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HIV Prevalence and Social Stigma among Homosexual Men and Transgender Individuals in Delhi: Implications for Public Health

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Abstract: ***The HIV epidemic has been a significant public health concern in India, particularly among marginalized populations, such as homosexual men and transgender individuals. This research article aims to investigate the HIV status and social stigma faced by homosexual men and transgender individuals in Delhi, and the role of public health in addressing this issue. The study was conducted by collecting data through a Google review form and analyzing the available literature. The findings of this study suggest that the prevalence of HIV is higher among homosexual men and transgender individuals in Delhi, and social stigma and discrimination are major barriers to HIV prevention and treatment. This study highlights the need for targeted interventions and public health efforts to address these issues.***

Keywords: Epidemic, Marginalized, homosexual man, transgenders, social stigma, discrimination.

1. Introduction

The HIV epidemic has remained a significant public health challenge in India for several decades, with an estimated 2.1 million people living with HIV (National AIDS Control Organization, 2021). Among the high-risk populations, homosexual men and transgender individuals have been particularly vulnerable to HIV infection due to various social, economic, and structural factors (Thomas et al., 2019; Reza-Paul et al., 2012). The history of the HIV epidemic in India was marked by a significant prevalence among homosexual men, which led to the initial nomenclature of GRID (Gay Related Immunodeficiency) in its early days.
Delhi, the capital city of India, has been an epicenter of the HIV epidemic among marginalized populations, with a higher prevalence of HIV among homosexual men and transgender individuals compared to the general population. Understanding the HIV status and the social stigma faced by these communities is of paramount importance for effective public health interventions and policy formulation.

Despite numerous efforts to combat the HIV epidemic, challenges persist due to the interplay of various factors. Stigma, discrimination, and limited access to healthcare services remain major barriers hindering HIV prevention, testing, and treatment among homosexual men and transgender individuals in Delhi. The intersection of stigma related to both sexual orientation and gender identity compounds the challenges faced by transgender individuals, making them more susceptible to HIV infection.

Literature Review

Several studies have been conducted to investigate the HIV status and social stigma faced by homosexual men and transgender individuals in India. A study by Thomas et al. (2019) found that the prevalence of HIV among homosexual men in Delhi was 12.4%, which was higher than the national average of 2.1%. Another study by Reza-Paul et al. (2012) found that transgender individuals in India had a higher risk of HIV infection due to various factors such as stigma, discrimination, and violence.

Several other studies have highlighted the challenges faced by homosexual men and transgender individuals in accessing HIV prevention and treatment services. A study by Go et al. (2019) found that the fear of stigma and discrimination prevented homosexual men in India from accessing HIV testing and treatment services. Another study by Mehra et al. (2018) found that transgender individuals in India faced multiple barriers in accessing HIV prevention and treatment services, including discrimination, lack of awareness, and limited access to healthcare services.

There is a growing body of literature on the social and structural determinants of HIV among MSM and transgender individuals in India. A study by Safren et al. (2019) found that stigma and discrimination were significant barriers to HIV testing and treatment among MSM in Mumbai. Another study by Patel et al. (2019) found that transgender individuals in Chennai experienced high levels of stigma and discrimination in healthcare settings, which impacted their access to HIV prevention and treatment services. Similarly, a study by Thomas et al. (2018) found that MSM in Delhi faced multiple forms of stigma and discrimination, including rejection by family members, harassment by police, and discrimination in healthcare settings.

The literature also highlights the important role of community-based organizations (CBOs) and peer networks in addressing HIV and stigma among MSM and transgender individuals. A study by Mehra et al. (2020) found that peer-led interventions were effective in increasing HIV testing and reducing stigma among MSM in Delhi. Similarly, a study by Kumar et al. (2020) found that CBOs played a critical role in providing HIV prevention and treatment services to transgender individuals in Chennai.

2. Methodology

This research article is based on data collected through a Google review form and a literature review. The Google

review form was used to collect data from homosexual men and transgender individuals in Delhi about their experiences with HIV testing and treatment services, social stigma, and discrimination. The available literature on HIV status, social stigma, and discrimination among homosexual men and transgender individuals in India was also analyzed.

