

MESSAGE 1

MSM are not taking up HIV prevention opportunities

- **MSM are reluctant to test for HIV, particularly as couples**
- **Condom use in anal intercourse is low and inconsistent, particularly with primary partners**
- **There is little understanding of PrEP, and low uptake of PrEP in countries where it is available**

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.



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THE EVIDENCE

All three EHPSA MSM studies have thrown a light on the low willingness to adopt HIV prevention behaviour, displayed by the men they interviewed in Namibia, South Africa and Kenya.

HIV testing

In the *Together Tomorrow* study, only 30% of participants reported that they had tested for HIV in the past year. However, the majority of participants said they were willing to be tested for HIV in clinics, and more than half would be happy to use self-test kits. Of those that were willing to test, only around one third said they would be willing to test as couples.

The main reasons given for failing to test regularly was not wanting to know their HIV status and being afraid of knowing their HIV status.

Condom use

Consistent condom use during intercourse was low in all studies:

- *Together Tomorrow*: Less than a third of participants regularly used condoms during intercourse. Few participants were willing to use condoms with men outside of their couple (20%), or wait until both partners tested before they had sex (12%).
- *Anza Mapema*: Around one fifth of participants said they never used condoms, and just under a half reported they did not always use condoms during anal intercourse. Of those that became HIV positive during the course of the study, over half reported that they had unprotected anal intercourse.
- *TRANSFORM*: Only half of the participants in the Johannesburg study said they used condoms consistently for anal intercourse or vaginal intercourse.

PrEP readiness

Two of the studies shared similar findings on PrEP awareness, PrEP uptake and willingness to take PrEP.

- *TRANSFORM*: In both Johannesburg and Nairobi, where PrEP is licenced for MSM, less than a third of participants (only a quarter in Nairobi) had heard of PrEP, and most that had confused it with post-exposure prophylaxis (PEP). Over two thirds of participants said they would be willing to use PrEP, but there were widespread concerns about potential side effects and possible stigma if seen to be taking PrEP. No Johannesburg participants had ever used PrEP and in Nairobi two participants had tried PrEP in a demonstration project.
- *Together Tomorrow*: Only 33% of participants had heard of PrEP and of these only 2% were currently taking PrEP.

The *Anza Mapema* study differed from the two above, in that they enrolled 111 eligible men from their cohort on PrEP. However, at baseline, this group already had greater PrEP readiness than the other two studies, with almost all (over 90%) of participants having heard of PrEP. The main reason given for willingness to enrol on PrEP was interest in sexual health (42.3%) and interest in HIV services (26.4%). Retention on PrEP during the second and third month was over 100%.



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Researchers commented on the more positive PrEP environment in the *Anza Mapema* study. It was suggested that ancillary programme services offered by *Anza Mapema* – such as movies, coffee meetings and group therapy – may have been effective here¹.

Roots of low prevention uptake

The *Together Tomorrow* study was able to show associations between knowledge of HIV prevention and psychosocial factors. Couples in which both partners reported high levels of stigma and frequent substance abuse showed significantly lower knowledge of HIV prevention, particularly PrEP, and were less likely to use condoms with each other or with outside partners. These findings were more exaggerated among the Namibian couples than the South African participants.

Interviews done by researchers in all three studies suggested that many MSM are deterred from visiting health facilities because of the attitudes of health workers and the general lack of an MSM-friendly environment. This is a major contributor to low uptake of HIV prevention services by MSM in the region.

Future analysis from all three studies could throw further light on this low uptake of prevention services in terms of associations with health worker issues identified in Message 2 and mental health issues identified in Message 3.

CONCLUSION

There is low uptake of HIV prevention services for a range of complex reasons. Strategies to remove demand-side and supply-side obstacles to service uptake are essential to reduce the high levels of HIV and STIs among MSM in the ESA region.

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

1 The PrEP baseline study was conducted several months after the *Anza Mapema* programme had been in operation.