

Perceptions, preferences and access to community-based HIV testing services (CBTS) among men who have sex with men (MSM) in Côte d'Ivoire.

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Background

Dedicated HIV testing settings have been developed for men who have sex with men (MSM) since the end of the 2000s. These facilities are supported by community-based NGOs and promoted by peer educators who are trained in the use of rapid HIV tests. As such, these MSM-focused community-based HIV testing sites (MSM-CBTS) should be adapted to reach MSM populations. Currently, in Côte d'Ivoire and in other contexts, **political stakeholders make MSM-CBTS their first choice to reach MSM populations**. However, **little is known about access and MSMs' perspective on such community-based services**.

Methods

In 2018, a phone-based respondent driven sampling has been conducted among 518 MSM living in Côte d'Ivoire. MSM respondents were asked if they ever knew an MSM-CBTS and, among those who knew, whether or not they already visited one of these places. Satisfaction with MSM-CBTS was also collected. All MSM were asked whether they prefer MSM-CBTS, undifferentiated (i.e., "all public") sites or both types of sites for HIV testing. Reasons related to these preferences were also collected.

Univariate analysis of associated factors with (i) access to MSM-CBTS and (ii) testing site preferences was performed using RDS-weighted chi-square tests. The explanatory variables included were related to socio-demographic characteristics, sexual behaviours, sexually transmitted infections (STIs), identity perception, MSM community insertion and sexual orientation disclosure.

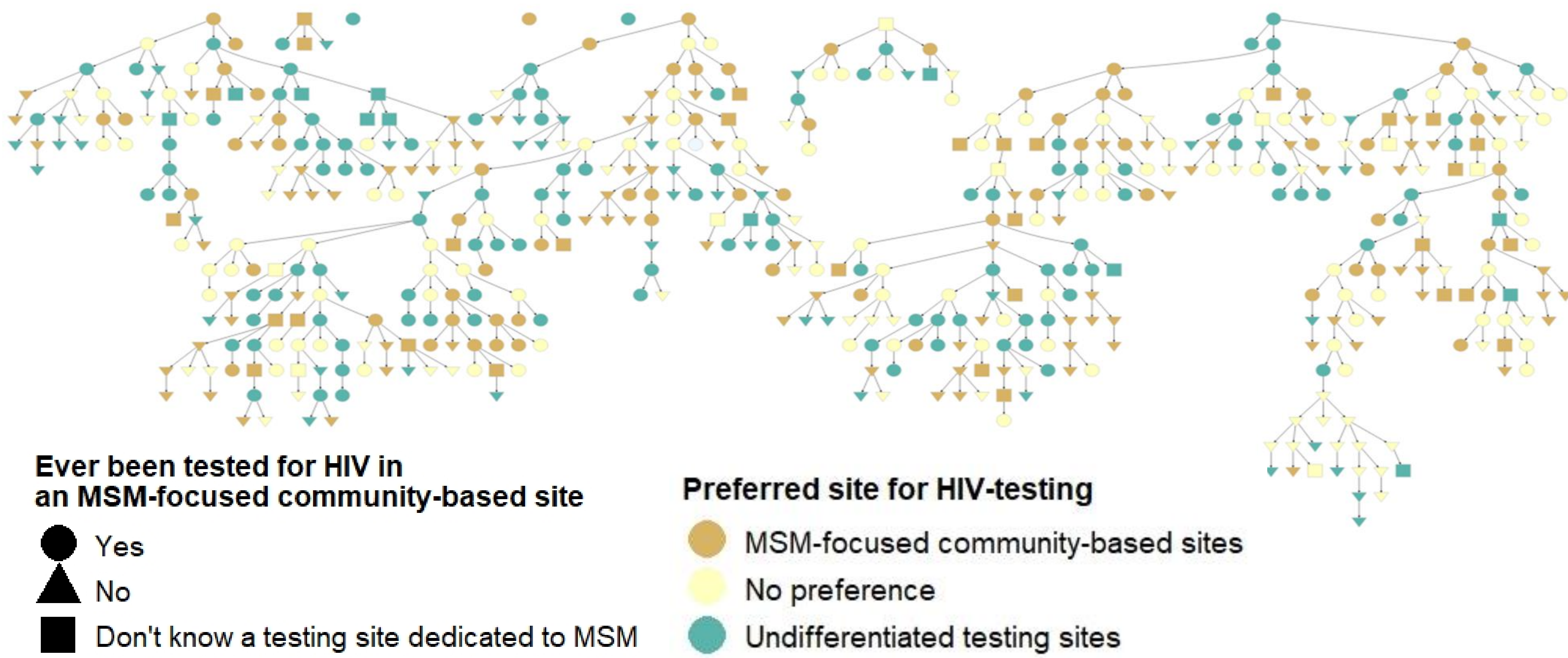


Figure 1. Respondent-driven sampling network recruitment, DOD-CI MSM, 2018 (n=518).

