



# **HIV PREVENTION NEEDS AMONG SOUTH AFRICAN MSM**



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# AIMS

To present some ideas for an understanding and to raise questions that open up discussion about: *What are the prevention needs among South African MSM?*

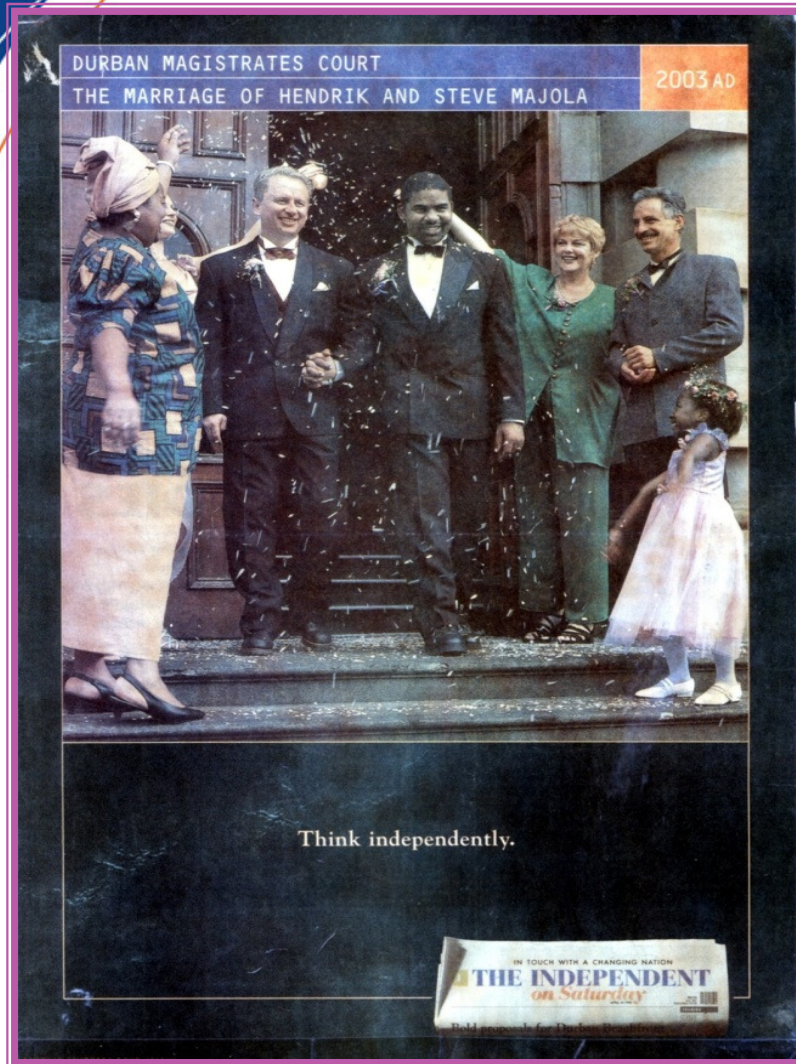
- Why are we asking this question? What is our objective? Where do we want to get to?
- Is there a problem? What is the problem?
- What are the factors, problems, barriers at play?
- What are the potential “responsibilities”?
- What strategies are at stake to ensure “responsibilities” happen?



# CONCEPTUALLY WHAT WE KNOW IS SHAPED BY THE:

- ***Epistemological*** (gendered construction of the epidemic: *what* and *how* knowledge is created and constructed)
- ***Epidemiological*** (categorizations flowing from scientific understanding of the virus: “mode of transmission”, subcultures/groups: testing, life expectancy etc)
- ***Social and Political*** (the social, political and cultural context)

# What we know:



## History:

- 1980s: HIV epidemic in South Africa first observed among MSM (*SA Medical Journal* report)
- 1990s: generalized (heterosexual) epidemic appears; national and international response
- By 2000, MSM disappear from SA's HIV epidemiology

## Currently:

- Role of homosexual transmission in the overall epidemic is not fully understood but we are beginning to learn from new and emerging studies.
- We are also beginning to understand what some of the core needs are of South African MSM for HIV prevention and treatment

