cbrc Community-Based Research Centre for Gay Men's Health

STIGMATIZED SEX
Barriers to Health for Gay, Bisexual, and Other Men who Have Sex with Men (gbMSM)

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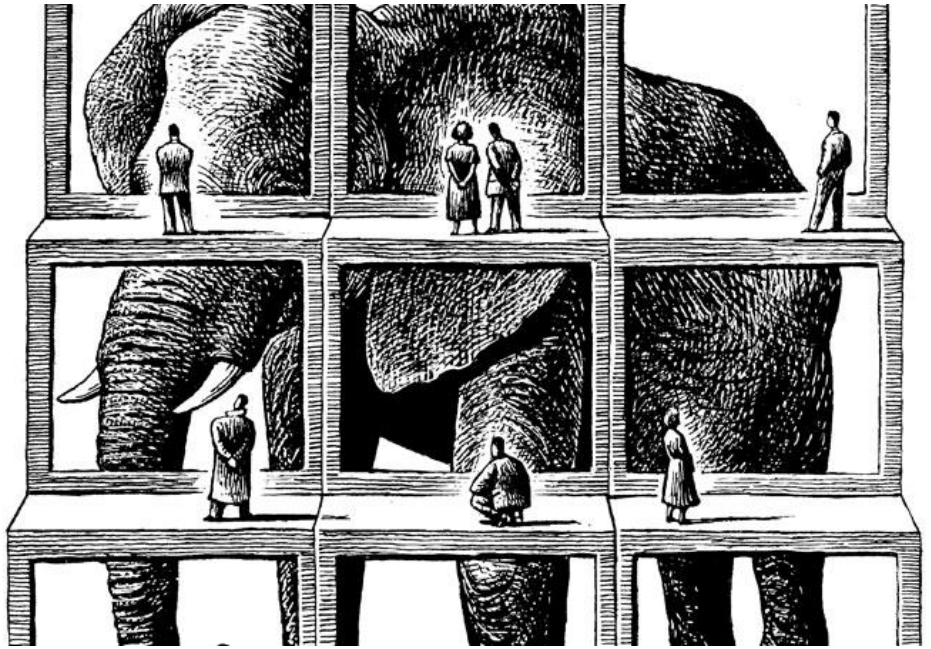
Presentation Overview

1. Why gbMSM health? Why talk so much about context?

2. Social context theory and research on gbMSM health: syndemics, minority stress

3. gbMSM health responses: a brief overview

4. Working with gbMSM: considerations for clinicians, educators, and other providers



A Note on Language

My Story -- Coming out to my Family Doctor

Why gay, bi, Two-Spirit, queer, and other men who have sex with men (gbMSM)?

- gbMSM health in the context of broad social progress (e.g. marriage equality, human rights protections)
- A couple other relatively recent milestones:
  - Homosexuality decriminalized in 1969
  - Declassification of homosexuality as a mental disorder (1973, American Psychiatric Association; 1990, World Health Organization)

Biomedical advances in HIV prevention (e.g. U=U/TasP, PrEP/PEP)

gbMSM Health Outcomes

Trauma experienced through bullying, harassment, violence, rejection

Shame, stigma, distress, minority stress, depression & anxiety

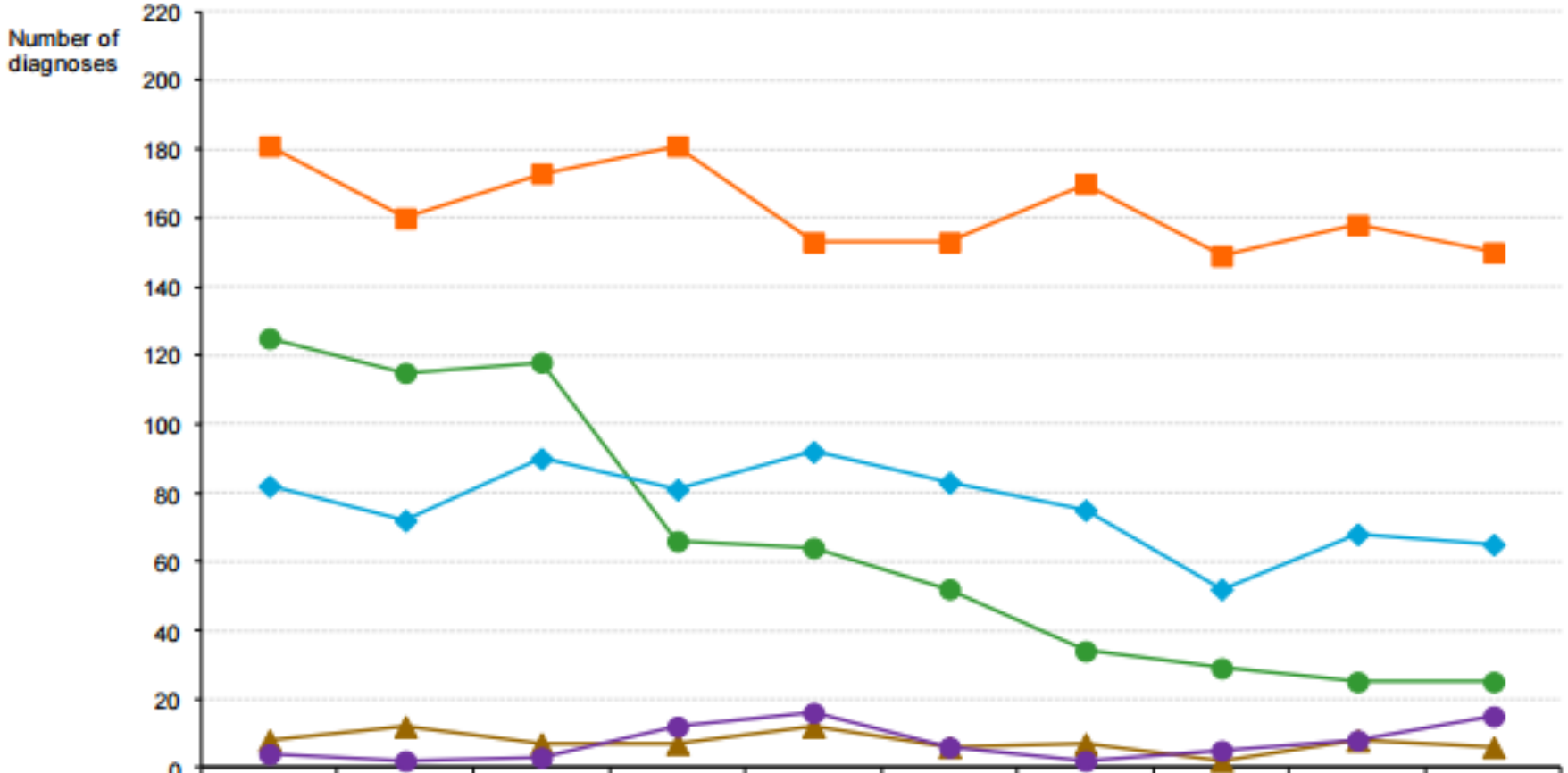
Very high rates of attempted suicide

Very high rates of substance use & abuse & smoking

Very high rates of partner violence

Very high rates of STIs & HIV

14. New HIV diagnoses in BC by exposure category - total, 2005 to 2014



	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014
MSM	181	160	173	181	153	153	170	149	158	150
PWID	125	115	118	66	64	52	34	29	25	25
HET	82	72	90	81	92	83	75	52	68	65
Other	8	12	7	7	12	6	7	2	8	6
NIR/UNK	4	2	3	12	16	6	2	5	8	15

