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Explore Barriers Associated with Not Testing for HIV Among Men Who Have Sex With Men in Dodoma, City, Tanzania

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Explore Barriers Associated with Not Testing for HIV among Men Who Have Sex with Men in Dodoma City, Tanzania

Abstract

Goal

The goal of the project is to explore barriers associated with not testing for HIV among men who have sex with men (MSM) in Dodoma City, Tanzania.

Objectives

In order to achieve the goal of exploring barriers associated with not testing for HIV among MSM, I will plan and conduct the study, analyze the data, and prepare the final research report.

Methods

A qualitative descriptive study will be conducted in Dodoma City, Tanzania. A total of 10 MSM 19 years of age and above will be purposefully selected by 3 peer educators to be part of the study. I will also interview 5 service providers who provide HIV testing in Dodoma City.

Participants will be asked open-ended questions in Swahili and the responses will be digital recorded. Transcripts will be translated and produced by me with the help of my husband.

Results will be analyzed using a thematic and coding system.

Results

10 participants were interviewed and majority of participants were young, high school graduates, single and worked mostly part-time while making very low income. There were seven themes and three subthemes generated from 34 codes. The seven themes were healthcare services(facilities),

HIV knowledge & testing, barriers, provide education, resources or support, recommendations for health system acceptance of MSM and their need for healthcare, and recommendation on getting MSM to test for HIV. Personal barriers identified by MSM were fear of knowing, disrupt lifestyle, fear of disclosure; disrupt lifestyle and busy lifestyle. Barriers related to providers that were mentioned by MSM were provider stigma, lack of confidentiality, male providers= more attitude, poor provider attitude, busy lifestyle and delayed health care services.

Conclusion

In conclusion, MSM in Dodoma City and others around Tanzania need resources and support to help them seek testing for HIV. As many mentioned, they need trained providers who have learned the importance of confidentiality, understand who MSM are and can better support them when they go in for HIV testing without attitude and stigma. MSM also believe that their families also need to get educated so that they can better support them once they find out they are HIV positive and not stigmatize them.

Impact of Project

This project will help Tanzania, Sub-Saharan Africa, and many other countries understand why MSM are not testing for HIV. After identifying these barriers, the government, NGO's and healthcare facilities can help MSM overcome the barriers. Once tested for HIV, the number of MSM who know their HIV status will hopefully increase, and those that find themselves HIV positive can seek care and treatment, resulting in a reduction of HIV among MSM.

Introduction

Problem Statement/Goal

To explore various barriers associated with not testing for HIV among MSM in Dodoma City, Tanzania.

Importance of Proposed Project

This project is relevant to public health because it is working with HIV MSM who are not testing for HIV which is a public health issue because MSM are at a higher risk for HIV due to different reasons mentioned later in the paper. There are many people highly affected by HIV in Tanzania. Testing for HIV would help those infected know their status and start taking medication and therefore increase their life span. This study will assess barriers associated with not testing for HIV among MSM in Dodoma City, Tanzania. The project will help Baobab Community Foundation and the public identify reasons why MSM are not testing for HIV. The different reasons will make it easier for the foundation and other organizations help these men overcome these barriers so that they can know their HIV status and if positive, get referred and treated at a Care and Treatment Center (CTC).

Literature Review

Epidemiology

HIV/AIDS is still a problem worldwide and especially in Sub-Saharan Africa. Sub-Saharan Africa is home to only 12% of the global population, yet accounts for 71% of the global burden of HIV infection. Sub-Saharan Africa accounted for 74% of the 1.5 million AIDS related deaths in 2013

(Kharsany et al, 2016). In Tanzania, there were about 1.4 million Tanzanians living with HIV in 2016 and about 25% of those were MSM. There are 55,000 new infections and 33,000 AIDS related deaths occurring in Tanzania each year (United Nations Programme on HIV/AIDS data book, 2017).

