



## Men who have sex with men: A neglected HIV risk population in Africa

By *Marinda Kotzé*<sup>1</sup>

Although men who have sex with men (MSM) are generally not considered to be a high HIV infection risk group in Africa, recent studies have shown that this may not be the case. Recent research has revealed alarmingly high HIV prevalence rates amongst MSM in Africa. These findings bring into question the decision made by many HIV & AIDS organisations and African Governments to focus primarily on heterosexual individuals in their HIV & AIDS campaigns, often completely excluding MSM from these initiatives. This CAI brief takes a closer look at the reasons behind the neglect of MSM in HIV & AIDS campaigns in Africa, their vulnerability to HIV infection as well as what can be done to reach this often ignored high risk group.

### *The neglect of MSM by HIV & AIDS campaigns in Africa*

In many Western nations, homosexual men were identified as one of the key risk-groups very early on in the HIV epidemic. Consequently, research and HIV prevention efforts in these countries focused more specifically on MSM in order to curb the spread of HIV. In Africa, however, HIV amongst the MSM population has gone largely unnoticed due to several factors. Early research on the primary modes of HIV transmission in Africa suggested that men and women were equally vulnerable to HIV infection, and that the virus was mainly transmitted through heterosexual intercourse. As a result, heterosexual couples, sero-discordant couples, people in multiple concurrent sexual partnerships and female commercial sex workers were considered most at risk for contracting HIV. These groups subsequently received more attention from HIV & AIDS research and intervention campaigns<sup>2</sup>. Early research studies were unable to find any conclusive evidence to link MSM to the growing HIV infection rate in Africa. It is suspected, however, that this could be due to the fact that homosexuality is largely condemned by most African cultures and religious groups, and even punishable by law in certain African countries, such as Nigeria. Homosexuality is therefore a taboo subject amongst many Africans, which makes it very difficult to make contact with MSM, illicit public debate about the issue and conduct thorough research on MSM in Africa<sup>3</sup>.

These attitudes towards homosexuality have caused many MSM to become victims of stigmatisation and discrimination. Fear of possible victimisation has also led to many MSM concealing their sexual orientation. In particular, members of the police service and health care personnel have been guilty of discriminating against and victimising MSM, leading to MSM living a secluded lifestyle and even avoiding health care services<sup>4</sup>. As a result, many MSM have been unable to access quality health care services such as voluntary HIV counselling and testing (VCT) and treatment for sexually transmitted infections (STIs) and HIV & AIDS<sup>5</sup>. This has not only made MSM more vulnerable to HIV infection but also made it more difficult for researchers to gain access to them and investigate their HIV risk behaviour and prevalence rates. Consequently, due to

<sup>1</sup> Marinda Kotzé is a Research Analyst in the HIV & AIDS in Africa Unit at Consultancy Africa Intelligence.

[hiv.aids@consultancyafrica.com](mailto:hiv.aids@consultancyafrica.com)

<sup>2</sup> Sanders, E.J., Graham, S.M., Okuku, H.S., van der Elst, E.M., Muhaari, A., Davies, A., Peshu, N., Price, M., McClelland, R.S., & Smith A.D. (2007). HIV-1 infection in high risk men who have sex with men in Mombasa, Kenya. *AIDS*, 21, 2513-2520.

<sup>3</sup> Smith, A.D., Tapsoba, P., Peshu, N., Sanders, E.J., & Jaffe, H.W. (2009). Men who have sex with men and HIV/AIDS in sub-Saharan Africa. *Lancet*, 374, 416-422.

<sup>4</sup> [http://www.jhsph.edu/humanrights/pdf/Baral\\_GlobalArcOfJustice\\_AfricaMSM\\_Mar09.pdf](http://www.jhsph.edu/humanrights/pdf/Baral_GlobalArcOfJustice_AfricaMSM_Mar09.pdf)

<sup>5</sup> Onyango-Ouma, W., Birungi, H., & Geibel, S. (2005). Understanding the HIV/STI risks and prevention needs of men who have sex with men in Nairobi, Kenya. *Horizons Final Report*. Washington, DC: Population Council.



the lack of data, MSM is still not considered to be a priority target group by many HIV & AIDS programme planners and health care officials around the continent.