MSM - men who have sex with men
PWID - people who inject drugs
HET - heterosexual contact
NIR - no identified risk
UNK - exposure unknown
Other - blood/blood products, occupational, perinatal, or other exposures

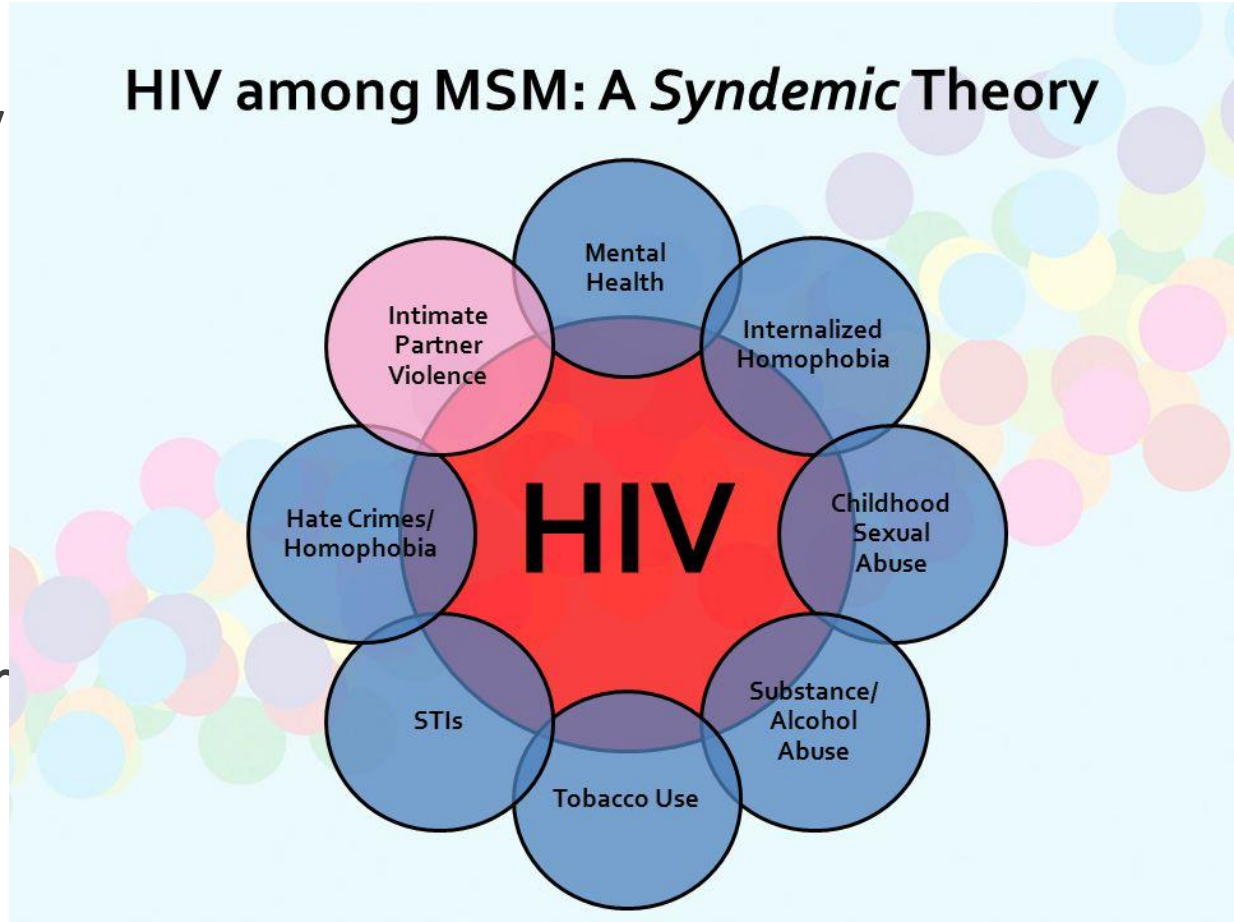
Why is HIV so prevalent among gbMSM?

- increased per-act probability of HIV transmission for penile-anal sex
- higher rates of men living with HIV in gay sexual networks
- sex education programming that is silent on gay men's sexuality
- profound societal stigma towards HIV and gay men (syndemics)

Health care providers should continue to work with gbMSM in ways that acknowledge, rather than shame, risk taking.

Unpacking the Social Context: Syndemics

- Syndemics theory (term developed by Merrill Singer in mid-1990s, applied to HIV and gay men by Dr. Ron Stall and colleagues at University of Pittsburgh)
- (n.) a cluster of epidemics that act additively to predict other epidemics
- (adj.) of or pertaining to such a cluster

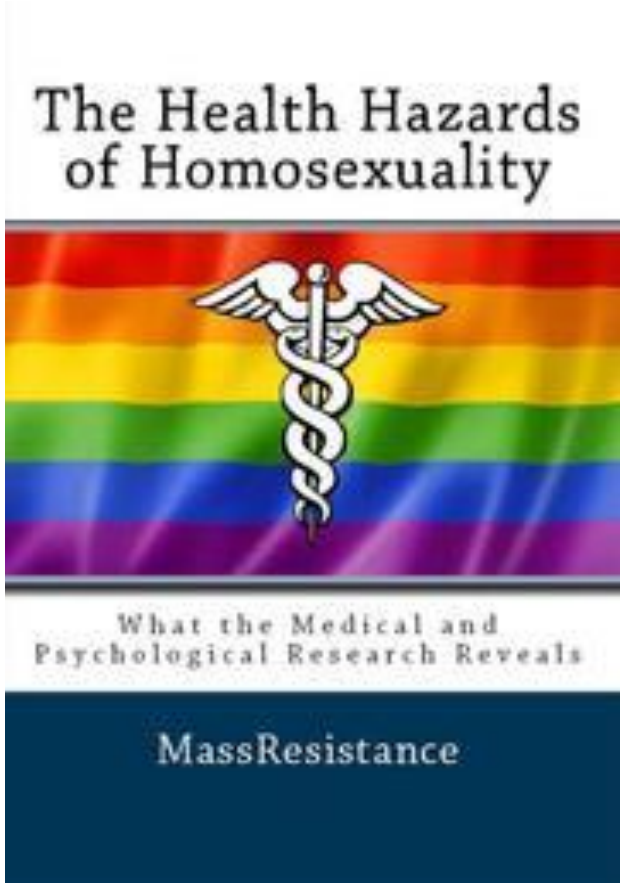


Syndemics

- Multiple dangerous epidemics afflict (urban?) gbMSM communities; each of them important and each interacting with the other.
- These epidemics interact to drive HIV risk and HIV infection among gbMSM.
- Progress on fighting any one of these epidemics is likely to be limited by lack of progress in fighting other interactive epidemics in tandem.

