

The impact of religion, culture, and multiple stigmas on HIV prevention with Men who have Sex with Men in Sub-Saharan Africa

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Outline

- The Core issues ; Religion, Culture, Stigma
 - In the context of Sub-Saharan Africa
- Over view of the Key HIV prevention strategies
- Impact of religion, culture and stigma on key prevention strategies

Current Situation

MSM part of Key population

- Estimated HIV prevalence higher than national figures
- Population size unknown
- Wide spread prohibition and criminalization
- All service ‘neglected’
- Purely individual business
- Underground practicing

Current Situation

- Inadequate information/data on MSM
 - Population size not well defined
 - HIV Prevalence not accurate
- Very Few studies done
 - Mostly among younger MSM
 - Among urban dwellers
 - Very difficult to identify and recruit older MSM

Religion/Culture

- Way of life of the people
 - Largely influenced by the environment
- there is no culture or religion but coping strategies of the people*
- ◆ 'Religion' is describe as alien way of life in many African communities

Religion/Culture

- Study questionnaire (prototype)

Socio demographic characteristics

Q3. Religion

a) Christianity, b) Islam c) Traditional d) others

Religion/Culture

Practices

Q 5 . Do you take alcohol?

a) Yes b) No c) I can't tell

Q 6. Give reason (s) for your answer in Q5

1. No. I am a Muslim (Rel)
2. No. My church forbids us from taking alcohol (Rel)
3. No. nobody takes alcohol in the family, our ancestors to it and they die. (Trad)
4. Yes, I can't tell you (Others)

Religion/Culture

- Identities/Orientations of Key players
 - Law makers
 - Health care providers
 - Social workers
 - Civil Society Organizers
 - Community/Opinion leaders
 - Law enforcing agencies

Total Confusion!

Religion/Culture

Sex, Sexual Health and Sexually Transmitted Infection:

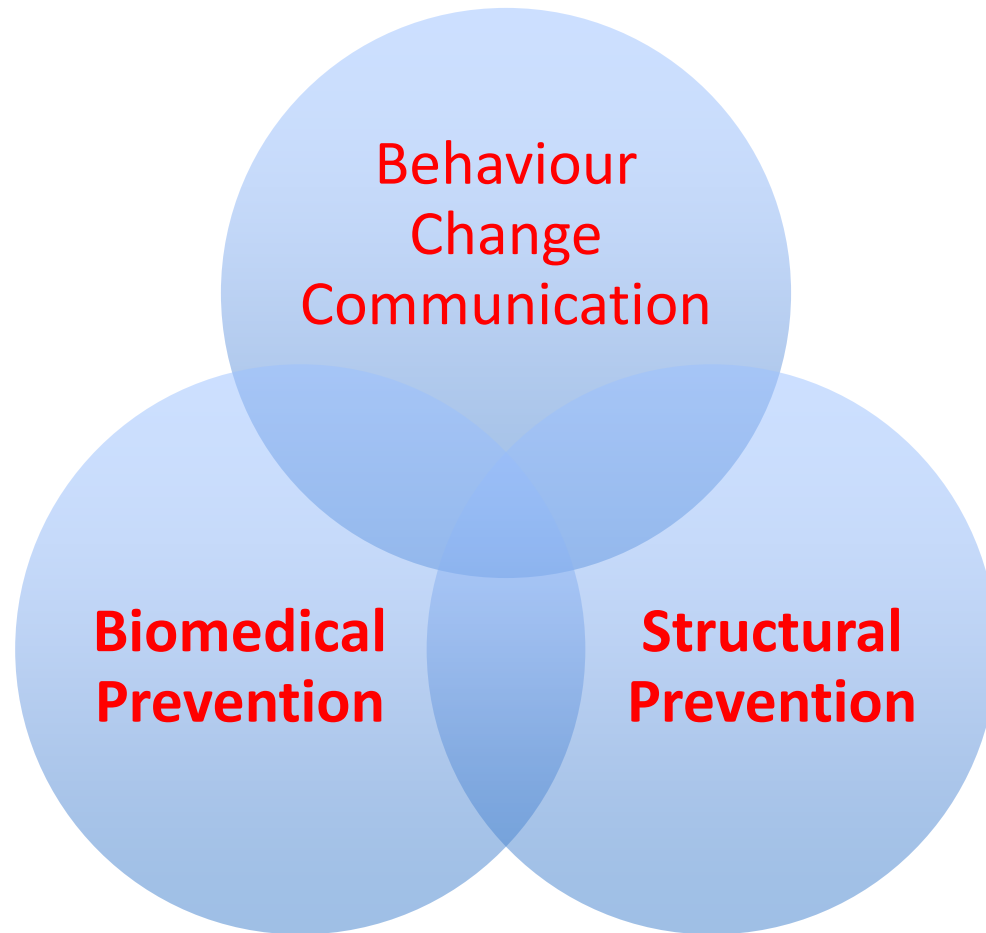
HOW MUCH IS KNOWN;

- Perception on risk STI through peno-anal sex in Ghanaian population is low
 - Lower in the indigenous rural communities than urban areas (Agyarko-Poku et al, 2015 n.p)
 - Predominantly heterosexual
 - Sexuality : not issues for children and younger adults
 - Adult MUST have a partner (F=>30yrs Male >35 yrs)
 - Hugging, hanging around among a male partner acceptable (Adu Sarkodie et al, 2014)
 - Transgender : impossibility

Stigma and Discrimination

- A known practice in many societies globally
- As old as the earth itself
- More specific for
 - Obvious contagious diseases (Leprosy, Chicken)
 - Diseases considered caused by evil forces (Chronic Illness; Diabetes, Mental, AIDS, Cancers)
- **Evil doing, curses**: considered major causes: hence the **STIGMA**
- Sympathy – May be the Will of the God

HIV Prevention Strategies



Behaviour Change Communication

Activities	Impact of Culture/Religion/Stigma
One-on-One Communication	High
- Health Care Providers	High
- Community Counsellor	Very High
Media : Print/Electronic	Very High
Public Education	Low to High

Structural Prevention

Activities	Impact of Culture/Religion/Stigma
- Post Exposure Prophylaxis (PEP)	High
- Pre Exposure Prophylaxis	Very high
- Health Service policy	Very Low
- National Policy / The Law	Very High

Biomedical Prevention

Treatment as prevention	Impact of Religion/Culture/Stigma
- HIV testing and Counselling	Low
- Antiretroviral therapy	Low to high
- PEP	Low to High
- PrEP	Low to High
- Test and Treat	Very Low

Way Forward

- More studies with effective strategies aiming at
 - Recruiting older MSM required
 - Including the indigenous rural communities
 - Address issues on access to care and treatment for KP (MSM)
- Integration of KP (MSM) services in to the main stream Public Health Services

Thank you !