

**Disclosure decisions and HIV  
transmission risk behaviour of HIV  
positive men who have sex with men  
(MSM) in Cape Town, South Africa**

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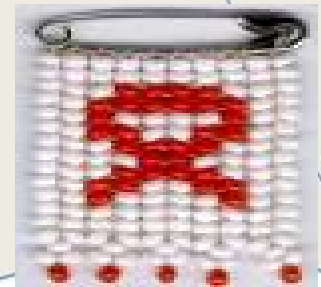
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# Overview



- **Introduction to the study**
  - Why focus on HIV disclosure decision for positive MSM?
- **What are MSM?**
- **Background and context**
  - What does academic literature say about HIV disclosure?
  - Does HIV disclosure lead to safer sex?
  - Factors influencing HIV disclosure?
- **Method**
- **Results**
- **Key Findings**
- **Conclusions**



# Introduction to the study

- HIV prevalence and incidence among MSM in South Africa remains undocumented
- Hence, no inferences can be made with regards to HIV prevalence and risk factors for MSM
- At present it is unknown how many of the millions of people living with HIV/Aids in South Africa are MSM
- In addition to this even less is known about the disclosure decisions of HIV positive MSM and how it influences/motivate safer sex behaviour or not

# Introduction to the study

- This research proposes to explore disclosure decisions of HIV positive MSM in the context of:
  - Reported sex behaviour, and
  - Stigma and discrimination experiences

# What are MSM ?

- "Men who have sex with men (MSM)" describes men who take part in certain types of sexual behaviour (i.e. sex with other men)
- These sexual behaviours may, or may not, be related to sexual orientation - MSM may identify as gay, bisexual, transgendered, or heterosexual
- MSM may have sex with men as a matter of preference, or because of circumstances (e.g. migrant workers living in all-male hostels, homeless youth)
- MSM may be "out", but are often "closeted" (secretive) about their sexual behaviour
- MSM may, or may not, also have sex with women

# In short, MSM:

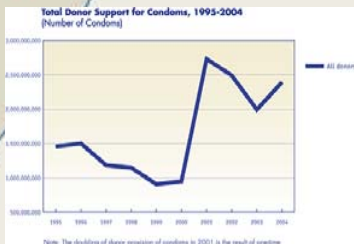
- Are a diverse subgroup of men
- With a diverse range of sexual behaviours
- May be difficult to identify, and
- Are at varying risk of acquiring/transmitting HIV

- Dr Carol Metcalf

# What does academic literature say with regards to HIV disclosure?

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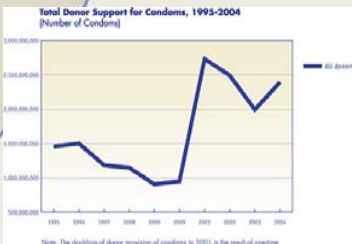
- Most of the academic literature on disclosure relates to the experiences of MSM and injecting drug users in developing countries (Chandra et al., 2003 cited in Almelé, 2006)
  - Academic literature on HIV disclosure argues implicitly for an almost ethical responsibility to disclose HIV positive status to potential or past sex partners (Bayer, 1996 cited in Wolitski, 1998; Almelé, 2006; Barry, 2005 & Stein et al., 1998)
  - Marks, Richardson & Maldonde (1991) assert that withholding HIV positive status to a potential sex partner increases the likelihood of unprotected sex



# What does academic literature say with regards to HIV disclosure?

- Furthermore should a sex partner become infected they might unknowingly infect others (Sethosa & Petlizer, 2005)
- Nevertheless, research studies indicate that people who are aware that they are living with HIV decide not to inform sexual partners of their HIV positive status (Simoni & Pantalone, 2004; Marks & Crepaz, 2001; Mason et al., 1995 & Ciccarone, 2003) for various reasons
- More recently studies conducted in African contexts like that of South Africa also indicate that PLWHA practice unsafe sex with partners of either unknown status or HIV negative status whom they have not informed of their HIV status (Simbayi et al., 2007 & Olley et al., 2004).

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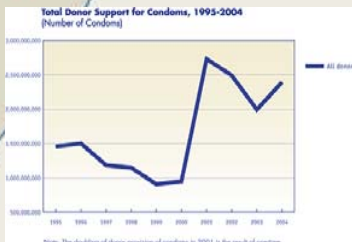




# Does HIV disclosure lead to safer sex behaviour?

- With regards to HIV prevention, though the question remains whether disclosure of HIV positive status safer sex behaviour motivate
- Disclosure theorists and authors presuppose that disclosure to sex partners play an integral role in preventing new HIV infections (Chandra et al., 2003; Serovich, 2001; Wolitski, 1998; Bennett et al., 2000 & Sullivan, 2005).

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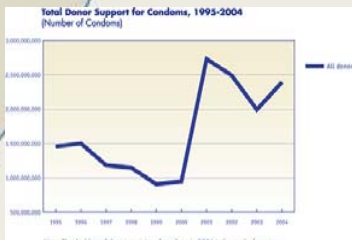


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# Does HIV disclosure lead to safer sex behaviour?

