PERCEIVED BARRIERS TO ACCESS AVAILABLE HEALTH SERVICES AMONG MEN WHO HAVE SEX WITH MEN IN DAR ES SALAAM 2012

By

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CERTIFICATION

The undersigned certify that he has read and hereby recommend for acceptance by Muhimbili University of Health and Allied Sciences a dissertation entitled ***Perceived Barriers to Access Available Health Services among Men Who Have Sex with Men in Dar es Salaam, 2012,*** in (Partial) fulfillment of the requirements for the degree of Master of Medicine (Community Health) of Muhimbili University of Health and Allied Sciences.

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Prof. Melkizedeck T. Leshabari

(Supervisor)

Date: _____

DECLARATION AND COPYRIGHT

I, **Daniel John Magesa**, hereby declare that this **dissertation** is my own original work and that it has not been presented and will not be presented to any other University for a similar or any other degree award.

Signature……..Date……..

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DEDICATION

This work is dedicated to my late father, Mr. John Nyatarangwa Mwende Magesa who passed away on 4th of May 2011 when I was in the early stages of proposal development. He was my foundation of inspiration, a role model who led me by example. He is gone but never forgotten. May the almighty GOD enable me reach the goals he expected me to achieve and beyond.

ABSTRACT

Men who have sex with men (MSM) continue to be highly affected with the HIV infection worldwide. Studies have shown that organization of health care system and how the MSM perceive it, play a major role in granting or denying them access to health care services. Little is known in Tanzania with regards to barriers of MSM accessing health services in Tanzania.

The study was geared towards determining the proportion of MSM who accessed health care and disclose their sexual orientations to health care workers (HCW). It also intended to find out the anticipated barriers from HCW's if they were to disclose their sexual orientations to them and look into the types of social networks used when facing various challenges.

The study employed both quantitative and qualitative methods. Participants were enrolled in the study Respondent Driven Sampling .Quantitative data was entered and analyzed using the Statistical Package for the Social Sciences v.20. Qualitative data was collected using in-depth interviews read and interpreted to identify themes and create categories. These were manually analyzed and interpreted according to the study objectives.

Majority of MSM (87.7%) in this study accessed health care services when sick, only 3.4% did nothing because they had no money to pay for the services. Only a third of them had ever disclosed their sexual orientations to HCW's, due to perceived lack of confidentiality, fear of stigma and discrimination, shame and mistreatment at the health facilities and fear of HCW's reaction after disclosure of their sexual orientations.

MSM need to be empowered to overcome their perceived fears on HCW's and health facilities. Efforts should be put in breaking the cycle of wrong information and perceptions MSM have on health care worker's knowledge on dealing with same sex practices' health related problems.

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ACRONYMS

AIDS: Acquired Immunodeficiency Syndrome

CDC: Center for Disease Control and prevention

CI: Confidence Interval

FTM: Female to male transgender

HCS: Health care system

HCW: Health care workers

HIV: Human Immunodeficiency Virus

MoHSW: Ministry of Health and Social Welfare

MSM: Men who have Sex with Men

MTF: Male to female transgender

MUHAS: Muhimbili University of Health and Allied Sciences

NACP: National AIDS Control Program

PASADA: Pastoral Activities and Services for people with AIDS Dar es salaam Archdiocese

PMO: Prime Minister's Office

PNS: Participants Network Size

RDS: Respondent Driven Sampling

SPSS: Statistical Package for Social Sciences©

STI's: Sexually Transmitted Infections

TACAIDS: Tanzania Commission for AIDS

THMIS: Tanzania HIV and Malaria Indicator Survey

UIS: University of Illinois Springfield

UNAIDS: The Joint United Nations Programme on HIV/AIDS

USA: United States of America

WHO: World Health Organization

OPERATIONAL DEFINITIONS

Men who have sex with men (abbreviated as **MSM**, also known as **males who have sex with males**) are male persons who engage in sexual activity with members of the same sex, regardless of how they identify themselves.

Gay: A man who has a continuing affectional, emotional, romantic and/or erotic preference for someone of the same sex and forms his primary loving and sexual relationships with other men.

Bisexual: An individual who has an affectional, emotional, romantic, and sexual attraction to both men and women.

Homosexual: A clinical and technical term that is used to refer both lesbian and gay people and their community.

Transgender: Transgender people feel that their prescribed gender role does not fit with their internal experience of their gender. Transgender people can be, but are not always, transsexuals.

• **Female to male (FTM):** People who were born female but see themselves as male.

• **Male to female (MTF):** People who were born male but see themselves as female.

Transsexual: A person who gender identity is other than their biological sex. This person may wish to change their anatomy to be more congruent with their self-perception. Most transsexuals would like to alter their bodies through hormonal therapy, sex reassignment surgeries or other means.

Queer: Originally a derogatory label used to insult lesbians and gay people

Sexuality: Is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviours, practices, roles and relationships.

