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**HIV TREATMENT
AND PREVENTION
ADHERENCE**



Facilitators and Challenges to ART Adherence among Men Who Have Sex with Men (MSM) in Coastal Kenya

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N.B. All authors report no conflicts of interest.

Background

- In coastal Kenya, 20% of total HIV infections occur among MSM
- HIV+ MSM are dually stigmatized and may face unique barriers to care engagement and ART adherence

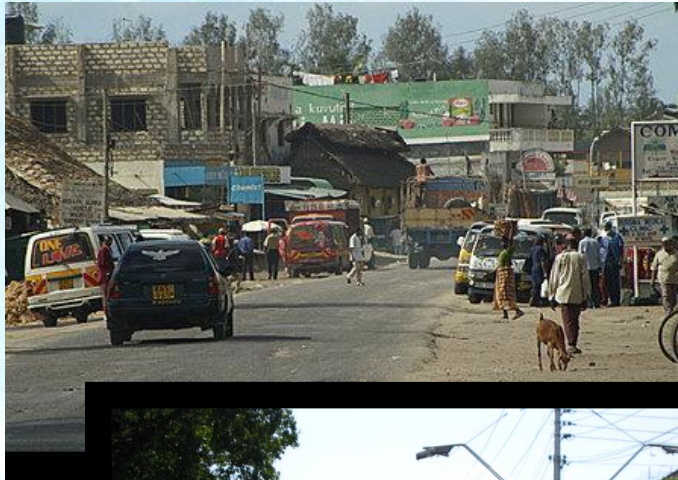
*“It’s a double discrimination my dear
...and I’m telling you it’s hell on earth”*

– 35-year-old, gay man

Research Goals

- We aimed to identify key barriers and facilitators faced by HIV-positive Kenyan men with respect to HIV care engagement and ART adherence
- Our overall goal is to develop a peer and provider support intervention to improve outcomes in this group, with R34 support from the NIMH

Research Setting



Study Population

- We aimed to identify up to 25 ART-naïve and 25 ART-experienced men who were:
 - 18 years or older
 - HIV-1 seropositive
 - Resident in coastal Kenya
 - Sexually active (manual, oral, anal) with a man in past 12 months
- Recruitment via a network of providers seeing MSM patients and through local LGBT organizations
- Purposive sampling used to obtain a diverse sample with respect to age, sexual orientation, ART experiences

