

Barriers to men who have sex with men attending HIV related health services in Dar es Salaam, Tanzania

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Abstract: The HIV/ AIDS disease burden is disproportionately high among men who have sex with men (MSM) worldwide. If this group will continue to be ignored they will continue to be the focus of HIV infection to the general population. This study explored barriers impeding MSM utilizing the HIV related health services currently available. The objectives of the study were to: (i) determine how stigma and discrimination affect MSM attendance to HIV related health services; (ii) determine how health care worker's (HCW's) practices and attitudes towards MSM affect their attendance to HIV related health service; (iii) learn MSM's perception towards seeking HIV related health services and other factors affecting accessibility of HIV related health services among MSM in Dar es Salaam, Tanzania. This was a descriptive study whereby qualitative methods were employed, using in-depth interviews for 50 individuals and focus group discussions for 5 groups which were conducted at PASADA premises, in Temeke district in 2012. After transcription data was read through, codes created were then collapsed into themes which were interpreted. The findings of this study show that majority of the study participants access HIV related health services in Dar es Salaam when they need to. However, they reported stigma and discrimination, lack of confidentiality and privacy, lack of availability and MSM friendly HIV related health services, financial challenges, poor practices and negative attitudes directed towards them by health workers, fears and lack of HIV knowledge among them as barriers for them to access these services. With these findings, there is an importance of enabling MSM to overcome the perceived stigma when seeking for HIV related health services. Also there is a need to conduct further research with regards to how HCW's treat this group and their understanding on same sex practices.

Keywords: Barriers, men, sex, HIV/AIDS, health care services, Tanzania

Introduction

Recent reports have shown high HIV infection rates among men who have sex with men in low and middle income countries (Baral *et al.*, 2007). Generally, in Sub-Saharan Africa homosexuality practices are much stigmatized and most countries criminalized. These countries have reporting decrease in the new HIV infection among adult heterosexuals, but the situation is different among MSM, this is evident through surveys done to assess the magnitude of the disease among this group. In Kenya the HIV prevalence among MSM was 24.6% in 2005 (Sanders *et al.*, 2007) while that of the general population in the same period was 6.7% (WHO, 2005). In Cape, Town South Africa the HIV prevalence was 30.9% among MSM while that of the national general population was 16 (UNAIDS/WHO, 2009). In Zambia, 33% of the MSM survey participants reported to have HIV infection compared to the national adult HIV prevalence of 15.2% (Zulu *et al.*, 2006). In Senegal, where the national HIV prevalence is an estimated 1%, 22% of MSM surveyed were HIV positive (Wade *et al.*, 2005).

Apart from other factors which fuel HIV transmission among this group include lack of targeted preventive and surveillance programmes (van Griensven *et al.*, 2009), unfriendly health care environment (Fay *et al.*, 2011), culture and laws that are punitive to this group (Ntata *et al.*, 2008). In South Africa, it has been reported that MSM were scared to come out due to fear of discrimination, stigma and that the healthcare services were not very accessible to them (Rispel *et al.*, 2011). Reason for this was that, sexual relationships between men remain unacceptable in

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many communities, particularly in black African communities (Rispel *et al.*, 2011). In Senegal in 2003, delays in seeking health care for sexually transmitted infection among MSM are common because of the perception that revealing anal symptoms at clinics and hospitals was a risk of exposing their homosexuality which was stigmatizing in this community (Niang *et al.*, 2003). In South Africa, there are reports that MSM were constantly threatened by health care workers. In one study, respondents have experienced lack of confidentiality and privacy and that health care workers were engaged in gossiping about them and giving homophobic verbal harassment towards them. These negative experiences were perceived as norm of avoiding health care and the cause for poor sexual health among MSM (Lane *et al.*, 2008).

In some places, inadequate HIV prevention and treatment services is another barrier in seeking healthcare. For instance, in a study in South Africa, only non-governmental organizations provided MSM targeted services and such services are not available in government health facilities (Rispel *et al.*, 2011). Moreover, in the same study, public sector healthcare providers were found not well trained in serving the needs of MSM.