# Basic MSM HIV research needs

- Understanding social context of MSM sexualities
- Prevalence and psychosocial correlates of HIV risk behaviours
- HIV prevalence estimate & surveillance methodology
- Contribution of homosexual transmission to generalized epidemic
- Targeted prevention/treatment interventions



## Things to be taken into account in doing research focused on MSM:

- MSM is not “one” population: there is diversity in expression and organisation of homosexuality.
- A need for understanding the diversity in expression and organisation of homosexuality in order to develop effective prevention efforts.
- HIV risk cannot be understood (and also *not* effectively addressed) without taking other issues into account (stigma, discrimination and violence, alcohol and drug use, socio-economic and cultural circumstances).
- Effective research requires involvement of affected communities; outcome of research should be given back to the community in appropriate formats.

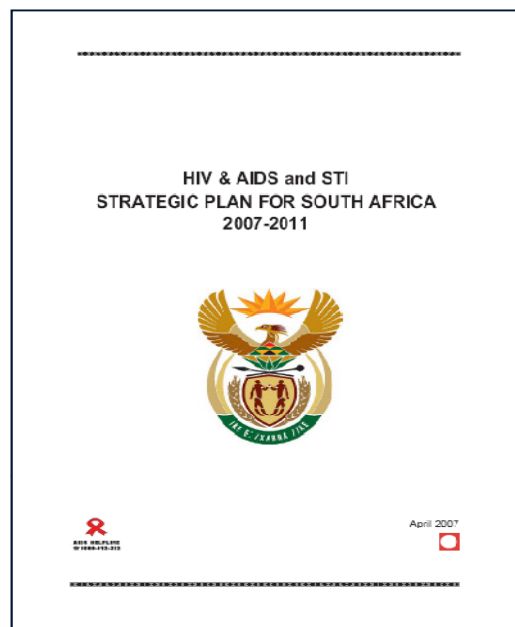
## There are currently many either underway or completed in SA and elsewhere in region: strongly focused on men but some new work on Women

- Johannesburg Ethekwini Men's Study (JEMS): nearing end (HSRC/Wits/MRC)
- AMFAR-funded: Tshwane Men's Study (Minority Stress) (Columbia, HSRC, OUT)
- PRISM Initiatives (Regional, Schorer)
- Work by Tim Lane (Soweto, CAPS) & ANOVA
- Work by Stef Baral and Chris Beyrer (JHU)
- Work by MRC/Desmond Tutu HIV Center (Cape Town)
- MSM within HIV & AIDS Development Policy & Programming in Southern & Eastern Africa (HSRC)
- HIV and Sexual Risk Among MSM in Tshwane (NIH Funded: Columbia University & HSRC with OUT LGBT)
- New Work on WSW (Southern Africa) (HSRC with OSISA partners)

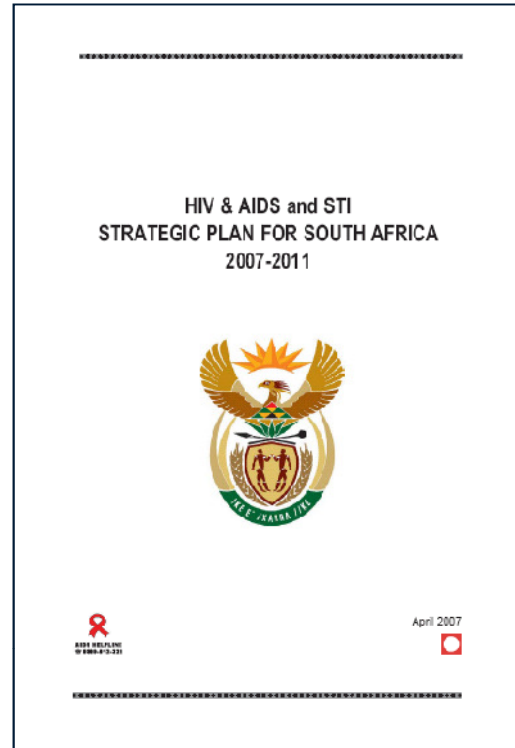
and there may be others ...



