"You become afraid to tell them that you are gay": availability and utilization of health services by men who have sex with men (MSM) in the Johannesburg/eThekwini Men's Study

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Background

The South African national strategic plan on HIV & AIDS (2007-2011) places attention to the lack of information on the nature of HIV among men who have sex with men (MSM) in South Africa, and the lack of HIV programmes for MSM, and calls for these gaps to be addressed.

The Johannesburg/eThekwini Men's Study (JEMS) was implemented in 2008 to provide information on sexual men who have sex with men (MSM) in Johannesburg and Durban (South Africa) and to assess the availability and use of health services.

Methods

Health Service Sites and samples were selected in the following:

- 33 key informants interviews with health service managers, health, sex, biological and sexual clinic (HBC) and sexologists;
- 15 focus group discussions with MSM;
- A survey of 250 MSM conducted from July to December 2008.

Survey participants, recruited using respondent-driven sampling (RDS), were required to be males aged 18 years or older, were living with sexual partner in the past year, and to have one of the two participating cities.

Focus Group Discussions:

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Results

Key Informant Interviews

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This finding from the FGDs were similar to the findings from the KII. Many participants were unable to identify specific health workers because of a lack of contact or knowledge about them.

"You tell them the truth, and they ask you 'do you have a girlfriend?' and you say, 'no, and you become afraid to tell them that you're gay.'" "At the clinics, if you have no STI and tell that you have a gay, it becomes a joke."
Abstract

‘You become afraid to tell them that you are gay’: availability and utilisation of health services by men who have sex with men (MSM) in the Johannesburg/eThekwini Men’s Study (JEMS)

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Background: The Johannesburg/eThekwini Men’s Study (JEMS) was conducted to provide information on HIV among men who have sex with men (MSM) in two South African cities (Johannesburg and Durban) and to assess the availability of programmes and health services for MSM, in response to the stated commitments of the South African National Strategic Plan on HIV & AIDS and STIs, 2007-2011.

Methods: Perceived service access and needs were assessed using 32 key informant interviews (KIIIs) and 18 focus group discussions (FGDs) with MSM. 282 MSM were recruited into a survey using respondent-driven sampling. Survey participants completed a questionnaire which included a section on health service use, and provided finger-prick blood specimens for HIV testing.

Results: The HIV prevalence among survey participants was 44% (38% adjusted). Health services and prevention programmes targeting MSM were almost non-existent. Many FGD participants were reluctant to use public sector health services and to disclose their sexual orientation to health workers due to having experienced judgemental attitudes and discrimination. Of survey participants, 57% had used a public sector health service and 45% had used a private health service in the past year. Only 31% had health insurance coverage. Health service use and health insurance coverage did not differ by HIV status. Preferred providers for HIV prevention services were: a gay centre (62%); community centre (12%); or youth centre (10%); with only 7% stating preference for a government clinic.

Conclusions: This study results confirm that there is an urgent need to allocate resources and to provide targeted HIV interventions and responsive public health services for MSM in South Africa. Support for organisations that already provide health services to MSM should also be enhanced. Education and sensitisation of health professionals is essential to overcome ignorance, discrimination, and prejudice about MSM.