities
» Rejection of MSM	» Perceptions of self (low self-esteem)
» Moral judgment	» Social withdrawal
» Stigma by association	» Overcompensation (MSM believing that they must contribute more than other people)
» Gossip	» Avoiding being open about sexual orientation
» Unwillingness to invest in MSM	» Not seeking healthcare
» Discrimination	» Mental health issues
» Abuse of human rights	» Suicidality
» Violence	
» Housing or employment discrimination	

TABLE 3.3 Signs of Stigma²

FACILITATOR'S TIP

If possible, invite open members of the gay or MSM community to join the session to help healthcare providers identify, discuss, and understand stigma and discrimination against gay men and other MSM.

Note: This was done during the pilot training of this curriculum. Several men from the gay community were invited to share stories of personal experiences with small groups of participants. Before the information for this module was presented to the large group, participants divided into groups of 5-6 with one community member in each group. Each community member shared positive and negative experiences from both in and out of the health system, and held a discussion about what made these experiences positive or negative. They highlighted barriers at the structural level, community and interpersonal level, and individual level. Participant feedback indicated that this was well received and greatly enhanced understanding of key concepts from this module.

- » **Discrimination:** When behaviors or actions are perpetrated that lead to inequality, inequity, or unfairness based on the belonging or perceived belonging of an individual to a particular group.¹³ In many contexts, gay men and other MSM are the victims of discrimination on a daily basis. This discrimination causes harm and puts gay men and other MSM at risk for a wide variety of negative health outcomes.
- » **Homophobia:** The irrational hatred, fear, or intolerance of homosexuality or gay men and other MSM. Homophobia is often the result of misunderstanding and prejudice and helps fuel the myths, stereotypes, stigma, and discrimination that can lead to violence against gay men and other MSM.¹² Gay men and other MSM who are gender non-conforming are more likely to experience homophobia.

Furthermore, homophobia is a barrier to an effective HIV and AIDS response. Globally, HIV prevention services are estimated to reach less than one in ten gay men and other MSM. Fewer than half of gay men and other MSM in low- and middle-income countries have access to knowledge about HIV.^{14, 15} When compared to the general population, gay men and other MSM bear a disproportionate burden of the HIV epidemic in many countries, as shown by the examples in Figure 3.2, which reflect the broader global trend.¹⁶

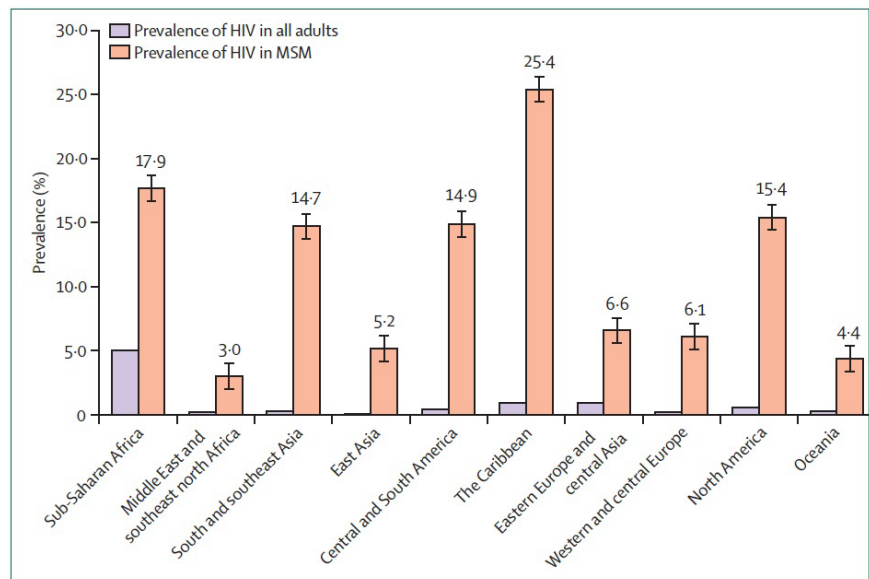


FIGURE 3.2 Global prevalence of HIV in MSM Compared with Regional Adult Prevalence Reported by UNAIDS, 2010¹⁷

GROUP ACTIVITY

Rotational brainstorm naming stigma and discrimination toward MSM³⁷

Objective: This is the first of a two-part activity to start participants thinking about ways in which gay men and other MSM experience stigma and discrimination in various contexts.

Main activity: Set up 6 (or more) blank sheets of paper on different walls as stations, with a topic per paper/station labeled “family,” “school,” “clinic,” “public space,” “community,” “workplace,” etc.

