

MESSAGE 3

Mental health services are necessary for a holistic HIV prevention and care package for MSM

- **Health worker attitudes can drive MSM away from HIV services**
- **There are many successful models for health worker MSM training in the region**

EHPA'S MSM PORTFOLIO

Evidence for HIV Prevention in Southern Africa (EHPA) is a catalytic intervention, contributing to HIV prevention for adolescents and key populations through generating evidence of what works and why, and developing strategies to inform policymaking processes.

EHPA has funded three research studies and several reviews on topics related to scaling up services for men who have sex with men (MSM). They include:

- *Together Tomorrow*: a study of minority stressors among MSM couples in Namibia and South Africa. Human Sciences Research Council (HSRC);
- *Anza Mapema*: a study of the burden of STIs among MSM in Kisumu Kenya. Nyanza Reproductive Health Society;
- *TRANSFORM*: advancing sexual health for MSM in Johannesburg, South Africa and Nairobi, Kenya. Wits Reproductive Health Institute;
- *Critical Review of sexual health services for MSM in eastern and southern Africa*. HSRC;
- *Change for Kisumu*: a case study of the process that led to greater inclusion of, and appropriate services for MSM in Kisumu, Kenya. Nordic Consulting Group; and
- *KP manual for Swazi health workers*: a case study of the process that led to a government-endorsed manual for key populations in Swaziland. Nordic Consulting Group.

THE EVIDENCE

Three MSM studies by EHPA researchers show high levels of mental health issues, such as alcohol and substance abuse and depression among participants. This did not differ much between countries where homosexuality is illegal (Kenya, Namibia) and South Africa, where gender diversity receives constitutional protection.



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MSM MESSAGE 3 | MAY 2018

The *Together Tomorrow* study on male couples in KwaZulu-Natal, South Africa and Namibia investigated this subject and found that nearly 40% of MSM interviewed experienced stigma from society and a quarter had internalised that stigma in the form of negative self-perceptions, or internalised homophobia. This situation led to harmful defence mechanisms such as denial, substance abuse and hiding. Several participants also said that they used alcohol or substances to lower their inhibitions, or to reduce pain during sex; and more than half reported binge drinking and sex while drunk in the previous month. Others told interviewers that they were forced to deny their sexual orientation and many were maintaining concurrent heterosexual relationships to hide their homosexuality, both being a cause of mental distress. Nearly a fifth of the men interviewed reported depressive symptoms.

Many of these findings were backed up by the *TRANSFORM* study in Nairobi, Kenya, and Johannesburg, South Africa, which found that stigma and discrimination against MSM was still rampant in both locations. Over half of the Johannesburg participants, for example said that family members had made discriminatory remarks about their gender orientation. Over half were also found to be suffering from mild to severe depression, and over 50% reported drinking in excess of low-risk guidelines. In the Nairobi group, nearly 40% of men had experienced either physical or sexual assault in the previous year, which was a source of mental distress, and around a quarter of the Nairobi group reported excessive drinking.

The *Anza Mapema* study in Kisumu, Kenya reported similar findings on mental distress among their MSM participants, and researchers¹ further examined the issues in a recently published journal article². The authors showed that 50.1% of participants reported harmful alcohol abuse; 23.8% reported moderate substance abuse; 39.1% reported recent trauma due to same-sex behaviours; and 80.9% reported childhood sexual or physical abuse. The authors confirmed that the prevalence of severe depressive symptoms among the men in the Kisumu study (11.4%) is substantially higher than the 4% estimated for the general population. Alcohol abuse, substance abuse, childhood physical or sexual abuse, and recent physical or psychological trauma due to same-sex behaviours (discrimination, violence) were all significantly correlated with depressive symptoms and with each other. This was consistent with other studies in sub-Saharan Africa.

The authors concluded that “The high prevalence and confluence of multiple psychosocial and physical epidemics in this sample of MSM meet the typical definition of a syndemic, and adds to the literature demonstrating that MSM are disproportionately burdened by numerous adverse physical and psychosocial health conditions.”

EHPSA research is consistent with findings of high rates of depression, alcohol abuse and other psychosocial conditions among MSM in a large number of studies globally and a smaller number of studies in South Africa³.

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- 1 This analysis is from the parent study in which the Anza Mapema STI study was embedded. This part of the study was funded by CDC.
 - 2 Kunzweiler C et al. [Depressive Symptoms, Alcohol and Drug Use, and Physical and Sexual Abuse Among Men Who Have Sex with Men in Kisumu, Kenya: The Anza Mapema Study](#). *AIDS and Behavior*. 2017;22.
 - 3 Ahaneku H et al. [Depression and HIV Risk Among Men Who Have Sex With Men in Tanzania](#). *AIDS Care*. 2016;28(1):140–7.



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MSM MESSAGE 3 | MAY 2018

The mental health crisis for MSM is serious and warrants attention in and of itself. But it also has a serious impact on health-seeking behaviour and HIV risk, adding to MSM's already high vulnerability to HIV. The *Anza Mapema* study for example showed that:

- Men who had experienced upsetting sexual experiences during childhood were more likely to have been previously diagnosed HIV positive - and out of care - than HIV negative⁴; and
- Men who had experienced childhood abuse and recent trauma due to same sex relationships were more likely to miss quarterly clinical visits than other men.

Evidence from global and regional research on MSM have also described links between psychological conditions and HIV risk-taking. For example:

- Homophobic stigma, depression and sexual risk taking⁵
- Depression and HIV risk behaviour⁶
- Alcohol abuse, condomless sex and HIV transmission⁷

CONCLUSION

The EHPSA studies add to the evidence chain that links homophobic stigma to poor health outcomes for MSM and provide a solid argument for including mental health screening and services as part of holistic MSM HIV services.

Read more about the EHPSA MSM messages and portfolio of studies at <http://www.ehpsa.org/research/msm>

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- 4 Kunzweiler CP et al **Factors Associated With Prevalent HIV Infection Among Kenyan MSM: The Anza Mapema Study.** *Journal of Acquired Immune Deficiency Syndromes.* 2017;76(3):241–9.
 - 5 Tucker A et al. **Homophobic Stigma, Depression, Self-efficacy and Unprotected Anal Intercourse for Peri-urban Township Men Who Have Sex With Men in Cape Town, South Africa: A Cross-sectional Association Model.** *AIDS Care.* 2014;26(7):882–9.
 - 6 Ahaneku H et al., op cit
 - 7 Shuper PA et al. **Acute Alcohol Consumption Directly Increases HIV Transmission Risk: A Randomized Controlled Experiment.** *Journal of Acquired Immune Deficiency Syndromes.* 2017;76(5):493–500.
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