Maybe it's not homosexuality…

- Maybe it's homophobia?
  - Violence victimization of young gbMSM is commonplace
  - Violence victimization in adolescence predicts poor health outcomes among the general population, including gbMSM
  - The experience of homophobic attacks at a very early age may be a root cause of syndemics within gbMSM communities
  - Importance of resilience and social networks



Unpacking Social Context: Minority Stress

Minority Stress (Dr. Ilan Meyer, UCLA)

- "chronically high levels of stress faced by members of stigmatized minority groups"
- Interpersonal prejudice and discrimination
- Poor social support, low SES

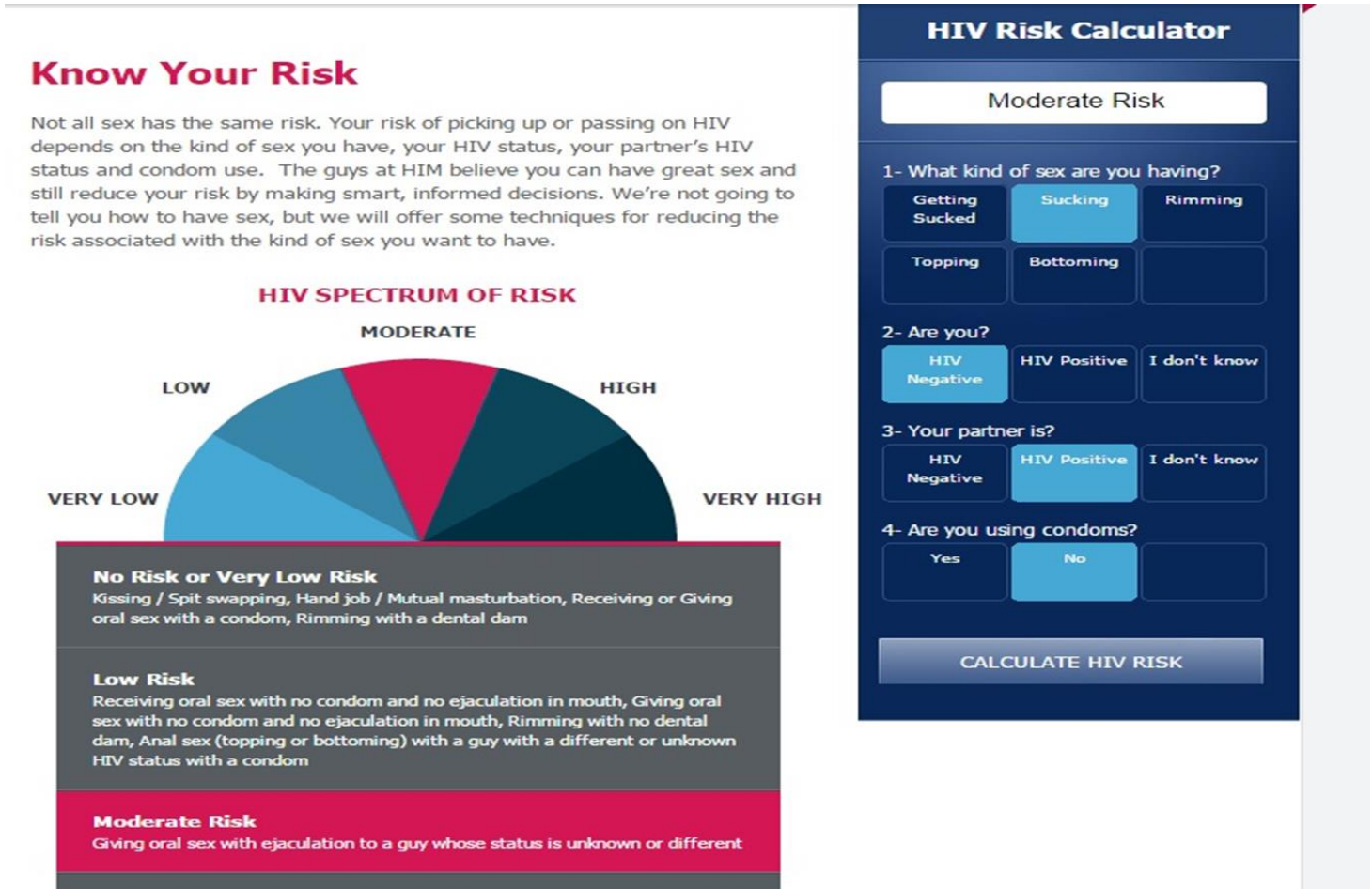
Protective Factors Among gbMSM?

- Family connectedness, teacher caring, other adult caring, and perceived safety at school (for younger gay men) (*American Journal of Public Health, 99*(1), 110-7)
- Levels of protective factors are generally higher among bisexual men than among gay respondents (*American Journal of Public Health, 99*(1), 110-7)
- Sense of Coherence (*Anxiety Stress Coping,* 27(6):662-77)
- Social Support and Self-Efficacy (*The Gerontologist*, 53(6):963-72)
- Social Network Size (*The Gerontologist* 53 (4): 664-675)

The gbMSM Experience

Gay men are leaders in preventing HIV

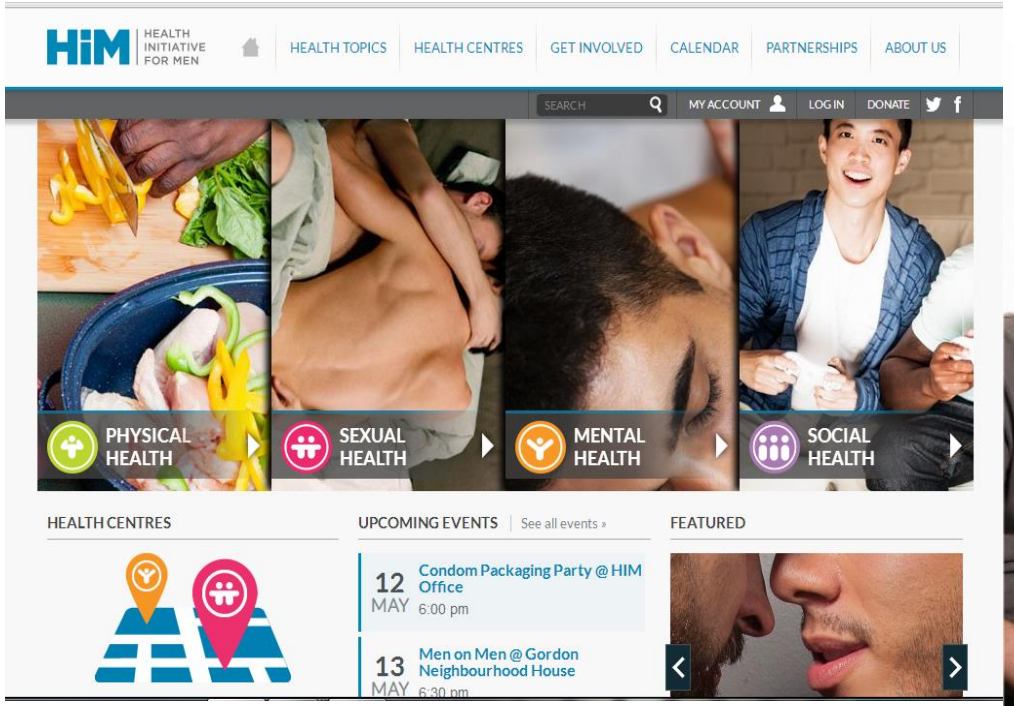
- Strategic Positioning
- Serosorting
- Condom use
- Regular testing
- ARV use/TasP
- PEP/PrEP use