### *The HIV epidemic amongst MSM in Africa*

Over the past few years, research focusing on MSM and specifically their sexual risk behaviours and HIV prevalence rate has increased remarkably. The knowledge gained from these studies has been very helpful in providing greater insight into the factors that may put MSM at risk for HIV infection and what can be done to address the issue.

According to several studies, many MSM in Africa also engage in sexual activities with women and many are married to or in a long-term relationship with a woman<sup>6</sup>. Some MSM do this to conceal their true sexual orientation. Several studies have also found that knowledge about HIV and other STIs are relatively low amongst MSM<sup>7</sup>, while the prevalence of risky behaviour is high. Although some studies have found condom use to be elevated amongst certain MSM populations, numerous other studies have revealed that condoms are often used incorrectly and that condom breakages often occur<sup>8</sup>. Research has also shown that many MSM engage in multiple concurrent sexual relationships and transactional sex<sup>9,10</sup>. Regular substance abuse, particularly alcohol abuse, has also been found to be quite common in MSM populations, increasing the risk of HIV infection<sup>11</sup>. The prevalence of STIs have been found to be significantly higher amongst the MSM population, compared to the general male population, with one study finding close to 6% of MSM respondents suffering from an STI, compared to only 1% of men in the general population<sup>12</sup>.

With regards to testing, various studies have shown that the HIV testing rate amongst MSM is very low, resulting in many HIV positive MSM not knowing their status. One recent study found that the number of HIV positive MSM who knew their HIV status was only 4.7% in Malawi, 17.4% in Botswana and 59.2% in Namibia<sup>13</sup>. As mentioned earlier, MSM are also often exposed to stigma, discrimination, interpersonal violence and poor access to quality health care and support services<sup>14,15</sup>. This puts MSM in even greater danger of contracting HIV.

The HIV prevalence rates of MSM across Africa have often been found to be significantly higher than the national HIV prevalence rates. Several studies from the past three years have found very high HIV prevalence rates amongst MSM, including in Mombassa, Kenya (24.5%); Blantyre and Lilongwe in Malawi (21.4%); Ghana (25%); Dakar, Senegal (21.8%); Zambia (33%); South Africa (15.8%); Nigeria (13.5%);

<sup>6</sup> Cáceres C, Konda K, Segura E, Lyerla R. (2009). Epidemiology of male same-sex behaviour and associated health indicators in low- and middle-income countries: 2003–2007 estimates. *Sexual Transmitted Infections*, 84, i49–56.

<sup>7</sup> Amadou, M., Tapsoba, P., Ly, A., Niang, C.I., & Diop, A.K. (2007). Implementing STI/HIV prevention and care interventions for men who have sex with men in Senegal. *Horizons Research Summary*. Washington, DC: Population Council.

<sup>8</sup> Onyango-Ouma, W., Birungi, H., & Geibel, S. (2005). Understanding the HIV/STI risks and prevention needs of men who have sex with men in Nairobi, Kenya. *Horizons Final Report*. Washington, DC: Population Council.

<sup>9</sup> Cáceres C, Konda K, Segura E, Lyerla R. (2009). Epidemiology of male same-sex behaviour and associated health indicators in low- and middle-income countries: 2003–2007 estimates. *Sexual Transmitted Infections*, 84, i49–56.

<sup>10</sup> Onyango-Ouma, W., Birungi, H., & Geibel, S. (2005). Understanding the HIV/STI risks and prevention needs of men who have sex with men in Nairobi, Kenya. *Horizons Final Report*. Washington, DC: Population Council.