Rotational Brainstorm: Divide the participants into small groups and assign each group to one station. Hand out markers and ask each group to write on the paper the potential ways in which gay men and other MSM experience stigma or discrimination in that particular setting. Explain that after a few minutes, groups will be asked to rotate in a clockwise direction to the next station and add new points to it

that are not already written.

Discussion: Ask each group to present the points at one station (the one they started with). Then discuss the following questions:

1. What are some of the common features across the different places?
2. What are the common attitudes/feelings in all settings toward gay men and other MSM?
3. What is the potential impact of such experiences among gay men and other MSM?

Summarize key findings: Close the session by summarizing the main points, highlighting the ways in which experiences of stigma and discrimination are similar or different across contexts

STIGMA WITHIN THE GAY COMMUNITY

Gay men and other MSM are a group that faces much stigma and prejudice from outside of the gay community. However, there are a number of minority groups that face stigma from within the gay community itself. This is because of the additional stigmatizing identities that gay men and other MSM wear. Stigma from within the gay community can be based on:

- » Ethnicity: Being a member of a racial minority^{18,19}
- » Rural background
- » Religion
- » Perceived socioeconomic status
- » Perceived engagement in sex work
- » Perceived promiscuity
- » HIV status
- » Gender expression²⁰

HIV-RELATED STIGMA

Regardless of one’s sexual orientation or behavior, an HIV diagnosis can lead to significant stigma and discrimination. Among gay men and other MSM living with HIV this can double the stigma they face. In a 2008 study in Vietnam, nearly all of the participants living with HIV experienced some form of stigma and discrimination.²¹ Another study in Vietnam showed

high amounts of stigmatizing beliefs even among adolescents.²² Additionally, stigmatizing attitudes toward people living with HIV are found among healthcare providers themselves.^{23,24} A study among healthcare providers and people living with HIV in Grenada, Trinidad, and Tobago witnessed passive neglect and even active refusal to provide care.²⁵ This was particularly evident when a client was perceived to be gay or bisexual.

The causes of HIV stigma are many and include:

- » Lack of knowledge about HIV
- » Exaggerated fears of HIV infection
- » Misperceptions about HIV transmission
- » Negative representations of people living with HIV in the media²¹
- » Association of HIV with illegal or immoral behavior²

The stigma associated with HIV may be experienced through various forms of discrimination including loss of family and community support, loss or denial of housing, and loss of employment and income.² The additional layer of stigma associated both with being gay or MSM and living with HIV can make it difficult for gay men and other MSM to access prevention services and lead to reduced quality of life.²⁶

The following Figure 3.3 shows the links between the causes of HIV-related stigma and the effects it may have on the lives of those living with HIV.

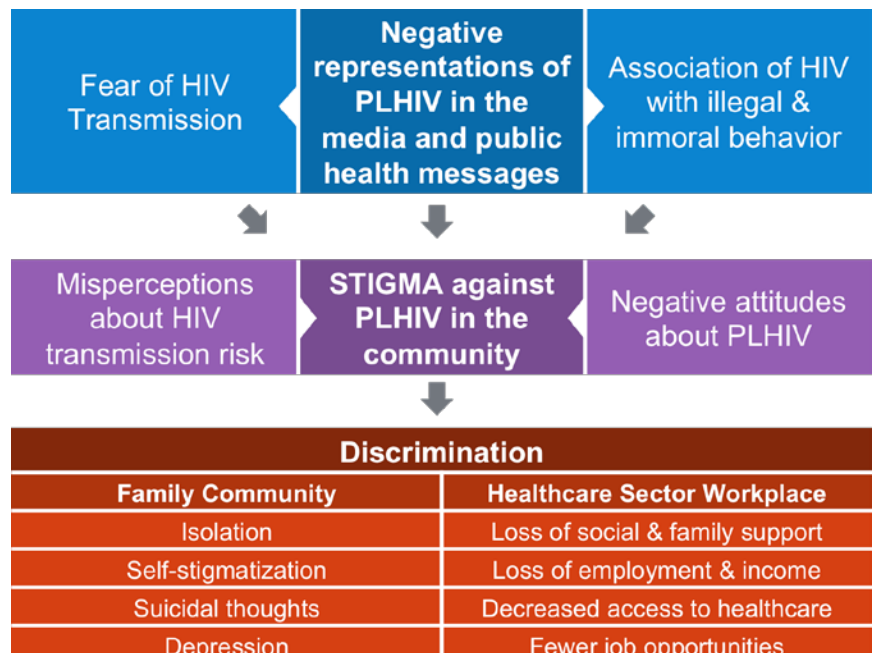


FIGURE 3.3 Diagram of Stigma and Discrimination against People Living with HIV (PLHIV) in Ho Chi Minh City: Causes, Effects, Relationships^{2,21}

GROUP ACTIVITY

Addressing stigma targeted against gay men and other MSM³⁷

Objective: This activity is a follow-up to the previous one. It will help participants think through the causes of stigma and discrimination, and help them identify ways to overcome the causes.

