CONCLUSIONS

Men who have sex with men (MSM) in rural South African settings have been largely neglected in HIV prevention efforts. Although multiple studies have established that South Africa MSM are experiencing a high burden of the epidemic including high rates of stigma and discrimination, it is not well understood how rural MSM understand their HIV risk, nor how they built their HIV knowledge. We explored the meaning-creation process that MSM employ to understand HIV in Mpumalanga.

METHODS

We conducted a 16-month research project with 61 MSM in two districts (eHlanzeni and Gert Sibande Districts) in Mpumalanga Province, South Africa to understand the cultural schemas that inform HIV prevention and care behaviors. Semi-structured focus group discussions and individual interviews were conducted. These focused on HIV knowledge, HIV care and support within families, the MSM community and at healthcare centers, perceived HIV acquisition and risk behavior experiences, MSM community and their responses to HIV, and social support needs. They were all audio-recorded, transcribed and translated into Zulu or Swati into English. We used cultural schema theory to analyze these data.

CULTURAL SCHEMA THEORY

• Cultural schema theory has been applied for diverse diseases throughout the globe.
• Used to understand how the general community constructs knowledge about disease.
• Past experiences create knowledge that guide our behaviors, and ultimately become shared within communities especially within cultural groups.
• The theory has proven a valid tool for understanding how communities internalize and deal with chronic diseases, and ultimately has helped healthcare professionals better tailor public health messaging.

FINDING 1: MSM ARE NOT ACCEPTED, DON'T GET HIV

Participants explained that the general community does not consider MSM to be at risk for HIV since they are not having sex with women.

Researcher: Most communities have a hard enough time accepting gay people. Do you think that if you come out about your status, they will feel sorry for you?

Participant: They have a hard time, like I had said before, because of a lack of education about the disease. They don't know that as a gay person, you are at a higher risk of getting the disease.

Researcher: How do you tell them that?

Participant: When you tell them about your status, they will ask questions, then you explain.

FINDING 2: SELF-DIAGNOSING AND DELAYED CARE

Participants described their declining health before seeking care, and frequently stated they diagnosed their symptoms as something other than HIV, even though their symptoms aligned with those of other HIV-positive MSM in their community.

Participant: Yes, I did. I had persistent coughing.

Researcher: Persistent coughing...

Participant: I couldn’t stop coughing.

Researcher: Oh, ok. Any other things that happened?

Participant: I had fatigue, feeling dizzy.

Researcher: Then what did they say at the clinic? Was it TB?

Participant: At first they thought it was TB so they recommended an HIV test. Researcher: And was it TB?

Participant: At first I thought it was TB but when I consulted the health workers, they recommended I should do more tests.

Researcher: And the TB tests came back negative?

Participant: Ja, I never had TB.

Researcher: And how long did you coughing, fatigue and dizziness last before you went to the clinic?

Participant: Four months

FINDING 3: FAMILY VALUES AND TRUST IN SANGOMAS

The decision to use traditional healers was influenced by family practices and trust placed on traditional care as well as wanting to avoid stigma associated with going to a clinic for HIV care.

Researcher: Oh. And what is your experience with the sangomas? Do you go to the same sangomas?

Participant: Yes. He treats me well.

Researcher: So he knows you are HIV-positive? So he knows you are positive when he misses your imbiza (traditional medicine)?

Participant: When he makes my imbiza he doesn’t make as strong and he makes it especially for me.

Researcher: So that is especially for you? And does he consider that you are positive and give you something specifically for that?

Participant: Yes

REFERENCES:

2. Coates, J. T. (2009). "Prevention Research (Coates, PI); T32MH080634. The content is solely the responsibility of the authors and does not necessarily represent the official views of NIH."