

Physical and sexual violence among men who have sex with men in Cameroon: HIV, access to health and justice

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Background

- Men who have sex with men remain highly affected by HIV in Cameroon
 - 4.3% HIV prevalence in adults 15-49
 - higher among MSM in Douala (25.5%) and Yaounde (44.4%)
- Qualitative reports suggest severity of violence, stigma, and discrimination against MSM in Cameroon
- Violence has been linked with HIV risk behavior in MSM in other settings

Methods

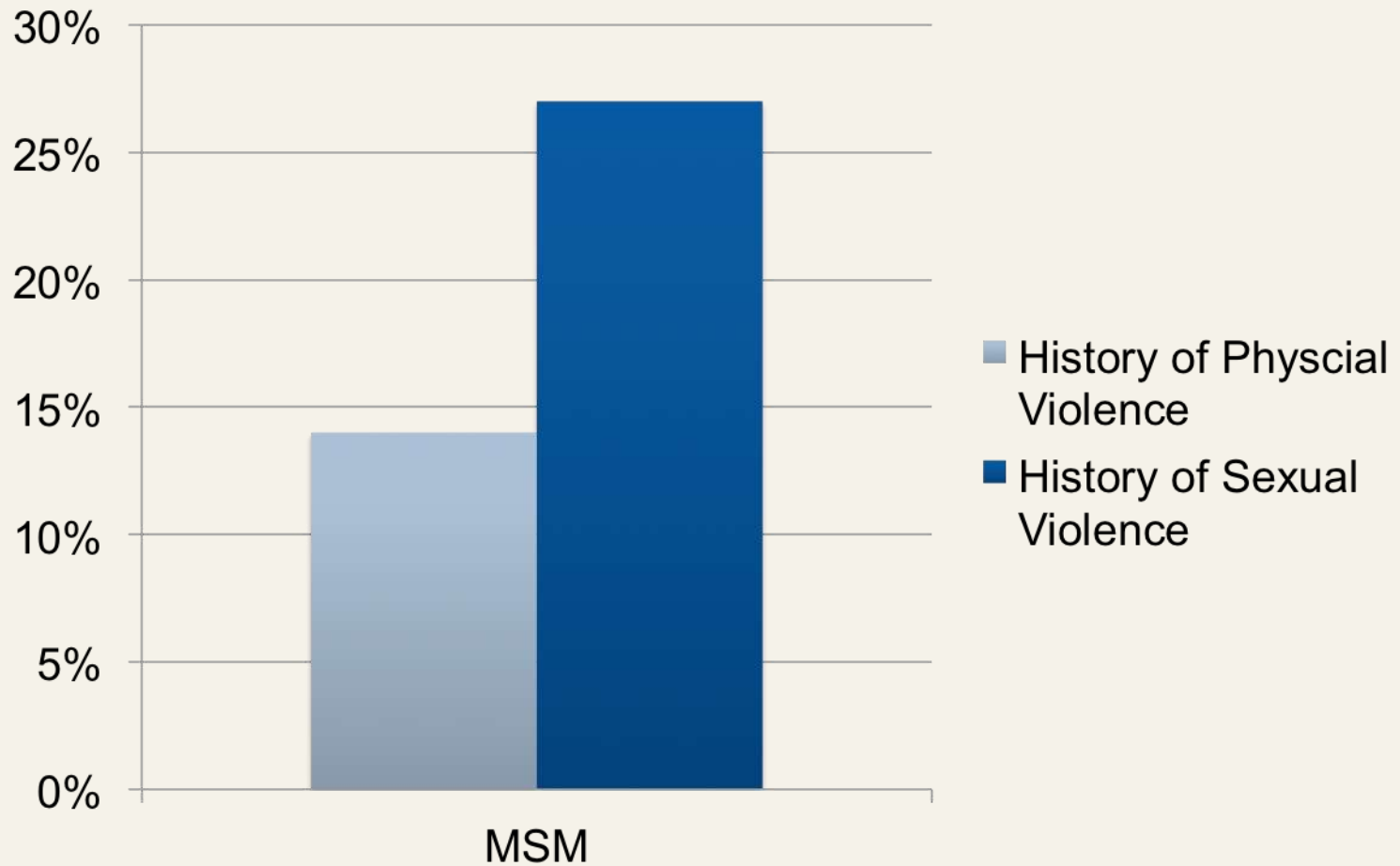
Data collection

- 1,606 MSM completed a cross-sectional survey
- Participants were recruited through snowball sampling
- initiated through venues in seven cities (Bamenda, Bafoussam, Bertoua, Douala, Kribi, Ngaoundéré, and Yaoundé)