High Risk of HIV among MSM

There are biological, and behavioral factors that contribute to MSM being 28 times more at risk of HIV compared with the general population(UNAIDS, 2018).The biological reasons for the high risk factors among MSM is the fact that unprotected anal sex carries a higher risk of transmission than vaginal sex because the walls of the anus are thin and easily torn which makes it easier for HIV to enter the bloodstream (Centers for Disease Control and Prevention, 2015; Le, Lee, Stawart, Long, Quoc, 2016; Koblin et al., 2006). Most often, MSM are unaware of the dangers of having unprotected sex with someone who has recently become infected with HIV.

The behavioral factors that contribute to high risk of HIV infection among MSM is having multiple partners (Koblin et al., 2006; Le et al., 2016; UNAIDS, 2018). A comparison study of sexual behavior among MSM and heterosexual men and women found out that heterosexual men and women reported a median of 1 partner in the past year while MSM reported a median of 4 partners. MSM reported significantly more lifetime partners than heterosexual men and women at all ages. The median lifetime number of sex partners among those aged 18-24 was 4 in heterosexuals and 15 in MSM (Glick et al., 2012). Another study on risk factors among MSM in the US found that men who reported having four or more male sex partners were more likely to become HIV infected compared to men who reported one or more partners (Koblin et

al.,2006). Another risk factor for HIV among MSM is mixing by age. A study by Glick et al found that 52% of MSM aged 18-24 reported a recent male sex partner who was >5 years older compared to 7.9% of heterosexual men and 10% of heterosexual women in the same age group who reported a recent partner who was >5 years older. For example, because HIV prevalence rises with age, younger MSM who have older partners are at increased risk for exposure to HIV infection (Glick et al., 2018).

Not knowing one's status can contribute to an increase in HIV among MSM. In Kenya, Malawi and South Africa, only one in three positive men were aware of their status (Le et al., 2016; UNAIDS, 2017). That means that many MSM do not test and are unaware of their status. Alcohol and drug use among MSM have increased in the past few years (Koblin et al., 2006). They are ways of socializing in some MSM communities and when alcohol and drugs are used together, poor decisions are made which increases the chances of having unprotected sex and higher number of unprotected sexual encounters which in return will increase the risk of HIV transmission (Bourne & Ham Reduction International, 2012; Koblin et al., 2006).

Importance of Testing for HIV

It is important for MSM to test for HIV because it is an entry point for HIV prevention and care. Detecting HIV early reduces the chance of transmitting the virus to those who are not infected and also enables an individual to get early treatment of antiretroviral therapy (ART) which will reduce mortality and morbidity rates (Zhang et al., 2013). Studies show the sooner people start treatment after diagnosis, the more they benefit from ART and they can still live almost as long as and as healthy as people who are uninfected. ART treatment lowers the level of HIV in the blood and reduces HIV-related illness (CDC, 2018). Testing for HIV is also important because

people who get tested and find out they are HIV negative can also make decisions about sex, drug use, and health care which can continue to help them from HIV prevention (CDC, 2018). HIV testing is also important because it is less costly to treat HIV in the early stages than wait and deal with the late HIV stages of infections and cancers.

Reasons why MSM do not get tested for HIV

There are different barriers that contribute to MSM not testing for HIV. A study in Brazil found that not testing for HIV among MSM is associated with several factors, including the lack of behavior change communication, programs that promote prevention and early treatment, low quality programs directed at MSM, limited surveillance systems, not knowing where to test and fear of consequences of testing positive (Brito et al., 2015). There are social and cultural factors that contribute to MSM being at high risk for HIV. They have experienced homophobic stigma, discrimination and violence which results in these men hiding their identity and sexual orientation and many fear negative reactions from healthcare workers which in turn makes them less likely to test for HIV or seek services (Le et al., 2016; Logie et al., 2017; UNAIDS, 2017).

The Social Ecological Model helps explain why MSM are not testing for HIV. The model has six levels which include the individual level (knowledge, attitude, skills), interpersonal level (social network), organizational level (environment, ethos), community level (culture values, norms), and public policy level (national, state, local laws). At the individual level, several studies have found that there is low knowledge of the importance of HIV testing and the risk of HIV infection in MSM that makes them not test for HIV (Brito et al., 2015; DenDaas, Doppen, & Schmidt, 2016; Le et al., 2016; Pharr, Lough, & Ezeanolue, 2016). Fear of rejection, fear of results and lack of self-esteem were also barriers to testing at the individual level for MSM

(Pharr et al., 2016). Those MSM who do not engage in risky behaviors such as having multiple partners or having not had less than 5 years of sexual activity had a different attitude towards HIV testing compared to those MSM who had more risky behaviors. They did not feel the importance of HIV testing, and therefore did not test for HIV (Den Daas et al., 2016).

