

Access to HIV Prevention and Treatment for Men Who Have Sex with Men

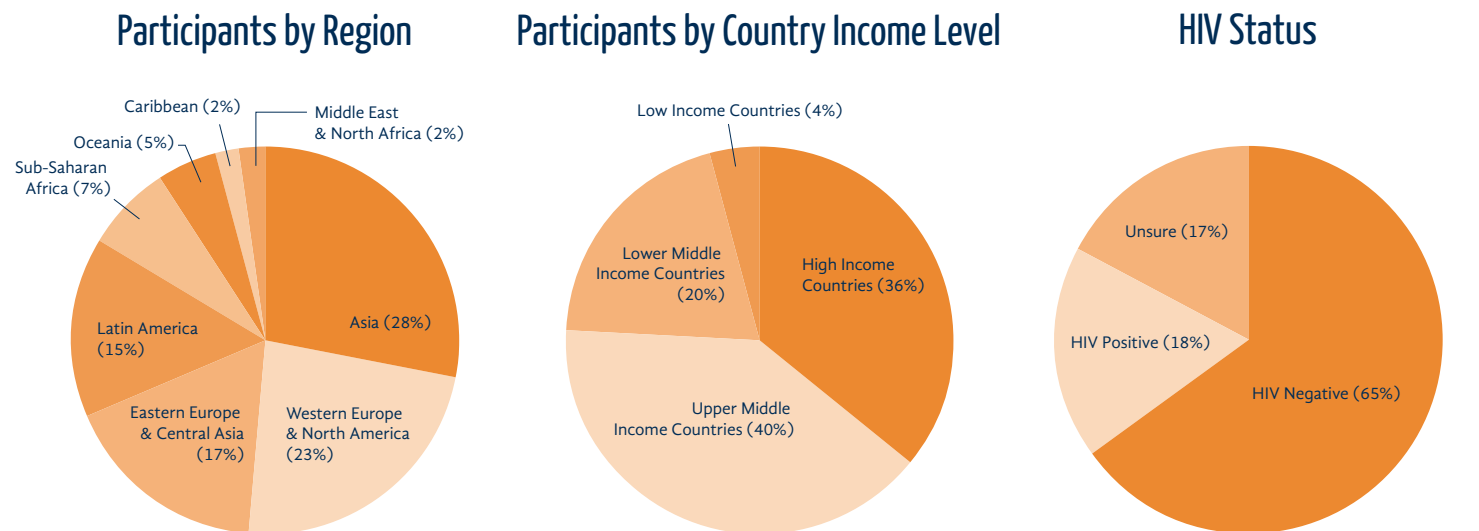
Findings from the 2012 Global Men's Health and Rights Study (GMHR)

In early 2012, the Global Forum on MSM & HIV (MSMGF) conducted the second biennial Global Men's Health and Rights study (GMHR). Including both a global online survey component and focus group discussion component, the 2012 GMHR aimed to A) identify barriers and facilitators that affect access to HIV services for men who have sex with men (MSM), and B) place access to HIV services in the broader context of sexual health and lived experiences of MSM globally.

GLOBAL ONLINE SURVEY

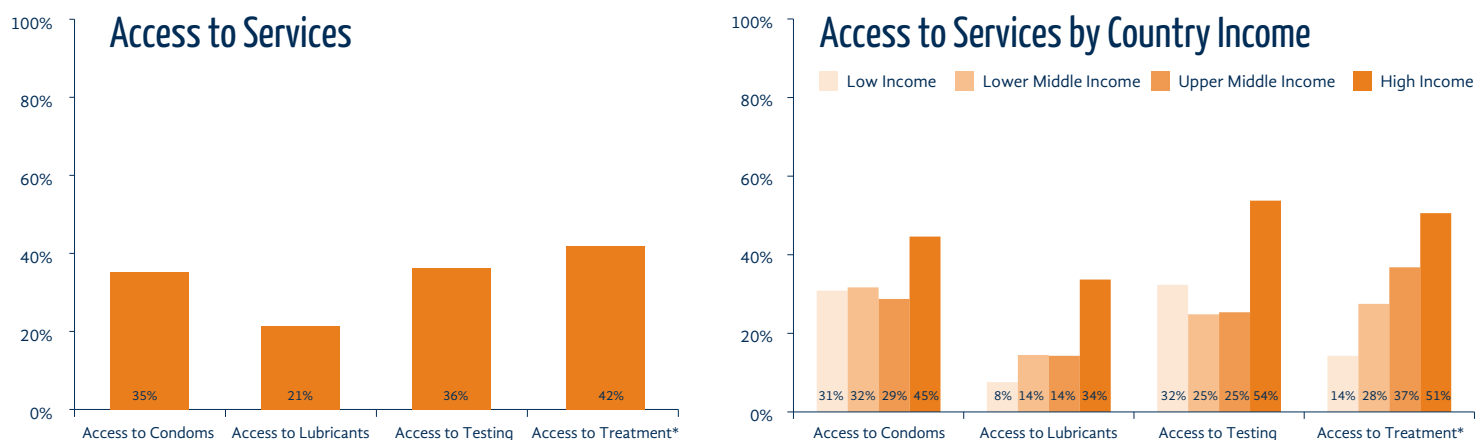
Participant Characteristics

A total of 5779 MSM from 165 countries participated in the global online survey.



