



## Invited Expert Commentary

# Happiness in LGBTI People as a Key Milestone for the Global HIV Response

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### Introduction

Worldwide, lesbian, gay, bisexual, transgender and intersex (LGBTI) people contend with exceptionally high risks for HIV infection, stigma and discrimination, and exclusion from HIV and other health services (1, 2). The global prevalence of HIV among gay men and other men, who have sex with men (MSM), is 19 times higher than in general population, and prevalence among transgender (TG) is 48 times higher (3-5). MSM and TG are at high risk because HIV transmission is five times more likely to occur during unprotected anal intercourse (UAI) than during vaginal sex (6). UNAIDS estimates suggest that globally, the risk of acquiring HIV is 27 times higher among MSM, and 13 times higher for TG women (7).

Punitive laws and socio-structural factors can contribute to the higher transmission of HIV and other infections in sexual minorities, dissuade them from seeking treatment, and fuel the epidemic of mental health issues and suicide (8). Stigma towards persons of different sexual orientations and gender identities operates at multiple levels, including institutional, social, and intrapersonal (9). Homophobic events and enacted sexual stigma were found associated with increased odds of engaging in UAI (10, 11), lower HIV testing rates (12), and lower adherence to antiretroviral treatment (13, 14). Sexual minorities, who live in communities with high levels of

anti-gay prejudice experience a higher hazard of mortality than those living in low-prejudice communities, with a shorter life expectancy of approximately 12 years for sexual minorities living in high-prejudice communities (15).

Sexual minorities in India report the need for support and acceptance with the constant pressure to hide one's sexual orientation, which creates stress. This excessive stress and distress make sexual minorities in India susceptible to various mental health consequences and hamper well-being and happiness (16, 17). It has economic consequences, with an estimated cost of homophobia in India, accounting for USD 5.2 [2.6 – 7.9] billion a year (18).

While European and American cultures define happiness as a personal achievement, Asian culture defines happiness as “a realisation of social harmony” (19). In India, happiness has a particular and profound meaning, as suggested in the *Hitopadseša*, an ancient Indian manuscript, which Wiese denoted as “teaching of happiness”(20). Longitudinal studies indicate that people who are happier tend to live longer, providing support for happiness as a stand-alone indicator of well-being that should be used more widely in social science and health research (21). Such studies in LGBTI people across countries remain scarce.

In low- and middle-income countries, LGBT data collection has been limited where the HIV epidemics are deemed to be more

generalised. Again, pervasive stigma and criminalisation of same-sex practices have made such data collection challenging or absent. (22).

### **Intervention**

To evaluate happiness, sex and quality of life for LGBTI people, the Joint United Nations Programme on HIV and AIDS (UNAIDS) and the LGBT+ Foundation launched an online survey developed in collaboration with researchers at Aix-Marseille University, and the University of Minnesota (23).

The survey is a Multi-Lingual cross-sectional assessment. To probe respondents' mental wellness, the survey canvasses variables including 'outness', family support, sexual satisfaction, physical health, happiness, self-esteem, and the internalisation of homophobia. The survey aims to explore a likely relationship between happiness and safe behaviour in the greater context of health. Assessing these constructs often simultaneously helps researchers test and find links between wellbeing and related variables (24).

An internet sampling method is used to conduct this survey globally, recruiting consenting adult LGBTI participants, including participants in India. This approach is responsive to increasing research interest in technology-enhanced methods for research in hard-to-reach populations, that may enhance engagement of potential participants living in marginalised contexts. Importantly, the diversity of literacy, technology use, and

overall socio-economic situations highlights the need to leverage technology to permit flexible, adaptive methodology (25).

We strongly encourage country-specific promotion by concerned national HIV and LGBTI NGOs and partners sharing a unique URL to the survey's landing page at suitable country-specific websites and networks (<https://www.research.net/r/LGBTHappinessResearch>). The survey is open for participation until 31 July 2019 and takes on average 12 minutes to complete.

