

HIV and sub-Saharan African communities in Australia: Briefing Paper #2

Men

January 2014

This briefing paper, which examines specific HIV-related issues that may affect African men, is part of a set of papers which summarise the key points made in the AFAO discussion paper, HIV and sub-Saharan African Communities in Australia. A full list of briefing papers is on the last page.

HIV-related issues for African men in Australia include:

- Changes in sexual behaviour and attitudes after migration
- Lack of HIV prevention and awareness programs specifically for African men
- African men who have sex with men (MSM) experience additional stigma and discrimination
- Lack of engagement with support services by HIV-positive men
- Over-representation in criminal cases for exposure or transmission of HIV.

Changes in sexual behaviour and attitudes

Challenges related to changing gender roles after migrating to Australia are a concern for African communities in Australia. The Australian Human Rights Commission 2010 report *African Australians: a review of human rights and social inclusion issues,* notes that men are particularly affected by culture shock as they confront Australian society's norms and expectations around gender roles and family structures.

Samuel Muchoki's research into the sexuality and sexual health of men with refugee backgrounds from the Horn of Africa illustrates this experience. Quoting men who felt that 'if there is a dog at home ... [the women] look after it more than you', he argues that they struggle to find a place in the 'new reality' of Australian society.¹

There has been little social research in Australia that explores African men's sexual behaviour and attitudes. Muchoki's review of all published research papers on Horn of Africa communities in Australia found that only four (out of 108) addressed sexual issues. However, Muchoki cited international studies that indicate that migrant men have a high risk of HIV and other sexually transmitted infections. The studies attributed this to changes in men's sexual behaviour and expectations related to the more open and explicit sexual cultures in western societies, as well as changing gender roles, increased mobility and having more money to pay for transactional sex.³

Research in the UK has found that African men 'were more likely than women to report multiple sexual partners, extrarelational sex, sex with someone of a different HIV status, unprotected intercourse and condom failure'. As a consequence these researchers argue that 'men, not women, should be prioritised by health promoters working with African communities.'5

Muchoki's research reported similar findings, with men from the Horn of Africa – Sudan, Somalia, Eritrea and Ethiopia – more likely to engage in extra-marital affairs, or if single, more likely to engage in casual sex with multiple partners, than they would be able to in their home countries. Muchoki suggests that these men are likely to engage in unsafe sexual practices that could put them and their partners at risk because they have little exposure to information about HIV, such as the importance of safe sex. ⁶ Muchoki observes there is a need to focus on sexual health promotion for men from this region and that research into men's sexuality and behaviour – which should 'actively involve' the men – is needed to inform the development of policies and programs.

During AFAO's consultations and national forums on African communities and HIV, African women also raised concerns about some men's attitudes and behaviours towards women (especially young women). They felt these attitudes and

behaviours contributed to women's risk of exposure to HIV, for example stating that some older men are sexually exploiting young women who are unable to negotiate safe sex with them.

HIV PREVENTION AND AWARENESS PROGRAMS: MEN

Multicultural HIV programs in Australia have used soccer, Hip Hop and drama to engage with men (especially young men) around HIV and sexual health issues.

For more information see: African Australian Communities and HIV: Mapping HIV Health Promotion Programs and Resources (AFAO 2013) at: www.afao.org.au/what-we-do/health-promotion/cald

Lack of HIV prevention and awareness programs

Multicultural HIV service providers are already responding to the impact of gender inequity and are developing programs that seek to empower women to develop the skills to negotiate safe sex and have happy and healthy sex lives. However, AFAO's mapping of Australian sexual health and HIV health promotion programs in African communities found few programs specifically engaging with men. There is a need for more sexual health/HIV programs that address sexual health, 'healthy relationships', and African men's expectations about gender roles.

African gay men and other men who have sex with men (MSM)

Between 2002 and 2011 over 10% of diagnoses among people born in Africa were among gay men and MSM.⁷ There is very little information available about the experiences of these men. Overseas research and anecdotal reports indicate African MSM are extremely marginalised and stigmatised.

Challenges faced by men who have sex with men are likely to include stigmatisation of homosexuality; low rates of testing; higher rates of HIV diagnoses than among heterosexuals; disproportionate numbers of diagnoses; experiences of discrimination and racism; loss of family support; mistrust of health services (related to confidentiality concerns); and a lack of knowledge about where to access services. See ALSO: Briefing Paper: Gay Men and other men who have sex WITH MEN

HIV-positive men

There have been no studies of gender-specific issues affecting HIV-positive Africans in Australia, although a small number of Africans were included in the *Living with HIV and Cultural Diversity in Sydney* study, which investigated the intersection of migration, gender and sexuality for people with HIV from CALD backgrounds.

The data

Of the 823 people born in Africa who were diagnosed with HIV between 2002 and 2011 in Australia, 426 were male. Of these, 89 diagnoses (20% of males, 10.8% of all diagnoses) were among men who have sex with men. The majority of the remaining 337 diagnoses among males were attributed to heterosexual sexual contact. A small number were among people in the 'other/undetermined' category of HIV exposure (which includes transmissions related to medical settings or injecting drug use) and among people who acquired HIV via mother to child transmission.

