Paper No. CB(2)2192/00-01(04)

Legislative Council 立法會
Meeting on 20/8/2001 會議

Chung To 杜聰
Chi Heng Foundation 智行基金會

August 10, 2001

Mr Stanley Ma Kin Hung
The Legislative Council, Hong Kong
Tel:2509 4125 (2869 9423)
Fax:2509 9055
Email:cb2@legco.gov.hk

RE: Subcommittee to Study Discrimination on the Ground of Sexual Orientation

Dear Mr. Ma,

Chi Heng Foundation is pleased to be invited to attend the meeting organized by the Subcommittee to Study Discrimination on the Ground of Sexual Orientation to be held on August 20.

On behalf of the MSM (Men Who Have Sex With Men) Taskforce under the AIDS Prevention and Care Committee (APCC) of the Advisory Council on AIDS (ACA), I hereby submit our collaborative report on how discrimination plays a role in AIDS prevention in Hong Kong.

The MSM Taskforce is a special taskforce established under APCC. It comprises of around 15 members of the tongzhi community, including myself and other officers of Chi Heng Foundation. For more information about the Taskforce and its findings, please contact the APCC or the Red Ribbon Center.

Chi Heng Foundation will submit more information regarding discrimination on the ground of sexual orientation in the next few days.

Should you have any questions, please do not hesitate to contact me

Thank you in advance for your assistance. I look forward to seeing you.

Sincerely,

Chung To
Email: chungto@netvigator.com
Fax: 2548 5920

Discrimination and HIV Vulnerability among Men who have Sex with Men

Submitted by
The MSM Task Force

1. Introduction

According to UNAIDS, the World Health Organization, experts in public health (Bayer 1989, Goldin 1994, Harding and Ummel 1993, LeRoy 1988, Mann and Gostin et al. 1994) and numerous studies (for reviews see Herek and Glunt 1988, Jeffery 1998, Seidel 1993), one of the most important factors in vulnerability to HIV infection is discrimination.

Before his untimely death in 1998, former director of Harvard University's International AIDS Center Dr. Jonathan Mann identified discrimination as 'a cause at the very root of the pandemic.' There is 'clear evidence', he said, 'of a relationship between the failure to respect the rights of people, discrimination, marginalization and stigmatization of different groups and their increased vulnerability to HIV' (Cotton 1994:758). This view is also enshrined in the *Guidelines for the Protection of Human Rights in the Context of HIV and AIDS* promulgated by the UN High Commission on Human Rights, which instructs nations to 'enact or strengthen anti-discrimination and other protective laws that protect vulnerable groups' (United Nations High Commissioner for Human Rights 1997).

In Hong Kong, 'men who have sex with men' (MSM) constitute the largest 'marginalized group' affected by HIV. As of June 2000, of the 1446 reported cases of HIV transmission and the 475 reported cases of AIDS in Hong Kong, 286 HIV infections and 91 AIDS cases were attributed to 'homosexual' transmission and 74 HIV infections and 26 AIDS cases were attributed to 'bisexual' transmission. Unlike other places like Australia and the United States where the rate of transmission among MSM has witness periods of decrease as a result of strong community efforts and high awareness (Stall et al. 20000), the number of cases attributed to 'homosexual' or 'bisexual' transmission per year in Hong Kong has been increasing steadily since the first reported case in 1984. A recent review of HIV/AIDS policy and programs in Hong Kong (Brown et al. 1998) identified 'men who have sex with men' (MSM) as a 'priority' population in the region and called for increased efforts in both prevention and behavioral research among this group (Brown et al. 1998).

Discrimination against MSM in Hong Kong takes a variety of forms such as, the need to conceal sexual orientation leading to self-rejection and self-stigmatization, public misconceptions about homosexuality, and discrimination in areas like housing and employment (Chow 1996, Hong Kong SAR Government 1996). The vulnerability of MSM to HIV infection and public perceptions of a link between AIDS with homosexuality have worked to increase the potential for discrimination.