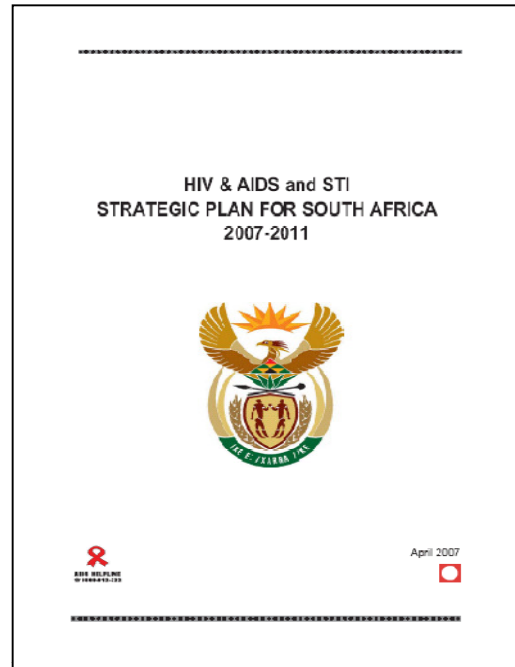
## NATIONAL STRATEGIC PLAN INTENTIONS



**“Whilst HIV infection amongst MSM was the focus in the early phases of the epidemic in South Africa, there is currently very little known about the epidemic amongst MSM in the country.” (True but to an extent ...)**



**“MSM have also not been considered to any great extent in national HIV and AIDS interventions.”**



**The NSP regards MSM as one of the “higher risk populations” to be included in the roll-out of increased prevention programmes including VCT, provision of condoms, and STI symptom recognition.**

## AND SO ...

- We don't know fully how the level (prevalence) of HIV among MSM compares to the level of HIV in the general population
- We know very little about the social situations/ contexts in which HIV transmission is taking place among MSM
- We know very little about what strategies that MSM are using to prevent HIV infection (or whether or not these strategies are working)

# BUT TO GET SPECIFIC

Prevention Needs are shaped by:

- Constitutional Provision (legal framework)
- Policy Framework (NSP)
- Political Will and Responsibility (From Theory to Practice)
- Current Social Inequalities
- Barriers and Challenges

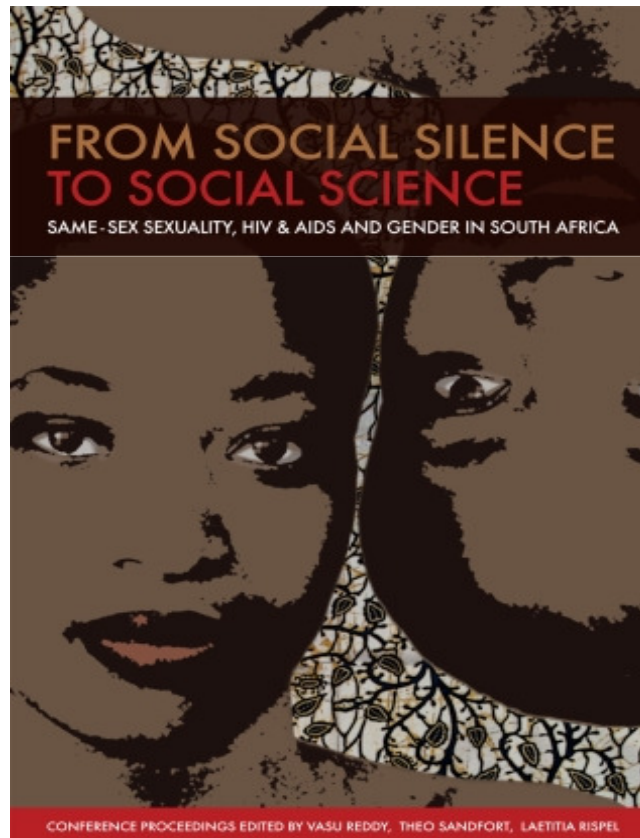
## UNDERSTANDING THE HIV EPIDEMIC: Factors influencing vulnerability to HIV among MSM