There is scanty data with regards to the magnitude of the HIV/AIDS disease among MSM in Tanzania. A cross-sectional survey conducted in 2007 in Zanzibar found the HIV prevalence among MSM to be 12.3% (Dahoma *et al.*, 2011) while the local general population HIV prevalence was 0.2% and the national HIV prevalence was 5.7% (UNAIDS/WHO, 2009). Some studies have shown that the current organization of health care system in Tanzania and how the MSM perceive it, plays a major role in denying access to care to them (Fay *et al.*, 2011). This is likely to a fuelling factor for HIV transmission among MSM and eventually to the general population. This study was therefore carried out to assess barriers to MSM attending HIV related health services in Dar es Salaam. It specifically intended to: (i) assess how stigma, discrimination, healthcare workers practices and attitudes affect MSM attendance to HIV related health services; and (ii) to describe MSM's perception towards seeking HIV related health services and any other factors affecting accessibility of HIV related health services among MSM.

Materials and Methods

Study area

The study was conducted in Dar es Salaam city, Tanzania. The HIV prevalence in the city is about 6.9% (THMIS, 2008). Of the adults aged 15-49 years in Dar es Salaam 93.2% knew where to get tested and 59.7% had tested for HIV and got results (THMIS, 2008). The study was based at Pastoral Activities and Services for People with AIDS Dar es Salaam Archdiocese (PASADA). PASADA is a Faith Based Organization providing various health services for people infected and affected with HIV. It operates in Dar es Salaam and Coast Regions of Tanzania. The interviews and discussions took place at PASADA Areas 1 and 2 premises. PASADA have been providing services which are friendly and non-discriminatory to all Key Populations including men having sex with men since 2007. These services include HIV and other STI's testing, antiretroviral therapy, Tuberculosis screening, diagnosis and treatment.

Study design and target population

Snowball sampling was used to enrol the MSM in the study. Ten eligible MSM already enrolled by the PASADA Community Education department were used as seeds to bring in their fellow MSM in the study. Each wave of participants brought in another wave of participant until the desired number was reached. Participants were assessed to rule out any pretenders. This was done by investigators who made sure that the men enrolled for the study were real MSM. They did this initial screening by asking the participant whether he has ever been involved in anal sex and also observed for feminine like characteristics as an added feature for involvement in the study. The investigators have been involved in dealing with men having sex with men programmes for a

long time at PASADA. Participants were given transport support after completion of the interview.

The inclusion criteria were men older than 18 years of age, a history of ever having anal intercourse with a man, living in Dar es Salaam during the study period and informed consent to participate in the study. On the other hand, the exclusion criteria were MSM less than 18 years of age and refusal to participate in the study.

Data collection

Interviews and discussions were undertaken by trained research assistants in a private room at PASADA Areas or any other place conducive to the participants. This was undertaken using Interview guide which was pre-tested before the study was underway. Five focus group discussions of 10 people were conducted. The interviews and discussions were conducted in Kiswahili and recorded on digital recorders, transcribed and translated into English. Interviews and discussions explored identity, sexuality, community life and utilization of health services and experiences of stigma and discrimination. Interviews lasted for approximately 60 minutes and group discussions lasted for approximately 120 minutes.

Data analysis

In-depth interviews and focus group discussions were recorded on digital recorders and stored as Moving Picture Expert Group- 1 Audio Part 3 (MP3) files on the computer. The recorded voices were transcribed and typed, and stored on the computer. Each recording was named using the number of the participant or session of the focus group discussion. Interviewers' notes and focus group facilitators' notes which were handwritten as backup documentations were added to the transcribed file for respective participant or discussion. After reading through all the information to obtain general sense, data reduction was done through abstractions and transforming the data that appeared in the transcriptions. All English transcripts were entered and coded. Codes were applied first to allow quotations to be sorted according to interview guide topic areas. Then interpretation was carried out to identify and analyse emerging themes within and between topical areas. The themes were then analyzed looking at their connectivity and interrelations. From the coding and the themes, narrative descriptions were constructed for the findings for of research report.

