

2013

Attitudes and behaviors among older MSM in Ghana

<https://hdl.handle.net/2144/28503>

"Downloaded from OpenBU. Boston University's institutional repository."

Attitudes and Behaviors among Older MSM in Ghana

BACKGROUND

Men who have sex with men (MSM) are a particularly stigmatized group in Ghana. Male-to-male sex is viewed as “unnatural” and therefore illegal. MSM are a critical, though difficult, population to reach with HIV-related services. Preventing HIV among key populations is a goal of the National AIDS Control Program (NACP) and the Ghana AIDS Commission (GAC).¹ Until recently, specific data on MSM in the country were limited. The Ghana Men’s Study (GMS), which collected information from 1,302 MSM in five regions in 2011, provides detailed data on HIV and sexually transmitted infection (STI) prevalence and risk behaviors among MSM. Whereas adult HIV prevalence in Ghana has been estimated 1.31% in 2013,² the GMS documented a nationwide average prevalence in 2011 of 17.5% among MSM, with the rate in Accra estimated at 34.3% and 13.7% in Kumasi.³

Boston University’s Center for Global Health and Development (BU CGHD) and the Kwame Nkrumah University of Science and Technology (KNUST), in collaboration with the GAC and FHI 360, conducted a qualitative study to examine HIV vulnerability among “older” MSM in Kumasi, Ghana’s second largest urban area. It is the **second of two studies focusing on MSM in Ghana** undertaken by CGHD/KNUST. The first, “Exploring the beliefs, attitudes, and behaviors of MSM engaged in substance use and transactional sex in Ghana,”⁴ focused on adolescent and young adult MSM aged 15 to 29 years. This companion study included MSM aged 30 years and above. The research is designed to complement and supplement information on MSM obtained by the GMS. The study’s goal was to collect and analyze data to improve the outreach and effectiveness of local programs that aim to reach older MSM with important HIV prevention and treatment information and with services appropriate to their needs. In-depth interviews (IDIs) and focus group discussions (FGDs) were used to collect data from two MSM groups: those aged 30 to 39 years and those aged forty and older. A total of 44 MSM participated in the study, 22 in each age group.

KEY FINDINGS

Thirty-nine percent of participants were married; a similar proportion (40%) were single. The remaining 20% (9 participants) reported cohabitating with someone, including four who reported living with another male. Nearly two-thirds (61%) had children. Among the IDI participants, 64% were employed, including 80% of the older MSM and 60% of the younger group. Seventy percent of IDI respondents, including all married participants, stated that they had sex with both men and women. (FGD participants were not asked directly about the sex of their partners.) Most also said that they had regular male sex partners, including nearly all those married to a woman (89%).

1 Ghana AIDS Commission. National Strategic Plan for Most-at-Risk Populations 2011-2015: Leveraging a Public Health Approach for Universal Access. 2011.

2 National AIDS Control Programme. National HIV Prevalence and AIDS Estimates Report 2012-2016. March 2013.

3 Ghana AIDS Commission, President’s Emergency Fund for AIDS Relief, US Centers for Disease Control, University of California San Francisco Global Health Services. The Ghana Men’s Study: Integrated Biological-Behavioral Surveillance Surveys and Population Size Estimation among Men who have Sex with Men in Ghana. 2013.

4 Sabin L, Beard J, Agyarko-Poku T, Bachman DeSilva M, Green K, Wambugu S, Ashigbie S, Hollenbeck-Pringle D, Ahmed Abdul Rahman Y, Akuoko K, Baffuor Opoku K, Yaw Adu-Sarkodie Y. Exploring the beliefs, attitudes, and behaviors of MSM engaged in substance use and transactional sex in Ghana. Boston, Massachusetts: March 2013.

“I am a gay.
I don’t have
any feeling for
women but I
take a girlfriend
to cover up
my deeds.”

— IDI participant in the
younger MSM age group



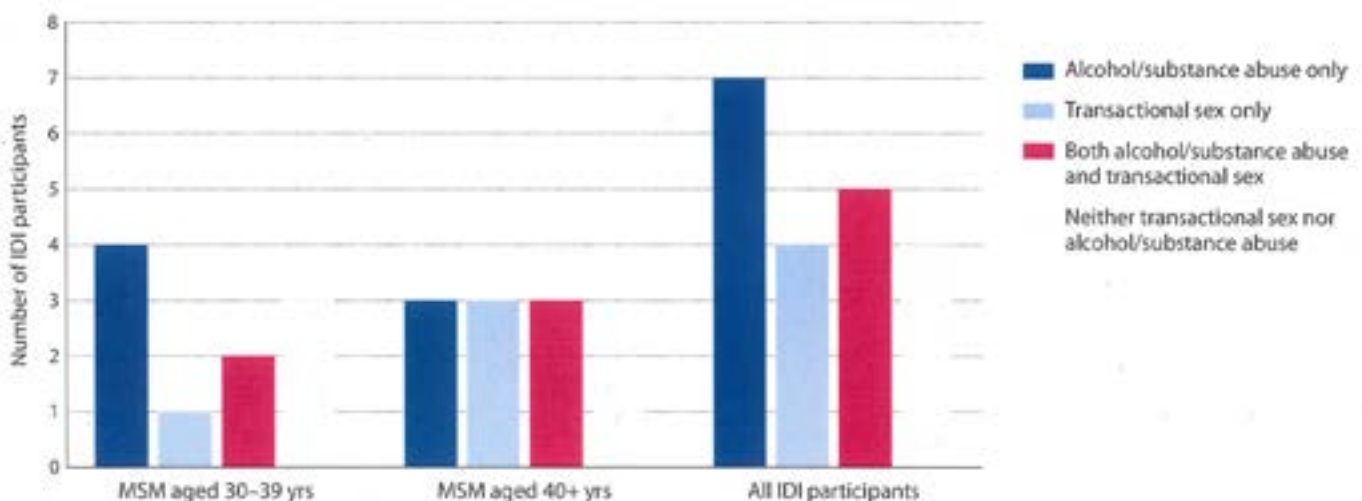
“This kind of sex and HIV/AIDS could be risky, but people need money—what do you expect?”

