

RESEARCH BRIEF

March 2014



Background

The HIV epidemic in West and Central Africa (WCA) has distinct characteristics compared to other regions of sub-Saharan Africa. National prevalence data over time have shown moderate prevalence in the general population, with no country in the region currently presenting prevalence data over 5%.¹ Limited but emerging data among key populations (KP) at heightened risk of HIV in the WCA region indicate the burden of disease is disproportionately higher among female sex workers (FSW) and men who have sex with men (MSM). Although some data suggest a more concentrated nature of the HIV epidemic in countries where data are available, country-specific studies have either been limited or inconsistent to date for both FSW and MSM in the WCA region. In addition, emerging HIV research indicates that investing and targeting high-risk populations in the cascade or continuum of care for HIV is one long-term solution to address the needs of KP living with HIV as well as to promote population-level HIV prevention and control. However, little is known about the continuum of HIV care for KP in the region, though data from Cameroon imply a high burden of HIV among both populations. In 2009, a national study among FSW found HIV prevalence to be 36.0%, and in 2011, a study in Douala and Yaoundé among MSM found HIV prevalence to be 37.0%.^{2, 3}

This study used the Modified Social Ecological Model (MSEM)⁴ as a framework to examine the social-, individual- and policy-level factors contributing to heightened risk of HIV among KP and limited access to health services related to the continuum of HIV care among KP. This study was part of a larger, multi-country study conducted in the WCA region. Findings specific to Cameroon are presented in this research brief.

EXAMINING RISK FACTORS FOR HIV AND ACCESS TO SERVICES AMONG FEMALE SEX WORKERS AND MEN WHO HAVE SEX WITH MEN IN CAMEROON

KEY FINDINGS

POPULATION SIZE ESTIMATES AND CHARACTERISTICS

MSM

This study estimated that 1.38% of the male population in Cameroon is MSM (95% Confidence Interval [CI]: 0.51-2.25). The population size estimate for MSM between the ages of 15 and 49 in cities of over 50,000 people in Cameroon is 28,598 (95% CI: 10,544-46,519), and the population size estimate for MSM between the ages of 15 and 49 at the national level is 66,842 (95% CI: 24,645-108,729).

A total of 1,606 MSM were surveyed. The highest proportions of MSM were between the ages of 21 and 29 years in all cities. The lowest proportions of MSM were those aged 30 years and older, except in Bafoussam where 20.2% of participants were 35 years and older. Most MSM surveyed reported having completed secondary school or higher, with significant proportions reporting they had university or vocational training, ranging from 20.4% in Kribi to 42.5% in both Yaoundé and Bafoussam. The proportion of MSM who reported that at least one family member knew their sexual practices ranged from 19.4% in Bafoussam to 48.2% in Douala. Across cities, 62.5% identified as bisexual, and 36.9% of participants identified as being gay or homosexual, with the remainder who answered this question identifying as heterosexual.

FSW

This study estimated that 1.88% of the female population in Cameroon is FSW (95% CI: 1.15-2.61). The population size estimate for FSW between the ages of 15 and 49 years old in cities of over 50,000 people in Cameroon is 38,582 (95% CI: 23,563-53,477), and the population size estimate for FSW between the ages of 15 and 49 at the national level is 98,102 (95% CI: 59,914-135,978).

A total of 1,817 FSW were surveyed. The highest proportions of FSW were in the 25 to 29 years age group in all sites, except in Bafoussam and Bertoua where those 35 years and older were the largest age group. Most FSW had not completed secondary school, and 33.6% reported they had other income aside from sex work. In total, 81.3% of FSW had at least one biological child.

HIV PREVALENCE AND ASSOCIATED RISK FACTORS

MSM

Self-reported HIV prevalence among MSM across all cities in Cameroon was 7.0% (including 6.2% in Yaoundé and 18.0% in Douala). In comparison, previous studies that included biological testing found HIV prevalence among MSM to be 44.4% in Yaoundé and 25.5% in Douala.³ The cities with the highest proportion of MSM surveyed report-



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ing they were living with HIV were Douala (18.0%) and Bafoussam (12.7%). Using male condoms during anal sex every time in the past month was reported by a little over half of MSM. Most MSM found it easy to find male condoms; however, only 38.2% of MSM across all sites reported that it was easy to find lubricants. Over half of MSM living with HIV had never disclosed their serostatus to partners.

FSW

Self-reported HIV prevalence among FSW across all cities in Cameroon was 5.1%. In contrast, the most recent HIV prevalence estimate for FSW in Cameroon in 2009 was 36.0%.² The mean number of clients in the past month reported by FSW across all sites was 109.5, and the mean number of non-paying partners in the past month was 1.2. Less than half of all FSW (40.8%) reported using male condoms every time they had sex with clients. Almost half of all FSW indicated they had been offered more money for sex without a condom in the past week. Most FSW reported they had tested for HIV and were aware of their HIV status. Among those who tested positive for HIV, 64.2% were receiving some type of HIV treatment.

