In the Shadows": Navigating Stigma and Criminalization Experiences of Men Who Have Sex with Men (MSM) in Accessing Sexual Reproductive Health Services in Bulawayo, Zimbabwe

Research Article

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Abstract

Introduction: This study aimed to explore the experiences of men who have sex with men (MSM) when accessing sexual and reproductive health (SRH) services in the Bulawayo Central Business District using a qualitative approach. This study sought to examine the challenges faced by MSM, identify mental health support structures, and recommend interventions to improve their livelihoods.

Methods: A case study research design was employed to capture the real lived experiences of MSM, with a sample size of six participants. Intersectionality and queer theories served as guiding theoretical frameworks, and thematic analysis was used to process the findings.

Results: MSM in Bulawayo face daily insurmountable challenges, including barriers to SRH rights, oppressive laws and policies, stigma, homophobia, discrimination, and inadequate homosexual support structures. Disparities between the Constitution of

Zimbabwe and the Codification Reform Act were identified as key barriers to addressing these issues.

Conclusion: The study recommends that the government, civil society organisations, and policymakers draft robust laws and policies to protect the rights of sexual minorities.

Keywords: Access, Experiences, Men who have sex with men, Sexual and reproductive health rights, Bulawayo, Zimbabwe.

1.0 Background

In most cases, Sexual Reproductive Health issues have always been associated with women, as they have been the forbearers of the Sexual Reproductive Health torch and have fought for equality and equity to access. From the outside, one would be quick to assume that Sexual Reproductive Health is only female-focused. The only time men are featured in the discussion is when they are viewed either as barriers that hinder SRH access for women or as decision-makers who draft policies that create inequality within SRH services. Maternal mortality rates are closely related to the failure of policies to realise the right to sexual reproductive health. Having robust policies and preventive measures for maternal and health mortalities will ensure that sustainability and equitable health are possible for all, thereby achieving Sustainable Development Goal number which speaks on good health and well-being. Despite the burden of maternal mortality and morbidity is felt mostly by women in developing countries due to differences between men and women, there is a second group who are also disproportionately affected by morbidity due to gender and diversity differences, and these are men who have sex with men (United Nations, 2004). This backdrop further influences how Key and Vulnerable Populations, with a particular focus on men who have sex with other men, access sexual and reproductive health services. Men who have sex with other men include both gay and bisexual men. Men who

engage in same-sex activities are identified as queer or referred to as men who have sex with men to avoid being labelled gay or homosexual (Myhre and Sifris, 2020).

There is no single definition of sexual reproductive health; however, borrowing from (WHO, 2006a) one would say that SRH is the functioning of one's physical, emotional, and cognitive abilities to ensure that overall sexual health is met. A person is able to enjoy their sexuality and have autonomy over when to engage in safe sex with whoever they want, access safe sex commodities, and take up sexual health services from both public and private health institutions. This is considered a right or right to sexual and reproductive health. However, this definition excludes MSM and is not applicable to everyone, especially key and vulnerable populations, with lesbian, gay, bisexual, transgender, intersex, and queer identifying individuals who are disproportionately affected by barriers to accessing sexual and reproductive health due to stigma and discrimination.

According to the Centre for Disease Control and Prevention (CDC) (2010), gay and bisexual men accounted for 81 percent of estimated HIV diagnoses among males aged 13 and older in the United States in 2013. Further statistics reveal that STIs potentiate HIV acquisition and transmission, with cases of gonorrhoea among MSM jumping to 14% when compared to cases of males who only have intercourse with women (Kidd, Stenger, Kirkcaldy et.al, 2015).

For this study, the focus will be on men who have sex with other men (MSM), which will be used to cover even those who do not want to identify with a gay or bisexual label. Men who have sex with men bear a disproportionate burden of HIV compared to the general population because of the nature of their sexual behaviour and the compounding mental health issues related to accepting one's sexual orientation. In addition, the criminalisation of same-sex activities leads to sexual activities being done in hiding and lacking safe sex commodities.

