



**THEME: ENDING AIDS - Rethinking practices for maximum impact**

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**8 - 11 MAY 2018**

Accra International Conference Center

# Health and Healthcare Through the Eyes of Muslim HIV+ MSM\* in Ghana: A Photovoice Project.

\*Men Who Have Sex with Men

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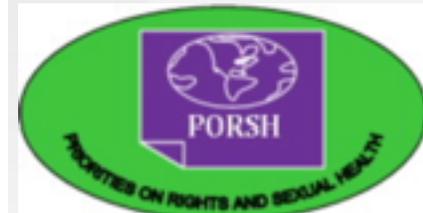
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# Outline

- Research Aims
- Methodology
- Findings
- Implications
- Conclusions

# Research Aims

- 1- To understand the subjective experience of HIV+ Muslim MSM in managing their health-care within the context of their religious and social environments.

# Introduction

Focus on part of the population with greatest healthcare and health status disparities:

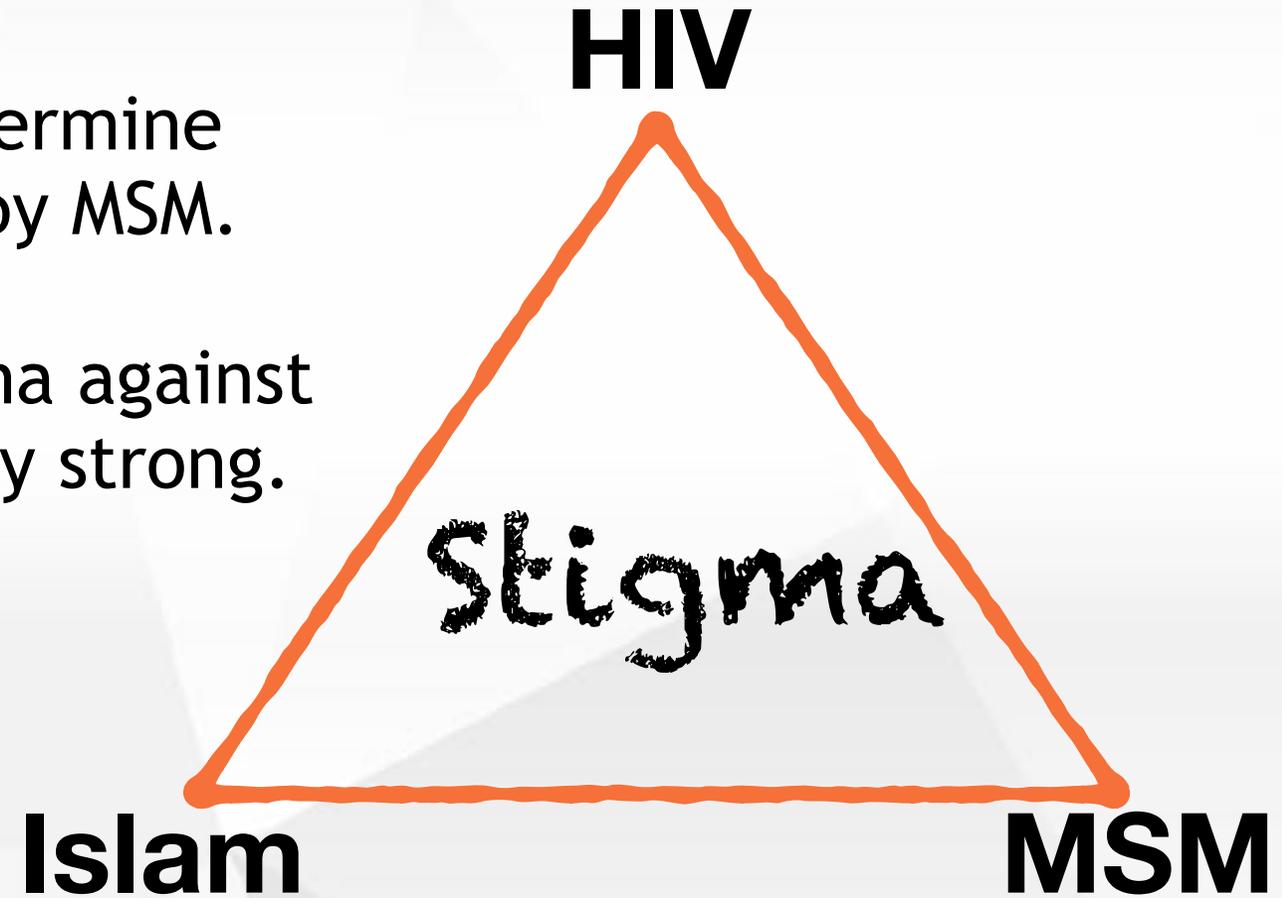
# Introduction

Focus on part of the population with greatest healthcare and health status disparities:

- MSM ~ 8 times greater the HIV prevalence compared to general population in Ghana.
- MSM are less likely to be connected to HIV care than the average HIV+ person in Ghana.

