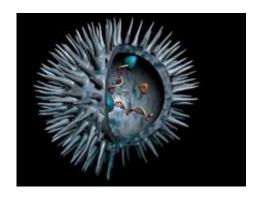


African men who have sex with men are ostracised from HIV services

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African men who have sex with men have little or no access to services for HIV/AIDS prevention and care.

(PhysOrg.com) -- Men who have sex with men (MSM) in sub-Saharan Africa are a hidden, stigmatised group which suffers from a high burden of HIV infection without access to appropriate public health provision, say Oxford University researchers in a review paper published in the *Lancet*.

Part of the problem is that there is little data on same-sex behaviour and HIV prevalence in sub-Saharan Africa. In reviewing the studies available on a large database of medical literature, the researchers found only 14 of 118 studies assessing HIV risks amongst sub-Saharan African men between 1984 and 2007 had asked men about same-sex behaviour as a potential risk factor.

'There is surprisingly little known about men who have sex with men and their HIV risks in most parts of sub-Saharan Africa,' says Dr Adrian Smith

of the Department of Public Health at the University of Oxford, who led the review. 'There is a big gap in the available evidence. But what little evidence we do have suggests that MSM are a vulnerable group that exists across sub-Saharan Africa'.

However, the situation is improving. In the past six years, studies have begun to look at levels of HIV infection among MSM groups in different African countries.

Dr. Smith says: 'The research that has been done suggests that these men generally have much higher rates of <u>HIV infection</u> than heterosexual men, but have little or no access to appropriate sexual health care, such as health education, preventive counselling and sexually transmitted disease testing, treatment and care.'

Attitudes to homosexuality in Africa compound the problem. MSM face political, religious and social hostility, and homosexuality is illegal in most African countries. Studies carried out across sub-Saharan Africa have reported MSM that have been isolated from their families and been harassed by authorities, including healthcare workers as well as police.

'The stigma keeps men who have sex with men at arms reach from HIV/AIDS prevention and care provision,' adds Dr Smith.

Dr Smith and colleagues believe that health responses to HIV/AIDS everywhere need to understand more about the different groups they are dealing with. The gap in knowledge about highrisk groups in Africa, including MSM and drug users, needs to be filled. Ways of delivering interventions - condoms, lubricants, health education and counselling, and access to testing and treatment services - to MSM also need to be developed which are appropriate for the local context in each area of sub-Saharan Africa. And finally, the rights of MSM need to be addressed.



The more social and legal protection that is given to marginalised groups, the more access to services will improve.

'Men who have sex with men, as all other Africans, have the right to access and take benefit from HIV prevention, treatment and care. Some African states have started to recognize the issue, and are beginning to tackle the social and legal barriers that have excluded MSM to date. Those that succeed will deliver stronger HIV/AIDS control for MSM and everyone else,' says Dr Smith.

Provided by Oxford University (news : web)

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