Ethical considerations

This study received ethical approval from the National Institute for Medical Research [NIMR] ethical review committee and thereafter to local authorities i.e. Dar es salaam City Council Medical Officer and respective District Medical Officers. Written informed consent was sought from all study participants. Participants were free to withdraw from the study at any particular time of the study and their information was not processed. The research assistants checked for comprehension from the participants by counterchecking through questions if the participants have understood why their consent was needed and the purpose of the study and if they were willing to participate in the study.

Results

Social demographic characteristics of the study population

Most of the study participants (31/50) were aged between 18 and 24 years. Only 4 were aged more than 35 years. Most (22) them were residing in Kinondoni district while Ilala had the least number of participants (9). The majority (44) of the participants were single with no children. Also majority (32) of the participants had at least secondary education and only 2 had no formal education. Most (31) study participants had some form of employment while the rest were

unemployed. A large number (28) of the participants were bisexual and the rest were homosexual men having sex with men. Those who accessed HIV related health services when they needed them were 42, the remaining did not access these services. Most (39) of the study participants started indulging in same sex practices at the age of 11- 20 years (Table 1).

Table 1: Social-demographic characteristics of the 50 Study Participants

Characteristic	Category	Number of participants
Age (years) groups	18-24	31
	25-34	15
	35 and above	4
District	Ilala	9
	Kinondoni	22
	Temeke	19
Marital status	Single	44
	Married	2
	Divorced	1
	Cohabiting	3
With Children	Yes	8
	No	42
Level of education	No formal education	2
	Primary	15
	Vocational training	1
	Secondary	32
Employment	Unemployed	19
	Self-employed	23
	Employed	8
Sexual orientation	Men only	22
	Men and women	28
Accessed HIV Health Services	Yes	42
	No	8
Tested for HIV	Yes	42
	No	8
Results	Not tested	8
	HIV positive	14
	HIV negative	28
Age group (years) at start of same sex practices	≤10	9
	11- 15	24
	16- 20	15
	≥21	2

Themes identified from the study

Four themes were identified from the study. These were (i) attitudes of health care workers; (ii) Stigma and discrimination; (iii) Perceptions towards seeking HIV related health services among MSM (privacy, availability of services); and (iv) other factors. The other factors included overcrowding at health facilities, HIV knowledge, low income, non-disclosure of sexual orientation, fear of testing for HIV, fear of exposure of HIV status, national laws, religious beliefs, community perception and culture.

Stigma and discrimination

When asked about factors which contribute in denying access to HIV related health services among MSM stigma and discrimination by health care facility workers was sighted by most participants. As one 21 years old participant pointed out: *“The first time I went to test for HIV I disclosed my sexual orientations. I did not get the services as I was supposed to. The counsellor walked out of the room and was very angry. He started talking to the nurses saying that he could not test for HIV people like us (gays) and we are not allowed even to enter the hospital premises. While he was telling this to the nurses I overheard everything. I just stood up and left.”*

Participants also mentioned abusive languages directed to them by health care workers as another form of stigma and discrimination when seeking HIV related health services. As one 18 years old participant narrated: *“When you go to some health facilities some doctors and nurses stigmatize you using abusive language and insults because once they recognize you are a gay. Sometimes they refuse even to provide you the services you need.”*

During the in-depth interviews it was clear that those participants who had more feminine features were the ones who faced more stigma and discrimination from health care workers when seeking for HIV related health services. As one 23 years old participant mentioned: *“For those gays who display feminine characteristics, they are the ones having the most difficult time when not only seeking for HIV related health services but also when seeking other types of health services. The health care workers see them as very abnormal individuals and sometimes deny them services.”*

During the interviews participants' opinions were divided in such a way that there were healthcare provider with negative attitudes and those with positive attitudes. Most MSM complained of mistreatment, as one 22 years old participant narrated: *“Some months back I was feeling sick regularly and wanted to test for HIV at the nearby health centre. When I went there I disclosed my sexual orientations to the doctor who then started to tell me that homosexuality is sinful and I will go to hell. He was very angry and refused to provide me the services I was looking for.”* Such a treatment can scare away MSM when they are in need of health care as sighted by a 23 years old participant who narrated it this way: *“One day I escorted my friend who is also a gay to a nearby health facility when he had an abscess just around the anal area. When going to another room for the procedure I overheard the nurse complaining that this was not just a normal abscess but rather a curse... and if he does not stop more misfortunes are ahead of him. This scared me a lot to such an extent I will not go to that facility again.”*

