

"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/eThekweni Men's Study

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Background

The South African National Strategic Plan on HIV & AIDS and STIs, 2007-2011 (NSP) draws attention to the lack of information on 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/eThekweni Men's Study (JEMS) was conducted in 2008 to provide information on HIV among men who have sex with men (MSM) in Johannesburg and Durban (South Africa) and to assess the availability and use of health services.



Johannesburg



Durban

Methods

Health service access and needs were assessed using:

- 32 key informant interviews with health service managers; lesbian, gay, bisexual and transgender (LGBT) advocates; and researchers
- 18 focus group discussions with MSM
- A survey of 285 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, report having sex with another male in the past year, and be from one of the two participating cities.

Participants completed a questionnaire which included questions on health service use, and provided finger-prick blood specimens for anonymous HIV testing. Voluntary counselling and testing (VCT) was offered to all survey participants.

Results

Key Informant Interviews

Health services and HIV prevention programmes targeting MSM were almost non-existent. The few services identified as being tailored towards MSM were provided by LGBT organisations or other non-governmental organisations (NGOs). These services had very limited capacity.

Key informants reported that:

- Health workers often display negative and judgemental attitudes towards MSM, and MSM experience stigma and discrimination in health care settings.
- MSM are often reluctant to use public sector health care services because they perceive health workers to be judgemental towards MSM, or because of past experiences of discrimination.
- MSM often do not disclose their sexual practices and sexual identity to health workers due to the persistent stigmatisation of homosexuality.

Focus Group Discussions

The findings from the FGDs were similar to the findings from the KIIs.

Many participants were reluctant to use public sector health services because of the way that they were treated by health workers:

"If you are HIV positive they treat you like a dog. Really, I think you would treat your dog better than the clinic sisters treat us."

Also, many participants were unwilling to disclose their sexual orientation to health workers due to having experienced judgemental attitudes and discrimination in the past:

"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 an STI and tell that that you have sex with a guy, it becomes a joke."

Survey

Survey participants had a median age of 22 years (range 18 to 61 years), and 67% were under 25 years of age. 88% were black Africans, and 78% identified as homosexual/gay. The HIV prevalence among survey participants was 44% (38% adjusted for RDS).

The majority of participants had used a public sector health service, and only 31% had medical aid (health insurance) coverage (Table 1). Health service use and health insurance coverage did not differ by HIV status.

Table 1. Use of Health Services by HIV status

Characteristic	All participants (n)	Relative risk in HIV-positive versus HIV-negative (95% CI)
Used a public health service in the past 12 months	56.6	0.96 (0.78 - 1.18)
Used a private health service in the past 12 months	44.9	0.92 (0.69 - 1.22)
Used a traditional healer in the past 12 months	4.8	0.82 (0.28 - 2.43)
Has medical aid	30.3	0.96 (0.65 - 1.41)

The majority of participants reported that they would prefer to receive HIV prevention services from a gay centre, and only a small minority reported that they would prefer to receive services from a government clinic (Table 2). The most desirable setting for receiving HIV prevention services was either in a man's group or through individual counselling.

Table 2. HIV & STI Prevention Service Preference

Preferred location	Percent
Gay centre	62.3
Community centre	12.1
Youth centre	10.3
Government clinic	6.8
Private clinic	4.3
Internet chat room	2.5

Preferred setting	Percent
Men's group	47.7
Individual counselling	32.7
Seminar/workshop	15.0
Internet chat room	1.8

Conclusions

- Although the NSP was approved in 2007, there has been little practical action to respond to the health service and programme needs of MSM.
- There is an urgent need to implement health services and programmes responsive to the needs of MSM.
- Education and sensitisation of health professionals is essential to overcome ignorance, discrimination, and prejudice about MSM.

Recommendations

Develop a minimum package of services which includes:

- STI diagnosis and treatment and HIV treatment, care and support services
- Information, education and communication (IEC) materials for MSM
- Condom and lubricant distribution in community settings
- Promotion of correct and consistent condom use and education about lubricants
- Behavioural interventions to address risky sexual behaviour and substance use, particularly alcohol use.

Improve the responsiveness of the health system to the needs of MSM

- Make health services more welcoming and accepting towards MSM
- Provide education and sensitivity training to health workers to address homophobia and heteronormative assumptions
- Develop guidelines for health care workers who treat, counsel and care for MSM
- Use outreach programmes and peer education programmes to increase access to services
- Increase support to organisations that provide services to MSM.

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Abstract

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'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/eThekweni Men's Study (JEMS)

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Background: The Johannesburg/eThekweni 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 (KIIs) 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.