Main activity: Divide participants into the same number of groups as before. Assign each group to a previously completed station. Ask them to read what is written at the station and discuss the following:

1. What are the causes of the stigma and discrimination in the identified setting?

2. What can we do to solve or challenge these forms of stigma and discrimination?

(Optional: Ask participants to prepare a short role-play to show the stigma and discrimination in their place.)

Ask each group to:

1. Present the role play (if done), and/or
2. Present their ideas on the causes of and solutions to stigma and discrimination at their place.

Summarize key points: Summarize the key points relating to causes of stigma and discrimination and how to overcome the causes as developed by the group.

LINK BETWEEN SOCIAL DISCRIMINATION AND HEALTH

We discussed the definitions of stigma and discrimination and the types of stigma that gay men and other MSM face. Using the MSMGF Conceptual Framework, we also looked at the barriers, facilitators, and critical enablers affecting healthcare access for gay men and other MSM. In this section, we will discuss some of the ways in which social discrimination interferes with the health of gay men and other MSM.

Criminalization of same-sex behavior is a major barrier to gay men and other MSM leading healthier and happier lives.

» Criminalization and HIV Prevention

Currently, 77 out of 193 countries criminalize same-sex behavior between consenting adults in one form or another. Governments place obstructive laws from criminalization of specific same-sex behaviors to the arrest and detention of those providing services to people engaged in same-sex behaviors.⁵ A recent study in Senegal by Poteat et al, investigated publicized arrests of homosexuals.²⁷ Findings showed that the negative publicity surrounding arrests increased scrutiny and stigma of gay men and other MSM, that this increased scrutiny heightened fear and increased hiding among gay men and other MSM, and that arrests ultimately led to a decrease in the uptake and provision of HIV-related services. These findings are not unique to Senegal.

Beyond making it difficult to study gay men and other MSM, discriminatory laws lead to the underrepresentation of gay men and other MSM in program development and in health surveillance.

Even when laws are not enforced, their mere presence may serve as justification for abuse, discrimination, stigma, and homophobia against gay men and other MSM.

Criminalization negatively affects HIV prevention and the response to HIV and AIDS. In general, countries that criminalize same-sex behavior have a higher prevalence of HIV as compared to those that do not. The odds of HIV infection among gay men and other MSM compared to the general population are several times higher in African and Caribbean countries that criminalize homosexual activities than in neighboring countries where same-sex behavior is legal.²⁸

Beyond the factors already discussed, the study in Senegal shows that enforcement of laws against same-sex behavior limited the ability of healthcare providers to provide HIV-related services including education, provision of condoms and lubricants, and treatment of STIs for gay men and other MSM.²⁷ Countries that criminalize same-sex behavior devote fewer resources to HIV services for gay men and other MSM, fail to monitor or track HIV in these men, and even repurpose donor funds intended for gay men and other MSM.²⁹ In Guyana, for example, HIV programs for gay men and other MSM are often limited to small-scale behavioral interventions since criminalization makes it difficult for government health agencies to address HIV in this population.²⁹ Even in instances where organizations do attempt to provide HIV services for gay men and other MSM, they risk labeling for promoting illegal activities. In Uganda and Nigeria, healthcare workers face the threat of punishment if they do not report people who disclose same-sex behavior.^{30,31}

While decriminalization of same-sex sexual practices is a necessary step in promoting an enabling environment in which gay men and other MSM can be cared for, it is not sufficient in and of itself. Even in countries where same-sex behavior is legal or protected, stigma and discrimination continue to impede the involvement of gay men and other MSM in HIV prevention, treatment, and care.

» **Internalized Homophobia and Sexual Health**

Studies have shown that gay men and other MSM who experience high levels of stigma and discrimination engage in behaviors that could potentially result in higher HIV and other STI rates. Threats or violence by partners, family members, or others targeted against gay men and other MSM are associated with higher rates of unprotected anal intercourse.³² In Uganda, internalized homophobia and stigma was associated with higher rates of unprotected anal intercourse.¹⁵ In China, expectations of gender roles was associated with higher levels of felt stigma, which in turn was associated with higher rates of unprotected anal intercourse.³³

» **Mental Health**

Stigma and discrimination at all levels are associated with poor mental health outcomes among gay men and other MSM. The stress and social isolation associated with stigma, discrimination, and homophobia may lead to increased rates of depression, anxiety, and suicidality. In the

United States, gay men and other MSM who live in states with discriminatory laws against same-sex couples exhibit hopelessness, chronic worry, and hyper-vigilance, which are common psychological responses to perceived discrimination.³⁴ Additionally, stigma and discrimination are associated with higher rates of drugs and alcohol use, which may result in additional health needs for gay men and other MSM.

