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EVIDENCE FOR HIV PREVENTION IN SOUTHERN AFRICA

EHPSA EVIDENCE BRIEF
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TOGETHER TOMORROW

Understanding the HIV prevention needs of men who have sex with men (MSM) and their partners in South Africa and Namibia

INTRODUCTION

HIV prevalence among men who have sex with men (MSM) in South Africa and Namibia is disproportionately high relative to other men. While MSM rights are recognised in the South African constitution, same-sex behaviour remains illegal in Namibia. However, in both countries, the socio-cultural environment is hostile to same-sex behaviour and homosexuality, resulting in considerable psychological and emotional stress for MSM and other sexual and gender minorities.

The Together Tomorrow study explored the role of relationship dynamics and minority stress[1] on the HIV risk behaviour, and HIV prevention and care needs of male couples in KwaZulu-Natal, South Africa, and Namibia.

The study was led by researchers from the Human Sciences Research Council (HSRC) in partnership with Positive Vibes in Namibia and the Gay and Lesbian Network in Pietermaritzburg, South Africa. Research partners included the University of San Francisco, California and the University of Michigan.

WHY THIS STUDY IS IMPORTANT

Research from the United States and elsewhere has shown that a significant number of new HIV infections among MSM occur from primary partners. However, in African contexts there is a lack of information regarding primary male-male partnerships, including relationship dynamics, sexual agreements regarding sex with outside partners, and engagement in HIV prevention.

The Together Tomorrow is the first study on MSM couples and their HIV prevention needs in the region and provides valuable information for developing and strengthening HIV and sexual health services for them. It is hoped that these results will also inform the development of couple-focused interventions aimed at male couples.

This evidence brief is a summary of a more detailed report on research findings. More information about the study, including fact sheets on findings, are available at http://www.ehpsa.org/research/msm/together-tomorrow

APPROACH

This was a mixed methods study that took place in three phases:

- Phase I: Interviews with 35 key stakeholders in both countries;
- Phase II: Collection of qualitative data via focus group discussions and in-depth interviews with a total of 163 partnered male-male couples; and
- Phase III: Surveys conducted with 150 male-male couples in South Africa and 70 in Namibia

KEY FINDINGS

1. Identity

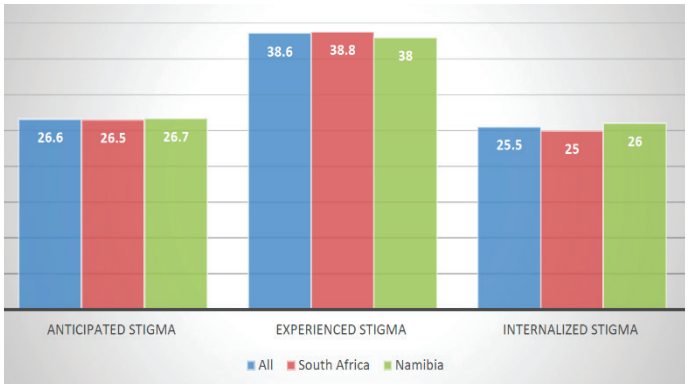
This study defined MSM as all biological males who have sex with other biological males, including gay men, bisexual men, and other men who have sex with men. Most participants in the survey component identified as gay - 74% of the South African sample and 65% of the Namibian sample. Some participants did report bisexual behaviour, with almost half of the sample reporting ever having had sex with a woman, and nearly one-third reporting that they had sex with a woman in the past three months.

1 Minority stress refers to the chronic stress experienced by a stigmatised minority group,

2. Stigma, discrimination and homophobia

Around one-quarter of the MSM in the survey experienced internalised stigma (self-hatred and shame regarding their same-sex behavior and identity) or anticipated stigma. This study found that internalised stigma was also significantly associated with increased reports of transactional sex, having sex while high or drunk, and not testing for HIV. A higher percentage experienced actual stigma from a homophobic environment. Experiences were similar in both countries, despite the legal protection afforded to MSM in South Africa.

