Differentiated Service Delivery for Key Populations

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Importance of Understanding Diversity Within MSM for Effective Service Delivery

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SOUTH TO SOUTH LEARNING NETWORK
The HIV Prevention Interchange

DSD in Practice

- **Criminalisation** of Homosexuality and HIV, stigma and discrimination creates a challenge men who have sex with men (MSM) to access services especially when identity politics is at play
- **Reinforcement** of sexual offensives laws, criminal codifications laws, sodomy laws in some regions hinder countries from reaching targets (Nigeria, Ghana, Zimbabwe) Europe others are **declaring** LGBTI free Zones.
- There are several models of successful DSDs across key populations.
- Adapting and building **DSD models** can lead to earlier diagnosis, linkage to prevention and treatment and improved treatment outcomes.
- **Key populations term** can be exclusion in practice (WHO definition and Country definitions)
- **Local contexts**, local health systems and the level of criminalization, stigma, discrimination and violence will determine how to reach otherwise excluded key populations.
- **Human centred approach** within criminalized setting and invisibility of GBM identities visa vie M
- **What have we learnt and what are missing??**

Experiences of MSM and Queer identity politics

- **Diversity of MSM-** Gay, Bisexual, non-conforming, non-binary, Men who have sex with men, non –identifying men, Openminded, male sex workers. *What people feel and do is not always the same as how they identify.*
- **MSM lack** confidence in seeking health services, fear being stigmatized, discriminated against or being arrested
- **Self identifying** Gay, bisexual and MSM fear accessing services openly.

Experiences of MSM and Queer identity politics

- Labelling and language use-MSM tag, gay, Bisexual, non-identify (Self affirmation and inclusion)
- Social and political rhetoric effects
- Banning of identities, sexual orientation and LGBTI
- Non-registration

Different archetypes and implications to DSD

- Research presented to the 23rd International AIDS Conference (AIDS 2020: Virtual) by Kumbirai Chatora (PSI Zimbabwe) suggests that MSM's patterns of behaviour fit into distinct **'archetypes'** when it comes to accepting their sexuality as well as seeking out HIV-related services.

MSM Archetypes

The Glass House

The Flag Bearer

The Dual Life

The Subtle Champion

The Conflicted Heart

MSM Archetypes Explained

- **The Glass House:** this man would typically identify as gay only within dedicated MSM spaces.
- **The Subtle Champion:** an openly gay man who acts as an advocate, aiming to inspire others; he gains strength from struggles he has overcome.
- **The Flag Bearer:** a leader in the LGBTQ community, whose past experiences with stigma have made him more resilient and came out to family.
- **The Dual Life:** these men live a completely dual life and do not identify with the gay community. In this way, they are able to meet the expectations of 'passing as straight'
- **The Conflicted Heart:** the man who is fighting his attraction to other men and has not yet accepted this aspect of his sexuality. He does not participate in gay events and avoids seeking out health or support services from LGBT community organisations.

NB: Archetypes who more easily identified with being gay (such as the Flag Bearer) were more likely to seek out HIV services.

There were **deep-seated fears** related to having to reveal their identity as MSM- especially in criminalised settings and an enabling environment

Social media, identity politics & access to services

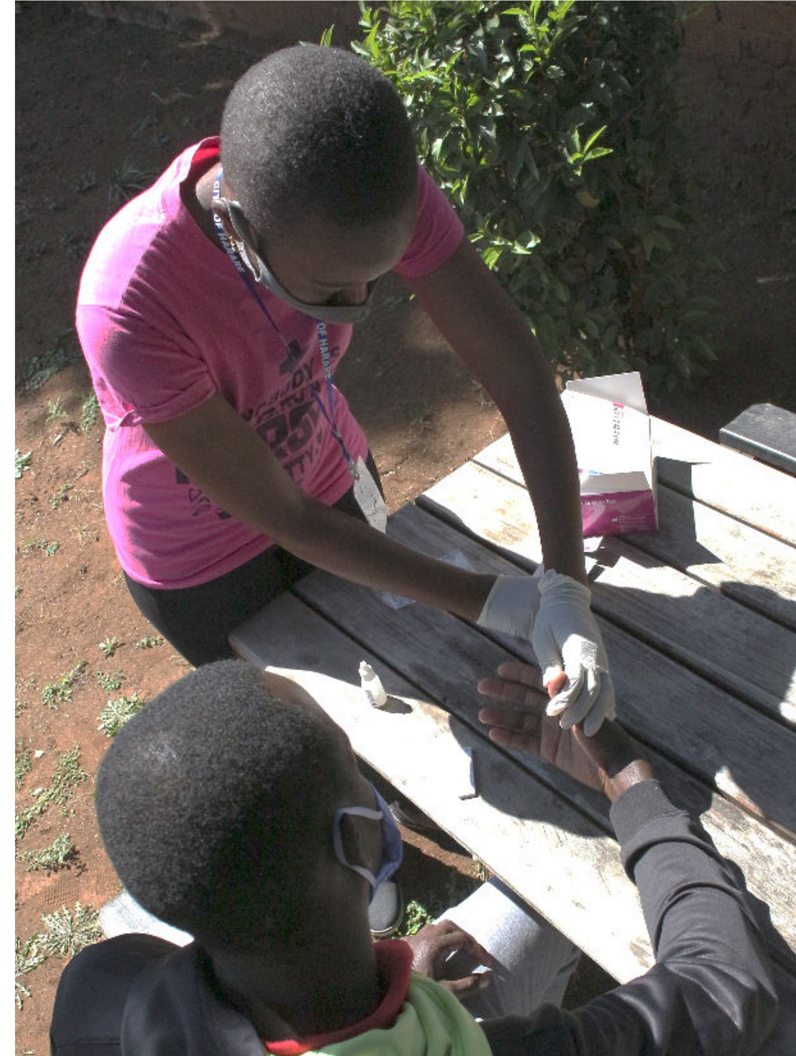
- **Social media and hook-up apps** as safe spaces.
- GBMs in these platforms are often missed by HIV programmes Samuel Owusu (2020)
- **The Groups are** compartmentalized in ways that has implications in service
- **Censorship** of targeted information and campaigns for GBM and non-identify men.
- **Groups** can not relate to existing information and open campaigns within facilities , billboards, docs reception., media