These attitudes and handling of MSM by health care workers causes a lot of difficulties when they want to go and seek for HIV related and other health services as one 22 years old participant pointed out: *“When you go to health facilities you are not sure about the way you are going to be handled by healthcare workers and you are not free to disclose your sexual orientations”*

Positive attitudes were also displayed by some healthcare workers. Some few MSM received good service at the health facility. However they also confirm that the service was better in private than in government health facilities. They did not disclose their MSM activity to health care workers, although some knew them by appearance, as one 21 years old participant said: *“They have good attitude. When I attend the health facility no one discriminate me even after I disclosed who I am”* Other MSM believed that there is no stigma from healthcare worker rather it

is the gay's habit that makes someone to have different thoughts on stigma and being despised when seeking health services as narrated by this 22 years old participant: *"There is no difficult or stigma from health workers but the perceived feelings of the gays on how people are going to say about him"* Some MSM thought there is awareness on healthcare workers on existence of MSM in the community and it's not a new thing to see them in the health facilities as this 21 years old participant pointed out: *"Currently there is slight awareness among doctors on existence of MSM that you may go to the hospital and receive good care..."*

Most of the participants who were interviewed had fears of coming out and seeking for HIV related health services. This was mainly due to the stigma and discrimination towards people of their kind of sexual orientations. As one 26 years old participant put it: *"When I think about going to seek for HIV related health services health facilities I usually hesitate. You are not sure whether the doctor will understand you or not"*

Most of the men who have sex with men who are open about it were the ones who showed they were more afraid to seek for the services than the ones who are still hiding their true sexual orientations and identities. As one 23 years old participant pointed: *"Our friends who are openly gay and display feminine characteristics are the ones who have the most difficult times when they seek for health services. They are the ones who are mostly stigmatized and discriminated at health facilities. When sick they just buy drugs at nearby facilities without seeing doctors."* This fear of seeking health services among MSM extends to even when they have other sexually transmitted infections like syphilis and gonorrhoea. One of the participants had these to say: *"The difficulty is not only when one is seeking for HIV related services but also for other sexually transmitted infections... you are not free to reveal the symptoms"*

Perceptions towards seeking HIV related health services

Most of the interviewed participants had concerns about confidentiality and privacy in health facilities providing HIV related health services. As one 18 years old participant pointed out: *"There are some hospitals which have very notorious staffs. When they recognize that you are a gay or you disclose your sexual orientations to them, the nurse will call her colleagues and start rebuking you because of your sexual orientations. When you leave the health facility they start pointing fingers at you and tell the other patients that you are disgusting because you are gay."*

Some of the interviewed participants were of the opinion that facilities providing HIV related health services which are friendly to people of their sexual orientations are very rare in Dar es Salaam, as this 22 years old participant put it: *"In the area I live we are so many of us but there is no facility providing HIV services for men having sex with men. This has negative effects to us as we have to go long distances seeking for these services. This frustrates most of us and perhaps that is the reason some of our friends are not coming out for HIV testing as regularly as they should."*

Other factors affecting accessibility of HIV related health services among MSM

Failure to access healthcare services was also linked to financial capabilities. Most participants pointed out that for them to go a long distance looking for friendly HIV related health services has some financial implications in terms of bus fares. *"For someone who does not have an income cannot go to a private hospital which most of are friendly to us. But for those with income, they will go to private hospitals where they will pay and get proper services without being stigmatized"* (A 26 years old participant). The cost concern was also mentioned by another 18 years old participant who said: *"Lack of income is a challenge for those who are looking for health care services. Most of us are unemployed and our relatives have ex-communicated us and we do not have any sources of funds"* Another 21 years old participant put it: *"Sometimes we do not have bus fares and money to pay for consultation and drugs. We (MSM) have very serious financial challenges"*