At the interpersonal level, a study in the Netherlands found that those who assimilated more into gay communities were more likely to have been tested for HIV because they had higher proportion of gay friends, visited social venues, and nearly everyone had role models and social support who encouraged them to get tested for HIV (Den Daas et al., 2016).Those who did not assimilate, did not have a lot of friends, did not have role models and social support did not test for HIV.

At the organizational level, a qualitative study on barriers of HIV testing among MSM in Kingston, Jamaica found that there were confidentiality concerns in HIV clinic physical arrangements that segregated HIV testing from other health services. This segregation made MSM feel uncomfortable to get tested for HIV because of fear that others will know they are going for HIV testing (Logie et al., 2017). Lack of transportation is also a barrier to HIV testing because without transportation, they do not have means of getting to HIV testing sites (Brito et al., 2015; Pharr et al., 2016).

A community's cultural values and norms play an important part in people's lives and therefore plays an important part in HIV testing among MSM. MSM in some countries are seen as going against cultural values and norms. As of May 2016, 73 countries still criminalize same-sex conduct affecting rights of MSM. In 13 countries including Iran, Sudan, Saudi Arabia, Yemen

and parts of Nigeria and Somalia, they punish homosexuality with a death penalty (Carroll, 2016). As a result, MSM are less likely to seek HIV services such as testing for fear of being criminalized or sentenced to death (Carroll, 2016; Le et al., 2016).

MSMs' HIV testing is also affected by public policy. In 17 countries, anti-homosexual propaganda laws have been passed where LGBT rights groups and non-governmental organizations (NGO's) working with this group have been punished for helping support and promote homosexuality. These laws have been introduced in Russia, Lithuania and Nigeria. These laws also contribute to MSM's low testing rates because they are afraid to join these NGO's and LGBT rights groups where they will learn the importance of HIV testing and get support for fear of becoming known and getting punished under the laws (Carroll A, 2016).

This study will help gain a better understanding of the reasons associated with not testing for HIV among MSM in Dodoma City, Tanzania. As of now, no such research has been conducted in Tanzania.

Results

Characteristics of participants

Of the 10 participants interviewed, 8 were mostly young between the age of 19-24 and 2 between 25-35 years old. In terms of their education level, 8 of the participants graduated from high school, 1 had less than a high school education, and 1 graduated from college with a bachelor degree. Of all participants, 5 worked part-time and 2 had full-time work, 2 were unemployed, 1 was a student. All participants were single; never married. Regarding

participants' income, 5 made less than Tsh.100,000 per month which is equivalent to about \$44 while 3 made between Tsh.100,000-300,000 which is between \$44 - \$133 and 1 made between Tsh.600,000 -1million which is between \$261 - \$435. The majority of participants were young, high school graduates, single and worked mostly part-time while making very low income.

Themes and codes analysis

There were seven themes and three subthemes generated from 34 codes. The seven themes were healthcare services(facilities), HIV knowledge &testing, barriers, provide education, resources or support, recommendations for health system acceptance of MSM and their need for healthcare, and recommendation on getting MSM to test for HIV. Themes and codes analysis are shown in table 1 below. When participants were asked where they go for healthcare services, half of them go to Makole and General hospitals which are among the two largest hospitals in Dodoma. One participant goes to Makei hospital, another to Dodoma University hospital, another to different hospitals and the other has not gone anywhere because he just moved to Dodoma. When participants were asked about their knowledge of HIV transmission and prevention, they replied that HIV is transmitted through having sex without condoms, through sharp objects like razors and needles, mother- baby transmission during pregnancy, blood contact, having more than one partner and through breastfeeding. MSM replied that HIV is prevented by having protected sex, using condoms correctly and having 1 partner. When asked on the importance of HIV testing, all 9 participants felt it was important to test for HIV so that you can know your status and stay healthy. One participant felt it is not important to test for HIV because as long as he is healthy, he does not have to check because he will stress if he finds out he is HIV positive. When participants were asked

about their opinions regarding testing facilities for HIV in Dodoma, they all felt that facilities have quality HIV testing and all responded that there is no cost for HIV testing. Testing for HIV is free and they are aware of that. The majority of participants felt that service times of HIV clinics are good except for two participants who felt like they should have extended hours to later in the evening and even stay open during the night.