# Introduction

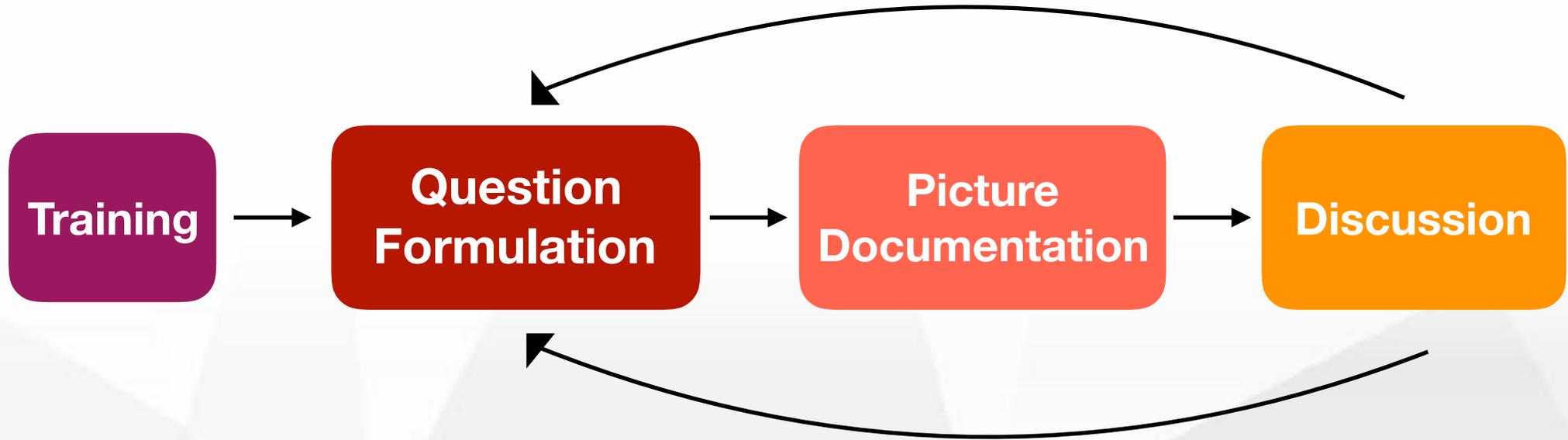
- Social stigmas are known to undermine the utilization of HIV/STD care by MSM.
- In Islamic communities the stigma against same-sex activities is particularly strong.



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# Methodology



# Methodology

Photovoice has three primary goals:

- To contribute to scientific knowledge of important issues through discussion of the photographs.
- To enable individuals to reflect on personal and community strengths and concerns.
- To reach influential people or organizations in the community.

# Methodology



- Peer Driven Recruitment (PDR) with the help of PORSH and Solace Initiative
- Between Jan-April 2018, 10 participants in two cities (Accra, n=5; and Kumasi, n=5) generated photographs and met for focus group discussions that were recorded and transcribed for analysis.
- All photographs must meet ethical standards if shared outside of group.



# Outline

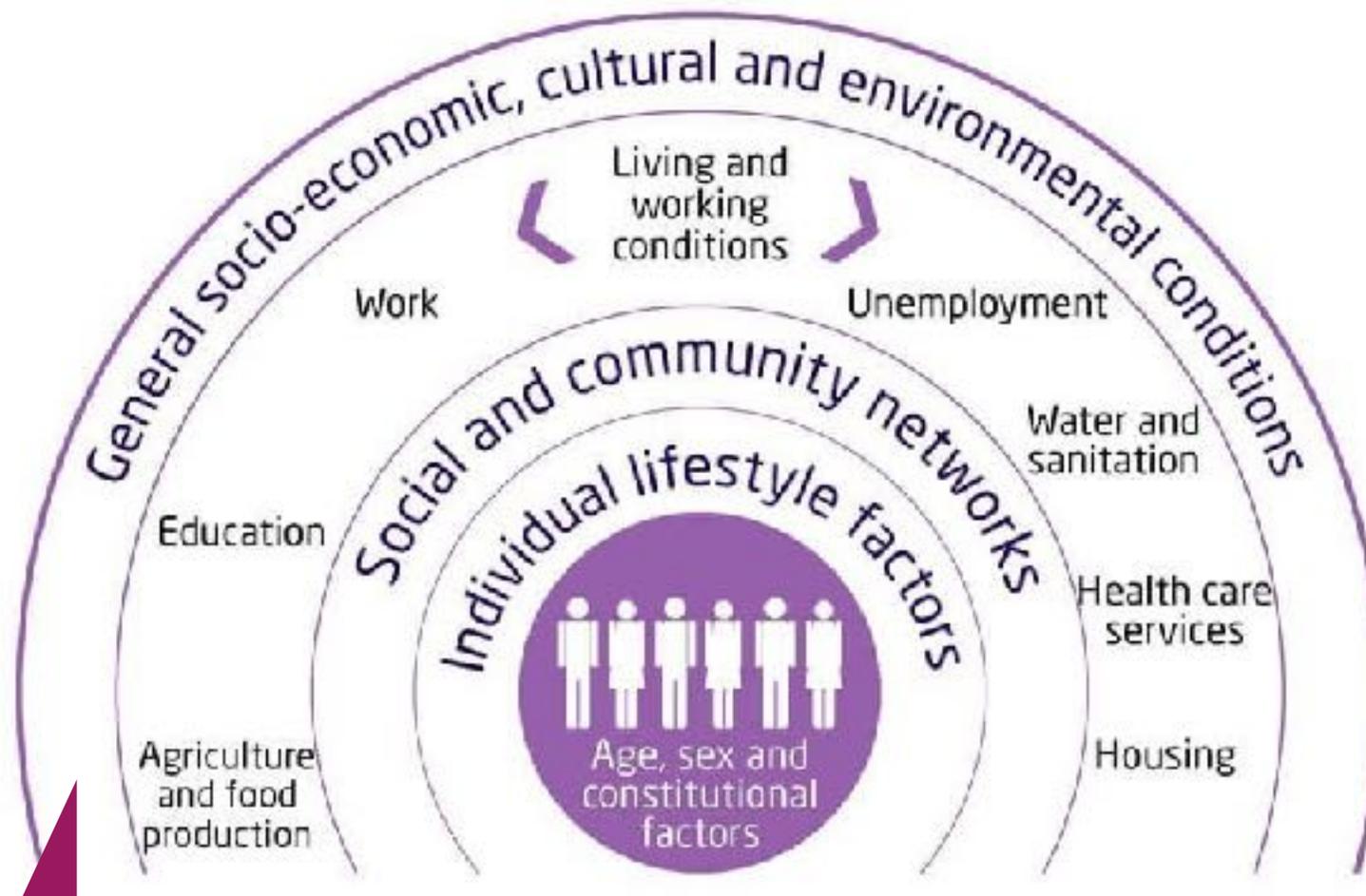
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# Findings