— Participant, 40 years of age

Key vulnerabilities of older MSM:

- General knowledge about HIV was high, with most participants showing a basic understanding of HIV transmission, prevention, and the importance of condom use to prevent infection. However, there were substantial gaps in knowledge, especially regarding lubricants and HIV treatment.
- Alcohol use was widespread, while consumption of drugs and other intoxicating substances was more limited. This is similar to findings from the CGHD/KNUST research on adolescent and young adult MSM, the recent GMS, and other research. All of these studies indicate that alcohol consumption is common among MSM before sex. When asked whether drinking alcohol would affect their condom use during sex, responses varied strikingly between the two age groups. The most typical response for IDI and FGD participants in the older group who reported drinking alcohol was that it did not affect their condom use. Most of the younger participants (in their 30s) said that alcohol use made them less likely to use a condom.
- Transactional sex (TS) was common, although perhaps not as common as among adolescent and young adult MSM. A high proportion of participants (45% of IDI participants and 46% of FGD participants) engaged in TS, the main rationale being the need or desire for money. There was a clear difference in TS experience between younger and older participants. Most participants indicated that they used condoms and that TS did not affect their condom use. Participants reported substantial overlap between engaging in TS and use of alcohol or substances.
- Fifty percent of all participants reported using condoms inconsistently or not at all. This result supports findings of previous research, including the CGHD/KNUST study on adolescent/young adult MSM and the GMS. In addition to reduced sexual pleasure, one of the main rationales given was that condoms were not needed during sex with trusted, long-term partners—including male and female partners as well as TS partners—suggesting less than perfect understanding of HIV risk. Other important challenges to consistent condom use were: unreliable access to condoms; difficulty negotiating with partners regarding condom use; and trouble putting them on. By contrast, use of lubricants was high and fairly consistent.
- Seventy-three percent of the older MSM perceived themselves at risk of HIV infection. Among most participants, the perceived risk stemmed directly from their recognition that engaging in unprotected sex increased the likelihood of HIV transmission.

Overlap in Alcohol/Substance Use and Transactional Sex



“When intoxicated ... it is easier to be turned on and [one] might be in a hurry, [so it is easy] to forget to use a condom.”

— Participant, 38 years of age

“I am not able to go to the hospital because I’m shy and I fear that I will be stigmatized.”

— Participant, 32 years of age

Key challenges faced by older MSM:

- Among the major barriers to general health and HIV- and AIDS-related services, the most serious concerned the various forms of stigmatization of MSM—actual stigma resulting in ill treatment, fear of stigma that drove them away, and being treated in a way that made them feel ashamed. At the same time, many respondents offered very positive remarks about health providers and other staff at certain facilities, stating that, where once providers had been insensitive to the MSM’s health issues, they were now helpful. This result is due to the work of ongoing projects, including Strengthening HIV/AIDS Response Partnership and Evidence-based Response (SHARPER)⁵ and the MSM-friendly services provided at Suntreso Hospital.
- Lack of knowledge about where to go for HIV testing is a challenge. Over one-third of participants did not know where to obtain HIV and AIDS services. Again, participant responses indicate that the work done by SHARPER has improved knowledge of where to get services and has facilitated access to services.

CONCLUSIONS

The findings are intended to support HIV prevention efforts that involve reaching out to MSM in Ghana with services that will enable them to adopt more protective behaviors. As noted, the results mirror to a great degree those from the CGHD/KNUST study of adolescent and young MSM.

RECOMMENDATIONS

- Enhance access to HIV testing and counseling among older MSM
- Continue to sensitize health care workers to the needs of MSM
- Continue to engage MSM in the design and implementation of materials and services that would be appealing to them
- Reinforce condom use with transactional and intimate partners in all education and outreach efforts
- Expand ongoing programs that reach MSM through popular online social media (e.g., Facebook) and telephone (e.g., Helpline)
- Retool existing programs for key populations to address a key finding in this (and the companion) study: the overlap of high risk behaviors such as transactional sex, alcohol use, and use of illicit substances among MSM
- Explore and reach networks of men engaged in commercial sex work and enlist the support of the pimps and managers of the establishments where sex work takes place
- Improve knowledge regarding the impact of drug and alcohol use on the risk of HIV acquisition
- Strengthen strategies that enhance confidentiality as well as referral systems
- Convene a meeting of stakeholders to consider strategies to address stigmatization of MSM

The complete report may be downloaded at: <http://www.bu.edu/cghd/our-work/projects/assessing-and-identifying-hiv-transmission-in-most-at-risk-populations-in-ghana/>.

⁵ SHARPER is a USAID-funded project implemented by FHI 360 that focuses on HIV prevention and care for key populations and people living with HIV.