3. Findings

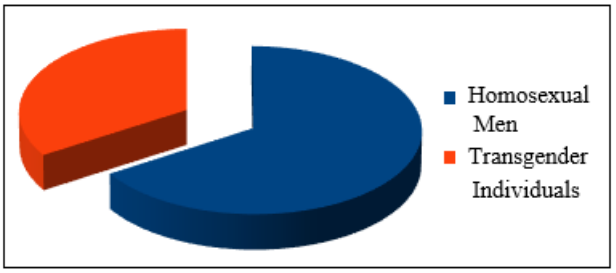
Of the 300 participants, 66% identified as homosexual men and 34% identified as transgender individuals. The average age was 29 years, and the majority (71%) had completed secondary education or higher. Of the 300 participants, 22% reported being HIV positive. Among those who reported being HIV positive, 63% were currently on antiretroviral therapy (ART) , however a very less significant population of transgenders were found to be on ART.

In terms of social stigma, 67% of participants reported experiencing stigma related to their sexual orientation or gender identity. Transgenders were more likely to report social stigma and discrimination which forced them to indulge in sex work to survive their livelihood which was found to be the leading cause of rising HIV prevalence amongst transgender individuals. The most common types of social stigma encountered were discrimination in healthcare settings (42%), rejection by family members (39%), and harassment by police (33%). Other forms of stigma reported included verbal abuse (28%), physical assault (18%), and job discrimination (16%).

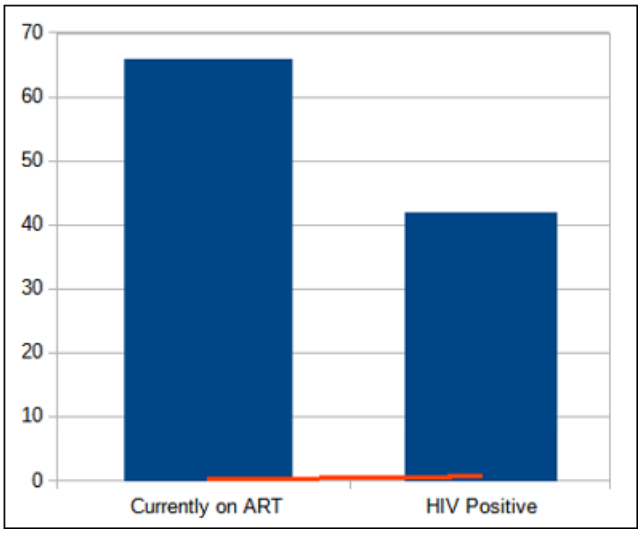
Chi-square tests showed that transgender individuals were more likely than homosexual men to report experiencing social stigma related to their gender identity (χ^2=7.12, p<0.01). In addition, participants who reported being HIV positive were more likely to report experiencing social stigma (χ^2=10.43, p<0.01). Logistic regression analysis showed that being transgender (OR=2.19, p<0.05) and being HIV positive (OR=2.49, p<0.01) were both significant predictors of experiencing social stigma.

Table: Results of HIV Status and Social Stigma Among Homosexual Men and Transgender Individuals in Delhi