Based on Dahlgren and Whitehead 1991

# Findings



**HIV and MSM STIGMA**

# The subjective experience of HIV+ Muslim MSM in managing their health-care

- Relationships

- > Number of Partners

*“The reason most of us avoid having longterm relationships is that if you fight, one of you may say something in public that lets people know you are seeing each other.”*

- > Transactional Sex

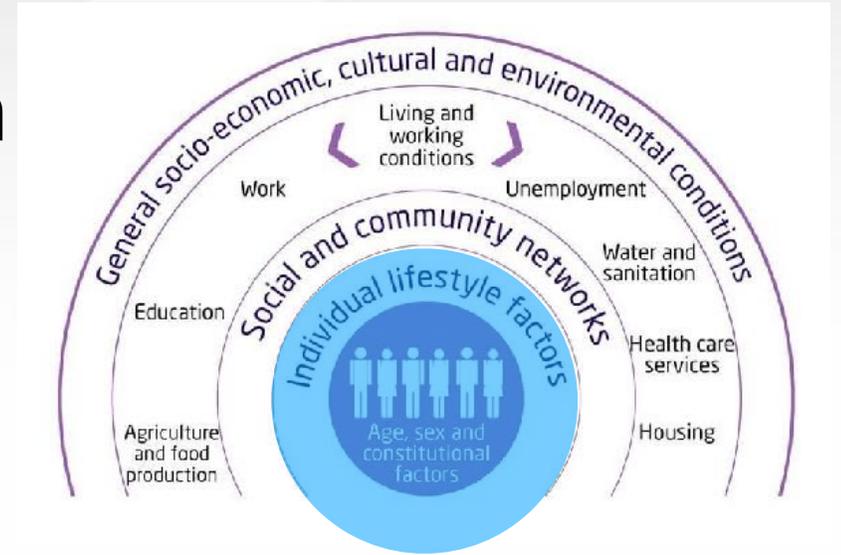
*“When my family kicked me out for being gay, I had nothing. I explained my situation to one man, who gave me a bed and food and for that I had to be his lover.”*



# The subjective experience of HIV+ Muslim MSM in managing their health-care

- **Decision to test and treat for HIV**

*"Many MSM don't want to deal with the harassment and chose not to get treated for their HIV but rather stay home and die."*



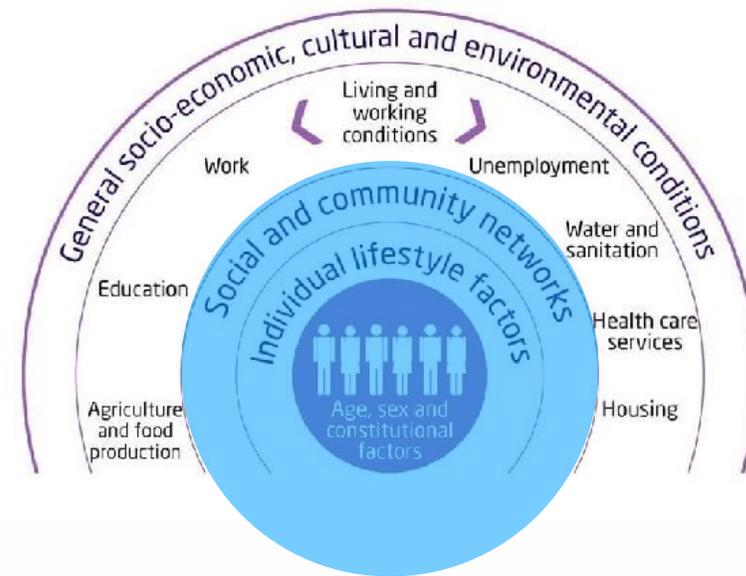
# The subjective experience of HIV+ Muslim MSM in managing their health-care

