

"GET SICK FIRST, TEST LATER": HIV TESTING PRACTICES OF MEN WHO HAVE SEX WITH MEN (MSM) IN THE JOHANNESBURG/ ETHEKWINI MEN'S STUDY (JEMS)

HSRC REF: 6019

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AIDS Impact Conference Gaborone, Botswana - 22-25 September 2009

BACKGROUND TO THE JEM STUDY

- HIV prevalence among MSM in South Africa thought to be far higher than in general population
- Limited information on HIV testing practices among MSM in South Africa

AIMS

- To provide information on HIV among MSM in Johannesburg and Durban
- To assess availability and use of health services

METHODS

- 32 Key informant interviews
 - Semi-structured interviews with LGBT representatives, researchers, and health programme managers
- 18 Focus group discussions (156 MSM)
 - Some groups chosen to have specific characteristics (Christian, Muslim, youth, HIV-positive)
- Digital recordings and field notes transcribed and translated into English
- Thematic analysis: Similar themes emerged so results combined

RESULTS

FRAMING HIV TESTING PRACTICES OF MSM

- Recurring themes of KIs & FGDs included:
 - Experiences of stigma and discrimination
 - Heteronormative nature of health services
 - Denial of vulnerability to HIV infection

These may have an impact on HIV testing practices.

I) EXPERIENCES OF STIGMA AND DISCRIMINATION

- Some MSM fear to disclose their sexual practices and sexual identity to health workers

[MSM fear] to say "yes, I've engaged in this kind of behaviour" because they are afraid of what the health worker will say. ...they do not want to admit that they have been with men.
- KI, Pretoria

- Some MSM reluctant to use health services because of past experiences of discrimination

We go to clinics and hospitals, but most men having sex with other men do not reveal their sexual orientation because they are afraid of discrimination.
- Divas FGD, Durban

II) HETERONORMATIVE NATURE OF HEALTH SERVICES

- Health workers' language often makes an assumption of heterosexuality and is not inclusive of gay people/MSM
- One participant had been asked about his sexual orientation by a counsellor:

As soon as [the counsellor] became aware, [of my sexual orientation] she started giving me a lecture about how wrong it is to be homosexual, instead of counselling me
- Divas FGD, Durban

III) DENIAL OF VULNERABILITY TO HIV INFECTION

I do not want to know, I will not have AIDS. It is just AIDS, I will not get infected. - Meadowlands FGD, Soweto

My best friend died while being in denial. Just from being in denial
- Participant, Westbury FGD, Johannesburg

HIV TESTING PRACTICES

- Fear and avoidance of HIV testing

They are very scared to get tested ... because they are afraid: maybe I am positive, maybe I have got full-blown AIDS. And if you talk about ... a window period, it is worse. So I do not think men often go for tests. - Participant, Westbury FGD, Johannesburg

Get sick first, test later. - Soweto FGD, Johannesburg

There are lot of people who could know their HIV status, but who prefer not to. - Banana Boys FGD, Durban

RECOMMENDATIONS

- Targeted campaigns are needed to promote HIV testing among MSM
- Specialised HIV counselling and testing services are needed for MSM
- Mainstream HIV counselling and testing services need to be more MSM-friendly
- Negative attitudes of health workers towards MSM need to be addressed

ACKNOWLEDGEMENTS

- UK Department for International Development (DFID) for funding the project
- Participants
- JEMS project staff and focus group facilitators
- Steering committee members & advisors
- New Start for providing VCT
- National Institute for Communicable Diseases (NICD) for HIV testing
- NHLS and Durban Lesbian & Gay Centre for providing space for sites
- Institutional support (Wits, HSRC, MRC)



**“Get sick first, test later”:
HIV testing practices of men who
have sex with men (MSM) in the
Johannesburg/eThekweni Men’s Study
(JEMS)**

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Abstract

- **Background:** Low HIV testing uptake is a major obstacle to scaling-up HIV prevention and treatment services. HIV testing practices, access to HIV testing services, attitudes towards HIV testing and previous experiences of MSM with the health care sector were investigated as part of the Johannesburg/eThekweni Men's Study (JEMS).
- **Methods:** Thirty-two key informant interviews (KIIs) and focus group discussions (FGDs) with 156 MSM were conducted. HIV testing practices, access to HIV testing services and attitudes towards HIV testing were discussed. KIIs and FGDs were tape recorded. Audio-recorded interviews were transcribed verbatim, translated where necessary, and thematic analysis was used to analyse and interpret the data. All participants in this study took part voluntarily and anonymously, and signed consent forms beforehand.
- **Results:** In general KIIs reported that health services are geared towards heterosexual people, and that health workers at publicly-funded clinics and hospitals are not well-versed at providing services adapted to MSM. Health workers generally assume heterosexuality. Several informants motivated for the establishment of specialised counselling services tailored specifically to MSM in order to address self-rejection, other forms of stigma, and fears about disclosure that are common among MSM. FGDs revealed that MSM are reluctant to test for HIV due to fear of HIV and of real or perceived discrimination based on both sexual orientation and HIV status. A lack of MSM-friendly clinics and judgmental attitudes among health care providers serve as additional barriers to seeking HIV testing. In addition to this the main source of information about HIV and AIDS is mainstreamed through national HIV prevention media campaigns, and is not necessarily geared to the specific HIV prevention needs of MSM.
- **Conclusions:** Targeted campaigns are needed to promote HIV testing among MSM. In order to scale-up HIV testing among MSM, voluntary counselling and testing (VCT) services need to be more MSM-friendly and attitudes of providers need to be addressed.

