

Stigma and Homophobia: Persistent Challenges for HIV Prevention Among Young MSM in Puerto Rico¹

MELISSA MARZÁN RODRÍGUEZ

Center for Social Research
University of Puerto Rico, Río Piedras Campus

SHELLA RODRÍGUEZ MADERA

Graduate School of Public Health
Medical Sciences, Campus
University of Puerto Rico

NELSON VARAS DÍAZ

Center for Social Research
University of Puerto Rico, Río Piedras Campus

ABSTRACT

Men who have sex with men (MSM) are one of the most affected populations by HIV/AIDS. Over the last years an increase of cases has been reported in younger groups. The Center for Disease Control and Prevention has stated that stigma and homophobia may have a profound impact on the lives of MSM, and could influence them to engage in HIV risky behaviors. In the U.S and Puerto Rico, an increase in HIV cases among young MSM has been reported. For the period of 2005-2009 an increase of HIV cases was reported with 4.3% in the age group of 13-24 and 55.6% in the age group of 25-34. Understanding the dynamics related HIV risk behaviors among young MSM requires transcending traditional individual behavior oriented perspectives in order to adopt a more comprehensive socio-structural approach. In this manuscript we present a critical analysis of HIV prevention issues among young MSM in Puerto Rico. [**Keywords:** HIV/AIDS prevention, YMSM, Puerto Rico].

RESUMEN

Los hombres que tienen relaciones sexuales con hombres (HSH) son uno de los grupos más afectados por el VIH/SIDA. Durante los últimos años se ha observado un aumento en los casos reportados entre grupos de HSH más jóvenes. El Centro para el Control y Prevención de Enfermedades sostiene que el estigma y la homofobia pueden tener un efecto profundo en las vidas de hombres HSH y esto puede traducirse en prácticas de alto riesgo de contagio con VIH. En Estados Unidos y Puerto Rico, se ha reportado un aumento en los casos de jóvenes HSH contagiados con VIH. Para el período de 2005-2009 se reportó un aumento en los casos de jóvenes con VIH entre las edades de 13 a 24 años (4.3%) y para las edades de 25-34 años (55.6%). **Entender las dinámicas relacionadas a las conductas de riesgo asociadas al VIH entre los jóvenes HSH** requiere trascender las perspectivas individualistas tradicionales para adoptar un acercamiento socio-estructural más comprensivo. En este manuscrito presentamos un análisis sobre asuntos relacionados a la prevención del VIH entre los jóvenes HSH. [*Palabras clave:* prevención VIH/SIDA, HSH, jóvenes, Puerto Rico].

Introduction

Gay, bisexual and other men who have sex with men (MSM) have been disproportionately impacted by the HIV epidemic (CDC, 2013). The Center for Disease Control and Prevention (CDC) has stated that stigma and homophobia can have a profound impact on the lives of MSM (CDC, 2011). We argue that internalized homophobia may impact MSM'S ability to make healthy choices. In addition, the stigma that surrounds HIV epidemic may limit their willingness to access health and preventive care (CDC, 2011b). The understanding of the dynamics related to MSM risky behaviors for HIV infection requires transcending the individual oriented approach that is still present in the preventive arena (CDC, 2011b). The traditional individual approach is focused on the individuality of the host, such as risky behaviors and personal characteristics. Motivated by this concern, we analyze current epidemiological data regarding MSM in the US and Puerto Rico, emphasizing the potential implications of stigma and homophobia. The reduction of health disparities manifested in the HIV/AIDS epidemic requires concrete action on the social determinants of health, including structural and contextual factors such as sexual education (an example of a preventive strategy for people sexually active males is education that addresses the beliefs of diverse sub-groups regarding the use of condoms). In this paper we articulate some recommendations for addressing stigma and homophobia in future intervention development.

Epidemiological Data on Men who have Sex with Men: The US and Puerto Rico

More than 30 years have passed since the first HIV/AIDS case was reported in the early 80's and HIV/AIDS is still one of the main public health concerns. Worldwide AIDS cases surpass 34 million and over 1.8 million people die each year due to AIDS related causes. About 2.6 million new cases are reported each year (UNAIDS, 2010). In the US, it is estimated that 1.5 million cases of HIV exist. Of those, 469,972 adults and adolescents live with AIDS and 596,830 are HIV positive (CDC, 2010).