(UIS, 2007)

CHAPTER ONE

1.0 INTRODUCTION

1.1 Background

Men who have sex with men [MSM] is an inclusive public health term used to define the sexual behaviours of males who engage in sexual activity with other males, regardless of the motivation for engaging in sex or identification with any particular community. The term refers to both gay and bisexual men. This should be differentiated from the term transgender which means persons whose gender identity and expression does not conform to the norms and expectations traditionally associated with the sex assigned to them at birth [feminized men](WHO 2011, UNAIDS 2006).

The evidence for the reasons behind same sex practices are complex and may lead to various interpretations. There is emerging scientific evidence that these practices may be due to some rare chromosomal, genetic or psychosexual disorders (Burton, 2006). Evidence suggests that genetic influence on homosexuality is likely to involve a number of interactions but this evidence is not so strong (Baker et al., 2001). Also, hormonal effects are said to play part in homosexuality, evidence suggests that underexposure of male sex hormones in pre-natal life may lead to female differentiation of the hypothalamic region of the brain (Dörner et al., 1983). Recent studies have shown that psychosocial factors relationship with fathers and childhood sexual abuse are of importance in determining same sex practices in adulthood (Bradley et al., 1997). Studies have also shown that homosexuals report a disproportionately high percentage of incestuous sexual relationships during childhood. In one study 35% of homosexual men reported sexual abuse compared to only 5% in a heterosexual control group (Minwalla et al., 2005). Neural plasticity is also an important factor to take into considerations, there is some scientific evidence to suggest that significant sexual orientation shifts are possible for both men and women during their course of lives (Burton, 2006).

Another factor of great importance is the role financial gains anticipated by some men having sex with men who exchange sex for money. There is evidence that this factor also

pushes/pulls a significant proportion of men towards indulgence in same sex practices (Burnet Institute, 2009).

Sexual practices among these men can be either insertive or receptive or both through anal, oral or intercrural [thigh sex] or mutual masturbation (Companions on a Journey, 2000).

Sex between men occurs in many communities in Africa, Asia, North America, parts of Latin America, most of Europe, Australia and New Zealand but it is stigmatized and denied (UNAIDS, 1998). Some of the men engaging in these practices do not regard themselves as MSM and are happily married and have families. It may be for commercial purposes or pleasure. One of the consequences of such sexual practices is interaction with STI's such as HIV (UNAIDS, 1998).

The first cases of HIV/AIDS were reported in five MSM in the United States of America in 1981 (CDC, 1981; 2001). The risk of HIV transmission among receptive MSM is high especially when condoms are not used. This is due to the fact that rectal lining is so thin and can easily be torn apart during intercourse and grants the virus access. It is also thought that the cells lining the rectum have low immunity if compared to those of the vagina (UNAIDS, 1998).

Recent reports have shown high HIV infection rates among MSM in low and middle income countries (Baral et al., 2007). This could be due to the fact that in most of these countries including Tanzania the culture and laws are punitive to this group making this group afraid of coming out to get HIV services (Ottoson, 2007). In Tanzania same sex practices are illegal by law. It carries a penalty of 30 years to life imprisonment if found guilty (Tanzania Penal Code, 1945) .According to the Pew global attitudes project 95% of Tanzania residents believe that society should not accept homosexuality. It has the seventh highest rate of non-acceptance in the 45 countries surveyed (The Pew Global Attitude Project, 2007).

HIV/AIDS is a big public health challenge in Tanzania. According to the HIV- Malaria Indicator Survey of 2007- 08, HIV prevalence stands at 5.6% in the general population. Groups which are more affected are women with prevalence of 6.6% (THMIS, 2007-08);

another group which is highly affected is that of commercial sex workers. Information on HIV prevalence among sex workers in Dar es Salaam shows that the prevalence increased from 29 percent in 1986 to 31.4 percent in 2010 (NACP, 2010). Nearly 70 percent of sex workers tested in Mbeya in 2001were HIV positive (UNAIDS/WHO, 2004).

Another group which is vulnerable for HIV transmission is MSM. In Tanzania little is known about this problem in this group. A study done in Unguja, Zanzibar, Tanzania found the HIV prevalence among MSM to be 12.3% while that of the general population was 0.2 % (Dahoma et al., 2011). At the moment there are scarce targeted preventive and surveillance programs for MSM (Baral et al., 2007) and the health care environment is unfriendly for them in most sub- Saharan countries (Fay et al., 2010). Studies have shown that, MSM encounter various challenges when seeking for health services these include stigma, discrimination, lack of confidentiality among health care workers, criminalization of homosexuality and lack of awareness or sensitivity among health facility staff about the needs of MSM (Fay et al., 2010, Lane et al., 2008, Reddy and Sandfort, 2009).

The government of Tanzania through the Prime Minister's Office and Tanzania Commission for AIDS [TACAIDS] has recognized the need to scale up the fight against HIV/AIDS by including MSM focus in its strategic framework of prevention of new HIV infections (PMO, 2007). This is reflected and clearly pointed out in the current national multisectoral HIV prevention strategic framework and the NACP's HIV and AIDS Priority Areas which shows prevention as its first priority area in the fight against HIV and AIDS. Among its interventions is prevention among key populations which includes MSM (http://www.nacp.go.tz/nacp_areas.php?regno=19).