## References

1. Alencar Albuquerque G, de Lima Garcia C, da Silva Quirino G, Alves MJH, Belém JM, dos Santos Figueiredo FW, et al. Access to health services by lesbian, gay, bisexual, and transgender persons: a systematic literature review. *BMC International Health and Human Rights*. 2016;16(1):2.
2. Swendener A, Woodell B. Predictors of Family Support and Well-Being Among Black and Latina/o Sexual Minorities. *Journal of GLBT Family Studies*. 2017;13(4):357-79.
3. Baral S, Sifakis F, Cleghorn F, Beyrer C. Elevated Risk for HIV Infection among Men Who Have Sex with Men in Low- and Middle-Income Countries 2000–2006: A Systematic Review. *PLoS medicine*. 2007;4(12):e339.
4. Baral SD, Poteat T, Stromdahl S, Wirtz AL, Guadamuz TE, Beyrer C. Worldwide burden of HIV in transgender women: a systematic review and meta-analysis. *The Lancet Infectious Diseases*. 2013;13(3):214-22.
5. Beyrer C, Baral SD, van Griensven F, Goodreau SM, Chariyaertsak S, Wirtz AL, et al. Global epidemiology of HIV infection in men who have sex with men. *Lancet (London, England)*. 2012;380(9839):367-77.
6. Varghese B, Maher JE, Peterman TA, Branson BM, Steketee RW. Reducing the risk of sexual HIV transmission: quantifying the per-act risk for HIV on the basis of choice of partner, sex act, and condom use. *Sexually transmitted diseases*. 2002;29(1):38-43.
7. UNAIDS. *Global HIV & AIDS Statistics: 2018 Fact Sheet*: UNAIDS; 2019 [cited 2019 21 June]. Available from: <https://www.unaids.org/en/resources/fact-sheet>.
8. Poteat T, Ackerman B, Diouf D, Ceesay N, Mothopeng T, Odette KZ, et al. HIV prevalence and behavioral and psychosocial factors among transgender women and cisgender men who have sex with men in 8 African countries: A cross-sectional analysis. 2017;14(11):e1002422.
9. Lamontagne E, d'Elbee M, Ross MW, Carroll A, Plessis AD, Loures L. A socioecological measurement of homophobia for all countries and its public health impact. *European journal of public health*. 2018;28(5):967-72.
10. Ha H, Risser JM, Ross MW, Huynh NT, Nguyen HT. Homosexuality-related stigma and sexual risk behaviors among men who have sex with men in Hanoi, Vietnam. *Archives of sexual behavior*. 2015;44(2):349-56.
11. Jeffries WL, Marks G, Lauby J, Murrill CS, Millett GA. Homophobia is associated with sexual behavior that increases risk of acquiring and transmitting HIV infection among black men who have sex with men.

- AIDS and behavior. 2013; 17(4): 1442-53.
12. Gu J, Lau JT, Wang Z, Wu AM, Tan X. Perceived empathy of service providers mediates the association between perceived discrimination and behavioral intention to take up HIV antibody testing again among men who have sex with men. *PloS one*. 2015;10(2):e0117376.
  13. Arreola S, Santos GM, Beck J, Sundararaj M, Wilson PA, Hebert P, et al. Sexual stigma, criminalization, investment, and access to HIV services among men who have sex with men worldwide. *AIDS and behavior*. 2015;19(2):227-34.
  14. Iacob SA, Iacob DG, Jugulete G. Improving the Adherence to Antiretroviral Therapy, a Difficult but Essential Task for a Successful HIV Treatment-Clinical Points of View and Practical Considerations. *Front Pharmacol*. 2017;8:831-.
  15. Hatzenbuehler ML, Bellatorre A, Lee Y, Finch BK, Muennig P, Fiscella K. Structural stigma and all-cause mortality in sexual minority populations. *SocSci Med*. 2014;103:33-41.
  16. Srivastava S, Singh P. Psychosocial Roots of Stigma of Homosexuality and Its Impact on the Lives of Sexual Minorities in India 2015. 128-36 p.
  17. Xu W, Zheng L, Xu Y, Zheng Y. Internalized homophobia, mental health, sexual behaviors, and outness of gay/bisexual men from Southwest China. *Int J Equity Health*. 2017;16(1):36-.
  18. Lamontagne E, d'Elbee M, Howell S, Yakusik A. The economic cost of homophobia. Harare, Zimbabwe: The 18th International Conference on AIDS and Sexually Transmitted Infections (STIs) in Africa (ICASA) 2015.
  19. Uchida Y, Norasakkunkit V, Kitayama S. Cultural Constructions of Happiness: Theory and Empirical Evidence 2004. 223-39 p.
  20. Wiese H. *Microeconomic Analyses of Old Indian Text: University of Leipzig*; 2013.
  21. Lawrence EM, Rogers RG, Wadsworth T. Happiness and longevity in the United States. *SocSci Med*. 2015;145:115-9.
  22. Baral S, Turner RM, Lyons CE, Howell S, Honermann B, Garner A, Hess R III, Diouf D, Ayala G, Sullivan PS, Millett G. Population Size Estimation of Gay and Bisexual Men and Other Men Who Have Sex With Men Using Social Media-Based Platforms *JMIR Public Health Surveill* 2018;4(1):e15 DOI: 10.2196/publichealth.9321
  23. UNAIDS and the LGBT Foundation launch a groundbreaking study on happiness, sex and quality of life for LGBTI people [press release]. Geneva 2019.
  24. Webster P. UNAIDS survey aligns with so-called fourth 90 for HIV/AIDS 2019. 2188 p.
  25. Wirtz A, Poteat T, Radix A, N Althoff K, Cannon C, J Wawrzyniak A, et al. American Cohort to Study HIV Acquisition among Transgender Women in High-Risk Areas: a protocol for technology-enhanced methods to study HIV acquisition risks in eastern and southern United States (Preprint) 2019.