Although there have been no studies explicitly examining the effect of discrimination on HIV vulnerability among MSM in Hong Kong, studies on discrimination (Hong Kong SAR Government 1996) and on HIV vulnerability (CPC 2001, Jones, Yu and Candlin 2000, Li 1998, Lulla 1997) suggest a strong link. In fact, in almost every study on MSM risk behavior, discrimination, stigmatization and marginalization have been cited as among the main barriers to risk reduction. Discrimination has been found to be a factor in difficulties accessing AIDS prevention information and services (Jones, Yu and Candlin 2000), undergoing HIV - antibody tests (Jones, Yu and Candlin 2000), maintaining safer sex behavior (Jones, Yu and Candlin 2000, Li 1998), accessing psycho-social support (Lulla 1997) and maintaining motivation for self-protective behavior (Jones, Yu and Candlin 2000).

Civil rights for sexual minorities in Hong Kong are most often discussed in the framework of fairness and equal protection under the law. Rising rates of HIV and STD infections, however, remind us that prohibiting discrimination on the basis of sexual orientation is a much a matter of public health as it is a matter of social justice.

2. How does discrimination increase the vulnerability to HIV and STDs of MSM?

a. Discrimination creates barriers to HIV prevention and to MSM accessing support and services

Discrimination or fear of discrimination makes it more difficult for MSM to access the support and social services they need to protect themselves against HIV and STD infection. One reason is the fear that being seen accessing services and information about AIDS and gay sex might result in 'discovery' and stigmatization. Another reason is perceptions of discriminatory attitudes among public health workers themselves (Jones, Yu and Candlin 2000, Kass and Fadem 1992). Discrimination and stigmatization also result in the narrowing of informal networks of support within which MSM can talk about safer sex and their concerns about HIV and STDs. Lulla (1997) found that 14.5% of the local MSM he surveyed had no one to talk to about their concerns regarding gay life and sexual hygiene.

b. Discrimination discourages voluntary HIV testing and makes accurate HIV surveillance more difficult

Studies overseas have shown that the stigmatization of groups vulnerable to HIV, including men who have sex with men, creates barriers to testing (Herek 1999, Klosinski. 2000). Social stigmatization of homosexuality and discriminatory attitudes among health care workers not only make MSM less likely to submit to voluntary HIV testing, but also less likely to identify themselves as MSM in the context of HIV anti-body tests, making it more difficult for public health workers to accurately gauge the rate of infection within this population (Smith 1998a). Reluctance to submit to testing also has individual health consequences for those infected, leading to delayed diagnosis and treatment (de Bruyn 1998).

The little evidence that is available on HIV testing behavior of MSM in Hong Kong suggests that a relatively smaller number of MSM get HIV antibody tests here than in other countries. 40% of respondents in Li's (1998) study, for example, reported reluctance to take an HIV antibody test, and among the 85 MSM surveyed in Lau and Wong (2000), only 15.5 had had an HIV antibody test in the previous six months.

Studies also show that MSM are more likely to seek testing from private doctors rather than using public clinics (Lau and Wong 2000). Statistics regarding the source of referrals of reported MSM cases of transmission (Hong Kong Department of Health 1998) show that referrals from the private sector have consistently made up at least a quarter and sometimes more than half of the yearly reported infections in this transmission route. This suggests that many MSM are opting to pay for HIV tests from private doctors (who most cases do not give sufficient post-test or pre-test counseling) rather than making use of the free services of public clinics. Reasons cited in qualitative interviews include fears about confidentiality, privacy and discrimination (CPC 2001a, b, Jones, Yu and Candlin 2000).

c. Discrimination affects the self esteem of MSM and makes them less motivated to protect themselves and others

Among the most important ingredients in establishing and maintaining safer sex and safer relationships are *self-esteem*, ones feeling of self-worth and motivation to protect oneself, and *self-efficacy*, the degree to which one feels able to protect him or herself (Kelly et al 1990).

In studies of MSM risk behavior in Hong Kong, low self-esteem and emotions like depression, anxiety, frustration fear and stress associated with hiding one's 'identity' from friends and family members have been found to be important factors in risk behavior. One of the respondents in the study by Jones and his colleagues (2000) described the effect of social stigmatization on his psychological well-being like this:

> I shan't have the same right as the ones enjoyed by the heterosexuals; I shan't be able to live my life like the heterosexuals do. My life is going to be insecure and persecuted. The suffocated air is everywhere. This has been how I have felt for the last 4 years; I have never felt a bit of hope. I know it very well that I shall never have a comfortable and fair time for the rest of my life.