Despite of the high knowledge of health workers on anal sex being one of the routes of HIV transmission (Nilsson and Sallberg, 2006) tailored programs special for dealing with MSM are lacking. Unless the health care system is well designed to accommodate this group, MSM will remain as the foci of HIV infection and other STI's to the general population and all the successes seen to have been gained so far in the fight against HIV will not be sustained and bear the desired fruits. Therefore, we need to engage and study

this group more so as to reduce the HIV other STI's transmission rates among them. It was for this reason this study was proposed.

1.2 Problem Statement

In Tanzania mainland much was not known about men who have sex with men when the study was being proposed. This included the extent to which they accessed health care, the barriers they encountered during the process and disclosure of their sexual orientations to health care workers. It was also of interest to find out what their population subgroup thought would be the reaction of health care workers if they knew their sexual orientation when they fell sick and the extent this affects their health seeking behaviour. It was for this reason this study was conducted.

The challenges for MSM barriers access to available health services start at the core of the community where the culture and laws are against homosexuality. This translates into policies which do not consider this most at risk population as far as health services are concerned. In turn there are scarce MSM health interventional programs. Also due to the culture and laws health care workers in health facilities provide unfriendly services to this group. All these result into perceived stigma and discrimination by MSM, poor disclosure to HCW due to fear and negative information on health seeking health services among MSM social networks. Eventually all these culminate into inability to access properly available health services among MSM. (See conceptual framework below)

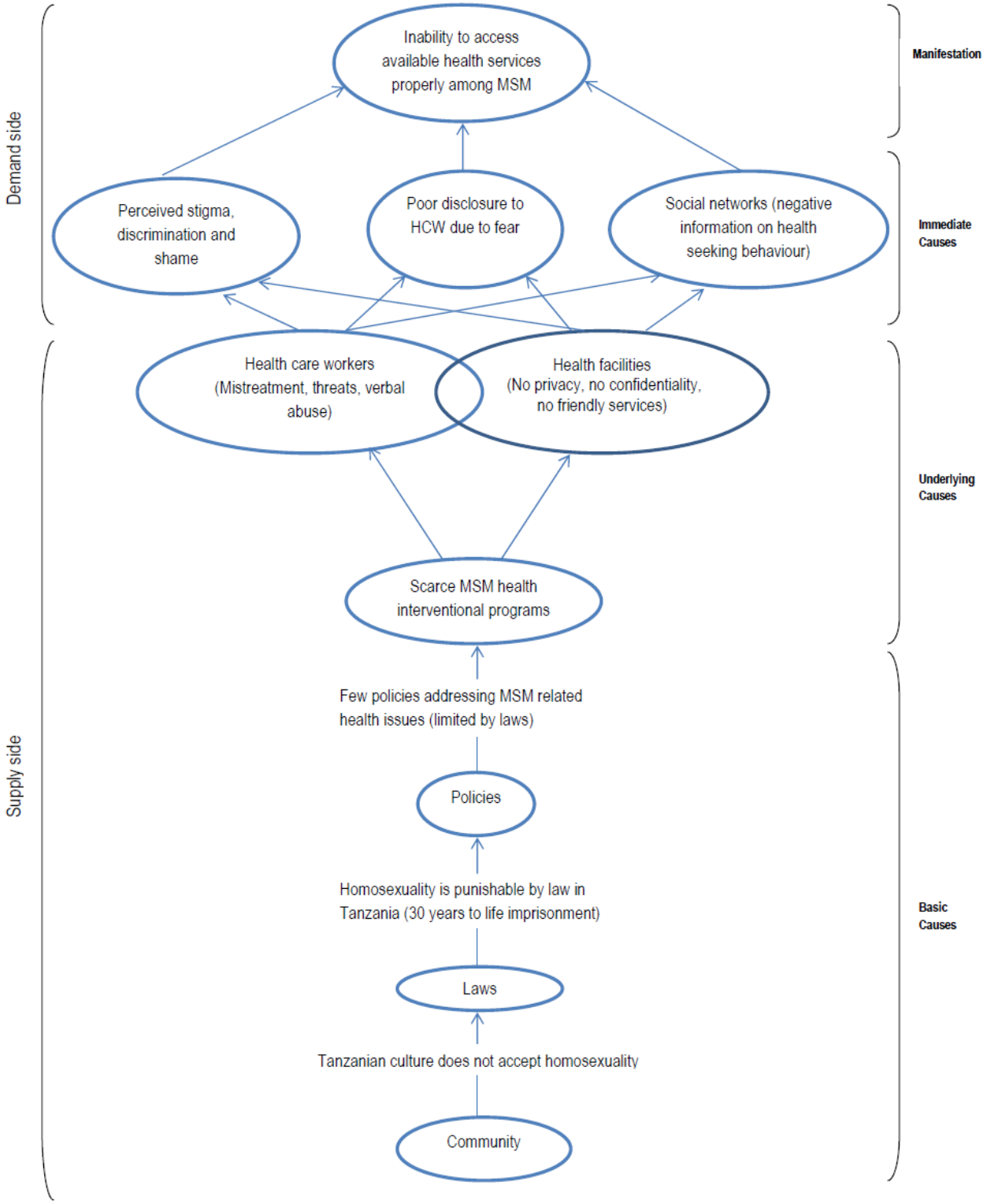


Figure 1: Barriers to access available health services among MSM conceptual framework

