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Letter Open Access

Prejudice, Stigma and Social Discrimination: Perceived Barriers in HIV Prevention and Control among Men Who Have Sex with Men in China

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Abstract

The battle towards the control of HIV/AIDS in China has experienced some success. However, this success was somewhat limited among some key populations, including men who have sex with men (MSM), due to the problems related to prejudice, stigma and social discrimination. Thus, in order to systematically enhance the effectiveness of intervention strategies/programs, optimized multi-fraternity responses along with multiple layers of institutional and socio-cultural underpinnings should be implemented.

Keywords: Social discrimination; HIV prevention

Letter to Editor

The systematic and ambitious approach of the HIV prevention and treatment programs in China has experienced some success while combating this menace of mankind [1]. However, on its path towards reaching the goal of successfully controlling the epidemic there still remains many obstacles, while several new challenges have also emerged, especially among some specific high risk populations, like men who have sex with men (MSM) [2].

After recognizing the seriousness of the challenges among MSM, many time-effect intervention strategies were implemented in China, in order to curb the HIV epidemic in this hard-to-reach population [3-6]. However, the effectiveness of these intervention strategies was somewhat limited, since few of these strategies had ever addressed some key factors pertaining to the HIV prevention and control in this marginalized population, which included: the problems related to prejudice, stigma and social discrimination [7-10].

According to the report of UNAIDS, prejudice, stigma and social discrimination were found to be some of the greatest barriers on the road towards success for HIV prevention and control [11]. While as a disease, HIV had long been associated with these socio-cultural barriers, the scenario was found to be even worse in population like MSM. In China, the roles of these factors were more pronounced as the cultural and historical emphasis toward the unacceptability of homosexuality prevented MSM to be identified and participate in the HIV prevention and testing programs. Lack of HIV testing and awareness regarding HIV infection among MSM perhaps minimized the effectiveness of intervention and testing programs that were designed to curb the epidemic as a whole and specifically in this population [12,13]. This phenomenon was evidenced by one study conducted in Beijing that reported an independent association between increased propensity of HIV testing and perception of decreased stigmatizing and discriminatory attitudes [14].

Previous studies demonstrated that homosexuality-related prejudice, stigma and social discrimination usually originated from families, health care providers and the communities [15]. Social norms and relationships, familial values, perceptions of immorality and gender stereotypes of masculinity were found to be the most relevant cultural predictors of homosexuality related stigma [9]. In China, the main pressure for homosexuals to conceal their sexual predilection and identity originated from the fear of being outcast by the friends and family [2], leading to stress and anxiety. Such stress and anxiety created a hostile and stressful social environment for them [8], which kept most of them always afraid of being identified, labeled and discriminated. Thus they seldom disclosed their sexual orientations to others. Such hidden nature kept many of them outside the coverage of HIV intervention and testing programs. These characteristics might also have further modified their risk behaviors, resulting in increased risk for acquisition of HIV [16].

Till 2001, homosexuality was even listed as a psychological disorder in China [17]. Recently, one study conducted in Shanghai reported that MSM used to experience a variety of subtle as well as blatant rejection and discrimination in their daily life. The study also reported that about 97% of the participants had perceived some stigma at least once in their lifetime, whereas 23% had experienced at least one instance of discrimination [18]. Another study conducted in Chengdu also reported that among MSM, stress related to stigma and social discrimination usually initiated from the familial pressure to get married to a woman and have children to protect family reputation and lineage [19]. Another study conducted in Beijing also found that HIV-associated stigma and discrimination among MSM was a significant predictor for never being tested for HIV and not having a discussion on HIV risk with male partners [20].

Based on these findings it can be interpreted that prejudice, stigma and discrimination related to homosexual activities may reduce one's willingness to disclose his sexual orientation and can lead to concurrent sexual partnerships. These issues may easily cumulate to be the major shortfalls in HIV prevention and control programs in China and have been identified as major obstacles for MSM seeking health services in this country. However, translation of these findings into policy implications while designing focused intervention programs is a major challenge to both researchers and policy makers as evidence-based experiences on

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this field are still limited in this part of China. Thus, lessons learnt from the experiences in similar settings may be considered as the rationale for decision-making by Chinese policy makers.

R. Reynolds reported that to address these issues effectively, optimized multi-fraternity responses along with multiple layers of institutional and socio-cultural underpinnings including modification of attitudes and beliefs of individuals, families and communities seemed critical [21]. While designing the future intervention programs and strategies, researchers and policy makers in China could use these recommendations as guideline. These intervention programs might find ways to help MSM to maintain a balance between their personal life and the expectations of their friends, families and society. Strategies should also be made so that MSM may find out ways to communicate with their friends and family members regarding their sexual orientation. Efforts should also be made to make MSM more willing to get tested for HIV and understand the need to discuss about HIV risk and testing results with their sexual partners. Besides these, psychological interventions, including but not limited to those aiming at cognitive and behavioral stress management along with improvement of access to mental support system should be incorporated in HIV prevention programs [22]. All these programs should aim at de-stigmatization of HIV and homosexuality both from outside and inside the MSM community taking cultural factors into consideration.

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