

Perspective

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The triple stigma of HIV and chemsex among gays, bisexuals, and other men who have sex with men (GBMSM) in the Philippines

Rowalt C. Alibudbud[™]

Department of Sociology and Behavioral Sciences, College of Liberal Arts, De La Salle University, 2401 Taft Avenue, Manila, the Philippines

The Philippines has an HIV crisis that mostly affects gays, bisexuals, and other men who have sex with men (GBMSM)[1,2]. Between 2010 and 2017, the number of people newly diagnosed with HIV increased from 16000 to 68000[1]. During the COVID-19 pandemic, the crisis worsened with HIV testing and antiretroviral treatment decreasing by 61% and 28%, respectively[2]. Among others, pervasive societal stigma contributes to the HIV crisis in the country[1–3].

The triple stigmas of HIV and sexualized drug use or "chemsex" among GBMSM in the Philippines may discourage them from HIV treatment initiation and testing. Firstly, HIV is highly stigmatized in the country[1–3] and likened to sin and immorality[1]. Even healthcare workers believe that people living with HIV are irresponsible and promiscuous[3]. This stigma results in discrimination, including being denied dental, sexual, and reproductive healthcare services[3]. Thus, HIV stigma may contribute to poor health-seeking behaviors and marginalization from healthcare services among GBMSM.

Sexuality-based stigma is also observed in the Philippines. To date, no law protects against discrimination based on sexual orientation^[4]. Moreover, the proposed anti-discrimination law is contested based on religious immorality. These negative attitudes against GBMSM are shared by more than a quarter of the Philippine population^[4]. Thus, both sexual minority identity and HIV are stigmatized. As a result, GBMSM may conceal their sexual minority identities and HIV infection. Since the Philippine HIV crisis predominantly affects GBMSM^[1,2], HIV treatment and testing may expose them to the hostile prejudices attached to their sexual minority identities. To cope with this, they may avoid treatment and testing services despite of their necessity.

Lastly, the commonly used substance for chemsex in the Philippines is an illegal drug, "shabu" or crystal methamphetamine[5]. People who use this drug are looked down upon, penalized, rejected, and even killed in the country[5]. This negative societal perception is

epitomized by the numerous killings of people who used drugs during the Philippines' "war on drugs"[5]. Hence, the stigma on drug use may foster shame and fear of societal penalties among GBMSM, resulting in the non-disclosure of chemsex experiences and avoidance of healthcare. Furthermore, non-disclosure of chemsex experiences can complicate the assessment of their risk and treatment for HIV.

If left unaddressed, the stigmas of drug use, HIV, and sexual minority identity may negatively impact the HIV crisis in the Philippines. Thus, actions addressing these stigmas and their intersections are needed in the country's HIV response. In this regard, it may be necessary that service providers are cognizant and sensitive to the additional stigmas faced by this extremely stigmatized subgroup of GBMSM. Harm reduction strategies, brief interventions for drug use, and sexual orientation, gender expression, and identity (SOGIE) terms and concepts can be included as additional topics in HIV training and educational activities to address the stigma of sexual minority identity and the adverse consequences of drug use[6].

Aside from educational activities, service providers can also offer highly anonymized and confidential services, such as provisions for self-testing for those who avoid HIV testing due to stigma. Policies can also be strengthened to protect these individuals from discrimination. As a start, the two-decades-old proposed bill banning sexual orientation-based discrimination can be passed into

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Article history: Received 9 October 2022 Accepted 10 November 2022 Revision 18 October 2022 Available online 30 November 2022 law to protect these individuals from discrimination^[4]. Research can also be undertaken to understand better the depth, extent, and intersectionality of these stigmas and the measures that can be used to address them.

Conflict of interest statement

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Author's contributions

RCA developed the theoretical formalism and fully contributed to the writing of the letter.

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