gbMSM Health Promotion: – programming, research, strategy

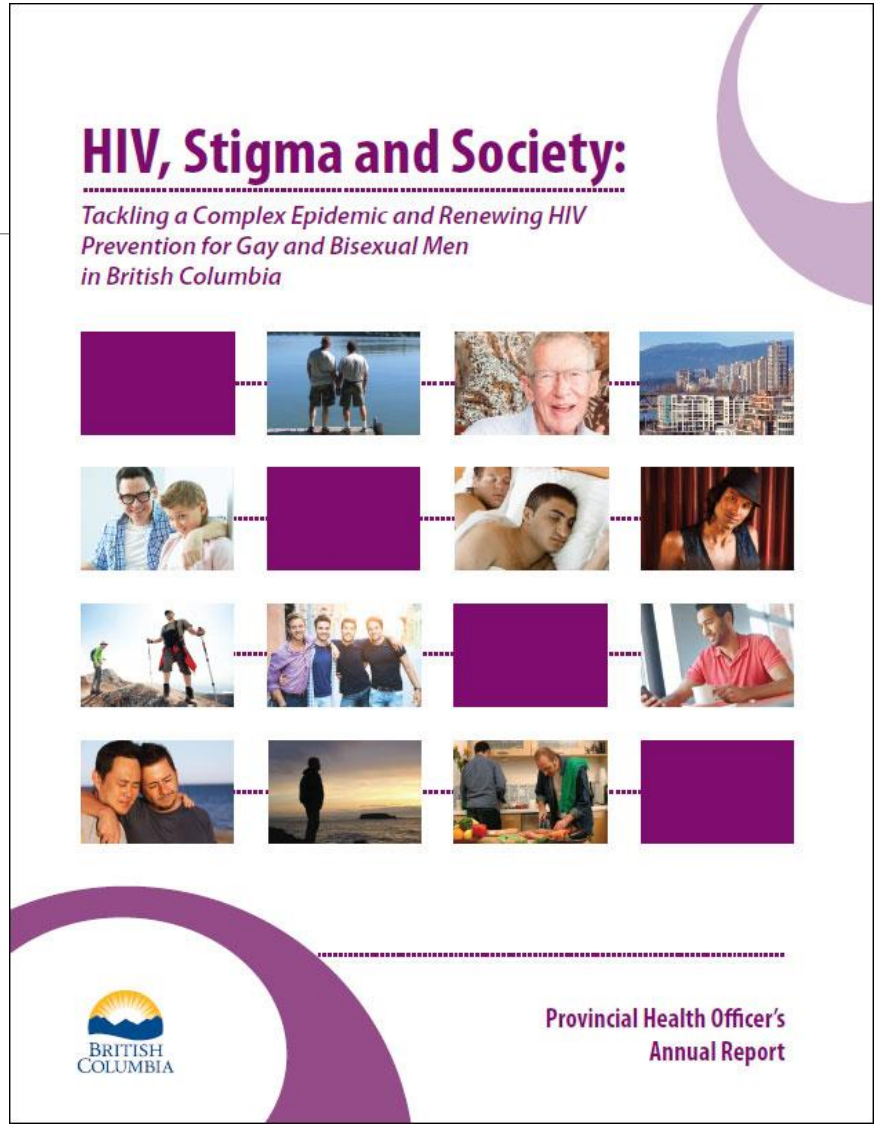
- ***Core values***: self-determination, meaningful community involvement, harm reduction, intersectionality
- ***Targeted, tailored interventions:*** sexual health centres and social marketing campaigns; mental health programming including individual and group counselling, peer and professional delivery models
- ***Research & funding***: dedicated provincial, federal funding to sustain knowledge exchange
- ***Policy & strategy***: BC - Provincial Health Officer's Report (2014); gbMSM Health Network – Regional Progress Cards; National – Pan-Canadian GBT2Q Alliance on Combination Prevention

Gay Men's Health is more than HIV.



PHO Priorities

1) BC Gay Men's Health Strategy
2) Healthy Schools
3) Prevention Scale Up (access/competency)
4) Mental Health & Substance Use (access/competency)
5) Combat prosecutorial guidelines for HIV criminalization
6) Increase research/surveillance/data



“I don’t see many gay men in the North.”

The BC CDC estimates that 2,200 MSM live in the Northern Health authority. That same report estimates that number is under-reported, and could be 30 – 40% higher (BC CDC/PAN Key Population Size Estimate Project 2016)

In Northern Health, only 58% of MSM identify as ‘gay’, while 37% identify as ‘bi’, 6% identify as ‘straight’ and 5% identify as ‘queer’

24% reported condomless anal sex with unknown partners, 44% reported not being tested for HIV in the last year, 23% have NEVER had an HIV test, 48% were unaware of Post-Exposure Prophylaxis (PEP) and 55% were unaware of Pre-Exposure Prophylaxis (PrEP)
-Sex Now, 2015

In Northern Health, 60% of MSM are NOT out to their healthcare provider. This is the highest proportion in BC (Interior = 41%, Island = 40%, VCH = 19%).

