Experiences of discrimination and HIV risk among men who have sex with men in New York City

Kathleen H. Reilly,[1] Alan Neaigus,[1] Samuel M. Jenness,[2] Travis Wendel,[3] David M. Marshall IV,[4] Holly Hagan[5]

[1] HIV Epidemiology Program, New York City Department of Health and Mental Hygiene, New York, NY, USA, [2] Department of Epidemiology, University of Washington, Seattle, WA, USA, [3] St. Ann's Corner of Harm Reduction, Bronx, NY, USA, [4]Center for HIV Educational Studies & Training, New York, NY, USA, [5] College of Nursing, New York University, New York, NY, USA

INTRODUCTION

Perceived discrimination is associated with negative physical and mental health[1,2] and non-participation in health promotion behaviors.[3] Discrimination against men who have sex with men (MSM) may increase their risk for HIV infection.[4] The current study determined the prevalence of specific types of gay-related discrimination and assessed factors correlated with experiences of gay-related discrimination among a demographically diverse sample of MSM in NYC.

MATERIALS AND METHODS

The Centers for Disease Control and Prevention-sponsored National HIV Behavioral Surveillance System, a cross-sectional study, was conducted in NYC in 2011. Eligible MSM were venue-sampled, interviewed, and offered oral-fluid-based HIV testing.

Eligibility criteria

Born male, currently identifies as male; at least 18 years old; NYC resident; ever had oral or anal sex with another man; speaks English or Spanish

Measures

Participants were asked if they had been "called names or insulted;" "received poorer services than other people in restaurants, stores, other businesses or agencies;" "treated unfairly at work or school;" "denied or given lower quality health care;" and "physically attacked or injured" in the past 12 months because someone knew or assumed they were attracted to men.

Participants were also asked if they agree that NYC is tolerant of gays and bisexuals.

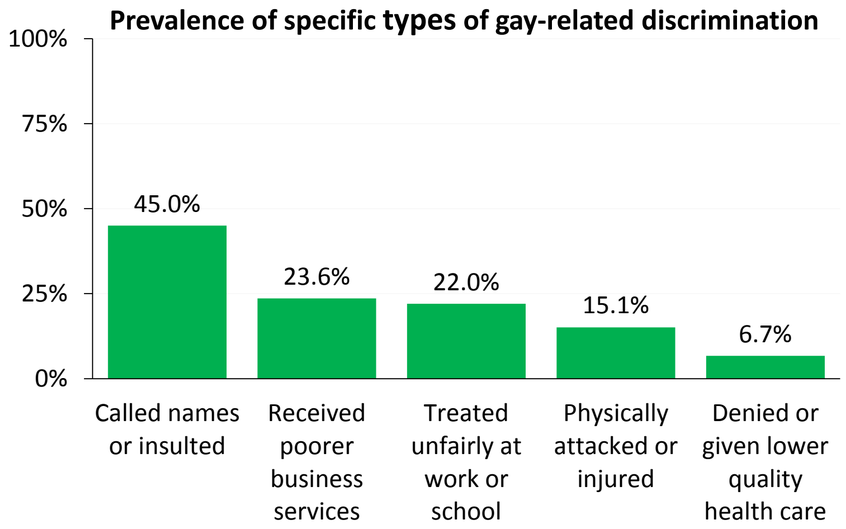
Statistical Analysis

Analyses were restricted to men who reported anal or oral sex with a man in the past 12 months. Associations between each type of gay-related discrimination experienced in the past 12 months and socio-demographic and HIV-related behavioral variables were examined through the estimation of prevalence ratios (PR) and 95% confidence intervals (CI) using log-binomial regression models. Multivariate models were created for each type of gay-related discrimination. Variables significantly ($P<0.1$) associated with the type of discrimination in bivariate analyses were considered for inclusion in the multivariate regression model. Variables were entered and eliminated from the model in a stepwise manner with $P<0.1$ for entry and $P<0.05$ for retention.

The responses to the question about NYC's tolerance of gays and bisexuals were re-categorized (agree/strongly agree, disagree/strongly disagree, neither agree nor disagree) and the differences in responses were compared by socio-demographic variables using chi-squared tests.

RESULTS

The total sample size for the analysis was 509 participants.



Variables independently associated with specific types of gay-related discrimination

Called names or insulted: age<30 (aPR: 1.3; 95% CI: 1.1, 1.6) and identifies as gay (aPR: 1.6; 95% CI: 1.2, 2.2)

Received poorer business services: age <30 (aPR: 1.5; 95% CI: 1.1, 2.1)

Treated unfairly at work or school: gay sexual identity (aPR: 2.1; 95% CI: 1.2, 3.5), anal intercourse without a condom with a casual male partner (aPR: 1.5; 95% CI: 1.1, 2.1), and drug use in the past 12 months (aPR: 0.5; 95% CI: 0.3, 0.8)

Physically attacked or injured: not having completed college (aPR: 1.9; 95% CI: 1.1, 3.4)

Denied or given lower quality health care: drug use in the past 12 months (aPR: 0.3; 95% CI: 0.1, 0.7) and HIV positive status (aPR: 2.9; 95% CI: 1.5, 5.6)

Those who were of white race, had completed college, had an annual income ≥$20,000, identified as gay, and were recruited in a bar were significantly more likely to perceive NYC to be a place that is tolerant of gays and bisexuals.

CONCLUSIONS

The experience of expressed discrimination against MSM was considerable. The prevalence of those reporting having been physically attacked or injured in the past 12 months is alarming and indicates that steps should be taken to prevent gay-related violence in NYC.

The association between HIV positive status and having been denied or given lower quality health care should be addressed, e.g. through better training and monitoring of staff-client interactions.

There are still subpopulations of mostly non-white, lower SES MSM who do not feel that NYC is tolerant of gays and bisexuals. Future research is needed to better understand the context and extent of gay-related discrimination in NYC, particularly with regard to the relationship between HIV status and access to or quality of health care.

LITERATURE CITED

1. Landrine, H., & Klonoff, E. A. (1996). The schedule of racist events: A measure of racial discrimination and a study of its negative physical and mental health consequences. *J. Black Psychol., 22*(2), 144-168.
2. Mays, V. M., & Cochran, S. D. (2001). Mental health correlates of perceived discrimination among lesbian, gay, and bisexual adults in the United States. *Am. J. Public Health, 91*(11), 1869-1876.
3. Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: a meta-analytic review. *Psychol. Bull., 135*(4), 531-554.
4. Ayala, G., Bingham, T., Kim, J., Wheeler, D. P., & Millett, G. A. (2012). Modeling the impact of social discrimination and financial hardship on the sexual risk of HIV among Latino and Black men who have sex with men. *Am. J. Public Health, 102*(S2), S242-S249.