Lack of engagement with support services

It appears that only a minority of HIV-positive African men are in contact with support services. Many of the services contacted by AFAO when researching the discussion paper reported that they had few or no African male clients. The *Living with HIV and Cultural Diversity in Sydney* study found that heterosexual men from culturally and linguistically diverse (CALD) backgrounds had minimal contact with HIV organisations, usually seeking only legal and financial assistance¹⁰; however, the sample was small and did not distinguish between African and other CALD men.

A number of factors could be contributing to this apparent reluctance to seek support:

- Men may be less interested in, or accustomed to seeking support than women
- Men may prefer to be independent, or may be more reticent about talking about their problems
- Men may be deliberately staying away from support services due to bad experiences with other services, for example being stereotyped as domestic violence perpetrators
- They are well, and are simply getting on with their lives
- Shame and denial.

One woman quoted in the Living with HIV and Cultural Diversity in Sydney study describes her husband's reaction to her suggestion he get tested:

'... he was like, "Oh, no, no, no I'm not a sinner! That's an illness for a sinner!" He just proud, you know. He just didn't want to accept. You know, men in Africa, most of them, they are ready to die to keep their dignity instead of saying "I got HIV" and start to find medication.'11

A reluctance to seek care has also been noted among African-born men in the UK¹² and Africa¹³.

More research is needed to establish whether men are indeed staying away from support services, and if so, why. If HIV-positive men are not in contact with services, it is more difficult to provide support and raise awareness in relation to risky behaviour, as well as having negative consequences for their own health.

Criminal prosecutions

Between 2001 and early 2012, more than half of the accused in criminal cases relating to HIV exposure or transmission involving heterosexuals were African men. This disproportionate representation has been seen in other western countries and is likely due to a number of factors, including:

- fear of stigmatisation which inhibits disclosure of HIV status
- culturally specific constraints around HIV disclosure
- confusion about the law
- racism or prejudice on the part of complainants, police and prosecutors
- lack of cultural competence leading to failed public health management of men who are known or thought to be placing others at risk.

SEE ALSO: BRIEFING PAPER: CRIMINALISATION

BRIEFING PAPERS:

HIV AND SUB-SAHARAN AFRICAN COMMUNITIES IN AUSTRALIA

- 1. Overview
- 2. Men
- 3. Women
- 4. Young people
- 5. People with HIV
- 6. Gay men and other men who have sex with men (MSM)
- 7. Criminalisation
- 8. Prevention & awareness
- 9. Stigma

Download these briefings from: www.afao.org.au/library/discussionand-briefing-papers

The AFAO discussion paper from which these papers are drawn, HIV and sub-Saharan African communities in Australia is available from AFAO on request.

Other issues

UK research into the experience of HIV-positive African men in London¹⁴ highlighted a number of issues which may also be experienced by African men in Australia, including:

- reluctance to get tested for HIV, late diagnoses and diagnosis after becoming ill
- isolation related to fears of being stigmatised if they disclose their HIV status
- loss of sexual relationships
- feeling that they could not be able to (or should not) have children
- unemployment due to ill health or immigration status.

While these issues are not unique to African men, together they highlight the significance of common perceptions of masculinity among men in African communities, and of the male role in family and community.

¹ Muchoki, S. (2012a). '[In Australia] what comes first are the women, their children, cats, dogs, followed by men': Exploring narratives of men from the Horn of Africa. Australasian Review of African Studies 34 (2).

² Muchoki, S. (2012b). Sexuality and sexual health needs of African-Australian men with refugee backgrounds from the Horn of Africa: The need for a new research agenda. *The Australasian Review of African Studies 33*(1), 141.

³ Ibid., 135-137.

⁴ Study quoted in: NAM. (2011). Black African men. aidsmap [online]. Retrieved from: http://www.aidsmap.com/Needs-of-specific-groups/page/1746865/

⁵ Ibid.

⁶ Muchoki, S. (2012c). Sexual practices of men with refugee backgrounds from the Horn of Africa in the context of HIV/AIDS. Paper number 309, proffered at the Australasian HIV/AIDS Conference 2012.

at the Australasian HIV/AIDS Conference 2012.

The Kirby Institute, unpublished data. The term MSM is used to distinguish men who do not identify as gay but who do at times have sex with other men. They may consider themselves to be heterosexual.

⁸ Körner, H., Katsaros, E., Luisi, B. (2013). *Living with HIV and cultural diversity in Sydney: migration, gender and sexuality (Monograph 1/2013)*. NCHSR, The University of New South Wales, Sydney.

⁹ The Kirby Institute, unpublished data.

¹⁰ Körner, et al., (2013), op. cit., 12.

¹¹ ibid., 16.

¹² National African HIV Prevention (NAHIP). (2012). Africans in England. National African HIV Prevention (NAHIP) programme. KWP [online]. HIV in context. Retrieved from: http://kwp.org.uk/england.

¹³ Mills, E., Beyrer, C., Birungi, J., Dybul, M. (2012). Engaging men in prevention and care for HIV/AIDS in Africa. *PLOS Medicine* 9(2).

¹⁴ Doyal, L., Anderson, J., APenteng, P., (2005). *1 want to survive, I want to win, I want tomorrow' An exploratory study on African men living with HIV in London.* Terence Higgins Trust. Retrieved from: http://www.homerton.nhs.uk/uploaded-files/R D/iwanttosurvive.pdf