<sup>11</sup> [http://ari.ucsf.edu/programs/policy/lane\\_high\\_risk.pdf](http://ari.ucsf.edu/programs/policy/lane_high_risk.pdf)

<sup>12</sup> Onyango-Ouma, W., Birungi, H., & Geibel, S. (2005). Understanding the HIV/STI risks and prevention needs of men who have sex with men in Nairobi, Kenya. *Horizons Final Report*. Washington, DC: Population Council.

<sup>13</sup> [http://www.jhsph.edu/humanrights/\\_pdf/Baral\\_GlobalArcOfJustice\\_AfricaMSM\\_Mar09.pdf](http://www.jhsph.edu/humanrights/_pdf/Baral_GlobalArcOfJustice_AfricaMSM_Mar09.pdf)

<sup>14</sup> Smith, A.D., Tapsoba, P., Peshu, N., Sanders, E.J., & Jaffe, H.W. (2009). Men who have sex with men and HIV/AIDS in sub-Saharan Africa. *Lancet*, 374, 416–422.

<sup>15</sup> [http://www.jhsph.edu/humanrights/\\_pdf/Baral\\_GlobalArcOfJustice\\_AfricaMSM\\_Mar09.pdf](http://www.jhsph.edu/humanrights/_pdf/Baral_GlobalArcOfJustice_AfricaMSM_Mar09.pdf)



Zanzibar, Tanzania (12.3%); Windhoek, Namibia (12.4%); Gaborone, Botswana (19.7%); Mauritania (19%) and Cote D'Ivoire (18.5%)<sup>16,17</sup>. It should be noted that different studies produced different prevalence rates depending on the specific sampling methods and HIV-testing protocols that were used. As a result, the true extent of the HIV prevalence amongst MSM in Africa is still unknown. The statistics that are available, however, clearly demonstrate that the HIV prevalence rate amongst MSM is disturbingly high and that the need for intensified HIV prevention efforts amongst this group is great.

### *Current efforts to curb the spread of HIV amongst MSM in Africa*

Unfortunately, due to fact that MSM in Africa are still not considered to be a high HIV infection risk group by many HIV & AIDS organisations, very little has been done to address the epidemic amongst this group. Despite calls for increased attention on MSM reproductive health services and HIV prevention from several HIV & AIDS experts and MSM advocacy groups, such as Africa Gay, many African Governments and health care organisations have been reluctant to broaden their focus.

It is promising to see that progressively more research focusing on HIV amongst MSM in Africa is being conducted, as this will broaden our knowledge on this neglected topic. In addition, male-focussed health programmes such as the Mother City's Men's Health Project in Cape Town South Africa, are being launched in attempts to meet the unmet need for such services, providing MSM with the opportunity to gain access to quality health care whilst at the same time also allowing researchers with the opportunity to do research on MSM<sup>18</sup>. Health programmes of this nature are unfortunately still not available to many MSM, especially those who live in remote rural areas. The need for more health care and research initiatives focussed on MSM and their particular reproductive health needs is therefore still great and should receive more attention in the coming years.

### *Next steps in addressing HIV & AIDS amongst MSM in Africa*

Educational interventions that utilises a wide range of strategies, including peer education, support groups, public debates, telephone hotlines, the internet and the media have been found to be highly effective in increasing the awareness of HIV and STIs in MSM, as well as decreasing the likelihood of MSM practicing risky sexual behaviour<sup>19</sup>. The content of these educational interventions should be focussed on improving their knowledge of HIV & AIDS and other STIs, educating them about the dangers of risky sexual behaviour such as multiple concurrent partnerships, as well as educating them on correct condom use<sup>20</sup>. It is also important for educational interventions to not only focus on the MSM population, but on the rest of the community and key stakeholders in the community too. This includes community leaders, the police, health care personnel and journalists, in order to make them more aware of the basic human rights and health care

<sup>16</sup> Smith, A.D., Tapsoba, P., Peshu, N., Sanders, E.J., & Jaffe, H.W. (2009). Men who have sex with men and HIV/AIDS in sub-Saharan Africa. *Lancet*, 374, 416-422.