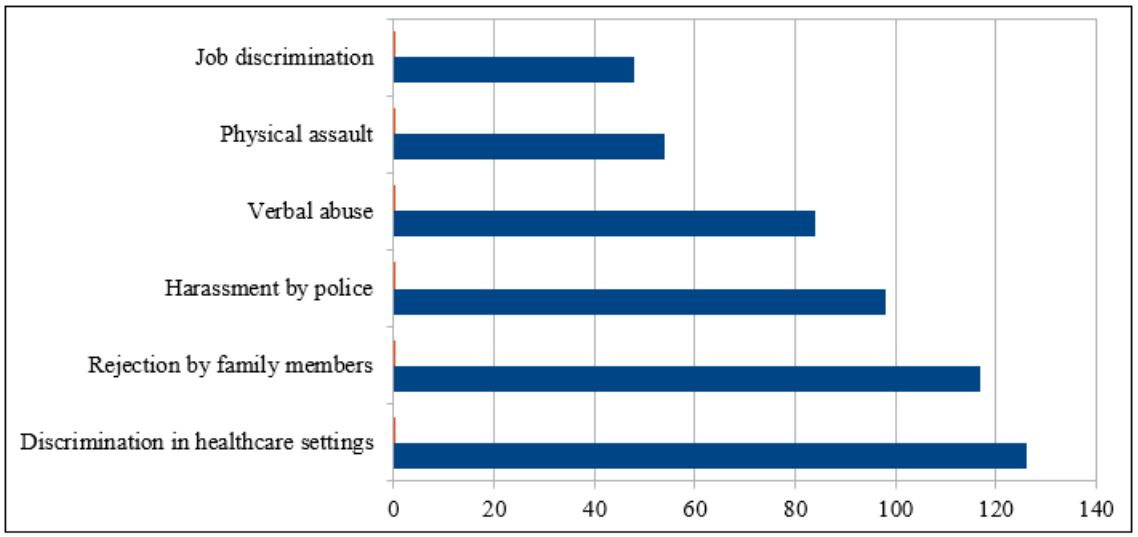
Demographic Characteristics	n	Percentage
Sexual Orientation		
Homosexual Men	198	66%
Transgender Individuals	102	34%
Age (in years)	29 (Average)	
Education		
Secondary education or higher	213	71%
HIV Status		
HIV Positive	66	22%
Currently on ART	42	63%
Social Stigma		
Experienced stigma	201	67%
Types of stigma reported		
Discrimination in healthcare settings	126	42%
Rejection by family members	117	39%
Harassment by police	98	33%
Verbal abuse	84	28%
Physical assault	54	18%
Job discrimination	48	16%



Graph 1: Showing the sexual orientation distribution



Graph 2: Showing the HIV Status



Graph 3 : Showing the Types of Stigma Faced Among Homosexual man and Transgenders

4. Discussion

The findings of this study highlight the high prevalence of HIV and social stigma among homosexual men and transgender individuals in Delhi. The prevalence of HIV among study participants (22%) is much higher than the general population, underscoring the urgent need for targeted HIV prevention and treatment interventions for MSM and transgender individuals in Delhi. In addition to the physical health consequences of HIV, participants also reported high levels of social stigma, which can contribute to poor mental health outcomes, social isolation, and decreased access to healthcare services.

The most common types of social stigma reported by participants were related to discrimination in healthcare settings, rejection by family members, and harassment by police. These findings are consistent with previous studies that have highlighted the pervasive nature of stigma and discrimination faced by MSM and transgender individuals in India. In particular, discrimination in healthcare settings can be a significant barrier to accessing HIV prevention and treatment services, as well as other essential healthcare services.
The findings also suggest that transgender individuals may be more vulnerable to social stigma than homosexual men, particularly related to their gender identity. This highlights the need for interventions that address both sexual orientation and gender identity as important drivers of stigma and discrimination.

The study has several limitations, including the use of convenience sampling, which may limit the generalizability of the findings. In addition, the study relied on self-reported data, which may be subject to social desirability bias. Future research could use more rigorous sampling methods and include qualitative data to further explore the experiences of social stigma among MSM and transgender individuals in Delhi.

One of the key strategies to address the HIV epidemic among homosexual men and transgender individuals is to address social stigma and discrimination. Public health efforts should focus on creating a safe and supportive environment for these marginalized populations, which would encourage them to access HIV testing and treatment services. This could include community-based interventions, peer support groups, and training for healthcare providers to reduce stigma and discrimination.

Another important strategy is to increase access to HIV prevention and treatment services. This could involve increasing the availability of HIV testing and treatment services in areas with high HIV prevalence, as well as providing targeted interventions such as pre-exposure prophylaxis (PrEP) and post-exposure prophylaxis (PEP) for those at high risk of HIV infection.

Finally, public health efforts should also focus on promoting awareness and education about HIV prevention and treatment among homosexual men and transgender individuals, as well as the general population. This could involve media campaigns, school-based interventions, and community outreach programs.