MSM who are not out to their healthcare provider are 10x less likely to have received an HIV test in the last year. – Sex Now 2015

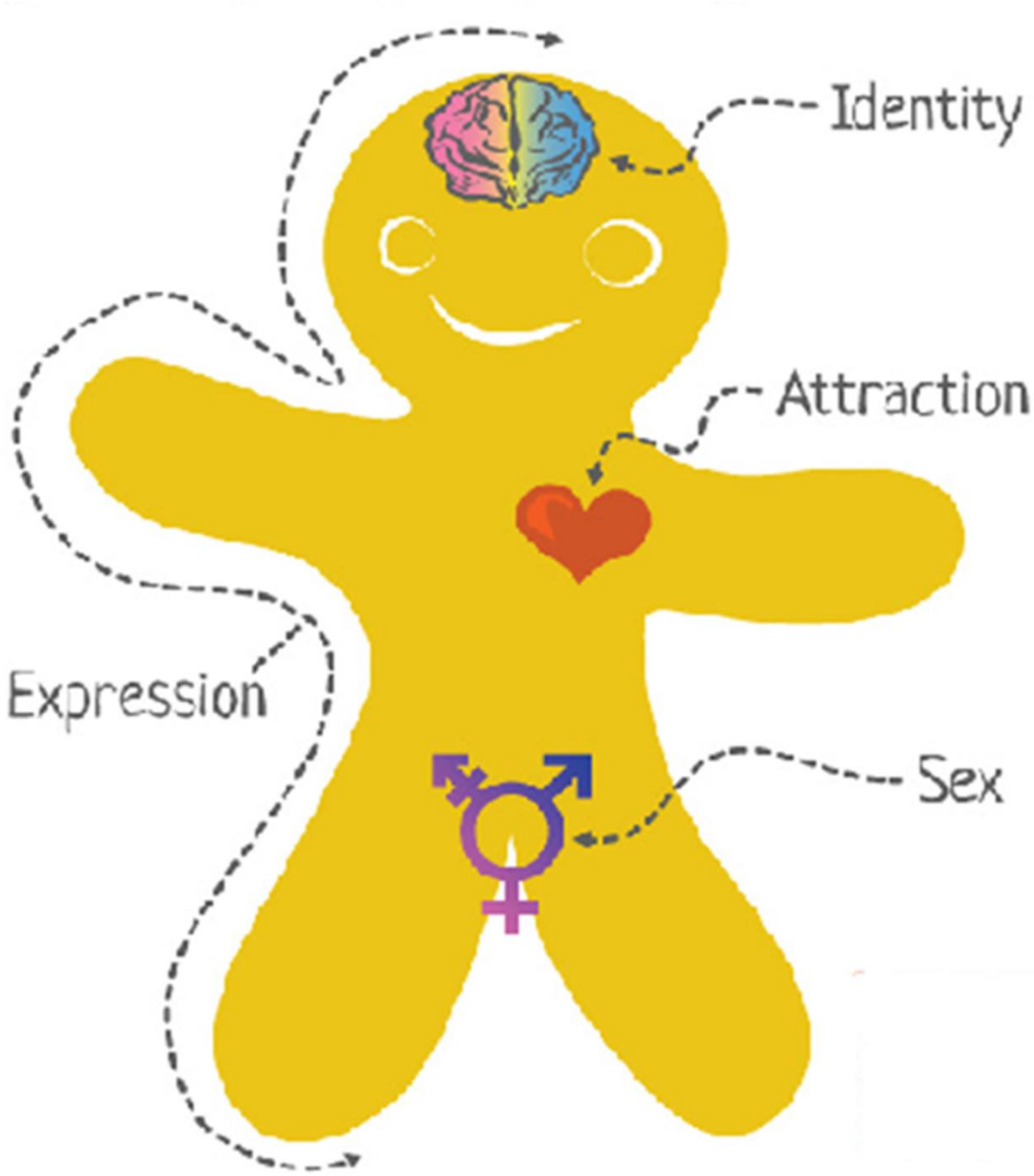
Working with gbMSM

Some things to note:

1. Most people receive little education about gender or sexual diversity.
2. Speaking about gender variance or any kind of sexuality is uncomfortable for most people.
3. Sexual orientation and gender identity are defined by the person not the provider.
4. Mental health symptoms and syndromes result from minority stress, impacting sexual behaviour.
5. Primary care must be accessible and relevant to all persons, including gbMSM.

Components of Identity

1. Gender Identity
2. Gender Expression
3. Biological Sex
4. Sexual/Romantic Attraction



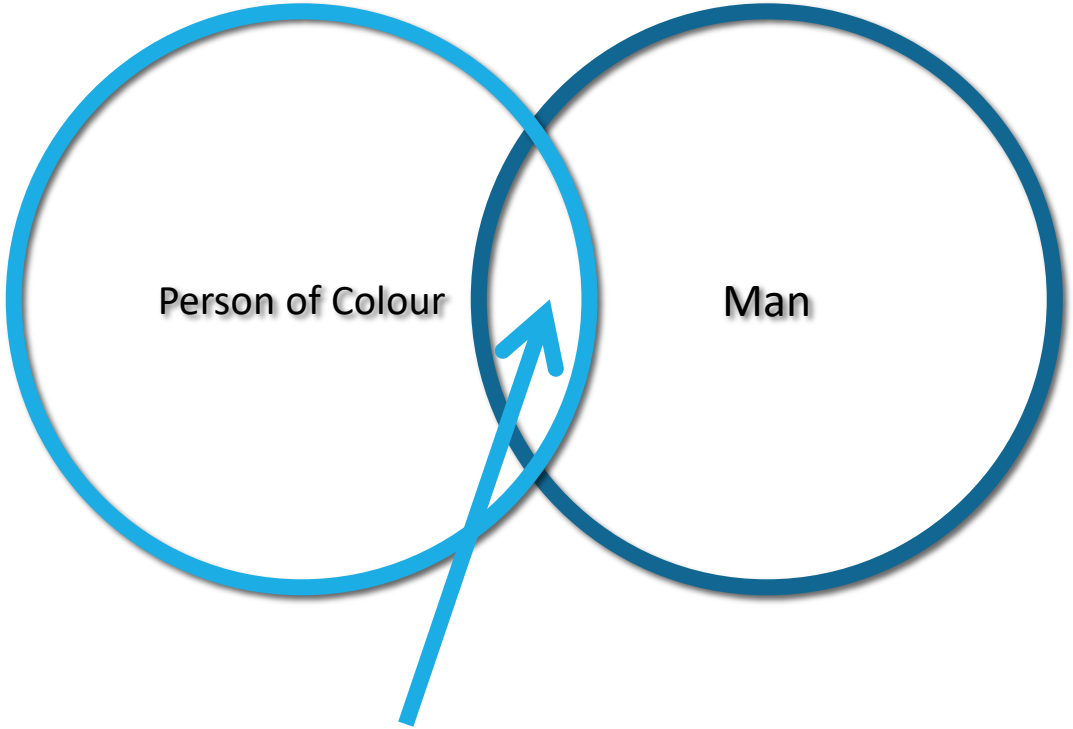
Who are we?

