

ASSOCIATIONS BETWEEN SOCIAL CAPITAL AND HIV RISK-TAKING BEHAVIOURS AMONG MEN WHO HAVE SEX WITH MEN IN JAPAN

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Introduction: Social capital is increasingly recognized as playing an important role in HIV risk reduction strategies. However, there is limited research examining whether social capital networks accessed through MSM rather than through heterosexuals are associated with differing HIV risk-taking and testing behaviours among MSM.

Methods: Using cross-sectional data on 1,564 MSM collected using online dating apps in Greater Tokyo, we investigated whether social capital is associated with consistent condom use with regular and casual male partners, and lifetime HIV-testing, adjusting for individual and community level covariates. We measured social capital using eighteen questions assessing respondents' ability to access both physical and social-support resources embedded in their social networks. Respondents were grouped into high, medium and low levels of MSM and heterosexual social capital.

Results: Participants with high heterosexual social capital reported more consistent condom use with casual partners than participants reporting low heterosexual social capital (AOR=1.97, 95%CI=1.11-3.49). Participants with high MSM social capital were more likely to have undertaken HIV testing in their lifetimes (AOR=2.44, 95%CI=1.58-3.75), but half as likely as those with low MSM social capital to report consistent condom use (AOR=0.57, 95%CI=0.39-0.84). Participants who associated with MSM who influenced them to practice unsafe sex were less likely to use condoms consistently, but more likely to have undertaken lifetime HIV testing than participants who did not know MSM who influenced them to practice unsafe sex.

Conclusion: This study reveals important differences in HIV testing and condom use associated with MSM and heterosexual social capital. Associations between MSM social capital and HIV testing indicate the potential for integrating social capital enhancement programs such as social or peer support into current HIV interventions, and the important role that marginalization from heterosexual social networks can play in increasing HIV risk.

Disclosure of interest statement:

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