<sup>17</sup> Baral, S. et al. A Systematic Review of HIV epidemiology and risk factors among MSM in Sub-Saharan Africa 2000-2008. International AIDS Conference, Mexico City, 2008. Retrieved from [http://www.ihsph.edu/humanrights/\\_pdf/Baral\\_GlobalArcOfJustice\\_AfricaMSM\\_Mar09.pdf](http://www.ihsph.edu/humanrights/_pdf/Baral_GlobalArcOfJustice_AfricaMSM_Mar09.pdf)

<sup>18</sup> Burrell, E.R. (2008). MSM HIV prevalence rate in Cape Town and new prevention strategies. AIDS Priorities Symposium: Controversies in HIV, Johannesburg, South Africa, 2008.

<sup>19</sup> Amadou, M., Tapsoba, P., Ly, A., Niang, C.I., & Diop, A.K. (2007). Implementing STI/HIV prevention and care interventions for men who have sex with men in Senegal. *Horizons Research Summary*. Washington, DC: Population Council.

<sup>20</sup> Onyango-Ouma, W., Birungi, H., & Geibel, S. (2005). Understanding the HIV/STI risks and prevention needs of men who have sex with men in Nairobi, Kenya. *Horizons Final Report*. Washington, DC: Population Council.



needs of MSM<sup>21</sup>. In addition, the criminalisation of homosexual practices in many African countries should also be addressed, as it plays a critical role in the widespread stigmatisation and discrimination that many MSM suffer. This could be done by putting more pressure on these Governments to decriminalise homosexual practices.

Furthermore, health services specifically focussed on the special needs of MSM should be made more widely available, and MSM should be made more aware of these services. This also includes increasing the availability of VCT, antiretroviral (ARV) treatment, STI treatment and condoms to MSM<sup>22</sup>. Health care workers should also be encouraged not to stigmatise and discriminate against MSM and treat them with respect and dignity.

At present, very little data exists on the HIV infection and prevalence rates amongst MSM in Africa. To this end, more research should be conducted to determine these rates in every African country. The findings of these studies should then be used to inform Governmental policy, resource allocation and highlight the need for greater attention to the HIV infection risk and health care needs of MSM<sup>23</sup>.

Lastly, more commitment and leadership from key stakeholders are needed in order to improve MSM health care and HIV prevention. Without the support from religious, cultural, financial and political stakeholders, the fight against HIV amongst MSM will continue to be an uphill battle. Care should be taken to consult with potential financial donor organisations as well as cultural, religious and political leaders about MSM HIV intervention strategies to provide the leaders with the opportunity to become more informed and involved in addressing HIV & AIDS amongst the MSM population. Subsequently, these leaders can then act as role models for the public by recognising and showing respect towards sexual minorities in society<sup>24</sup>.

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<sup>21</sup> Amadou, M., Tapsoba, P., Ly, A., Niang, C.I., & Diop, A.K. (2007). Implementing STI/HIV prevention and care interventions for men who have sex with men in Senegal. *Horizons Research Summary*. Washington, DC: Population Council.

<sup>22</sup> Ibid.

<sup>23</sup> Smith, A.D., Tapsoba, P., Peshu, N., Sanders, E.J., & Jaffe, H.W. (2009). Men who have sex with men and HIV/AIDS in sub-Saharan Africa. *Lancet*, 374, 416-422.

<sup>24</sup> Ibid.



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<http://www.consultancyafrica.com>



[hiv.aids@consultancyafrica.com](mailto:hiv.aids@consultancyafrica.com)  
[officesa@consultancyafrica.com](mailto:officesa@consultancyafrica.com)



Postnet Suite #213  
Private Bag x 15  
Menlo Park, 0102  
Pretoria, South Africa

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