Abstract

Introduction

Key populations (KP) who are female sex workers (FSW), men who have sex with men (MSM), drug users (DU) and transgender (TG) population face high level of self, perceived and enacted stigma due to their key behaviour. Stigma vested on these KP have made them least accessible to health care services. Their key behaviours are refered to women engaging in transactional sex, men having sex with men, the use of illicit psychoactive substances and having a gender identity which is different to their sex assigned at birth.

Objectives

The objective of this study was to develop and validate a tool to assess the behaviour related stigma (self and perceived), describe the level of stigma, determine the proportion of HIV testing uptake, estimate the prevalence of Human Immunodeficiency Virus, determine the correlates of behaviour related stigma among KP in the Western province and describe the coping strategies adopted by them to overcome stigma.

Methodology

Drug users (DU), men who have sex with men (MSM), female sex workers (FSW) and transgender (TG) were considered as KP in this study. The new tool to assess the level of behaviour related stigma among KP was developed and validated using principal component analysis and confirmatory analysis in Galle district. Confirmatory analysis was done using LISREL version 9.2. A sample size of 183 and 180 were selected for exploratory factor analysis and confirmatory factor analysis respectively.

A community based cross sectional study was conducted in the Western province in year 2018. Respondent driven sampling method was used to recruit 498 DU, 564 MSM, 508 FSW and 40 TG people. Level of behaviour related stigma and correlates of behaviour related stigma among four KP groups were assessed. HIV testing uptake was measured as the willingness to get an HIV test done at the time of the study. HIV testing was accompanied by pre and post-test counseling. Statistical analysis was done using RDS – A version 7.0 and

SPSS version 22.0. Thirty-two in-depth interviews were conducted, with eight participants from each KP group to identify the coping strategies adopted by them to overcome the stigma using semi structured in-depth interviewer guide.

Results

The tool which was developed to assess behaviour related stigma among KP consisted of 17 items, was valid and reliable (Cronbach's α = 0.85). Among the four KP groups, FSW had the highest proportion of moderate and high level of behaviour related stigma contributed by 51.6% (95% CI: 47.0 – 56.0) with moderate level and 24.2% (95% CI: 19.4 – 28.8) with high level. Drug users, MSM and TG had cumulative population proportion of moderate and high level of behaviour related stigma (71.1%, 73.1% and 70.7% respectively).

The highest proportion of HIV testing uptake was reported from FSW, which was 87.1% (95% CI: 84.4 – 89.7), followed by 50.4% in MSM (95% CI: 45.5 – 55.3), 44.8% in TG (95% CI: 24.8 – 64.3) and 38.6% in DU (95% CI: 31.2 – 46.0) respectively. The HIV prevalence among the four KP were less than one percent, with the highest reported from MSM (0.8%, 95% CI = 0.0 – 2.2), followed by 0.7% (95% CI: 0.0 – 1.9), 0.3% (95% CI: 0.0 – 0.7) and zero among DU, FSW and TG respectively.

Among the correlates of behaviour related stigma for DU, physical harassment was the only predisposing factor which was independently associated with high level of behaviour related stigma (aOR = 11.6, 95% CI: 1.4 – 93.0) with p = 0.02. Experience of sexual abuse in child hood by men who have sex with men (aOR = 8.03, 95%CI = 3.0 – 21.6, p <0.001). Among the FSW, the experience of desertion from the family (aOR = 3.4, 95% CI = 1.3 – 9.3) and experience of harassment from the society by TG people (aOR = 17.2, 95% CI = 1.6 – 183.9). None of the socio-demographic and socio-economic factors were significantly associated with high level of behaviour related stigma among DU, FSW and TG were significant

(p>0.05) while advancing age and low level of education were significant among FSW (p<0.05). Being open about key behavior was an active coping strategy while keeping the key behaviour as a secret was passive among the KP groups.

Conclusions and recommendations

The Behaviour Related Stigma Scale (BRSS) was a valid and reliable tool to assess level of behaviour related stigma among KPs. There is a significant proportion of the KPs with moderate and high level of stigma and many modifiable factors are correlated with it. Actions must be taken to strengthen intervention programmes on behaviour related stigma reduction while accelerating programmes to improve awareness and sensitization of the public regarding KP. Stigma reduction will be helpful to achieve their universal access to health care.