Access to Services

A low percentage of respondents reported that condoms, lubricant, and HIV services were easily accessible.



*Access to HIV Treatment was measured only among respondents who reported living with HIV.

Barriers and Facilitators

Data from the global survey revealed several barriers (factors associated with lower access) and facilitators (factors associated with higher access) that impact the ability of MSM to obtain condoms, lubricants, HIV testing, and HIV treatment. Homophobia, stigma among health service providers, and negative consequences for being out as MSM were significantly associated with reduced access to services. Conversely, community engagement and comfort with health service provider were each significantly associated with increased access to services.



Each statistic reported is an adjusted odds ratio significant at $p < .05$. The height of the arrow indicates the strength of association. Arrow height corresponds to the logarithm of the odds ratio.

FOCUS GROUP DISCUSSIONS

The MSMGF worked with the African Men for Sexual Health and Rights (AMShEr) and local partner organizations in South Africa, Kenya, and Nigeria to conduct focus group discussions with MSM in Pretoria, Johannesburg, Nairobi, Lagos, and Abuja.

Participant Characteristics

A total of 71 MSM participated across 5 focus groups. In order to protect the confidentiality of the participants, demographic information was not collected. All participants were MSM, and each focus group included men living with HIV.

Focus Group Findings

Focus group interviews revealed common concerns among participants across regions, sexual identities, and HIV serostatus. Factors impacting access to HIV services were organized into 3 categories: structural factors, community/interpersonal factors, and individual factors.

Barriers	Facilitators
STRUCTURAL	
Structural barriers at the policy, cultural, and institutional level include criminalization of homosexuality, high levels of stigma and discrimination, homophobia in health care systems, and poverty. These barriers create an environment where blackmail, extortion, discrimination, and violence against MSM are allowed to persist. MSM are forced to hide their sexual behavior from health care providers, employers, landlords, teachers, and family in order to protect themselves and maintain a minimum livelihood. The inability of MSM to reveal their sexual behavior to health care providers was related with misdiagnosis, delayed diagnosis, and delayed treatment, leading to poor health prognosis and higher risk of transmitting HIV and other sexually transmitted infections to partners.	Negative consequences of structural barriers were moderated by the existence of safe spaces to meet other MSM, safe spaces to receive services, access to competent mental health care, and access to comprehensive health care. Participants described the community-based organizations where the focus groups took place as safe spaces where they could celebrate their true selves, receive respectful and knowledgeable health care, and in some cases receive mental health services.
COMMUNITY / INTERPERSONAL	
Structural barriers undermine the ability of MSM to develop close interpersonal relationships, contributing to reduced trust, reduced communication, reduced learning opportunities, and reduced social support between men and their familial, social, and health networks. The injury to social and interpersonal relationships leads to poor self-worth, depression, and anxiety, undermining health-seeking behaviors.	Community engagement, family support, and stable relationships were recognized as facilitators of health and well-being. Community engagement in safe spaces, such as community-based organizations, served as a respite from hiding, shame, fear, and violence. The support of other MSM was essential for developing social networks of friends as well as for learning where to find a trustworthy health care provider.
INDIVIDUAL	
Structural and interpersonal barriers were connected to health vulnerabilities at the individual level. Many men described limited access to education, work, and sustainable income, contributing to substance abuse and sex work among some participants.	Participants recognized that stable financial resources, sustainable work, and education were protective and could significantly expand personal opportunities and improve quality of life.

CONCEPTUAL FRAMEWORK

The consistency between the quantitative and qualitative findings indicate a strong pattern of relationships. These relationships are described in the framework below, illustrating the structural, community/interpersonal, and individual factors that impact access to HIV services for MSM and sexual health more broadly.

	Structural	Community/ Interpersonal	Individual	
Facilitators	Safe spaces Comprehensive, tailored health & mental health services	Stable relationships Family support Community engagement	Financial resources Sustainable work Education	Sexual Health
Barriers	Criminalization Sexual prejudice Discrimination Cultural norms Poverty Insensitive/uninformed providers	Extortion Blackmail Ridicule Eviction Job termination Violence	Fear Poor self-worth Depression Suicide Anxiety Substance abuse Delay/avoidance of services Treatment interruption	
Critical Enablers	Political will Laws, policies & practices	Mobilization Organizational capacity Provider sensitization Education & training Social connectivity	Linkage to care and comprehensive services	Service Access

The full report of findings from the 2012 Global Men's Health and Rights Study (GMHR) can be found on the MSMGF's website at: http://www.msmgf.org/files/msmgf/documents/GMHR_2012.pdf.