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Association between Stigma and Intimate Partner Violence among Newly HIV-Diagnosed Chinese Men Who Have Sex with Men

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INTRODUCTION

Men who have sex with men (MSM) are more likely to experience intimate partner violence (IPV) during their lifetime than heterosexual couples.

HIV-status and related HIV stigma may play an important role in IPV within intimate partnerships among MSM.

HIV- and MSM-related stigmas are common among Chinese MSM, yet there is sparse literature on IPV and its relationship with stigma in this vulnerable population.

We evaluate the prevalence of IPV and its relationship with HIV- and MSM-related stigma among newly diagnosed HIV-infected MSM in Beijing, China.

OBJECTIVES

To evaluate the association between HIV-stigma and stigma related to identifying as a man who has sex with men (MSM) and reporting of intimate partner violence (IPV) among newly HIV-diagnosed MSM in Beijing, China.

METHODS

Data were collected in the baseline survey among newly HIV-diagnosed Chinese MSM in a randomized clinical trial via face-to-face interviews.

Simple and multiple logistic regression analyses were performed to assess the associations between IPV and HIV- and MSM-related stigma

RESULTS

Of 367 newly as likely HIV-diagnosed Chinese MSM, 23.7% experienced any IPV, including 16.6% physical, 7.4% psychological and 5.2% sexual IPV. Positive associations were found between HIV- and MSM-related stigma and IPV. Men with high HIV-related stigma (score ≥27) were 1.68 times as likely to experience any IPV as those with low stigma (adjusted odds ratio [AOR]: 1.68, 95% confidence interval [CI]: 1.03-2.76).

Men with high MSM-related stigma (score ≥6) were 1.98 times as likely to experience any IPV as those with low stigma (AOR: 1.98, 95% CI: 1.19-3.31). Men with high HIV- and MSM-related stigma were 2.86 times to experience any IPV as those with low stigma (AOR: 2.86, 95% CI: 1.44-5.69).

CONCLUSION

HIV- and MSM-related stigma was positively associated with IPV experiences among newly diagnosed MSM in China. The manner in which stigma may exacerbate IPV, and/or the influence of IPV on worsening stigma should be further evaluated.

The high prevalence of IPV and stigma in this population suggests that interventions should be taken to reduce stigma and prevent this risky behavior among MSM.

Table 1. Association between sociodemographic and behavioral factors of IPV and stigma among 367 newly HIV-diagnosed Chinese MSM

Table 2. HIV- and MSM-related stigma by IPV type among 367 newly HIV-diagnosed Chinese MSM

Table 3. Association between HIV- and MSM-related stigma and any IPV among 367 newly HIV-diagnosed Chinese MSM