It is well known that initial attention towards the HIV/AIDS epidemic was garnered by transmission via unprotected sexual relations between MSM. Currently, even when MSM represent approximately 2% of the US population, they are the most severely affected by HIV and constitute the only group in which new HIV infections have been increasing steadily since the early 1990s (CDC, 2011b). More than 54% of the HIV/AIDS cases identify unprotected sexual relations between

MSM as a mean of transmission, followed by unprotected heterosexual contact (HC) (32.3%) and sharing unclean needles for injection drug use (IDU) (10.5%) (CDC, 2011). The distribution of HIV/AIDS cases by ethnicity reflects a great disparity among African Americans (61.3%), Hispanic/Latinos (20.2%), and the White population (6.2%).

An upward trend of HIV cases is evidenced among MSM over the period of 2003-2009: from 50% in 2006 to 56% in 2009, specifically among younger age groups (CDC, 2011; CDC, 2010b; PRASS, 2011). Sixteen percent (16%) of male new cases were in the age group of 13-24, and 85% of them were identified as MSM (CDC, 2011b). Results from the National HIV Behavioral Surveillance - MSM second cycle (NHBS-MSM2) (CDC, 2011), revealed an HIV prevalence of 19% in a sample from 21 US cities, including Puerto Rico. Forty-four percent (44%) were unaware of their infection.

In Puerto Rico, the HIV/AIDS epidemiology is quite different from the United States mainland. As of September 2011, the Puerto Rico AIDS Surveillance System reported 43,648 reported cases of HIV (PRASS, 2011). Since the beginning of this Surveillance System, the three most reported modes for HIV transmission have been: IDU with the 49%, HC with the 26% and MSM with the 17%. Puerto Rico holds the 6th position in AIDS prevalence (319.4/100,000) in the US, the 6th position in AIDS incidence for 2009 (18.5/100,000 and the 10th of prevalence cases in children \leq 12 years (4.3/100,000) (PRASS, 2007). Data collected from the NHBS-MSM2 revealed an HIV prevalence of 19% (CI 95%: 8%-16%) and a 72% of unawareness of HIV status (CI 95%: 55%-86%). Indeed, Puerto Rico is the second site with more unawareness of HIV status rate followed by Maryland. Unawareness of HIV status can be an indicator for future increase in HIV cases.

Data from the Surveillance System of the San Juan Metropolitan Statistical Area shows a significant increase of HIV positive cases in young MSM. During the last five years (2005-2009), MSM in the age group from 13 to 24 years showed an increase of 4.3%, and those in the age group 25-34 of 55.6%. In contrast, older MSM evidenced a reduction of HIV infection in multiple age ranges [30.5% (35-44 years), 24% (45-54 years), 50% (55-64 years), and 85.7% (\geq 65 years)].

Considering that HIV prevention efforts have been in place for several years, findings from the NHBS-MSM2 and the Puerto Rico Surveillance System drive us to formulate some important questions: Why are many MSM unaware of their HIV status? Why have young MSM faced such vulnerability since the beginning of the 2000s? Certainly, attempts to articulate plausible explanations must be elaborated from multidisciplinary approaches combining

perspectives from Public Health and the Social Sciences in order to successfully reduce social-structural risk factors, such as HIV stigma and homophobia that may be influencing this trend.