- **Excommunication**

*"A friend's grandma found out he was gay. He was not welcome back and left to Accra. In Accra he couldn't even smile and he died."*

- **Gang violence**

*"I've been beaten a lot. They beat me till they got tired and left. If I had made the mistake to mention my friends names, they would go beat them too. So it was not easy in that area in Kumasi."*

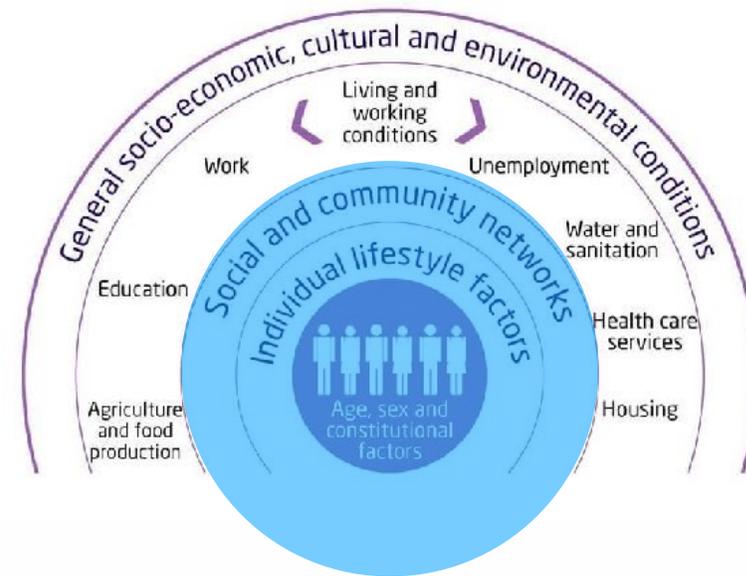


# The subjective experience of HIV+ Muslim MSM in managing their health-care

- **Lack of patient privacy**

*“This nurse felt free to go look at peoples files to see who is positive. He saw the picture of my friend, and brought it to the community.”*

*“When you walk there it is clear what medication you need. And all eyes were on me.”*



# The subjective experience of HIV+ Muslim MSM in managing their health-care

- **Religious Exclusion**

*“In Islam we have a lot of laws. There should not be a gap between people when they are praying. But because I'm gay, they draw themselves to the side. So sometimes I pray and go home crying.”*



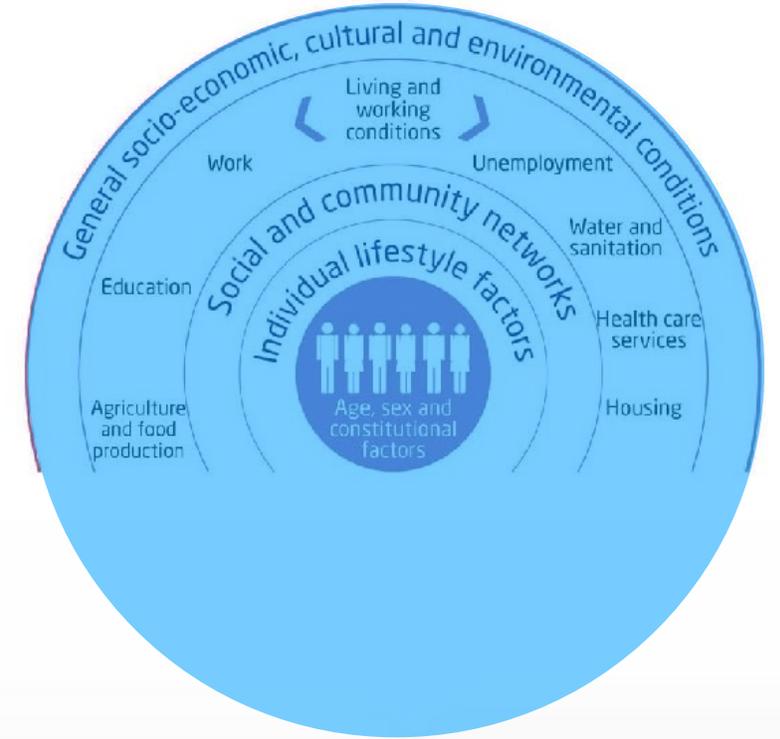
# The subjective experience of HIV+ Muslim MSM in managing their health-care

- **Business is Bad**

*“Some Malams in our community say you should not buy from gays. Ther one girl exposed me and no one would buy my things. So I had no money.”*

- **Education Opportunities are limited**

*“I left the school at primary because I had to leave my home when my father threatened to kill me. So now my 6 brothers are all university graduates but not a single cedi falls on my lap. I would have liked to get that chance to go back to school and become someone...but where is [the chance]...where is it my dear?”*