When participants were asked about barriers they have faced in accessing healthcare services and barriers in getting tested for HIV, they mentioned several factors. Personal barriers identified by MSM were fear of knowing, disrupt lifestyle, fear of disclosure; disrupt lifestyle and busy lifestyle. Barriers related to providers that were mentioned by MSM were provider stigma, lack of confidentiality, male providers= more attitude, poor provider attitude, busy lifestyle and delayed health care services. Provider stigma was a big barrier for many participants and one participant said, "You arrive and someone looks at you with an attitude and just passes you. You ask him/her something, say hi to him/her and you do not get a response. Like that" (Anonymous participant). This shows the mistreatment due to stigma that MSM get. Even though getting caught was not mentioned as a barrier by MSM, some were nervous and asked if I was conducting interviews so that I can turn them in to police.

Participants mentioned resources or support that they need to help them and others get tested for HIV. They felt providing education is important. They mentioned that it is important to train providers, educate MSMs and educate the family. The rest of resources or support are provider support, increase testing centers, motivation, self-motivation, financial assistance and get referred to a different testing center. Suggestions of the participants included health system acceptance of MSM and their need for healthcare, confidentiality,

providers should love and understand their duties, decrease stigma and providers should be friendly. For recommendation on getting MSM to test for HIV, participants recommended quicker healthcare service. When participants were asked if they have sex in exchange for money, half of them answered yes and half no.

Table 1

Themes	Codes	Quotes
Healthcare services (facilities)	Clinic Timing of the clinic	“I get right here at Makole” “Ehh the timing is good”
HIV knowledge & testing	HIV transmission HIV prevention HIV testing No testing cost HIV testing importance Quality of HIV testing	“I know it is transmitted through sex, unsafe sex, but also by sharing sharp objects but can also be transmitted through mother to child, blood transfusion. Ya” “The first is abstinence. To not have sex at all, but also use of condoms and contraceptives. All things like that” “It is work. To test for HIV is a lot of work” “Ehh testing is free. Everything” “Ehh it is important so that you are careful all the time and to know your health” “Ehhh there is quality”
Barriers		

<p><u>Subthemes</u>: Barriers coming from MSM</p>	<p>Fear of knowing</p>	<p>“You know I was scared because I previously slept with someone who had disease”</p>
<p>Barriers coming from providers</p>	<p>Fear of disclosure, disrupt lifestyle</p>	<p>“I mean that fear I am found positive others will be told because sometimes you find that nurse knows you very well so you see that I live with her in my neighborhood there will come one day she will see me with someone else and go tell that person, he is like this so live him alone”</p>
	<p>Disrupt lifestyle</p>	<p>“My crazy things that I am doing, mhh for example I am found with HIV, that person ends up telling someone else. How will that be? Who’s friend will I be? So, that contributes a lot, I am scared to test”</p>
<p>Barriers coming from the public and the healthcare system</p>	<p>Busy lifestyle</p>	<p>“Aaa me in short is busy lifestyle”</p>
	<p>Provider stigma</p>	<p>“Like that again, once you know again once they publish your information that is when they start stigmatizing again, and start pointing fingers”</p>
	<p>Lack of confidentiality</p>	<p>“What has made me not test, is the non-confidentiality of the people that test us. We know them”</p>
	<p>Male providers = more attitude</p>	<p>“Ehh another person takes care of you and on the other side, they are looking at you in a nasty way and you say what is their problem? That is why you find someone looking nasty at you and you on the side you are talking dirty about” them. You talk dirty and you live</p>