1.3 Study Objectives

1.3.1 Broad Objective

To determine barriers to access to health services among men who have sex with men in Dar es salaam.

1.3.2 Specific Objectives

This study specifically intended to determine:

1. The proportion of men who have sex with men who access health care and barriers encountered.

2. The proportion of men who have sex with men who have disclosed their sexual orientation to health care workers

3. What men who have sex with men think would be the reaction of the health care workers will treat if they reveal their sexual orientations when they seek health care.

4. The type of social networks men who have sex with men use when they fall sick.

1.4 Rationale of the study

Men who have sex with men are mostly left out in health care programs such as HIV prevention and treatment in developing countries. This could be due to the fact that, these countries have limited resources or have cultural reasons against such practices or criminalize MSM related activities.

The results of this study add knowledge to the existing understanding with regards to the extent men who have sex with men access health care, factors related to disclosure of their sexual orientations to health care workers, their perceptions on how the health care workers would treat them and the types of social networks men who have sex with men use when they fall sick.

It also adds knowledge to the neglected area of research in Tanzania on perceived barriers encountered by MSM when accessing health services.

The results will also be communicated to relevant stakeholders for possible improvement of health services delivery as far as this group is concerned.

CHAPTER TWO

2.0 LITERATURE REVIEW

Same sex practices being punitive and culturally unacceptable in many sub-Saharan African countries (Angola, Botswana, Burundi, Cameroon, Comoros, Eritrea, Ethiopia, Gambia, Ghana, Guinea, Kenya, Lesotho, Liberia, Malawi, Mauritania (death penalty), Mauritius, Mozambique, Namibia, Nigeria(death penalty in some states), São Tomé and Principe, Senegal, Seychelles, Sierra Leone, Somalia, Sudan (death penalty), Swaziland, Tanzania, Togo, Tunisia, Uganda, Zambia, Zimbabwe), this poses the first hurdle for MSM coming out openly in their communities due to fear of persecution and prosecution when seeking care and other health services (Ottoson, 2007).

These attitudes of general population in these countries extend to some health care workers whom studies have shown do harass and threaten MSM when they attend their facilities to seek for services (Lane et al., 2008). This not only denies access of health services to this group and creates negative perception towards these services among them but it may also be one of the major factors in discouraging them to seek health care when they want to.

Perhaps the neglect of this group is reflected in HIV and AIDS disease pattern which shows the overall growth of the HIV epidemic in the world is stabilizing and the number of new infections decreasing (UNAIDS, 2010). To the contrary, the situation is different when it comes to MSM; this group continues to be highly affected with the HIV infection with evidence from Western world, Asia, Africa and Latin America. Sub- Saharan Africa countries have shown high prevalence of HIV in MSM when compared to the general population (Van Griensven et al., 2009). For example the study from Zanzibar, Tanzania found the HIV prevalence among MSM to be 12.3% which is more than 60 times of the reported rates in the general population (Dahoma et al., 2011). Another study conducted in Mombasa, Kenya in 2005, showed the prevalence of HIV among MSM ranging from 12.3%- 43% while that of the general population was 6.1% (Sanders et al., 2007). There is some evidence that the current organization of health care system and how the MSM

perceive it, plays a major role in their decision to seek for health services and eventually denying access of care to them (Fay et al., 2010, Rispel et al.,2011) .

2.1 Factors affecting access to health services among MSM

Men who have sex with men are a sensitive group when it comes to utilization of health services, (any improper handling by health care workers can lead to a denial of access to services to this group as some may stay away from these services due to fear of being mistreated and exposed). A study done in South Africa peri-urban townships using purposive sampling showed that MSM were constantly being threatened and verbally abused by health care workers (Lane et al., 2008). During the clinics they had no rights to privacy, confidentiality and the health care workers were engaged in gossip about them. This was pointed out by the participants of the study as one of the reasons which made them to avoid healthcare. The participants reported that non- stigmatizing sexual health services towards them were not easily accessible (Lane et al., 2008).

In another study conducted in Dakar, Senegal using both quantitative and qualitative methods about the needs, behaviour, knowledge and attitudes of men who have sex with men it was observed that some men were treated with health center staff with scorn or ignored completely. They also reported some health care workers were not respecting their confidentiality during these visits. Some informants reported of doing nothing to treat their anal STI infection symptoms or medicating themselves without getting a prescription from the facilities because these symptoms are shameful and homosexuality was stigmatizing. These individuals were denied access due to the perceived fear if they disclosed these symptoms by the way MSM were treated at the health centres (Niang et al., 2003).