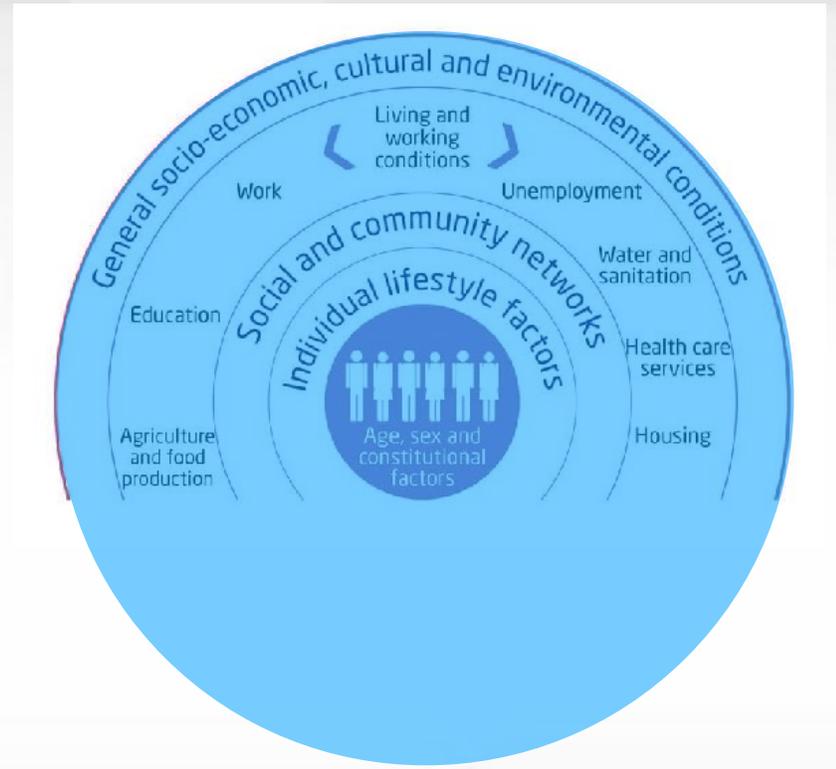
# The subjective experience of HIV+ Muslim MSM in managing their health-care

- **Discrimination (Housing, Work)**

*“I approached a woman asking for a job and she agreed. But then she heard someone say I sleep with men and sacked me.”*

- **Legal Action for no legal reason**

*“One police officer came and said ‘you are under arrest’. He had no proof of anything illegal. He just said ‘follow me to the police station. If you don’t go ill snatch you and beat you’. Then he asked me to sign a paper without letting me read it. We argued on that almost one hour.”*



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# Implications

Increased chance of risky lifestyles.



Participants suggested:

- Continue to educate youth on safe sex and HIV transmission.

*"The information that made the biggest difference to me was that HIV can be managed. There are so many diseases that can kill even with medication. But with HIV if you are taking your medication you can live 100 years without any sign."*

- Continue with peer education

*"I learned what I know about HIV from the NGOs and peer educators."*

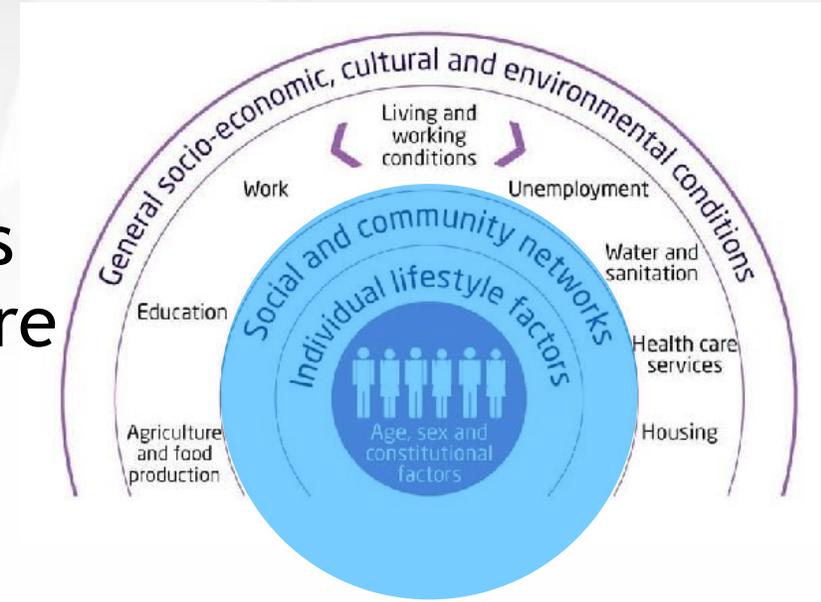
*"I would not get my medication if my peer educator was not helping me."*

# Implications

MSM feel closely monitored in Islamic communities and risk violence and excommunication on exposure as HIV+ and/or as MSM.

Participants suggested:

- Make inconspicuous medication pickup possible in clinics/hospitals.
- Protect patient privacy in clinics/hospitals.
- Stress that HIV it is not a death sentence.

