

# "If you talk about a window period of two weeks, it is worse": HIV testing among men who have sex with men (MSM) in Johannesburg and Durban, South Africa

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## Background

Increasing HIV testing uptake among all sectors of the population is key to achieving the goals of the South African National Strategic Plan on HIV & AIDS and STIs, 2007-2011 (NSP).

Although HIV testing services are widely available in South Africa, these are under-utilised. The 2008 South African National HIV Survey<sup>1</sup> showed that 51 % of the population aged 15 years or older had ever been tested for HIV, and 25 % had been tested for HIV in the previous 12 months. Among males aged 15 years or older, 20 % had been tested for HIV in the previous 12 months.

The limited information available on HIV testing practices among MSM in South Africa comes from clients receiving HIV testing and counselling services through lesbian, gay, bisexual and transgender (LGBT) organisations.<sup>2</sup>

The Johannesburg eThekweni Men's Study (JMS) was conducted to provide information on HIV among MSM in Johannesburg and Durban, and to assess availability and use of health services.

## Methods

HIV testing history, and knowledge and disclosure of HIV status were assessed using:

- 32 key informant interviews with health service managers, 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 HIV testing history, and knowledge and disclosure of HIV status. Participants provided finger-prick blood specimens for anonymous HIV testing. Voluntary counselling and testing (VCT) was offered to all survey participants.

## Results

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

Although 98 % of participants knew where they could be tested for HIV, only 74 % had ever been tested for HIV. HIV-positive men were more likely than HIV-negative men to have ever been tested for HIV, but HIV testing ever was not associated with self-perceived HIV risk, nor with older age (Table 1).

Table 1. HIV testing ever according to selected characteristics

Characteristic	Ever tested (%)	High risk (95% CI)
All participants	74.0	
Age		
<25	74.7	Ref
≥25	77.4	0.87 (0.64 - 1.18)
Self-perceived risk		
High risk	77.2	Ref
Some risk	66.5	0.60 (0.37 - 0.93)
High risk	78.9	0.96 (0.62 - 1.51)
Survey HIV test result		
Negative	68.4	Ref
Positive	83.9	1.19 (1.01 - 1.42)

17 % of participants reported that they "knew" their HIV status, but it was not possible to verify whether their knowledge of their status was accurate.

Among HIV-positive men, 82 % had been tested for HIV at some stage in the past, and 59 % reported that they knew their status.

Among HIV negative men, 69 % had been tested for HIV at some stage in the past, and 55 % reported that they knew their status.

Despite the high proportion of participants who did not know their status, only 25 participants (9 %) chose to have VCT as part of the study, of whom 6 were HIV positive.

47 % of survey participants had been tested for HIV in the past 12 months. There were no significant associations between HIV testing in the past 12 months and age, self-perceived risk, risky sexual behaviour, or HIV status (Table 2).

Table 2. HIV testing in the past 12 months according to selected characteristics

Characteristic	Tested past year (%)	High risk (95% CI)
All participants	47.6	
Age		
<25	50.2	Ref
≥25	48.2	0.78 (0.59 - 1.04)
Self-perceived risk		
High risk	53.8	Ref
Some risk	45.9	0.68 (0.47 - 1.02)
High risk	45.9	0.85 (0.63 - 1.13)
Unprotected anal intercourse, past 12 months		
No UAI / UAI only with HIV-negative partner	46.2	Ref
UAI partner HIV-positive	46.2	0.80 (0.54 - 1.09)
UAI HIV-positive partner	46.7	1.20 (0.89 - 1.61)
Survey HIV test result		
Negative	46.7	Ref
Positive	48.4	0.81 (0.71 - 1.21)

Knowing one's status was associated with having had a HIV test in the past, and with having had unprotected anal intercourse (UAI) with a partner known to be HIV positive in the past 12 months (Table 3).

Table 3. Self-reported "never HIV positive" according to selected characteristics

Characteristic	Never positive (%)	High risk (95% CI)
All participants	37.2	
Age		
<25	37.8	Ref
≥25	36.6	0.99 (0.80 - 1.23)
Self-perceived risk		
High risk	41.1	Ref
Some risk	37.2	1.0 (0.73 - 1.37)
High risk	40.2	1.07 (0.78 - 1.47)
Unprotected anal intercourse, past 12 months		
No UAI / UAI only with HIV-negative partner	36.0	Ref
UAI partner HIV-positive	38.1	0.75 (0.48 - 0.97)
UAI HIV-positive partner	41.3	0.88 (0.60 - 1.31)
Survey HIV test result		
Negative	38.0	Ref
Positive	39.7	1.07 (0.87 - 1.33)

Of the 162 participants who knew their HIV status, 69 % had disclosed their status to a sexual partner in the past 12 months (Table 4). Among HIV-positive men who knew their status, 63 % had disclosed their status to a sexual partner in the past 12 months. Participants were significantly less likely to disclose their status to partners whose status they did not know (i.e. "don't ask, don't tell").