This is in line by what was observed in a review conducted in sub- Saharan Africa which also revealed that men who have sex with men who disclose their orientation through choice or necessity were rejected by their families, publicly humiliated, harassed by the authorities and most importantly in our case ridiculed by health care workers (Smith et al., 2009).

In a study which aimed at describing the utilization of health services by men who have sex with men in South African cities (their perception of available services and their service preferences using key informants) it was observed that the MSM were concerned with the scarcity of targeted HIV prevention and treatment programs. They could not identify any government facility with services geared towards MSM and they labeled the existing health care services as not friendly towards them. In this study, the participants reported health care workers to be rude to them and not well oriented with their needs with homophobic attitudes. They also reported stigma by health care workers who told them it was wrong to be a homosexual and discrimination by rejection to be existent in the health facilities (Rispel et al.,2011).

2.2 MSM perception on health services

In order to enhance utilization of health services by MSM, it is important to understand their perceptions with regards to these services. These will not only help in identifying perceived barriers but also it will enhance coming up with strategies for designing health services which are user friendly to them.

In a study conducted among men who have sex with men, to assess their perception about risk sexual behaviours, it was found that participants had concerns of discrimination by healthcare personnel as a barrier for them and their peers for going for testing for HIV. In this study it was reported by participants that fear of social stigma and rejection from the communities where they came from were other barriers for HIV testing among this group (Mimiaga et al., 2007).

A study conducted in south Florida in the USA found that some respondents were concerned about disclosing their sexual orientation on the feeling that doctors might not help men of their sexual orientation and this was cited as an impediment for them to seek help from doctors (Beckerman and Fontana, 2009).

Some of men who have sex with men feel that the health services provided in health facilities are generally geared to cater for heterosexual individuals and are therefore unresponsive to their needs. This is also reflected in the guidelines for various programs

which target the general population ignoring needs of key population subgroups such as MSM. This was a concern raised by them in the above mentioned South African cities study whereby the participants mentioned it as one of the factors influencing their utilization of health services (Rispel et al.,2011).

In a study conducted in the peri-urban townships in South Africa it was observed that perceptions of homophobic verbal harassment encounters from the previous experiences during the visits to health facilities by health care workers were among factors which men who have sex with men considered before they decided to access sexual health care. In some of them it led to delay or avoidance of treatment for HIV and other sexually transmitted infections (Lane et al., 2008).

2.3 Social networks used by MSM

Men who have sex with men immediate social milieu including family, friends and sexual partners determine how they respond to various needs such as health, financial, food and shelter. This may affect their access to health care services consequently. A recent study conducted in Shenzhen, China demonstrates that social networks play a major role in promoting healthy behaviours like condom use among its member (Liu et al., 2009). Another study conducted in California, USA among MSM network of illicit drug user found that its members were indulging in such type of sexual orientations so as to get money for buying drugs (Newman et al., 2004).

2.4 Disclosure when seeking health services among MSM

Health seeking behaviour is important to every individual especially as far as communicable diseases are concerned.

A qualitative study conducted in China to assess the HIV related risks among men having sex with men rural areas found that most informants did not have the habit of regular health checks as far as sexually transmitted infections and genito-urinary system diseases were concerned (Wong et al., 2006). If they did fall sick they preferred going to a place away from where they lived for treatment and never discussed their sexual orientations with doctors due to the fear of being exposed. In this study the participants also pointed

out lack of confidentiality, privacy and the cost of medical care as major reasons for not utilizing medical care (Wong et al., 2006).

In the Dakar study the participants reported delays and concealment in health seeking for sexually transmitted infections symptoms and they were resistant in revealing anal symptoms at health facilities due to the fear of being exposed as homosexuals as it was more stigmatizing (Niang et al., 2003).

A recent study done in Dar es Salaam, Tanzania on factors associated with HIV testing in men who have sex with men has shown that MSM testing of HIV appears to be low due to fear of discrimination and shame among members of this vulnerable group (Nyoni and Ross, 2012). In the south Florida study, the authors also looked at utilization of HIV/medical treatment among their participants. They found that, those who delayed in seeking medical care had various reasons for doing so, ranging from being angry, scared, afraid of doctors, and not ready, felt shame, did not want to deal with it and others had negative information about the medications (Beckerman and Fontana, 2009).

In light of these findings from various places in the world and in line with the set objectives the study was conducted to find out the local situation as far as access to health services is concerned among men having sex with men.

CHAPTER THREE

3.0 METHODOLOGY

3.1 Study area

The study was conducted in Dar es Salaam city, Tanzania. It was selected due to the large potential of recruiting many men having sex with men in the study, it being the largest city in Tanzania and a very cosmopolitan one.