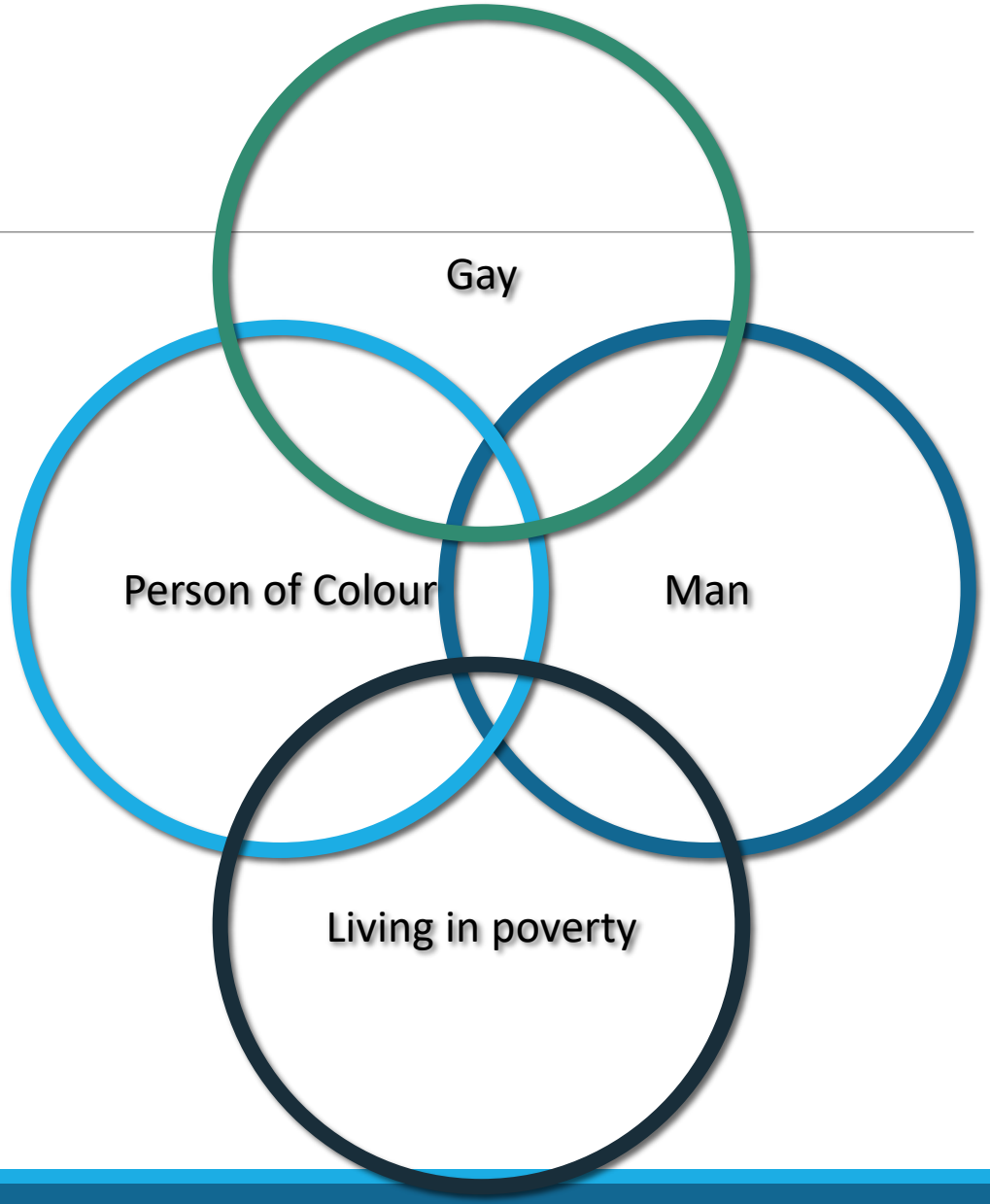
Gay, Bisexual, Queer, Two Spirit, Trans, and other MSM

- It is not up to the provider to determine an individual's identity for them.

Intersectional Identities

- Each individual carries multiple, overlapping identities and often more than one of them is an identity that causes them to face oppression or discrimination.
- These overlapping or interlocking identities are called "intersections" or "intersectional identities"


Person of Colour
Man
Intersection of cultural and gender identities


Gay
Person of Colour
Man
Living in poverty

Working With gbMSM

Understanding Heteronormativity

Heteronormativity is the cultural bias in favor of opposite-sex relationships of a sexual nature. This can take many forms from marriage to music.

We live in a heteronormative society where homophobia and violence represent the extreme elements.

Many people are attempting to change this culture. The western gay rights movement has had unprecedented successes.

Working With gbMSM

Understanding The Determinants of Gay Men's Health

Gay men and other men that have sex with men have different determinants than other minority groups.

- Income and Social Status
- Social Support Networks
- Education and Literacy
- Employment/Working Conditions
- Social Environments
- Physical Environments
- Personal Health Practices and Coping Skills
- Healthy Child Development
- Biology and Genetic Endowment
- Health Services
- Gender
- Culture
- Stigma
- ***Coming Out?***

Working With gbMSM

Understanding Life Course Model and the Impact of Generations

"How gay men think about themselves, their bodies and their desires is a product of social and historical time."

Phillip Hammack, PhD, University of Santa Cruz

"The life course model helps account for the impacts of significant and ongoing political and social change towards gay men on the lives and health of gay men."

Generations Theory

Health determinants for gay men are not static, and are linked to / originate from the generation they are born into:

<u>Stigma Generation (born in the 1930s):</u>

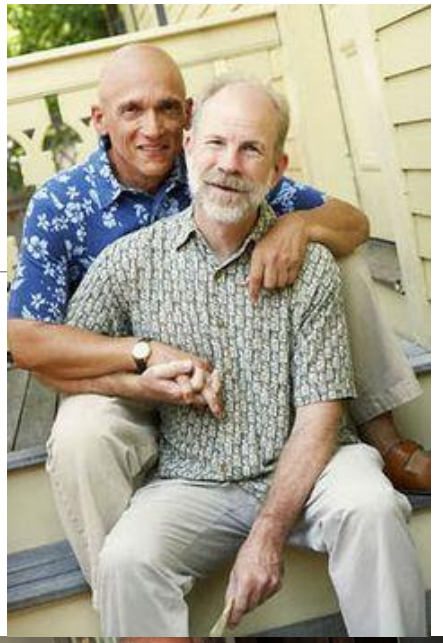
- transformation of gay identity from diagnosable mental illness to legitimate social identity
- witness to the entire AIDS epidemic; survivors

<u>Stonewall Generation (born in the 1940s):</u>

- first generation to experience gay liberation in late adolescence / early adulthood
- longer period of their life course free from stigma and criminalization of gay sex
- Like Stigma Generation, witnessed devastation of AIDS epidemic firsthand
- Experienced profound setbacks to gay liberation movement

<u>AIDS 1 generation (born in the 1950s and 1960s)</u>

- “probably the hardest hit by AIDS, given that they were at the peak of their sexually active lives when it was emerging”
- “it was like living in a war zone for this generation, with outwardly healthy and attractive men in their 20s and 30s falling ill and dying in a matter of weeks”



Generations Theory cont.

