

Understanding the contexts of HIV prevention for MSM in Cape Town



Background

- High HIV prevalence among MSM in South Africa
- Cape Town - Identities shaped by historical processes (Tucker 2009)
- Primary risk behaviour = Unprotected anal intercourse

Importance of identity

- Gay – identifying MSM
- Straight – identifying MSM

Framework:

Risk environments/risk situations

- Risk situations occur within broader contexts of risk – risk environments
- Need to understand both risk environment and risk situation for effective HIV prevention
- Need to understand both direct and indirect causes of HIV transmission – causal chains

Describing risk environments

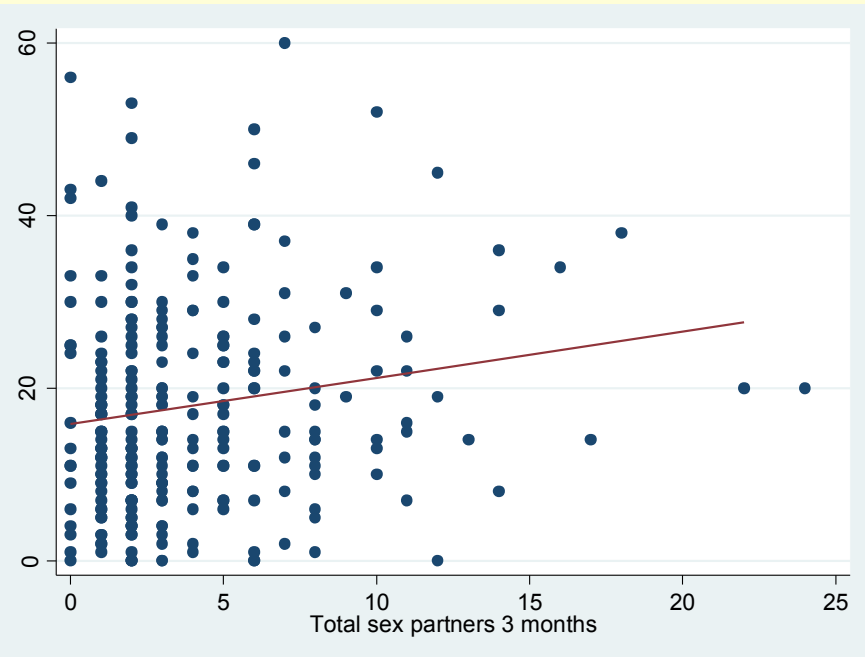
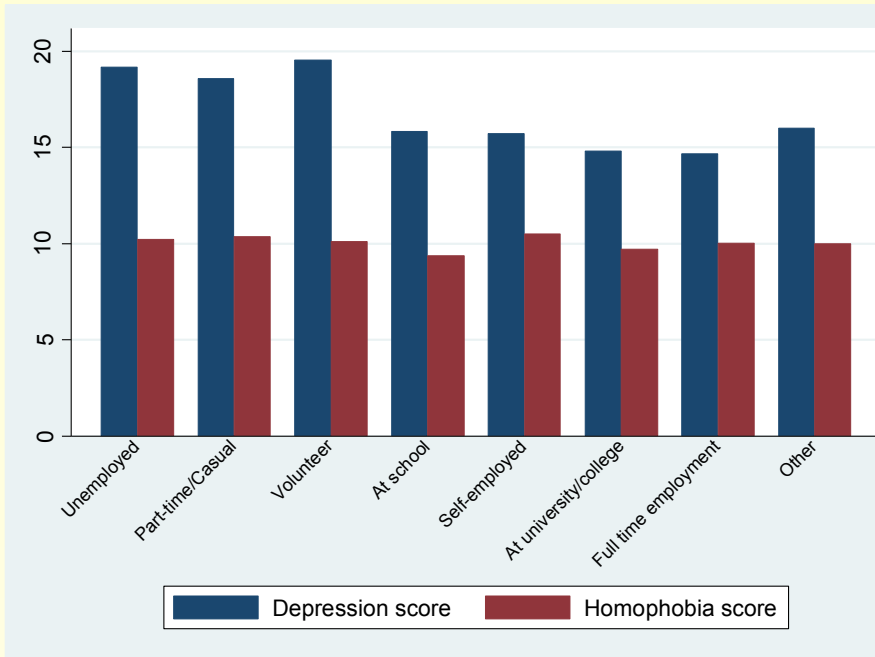
- Multi-level framework – ecological model:
 Personal-Proximal-Distal (Eaton et al 2003)
- Similar models fairly widely used
- Emphasis on linking contexts shaping HIV risk to HIV risk behaviour