The City is located between latitudes 6.36 degrees and 7.0 degrees to the south of the Equator and longitudes 39.0° and 33.33° to the east of Greenwich. It is bounded by the Indian Ocean on the east and by the Coast Region on the other sides.

The total surface area of Dar es Salaam City is 1,800 square kilometers, comprising of 1,393 square kilometers of land mass with eight offshore islands, which is about 0.19% of the entire Tanzania Mainland's area. Temeke Municipality has the largest land surface area [652 km^2] followed by Kinondoni [531 km^2] while Ilala has the smallest area [210 km^2] (Dar es salaam City Profile, 2004).

Based on the 2002 Population and Housing Census, Dar es Salaam had 2,487,288 inhabitants, of whom 1,254,853 were males and the rest were females. Of the three Municipalities, Kinondoni had the highest population with a total of 1,083,913 inhabitants, followed by Temeke with 768,451 and Ilala with 634,924 inhabitants. The majority of the city's population (65 percent) was aged between fifteen and sixty-four years which is in the working age group. There were few elderly people (only 2% were above 65 years). The growth rate of city was estimated to be 2.5(Dar es Salaam City Profile, 2004). The migration rate was 10% making the city with highest influx rate of people from upcountry. Currently, the Region population is estimated to 3.1 Million people. (Dar es Salaam Regional Commissioners Office, 2010)

This makes the city a cosmopolitan one with people of different origins and backgrounds and behaviour patterns. All mingle up in the city; this brings in interactions, including sexual interactions of different orientations including homosexuality.

3.1.1 Dar es salaam HIV/AIDS status

The HIV prevalence in the city was found to be 9% according to the Tanzania HIV/AIDS, Malaria Indicator THMIS survey conducted in 2007-08. Of the adults aged 15-49 in Dar es Salaam 93.2% knew where to get tested and 59.7% had tested for HIV and got results (THMIS, 2007-08).

3.2 Study design

The study used descriptive study design. Both quantitative and qualitative methods were employed.

3.3 Study population

All men who have sex with men who have been living in Dar es Salaam city for at least one year prior to the study conduction

3.3.1Inclusion criteria

The following criteria needed to be met for enrollment in the study

1. Men who have sex with men
2. Reported a history of ever having anal intercourse with a man
3. Living in Dar es salaam during the study period
4. Provided informed consent to participate in the study

3.3.2 Exclusion criteria

1. MSM who refused to participate in the study
2. Mentally disturbed and intoxicated MSM (as they could not provide correct information)
3. Those MSM who were very sick and very old

3.4 Sampling Technique and Sample Size

3.4.1 Sampling technique

The study was conducted from March to May 2012 using respondent driven sampling (RDS) technique.

This is a sampling technique used to study hidden populations whereby members of the population subgroup are used to generate the study sample through recruitment of their peers.

In practice when respondent driven sampling is used a handful of subjects serve as seeds. Seeds are requested to identify other eligible recruits from their population subgroup. All new recruits are asked to identify the same number of recruits acting as the initial seeds.

RDS samples produce samples which are independent of the initial subjects from which sampling begin (Heckanthorn, 1997). It takes care of biases resulting from snowball technique.

It differs from traditional snowball sampling in two ways; RDS involves a system of giving compensations for being interviewed and not asking participants to identify their peers to the investigators but to recruit them into the study whereas in typical snowball sampling there is only one incentive for participation (Heckanthorn, 1997).

In this study five eligible MSM were identified to serve as initial seeds.

The initial seeds were given 3 coupons to recruit the first wave of participants into the study. Each wave participant was given 3 coupons to recruit another individual as shown in Appendix 2.

3.4.2 Recruitment in waves

The recruited 5 seeds were expected to recruit the first wave which consisted of at most 15 study participants. The second wave was expected to consist of 45 study participants while the third wave had 135 recruits. Therefore from the 3 waves, a total of 195 recruits were expected.

The number of participants who were recruited after three waves was 204.

3.5 Data collection techniques/methods

A structured interview was conducted using a questionnaire which was administered to them to elicit information on identity, sexuality, barriers to access available health

services, disclosure of sexual orientations, community life and utilization of health services and perceptions of MSM with regards to health services and their social networks used in solving various social problems.

Also participants took part in semi- structured interviews which used open ended questions to explore their perceptions on the would be reactions of health care workers once men having sex men disclosed their sexual orientations to them.

Interviews were conducted by principal investigator and trained research assistants in a private room at safe and secure locations conducive to the participants. This was undertaken using structured interviews which had already been developed, pre-tested and edited.

Individuals recruited by seeds were assessed using a research tools which enquired about the history of anal sex with a man and observed female like behaviour was an added criterion but it was not used to rule out recruits [see Appendix 3]. This was done by the principal investigator and/ or the trained research assistants.

The interviews were conducted in Kiswahili, even though the initial interview tools were developed in English.

Interviews explored identity, sexuality, access to health services, disclosure of sexual orientations, community life and utilization of health services and perceptions of MSM with regards to health services and their social networks used in solving various social problems. Interviews lasted for approximately 60 minutes

Participants' structured interview scripts were identified using a study identification numbers. No personal identification information was collected.