AIDS 2 generation (born in the 1970s)

experienced childhood and adolescence at a time when the AIDS epidemic was often conflated with gay sex, disease and death

did not, however, experience the same personal losses as members of the AIDS 1 generation

Awareness of risk, vigilance in condom use; safer sex practices

Internet emerges, treatment advances gradually transformed collective consciousness of HIV/AIDS from a lethal illness to a chronic, manageable health condition

discourse shift from AIDS to issues such as marriage equality and human rights protections

Post-AIDS or marriage equality generation (born in the 1980s and ’90s)

Growing up under radically different social and political contexts than all previous generations

“They are the first generation to now experience their same-sex desires absent the same fear of AIDS that consumed members of my generation when we were beginning to have sex”

Coming of age in an era of unprecedented advances in rights and equality for GSM individuals and communities (also technology: internet, apps, social media)

Barriers to Care

gbMSM frequently withhold information about orientation, gender, sexual practices and behavioural risks

Many health providers are uncomfortable, reluctant or undertrained to take sexual history

Some health providers will treat us just like ‘everyone else’ – but we actually have specific health needs

How health providers communicate with our patients can improve their engagement in care and thus improve their health outcomes

How healthcare providers ‘show-up’ impacts care

What you know

- HIV prevention tools
- Understanding social determinants & context

How you talk

- Asset-based vs. deficit-based
- How do we talk about risk?

How you deliver care

Challenging HIV and sexual stigma

Taking a Sexual History

“Do you have sex with men, women, or both?”

Use general terms such as ‘partner’(s) or ‘significant other’(s)

Aim for inclusivity, avoid assumption

Married does not mean monogamous

Sexual orientation is not equivocal to sexual activity

Don’t assume condoms, means ‘safe’ or ‘protected’.

Ask about activities including oral, anal, digital, vaginal, use of shared sex toys

