Men who have sex with men’s experiences of HIV/AIDS-related stigma and social discrimination in low- and middle-income countries: a qualitative systematic review

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Introduction

Men who have sex with men (MSM) are a risk group of HIV/AIDS apart from women, youth, injecting drug users, commercial sex workers, prisoners, mobile population and refugees. (Global Health Council, 2011). MSM is considered as a bridge of HIV infection to general population, or between males and females (Ansteyh, Beyrer&Soucat, 2005). Although various strategies have been employed to tackle HIV/AIDS in this population, HIV/AIDS prevalence rate of MSM is 19 times higher than general reproductive population (AndAR, 2008). Stigma and social discrimination are social determinant of health in MSM (CDC, 2011) and obtuse MSM from participating in HIV/AIDS prevention and sexual health promotion programmes, particularly MSM in low- and middle-income countries. To develop understanding MSM’s experiences relating to stigma and social discrimination could help health professionals, social workers and policy makers to provide proper sexual health programmes for this population. Therefore, this study aimed to explore MSM’s experiences of HIV/AIDS-related stigma and social discrimination in various contexts of low- and middle-income countries.

Materials and methods

A qualitative systematic review was conducted for this study. It can be used to evaluate and to interpret available information to a particular question (Glassio et al., 2008) and to develop their common core elements and themes by transforming, with retaining uniqueness of, individual finding into new conceptualizations and interpretations (Crowe et al., 2008; Finlayson and Dixon, 2008). Two Bibliographic Databases: CINAHL , MEDLINE and one Google search engine for grey literatures were employed. Inclusion and exclusion criteria consisted of these: population are non-identified MSM and identified MSM (gay, bisexual, homosexual men and transgendery) in low- and middle income countries, studies regarding MSM’s experiences toward HIV/AIDS-related social discrimination and stigma, qualitative research published in English and from 2000 to 2010. One hundred and sixty-two studies were included and 20 studies were excluded because of key informants. After applying inclusion and exclusion criteria, 10 studies were obtained. All of 10 studies were assessed by the appraisal checklist tool that adapted from two appraisal tools: the Ärter and Milton (2006) tool and the Polit and Beck (2009). Seven studies with grade ‘A’ and ‘B’ were proceed to the data analysis and synthesis process. Wash-out period between each assessment were concerned to eliminate personal bias. The thematic synthesis method was employed to synthesise new conceptualization. Line-by-line coding is set manually because only seven relevant qualitative studies were included. After that, all codes were categorized into subthemes and main themes.

Results

MSM confronted four levels of HIV/AIDS-related stigma and discrimination.

Seven studies were included in this study. Androphilosophies et al. (2011) in Jamaica. Okal et al. (2009) in Kenya; Niang et al. (2003) in Senegal, Chakrapani et al. (2007, 2008) in India; Wilson et al. (2011) in Nepal, and Wong et al. (2006) in China. Sexuality-related stigma and social discrimination were general seen in four levels of social interactions: individual, interpersonal, social environment and policy.

Stigma attached to someone carrying condom

Condom are “social symbol” of HIV infections, prostitutes, or being unfaitful

"I am going to ask he use condoms, what will he say? He will ask me, ‘Do you have any disease?'”

(a participant, Chakrapani et al., 2008)

"I don’t carry condoms because my wife and I don’t use them and if the sex is nice, she will detect something happening”

(a participant, Wong et al., 2006)

Conclusions

HIV/AIDS-related stigma and social discrimination to MSM were seen in those low- and middle-income countries although these were normally originated from homosexuality. Henrik(1999) defined the social meaning attached to HIV/AIDS as “symbolic AIDS stigma”. In this systematic review, homosexuality and condoms were seen as symbolic AIDS stigma. Moreover, stigma could be an invisible tool to control over and marginalise others. To tackle HIV/AIDS in MSM population is not only to tackle with human immunodeficiency virus but to social and environmental issues. In order to increase MSM to participate in sexual health promotion and prevention programme, stigma and social discrimination should be eradicated.

Limitation of this study

There were some limitations in this study. If various bibliographical databases and non-English publication could have been included, clearer picture of MSM’s experiences of HIV/AIDS-related stigma and social discrimination could be made. The adapted appraisal checklist tool for this study have never assessed its quality by experts in qualitative areas. It could distort the results and bring about incredibility of this systematic review. Additionally, difference among subgroups of MSM could have different experiences to HIV/AIDS-related stigma and social discrimination.

Recommendation

Further research should be conducted in order to find out the hidden information of MSM population including subgroups of MSM. Additionally, different social context could lead different results of stigma and social discrimination. Sociological views should be used to tackle HIV/AIDS in MSM and other high-risk groups.

Stigma is a social tool to control over others.

Power and power in relationship could be seen in this systematic review. According to Thompson (2006), stigma and social discrimination rely on social construction by powerful group in society. The one study finding in Jamaica showed that HIV/AIDS-related stigma was used as a tool to control over other people in prison.

"It reached a point that I said that if this was the way they are dealing with HIV/AIDS, I am going to finish my life right there... Because people knew that I was sick, they avoided me. There is a grill for the cell and he [a warder] would come to it and say, you will soon be dead”

(a participant, Androphilosophies et al., 2011)

Literature cited

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