From a layman's perspective, the world population suggests that MSM make up a small percentage of the overall population, and their HIV burden could also be insignificant compared to the

general population. This is further supported by UNAIDS (2019a), who wrote that key populations, including MSM, make up a small percentage of the world population, "statistics show that in 2018, key populations and their partners accounted for more than half (54%) of new infections."

Demographic groups, such as MSM, remain underserved. It is challenging to track the various steps along the HIV care continuum due to the hidden nature of many crucial groups, stigma and discrimination, and the criminalisation of their behaviour (UNAIDS 2019b). There is a scarcity of data on HIV prevalence among critical populations, according to UNAIDS (2019a), the following countries had these prevalence rates for homosexual men and other MSM in 2018: "Lesotho (32.9%), Zimbabwe (31%), South Africa (18.1%), Swaziland (12.6%), and Malawi (12.6%)". Septime Hessou et. Al et al. (2019) further buttress the scarcity of this data by noting that "access to MSM in many countries in sub-Saharan Africa remains generally difficult, particularly in terms of their potential participation in epidemiological studies.

This is due to discrimination or criminalisation of their sexual orientation, as well as the social stigma associated with their behaviour' (p. 2). "Zimbabwe had around 1.3 million persons living with HIV in 2018" According to the Zimbabwe Ministry of Health and Child Care and the National AIDS Council scenario, Zimbabwe had around 1.3 million persons living with HIV in 2018 (2018:1). The three "Matabeleland provinces (among which Bulawayo lies) have the highest HIV prevalence in Zimbabwe, according to the Zimbabwe Ministry of Health and Child Care (2019: 43), with Matabeleland North (19.5%), Matabeleland South (21.7%), and Bulawayo Metropolitan (17.9%)". According to the Zimbabwe Ministry of Health and Child Care (2017:31), information on HIV prevalence among key demographics in Zimbabwe is unknown, but Frontline AIDS (no date) reports that "21.1 percent of men who have sex with men are HIV positive".

Foregoing Septime Hessou's statement it shows that there is a lack of extensive scholarly evidence that interrogates the challenges that hinder MSM from accessing sexual reproductive health.

Therefore, this study seeks to address this gap by going into the community and investigating these challenges using case studies and the snowballing technique to gather extensive information on the subject. From the available literature review, one can see that from a patriarchal perspective, men have been sidelined from SRH because they are thought to be immune to sexual health issues. WHO (2016:4), on the other hand, claims that due to a lack of data and limitations in data disaggregation, it is difficult to assess the full degree of key populations' access to services in Africa. Without addressing crucial demographics such as MSM, it will be impossible to stop the HIV epidemic (Gupta & Granich 2018; WHO 2016). In Zimbabwe, the lack of tailored counselling services for MSM groups is a barrier to MSM accessing Sexual Reproductive Health.

Counselling is frequently conducted with the assumption that clients are in monogamous heterosexual relationships (Moyo et al., 2021). Young people who are members of key populations are particularly vulnerable to SRH services, which include pre- and post-exposure prophylaxis, lubricants, and condoms that provide pleasurable and safe sex for MSM. Another hurdle to teen MSM getting SRH is mandatory parental approval and notification procedures, since they fear being driven out of their homes by their parents and shunned by the community (Dingake, 2018). Voluntary medical male circumcision (VMMC) is another technique to prevent HIV transmission in both heterosexual and homosexual males. However, most MSM are hesitant to undergo VMMC because they feel receptive partners do not require circumcision and they are afraid of being stigmatized or outed as gay while undergoing the circumcision (Zhang, Qian, Liu and Vermund 2019).

Globally, men who have sex with other men lag in accessing sexual and reproductive health services because of the economic strata that exist within these key populations, where private health services are accessed through out-of-pocket means, lack of education due to fear of discrimination, and bullying in schools, among other social factors.