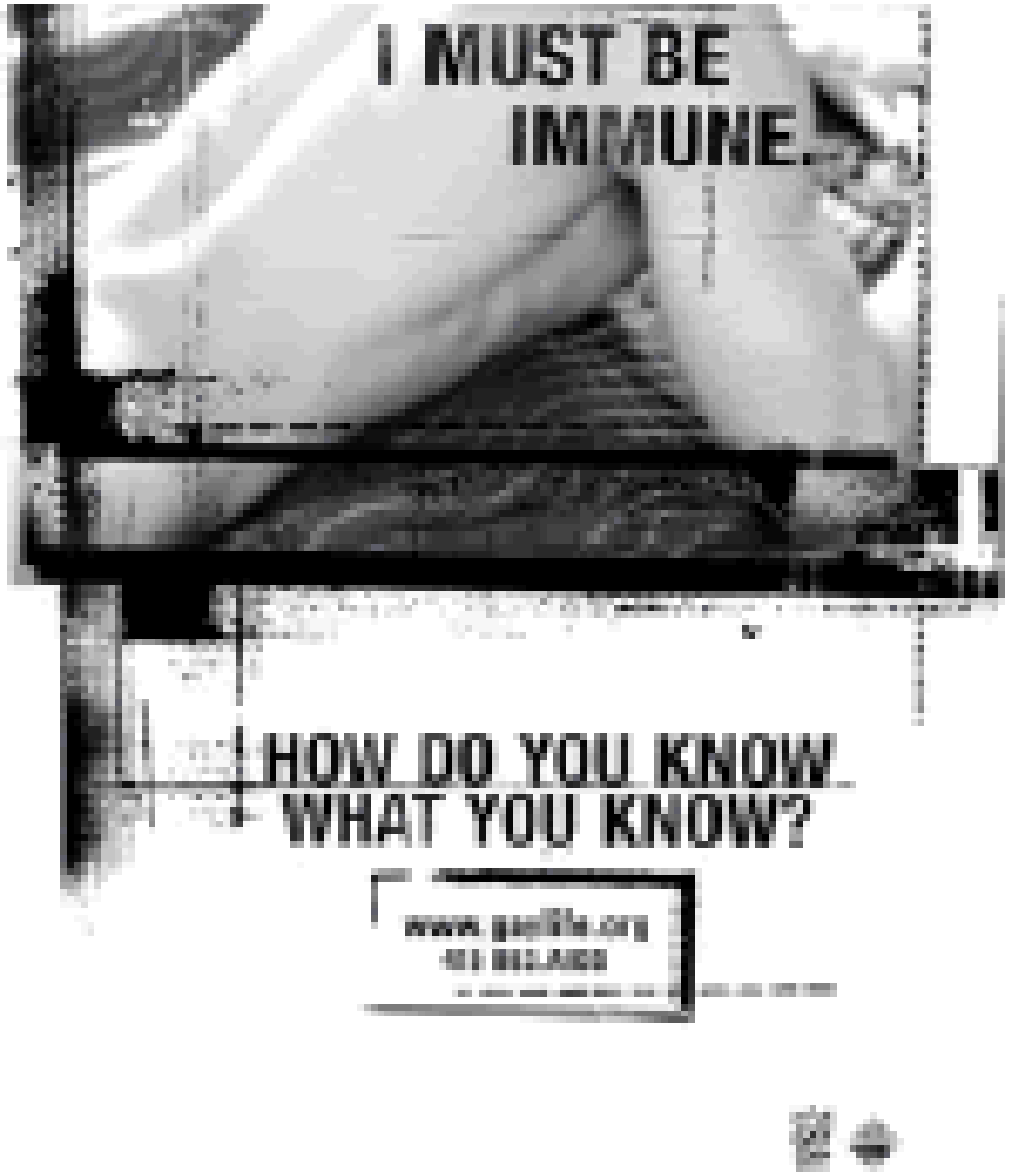
Inclusive & Destigmatizing Language

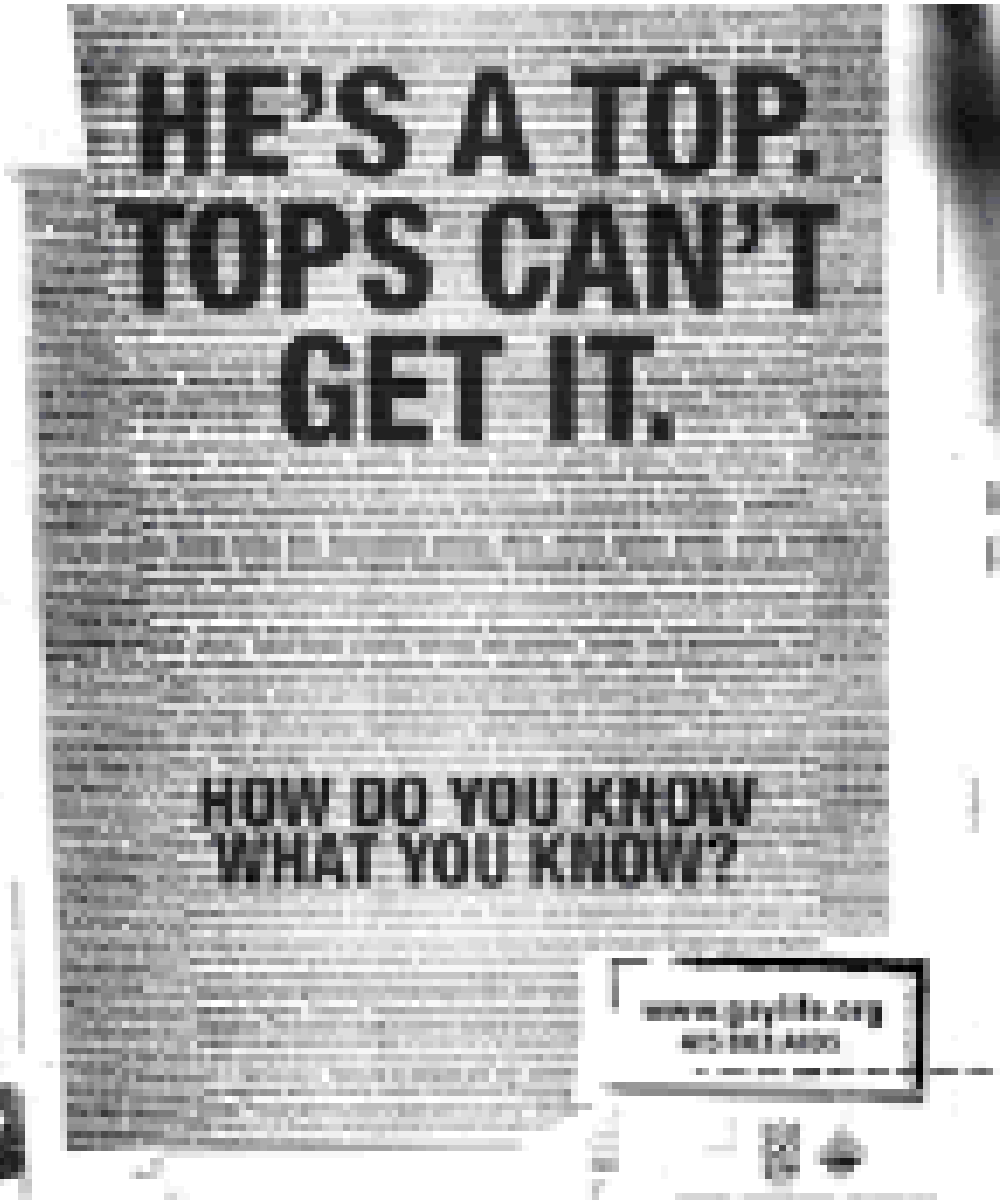
PacificAIDSNetwork.org -> Resources -> Tools for Organizations -> Guide to Inclusive and Destigmatizing Language

Avoid saying…	**Instead try….**
Infect or spread *ex. Youth can be infected through sex*	**Pass** *ex. HIV can be passed through unprotected vaginal, anal, or frontal sex*
Infected with HIV or suffers from HIV	**Living with HIV**
Gendered descriptions *ex. Female condoms* *ex. Pap smears are an important part of health care for women*	**Body parts or actions** *ex. Insertive condoms* *ex. Pap smears are an important part of health care for people with a cervix*
Prostitution	Sex work
Junkies, addicts, alcoholic	**People who use drugs, people experiencing addiction, people with a substance use disorder** (depending on what we're talking about; note, most of us use drugs whether that be caffeine, nicotine, etc.)
Clean/dirty used to describe equipment or people	To describe people – **abstinent, not using/actively using** To describe equipment (e.g. needles) – **new, unused/used**
Homosexual; transsexual; identity-based slurs	**Terms people use to self-identify** *ex. gay, lesbian, bisexual, trans, pansexual, etc.*
"AIDS" or "HIV/AIDS" when referring to HIV *ex. It is important to get tested for AIDS* *ex. Died from HIV/AIDS*	**HIV** *ex. It is important to get tested for HIV* *ex. Died from AIDS-related complications; died from opportunistic infections*

AIDS
IS STILL AROUND
1981-

life
EACH TIME YOU SLEEP WITH SOMEONE, YOU ALSO SLEEP WITH HIS PAST.
life
EACH TIME YOU SLEEP WITH SOMEONE, YOU ALSO SLEEP WITH HIS PAST.


I MUST BE IMMUNE.
HOW DO YOU KNOW WHAT YOU KNOW?


HE'S A TOP. TOPS CAN'T GET IT.
HOW DO YOU KNOW WHAT YOU KNOW?

Invisibility and Coming Out

Assumption that LGBT people can be spotted

- However, many are not identifiable

People need safe opportunities to disclose and safe spaces to be out

Having identifiable LGBT2S staff, signage, reading materials, etc. may make it easier for clients to be out

Confidentiality

Ensure privacy and discuss confidentiality before asking about potentially sensitive information

A Safe Space

"It's not enough to know in your own head and say, "Oh, I'm okay with it." You've got to indicate that to me. Because I've been through so much homophobia that I am not going to take it for granted that you're okay with me. ... I still don't assume that people are okay with me, or with us."

(Health Care Professional, Vancouver)

UBC CPD

CONTINUING PROFESSIONAL DEVELOPMENT
FACULTY OF MEDICINE

Empowering continuous learning and practice improvement.

Optimizing Care for
Gay, Bisexual, and other Men who have Sex with Men

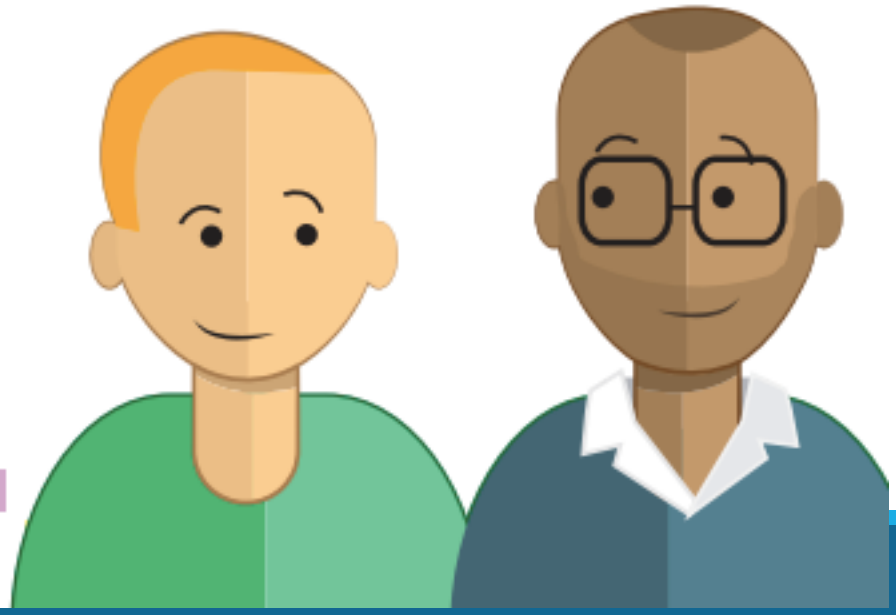
gbMSM

Learn to identify common health issues experienced by gbMSM patients and their implications for care. Move beyond sexual health into more complex topics through multi-layered case studies and interactive exercises.

ubccpd.ca/gbmsm-online

~90 minutes

1.5 Mainpro+



Thank You!

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