Participants were given 3000/= Tanzanian shillings as compensation for transport after completing the survey and the same amount was provided when they brought an eligible recruit.

3.5.1 Data management and analysis

Quantitative data

Data was entered into the computer according to codes given and analyzed using the Statistical Package for the Social Sciences (SPSS for WINDOWS version 20.0).Frequencies for various variables were run, proportions and cross tabulations were statistically calculated. The data were analysed and interpreted according to the research question and objectives.

Qualitative data

The Swahili transcripts were translated into English. The transcripts were read and interpreted in order to create categories of the obtained data. Quotations were sorted according to the created categories. Emerging themes within and between topical areas were identified, analyzed and interpreted according to the study objectives. This was done manually.

Verbatim quotations and word tables were used to display quotations of the responses of the qualitative questions.

3.6 Ethical considerations

Ethical approval was requested from Muhimbili University of Health and Allied Sciences [MUHAS] ethical review committee and thereafter to local authorities i.e. Temeke District Executive Director, Temeke District Medical Officer. Also PASADA leadership gave approval to use its premises for conducting the interviews.

Verbal informed consent was sought from all study participants given their nature and the current country laws which are punitive to homosexuality and the culture in which it is totally unacceptable. Written consent was not used.

All the study information was read to participants including purpose of the research, procedure of the study, benefits and risks, confidentiality, freedom to withdraw and contact of study personnel.

The principal investigator and research assistants checked for comprehension from the participants by counterchecking through questions if the participants had understood why their verbal consent was needed and the purpose of the study and if they were willing to participate in the study. [See consent form Appendix 5]

This may help the country in reducing HIV and other STI's transmission in this group and the country in general.

No participant names were used. Only numbers were used to identify them. Given the nature of the participants, investigators and research assistants were insisted on the issues of confidentiality and were required to sign a document to ensure that they observed confidentiality throughout the study [see Appendix 6]. Safe and secure locations were used for interviews.

During the course of the study, those MSM who were found to be sick and unable to access the available health services were referred to public health facilities for further management. The investigator wrote referral notes for them and facilitated in removing any barriers for them in getting the services. [See Appendix 7]

3.7 Study limitations

The study focused on views and perceptions of MSM only and did not involve health care workers who might have been crucial in getting balanced perspectives on the matter.

Although the technique was successful in recruiting 204 men who acknowledged having had anal sex with other men, it somehow resulted in a selection bias as 94.6% of the participants were aged below 36 years of age.

Men having sex with men from higher socioeconomic status were not reached by the study and their views are not included in the findings.

CHAPTER FOUR

4.0 RESULTS

4.1 General Characteristics of the participants

A total of 204 men who have sex with men were involved in this study. The majority (64.2%) were youth aged between 17- 24 years and only a few (5.4%) were 35 years or older. The mean age was 24.3 years and the standard deviation was +/- 6.2 years.

In terms of area of residence in the city 40.7% came from Kinondoni district, 36.8% from Temeke district and 22.5% from Ilala district.

The majority of the study participants (90.7%) were single, less than 10% were married and 22.5% reported to have children.

Nearly 38% of study participants completed primary school, 26.1% had completed secondary and post-secondary education, 9.8% had not completed primary school education and 26% had not completed secondary education.

With regards to occupation 37.3% were unemployed and the rest were employed in government or in the private sector.

The demographic characteristics of the study sample are summarized in Table 1.

Table 1 : Demographic Characteristics of study population (N=204)

Parameter	Number of participants	Percentage
Age group(years)		
17-24	131	64.2%
25-34	62	30.4%
≥35	11	5.4%
Mean age 24.3 years (Std. deviation 6.2)		
District of residence		
Ilala	46	22.5%
Kinondoni	83	40.7%
Temeke	75	36.8%
Marital status		
Married	19	9.3%
Single	185	90.7%
Participants with children		
Yes	46	22.5%
No	158	77.5%
Literacy of participants		
Literate	198	97.1%
Illiterate	6	2.9%
Level of education		
Primary incomplete	20	9.8%
Primary complete	77	37.7%
Secondary incomplete	53	26%
Secondary complete	45	22.1%
Post-secondary	9	4.4%
Employment		
Not employed	76	37.3%
Self employed	101	49.5%
Employed by the government	1	0.5%
Employed by the private sector	26	12.7%

QUANTITATIVE FINDINGS

4.2 Access to health care

A fairly large proportion (87.7%) of the respondents consulted a health care worker when they were sick. Among those who did not, 6.9% self-medicated themselves and 3.4% did nothing because they had no money for paying for health services.

The proportion of participants who consulted a health care worker decreased with age varying from 63.7% for those aged 17 to 24 years to only 5% for those aged 35 years and above.