Criminalisation of same-sex activities does not help the cause of key populations; for example, the (Criminal

Law Codification and Reform 9.23 Act 2004), prohibits sexual acts between men who do not self-identify as LGBTI and those who identify as LGBTI, according to the law " any male person who, with the consent of another male person, knowingly performs with that other person anal sexual intercourse, or any act involving physical contact other than anal sexual intercourse, that would be regarded by a reasonable person as an indecent act, shall be guilty of sodomy and shall be liable to a fine up to or exceeding level fourteen or imprisonment for a period not exceeding one year or both a fine and imprisonment" (p. 32).

The criminalisation of same-sex marriages or relations is the origin of all other forms of discrimination and stigma, including structural discrimination which hinders MSM's access to sexual and reproductive health. This was further concurred by the research conducted by Munyimani and Nunu (2022:2), who posited that" in Zimbabwe, MSM are stigmatised, and the policies put in place do not fully recognise their rights, leading to the majority shunning health services meant to improve their sexual health outcomes. They are usually called unacceptable names that are derogatory and directly attack their sexual orientation."

Declarations were made by the former president, Mr. R. Mugabe on political podiums further buttressed the nation's homophobia, thereby affecting healthcare service provision (Muparamoto, 2020). This attitude, including the Criminal Codification and Reform Act, contradicts the strategic plan of the National Aids Council (NAC), known as the Zimbabwe National AIDS Strategic Plan (ZNASP IV), which is a blueprint that guides the programming and coordination of all HIV/AIDS activities in the country. The blueprint recognises that key populations exist and that there is a need to program for them to reach the 95-95-95 targets, as well as ending AIDS by 2030.

2.0 Methods

2.1 research design

Case studies were used to inform this research because they provide a more detailed account of the participants'

experiences. Case studies are a suitable research approach for this study because they focus on the experiences of men who have sex with men. According to Babbie and Mouton (2007), a research design is the planning of scientific enquiry that explains as clearly as possible what one wants to discover and determines the most likely technique to achieve that goal. A case study is a research approach in which the researcher investigates a program, event, activity, process, or one or more individuals in depth. Cases are defined by time and activity, and researchers collect detailed information over a long period using various data collection approaches (Stake, 1995). As a result, the researcher decided to explore the experiences of men who have sex with men who encounter a variety of challenges on a regular basis using qualitative approaches.

Qualitative research can help answer questions like, "What are the experiences of MSM?" Qualitative approaches, according to Denzin and Lincoln (1994), view the social world as dynamic and developing, continually shaped by the intersection of cultural, economic, social, and political activity. Furthermore, qualitative studies "aim primarily to comprehend daily life and the value people assign to their lives", as Fouche and Delport (2002) p. 79) put it, and this aligns with the objectives of this study, making qualitative research approaches applicable.

2.2 Population of the study

Men from the Bulawayo CBD in Zimbabwe who engaged in sexual intercourse with other men were the subjects of this study. According to Saunders (2013), a research population is a group of all members whose conclusions are to be drawn. People's information can be 28 obtained in a variety of ways. One strategy is to contact everyone (or almost everyone) and ask them questions about the data required by the researcher. Collecting data from all participants is costly and time-consuming. Due to financial and time constraints, researchers are unable to gather data from every individual in the community; instead, they collect data from a sample of individuals and use that data to generalise about the entire population.

Bless and Higson-Smith (2006) define a sample as a subset of a population

chosen for a specific study. Ideally, the sample should reflect the characteristics of the target population. The study sample consisted of six men who have sex with men in Bulawayo CBD, Matabeleland, Zimbabwe. This sample provided a detailed narration of their experiences of navigating everyday life as an MSM in Bulawayo. This detailed enquiry into the experiences of MSM is in line with qualitative studies, which explore and understand the meaning individuals or groups ascribe to a social or human problem (Cresswell, 2009).