Such feelings of despair not only make it difficult for MSM to develop the attitudes of self respect and self-esteem that lead to safer sex and healthier relationships, but they can also lead to self-destructive

behavior. Another respondent in the above study claimed that the social pressure of discrimination had driven him to the decision to *try to become infected with HIV:*

> Because of the prejudices towards homosexuals and people with AIDS in this world, I can't take it any more, and I am willing and want to give it a try; perhaps I should say I want to see it clearly. I hope I shall be able to get AIDS and die of it. I don't insist on safe sex, and I don't take precautions with any HIV-positive sexual partners.

d. Discrimination creates barriers to the formation and maintenance of stable, healthy relationships

One way to reduce HIV vulnerability among MSM is to attempt to reduce multi-partner sex and encourage more stable, monogamous relationships. Studies on HIV vulnerability in Hong Kong consistently point to problems in establishing and maintaining relationships as an important factor in high-risk sex (CPC 2001a, b, Jones, Yu and Candlin 2000, Lulla 1997). By every indication, most MSM would prefer to be in a long term, committed relationship, but the lack of social and legal support for such relationships makes them more difficult to establish and maintain, and the frustrations MSM often encounter in establishing stable relationships sometimes leads unsafe behavior.

e. Discrimination creates barriers to the formation of strong MSM communities

The experiences of other countries both in the West and in Asia indicate that one of the most important conditions for the establishment and maintenance of safer sex practices among MSM is affiliation with a strong and viable gay community (Watney 1990 Kippax et al. 1993). Strong communities provide networks through which information about safer sex can be transmitted; they provide support for the maintenance of self-esteem and healthy relationships; and they provide community leaders whose advocacy of safer sex can influence community norms. Discrimination and social stigmatization, however, weaken community, making it more difficult for MSM to organize openly in support of their peers and making it more difficult for individuals to openly align themselves with homosexual groups and take part in their activities.

f. Discrimination make younger MSM more vulnerable

Those whose vulnerability to HIV is most dramatically affected by discrimination and stigmatization are younger MSM. Numerous studies in foreign countries have outlined the interplay between societal prejudices and discrimination toward homosexuality, personal development and risk-taking behavior in gay adolescents (Hays et al. 1990, Johnson and Johnson 2000, Strathdee et al. 1998). Studies in Hong Kong (CPC 2001b, Jones, Candlin and Yu) have found younger MSM to be more likely to engage in high risk sex, partly because of lack of sexual negotiation skills, reliable information, appropriate outlets for their questions about sex and AIDS and the confusion and anxiety that often accompanies the coming out process.

All the evidence indicates that young men who have sex with men under the legal age of consent make up a sizable group. Among Li's (1998) respondents, 50% reported having their first same sex sexual experience before the age of 21 and 9% had their first MSM sexual encounter before the age of 16. Respondents in Jones et al. (2000) reported MSM sexual experiences as early as the age of 10. Among the reported cases of homosexual HIV transmission, the second most common age group was between 20-29 at diagnosis, and many of them may have actually been infected when in their teens. Three of the reported cases of HIV infection among MSM are in individuals who were under the age of 19 at diagnosis.

Discriminatory age of consent laws designed to protect younger gay men actually make them more vulnerable by restricting their access to information about gay life and safer sex and their ability to establish relationships in a more open way. They also discourage the development of AIDS prevention programs to serve this sector. At the same time, the psychological and social difficulties involved in coming to terms with ones sexual orientation and the invisibility of gay sex in school based sex education programs make younger MSM one of the populations most in need of support and services.

g. Discrimination against MSM create barriers to compassionate care for people living with HIV

Studies in other countries have found that attitudes towards people with HIV closely correlate with attitudes towards homosexuality (Herek 1997). In part because of the perceived association between AIDS

and homosexuality, those who are more tolerant of homosexuals are also more likely to exhibit a compassionate attititudes towards people with HIV/AIDS, and those who are intolerant of homosexuals are likely to transfer these negative feelings onto people with HIV (Pryor Reeder 1999). Thus, reducing intolerance for MSM naturally contributes to improving the social environment for people living with HIV/AIDS.