Distal level factors

[cultural|structural|environmental factors]

Characterised by structural violence:

Describes the interactive effects of social factors such as poverty, economic exploitation, gender power, sexual oppression, racism, and social exclusion on the social vulnerability of groups and individuals (Parker 2001)



Consistency of condom use	Summary of cesd_score		Freq.
	Mean	Std. Dev.	
Always use	14.903226	11.212957	124
Don't always use	20.321429	11.971349	140
Total	17.776515	11.911558	264

$$F(1, 262) = 14.29 \quad P=0.0002$$

Poverty and unemployment

Homoprejudice

- ‘...first of all in our culture we not allowed to be gays, that’ s absolutely Satanism’
- ‘Sometimes you go to the church, you see the people they’ re going to look at you “ooh that’ s a demon”, something like that’
- **Masculinity and homosexuality** - ‘...I still think you are a man, and you are getting f-----!’ You know? “*So it means you are not a man*’

Health care centres

- Important to note that discrimination may be from staff OR other patients.

HIV related stigma

- Both within MSM community and in broader communities
- Potential exclusion from social group

Proximal level factors

[interpersonal relationships]
physical and organisational environment]

Directly and indirectly linked to distal factors

Level of the risk situation

- Discrimination and violence
- Restricted social spaces
- Alcohol use and sexual encounters after alcohol use
- Sexual negotiation and transactional sex
- HIV risk behaviours: may vary with different types of sexual partner

Risk situations

- Ross et al. 2004: Boundaries of risk situations
 - Temporal
 - Late night
 - Short duration
 - Physical
 - Alcohol use
 - Inconsistent condom and lubricant use
 - Social
 - May be transactional
 - Partner may be 'straight'
 - Uneven power dynamics
 - Multiple partners
 - Geographical
 - Shebeens
 - Vacant lots
 - Bushes
 - Toilets

Personal level factors

[within the individual]

- Self esteem and sexual identities
- HIV knowledge and awareness
- Internalised negativity

Need multi-level, multi-sectoral HIV prevention

- Aims to target risk situations whilst trying to change risk environment
- Expect unexpected consequences
- Identification of specific areas of intervention

For example

- Distal
 - engage with community opinion leaders, religious leaders, cultural leaders
 - collaborate with organisations lobbying for fairer economic policy
- Proximal
 - engage with health care workers
 - work proactively with venue owners (e.g. Thailand)
 - condom and lubricant distribution
- Personal
 - Interventions that increase resilience, self-esteem, and empowerment
 - Critical consciousness
“the critical perception of reality that causes a group to take action” (Hatcher et al 2010)

Need to be addressing agency *and* structure

Aim to move from agency-inhibiting structure to agency-enhancing structure

- Therefore important to identify both factors that decrease risk, and factors that increase resilience

Is effective HIV prevention transdisciplinary?

Need perspectives from multiple disciplines

- cf. Behavioural economics - 7 principles:
 1. Other people's behaviour matters
 2. Habits are important
 3. People are motivated to 'do the right thing'
 4. People's self-expectations influence how they behave
 5. People are loss-averse
 6. People are bad at computation
 7. People need to feel involved and effective to make a change
- (Dawnay and Shah 2005)

Need to broaden how we think about prevention in MSM

- Need collaboration beyond medical and public health spheres
- For example: Economic policy – measuring GDP vs measuring wellbeing
- Political and cultural leaders
- Prevention research with women, youth, men - avoid silo thinking

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