2.3 The sampling method

Babbie (2016), Neuman (2014), and Strydom and Delport (2011) underline the importance of sampling in any study. This is due to the difficulties in interviewing each study participant. "Qualitative research frequently focuses in depth on relatively tiny samples, which are purposefully selected", says Patton (2002, p. 230). He argued that sample sizes are less significant in qualitative research because the sample size is often defined by the study's aims, the purpose of the investigation, what will be helpful, and what can be done with the time and resources available (Patton, 2002).

The researcher used purposive and snowball sampling approaches. Purposive sampling is defined as a sample made up of elements that have the most defining, representative, or typical qualities of the population and is based exclusively on the researcher's selection (Strydom & Venter, 2002).

The research participants were chosen through purposeful sampling. According to Neuman (2014) and Strydom and Delport (2011), purposeful sampling involves selecting participants solely based on the researcher's assessment, with the sample consisting of elements with the most representative traits of the population. As recommended by Neuman (2014), this sampling strategy was chosen because it focuses on the characteristics of a population that are of interest to the researcher, allowing for a full account of their experiences. Palinkas, Horwitz, Green, Wisdom, Duan, and Hoagwood (2015) agree that purposive sampling should be used to identify and select individuals or groups of individuals who are particularly

knowledgeable or experienced in a topic of interest.

2.4 Data collection procedure

The use of unstructured interviews and participant observations, rather than other forms (such as experiments and survey questionnaires), was the most appropriate for this study to gain access to MSM's experiences. According to Esterberg (2002), semi-structured interviews allowed the researcher to investigate the topic more openly while allowing participants to express their perspectives and ideas in their own words. Furthermore, unstructured interviews were a preferable choice since the researcher was not limited to the questions to ask, and the informants could provide a more complete picture. Similarly, the interviewer could clarify any questions that the responder did not understand.

Finally, according to Denscombe (2010), when unstructured interviews are used, informants are more likely to be asked different questions, allowing for in-depth details that have been missed by other respondents. The researcher conducted extensive interviews with the six participants. Participant observation provided the researcher with a unique method of gathering data because it relied on direct evidence from people who experienced the occurrences firsthand. Descombe (2010) posits that it is 'founded on the idea that, for some things, it is preferable to just watch what happens. The researcher noted through participant observation how MSM behaved in safe spaces and what it meant to them to have a place to belong.

3.0 Discussions

This study aimed to explore the challenges that men who have sex with other men face when accessing Sexual Reproductive Health. This was prompted by the high prevalence of HIV and Sexually Transmitted Infections among Key Populations. While the country is on track to meet the 95-95-95 targets, there is still a worrying 8.1% HIV prevalence among this group. Of this subpopulation, 8.3% avoided health care services because of stigma and discrimination (Bio Behavioural Survey 2019).

Therefore, this research seeks to inform the existing scholarly literature and fill gaps in the missing data that contribute

to the bio-behavioural patterns of MSM in Bulawayo. Due to discrimination and stigma most MSM individuals resort to avoiding SRH services at all, or at least posing as heterosexual men which then does not address all their problems, as MSM face unique health challenges compared to their heterosexual counterparts,

3.1 TABLE 1: DEMOGRAPHIC CHARACTERISTICS OF THE STUDY PARTICIPANTS

AGE	NUMBER OF PARTICIPANTS
21-25	**2**
26-30	**1**
31-35	**2**
36+	**1**

Table 3.1 presents the demographic data of the study sample. The researcher interviewed six participants, all of whom were male, as the study focused on men who have sex with men. The age disaggregation of the sample size consisted of age bands of 21-25. 26-30, 31-35 and 36+. Since this study is qualitative in nature, the researcher selected a small sample to obtain a detailed explanation from each participant, thus enriching the study. The 21-25 age bands 38 constituted of 2 participants, 26-30 constituted of 1 participant, 31-35 constituted of 2 participants and 36+ had one participant. From the participants interviewed participants the 26-30 and 31-35 age band constituted MSM who identified as gay, whereas the 36+ age band constituted a married MSM who was willing to participate in the study.

