



Speaker

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AN OVERVIEW

Miami Beach Community Health Center (MBCHC) has been providing culturally sensitive HIV services since 1986 (partially funded by RW Part A since 1990 and as a Part C grantee since 1994) with almost 1,000 clients served annually, of which 75% are MSM. Some of them have been receiving medical/health services at the center for over 15 years now.

One Important Fact

- Developing and implementing services for MSM (Men Who Have Sex with Men) is difficult because of varying definitions and perceptions of gender, sexual roles, stigma, and homophobia. Definitely, each MSM is different.

Today's Presentation

- This presentation aims to share experiences related to accessibility to medical/health services among MSM/gay men from both users' and providers' perspectives. Prejudice, misunderstanding, invasion of privacy, and lack of skills are the biggest barriers for MSM. Unconscious avoidance and negative image toward MSM sexual behaviors are still barriers among some providers.

Our Objectives

By the end of this session participants will be able to:

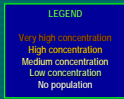
- Have a better understanding of the MSM population
- Be aware of the practical problems in the implementation of a program addressing MSM needs
- Identify the features of a successful HIV/AIDS program serving the MSM population

Men Who Have Sex With Men

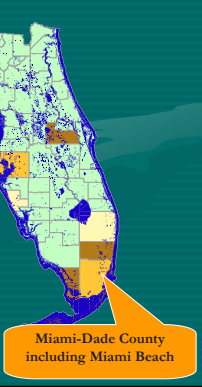


Sex between men happens in every part of the world. Some men who have sex with men (MSM) label themselves as gay, others as bisexual, while a large number – particularly outside western countries – simply see themselves as ‘normal’ males who just happen to have sex with other men.

Part II: Estimated MSM Concentration Within Counties in Florida*



Gary J. Gates, Ph.D. (unpublished data), The Urban Institute, based on 2000 census data for total number of same-sex male unmarried partner households, and an estimate of ~30% MSM partnering rate (Black, et al., *Demography* 37:2, May 2000: 139-154).
 Note: These estimates provide a qualitative assessment of relative MSM population density by computing a concentration index:
 (Coupled men in county / Total coupled men in state)
 (Adult males in county / Total adult males in state)



Part II: Concentration Index and Estimated Number of MSM Highest 8 Counties, Florida, 2000*

| County | MSM Concentration Index** | Estimated | |
|--|---------------------------|----------------|--------------------|
| | | No. MSM | (% of Adult Males) |
| Monroe | 2.85 | 2,600 | 7.4% |
| Broward | 1.66 | 25,000 | 4.3% |
| Orange | 1.37 | 11,600 | 3.5% |
| Hillsborough | 1.13 | 10,500 | 2.9% |
| Miami-Dade (Including Miami Beach Area) | 1.11 | 23,100 | 2.9% |
| Pinellas | 1.11 | 9,900 | 2.9% |
| Palm Beach | 1.09 | 11,900 | 2.8% |
| Sarasota | 1.06 | 3,500 | 2.7% |
| State | 1.00 | 153,000 | 2.6% |

*Estimates developed by G. J. Gates, Ph.D. (unpublished data), The Urban Institute, based on household census data, 2000 (institutionalized persons not included).

**Example: If the index is 2, this means that MSM couples are twice as likely to locate in that area as other adult males.

MSM and HIV/AIDS



- In the context of the global AIDS epidemic, sex between men is significant because it involves anal sex – a practice that, when no protection is used, carries a higher risk of HIV transmission than unprotected vaginal sex.
- AIDS was first discovered among self-identified young gay men in the USA, and throughout the course of the global epidemic, consistently high levels of HIV infection have been found among MSM in many countries

WHAT MAKES MSM VULNERABLE TO HIV?



Biological factors

- It is easier for HIV to be transmitted through unprotected anal sex than through unprotected vaginal sex
- If a man has another sexually transmitted infection (STI), this can be an extra biological factor that increases his risk of becoming infected with HIV. STIs (Chlamydia, Gonorrhea, Syphilis, etc) are relatively common in some communities of MSM, and because men do not always think – or are not always encouraged – to be tested for STIs these infections often go undiagnosed and untreated.

WHAT MAKES MSM VULNERABLE TO HIV? (Cont)

Behavioral factors

- Multiple sex partners
- Not using condoms consistently
- Not learning about HIV
- Having a complacent or negative attitude towards safer sex
- Alcohol and drugs while socializing. Drink and drugs can make it more likely for people to have unprotected sex and a higher number of sexual partners.

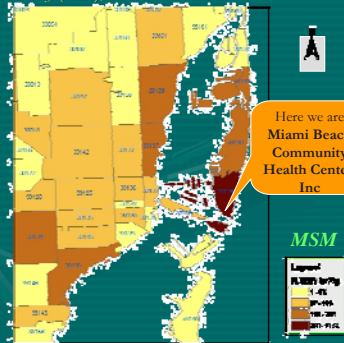
WHAT MAKES MSM VULNERABLE TO HIV? (Cont)

Social/cultural factors

- Denial about the fact that sex between men happens.
- Male or transgender sex workers may find it difficult to persuade their clients to use condoms, or may be offered more money to have unprotected sex.
- A climate of optimism about the effectiveness of antiretroviral treatment may lead some MSM to take more risks.

Reported Number of MSM PLWHA's through 2001, by Zip Code, Miami-Dade County (Inset), Florida.


Comment: Data on reported cases of persons living with HIV/AIDS (PLWHA's) are available at the zip code level. In Miami-Dade County, the geographic distribution of lowest-to-highest number of reported PLWHA cases among MSM by zip code closely overlaps with the estimated distribution of the MSM population by census tract according to the concentration index. This suggests that targeting of HIV/AIDS prevention and patient care initiatives might be similarly informed by either data set.



PLWHA=person living with HIV/AIDS (Source: HARS); zip code at diagnosis.

BARRIERS TO MSM CARE

- **Structural Barriers:**
 - Access to specialized medical care
 - Lack of Insurance
 - Transportation
 - Poverty
- **Social Barriers:**
 - Fear of stigma and discrimination
 - Disclosure concerns




HIV RELATED STIGMA

HIV/AIDS related stigma is a complex concept that refers to prejudice, discounting, discrediting and discrimination directed at persons perceived to have AIDS or HIV.



STIGMA RELATED TO MSM

- Gender Roles
- Acculturation
- Institutionalized Discrimination
- Family Ties




STIGMA AFFECTS HEALTH OUTCOMES

- Antiretroviral Therapy (ART)
 - Use and adherence
- HIV symptoms
- Depression
- Health related quality of life
- Access to medical care



BIGGEST BARRIERS FOR MSM

- Prejudice
- Misunderstanding
- Invasion of Privacy
- Lack of Skills
- Negative Image



WHAT ARE OUR RECOMENDATIONS

Provider Level

- Developing assessment and interventions with an attention to MSM as a significant factor
- Creating group level interventions with MSM as a topic or theme in the group
- Building awareness of unconscious avoidance, provider bias and inadvertent stigmatizing beliefs or behaviors
- Attention to the dynamic that a negative image of MSM plays in the relationship between provider and client

FINAL THOUGHTS

- Definitely each MSM is different.
- To address MSM needs it is fundamental that you know your population and use their feedback (Patient Advisory Committee, Peer Educator, Etc)
- The Secret of Success?
 - The right mixture of professional staff including MSM representation.



CONTACT

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