STRUCTURAL BARRIERS TO HEALTH SERVICES

MSM

Seventy-five percent of MSM who reported they were living with HIV were on treatment, and 78.9% of those on treatment were receiving it from a hospital or pharmacy; the remaining participants were receiving treatment from traditional doctors. Just one-quarter of MSM had revealed their sexual orientation to a doctor or nurse. The sites with no specialized clinical services for MSM were the sites with the lowest levels of disclosure to medical personnel. Over one-quarter of MSM reported that they had ever been forced to have sex, ranging from 16.7% in Bertoua to 41.1% in Kribi. Over one-third of MSM reported that they had been blackmailed as a result of their sexual orientation. Few MSM also reported experiencing acts of physical aggression, being denied police protection and feeling treated badly in a healthcare center.

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STUDY METHODS & DESIGN

This study used both quantitative and qualitative research methods, as well as an additional mapping technique:

1. **Quantitative component:** MSM and FSW were sampled through snowball sampling and from venues in seven cities selected for the investigation: Bamenda, Bafoussam, Bertoua, Douala, Kribi, Ngaoundéré and Yaoundé. The survey covered condom use, sexual practices, relationship patterns, access to care, stigma and discrimination, reproductive health, and community dynamics within the given KP group.
2. **Qualitative component:** In-depth interviews were conducted with key informants, FSW and MSM. Focus groups were also held with FSW and MSM. The topics for in-depth interviews and focus groups included experiences and practices of the respective KP group, organization and networks of the respective KP, knowledge and practices regarding HIV and sexually transmitted infection (STI) prevention, and experiences with stigma and discrimination.
3. **Health service assessment component:** The Priorities for Local AIDS Control Efforts (PLACE) method⁵ was used to recruit MSM and FSW participants and to identify health services accessed by MSM and FSW. The study team then mapped and evaluated the types and quality of those services in each selected city.

pital or pharmacy. Limited individual and laboratory resources, such as CD4 testing, were also reported as barriers to services for FSW. Across all sites 45.9% of FSW had ever been forced to have sex, with some variation across cities. Higher proportions of FSW in Bamenda, Bertoua, Ngaoundéré and Kribi reported they had ever been forced to have sex compared to FSW in Yaoundé, Douala and Bafoussam. A large number of FSW also reported experiencing denial of police protection, arrest, blackmail and acts of physical aggression as a result of their sex work profession.

HEALTH SERVICES FOR MSM AND FSW

There were 103 centers assessed across all seven cities, of which 25 centers were cited by at least 10% of MSM or FSW participants in each city. Centers included public and private facilities and community-based organizations. Very few centers provided care specifically for MSM or FSW, and results suggest service providers may be unaware they are treating individu-

als from these populations. Among centers identified by participants, 20% offered MSM/FSW specialist HIV counseling and testing, 8.1% offered MSM/FSW-sensitive general health services, 44.6% offered free male condoms, and 36.5% offered free female condoms. Almost two-thirds of centers provided family planning services to clients in the past month. Less than half of the most cited centers had consistent availability of condoms in the past 12 months. There was a limited supply and access of antiretroviral therapy for MSM and FSW populations.

CONCLUSION

Structural barriers to health services for KP in Cameroon identified in this study included stigma and discrimination, the inability to disclose sexual practices and health needs to health practitioners, and economic limitations to seeking services. Limited uptake in the continuum of care for those living with HIV elicits questions regarding the best service delivery model for key populations in Cameroon. Stand-alone models, integrated models and hybrid models have all been proposed as functional options to provide safe and tailored health services to populations in highly stigmatized environments. Based on the regional diversity of Cameroon, different models employed in different cities or contexts may be warranted. Linking standardized service centers with trained staff between cities may also address the reality of mobility of the populations and provide individuals in smaller cities an opportunity to seek comprehensive health services outside of their home environment if desired.

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BARRIERS TO HEALTH SERVICES AMONG MSM AND FSW

...if you go and tell the doctor that you are a NKOUADENGUI (MSM),, immediately, some doctors, if he is not from that milieu, he may call a police station, he may call your parents, he can reveal your secret to others, so it is not easy in Cameroon to get treatment as NKOUADENGUI.

- MSM, Ngaoundere

When you go to the hospital to see a doctor to explain to him your health problem he starts by insulting you asking you what you do for a living. When you say [I am FSW], he insults you in front of people. So we're scared because of the shame.

- FSW, Bertoua