<b>Biological</b>	<ul style="list-style-type: none"> <li>• Presence of STIs</li> <li>• Unknown HIV status</li> </ul>
<b>Social and Behavioural</b>	<ul style="list-style-type: none"> <li>• Traditional Cultural and gender norms</li> <li>• Violence</li> <li>• Unprotected Anal Intercourse (UAI)</li> <li>• Frequency and number of sexual partners</li> <li>• Substance abuse (alcohol and recreational drugs)</li> <li>• HomoPREJUDICE</li> <li>• Denial and stigma</li> <li>• Complacency and risk</li> <li>• Myths and misconceptions about risks associated with different behaviours and about methods of reducing risk of infection</li> </ul>
<b>Economic and Political</b> <b>(more appropriate outside of SA)</b>	<ul style="list-style-type: none"> <li>• Criminalisation of same-sex sexual behaviour</li> <li>• Unemployment and Sex work</li> </ul>

# BARRIERS AND CHALLENGES IMPACTING ON NEEDS

- **Understanding various stakeholders and their needs**
- **Values of collaboration**
- **Heteronormativity (underpinned by stigma, prejudice and cultural context)**
- **Social realities (economic, gender and poverty factors)**
- **Sexual practice and unsafe sex**
- **Health care service provision**
- **Gender norms**
- **Availability and affordability (and indeed resources)**
- **Programmatic needs**
- **Developing an evidence-base**
- **Evaluating effectiveness of current prevention initiatives**
- **Recognition of sexual diversity of our communities and sexual networks**
- **Understanding labels and classifications**


# Turning to the “Strategic”




Social science that makes a difference

# LOOKING AHEAD: SOME IDEAS

- Pushing *evidence* over ideology (these *two* aspects are related).
- Develop “data” to challenge the myth of LGBTI existence (“enumeration”)
- Sharing success stories from other *experiences*
- Sensitizing health care workers and improving responsiveness of health care system
- Behavioural interventions to reduce UAI and sex while under influence of alcohol and drugs
- Promote HIV testing, knowledge and disclosure of HIV
- Promote early access to treatment.
- Establish ongoing surveillance of HIV among MSM
- Training people for quality services. Work across race, class, gender, sexual orientation
- Advance universal minimum standards (incl. approach to patient needs on account of diversity)
- Minimum package of services (e.g. STI diagnosis and treatment and HIV treatment, care and support services)

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- Implement public education to reduce stigma and discrimination
  - Training in psychological support and mental health (self-esteem, empowerment)
  - Training in fundraising
  - Link LGBTI and HIV to Reproductive Health Services (view these issues holistically)
  - Tackle the State by Monitoring and Evaluating Implementation (what focal points exist for LGBTI issues)
  - What is the research/programming/policy/advocacy relationship?
  - How are research results being disseminated? How is it being done? Are communities involved in such partnerships?

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- **Inclusion of components related to biomedical factors for LGBTI in medical curriculum (incl. Nursing Medicine)**
  - **Build capacity of LGBTI groups (peer educators, human rights defenders, counsellors, etc.)**
  - **Develop and strengthen gay-affirmative/MSM affirmative treatment, care and prevention services**
  - **Have a Community Advisory Board/Multi-Stakeholder reference groups in developing evidence-based research.**
  - **Identify commonalities and differences of various marginalised groups (members of 1 are sometimes also members of others)**
  - **Identify social injustices and integrate this in work**
  - **Create empathic services**

## SO WE DO KNOW THE POSSIBILITIES AHEAD

- Build solidarity through a scientific 'evidence-based' research to inform programming and advocacy
- Build capacity of resources in our various organisations
- Draw on communities of practice
- Utilise research and advocacy for greater political effort
- Regularly monitor and evaluate work toward combating prevention and strengthening prevention, treatment and care of sexual minorities with HIV/AIDS



# THANK YOU

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