Results

Although 94% of respondents knew a place where to get tested, **only half (47%) knew an HIV testing place dedicated to MSM**. Among the later, 79% ever visited one. Knowing of and access to an MSM-CBTS were significantly associated with a higher number of HIV test performed recently (≤ 12 months) and with disclosure of sexual orientation to one family member (figure 2). Among MSM who visited an MSM-CBTS at least once, nearly all reported that they were well received (98%), that confidentiality was respected (98%) and a total of 95% reported that they would return to one of these sites. Among all MSM, **HIV testing site preferences** were as follows: 34% for MSM-focused community-based HIV testing sites, **37% for undifferentiated HIV testing facilities** (i.e., "all public") and 29% no preference (figure 2). Men who defined themselves as bisexual/heterosexual, those attracted primarily to women and those who did not know of a dedicated MSM NGO were more likely to prefer undifferentiated HIV testing sites. Main reasons related to undifferentiated HIV testing sites were the **lack of discretion of MSM-CBTS**, the **fear of being recognized by other community members** and the willingness to **avoid the gaze of others**.

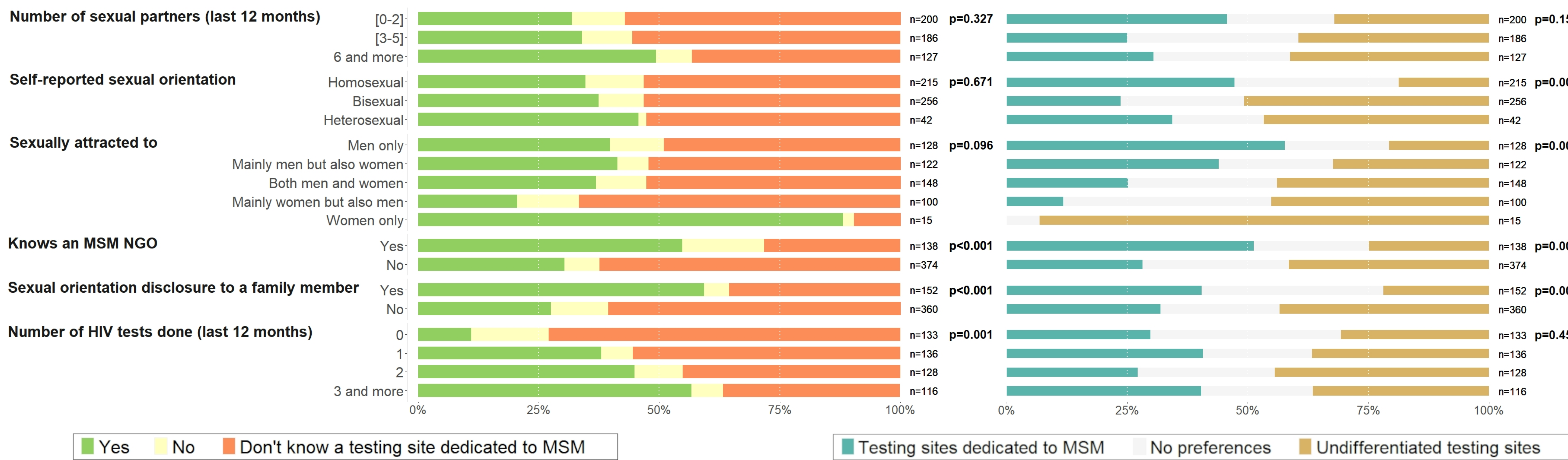


Figure 2. Associated factors with knowing of or access to MSM-CBTS and with HIV-testing venues preferences (n=510).

Note: only significant variables are presented.

Discussion

MSM-focused community-based HIV testing sites are relevant and reach a large part of the MSM populations. However, the majority of MSM do not access these sites. The lack of information and the stigmatizing social environment challenge access to these sites. MSM-dedicated HIV testing sites are also not adapted to all MSM populations since some of these populations prefer undifferentiated (i.e., "all public") HIV testing sites. If political stakeholders focus on MSM community sites to reach MSM populations, they should not neglect other HIV testing settings. Maintaining undifferentiated HIV testing sites and training healthcare workers to address MSM-related needs in these sites are recommended.