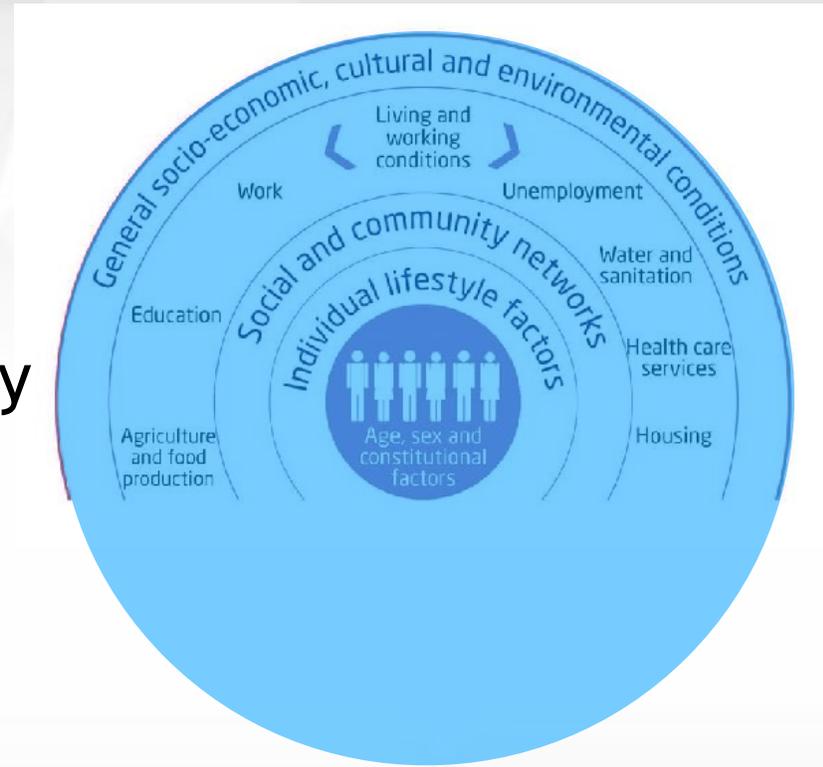


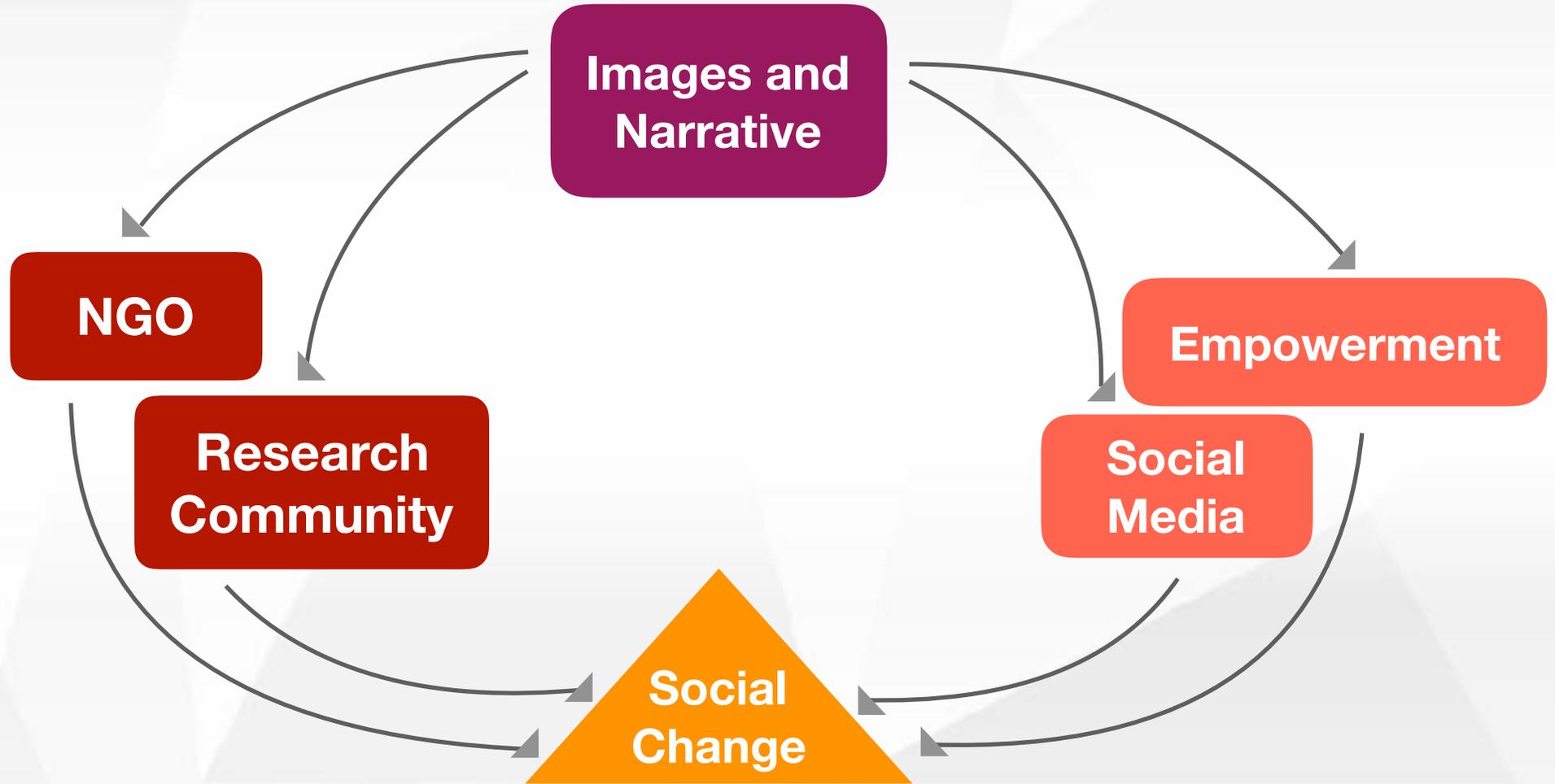
# Implications

MSM don't have the same housing, job, or educational opportunities. They are not well legally represented.