	<p>Poor provider attitude</p> <p>Delayed healthcare service</p> <p>General stigma</p> <p>Transportation barrier</p> <p>Healthcare facilities far apart</p>	<p>when you have not even been treated anything. Make it worse, you find male providers</p> <p>“You get service, but not service like a normal citizen. They provide service in a cross-eyed way a lot”</p> <p>“Ehh providing health care services. Like one day I broke a part of my body and I went there and my Grandma wanted to shave me. So she actually shaved me so that later I can get stitches”</p> <p>“Barriers are that people should not stare at us”</p> <p>“Mhh also transportation fees is a contributor”</p> <p>“Maybe the long distance of Healthcare facilities”</p>
Provide education	<p>Train providers</p> <p>Educate MSMs</p> <p>Educate family</p>	<p>“Ehhe those providers should be educated, be given knowledge to understand that there is no difference between us and them”</p> <p>“Also education is needed. Another person you know when an issue arises it arises”</p> <p>“For me I can say, they can prepare me to accept that problem, but also my family that surrounds me to prepare them to not see like it is the end of me”</p>
Resources or Support	<p>Provider support</p>	<p>“When you find support, this</p>

	<p>Increase testing centers</p> <p>Motivation from other people</p> <p>Self-motivation</p> <p>Financial assistance</p> <p>Get referred to different testing center</p>	<p>person tests me and finds me with HIV, he/she will help me and will follow up with me. When I go back home if I mess it up, he/she will go educate them/provide them with knowledge”</p> <p>“They should increase facilities. If it is facilities, they should increase facilities so that we can get motivation to go test”</p> <p>“Ehh maybe motivation. Motivation from friends, maybe let us go, let us go”</p> <p>“You know for me, I just found myself just go test that is it”</p> <p>“Because you find someone else maybe you test and you are supposed to pay”</p> <p>“I don’t know how to say it. It is actually like this, because I like my information to be confidential a lot so I know only me and myself you see, to actually go from here to somewhere else”</p>
<p>Recommendations for health system acceptance of MSM and their need for healthcare</p>	<p>Confidentiality needed</p> <p>Decrease stigma</p> <p>Providers should be friendly</p> <p>Providers love; understand their duties</p>	<p>“Also, if a provider finds you with HIV, he/she should not start talking. Confidentiality”</p> <p>“They should not stigmatize us”</p> <p>“Nurses should not stare at us or Look at us funny”</p> <p>“I mean the biggest thing there is for them to look at themselves that</p>

		to the point that someone goes there to test or to get healthcare services, it is somewhere important to them. So for them, they should know themselves and know their duties
Recommendation on getting MSM to test for HIV	Quicker healthcare service	“Once he arrives there, he wants his Healthcare service to not delay, it is to be fast and he lives”

HIV clinic staff/administrators analysis

There were six HIV clinic staff/administrators interviewed. There is only one hospital in Dodoma (Makole dispensary) that provides HIV testing to MSM. Makole and Dodoma General hospitals do not provide HIV testing for MSM. Makole dispensary is the only hospital that specifically provides HIV testing to MSM and opens Monday-Saturday between 7:30am – 3:30pm. HIV clinic staff/administrators mentioned different problems that they encounter when mobilizing MSM for HIV testing. Problems such as MSM lack knowledge about the importance of HIV testing, they ask too many questions, scared about the lack of confidentiality, scared of injections, lack confidence and are scared to test because of results. When HIV clinic staff/administrators were asked if MSM identify themselves when they come in for HIV testing services, the majority answered that they do not identify themselves because of concerns of being reported to police. Educating MSM in their communities and motivating them were two opinions of support or initiative that staff/administrators mentioned needed to help MSM be willing to test for HIV. Makole dispensary has an HIV weekly target for 70 MSM/week and currently they are testing about 30 MSM/week.

Discussion

The purpose of this study was to explore barriers associated with not testing for HIV among men who have sex with men in Dodoma City, Tanzania. In order to achieve this goal, I planned and conducted the study (interviews), analyzed data, and prepared the final research report. I was able to interview 10 participants, analyzed data in which seven themes and 34 codes were generated and I have written a final report based on the results from participants.