MSM who have been infected bear a special burden because of discrimination. A study exploring issues of *quality of life* among people with HIV in Hong Kong (Jones, Candlin and Yu 2000) showed that gay people with HIV suffer from the 'double stigma' of being both MSM and HIV positive, leading them to experience more anxiety about issues related to disclosure and making them more likely to fear discrimination at the bands of others, including healthcare workers.

h. The Gay=AIDS Paradox: Discrimination and stereotypes make non-MSM more vulnerable

At the source of much discrimination against MSM is their association with HIV and AIDS in the minds of the public (even though a far greater number of heterosexual transmissions than homosexual transmissions have been reported in Hong Kong). The consequence of this is not just further stigmatization of MSM but greater vulnerability among non-MSM. The paradox of the gay=AIDS stereotype is that it is often more harmful for those who perpetrate it than for those against whom it is perpetrated, encouraging feelings of 'invulnerability' among non MSM and leading to unsafe sexual practices. Anti-gay attitudes have also been found to act as a barrier between media information and public knowledge and opinion about AIDS. (Determinants of Public Opinion about AIDS 1989).

3. Conclusion

Discrimination and the stigmatization of homosexuality are factors in HIV vulnerability on many levels from the psychological to the social. Any comprehensive plan to reduce HIV vulnerability and prevent the spread of HIV and STDs among this population must include measures to address these factors. At the same time, for AIDS prevention programs for MSM to be effective, they must be accompanied by wider efforts to educate the public about homosexuality and to protect the civil rights of sexual minorities.

References

AIDS Scenario Surveillance Research Project (2000) Assessing HIV Risk in a Population. Hong Kong: Department of Microbiology, the University of Hong Kong and the Special Preventive Programme, Department of Health.

Bayer, R. (1989). Private acts, social consequences: AIDS and the politics of public health. New York: Free Press.

Brown, T., Bartlett, J.G., Chan, C. and Prescott, N. (1998) Moving ahead together: Expanding Hong Kong's Response to AIDS. Hong Kong: Advisory Council on AIDS.

de Bruyn, T. (1998) *HIV/AIDS and Discrimination: A Discussion Paper*. Montéal: Canadian HIV/AIDS Legal Network & Canadian AIDS Society, 1998.

Chow, W.S. (1996) *Stories of Hong Kong tongji* (香港同志故事). Hong Kong: Hong Kong Tongji Research Institute.

CPC (Commnuity Planning Committee on HIV/AIDS) (2001a) AIDS prevention among MSM in Hong Kong: Review of research and prevention activities. Hong Kong: Community Planning Committee on HIV/AIDS. http://personal.cityu.edu.hk/-enrodney/Research/CPC/Situation_%20Analysis of MSM.htm

CPC (Commnuity Planning Committee on HIV/AIDS) (2001a) Prevening HIV and STDs: What do *tongzhi* need? Hong Kong: Community Planning Committee on HIV AIDS.

Cottn, P. (1994) Human rights as critical as condoms against HIV. *Journal of the American Medical Association 272*:10:758.

Determinants of Public Opinion about AIDS (1989)*Public Opinion Quarterly 53* (1) 98-107.

Goldin, C. S. (1994). Stigmatization and AIDS: Critical issues in public health. Social Science & Medicine, 39, 1359-1366.

Harding, T. and Ummel, M. (1992) Human rights: Consensus on non-discrimination in HIV policy. *The Lancet 341*:24.

Hays, R.B., Kegeles, S.M., and Coates, T.J. (1990) High HIV Risk Taking among Young Gay Men. *AIDS 4*:901

Herek, G. M. (1997). The HIV epidemic and public attitudes toward lesbians and gay men. In M. P. Levine, P. Nardi, & J. Gagnon (Eds.), In changing times: Gay men and lesbians encounter HIV/AIDS (pp. 191-218). Chicago: University of Chicago Press.

Herek G. M. (1999) AIDS and stigma. American Behavioral Scientist 42:1106-16.

Herek, G.M. and Glunt, E.K. (1988) The epidemic of stigma: Public reaction to AIDS. *American Psychologist 43* (11): 886.

Hong Kong SAR Government (1996) Equal Opportunities: A Study On Discrimination On The Ground Of Sexual Orientation, A Consultative Paper. Hong Kong: Government Information Office.
http://www.info.gov.hk/info/sexual.htm

Hong Kong SAR Government Department of Health (1998) Hong Kong STD/AIDS Update. Vol. 4, No. 3, July 1998.