Accessing sexual reproductive health is a right that should be available to every human being, regardless of their sexual orientation. Unfortunately, for men who have sex with, accessing this paramount right is a challenge that they face daily. One of the participants responded by noting that *'I have never really had to seek Sexual Reproductive Health services when it comes to STIs or other sex-related issues. I usually go for HIV testing and pose as a straight man and*

get tested'. The response from one of the participants was echoed by the other participants, showing that at times, to access SRH services, MSM have to disguise themselves as straight heterosexual men. This has an impact, as some would not disclose if they have an STI in the anal region for fear of being discriminated against (UNAIDS 2019b).

Munyimani and Nunu (2022:2) note that intimate Partner Violence plays a huge role in contributing to HIV and AIDS infections because of policies that criminalise same-sex relations. Men who have sex with men who find themselves in physically and sexually abusive relationships are mostly disadvantaged when it comes to accessing SRH. The mere fact that they cannot report intimate partner violations means they would not access preventive commodities such as post-exposure prophylaxis if they are sexually abused. For some, negotiating for safe sex and using condoms will be hard, either because of power dynamics in the relationship or because the other partner has the buying power. This contributes to the risks associated with unprotected sex. The state apparatus must not discriminate when it comes to issues of intimate partner violations, because being violated does not depend on one's gender or sexual orientation. Having robust mental health support structures for MSM will go a long way in helping change and shape MSM's perceptions and behaviours when it comes to seeking health services. IPV also leads to problems with mental health breakdown, with a lack of homosexual-oriented counselling and attitudes of counsellors, MSM are bound to shy away from accessing mental health services.

Internalized homophobia is a real thing that exists within the LGBTQ community, the researcher notes that this could be attributed to fear of being ousted or victimized, which them causes other MSM to hate or shun those who are feminine. The researcher found that some of those who have internalised homophobia hate that others can express themselves and they cannot, so they tend to hate that. In the long run, internalised homophobia leads to mental health issues such as active suicidal ideation, self-harm, and drug and substance abuse. Without proper psychosocial structures that cater to the

specific needs of MSM, there is a risk of therapy not addressing the root cause, as it is mostly heterosexually oriented. As for homophobia and stigma from the larger community, the researcher found that some people who are homophobic are actually living closeted lives and want to present themselves to the community as straight people who do not condone same-sex behaviour while behind closed doors they engage in same-sex activities. Those who suffer from internalised homophobia would shun spaces where other MSM frequent, all in the name of avoidance to face their sexual orientation, thereby limiting their access to health services, and contributing to the rise in HIV infections. Internalised homophobia plays a part in that due to self-hate, those who are battling it would be projecting on those who are comfortable with their sexuality. This leads to both physical and sexual violations.

According to Muparamoto (2020), there are many factors that contribute to and become hurdles that MSM face on a day-to-day basis that limit their access to SRH. The research hopes that these findings will contribute to policy-making by shifting policies towards inclusion and diversity. Issues of criminalisation, homophobia, and stigma have a detrimental impact on overall national health outcomes. Especially now, when the country and the world at large are working towards ending new HIV infections by 2030, contributing to the Sustainable Development Goals and seeking to avail health to all in an equitable manner. Having inclusive policies will ensure that negative attitudes towards MSM and the lack of provision of services are eliminated, as well as harmful practices by the state apparatus, healthcare providers, and the general populace will be changed.

Conducting this study came with a number of challenges, including access to more married MSM, as they were reluctant to participate in narrating their livelihood for fears known to themselves. This was despite being given the freedom to choose a setting of their comfort for the interview. Some MSM required monetary incentives for narrating their stories, while some felt uncomfortable sharing their stories, citing that researchers were making money out of their stories while they benefited nothing.