- However studies in developed countries illustrate that disclosure does not necessarily lead to safer sex behaviour (Crepaz & Marks, 2003; Marks & Crepaz, 2001; Serovich & Mosack, 2003; Mason & Spikes, 2005 & Gauthier & Forsyth, 1999)
- Similarly research in Western countries reveals that non - disclosure does not mean that people who are aware of their HIV positive status will engage in unsafe sex (Millet et al., 2005; Ciccarone, 2003)

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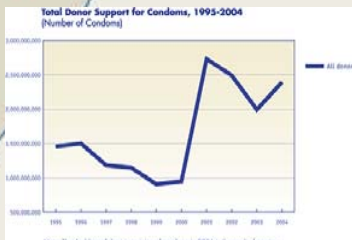
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# Does HIV disclosure lead to safer sex behaviour?

- In addition to this, disclosure to sex partners does not always prevent unprotected sex (Sobel et al., 1996; Green, 1994; 1995; Remien et al., 1995 cited in Wolitski, 1998)
- These research findings suggest mixed and inconsistent results with regards to disclosure to sex partners.
- Such inconsistency illustrates that disclosure to sex partners is complicated and dependent on multiple factors (Gorbach et al., 2004)

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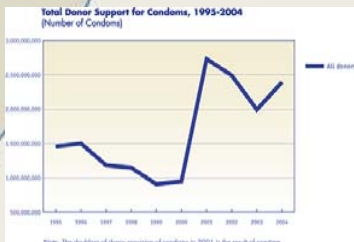


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# Factors influencing disclosure decisions

- Deciding to tell or not to tell can be influenced by a multitude of factors ranging from:
  - Fear of discrimination,
  - Anticipated disruption of relationship,
  - Concern about insurance benefits and
  - Employment,
  - A desire to protect oneself and others emotionally and in some instances
  - The possibility of verbal and physical abuse (Hays et al., 1993; Mason et al., 1995; Semple et al., 1999; Simoni et al., 1995 cited in Chandra et al., 2003).

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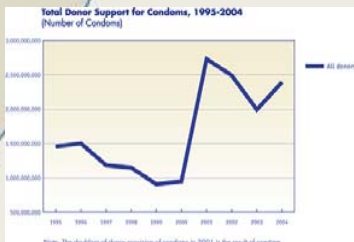


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# Factors influencing disclosure decisions

- Findings from same - sex research studies conducted predominantly in the US reveal that disclosure decisions of HIV positive status to sex partner(s) is significantly reliant on
  - The nature of the relationship,
  - Knowledge of a partner(s) serostatus and
  - The social environment (Serovich et al., 2005; Ciccarone et al., 2003; Wolitski et al., 1998, Gorbach et al., 2004).

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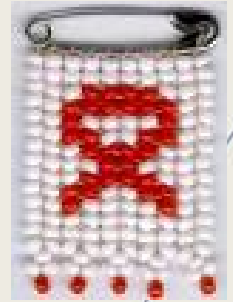
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# Method

- Interviews were conducted with 92 HIV-positive MSM and 330 HIV positive men who reported no sex with other men
- MSM were purposefully sampled from venues where gay men congregate as identified by HIV-positive MSM key informants
- Men were interviewed anonymously



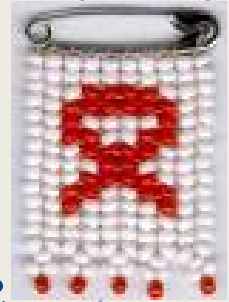
# Method



- A focus group discussion with 9 HIV-positive MSM belonging to an established support group
- Men in the group discussion were recruited from the same sources as men in the quantitative survey portion of the study
- Discussion group participants described themselves as White and middle class, their ages ranging from 36 to 55 years old.

# Potential limitations of the study

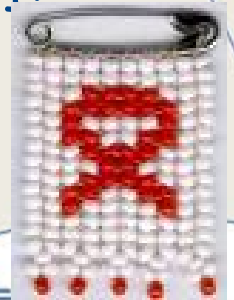
- Method of sampling led to the selective inclusion of MSM who frequented gay venues, so findings are not representative of all HIV-positive MSM
- Study did not include HIV-negative MSM, so doesn't provide information about the level of HIV among MSM, or about risk factors for HIV among MSM
- Many participants knew their interviewers  
- This may have influenced the way that they responded to questions





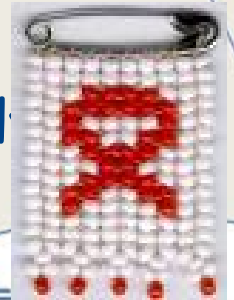
# Measures

- Measures were administered in a seven page survey that required approximately 15 minutes to complete
- The questionnaire included:
  - Demographic characteristics and
  - Health characteristics,
  - HIV risk history,
  - Internalised AIDS stigma,
  - HIV/AIDS discrimination experiences, cognitive and affective depression, social support and substance use



# Measures

- Surveys were available in the three languages
  - spoken by the vast majority of people living in Cape Town: Xhosa, English, and Afrikaans
- In the qualitative discussion group issues explored included:
  - The challenges facing PLWHA, and
  - Further probing was done on issues of stigma and discrimination experiences.
  - The group interview was conducted mainly in English.