Another factor which was mentioned by participants to be affecting the accessibility to HIV related health services was the HIV knowledge as one 21 years old participant put it: *“The HIV knowledge among us is still very low. This could be the reason why very few of us are coming for testing for HIV”* The so many and long processes involved in provision of care in most of the health facility were described barriers for MSM to seek for services as one 22 years old participant pointed out: *“..When you go to some hospitals there are a lot of processes involved and at the end of the day you end up not being served properly. I cannot go to such hospitals unless I am very sick”*

Some of the study participants described a challenge related nondisclosure of sexual orientation to health care workers as barrier to receiving proper HIV related health services. This was found as a challenge originating from the side of MSM themselves as one 23 years old participant said: *“Not being free to go to hospitals and disclosing our type of sexual orientations to health care workers affects us in getting appropriate health services”*

Participants also pointed out that Tanzania laws, religious beliefs and culture are some of the important barriers for MSM to access HIV related health services, as one 22 years old participant put it: *“The laws of the country do not accept or allow homosexuality therefore one is denied of service just because the laws of the country are against it”* Religious beliefs of health care workers were mentioned as contributing factors for some of them not being ready to serve MSM. As one 21 years old participant said: *“Religion has its effects on the way we are treated at health facilities. There are some of the doctors who cannot provide service to us because homosexuality is against their religious beliefs.”* As regards to culture, one 28 years old participant pointed out: *“A doctor can tell you that he cannot serve homosexuals and call another doctor to come and do so. This is all because of our culture. What is needed to be done is to provide them with knowledge on same sex practices and eventually they will see us as normal beings.”*

Overcrowding at our health facilities was described as another challenge for seeking HIV related services as this 18 year old participant put it: *“Overcrowding in health facilities can be a cause for MSM not to attend health facilities as most us are afraid of finger pointing directed at us in these facilities.”* The fear of one’s HIV status be known to the public was also mentioned as one of the factors pushing away MSM from HIV related health services. *“They are afraid that if they will be seen at facilities providing HIV services they will be labelled HIV positive”* A 19 years old participant remarked.

Focus group discussions

During the focused group discussions the issues of stigma and discrimination among health care workers as barriers to MSM attending HIV related health services were mentioned by participants again. One 21 years old participant had these to say: *“After attending one workshop conducted on gays on HIV, my friend and I (both gays) decided to go and test for HIV at a nearby facility. When we went there the nurses told us that at that their hospital do not serve people who are gays”* The participants also pointed out that unless health care workers are made aware about the issues of same sex practices stigmatization and discrimination towards MSM will continue. This was testified by one 28 years old who during a focus group discussion said *“Sometimes we are wrong in blaming the doctors and nurses for stigmatizing and discriminating us (homosexuals). We should remember that homosexuality is a new thing in our society and even to them. Unless health workers are educated on how to handle people of our kind of sexual orientation stigmatization and discrimination will continue in the health facilities and we will continue to suffer.”*

During the FGDs, discrimination of MSM by health care workers came out clearly. A one 27 years old participant pointed out: *“One day I went to a hospital in need of testing for HIV after a series of unexplained fevers. After disclosing my sexual orientation to the clinician, he started to urge me to stop homosexuality immediately as it was against our culture and that it is a foreign thing in our country. He stressed that I should find a woman to marry as I am of the age to start a family”* Moreover, it was also pointed out by focus group discussants that unless MSM are

assigned to special health facilities which will provide health care for people of their sexual orientations they will continue to be denied of health services. A 36 years old participant pointed out: “I do not see health care workers in public facilities treating gay people well unless we have special centres for them. Because some health workers have such hatred towards us they will always stigmatize and discriminate us. Who knows they might even give you drugs which are not for the disease you suffering from so as to punish or kill you”

Discussion

Recent studies have shown that sex between men is not and has not been uncommon in Tanzania (Moen *et al.*, 2014a,b) and that same-sex practicing men in Tanzania have been affected by HIV at least since 1982 (Moen *et al.*, 2014b). However, while men who have sex with men have been defined as a "vulnerable population" with respect to HIV in national frameworks since 2003, this had not led to any significant amount of targeted HIV prevention work being reported by either local or international actors by 2010.