Social media, identity politics & access to services

- **Intersectionality** of identities and service delivery
- **Multiple issues** related to overlapping identities and risk behaviours, including sex workers who inject drugs, men who have sex with men who are also sex workers and/or inject drugs, PWID who are selling sex,
- Young gay and bisexual Black men are at the intersection of multiple **marginalized identities**, and thus may be at increased risk of poor mental health.
- This includes adolescents who are left out in SRHR and HIV ***programs-Age of consent discourse***
- **Mindsets and patterns** of behaviour are complex and the reality in many of our settings could lead to tailored provision of HIV services.

Selective disclosure and HIV testing

- People still largely connect AIDS and HIV with the behaviours and identities of MSM, and the spectre of HIV/AIDS is used as a vehicle to express **disdain and prejudice** towards gay and bisexual men
- **GBMSM** in may fear disclosing their sexual orientation to others due to negative societal attitudes, criminal laws which may, in turn, impede access to SRHR and HIV services Kay Jin Tan et al (2019)



Selective disclosure and HIV testing

- Results in a study by Kay Jin Tan et al (2019) in Singapore indicate how the **fear of being identified** as GBMSM from getting tested for HiV and other Stis.
- Results indicated that those who had **disclosed their sexual orientation** to non-LGBTQ family members and other LGBTQ individuals were more likely to have had a recent HIV test, whereas those who had disclosed to non-LGBTQ colleagues were more likely to be regular testers for HIV. Indicative of greater self acceptance and motivation to seek health services.
- **Disclosure of sexual orientation** exhibit a positive, dose–response relationship with testing for HIV and other STIs.
- **Comprehensive Health services** should bridge the gaps to accessing healthcare among individuals.- **Offer alternatives for access**

Sexual Identity and HIV Status as an influencer to Internalized Stigma and Psychological Distress in Black Gay and Bisexual Men

- **GBM, have higher rates of psychological distress than the general population** (Cochran & Mays, 1994; 2000a; 2000b; Cochran, Sullivan, & Mays, 2003; Fergusson, Horwood, & Beautrais, 1999; Gilman et al., 2001; Mays & Cochran, 2001).
- Internalized homophobia and HIV stigma in young (GBM) may lead to psychological distress, but levels of distress may be dependent upon their **sexual identity or HIV status**
- A research by Boone et al (2017) indicated that internalized homophobia was significantly related to psychological distress for gay men, but not for **bisexual** men.
- Results indicate a need for more nuanced examinations of the role of identity in the health and well-being of men who have sex with men.

Sexual Identity and HIV Status as an influencer to Internalized Stigma and Psychological Distress in Black Gay and Bisexual Men

- GBM often grouped together in explorations of their **sexual behaviour and social context**, it is important to note the difference in treatment and acceptability in society (Millett, Malebranche, Mason, & Spikes, 2005).
- Recent comment on social media stated that movements are dominated by **effeminate men and Transgender women** who suffered from violence, stigma and discrimination compared to **masculine presenting gay and bisexual men** shows the different levels of distress and likely to influence health seeking behaviours and demands for services.
- **Sexual identity, self affirmation and inclusion** has implication on seeking and accessing services even within hostile environments

What have we learnt this far on identity politics and DSD

- **Few initiatives** to reduce human rights-related barriers to services have been taken to scale
- Few examples of a **system-wide approach** to decreasing stigma and discrimination among healthcare workers and police
- **Healthcare trainings** are ad hoc and not yet integrated within the curriculums across the health system so as to improve competence of healthcare workers - **Public health *Service delivery are predominantly heteronormative***
- There is **tension and rejection** in queer groupings of how they are perceived to be sexual beings and stripping them off their identities
- **Key population package** design and implementation is built around defined population characteristics, the experience of individuals is often quite different.
- **Difficulties** in encouraging GB and MSM to test for HIV for fear of positive result, stigma and discrimination
- **Human centeredness** works where community and individual needs are address- Self identity, affirmation and inclusion language
- Sensitivity to language use in community response' **TARGETs' YIELDs' REACH**

What do we need to do in the next few years to develop and improving DSDs that are inclusive of sexual identities, rights and address individual needs?

Let's listen to the speakers and hear their input on what is working and what is not working in DSD approaches for diverse MSM so as end HIV and AIDS Globally

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Thank you