Participant interviews provided information that suggested that there are several important barriers that make it hard for MSM to get tested for HIV such as provider and general stigma, fear of knowing HIV status, lack of confidentiality and poor provider attitude. In contrast, participants provided suggestions about the support they need to help them overcome these barriers such as increasing confidentiality, training providers, getting support from providers, getting quicker service, getting financial assistance and many more as mentioned in the result/theme section.

Other studies also found stigma to be a big barrier for MSM which results in MSM hiding their identity and sexual orientation and also fear negative reactions from healthcare workers which in turn makes them less likely to get tested for HIV (Le et al., 2016., Logie et al., 2017., UNAIDS, 2017). As participants in my study explained, health care workers and the general public raising fingers at them and looking down on them because they look different and are MSM makes them uncomfortable to get tested for HIV. Other studies have also found that stigma is associated with MSM not testing for HIV and shows why stigma needs to be reduced by the public to better increase HIV testing rates among MSM.

A study by Brito et al also found that MSM do not test for HIV because of fear of knowing their HIV status (Brito et al., 2015). In my study, the majority of MSM also had great fear of testing for HIV because they were nervous about finding out that they are HIV positive because they had several partners which raises their risk. When one knows they are practicing risky behaviors, they become scared of finding out their health status. The more MSM engage in un-risky sexual behaviors, the more confident they will be in going in and testing for HIV.

The assurance of confidentiality is important for MSM to feel comfortable to go to a testing center and test for HIV. Lack of confidentiality was a barrier found in a study by Logie et al and my study also found confidentiality to be a barrier which makes MSM feel uncomfortable because of fear that others at the HIV clinic will see them and will be told their HIV status. When providers/health care workers do not keep MSMs' HIV test results confidential, MSM fear that other people that know them will know their status.

Even though other studies did not find poor provider attitude to be a major barrier of why MSM do not test for HIV, my study participants reported that they do not test for HIV because providers have a really poor attitude. Providers can pass by them and at times will not treat them on time, and they look at them in a nasty way mainly because of their sexual orientation. This may be a more significant barrier in Tanzania because being an MSM in Tanzania is not culturally accepted in the country. Once a provider has a poor attitude, an MSM completely stays away from that clinic and as a result does not get tested.

Even though other studies found that MSM had low knowledge of the importance of HIV testing (Brito et al., 2015; DenDaas, Doppen, & Schmidt, 2016; Le et al., 2016; Pharr, Lough,

& Ezeanolue, 2016), my study found that MSM understood very well the importance of testing for HIV and understood that it would help them know their status and live healthier lives. My results also found that MSM knew where to get tested for HIV. Study participants also reported that delayed healthcare service was also a barrier for not testing for HIV. You may go in a clinic or hospital and you have to wait for hours before you can get service which makes them not go. The majority of findings found in this study are similar to those found in other studies.

One of the limitations of this study is that the laws impacting MSM in Tanzania were being enforced around the time I was conducting the research and maybe few months before caused a lot of fear in participants coming in and getting interviewed by me. They thought that I may be part of the police. There was a possibility that some participants were not answering questions accurately for fear of what might happen to them after the interview. There was a small police station right next to the clinic which made some MSM very nervous though the police station does not know that the clinic provides services to MSM. Another limitation is if I would have interviewed more than 10 participants, I would have gotten a greater variety of barriers associated with not testing for HIV. Interviewing in a different location and not the actual MSM HIV testing clinic would have made other participants more comfortable not being around a medical environment.

In conclusion, MSM in Dodoma City and others around Tanzania need resources and support to help them seek testing for HIV. As many mentioned, they need trained providers who have learned the importance of confidentiality, understand who MSM are and can better support them when they go in for HIV testing without attitude and stigma. MSM also believe that their families also need to get educated so that they can better support them once they

find out they are HIV positive and not stigmatize them. Financial support is important in helping MSM overcome transportation barriers and increasing testing centers in the city of Dodoma where they would not have to travel far to get service. MSM also believe they need motivation from friends and providers to go test for HIV. Training providers and coming together as a community to reduce stigma and support and motivate MSM can increase HIV testing rates among MSM in Dodoma, Tanzania and anywhere in the world.

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