Measures

- Sexual violence: reported one or more to the number of been forced to have sex when did not want to
- Physical violence: ever been beaten up or physically hurt by someone because of MSM status
- Physical violence and sexual violence were evaluated separately

Prevalence of Violence



GBV and the HIV care continuum

	Total	Among MSM with History of Physical Violence		Among MSM with History of Sexual Violence	
		%	AOR (95% CI)	% (n)	AOR (95% CI)
HIV prevention info received	88%	96%	3.75 (1.86, 7.58)	90%	1.39 (0.95, 2.04)
Knows HIV status	89%	90%	1.43 (0.85, 2.43)	88%	0.96 (0.66, 1.40)
Living with HIV	7%	14%	2.05 (1.17, 3.60)	8%	1.08 (0.64, 1.82)
Undergoing treatment if living with HIV	76%	70%	0.80 (0.21, 2.99)	86%	1.69 (0.44, 6.50)
Tested for HIV within last 12 months	82%	81%	0.92 (0.58, 1.45)	81%	0.77 (0.54, 1.09)

*adjusted for age, additional female partner, sexual orientation, family knowledge of MSM status, engagement in sex work within 12 months, and level of education

GBV and Access to Care

	Total	Among MSM with History of Physical Violence		Among MSM with History of Sexual Violence	
	%	%	AOR (95% CI)	%	AOR (95% CI)
Ever been at NGO	29%	41%	1.61 (1.10, 2.35)	32%	1.29 (0.96, 1.72)
Disclosed MSM status to service provider	25%	44%	2.62 (1.36, 2.67)	30%	1.26 (0.96, 1.66)
Denied service because of MSM status	6%	16%	2.90 (1.71, 4.90)	9%	1.75 (1.08, 2.83)
Mistreated in health center	8%	19%	2.16 (1.36, 3.44)	11%	1.45 (0.96, 2.21)

*adjusted for age, additional female partner, sexual orientation, family knowledge of MSM status, engagement in sex work within 12 months, and level of education

GBV and Protection and Justice

	Total	History of Physical Violence		History of Sexual Violence	
		%	%	AOR (95% CI)	%
Refused police protection	8%	41%	3.63 (2.32, 5.66)	32%	1.51 (0.99, 2.30)
Jailed or prisoned	5%	44%	6.05 (3.55, 10.30)	30%	1.36 (0.80, 2.31)
Arrested	8 %	16%	7.39 (4.73, 11.54)	9%	1.78 (1.17, 2.71)
Blackmailed	40%	19%	8.80 (5.90, 13.14)	11%	1.67 (1.31, 2.14)

*adjusted for age, additional female partner, sexual orientation, family knowledge of MSM status, engagement in sex work within 12 months, and level of education

High risk subset: MSM who trade sex

- 23% of MSM had traded sex in the past year
- Sex trade more prevalent among GBV victims
- Links of GBV with denial of health services and mistreatment in health centers concentrated among MSM who trade sex
- Links of GBV with arrest, failure of police protection and imprisonment noted among both MSM who did and did not trade sex

Conclusions & Implications

- Violence against MSM was prevalent; over 1 in 10 reported physical abuse and 1 in 4 reported sexual violence.
 - Timing and perpetrators are unclear
 - Some of the violence may have been experienced in the context of arrest or imprisonment
 - Physical violence associated with self-reported HIV status
 - Few differences across the HIV care continuum based on GBV

Conclusions & Implications

- Violence was associated with denial of health services, mistreatment in the health sector, and with arrest, imprisonment, and feeling that police fail to protect
 - Need to clarify victim needs and perpetrators of violence to shape policy
- Contextual factors / intersecting vulnerabilities
 - Criminalization and stigmatization of MSM
 - GBV policy context not inclusive of male victims
 - Context of sex trade
- Findings reviewed with CBOs; GBV action plan under development

Guidance on comprehensive GBV responses for key populations

- Lessons learned from GBV response in general populations can be valuable



Evidence & Guidelines on GBV for general populations

Evidence & Guidelines for Key Populations



- Segmented by population
 - Evidence on GBV response for FSWs is relatively new
 - Evidence base for MSM lags behind
 - Resource review of training/programming identified 111 for sex workers, 40 for MSM (USAID, 2013)