Implication of HIV Stigma and Homophobia in youngest MSM's groups

The increase of HIV/AIDS cases among young MSM during the last years cannot be solely explained by an increase of testing and/or awareness of HIV status in this population (CDC, 2010b). Scientific literature evidences that current trends in HIV/AIDS vulnerability among MSM due to unprotected receptive/insertive anal sex could be related to: (a) ignorance or lack of knowledge about HIV risk, and negative or complacent attitudes towards safer sex (AMFAR, 2006), (b) disinformation provided by peers on safer sexual behaviors (Mutchler & McDavitt, 2010), (c) not having experienced the severity of disease at the onset of the epidemic (CDC, 2011b), and (d) the perception of HIV as a chronic disease which can in turn foster underestimation of personal risk (CDC, 2011b), among others reasons. All of these factors tend to focus on an individual's personal risk behaviors and do not address social dimensions underlying unsafe behaviors or informing the use of barrier protections (e.g. condoms and dams) to reduce the risk of HIV and other sexually transmitted diseases. A recent study conducted in Puerto Rico mentions the importance of considering social structural factors in order to have a better understanding of HIV-related risk among the MSM population (Colón et al., 2011).

Commonly, social-structural variables such as access to a quality health care system, health policy making, poverty, lack of education, social networks and others are mentioned as issues that need to be addressed, but they are not main targets in intervention designs (CDC, 2010). Indeed structural level interventions are scarce because they usually require changes in social-cultural norms (Stangl, Lloyd, Brady, Holland & Baral, 2013). Despite continued health and safer education campaigns for HIV prevention among MSM, intervention and outreach efforts have produced little difference (Brown, 2000). Typically, interventions for increasing healthy behaviors in young MSM address their level of knowledge on HIV and condom use promotion (Chan & Donovan, 2007), not focusing on other crucial social factors that are intertwined (i.e. institutionalized homophobia, public policies, poverty, racism).

Some of the existing structural level interventions specifically target accessibility to condoms among susceptible populations, including MSM. A recent meta-analysis on structural level intervention

aimed to increase the availability, accessibility, and acceptability of condoms found that condom distribution programs (CDP) must: provide condoms free of charges, conduct wide-scale distribution, and implement a social marketing campaign to promote condom use (CDC, 2010b). This kind of initiative, although plausible, fails to consider the integration of societal factors such as stigma and homophobia, which can negatively influence protective health behaviors among MSM. These factors contribute to a hostile social scenario where MSM, independently of their age, are still criminalized, labeled as perverts and/or condemned by the fundamentalist religious' discourses (Varas-Díaz, Malavé-Rivera & Cintrón Bou, 2008).

Structural-environmental and societal factors have a strong influence on an individual's ability to engage in health related practices in general, including sexual health. MSM are commonly socially sanctioned due to their sexual identities and practices. After thirty years of HIV/AIDS epidemic, there are still crude manifestations of stigma such as discrimination, marginalization, rights violations, and other forms of social violence against MSM. Chan and Donovan (2007) clearly articulate the implication of stigma for MSM:

“Stigma is present at many levels, particularly in countries where male-male sex is criminalized or where MSM are subject to unofficial persecution by the authorities or discriminated against, even though same-sex behavior is not illegal. Criminalization and homophobia severely hinder the ability of many MSM to access HIV prevention information and treatment. Faced with legal or social sanctions, MSM are either excluded or exclude themselves from sexual health and welfare agencies because they fear being identified as homosexuals. Where MSM venues are marginalized the only remaining possibility is secret encounters, which are far more likely to involve unsafe practices. The marginalization of MSM relationships results in higher numbers of multiple sexual partnerships and lower self-esteem, again leading to risk behaviors” (p.5).

Since the 90s, HIV stigma, homophobia, and negative stereotyping of MSM have been identified in the scientific literature, as major factors to be approached in HIV prevention efforts (Choi & Kumekawa, 1998). Stigma and discrimination against MSM characterize a large sector of the population in the US and Puerto Rico. They are mostly reinforced by rigid religious morality present in the social-cultural norms of the Western world, which has had serious implications for MSM. An example of homosexual intolerance in Puerto Rico was broadcasted

recently in local media. Pastor Wanda Rolón, an influential social conservative figure in the Island, publicly named pop star Ricky Martin, who is openly homosexual, as the son of the devil because of his sexual preference. She stated “she was worried that children will think being gay is ok” (Rodríguez, 2011). Situations like this are not unusual in Puerto Rico’s social context. In fact, senators in Puerto Rico’s legislature have publicly said homophobic insults toward each other’s, without any formal consequence for their unacceptable actions (Primera Hora, 2011).

