



Australian Federation
of AIDS Organisations

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

Gay men and other men who have sex with men

11 October 2013

This briefing paper, which examines specific HIV-related issues that may affect African gay men and MSM, 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 papers is overleaf.

African men who are same-sex attracted are a stigmatised minority within many African countries and discriminatory attitudes towards gay men and lesbians have also been reported in African communities in Australia. A 2010 Australian Human Rights Commission consultation found that African Australians who are same sex attracted experienced 'forced silence', name calling and stigmatisation from their communities. Some community leaders allow, or even endorse discriminatory behaviour which can result in social ostracism and isolation.ⁱ

Stigmatisation of same sex attraction puts gay men and other men who have sex with men at higher risk of acquiring HIV, both in their countries of origin and in countries to which they migrate. They may be reluctant to access sexual health services or to disclose their sexual behaviour due to fears of being discriminated against, and as a result may not receive appropriate information about HIV prevention.

A *Lancet* paper which examined a number of studies of HIV infection in Black MSM across the African diaspora (including Africa and the Caribbean) found that they are 'at greater risk for HIV infection than are general populations'.ⁱⁱ Research in the UK has also shown that they are at risk of acquiring HIV after migration.ⁱⁱⁱ

Although most diagnoses of HIV among African Australians are due to heterosexual contact, homosexual sex is the major mode of HIV transmission in Australia, therefore HIV health promotion for African gay men and MSM should not be neglected.

Of 823 diagnoses among people born in Africa between 2002 and 2011, 89 diagnoses (10.8%) were attributed to male homosexual contact. While it is possible that many of these diagnoses were among white men from South Africa or Zimbabwe, both anecdotal reports and a small study of African-born Victorian residents living with HIV indicate that this figure does include Black African-born men with HIV.^{iv}

Some African gay men and MSM may be reluctant to disclose their sexuality when they are diagnosed with HIV due to the stigma attached to homosexuality in their communities. If this is the case then some HIV diagnoses among African Australians which have been classified as heterosexual transmissions may actually be due to homosexual sexual activity.

There is no specific research regarding the experiences of African gay men and MSM in Australia.

The Living with HIV and Cultural Diversity in Sydney study quoted the experience of just one African HIV-positive gay man:

'I lose contact with [my family] because ... I was gay and my family neglected [rejected] me. ... So I have to live by myself ... When you're gay your family, nobody accepts you ... That's why I was sent from home ...'^v

Black African-born gay men and other MSM are likely to be a very small minority among homosexually active men in Australia, compared to countries like the US and UK which have far bigger African populations. It is hard to know how applicable international research is to this population; however, the issues identified in overseas research are generally confirmed by anecdotal reports. Research into the experiences of other culturally and linguistically diverse (CALD) gay men and MSM also highlights similar issues.

The *Lancet* paper found that gay men and MSM throughout the African diaspora share a number of common experiences, including: pressure to conform to cultural norms of masculinity; discrimination; late diagnosis; concerns about confidentiality in testing and treatment settings; poor access to treatments and to culturally competent care; and the threat of violence.

The *Double Trouble* report from a consultative forum on CALD MSM in Victoria noted that ‘there is minimal working knowledge about CALD MSM from cultural backgrounds outside South East Asia’ and that ‘the needs and experiences of African and Middle Eastern gay men and MSM in Australia remain largely unknown’.^{vi}

The report, which cautioned that its findings should not be generalised to non-Asian CALD men, found similar issues to those identified by the *Lancet* paper. These included: low rates of testing; disproportionate numbers of diagnoses; experiences of discrimination and racism (including from the gay community); loss of family support; mistrust of health services; and lack of knowledge about where to access services.

BRIEFING PAPERS:

HIV AND SUB-SAHARAN AFRICAN COMMUNITIES IN AUSTRALIA

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

At the time of AFAO’s consultations with African community leaders (2009-2011) few HIV services had African gay or MSM clients; however, one service provider noted that African MSM in contact with his service were ‘doing it tough’, facing homelessness, alcohol problems, racism and a lack of understanding.

There is a need for more research into the experience and health needs of same-sex attracted African Australian men; however, due to the small numbers and stigmatisation, it may be difficult to conduct such research.

There is also a need to address the stigmatisation of homosexuality within African communities, which can exclude gay men and MSM from important sources of support, as well as deterring them from accessing health care services.

The *We’re Family Too* project, in which ACON (formerly the AIDS Council of NSW) partnered with the Arab Council of Australia and several other community groups to explore the experiences of same sex attracted Australians from Arabic-speaking backgrounds, provides a model for how this sensitive and controversial issue could be addressed by African communities.

We’re Family Too provided an opportunity for Arabic speaking communities to have open dialogue about the negative impacts of homophobia and discrimination on their gay and lesbian community members and increase awareness of the need to be more supportive and inclusive.^{vii}

ⁱ Australian Human Rights Commission. (2010). *In our own words – African Australians: a review of human rights and social inclusion issues*. Australian Human Rights Commission, Sydney, Additional Issues: African Australians – Compendium, section 10.6,(i),(c).

ⁱⁱ Millett, G., Jeffries, W., Peterson, J., Malebranche, D., Lane, T., Flores, S., et al. (2012). Common roots: a contextual review of HIV epidemics in black men who have sex with men across the African diaspora. *The Lancet* 380(9839), 411–423. doi: 10.1016/S0140-6736(12)60722-3

ⁱⁱⁱ Dougan, S., Elford, J., Rice, B., Brown, A., Sinka, K., Evans, B., et al. (2005). Epidemiology of HIV among black and minority ethnic men who have sex with men in England and Wales. *Sexually Transmitted Infections*, 81(4), 345–350.

^{iv} Lemoh, C., Baho, S., Grierson, J., Hellard, M., Street, A., Biggs, B. (2010). African Australians living with HIV: a case series from Victoria. *Sexual Health* 7(2) 142-148.

^v 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.

^{vi} Reeders, D. (2010). *Double Trouble? The Health Needs of Culturally Diverse MSM*. Centre for Culture, Ethnicity and Health, Melbourne.

^{vii} More information at: www.wearefamilytoo.com.au