Table 4. Disclosure of HIV status to a partner in the past 12 months according to selected characteristics

Characteristic	Disclosed status (%)	High risk (95% CI)
All participants who knew their status	69.3	
Age		
<25	71.2	Ref
≥25	64.8	0.81 (0.72 - 1.04)
HIV test in past 12 months		
No	67.2	Ref
Yes	73.3	1.12 (0.87 - 1.48)
Self-perceived risk		
High risk	70.6	Ref
Some risk	70.0	1.06 (0.84 - 1.34)
High risk	75.0	0.98 (0.74 - 1.31)
Unprotected anal intercourse, past 12 months		
No UAI / UAI only with HIV-negative partner	72.8	Ref
UAI partner HIV-positive	51.4	0.71 (0.51 - 0.98)
UAI HIV-positive partner	60.0	1.24 (0.96 - 1.60)
Survey HIV test result		
Negative	71.8	Ref
Positive	62.2	0.85 (0.64 - 1.14)

## Conclusions

Overall, reported HIV testing ever was higher than in the general population, although a stable minority of participants had a "don't know, don't ask, don't tell" approach to HIV testing and disclosure.

The high prevalence of HIV infection, combined with men not knowing or not disclosing their HIV status and engaging in UAI with partners of unknown HIV status, indicates that some men are unknowingly exposing themselves and their partners to HIV.

## Recommendations

- Barriers to HIV testing and disclosure among MSM need to be addressed.
- MSM need to be made aware of the risk associated with not knowing their status and their partners' status.
- A national campaign should be developed and implemented, in partnership with LGBT organisations, to promote HIV testing, and knowledge and disclosure of HIV status among MSM.

## References

1. Shisana O, Rehle T, Simbayi LC, Zuma E, et al. 2008 South African national HIV prevalence, incidence, behaviour and communication survey (SABHS): A turning tide among South Africans? Cape Town: HSRC Press, 2009.
2. Sandfort TGH, Heijl, Rich S, Reddy V, et al. HIV testing and self-reported HIV status in South African men who have sex with men: Results from a community-based survey. *Sexually Transmitted Infections* 2008; 84: 429-430.

## Acknowledgments

United Kingdom Department for International Development (DFID) for funding the study. The National Health Laboratory Service (NHLS) for providing premises in Johannesburg. The Durban Lesbian and Gay Community and Health Centre for providing premises in Durban. National Institute for Communicable Diseases (NICD) for performing HIV testing. New Start for providing Voluntary Counselling and Testing (VCT) services. Members of the Steering Committee, International Advise-486 and project staff. Centre for Health Policy, Dubei Bopape & Dubei Mbombo for support and for providing furniture for the Johannesburg site. Uga Graylene Johnston for providing an introductory workshop on respondent-driven sampling (RDS). Medical Research Council: Loraine Tomassoni and Yanga Zembe for assistance with RDS. Human Sciences Research Council: for providing space for a satellite site in Durban, for providing DNS test kits and gloves for the Durban site, & Mico Jacobs for administrative support.



# Abstract

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## "If you talk about a window period of two weeks, it is worse": HIV testing among men who have sex with men (MSM) in Johannesburg and Durban, South Africa

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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 Johannesburg and Durban, South Africa, in response to reports that MSM in South Africa are disproportionately at risk of HIV infection. The study also assessed the availability and use of health services for MSM. HIV testing services are widely available in South Africa but are under-utilised. Increasing HIV testing uptake is integral to achieving the goals of the South African *National Strategic Plan on HIV & AIDS and STIs, 2007-2011*.

**Methods:** HIV testing practices and attitudes towards HIV testing were assessed using 32 key informant interviews (KIIs) and 18 focus group discussions (FGDs). 282 sexually-active MSM were recruited into a survey using respondent-driven sampling. Survey participants completed a questionnaire which included a section on HIV testing, and provided finger-prick blood specimens for anonymous HIV testing. All survey participants were also offered free on-site voluntary counselling and testing (VCT).

**Results:** HIV prevalence among survey participants was 44% (38% adjusted). KIIs and FGDs revealed a widespread reluctance to be tested for HIV. Although 98% of survey participants knew where they could be tested for HIV, only 74% had ever been tested, and 48% had been tested in the past year and given the result. Only 57% "knew" their HIV status (self-reported). Of those who knew their status, 69% had disclosed their status to a sexual partner in the past year. Only 25 participants (9%) chose to have VCT, of whom 6 were HIV positive.

**Conclusions:** Knowledge and disclosure of HIV status among MSM in the 2 survey cities was suboptimal. Interventions are needed to promote HIV testing and disclosure of HIV status among South African MSM. VCT services need to become more MSM-friendly in order to facilitate HIV testing.

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