Understanding the multi-dimensional inequalities affecting healthcare utilisation among openly identifying and non-identifying MSM in KwaZulu-Natal, South Africa

Cross-cutting healthcare interventions are needed to address the intersectional barriers experienced by men who have sex with men

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Background

Significant inequities exist within healthcare utilization among men who have sex with men (MSM). MSM often balance multiple, intersecting social categories (e.g., race, sexual identity, and age) that are intertwined with their personal and social identities. This intersection results in the experience of various forms of identity-based inequalities and discrimination. This is especially true for non-identifying MSM, who despite their disproportionately high risk, remain under-served by existing HIV programs. In South Africa, MSM have a disproportionate burden of infection with and estimated HIV prevalence of 48% [1-2]. However, only 41% of MSM know their status, and 28% are on ART, and of those 26.5% are virally suppressed [1-3]. Highlighting a key gap in HIV services uptake among MSM and men in the general population.

This research outlines an intersectional approach to exploring MSMs experiences and identities in order to better understand the various determinants of men's health.

Methods

In-depth interviews were conducted with MSM in KwaZulu-Natal, South Africa using human centred design approaches that sought to learn more about participant's beliefs, relationships, interactions, and practices. Participants were sampled using snowball sampling, and purposively screened to ensure both openly identifying and non-identifying MSM were sampled.

Data were analysed in Dedoose thematically using an integrative inductive-deductive framework approach. Healthcare utilization and healthcare needs were explored across intersectional categories, such as, identifying, and non-identifying MSM. Research activities were approved by the Foundation for Professional Development Research Ethics Committee (FPDREC) [Reference 01/2021].

Results and discussion

Between May and August 2021, 41 IDIs were conducted, participants had a mean age of 29 years (min: 20 and max: 48), 55% rural and 45% urban, 59% engaged in sex with men but did not identify as MSM or gay.

MSM are not a homogenous group and constantly navigate multiple and sometimes-contradictory religious and cultural expectations. Participants reported experiences of vulnerability, a sense of alienation and discrimination from family, friends, community members. Additionally, non-identifying MSM expressed persistent feelings of guilt, shame, and fear. Resulting in infrequent testing for HIV, little to no STI service access and sparse awareness of oral PrEP.

Key disparities in awareness and access emerged along indicators of inequality, namely, younger men, those with few financial means, non-identifying men, men with multiple partners. Social and system-wide barriers such as harmful gender norms, inaccessible or unfriendly services contributed to a lower uptake of HIV services and fewer opportunities for testing.

Results suggest that, among non-identifying MSM, awareness and/or access to health services decreased. Additionally, MSM with internalized homophobia or stigma were less likely to seek out and engage with HIV information or services. Multiple intersecting identities, coupled with stigma, discrimination and homophobia, can negatively affect health outcomes and increase HIV risk among MSM.

Conclusions

The intersection of race with age, sexuality, and identity (identifying vs non-identifying), can negatively affect vulnerable men's risk of HIV. These findings highlight the importance of multi-dimensional and cross-cutting healthcare access interventions to address the intersectional barriers experienced by MSM. Interventions that provide access to information or links to services whilst providing anonymity could enhance service uptake and improve access to and engagement with information on topics such as STIs and HIV. Trusted peers could serve as confidants and facilitate access to services for MSM who are fearful or hesitant.

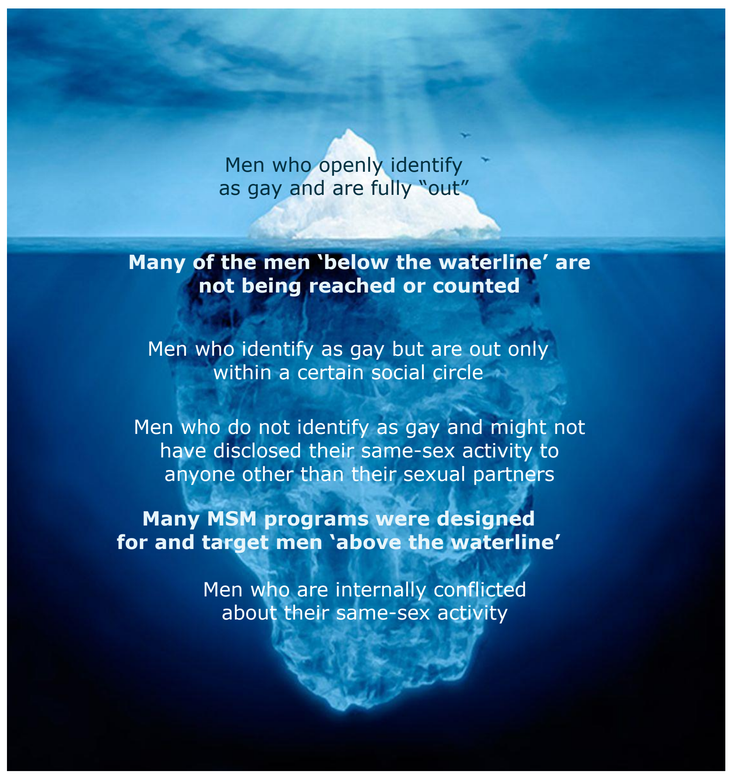

Figure 1: Programs have historically been designed for men above the waterline and have failed to reach men below the waterline.

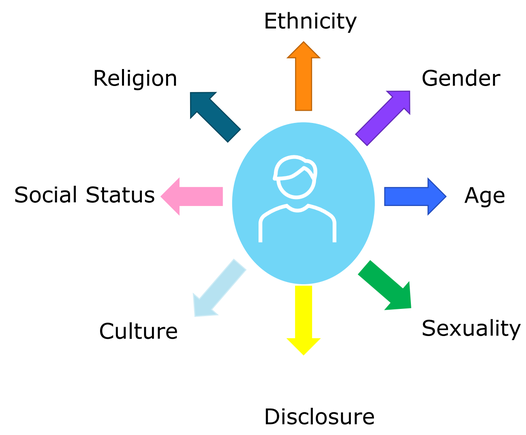

Figure 2: Socially-defined and socially meaningful characteristics are intricately intertwined, gender and sexuality are always impacted by these social categories.

A lack of interaction with healthcare services was also commonly cited as an indication of good health '*I don't easily get sick because even hospital, I don't go to hospital.*' [Non-identifying MSM, 29 years]

Due to a lack of disclosure men did not have confidants to discuss topics such as HIV or STI's. Many reported using search engines such as Google to try verify information, '*I want to know more so I will search for information about it' [identifying MSM, 23 years].*
' *I Google. My doctor's name is Google* [non-identifying MSM, 26 years]' but had difficulty searching for specific symptoms or information.

Many participants shared that they don't often ask about the HIV status of potential sexual partners and rely on factors such as age, personality, social status and physical attractiveness to determine if partners are safe/uninfected.

Men did not often disclose their sexual practices to healthcare providers due to fear of judgement or discomfort with disclosing , '*well we don't talk about my personal life, so I just go there for what I need.*" [Non-identifying MSM, 26 years]

'You are in defence mode …. just want to be me and I don't want to go there, already planned the question and answer.' [Non-identifying MSM, 31 years].

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