The positive side was that the setting where the research was conducted was conducive in terms of access to MSM through social networking and hotspot mapping. According to the leaders of sexual minority CSOs, Bulawayo is the friendliest city in Zimbabwe for sexual minorities. With the support of these CSOs, it was easy to obtain the population sample who narrated their challenges and experiences with access to SRH.

4.0 Conclusion

The evidence gathered from the participants indicates that there are elements that are in sync with the existing literature on MSM's experiences accessing SRH services. Most sexual reproductive health campaigns focus mainly on women, and those that are for men only focus on cis-heterosexual men. The participants are crying foul of the existence of binary sexual reproductive health. There is a need to diversify awareness of SRH and the safe commodities that are used, for example, having lubes distributed in clinics, tertiary institutions, and even toilets in bars and restaurants. By incorporating intersectionality in the study, the researcher challenged the existing status quo, where the state at large is denying MSM their rights to sexual health and safe sex commodities through restrictive and repressive laws and policies. The ZINASP IV strategic plan is not widely discussed in most forms of media, thereby continuing the withholding of information that can help hundreds of MSM access professional and safe sexual health. Using queer theory, the researcher sought to challenge the existing attitudes and beliefs of healthcare providers that femininity in a man does not translate to weakness. As public servants, we ought to be able to uphold human rights and provide services without discrimination or hate.

While the Zimbabwean Constitution protects the rights to non-discrimination, privacy, and freedom of expression, thought, and association, according to the Australian Department of Foreign Affairs and Trade (DFAT) Country Information Report (2016), cited in Home Affairs (2019), the ruling party in Zimbabwe adamantly opposes the inclusion of LGBTI rights in the constitution, which expressly prohibits same-sex marriages. The UN

Committee on the Rights of the Child (2016) noted in its report that national legislation continues to conflict with the convention's anti-discrimination provisions. It expresses concern about the widespread discrimination faced by LGBTI children, as well as children affected or infected with HIV/AIDS (Home Affairs 2019). There are no legal reforms that the participants can quote that protect them from discrimination or any form of harm that comes their way. All the laws and policies, despite being said to be ratified from international policies, perpetuate hate and stigma for MSM. However, the researcher notes that the Ministry of Health has made strides in collaboration with the NAC and MSM CSOs to develop strategies that help prevent the spread of HIV among key populations. This stride has even seen the enactment of the ZINASP, which is a guide on HIV programming for the treatment and prevention of the spread of HIV 58 for MSM. This strategy has seen the rollout of PrEP and condoms as preventive measures for the spread of HIV among MSM.

Despite the challenges that men who sex with men go through on a daily basis, there seems to be a sense of relief when one mentions advocacy. For them, this is a beacon of hope that keeps them going and fights for their rights and recognition. Some participants pointed out that they did advocacy in their own spaces wherever they go by being visible enough either through clothing that has rainbow colours or clothing material from LGBTQIA organisations. The visibility of CSOs such as GALZ and SRC are all signs of advocacy that give a sense of hope and solidarity for MSM. There is extensive work to be done until men who have sex with men are recognised for who they are and catered for in the structural spheres of the nation. There is a call for the decriminalisation of same-sex relations in Zimbabwe to allow for the liberation of the LGBTQIA + community from the shackles of oppression they are bound in. These CSOs have even gone a step further in hiring in-house counsellors who are sensitised to issues that affect MSM so that they meet MSM at their point of need. In some instances, psychologists who identify as MSM have been hired because they can relate to the struggles that MSM face.

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No human or animal studies have been conducted in this study. This is a conceptual paper that discusses existing literature on In the Shadows": Navigating Stigma and Criminalization Experiences of Men Who Have Sex with Men (MSM) in Accessing Sexual Reproductive Health Services in Bulawayo, Zimbabwe

Competing Interests

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Data Availability

New data was created and analysed in this study; therefore, data is available upon request from the author.

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