Implications of the fundamentalist morality in public and health policies are one of the most worrisome and difficult challenges that faced by the public health system. Alan Peterson and Deborah Lupton (2000) describes the insertion of morality in the public health arena as a subtle process in which vigilance over bodily practice of certain groups is integrated in daily social discourses. In this public health paradigm of social vigilance, the individual bears all the responsibility of being healthy. Those who are not healthy are identified as socially undesirable (Varas-Díaz & Toro-Alfonso, 2005). In the case of MSM, the stigma of homophobia contributes to their conceptualization as “dangerous identities” due to their sexual orientation and their association to the HIV epidemic. HIV stigma and homophobia are indeed, social-structural factors that produce secrecy and marginalization among MSM, which in turn, are strongly linked to their vulnerability for HIV infection (Costenbader, Otiashvili, Mweyer, Zule, Orr, & Kirtadze, 2009).

Taking into consideration the above, we propose the need to strengthen public health principles in order to foster an in-depth understanding of the socio-structural factors and practices that have a direct effect on MSM’s health behaviors. We understand that future HIV prevention initiatives for young MSM must do the following:

- Incorporate a contextual and cultural analysis of the sexual lives of MSM. This should include the recognition of sexual practices in public settings (i.e. cruising places) in order to develop strategies for condom use promotion. Rather than eliminating these public sexual venues, public health practitioners should exploit their unique sexual ecology as a way to reach difficult to serve populations (Binson, Woods, & Pollack, 2010).
- Develop agreements of collaboration with personnel of other sexual scenarios such as: motels and bathhouses to facilitate access to condoms and implement prevention campaigns.
- Develop and evaluate campaigns against homophobia and

stigmatization of LGBTTT (lesbians, gay, bisexuals, transgender and transsexual persons) within the governmental, health services scenarios, and the media.

- Develop and evaluate interventions for HIV stigma and homophobia reduction in health professionals.
- Include HIV prevention messages and prevention strategies targeting young MSM at educational settings such as high schools and colleges.
- Implement CDP massively across the cities with higher prevalence of HIV among MSM.

Risky behaviors for HIV infection are fostered and maintained by socio-structural factors such as poverty, stigmatizing policies and civil rights violations. They have to be considered when designing and implementing social-structural interventions tailored for MSM. A better response to the HIV epidemic among young MSM is urgent.

NOTAS

1. This study was partially funded by a grant from the National Institute of Mental Health (NIMH) (1R01MH080694-S1). The content is solely the responsibility of the authors and does not necessarily represent the official views of NIMH or the National Institutes of Health. The first author can be contacted through regular mail at University of Puerto Rico, Center for Social Research, P.O. Box 23345, San Juan, PR 00931-3345 or by e-mail at melissa.marzan.rdz@gmail.com

REFERENCIAS

- AMFAR (2011). The MSM initiative. http://www.amfar.org/uploadedFiles/Around_The_World/MSM/MSM%20initiative%20English.pdf Updated April, 2011. Accessed April 16, 2011.
- Binson D, Woods WJ, Pollack L, et al. (2011). Differential HIV risk in bathhouses and public cruising areas. *Am J Public Health*, 91(9): 1482-6.