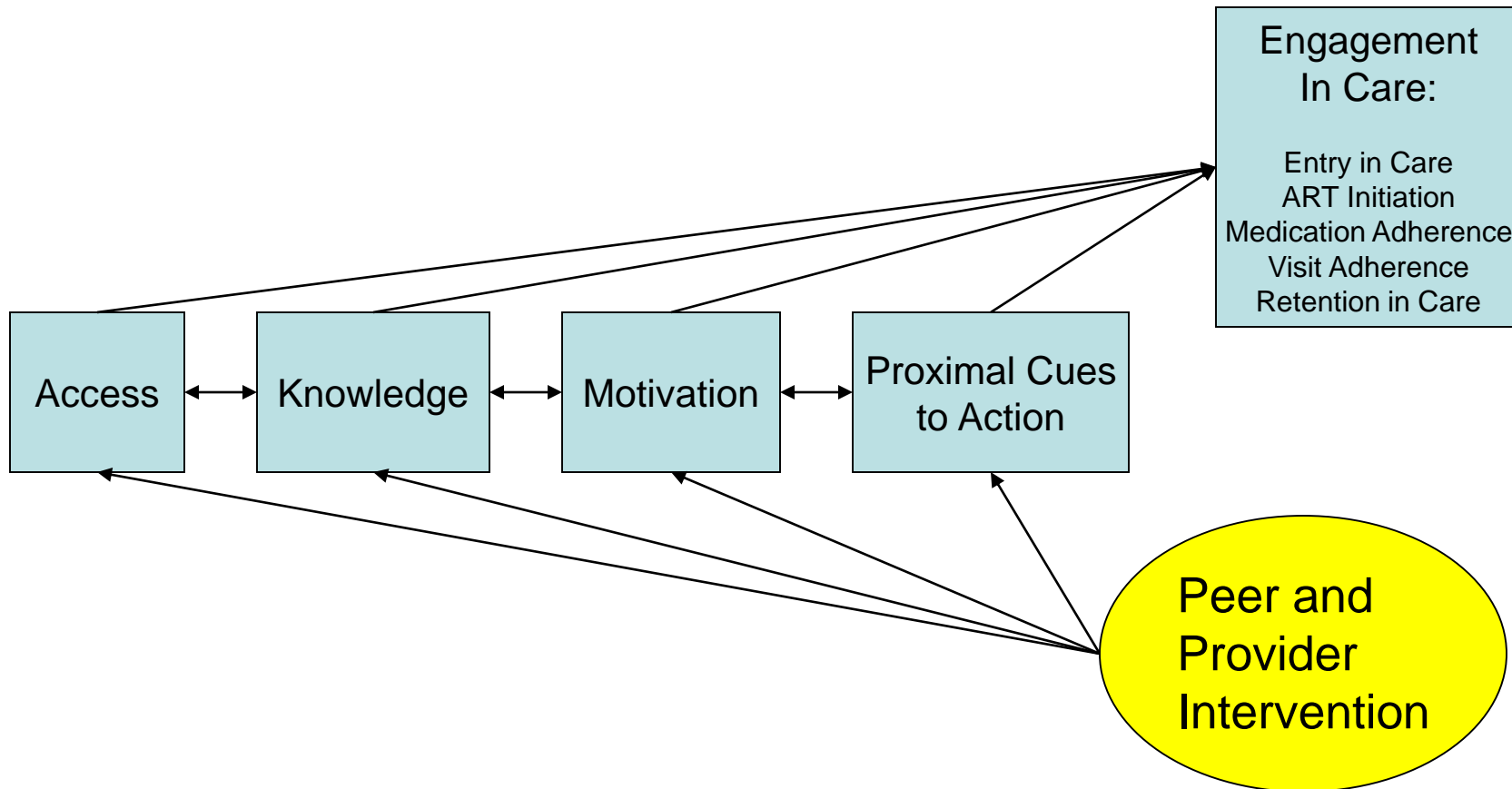
Methods

- We conducted individual in-depth interviews (IDI) using a semi-structured, open-ended topic guide
- Introductory questions focused on story behind HIV diagnosis
- Other questions focused on ART and adherence
- Transcribed, translated interviews were explored to identify common themes related to ART adherence

Simoni Model: Four Steps to Medication Adherence

Stigma & Discrimination

Trust in Providers



Sample Characteristics, 30 MSM

Characteristics	Median (Range) or N (percent)
Age (years)	31 (19–51)
Education (years)	8 (4–14)
Sexual orientation	
Straight	2 (6.7)
Gay or homosexual	18 (60.0)
Bisexual	2 (6.7)
Other*	8 (26.7)

*Other includes 2 “Basha,” 1 “MSM,” 1 “Shoga,” 1 “bottom,” 1 “female,” 1 “transgender,” and 1 “Mzembe”

Important Themes

Knowledge

HIV, ART, septrin, positive living

Access

Motivation

Health, social support, belief in ART,
mental health, substance abuse

Sources of support

Skills and Cues

Disclosure, pill-taking, planning,
problem-solving

Resilience

Access

Trust in providers

MSM-friendly services

Service provision factors

Tailored information

Financial constraints

Behavioral issues

Access

Distrust of providers

“There are many who don’t like treating MSM ... I have one of them here but I don’t have to name them because they are in their work. But I went to him with one of the MSM and I saw exactly how he behaved because he started abusing him. If I tell you ‘you are a Muslim child, why are you shaming us’ you see such kind of things.” – 51-year-old bisexual man