Jeffrey, L. (1998) AIDS research and its cultural implications. *AIDS Patient Care & Stds 12* (12):895-902)

Jones, R., Yu, K.K. and Candlin, C. (2000) A Preliminary Study of HIV Vulnerability and Risk Behavior among MSM in Hong Kong. http://personal.cityu.edu.hk/-enrodney/Research/MSM/MSMindex.html

Jones, R., Candlin C. and Yu, K.K. (2000) *Culture, Communication and the Quality of Life of People Living with HIV in Hong Kong.* http://personal.cityu.edu.h(9k/-enrodney/Research/QOL/QOLIndex.htm

Johnson, C.C. and Johnson, K.A. (2000) High-risk behavior among gay adolescents: Implications for treatment and support. *Adolescence 35* (140):619-637.

Kass, N.E. and Faden, R.R. (1992) Homosexual and bisexual Men's perceptions of discrimination in health services. *American Journal of Public Health 82* (9):1277.

Kelly, J.A., St Lawrence, J.S., Brasfield, T.L., Lemke, A., Aniidei, A. Roffman, R.E., Hood, H.V., Smith, J.E., Kilgore, H. and McNeil Jr, C. (1990), Psychological factors that predict ADS high-risk versus AIDS precautionary behavior, Journal of Consulting and Clinical Psychology, 58(1), 117-20.

Kippax, S., Connell, R.W., Dowsett, O.W. and Crawford, J. (1993) Sustaining Safe Sex: Gay Communities respond to AIDS, London: Falmer Press.

Lau, J.T.F. and Wong, W.S. (2000) HIV antibody testing among male commercial sex networkers, men who have sex with men and the male general population in Hong Kong.

LeRoy, W. (1988) Ethical issues in the prevention and treatment of HIV infection and AIDS. *Science 239*:597.

Klosinski. L.E/ (2000) HIV testing from a community perspective. *Journal of Acquired Immune Deficiency Syndrome 25*: S94-S96.

Li M. C. (1998) Survey on AIDS Prevention and the Gay Community. Hong Kong Committee for Education and Publicity on AIDS.

Lulla, R. (1997) Men who have sex with men in Hong Kong.
Http://www.geocities.com/WestHollywood/Stonewall/5320/msm.html

Mann J., Gostin J.D., et al. (1994) Health and human rights, Health and Human Rights 1 (1): 6-23.

Pryor, J.B. and Reeder, G.D. (1999) A social psychological analysis of AIDS related stigma. *The American Behaviorla Scientist 42* (7): 1193-1211.

Seidel G (1993) The competing discourses of HIV/AIDS in Sub-Saharan Africa: Discourses of rights and empowerment vs. discourses of control and exclusion *Soc.Sci.Med 36* (3): 175-194.

Smith, G. (1998b) HIV Intervention among Chinese MSM in Hong Kong's 'Gay Saunas'. A paper presented at the 12th World AIDS Conference, Geneva, June 25-July 3.

Smith, G. (1999) Report on MSM and HIV/AIDS in Hong Kong. Report for UNAIDS/ASAP Regional Workshop of Policy and Programmatic Issues for Men who have Sex with Men, February.

Stall, R.D., Hays, R.B., Waldo, C.R. Ekstrand, M. and McFarland, W. (2000) The Gay '90s: A Review of Research in the 1990's on Sexual Behavior and HIV Risk among Men who have Sex with Men. *AIDS 14* (suppl 3): S1-S14.

Strathdee, SA., Hogg, R.S. and Martindale, S.L. (1998) Determinants of Sexual Risk Taking among Young HIV-negative Gay and Bisexual Men. *Journal of Acquired Immune Deficiency Syndrome 19*: 61-66

United Nations High Commissioner for Human Rights (1997) The protection of human rights in the context of human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). Geneva: United Nations High Commission on Human Rights. http://www1.umn.edu/humanrts/instree/HIV-AIDS.htm

Watney, S. (1990) Safer sex as community practice. In P. Aggleton, P., P. Davis, and G. Hart (eds.) *AIDS: Individual, Cultural and Policy Dimensions.* London: Falmer Press, 19-33.