Background & Motivation for the JEMS study



Johannesburg

rg



eThekweni

eThekweni

Men's

Study

JEMS

Background

- Increasing HIV testing uptake key to achieving goals of the South African *National Strategic Plan on HIV & AIDS and STIs, 2007–2011* (NSP) of decreasing HIV prevalence by 50% and getting 80% of HIV-positive people into treatment programmes
- HIV prevalence among MSM in South Africa far higher than in general population
- NSP draws attention to need for programmes and services for MSM
- Limited information on HIV testing practices among MSM in South Africa

Motivation for the Study

- To provide information on HIV among MSM in Johannesburg and Durban
- To assess availability and use of health services

Caring 4 Men's Health₃

Methods

- 32 Key informant interviews
 - Semi-structured interviews with LGBT representatives, researchers, and health programme managers
- 18 Focus group discussions (156 MSM)
 - Some groups chosen to have specific characteristics (Christian, Muslim, youth, HIV-positive)
- Digital recordings and field notes transcribed and translated into English
- Thematic analysis: Similar themes emerged so results combined

Results: Framing HIV testing practices of MSM

- Recurring themes of KIIs & FGDs included:
 - Experiences of stigma and discrimination
 - Heteronormative nature of health services
 - Denial of vulnerability to HIV infection

Stigma and Discrimination

- Perception that health workers are judgemental and often display negative attitudes towards MSM
- Some MSM fear to disclose their sexual practices and sexual identity to health workers
 - [MSM fear] to say “yes, I’ve engaged in this kind of behaviour” because they are afraid of what the health worker will say. ...they do not want to admit that they have been with men. - KI, Pretoria

Stigma and Discrimination

- Some MSM reluctant to use health services because of past experiences of discrimination
 - We go to clinics and hospitals, but most men having sex with other men do not reveal their sexual orientation because they are afraid of discrimination. - Divas FGD, Durban

Heteronormative Nature of Health Services

- Health services geared towards heterosexual people
- One participant had been asked about his sexual orientation by a counsellor:
 - *As soon as [the counsellor] became aware, [of his sexual orientation] she started giving him a lecture about how wrong it is to be homosexual, instead of counselling him - Divas FGD, Durban*
- Health workers' language often makes an assumption of heterosexuality and is not inclusive of gay people/MSM
- This may have a negative impact on health-seeking behaviour, including HIV testing

Denial of vulnerability to HIV infection

- People who don't want to know. They are becoming very sick because they leave it too long without knowing, without doing anything.
 - HIV positive FGD, Cape Town
- I do not want to know, I will not have AIDS. It is just AIDS, I will not get infected. - Meadowlands FGD, Soweto
- My best friend died while being in denial. Just from being in denial
 - Participant, Westbury FGD, Johannesburg
- I lost seven friends from being in denial. All of us were tested positive and they kept it secretthey went into denial and they died just so after each other - HIV-positive participant, Westbury FGD, Johannesburg

HIV Testing Practices

- Lack of MSM-friendly clinics, combined with previous experiences of discrimination, may deter MSM from seeking HIV testing
- Men in general, and MSM in particular, reluctant to test
 - They are very scared to get tested ... because they are afraid: maybe I am positive, maybe I have got full-blown AIDS. And if you talk about ... a window period, it is worse. So I do not think men often go for tests.
 - Participant, Westbury FGD, Johannesburg

HIV Testing Practices

- **Fear and avoidance of HIV testing**
 - I think we all have a feeling of that fear of that waiting period. If they are confident enough to go through it they will probably do it. If they are scared to find out, then they probably would not. – Muslim FGD, Cape Town
 - There are lot of people who could know their HIV status, but who prefer not to.
 - Banana Boys FGD, Durban

Conclusions

- National HIV prevention campaigns and HIV prevention messaging has to be inclusive of MSM
- Specialised counselling services tailored specifically to MSM in order to address self-rejection, other forms of stigma, and fears about disclosure that are common among MSM
- Targeted campaigns are needed to promote HIV testing among MSM
- In order to scale-up HIV testing among MSM, voluntary counselling and testing (VCT) services need to be more MSM-friendly and attitudes of providers need to be addressed

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Thank you!