“I am usually very careful, when I walk into an observation room I always ask the door to be locked before I undress to show you my problem. I don’t want a situation where I am in then one walks in bringing a file, another coming to pick a pen...No! Nowadays we have rights.” – 28-year-old gay man

Access

Trust in providers

“It’s for my wellbeing so when a doctor tells me ‘do this’ I will do.” – 24-year-old gay man

“When an MSM comes in you inquire about his partner and at first he will say he doesn’t have a partner because he is an MSM. He will hide for a while but when you become friendly he will open up.” – 28-year-old gay man

Sources of Support

- An important subtheme of “Motivation” in this group

Provider support

Peer support

Family support

Support groups

Sources of Support

Rejection by family

- *“I am a man, but am doing what is against family values and even religious values. As a man I am expected to be heterosexual. However, my feelings are to the contrary. Therefore if I tell my mother or my sisters that I am positive ... don't you think I will be calling for abuses?” – 28-year-old gay man*
- *“What will I do? I didn't have any employment neither did I have anyone I would go for assistance as gay. I depend on me myself...so it's a risk thing that MSM like I have been going through ... You could go home yes but how would you disclose your status to your family? ... So it was disturbing psychologically and draining physically. “ – 35-year-old gay man*

Sources of Support

Positive support

- *“The person I disclosed my status to is my aunt – a health care worker. I really cried but my aunt told me not to worry ... She told me its normal and I still have an opportunity to sire children.” – 31-year-old “straight” MSM*
- *“Whenever I went to my friends they would tell me ‘I am also infected and I am on meds.’ Then as a group we were being taken for seminars and educated on HIV. That is how I came to accept myself.” – 30-year-old gay man*
- *“I wanted to be with others [in the support group] because I had seen at home I cannot share about my status...it helps me because whenever I have any challenges, ...they help me with ideas.” – 34-year-old “homosexual” man*

Resilience

Self-worth

MSM stigma

Goal-setting

Homophobia management

Social identity

External monitoring

Connection to groups

Altruism

Case #1

- 24-year-old gay sex worker with 8 years of education
- “Peer educator”
- Tested positive in 2008, started ART in 2012 with sporadic adherence
- Challenges: Lack of education, housing, food and money; alcohol use; stigma; frequent travel; behavioral issues (arrests, arguments)
- Motivators: Fear of death, peer support, self-acceptance?, HIV+ HCP who disclosed to him
- *“...I had begun getting drunk...because without that I don’t think I would have agreed to get tested. I was worried...I had lived for many years without getting tested because I was worried.”*
- *“Sometimes I go with a client to his place, he doesn’t know my status neither do I know his status so I take my meds when he leaves the house. Sometimes he would stay indoors all day, so how will I take my meds?”*

Case #2

- 34-year-old gay sex worker with 11 years of education
- Peer leader in local LGBT group
- First tested in 2000, positive
- Started ART in 2003 with CD4 180, continues faithfully
- Challenges: pill burden, side effects, lack of food and money, social isolation, low self-esteem
- Motivators: maintaining health, positive examples in media, personal goals, gay-friendly health services, reduced pill burden
- *“...I had believed I had a good life ahead to live. I reflected about the past and my friends who were already dead (of HIV) and I accepted myself.”*
- *“What made me continue with my medication is because I wanted to live a healthy life. I wanted to be somebody. I wanted to be back on my track to do what I used to do in a happy lifestyle and not falling sick most of the time.”*

Findings

- Kenyan MSM experience unique barriers and facilitators that need to be addressed
- The access-IMB model was relevant in this population, but a more complex model was needed (see poster #419)
- In the face of stigma, psychosocial support and personal resilience become critical

Strengths and Limitations

- Detailed personal interviews with men taking ART and men who had not yet started ART
- Research team has years of experience and good reputation in MSM community
- MSM still are hard to reach, and sample not representative of all MSM

“Shikamana” Intervention Development

- Provider training in next-step counseling (Amico et al)
- Peer training in support techniques (Simoni et al)
- Safe disclosure training
- Case management and teamwork

Questions?

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