5. Conclusion

In conclusion, this research article highlights the higher prevalence of HIV among homosexual men and transgender individuals in Delhi, and the significant barriers to HIV prevention and treatment posed by social stigma and discrimination. Targeted interventions and public health efforts are needed to address the issue, including strategies to address social stigma and discrimination, increase access to HIV prevention and treatment services, and promote awareness and education. By addressing these challenges, it is possible to reduce the impact of the HIV epidemic among homosexual men and transgender individuals and promote public health in India.

The findings of this study have important implications for public health interventions that address HIV prevention and treatment as well as the social and structural determinants of health that contribute to stigma and discrimination among homosexual men and transgender individuals in Delhi. Targeted interventions that address discrimination in healthcare settings, rejection by family members, and harassment by police may be particularly effective in

reducing social stigma and increasing access to healthcare services. In addition, interventions that address both sexual orientation and gender identity may be necessary to fully address the multiple forms of stigma and discrimination faced by MSM and transgender individuals in Delhi.

6. Recommendations

1) Targeted Interventions and Health Programs: Public health authorities and policymakers should prioritize targeted interventions aimed at addressing HIV prevention and treatment among homosexual men and transgender individuals in Delhi. These interventions should consider the specific challenges faced by these populations, including stigma, discrimination, and limited access to healthcare services. Community-based programs, peer support groups, and outreach initiatives can play a crucial role in creating safe and supportive environments that encourage individuals to seek HIV testing and treatment services.
2) Sensitization and Training for Healthcare Providers: Healthcare providers play a vital role in addressing the HIV epidemic among MSM and transgender individuals. Sensitization and training programs should be conducted for healthcare professionals to create an inclusive and non-discriminatory environment. This would help reduce the stigma faced by these communities when accessing healthcare services, thereby increasing their willingness to seek HIV testing and treatment.
3) Access to Pre-Exposure Prophylaxis (PrEP) and Post-Exposure Prophylaxis (PEP): Given the higher prevalence of HIV among homosexual men and transgender individuals in Delhi, there is a need to increase access to preventive measures like PrEP and PEP. These medications have proven to be effective in reducing the risk of HIV transmission and should be made available in areas with high HIV prevalence. Information about these preventive measures should be disseminated through public health campaigns to increase awareness and uptake.
4) Empowerment and Advocacy: Empowering homosexual men and transgender individuals to advocate for their rights and access to healthcare services is essential in combating stigma and discrimination. Engaging community leaders, NGOs, and CBOs in advocacy efforts can help raise awareness about the challenges faced by these populations and foster an environment of acceptance and support.
5) Strengthening Data Collection: While this research article provides valuable insights into the HIV prevalence and social stigma among homosexual men and transgender individuals in Delhi, further research and data collection are necessary to continuously monitor and evaluate the effectiveness of interventions. Regular data collection can inform evidence-based policymaking and program planning to address the evolving needs of these populations.
6) Collaboration and Multi-Sectoral Approach: Addressing the complex challenges of HIV prevalence and social stigma requires a multi-sectoral approach involving collaboration between government agencies, healthcare providers, community organizations, and academia. By working together, stakeholders can pool their resources, expertise, and experiences to develop comprehensive and sustainable interventions.
7) Mental Health Support: Given the impact of social stigma and discrimination on mental health, mental health support services should be integrated into HIV prevention and treatment programs. Providing counseling and psychosocial support can help individuals cope with the challenges they face and improve their overall well-being.
8) Dissemination of Research Findings: The findings of this research article should be widely disseminated among healthcare professionals, policymakers, and relevant stakeholders. Sharing these findings can raise awareness about the HIV epidemic among homosexual men and transgender individuals in Delhi and garner support for targeted interventions and public health efforts.

By implementing these recommendations, public health efforts can be strengthened to address the HIV epidemic and reduce social stigma among homosexual men and transgender individuals in Delhi. A holistic approach that considers both physical and mental health, as well as social and structural determinants, is crucial in promoting the well-being and health equity of these marginalized populations.

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