High Prevalence of Social and Structural Syndemic Conditions Associated with Poor Psychological Quality of Life Among a Large Global Sample of Gay, Bisexual and Other Men who Have sex with Men.

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Introduction

Multiple co-occurring social and structural conditions, including sexual and physical violence and discrimination, disproportionally impact gay, bisexual and other men who have sex with men (GBMSM). Most syndemics research has focused exclusively on psychosocial conditions associated with HIV sexual risk behaviors. This study examined the role of social and structural conditions - including socioeconomic status, housing instability, sexual and physical violence and discrimination - on overall psychological quality of life among a global sample of GBMSM.

Methodology

We analyzed data from a global sample of 2.417 GBMSM collected between 2014 and 2015 from the MSMGF (the Global Forum on MSM & HIV) third Global Men's Health and Rights Study (GMHR) survey. Participants were recruited through online convenience sampling (e.g. via organizational networks, email listservs and websites). Data were analyzed using SPSS. A linear regression was conducted using count of syndemic conditions (inability to meetbasic needs, insecure housing, homophobic discrimination, and sexual and physical violence) as the independent variable to assess the additive effect of the syndemic conditions on Psychological Quality of Life as measured by the World Health Organization. Analyses were also repeated with control variables.

Table 1. Descriptive Characteristics.		Table 2. Linear Regression of Syndemic Factor Count and Control Variables.				
	Sample		Model 1		Model 2	
	N (%) or M (SD)		b	SE	b	SE
Region of the World		Syndemic Scale (ref: 0 factors)				
Western Europe, Northern Europe, and North America	1,401 (58%)	1 Factor	22***	0.03	22***	0.03
Subsaharan Africa	114 (5%)	2 Factors	33***	0.04	34***	0.04
Oceania	88 (4%)	3 or 4 Factors	62***	0.04	60***	0.05
Middle East	26 (1%)					
Latin America	389 (16%)	Health Care Coverage (ref: no insurance)				
Eastern Europe and Central Asia	129 (5%)	Covered			0.08	0.04
Central Europe	58 (2%)					
Caribbean	40 (2%)	Sexual Identity (ref: gay)				
Asia	167 (7%)	Bisexual			-0.07	0.05
Other/Unknown	5 (<1%)	Other			0.07	0.08
Age	38.91 (12.44)					
Sexuality		Employment Status (ref: unemployed)				
Gay/Homosexual	2,135 (88%)	Employed			.26***	0.06
Bisexual	208 (9%)	Employed			.20	0.00
Other	74 (3%)	Education (ref: less than college)				
Employment Status		Higher Education			0.05	0.04
Employed	2,294 (95%)	Thigher Education			0.05	0.04
Unemployed	123 (5%)	Age			.01***	0.001
Education		, ige			.01	0.001
Graduated High School and Below	407 (17%)	Region (ref: Western Europe, Northern Europe, and North America)				
College or Trade Skill and Above	2,010 (83%)	Subsaharan Africa			0.11	0.07
Health Insurance (currently insured)	2,084 (86%)	Oceania			-0.09	0.07
Syndemic Factors		Middle Fast			-0.04	0.13
Inability to Meet Basic Needs	807 (33%)	Latin America			.14***	0.04
Insecure Housing	375 (16%)	Eastern Europe and Central Asia			.19***	0.07
Homophobic Discrimination	765 (32%)	Central Europe			0.08	0.07
Homophobic Violence	923 (38%)	Caribbean			0.19	0.11
Syndemic Scale		Asia			12*	0.06
0 Factors	823 (34%)	Other Region/Unknown			12	0.06
1 Factor	751 (31%)	Other Region/Onknown			0.2	0.5
2 Factors	513 (21%)	F (df)	70.2	6 (3, 2373)	17.04	(18, 2358
3 Factors	227 (9%)		70.5		17.84	
4 Factors	103 (4%)	Adjusted R ² *p<.05, **p<.01, ***p<.001		0.08		0.13
Outcomes		p<.05,p<.01,p<.001				
Psychological Quality of Life (n = 2,377)	3.63 (.70)					
N	2.417	_				

N=(2,417) for full sample unless otherwise specified.

Among 2,417 men, prevalence of syndemic conditions was substantial with 1,594 (66%) of respondents experiencing at least one syndemic factor. In multivariable syndemic analyses, participants with one factor (b=-.22, p<.001), two factors (b=-.33, p<.001), or three or more factors (b=-.62, p<.001) each reported significantly lower levels of Psychological Quality of Life than those with zero syndemic factors. These effects persisted after the introduction of controls.





Conclusions

This study provides initial evidence that intertwined social and structural syndemic conditions are positively associated with poor psychological quality of life among a global sample of GBMSM. Future longitudinal research should further assess the impact of these conditions on overall quality of life and assure the inclusion of other marginalized communities, including transgender men and women.

Comprehensive structural interventions that simultaneously address co-occurring social and structural syndemic conditions should be developed and tested.

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