» **Homophobia and the Health System**

Because friendly services for gay men and other MSM are not readily and easily available everywhere, gay men and other MSM often seek health services in mainstream healthcare settings. Homophobia in the health system may have a detrimental effect on the health of gay men and other MSM. Some healthcare providers display homophobic attitudes when offering services even if they claim to be accepting and neutral toward homosexuality.^{2,35} Many providers lack specialized knowledge on how to care for the unique health needs of gay men and other MSM and may express, intentionally or unintentionally, disapproval and prejudice. In a 2013 study in Jamaica and the Bahamas, not only had most healthcare provider respondents not received training on the health needs of gay and other MSM, but they also expressed very negative judgments.²⁴ In some instances, healthcare providers cited biblical excerpts, chastised men for their sexuality, and even brought in other staff to “look at the MSM.”¹ Additionally, misinformed policies within health systems can result in poorer quality services, self-segregation, and poorer health outcomes for gay men and other MSM.

In healthcare settings where men are worried about facing stigma, evidence shows that they are less likely to provide a complete or accurate sexual history, and less likely to openly discuss their sexuality.³⁶ They may also avoid the health system altogether.

THE ROLE OF HEALTH PROFESSIONALS IN ADVOCACY ON BEHALF OF GAY MEN AND OTHER MSM

Healthcare providers play a central role in reducing stigma and discrimination both in the healthcare setting and in the wider community.

Healthcare providers play a central role in reducing stigma and discrimination against gay men and other MSM. By educating themselves about the realities in which gay men and other MSM live, and the barriers they face in their everyday lives, healthcare providers will be able to reduce the amount of stigma, discrimination, and homophobia against these men in a variety of settings. In the healthcare setting, providers must work to promote a welcoming atmosphere for gay men and other MSM, and pass their knowledge on to their coworkers to help ensure they extend respectful and dignified treatment to all clients. Healthcare providers often carry respect outside of the healthcare setting as well. They can thus help teach families and communities to treat gay men and other MSM like any other member of the community, empower MSM to participate in community activities, and lobby local authorities to provide support to gay men and other MSM.

Case Study

Chike is a 17-year old gay male in Abuja, Nigeria. He lives with his parents in a small shack on the outskirts of the city. Same-sex behavior is criminalized in Nigeria with harsh punishments. His mother is aware that he is involved in a same-sex relationship and does not approve of his sexual orientation.

Recently, Chike developed a few lesions around his anus. After suffering for several weeks, the pain became unbearable and his mother took him to the general hospital. At the hospital, he told the doctor the reason for his visit and the doctor asked a lot of probing questions. He eventually had to tell the doctor that he had been having anal sex with partners of unknown HIV and/or STI status. The doctor was angry with him and asked him to leave immediately, saying, “I don’t treat people like you.” The doctor shouted so that everyone could hear, including Chike’s mother, who also became very angry.

After the hospital incident, where he did not receive treatment, Chike was afraid that word about his sexual orientation would spread in his community. He knew that people in his community would ostracize him if they knew.

Discussion:

1. What types of issues is Chike facing in his life?
2. Identify the barriers preventing Chike from receiving the care he needs.
3. Are there ways in which the clinic could improve Chike’s experience? If so, what are those?

Summarize key points: Summarize the main points that emerged from the discussion of the case study. Highlight the key ways in which to overcome barriers and negative experiences for gay men and other MSM.

KEY POINTS FROM THE MODULE

- » There are various factors ranging from higher-order structural factors to lower-level individual factors that affect how gay men and other MSM engage with the health system.
- » Stigma and discrimination underlie the barriers gay men and other MSM face when engaging with the health system.
- » All types of stigma – enacted, felt, and internalized – result in gay men and other MSM not being open with their healthcare providers about their sexual behaviors. They may also avoid the health system altogether.
- » Criminalization of homosexuality or same-sex behavior has a highly negative effect on the health of gay men and other MSM.
- » The additional layer of stigma associated both with being gay or MSM and living with HIV can make it difficult for gay men and other MSM to access prevention services, and lead to a reduction in quality of life.
- » Healthcare providers play a central role in reducing stigma and discrimination against gay men and other MSM by educating themselves about the realities in which gay men and other MSM live, and the barriers they face in their everyday lives.