

# PRIDE and PREJUDICE

Gay men who are HIV-positive fear 'double discrimination'

South Africa's Constitutional protections against discrimination for sexual orientation afford countless opportunities to bring men who have sex with men (MSM) out of the shadows and into the reach of public health interventions. Fear of disclosing sexual orientation remains commonplace, with MSM experiencing a sense of vulnerability that they could fall victim to stigmatisation and discrimination. The pressing concealment of sexual orientation also creates barriers to seeking healthcare, and AIDS stigmas add a layer of concealment that ultimately propagates the spread of HIV. This study by **ALLANISE CLOETE** and her co-authors examined the stigma and discrimination experiences of MSM living with HIV/AIDS.

**C**urrently, it is unknown how many people living with HIV in South Africa are MSM, and even less is known about the stigmatisation and discrimination suffered by HIV-positive MSM.

This study examined the stigma and discrimination experiences of MSM living with HIV/AIDS in South Africa.

Anonymous venue-based surveys were collected from 92 HIV-positive MSM and 330 HIV-positive men who only reported sex with women (MSW). Internalised stigma was high among all HIV-positive men who took part in the survey, with 56% of men reporting that they concealed their HIV status from others.

## STIGMA AND DISCRIMINATION

Previous research has found that black African South African MSM are highly vulnerable to HIV infection, and also revealed that fear of being HIV-positive and fear of being assumed to be gay presents barriers to making use of the

available voluntary HIV testing and counselling services.

Although South African MSM are recognised as at risk for HIV/AIDS, this population remains marginalised and to a large extent neglected in current HIV/AIDS-prevention campaigns and research.

This study found that HIV-positive MSM generally experienced more discrimination related to their HIV status than their non-MSM counterparts. It therefore appears that HIV-positive MSM suffer double or multiple discrimination, or 'superdiscrimination'.

However, contrary to our hypotheses, there were no differences between MSM and MSW on the internalised stigma items.

## TAKING UP THE CHALLENGE

Interventions are needed that can assist HIV-positive MSM to better adapt and adjust to their condition and the social environment. In particular, coping efficacy training to address managing

social stigma and reducing internalised stigma should be developed and tested. In the development of risk-reduction interventions for HIV-positive MSM, a component focusing on reducing the use of injection drugs is also important in tailoring the intervention for HIV-positive MSM.

HIV-positive MSM may also benefit from interventions designed to broaden and strengthen their social support networks. For example, support groups, which are already common in South Africa, especially among MSM living with HIV/AIDS, may be used as starting points for the development of social support interventions.

However, the ultimate solution to HIV/AIDS stigma, especially among MSM, does not lie in the hands of HIV-positive men alone. Structural interventions are needed to change both the social climate of HIV/AIDS and sexual politics around sexual practices of MSM. Reducing the combined HIV/AIDS and MSM stigmas at the societal level could impact on the internalised stigmas that are clearly magnified in MSM living with HIV/AIDS. ◀◀

EXPERIENCE	MSM n = 92		MSW n = 330	
	n	%	n	%
Difficulty of disclosure	59	64	213	66
Feeling 'dirty' due to being HIV+	34	37	102	32
Feelings of guilt	46	50	148	46
Feelings of shame	41	45	139	43
Feelings of worthlessness	34	37	121	38
Feelings of self-blame	42	46	170	53
Hides HIV+ status	51	55	188	58
Certainty of disclosing to partner	59	64	203	63
Talking to a friend about it	53	58	239	74
Treated differently by friends and family	42	46	124	38
No visits after HIV+ status disclosure	37	40	107	33
Loss of employment	41	45	72	22
Discriminatory experiences	58	64	131	40
Concealment of HIV+ status	64	59	193	60

Currently, it is unknown how many people living with HIV/AIDS in South Africa are MSM, and even less is known about the stigmatisation and discrimination suffered by HIV-positive MSM.

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# Devil makes work for idle hands

Leisure-time sedentary behaviour is strongly associated with alcohol, tobacco and drug use among adolescents, writes **KARL PELTZER**, research director in the HIV/AIDS, STIs and TB research programme, HSRC.



**P**hysical inactivity leads to higher levels of illness (morbidity) and deaths (mortality) from chronic non-communicable diseases. In high-income countries, studies have measured physical activity and substance use among school-goers, but comparable data is lacking from most African countries.

The purpose of this study was to look at the relationship between the frequency of leisure-time physical activity and sedentary behaviour, and alcohol, tobacco and drug use among schoolchildren.

We conducted a nationally representative survey among a sample of 24 593 schoolchildren in the age group 13 to 15 years from eight African countries; namely Botswana, Kenya, Namibia, Senegal, Swaziland, Uganda, Zambia and Zimbabwe.

In the findings, only 14.2% of the schoolchildren were frequently physically active (five days and more per week, at least 60 minutes a day) during leisure time. This was significantly higher among boys than girls.

Frequency of alcohol consumption and higher socioeconomic status were significantly associated with leisure-time physical activity levels, while tobacco, illicit drug use, and mental health variables were not. Leisure-time sedentary behaviour of five or more hours spent sitting down on an average day was highly associated with all forms of substance use.

## PHYSICAL VS SEDENTARY ACTIVITY

Leisure-time physical activity was described as: 'Any activity that increases your heart rate and makes you get out of breath some of the

time', whether in sports, playing with friends, or walking to school. Some examples are running, fast walking, riding a bike, dancing and football.

Leisure-time sedentary behaviour was described as mostly sitting when not in school or doing homework, for example: 'How much time do you spend during a typical or usual day sitting and watching television, playing computer games, talking with friends, or doing other seated activities?'

Five or more hours spent sitting on an average day during leisure time were highly associated with substance use of all kinds.

## ALCOHOL AND DRUG USE

Overall, 15% reported past month alcohol use. The highest frequency of alcohol use was reported by Zambian and Namibian schoolchildren (42.3% and 32.8% past month, 5.6% and 3.7% typically five or more drinks a day, respectively), and the lowest frequency among Senegalese school children (3.2% past month and 0.2% who drank five or more drinks a day).

Similarly, illegal drug use was highest among Zambian and Namibian schoolchildren (38.1% and 28.8%, respectively) and the lowest among Senegalese schoolchildren (0.6%). Boys reported tobacco and alcohol use significantly more often than girls, while there was no significant

gender difference for illegal drug use.

Regular and frequent physical activity levels were associated with lower use of alcohol, and five or more hours spent sitting on an average day during leisure time were highly associated with substance use of all kinds. This has implications for the promotion of physical activity and prevention of substance abuse. In addition, children should be discouraged from sitting for extended periods.

## GETTING THEM OFF THE COUCH

More research is needed on the cognitive, social, and environmental factors that may influence physical activity, time spent sitting, and substance use levels among adolescents so that effective interventions can be developed that may help children and adolescents become more active.

It is also imperative to consider exercise and physical activity as a means to prevent and combat the childhood obesity epidemic.

In African countries, different kinds of interventions targeting 'total physical activity' in the domains of work, active transport, reduced sitting time, as well as leisure-time physical activity promotion are needed. ◀◀

Summary of an article, *Leisure time physical activity and sedentary behaviour and substance use among school adolescents in eight African countries*, published in the *International Journal of Behavioural Medicine* (2010).



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Volume 9 no. 3 | September 2011

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