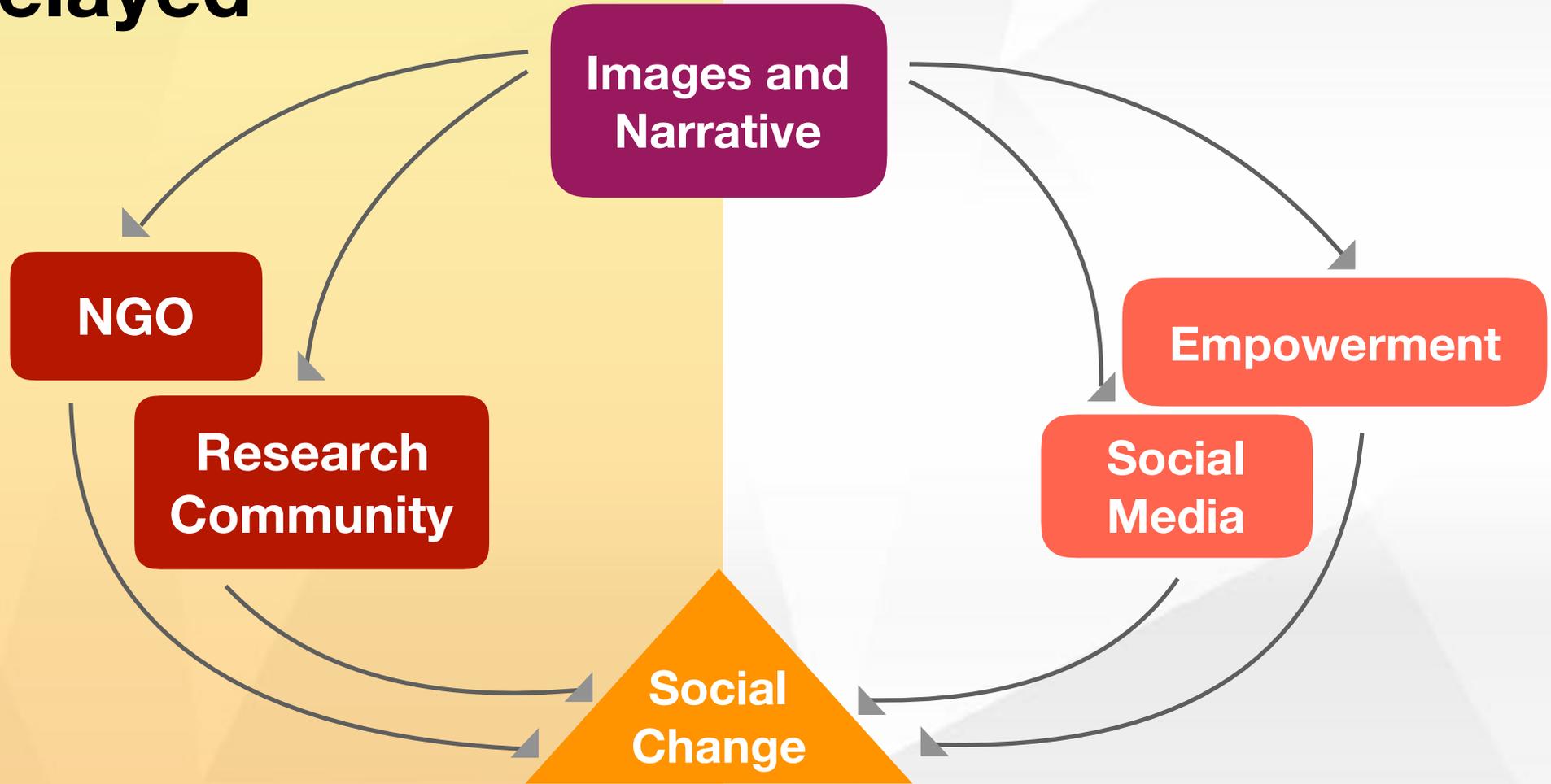
Participants suggested:

- Connection to NGOs and other partners that can help fight discriminatory actions in sustainable partnerships.
- Encourage patient education on rights



