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

Micheni M, van der Elst EM, Secor A, Kombo BK, Simoni JM, Operario D, Sanders EJ, Graham SM

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

Engagement In Care:
- Entry in Care
- ART Initiation
- Medication Adherence
- Visit Adherence
- Retention in Care

Peer and Provider Intervention

Access → Knowledge → Motivation → Proximal Cues to Action
Sample Characteristics, 30 MSM

<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Median (Range) or N (percent)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (years)</td>
<td>31 (19–51)</td>
</tr>
<tr>
<td>Education (years)</td>
<td>8 (4–14)</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td></td>
</tr>
<tr>
<td>Straight</td>
<td>2 (6.7)</td>
</tr>
<tr>
<td>Gay or homosexual</td>
<td>18 (60.0)</td>
</tr>
<tr>
<td>Bisexual</td>
<td>2 (6.7)</td>
</tr>
<tr>
<td>Other*</td>
<td>8 (26.7)</td>
</tr>
</tbody>
</table>

*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

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

**Skills and Cues**
Disclosure, pill-taking, planning, problem-solving

**Sources of support**

**Access**

**Resilience**
Access

- Trust in providers
- Service provision factors
- Financial constraints
- MSM-friendly services
- Tailored information
- 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
- Goal-setting
- Social identity
- Connection to groups

- MSM stigma
- Homophobia management
- External monitoring
- 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?

• Acknowledgments
  – Our participants and the KEMRI research staff who helped make this work possible
  – Dr. Murugi Micheni and other co-authors for their contributions
  – Funding provided by NIMH 1R34MH099946-01
  – Dr. Michael Stiratt, project officer, for ongoing support
  – Dr. Helene Stark for input and advice

For more information, please contact Susan Graham at grahamsm@uw.edu