

Dilemma of men who have sex with men

Study reveals factors that drive MSM people to risky behaviour

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MEN who have sex with men suffer from poor mental health, which can lead to them engaging in high-risk behaviour.

So says a study by the Human Sciences Research Council.

The study was conducted in South Africa and Namibia and reveals the many factors that contribute to the high risk of HIV for men who have sex with men (MSM).

Lead investigator Heidi van Rooyen said the study was to try and get people to think about treatment and prevention together.

“One of the things we found, that was something we knew but the study confirmed, is the extent to which healthcare spaces are not designed for MSM people.

“Public health facilities are based on a fairly heterosexual gender norm, and MSM face real difficulties in getting health care, and that fuelled behaviour. Those spaces are hostile and not friendly and that it might affect their ability to access prevention and treatment facilities.”

Van Rooyen said the poor health among MSM was caused by stress, which lack of access to healthcare forms a part of.

“MSM use defence mechanisms to reduce the pressures they feel, and these are substance abuse, denial and hiding by maintaining a concurrent heterosexual relationship,” she said.

“For the qualitative research, we conducted focus groups discussions with 64 partnered MSM in South Africa and 45 partnered MSM in Namibia. In-depth interviews were conducted with 16 male

partnerships in South Africa and 11 male partnerships in Namibia.

“For the survey, 220 male-male partners were involved in this study (150 from South Africa and 70 from Namibia) for a total of 440 participants.

Lynae Darbes, associate professor at the Health Behaviour and Biological Sciences Centre at the University of Michigan, said the sample size was just right.

“The sample size is comparable to studies in the US or Australia or other western countries,” Darbes said.

“It’s a typical sample size in terms of quantitative data, and I think the qualitative is somewhat smaller, but what we were hoping to get was a range in those qualitative samples in terms of ages and where we recruited partners from, and so the qualitative was to help us to ask question

that covered topics that were important and relevant.”

Nomhle Soni, research co-ordinator for the Gay and Lesbian Network, said changing the way nurses and healthcare professionals treat MSM was key to making positive change.

“It starts with creating enabling environments,” Soni said.

“When we are told that a certain clinic is not treating them well, we approach the head of the clinic and then set a date to sensitise the whole staff. It starts with the security guard at the gate and we have found that they appreciate the training.”

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