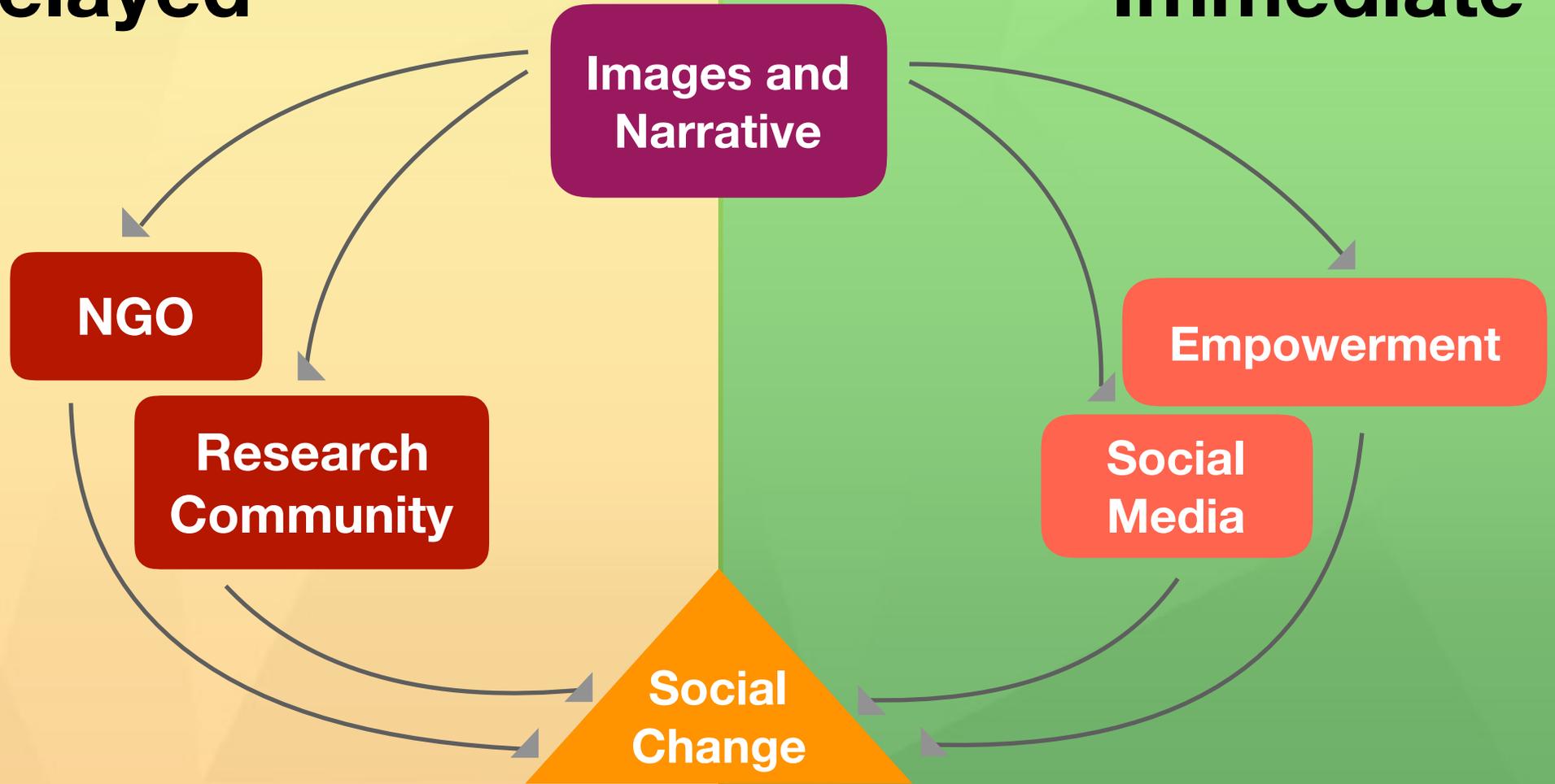


# Delayed



# Delayed

# Immediate



## Social Media Posts

*"Islam and the holy Quran are very important to me as a Muslim. If those around me should know I have HIV, they will not want to sit beside me to pray. Even if I look healthy, people will not touch things after I use them. Many do not know it is safe. Some believe it's bad luck. Thats why education on HIV is important."*

There is no risk of contracting HIV by sitting beside a person with HIV, by eating from the same bowl, drinking from the same cup, or any other casual contact. Even a mosquito that has bitten someone with HIV can not infect you if it bites you!

The risk of isolation from the religious and the greater community makes many people delay HIV testing and treatment. This is especially true for men who have sex with men (MSM) in Ghana, who already risk discrimination and isolation and so want to avoid facing stigmas against both MSM and those who are HIV+.

HIV is not a death sentence. You can live with the virus and have a long, healthy life with medication. Fighting the stigma against those living with HIV would improve the health and longevity of the entire society.



## Social Media Posts

"When I tested positive for HIV, I thought my sister would console me. She was one of my closest people. But she shunned instead, and sacked me from the house. My mother wanted to kill herself. They were scared. Friends told them they could get infected by eating from the same bowl as me, and they thought an infection means death. The doctor called my sister and explained to her that she could not get infected by every-day interactions with me and that I was healthy on my medication. They let me back into the house and want me to take good care of myself. But it had already been 1.5 years since my diagnosis by then."

A critical part of stigma and discrimination against those living with the HIV virus is that people are not well informed about its etiology, transmission, treatment, or prognosis. This is why education on HIV is so important.

HIV is not a death sentence. You can live with the virus and have a long, healthy life, just like you can living with chronic conditions like diabetes or high blood pressure. Fighting the stigma against those living with HIV would help those with HIV access proper health care and would improve the health and longevity of the entire society.



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# Concluding thoughts

The MSM in Ghana face serious discrimination, stigmatization, and violence from the society. In Islamic communities the stigma against MSM is particularly strong. For those who are HIV-positive, this can lead to poorer health, higher transmission rates, and earlier death.

*“Right now, its the stigma that is killing us, not the HIV.”*

*“The people in the dark and the ones in the community that give the stigma. They need to be educated.”*

