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 though 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

- History of Physical Violence
- History of Sexual Violence

MSM
## GBV and the HIV care continuum

<table>
<thead>
<tr>
<th></th>
<th>Total</th>
<th>Among MSM with History of Physical Violence</th>
<th>Among MSM with History of Sexual Violence</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>% (95% CI)</td>
<td>% (95% CI)</td>
</tr>
<tr>
<td>HIV prevention info received</td>
<td>88%</td>
<td>96% (1.86, 7.58)</td>
<td>90% (0.95, 2.04)</td>
</tr>
<tr>
<td>Knows HIV status</td>
<td>89%</td>
<td>90% (0.85, 2.43)</td>
<td>88% (0.66, 1.40)</td>
</tr>
<tr>
<td>Living with HIV</td>
<td>7%</td>
<td>14% (1.17, 3.60)</td>
<td>8% (0.64, 1.82)</td>
</tr>
<tr>
<td>Undergoing treatment if living with HIV</td>
<td>76%</td>
<td>70% (0.21, 2.99)</td>
<td>86% (0.44, 6.50)</td>
</tr>
<tr>
<td>Tested for HIV within last 12 months</td>
<td>82%</td>
<td>81% (0.58, 1.45)</td>
<td>81% (0.54, 1.09)</td>
</tr>
</tbody>
</table>

*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

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<tbody>
<tr>
<td></td>
<td>%</td>
<td>AOR (95% CI)</td>
<td>%</td>
</tr>
<tr>
<td>Ever been at NGO</td>
<td>29%</td>
<td>41%</td>
<td>1.61 (1.10, 2.35)</td>
</tr>
<tr>
<td>Disclosed MSM status to service provider</td>
<td>25%</td>
<td>44%</td>
<td>2.62 (1.36, 2.67)</td>
</tr>
<tr>
<td>Denied service because of MSM status</td>
<td>6%</td>
<td>16%</td>
<td>2.90 (1.71, 4.90)</td>
</tr>
<tr>
<td>Mistreated in health center</td>
<td>8%</td>
<td>19%</td>
<td>2.16 (1.36, 3.44)</td>
</tr>
</tbody>
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*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

<table>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>AOR (95% CI)</td>
</tr>
<tr>
<td>Refused police protection</td>
<td>8%</td>
<td>41%</td>
<td>3.63 (2.32, 5.66)</td>
</tr>
<tr>
<td>Jailed or prisoned</td>
<td>5%</td>
<td>44%</td>
<td>6.05 (3.55, 10.30)</td>
</tr>
<tr>
<td>Arrested</td>
<td>8%</td>
<td>16%</td>
<td>7.39 (4.73, 11.54)</td>
</tr>
<tr>
<td>Blackmailed</td>
<td>40%</td>
<td>19%</td>
<td>8.80 (5.90, 13.14)</td>
</tr>
</tbody>
</table>

*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

• 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)