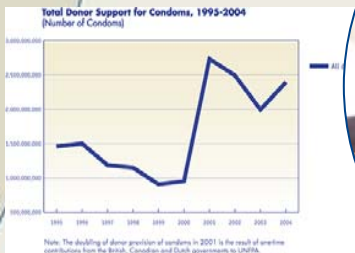
# Data Analysis

- For descriptive purposes, the frequencies of responses to the internalised stigma items and Aids discrimination experiences were first examined.
  - MSM and the men who only reported sex with other women who endorsed each item were compared using logistic regression, reporting odds ratios with 95% confidence intervals (CI).
  - Three regression models were conducted that compared MSM and MSW on demographic characteristics, health status variables, and stigma and discrimination experiences
  - The final model that tested stigma and discrimination experiences included covariates that controlled for differences on demographic and health characteristics that were either significant in the previous regressions or were conceptually relevant (e.g., years since testing HIV positive. Statistical significance was defined as  $p < .05$ .

# Data Analysis

- Cell sizes vary as participants were included for all analyses in which they had non-missing values
- The focus group discussion was audio-recorded, transcribed verbatim, translated where necessary, and thematic analysis was used to analyze and interpret the data

# RESULTS



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# Characteristics of Study Participants

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Characteristic	MSM (n=92)	Other men (n=330)
≤ 25 yrs old	51%	28%
African	33%	73%
White	17%	4%
Coloured	31%	11%
Indian	19%	11%
Married	11%	87%
Time since testing HIV+	2.7 yrs	2.8 yrs
Taking ARVs	27%	58%

# Experiences of Stigma

	MSM	Other men
Difficulty with disclosing HIV+ status	64%	66%
Ashamed of HIV+ status	45%	43%
Hides HIV+ status from others	55%	58%
Able to disclose HIV+ status to sex partners	64%	63%

# MSM experiences of self-stigma

- Dominant theme amongst participants was that there exists a significant difference of internalised Aids stigma between heterosexual and homosexual PLWHA:

*...for gay men the experience is slightly different to straight people because it confronts us on another level with our own sexuality, and the sense of shame and guilt that resonates from that internal phobia is quite profound for gay men, it makes the crisis of acceptance much more difficult than for straight people*



# MSM experiences of self-stigma

- Experiences of internalised stigma were different for HIV-positive MSM because:
  - “... his sense of self, us as gay men, our sense of self is often very, very heavily invested in our sexuality, our bodiliness, yes?”
- Others reiterated this in stating that:
  - “... it's not the crisis of going out and telling the people, the sense of shame is internal. And it often confronts us with our sexuality, yes, and that sense of shame and guilt”

# MSM experiences of self-stigma

- According to the participants in the focus group, being gay and HIV positive is like a “*double whammy*” and feelings of internalised Aids stigma is greater compared to heterosexual PLWHA experiences:
- *...It's made more difficult for those people who are homosexual because in many cases they in the closet about their sexuality and if all of a sudden the situation concerning their HIV status come out it's double the trouble as it were.*

# Experiences of Discrimination

	MSM	Other men
Had experienced discrimination	64%	40%
Had lost a job because of HIV+ status	45%	22%
Had talked to a friend about AIDS	58%	74%
Unwelcome to visit after revealing HIV+ status	40%	33%
Treated differently by family & friends	46%	38%

# Disclosure of HIV-Positive Status and Ongoing Risk Behaviour among MSM

- 68 of 92 MSM reported not disclosing their HIV-positive status to 1 or more sexual partners in the preceding 3 months
- About 60% of MSM reported having had unprotected anal sex with a partner who was HIV-negative or whose HIV status was unknown
- Whilst 36 of the 92 MSM indicated that they had unprotected vaginal sex more than once in the previous 3 months with partners who were unaware of their HIV positive status.

# Reported Risk Behaviour

	MSM	Other men
History of an STI	64%	61%
Had received money for sex	28%	6%
Had given money for sex	28%	11%
Had injected drugs	46%	5%

# Key Findings

- HIV-positive men experienced a considerable amount of internalised stigma
- Qualitative results showed that becoming HIV infected confronts MSM on a different level with their sexuality

# Key Findings

- Hence, impeding disclosure of HIV positive status for many MSM for fear of being rejected since many might have been rejected by either family or friends upon disclosing their homosexuality
- More than half of the MSM reported not disclosing their HIV positive status to more than 1 sex partner in the 3 months since data collection

# Conclusions

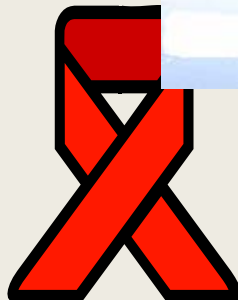
- Disclosure should be understood within a framework of Aids related stigma and discrimination experiences
- In developing risk reduction interventions for HIV positive MSM a strong component focusing on disclosure decisions needs to be included
- In addition to this structural changes for protections against discrimination are needed for HIV positive MSM in South Africa.



# THANK YOU

Please send any queries/suggestions on the proposed research to:

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