Figure 1: Reported levels of sexuality-based stigma among MSM in South Africa and Namibia

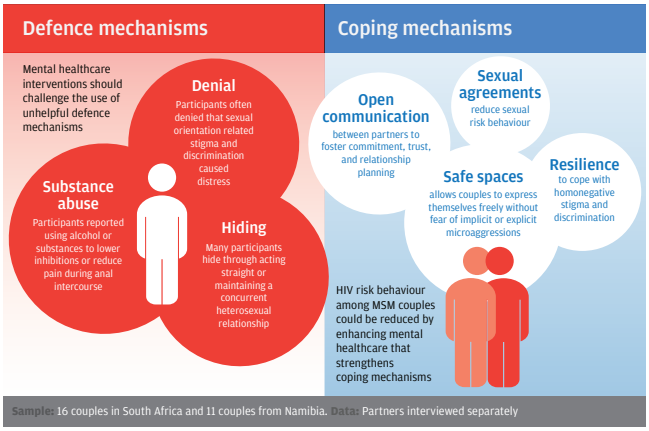


In addition to prejudice from friends, family and communities, participants also experienced stigma and discrimination in public healthcare facilities. This led to low disclosure of same-sex behavior to health workers and therefore limited access to and uptake of appropriate HIV services, including pre-exposure prophylaxis (PrEP).

3. Coping and defence mechanisms

Participants described many strategies for coping with minority stress, including unhelpful defence mechanisms and more pro-active coping mechanisms. Support from social networks and from partners was reported as an important coping strategy.

Figure 2: Common defence and coping mechanisms among MSM in South Africa and Namibia



4. Sexual agreements

The survey found that 40% of participants were living with their partners, and 48% of those defined their partner as their "boyfriend".

Both the survey and the in-depth interviews collected information on sexual agreements, which are explicit and mutual agreements about sexual relationships with outside partners. The majority of participants (94%) in the survey said they had sexual agreements with their partners, and most (78%) described these agreements as monogamous. Only 15% of participants described having open relationships – and these were mainly restricted to relationships with females.

The formation of, and adherence to sexual agreements is significant for HIV prevention. Having a sexual agreement on which both members of the couple agree is a way for the couple to talk about ways to maintain the HIV risk in their relationship.

5. Condom use and other risk behaviour

The in-depth interviews showed high levels of risk behaviour and low use of HIV prevention among participants.

A total of 25% of all survey participants said they did not use condoms with their primary partners, and a further 17% said they used them "some of the time".

The study found that factors that were most likely to increase the use of condoms during anal sex were: positive communication in the relationship and broken sexual agreement in the past month. Couples who had tertiary education were more likely to use condoms than others. Couples who were in a long relationship and those who experienced strong "feelings of love" were less likely to use condoms in the relationship.

Other factors that significantly increased condomless sex with both primary and non-primary partners were intimate partner violence, binge drinking and recent bisexual experiences. Participants who were suffering from depression and those who had experienced stigma or internalised stigma were also less likely to use condoms.

Other sexual risk behaviour was also high. Overall 16% of participants reported engaging in transactional sex - double the number in Namibia than in South Africa.

6. HIV and HIV prevention

Fifty participants reported being HIV-positive (12%) and 48% reported that they had tested for HIV within the last 6 months. Participants were offered HIV tests as part of the study, but only 5% tested. The most common explanations for not testing included fear of knowing (23.5%) or not wanting to know (22.7%) one's status. An additional 13% felt that their relationship was not strong enough and 12% feared that their partner would disclose their status to others.

Of those who reported being HIV-positive in the survey, two thirds were on antiretroviral therapy (ART), but nearly a quarter reported having missed an ART dose in the past six months.

Knowledge of HIV prevention interventions was generally low. For example, fewer than 20% of participants reported functional knowledge of PrEP and only 2% were currently taking PrEP. Several factors were significantly associated with willingness to use PrEP, including tertiary education and full-time employment. Factors associated with decreased willingness to use PrEP included recent bisexual experiences, a strong "sense of love" or commitment in the relationship, having an open sexual agreement with the partner and having a recently broken agreement with partner.

CONCLUSION

This study found very high rates of sexual risk behaviours with both primary partners and outside partners, including inconsistent condom use with primary partner, sex with outside partners and transactional sex. It also identified the various factors, including external and internalised stigma and relationship dynamics, associated with increased HIV risk within couples.

It is important that these factors are addressed by mental health and HIV interventions in the community and in the health sector. The study results suggest the need to implement MSM-focused couples' services that can address issues such as stigma and relationship dynamics, and leverage support within partnerships to increase HIV prevention and treatment engagement for this high-risk HIV population.

REFERENCES

Essack, Z; Stephenson, R; Darbes, L; Lane, T; Solomons, A; Soni, N; Gillespie, N; Ngidi, N; Joesph, P; and van Rooyen, H. (2018). Together Tomorrow: Understanding the HIV prevention needs of men who have sex with men (MSM) and their partners in Southern Africa: KwaZulu-Natal, South Africa and Namibia: Study results and dissemination. Sweetwaters: HSRC (unpublished).

Fact sheets, early findings and more information on the study available at http://www.ehpsa.org/research/msm/together-tomorrow

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