CAPE TIMES MONDAY, NOVEMBER 17, 2014

Social inequality, prejudice and discrimination are driving HIV

Pierre Brouard, Dawie Nel and Allanise Cloete

HIV infection in South Africa was first characterised by male-to-male transmission and during the early 1980s considered a "homosexual" epidemic. The epidemic, among what is epidemiologically termed men who have sex with men (MSM), was not taken seriously by the apartheid government, partly because same-sex sexuality was punishable under the law.

Historically, targeted sexual health information and services for MSM have been largely undertaken by the country's few lesbian, gay, bisexual, transgender and intersex (LGBTI) organisations. Often working with financial and resource constraints, and hampered by a lack of comprehensive and countrywide evidence of the scope and scale of HIV in MSM, such work has needed support and resources. This has begun to emerge.

It is therefore imperative that this work is informed by HIV surveillance that documents HIV prevalence among MSM, addresses related behavioural, social and structural drivers, advocates for HIV-prevention programmes to be specifically tailored to the needs of MSM and their networks and communities, and redresses the imbalances and neglect of the past.

Last week, the Human Sciences Research Council (HSRC) released the results of the SA Marang Men's Project, which measured levels of HIV among MSM. In Cape Town, of the 286 MSM surveyed, an overall HIV prevalence of 22.3 percent was recorded. In Johannesburg, among 349 MSM, an HIV prevalence estimate of 26.8 percent was found. These high estimates demonstrate that MSM are among the hardest hit by the epidemic in these two cities. In our study, we used a method of sampling which allowed us to systematically access members of traditionally hard-to-reach target populations. For instance, the Marang Men's Project found high estimates of previous incarceration and of "selling sex to men" in these two cities.

Both contexts reflect challenges for equal and fairly negotiated sex, a factor in increasing vulnerability to HIV. These also raise questions about social inequality – both criminal activity and transactional sex may be informed, partly at least, by a lack of access to money, resources, education and decent life opportunities. Of course sex work can be a choice – and criminalisation of sex work does not help the HIV epidemic – but where it is accompanied by inadequate support and resources for protection HIV remains a risk. These social and economic vulnerabilities might go some way towards explaining the high estimates of HIV infection reported in Cape Town and Johannesburg.

Despite our constitutional protections, social attitudes towards MSM remain negative. Same-sex identities and practices are still widely perceived as "un-African" and are frowned upon. Ongoing reports of violence and discrimination towards MSM who may appear gender non-conforming (often men who identify as gay) show that constitutional protections may not protect these men. This is often worsened by attitudes and practices of public servants, including police and healthworkers as well as educators. The Marang Men's Project found unusually high estimates of police discrimination in Cape Town.

As a result many men who engage in same-sex relationships may do so secretively, while still fulfilling their expected heterosexual gender roles, while others are excluded from accessing services. But some MSM may also self-exclude from health and other services, not only because they perceive these as unhelpful, but their internalisation of negative attitudes may mean they feel they do not deserve equal treatment. This "internalised" prejudice also goes some way to explain various forms of sexual risk taking.

All these factors may hamper HIV prevention and support efforts, since sexual relationships may remain "hidden", vital health and other services may be avoided, campaign messages may be denied or ignored, harmful choices may be made, and rights may not be claimed.

A policy and programmatic agenda would thus need to address the human rights of MSM (along with other sexual and gender minorities) as equal citizens. In a sense, HIV feeds on prejudice and discrimination. Secondly, there is a need for more in-depth research on, and insight into, hidden populations within minority groups. Finally, they also tell us that social inequality is a key driver of HIV and this requires a response from the government to meet its mandate of a better life for all.

● *Brouard is with the Centre for the Study of Aids, University of Pretoria. Nel is with OUT LGBTI Wellbeing and Cloete is with the HSRC.*

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