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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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# 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 other 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  $\geq 27$ ) 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  $\geq 6$ ) 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).

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

Factors	Any IPV N (%)	P	High HIV- related stigma N (%)	P	High MSM- related stigma N (%)	P
<b>Age (year)</b>		0.24		0.83		0.04
≤30	61(25.6)		119(50.0)		125(52.5)	
>30	26(20.2)		66(51.2)		82(63.6)	
<b>Ethnicity</b>		0.97		0.51		0.71
Han	81(23.7)		174(50.9)		192(56.1)	
Other	6(24.0)		11(44.0)		15(60.0)	
<b>Marital status</b>		0.59		0.05		0.56
Single	78(24.2)		169(52.3)		184(57.0)	
Currently married	9(20.5)		16(36.4)		23(52.3)	
<b>Currently living with</b>		0.83		0.58		0.36
Male sexual partner	18(22.8)		42(53.2)		41(51.9)	
Others	69(24.0)		143(49.7)		166(57.6)	
<b>Education</b>		0.12		0.47		0.96
Junior middle school or lower	15(30.0)		23(46.0)		29(58.0)	
high school	12(34.3)		15(42.9)		20(57.1)	
College	60(21.3)		147(52.1)		158(56.0)	
<b>Employment</b>		0.19		0.97		0.11
Employed	72(23.7)		154(50.7)		178(58.6)	
Unemployed	7(18.0)		19(48.7)		16(41.3)	
Student	8(33.3)		12(50.0)		13(54.2)	
<b>Personal monthly income, Chinese yuan</b>		0.14		0.54		0.19
<5000	58(26.4)		108(49.1)		118(53.6)	
≥5000	29(19.7)		77(52.4)		89(60.5)	
<b>Have a health insurance plan</b>		0.04		0.58		0.60
Yes	40(19.7)		105(51.7)		117(57.6)	
No	47(28.7)		80(48.8)		90(54.9)	
<b>Place of birth</b>		0.52		0.20		<0.01
Urban	59(22.8)		125(48.3)		133(51.4)	
Rural	28(25.9)		60(55.6)		74(68.5)	
<b>Registered Beijing household (Hukou)</b>		0.91		0.31		0.95
Yes	16(24.2)		37(56.1)		37(56.1)	
No	71(23.6)		148(49.2)		170(56.5)	
<b>Duration of living in Beijing, year</b>		0.15		0.43		0.11
<5	49(26.9)		88(48.4)		95(52.2)	
≥5	38(20.5)		97(52.4)		112(60.5)	
<b>Drinking alcohol in the past 3 months</b>						
Yes	46(22.8)	0.64	104(51.5)	0.65	121(59.9)	0.13
No	41(24.9)		81(49.1)		86(52.1)	
<b>Using illicit drugs in the past 3 months</b>						
Yes	26(21.5)	0.48	65(53.7)	0.37	73(60.3)	0.29
No	61(24.8)		120(48.8)		134(54.5)	

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

Stigma	Participants N(%)	Any IPV		Physical IPV		Psychological IPV		Sexual IPV	
		N(%)	P	N(%)	P	N(%)	P	N(%)	P
<b>HIV-related stigma</b>			0.05		0.36		0.18		0.11
Low	182 (49.6)	35 (19.2)		27 (14.8)		10 (5.5)		6 (3.3)	
High	185 (50.4)	52 (28.1)		34 (18.4)		17 (9.2)		13 (7.0)	
<b>MSM-related stigma</b>			0.01		0.11		0.05		0.28
Low	160 (43.6)	28 (17.5)		21 (13.1)		7 (4.4)		6 (3.8)	
High	207 (56.4)	59 (28.5)		40 (19.3)		20 (9.7)		13 (6.3)	
<b>HIV- or MSM-related stigma</b>			0.01		0.07		0.06		0.22
Both low	103(28.1)	14 (13.6)		10 (9.7)		5 (4.9)		3 (2.9)	
One high/one low	136(37.1)	35 (25.7)		28 (20.6)		7 (5.2)		6 (4.4)	
Both high	128(34.9)	38 (29.7)		23 (18.0)		15 (11.7)		10 (7.8)	

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

Covariate	Any IPV	
	Crude OR (95% CI)	AOR(95% CI)
<b>HIV-related stigma</b>		
Low	1.0	1.0
High	1.64(1.01-2.68)*	1.68(1.03-2.76)*
<b>MSM-related stigma</b>		
Low	1.0	1.0
High	1.88(1.13-3.12)*	1.98(1.19-3.31)**
<b>HIV- or MSM-related stigmas</b>		
Both low	1.0	1.0
One high one low	2.20(1.11-4.36)*	2.33(1.17-4.64)*
Both high	2.68(1.36-5.29)**	2.86(1.44-5.69)**

\*Significant at P <0.05; \*\*Significant at P <0.01

## 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.