- Brown A. (2000). Public sex and sexual cultures: Bathhouses, risk and the lives of men who have sex with men. *Int Conf AIDS*, 13.
- CDC (2010). Prevalence and Awareness of HIV Infection Among Men Who Have Sex With Men-21 Cities, United States, 2008. <http://www.cdc.gov/mmwr/PDF/wk/mm5937.pdf> Updated September 24, 2010. Accessed January 10, 2011.
- CDC (2010b). Condom distribution as a structural level intervention. Available in: http://www.cdc.gov/hiv/resources/factsheets/PDF/condom_distribution.pdf Updated October, 2010. Accessed March 28, 2011.
- CDC (2011). Epidemiology of HIV infection. <http://www.cdc.gov/hiv/topics/surveillance/resources/slides/general/slides/general.ppt#> Updated April, 22, 2011. Accessed May 15, 2011.
- CDC (2011b). HIV among gay, bisexual, and other men who have sex with men. <http://www.cdc.gov/hiv/topics/msm/index.htm>. Updated September 23, 2010. Accessed April 2, 2011.
- CDC (2013). Diagnosed HIV infection among adults and adolescents in metropolitan statistical areas—United States and Puerto Rico, 2011. *HIV Surveillance Supplemental Report; 18 (8)*. <http://www.cdc.gov/hiv/library/reports/surveillance/> Published October 2013. Accessed January 14, 2014.
- Chan, L.K., & Donovan, R. (2007). Iconography and stigma: Strategies of HIV/AIDS campaigns which target Men who have Sex with Men (MSM) in Hong Kong. Paper presented at the IASDR; November, 2007; Hong Kong, China.
- Choi K.H., & Kumekawa, E. (1998). HIV prevention programs must address environmental influences to reduce risk behavior among young Asian men who have sex with men. Paper presented at *the Int Conf AIDS*, 12: 363; June-July, 1998; Geneva, Switzerland.
- Colón-López, V., Rodríguez-Díaz, C.E., Ortiz, A.P., Soto-Salgado, M., Suárez, E., & Pérez, C.M. (2011). HIV-related risk behaviors among a sample of men who have sex with men in Puerto Rico: an overview of substance use and sexual practices. *P R Health Sci J*, 30 (2): 65-8.
- Costenbader, E.C., Otiashvili, D., Mweyer, W., Zule, W.A., Orr, A., & Kirtadze, I. (2009). Secrecy and risk among MSM in Tblisi, Georgia. *AIDS Care*, 21 (5): 591-597.
- Mutchler, M.G., & McDavitt, B. (2011). 'Gay boy talk' meets 'girl talk': HIV risk assessment assumptions in young gay men's sexual health communication with best friends. *Health Education Research*. 26 (3): 489-505.
- Peterson, A., & Lupton, D. (2000). *The new public health: Health and self in the age of risk*. London, England: Sage.
- Primera Hora. (2010). Inaceptable guerra de insultos homofóbicos en el Senado. Reacciona Bhatia. <http://www.primerahora.com/inaceptableguerradeinsultoshomofobicosenelsenado>.

[reaccionabhatia.-396842.html](#) Updated June 28, 2010.
Accessed April 24, 2011.

Puerto Rico AIDS Surveillance (2007). Semester Report. Sistema de vigilancia VIH/SIDA. División de epidemiología. Departamento de Salud de Puerto Rico. Informe semestral Junio, 5.

Puerto Rico AIDS Surveillance. (2011). Cumulative HIV/AIDS cases diagnosed as of September 30, 2011. Puerto Rico Department of Health; AIDS Surveillance System. 2011.

Rodríguez, A.L. (2011). Wanda Rolón arremete contra Ricky Martin. *Primera Hora*. <http://archivo.primerahora.com/archivo.asp?guid=90BCF471-A45C-49A7-853D-C8556D2653F4&year=2011&mon=3&keyword=wanda%20rolon> Updated March 22, 2011. Accessed April 23, 2011.

Stangl, A. L., Lloyd, J. K., Brady, L. M., Holland, C. E., & Baral, S. (2013). A systematic review of interventions to reduce HIV-related stigma and discrimination from 2002 to 2013: how far have we come? *Journal of the International AIDS Society*; 16 (2): 18734.

Varas-Díaz, N., Malavé Rivera, S., & Cintrón Bou, F. (2008). AIDS stigma combinations in a sample of Puerto Rican health professionals: Qualitative and quantitative evidence. *Puerto Rico Health Sciences Journal*, 27: 147-57.

Varas-Díaz, N., & Toro-Alfonso, J. (2005). La moralidad, el riesgo, el cuerpo y la razón como supuestos teóricos de la empresa de la salud en Puerto Rico. ¿Existen personas saludables?; *La Catarsis de Quirón*, 4 (3).

UNAIDS. (2010). UNAIDS report on the global AIDS epidemic 2010. http://www.unaids.org/GlobalReport/Epi_slides.htm Updated December, 2010. Accessed December 30, 2010.