In this study it has been found that despite most participants accessing HIV related health services most of them reported about the stigma and discrimination directed towards them by health care workers. Some health care workers used abusive languages towards them and others refused to provide the required services due to their sexual orientations. This is similar to what was observed in South Africa in 2008 whereby participants reported that they were scared to come out due to fear of discrimination and stigma (Rispel *et al.*, 2011). The same scenario was also reported in another study conducted in Dakar, Senegal in 2003 which also reported that there was a delay in health seeking behaviour for sexually transmitted infections among MSM due to the fear of being stigmatized in their own community (Niang *et al.*, 2003).

Another concern reported by MSM in this study is confidentiality and privacy among health care workers in health facilities. Some participants mentioned that some health workers went as far as calling their colleagues to come and warn them to stop same sex practices. Similar findings have been reported in South Africa where the participant reported that they were afraid to go to public health facilities as where they were constantly threatened. These negative experiences were perceived as norm of avoiding health care and the cause for poor sexual health among MSM (Lane *et al.*, 2008).

The issue of financial difficulties among participants as barrier to access HIV related health services also surfaced during the interviews. Similar findings have been reported in a study in Florida, USA (Beckerman & Fontana, 2009). In the USA study, limited access to health insurance and challenges in identifying a doctor who is sensitive to MSM needs were factors which promoted and impeded service utilization and medication adherence for MSM (Beckerman & Fontana, 2009).

Availability of HIV related health services which were friendly to MSM was another barrier which was reported by the study participants. They reported that they go long distances seeking for these services. This could be an obstacle in seeking for these services. This is in line to what the above South African study found that there was scarcity of targeted HIV prevention and treatment services for them (Rispel *et al.*, 2011). The participants of this study reported that some of the health workers were very hard on them. Some went as far as rebuking them for being homosexuals. They were angry at them for involving in homosexuality as it were not acceptable in Tanzanian culture and a foreign thing. This made them afraid to come out and seek HIV related services when they needed it. This is similar to what the study conducted in Florida, USA on medical treatment for MSM living with AIDS reported that men having sex with men were afraid to come out and seek services such as HIV testing as they were afraid if doctors are culturally competent and can offer services to people like them (Beckerman & Fontana, 2009)

Most of the study participants had fears of coming out and seeking for HIV related health services. They were contemplating a lot before doing so because of past experiences of stigma

and discrimination. In study in Massachusetts, USA, Mimiaga *et al.* (2007) found that MSM were afraid to come out and seek for health services because of lack of confidentiality, social stigma and rejection and discrimination because of their sexuality by the health care personnel. On the other hand, it has been reported that MSM delay in seeking medical care because of being too angry, scared, afraid of doctors, not ready, felt shame, feel sick and negative side effects of HIV medication (Beckerman & Fontana, 2009).

National laws were identified as among the barriers for MSM accessing health care services in Tanzania. About 80 countries in the world criminalise same-sex acts between consenting adults with penalties ranging from fines, imprisonment and, in seven countries, death (<http://panos.org.uk/resources/men-who-have-sex-with-me-and-hiv-policies-in-developing-countries/>). A number of African countries criminalize same-sex sexual activities (Beyer & Baral, 2011). Unfortunately, studies have shown that in HIV prevalence among MSM in countries that criminalise same-sex is significantly higher than in countries that do not (Beyer & Baral, 2011). On the other hand, according to Article 26 of the International Covenant on Civil and Political Rights, discrimination based on sexual orientation or gender identity is a violation of human right (<http://www.ohchr.org/en/professionalinterest/pages/ccpr.aspx>).

This study did not involve seeking views from health care workers, which would have given a different picture to the problem in question. In conclusion, this study MSM reported perceived stigma and discrimination as one of the barriers for them to attend HIV related health services. Also negative attitudes and improper practices directed towards them by health care workers were reported. Concerns of lack of confidentiality, privacy and MSM friendly services were also mentioned by MSM as barriers for them to attend HIV related health services. Other factors for non-attendance included financial constraints and lack of knowledge on HIV prevention. The above findings necessitates the importance of enabling them to overcome these fears and become freer to seek for HIV related services when in need this can be done through health education and life skills training with purpose of imparting knowledge on HIV and other STI's prevention in this important group as far as HIV transmission is concerned in Tanzania.

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