The proportions of those who consulted a health care worker increased with increasing level of education varying from 45.8% among those with primary education to 50.8% among those who with secondary education however these differences were not statistically significant (χ^2= 1.77, p= 0.183)

The participants who were employed constituted the smallest proportion of those who consulted a health care worker (11.7%) compared to those who were unemployed (38.5%) and self-employed (49.7%).

The study also explored the perceived reaction of health care workers to MSM. Some (7.3%) of the participants said they were poorly treated by health care workers where they got their services due to their sexual orientations.

Confidentiality among health care workers was reported to be poor or very poor by 17.3% of the MSM interviewed.

Meanwhile 20.7% of the participants reported of poor or very poor privacy during care. More than half of the participants (54.9%) said that, there are no facilities providing MSM friendly health services in Dar es Salaam.

Facilities which were perceived to have good or very good privacy also had workers who treated study participants well as summarized in Table 2.

Table 2: Privacy at health facilities in relation with treatment by health care workers

Treatment by health care workers at health facilities	Level of privacy of the attended health facilities				
	Very poor	Poor	Good	Very Good	Total
Very poor	2	0	1	0	3(1.7%)
Poorly	2	3	5	0	10(5.6%)
Hardly nice	1	4	11	1	17(9.5%)
Nicely	3	14	85	14	116(64.8%)
Very nice	2	6	14	11	33(18.4%)
Total	10(5.6%)	27(15.1%)	116(64.8%)	26(14.5%)	179(100%)

Fisher's exact value 30.854, $p \leq 0.05$

Also facilities which were perceived to have good confidentiality also had workers who treated study participants well as summarized in Table 3.

Table 3: Confidentiality of health care workers in relation with treatment by health care workers

Treatment by health care workers at health facilities	Confidentiality among health care workers				
	Very poor	Poor	Good	Very good	Total
Very poorly	2	0	1	0	3(1.7%)
Poorly Treated	3	4	3	0	10(5.6%)
Hardly nice	0	4	11	2	17(9.5%)
Nicely	6	9	82	19	116(64.8%)
Very nice	0	3	18	12	33(18.4%)
Total	11(6.1%)	20(11.2%)	115(64.2%)	33(18.2%)	179(100%)

Fisher's exact test value 34.977, $p \leq 0.05$

Exposure to information on selected diseases

Access to information on HIV was generally good. Nearly 70% reported very good exposure. However 15.2% had only a small exposure to HIV information including 1% who has never heard of the disease.

Exposure to information on anal STI was found to be fairly poor. Nearly 29% of the MSM interviewed in this study have never heard of anal STI's (Table 4)

Table 4: Access to information on selected diseases

Extent of exposure	Type of disease					
	HIV	STI	Anal STI	TB	Pneumonia	Malaria
Never	2 (1%)	13(6.4%)	59(28.9%)	19(9.3%)	88(43.1%)	3(1.5%)
Small	29(14.2%)	53(26.0%)	37(18.1%)	36(17.6%)	46(22.5%)	8(3.9%)
Some	31(15.2%)	41(20.1%)	36(17.6%)	43(21.1%)	33(16.2%)	14(6.9%)
Large	142(69.6%)	97(47.5%)	72(35.3%)	106(52.0%)	37(18.0%)	179(87.7%)
Total	204 (100%)	204 (100%)	204 (100%)	204 (100%)	204 (100%)	204 (100%)

The extent of exposure to HIV information among study participants decreased with increasing age and increased with level of education. But these differences were not statistically significant.

This trend also applied on the extent of exposure on information on others STI's and STI's transmitted via anal sex.

4.3 Disclosure of sexual orientation to health care workers

Among the MSM who consulted health care workers when sick only 54 (30.2%) disclosed their sexual orientations to them.

Most of the health workers 92.6% to whom MSM disclosed their sexual orientations were older than them. Disclosure of such information was higher in government health facilities 59.3% as compared to private hospitals (40.7%). Most (59.3%) of those who disclosed their sexual orientations did it to male health workers.

The proportion of the participants who disclosed their sexual orientation to health care workers increased with their level education varying from 45.6% of those who have reached primary school to 54.4% among those who had reached secondary school education and above. However these differences were not statistically significant.

Also the proportion of receptive MSM who disclosed their sexual orientations to health care workers was higher (33.3%) than that of insertive MSM (28%), but this difference was not statistically significant.

It was also found that perceived level of confidentiality at the health facilities played a major role in disclosure of the participants' sexual orientations to health care workers. As the level of confidentiality increased among health care workers the proportion of MSM who disclosed there sexual orientations also increased. Only 11.1 % of the participants who disclosed did so in facilities which were perceived to have very poor confidentiality compared to 51.8% of the participants who disclosed did so in facilities with good confidentiality. This trend was statistically significant (p= 0.034). However privacy was not found to be a significant factor for disclosure of sexual orientations to health care workers among MSM.

Men having sex with men who did not disclose their sexual orientations to health care workers cited shame, stigma by health workers and mistreatment at health facilities as the reasons for not doing so.

The health workers whom sexual orientation was revealed had varied reactions. Many of those (36.4%) from private facilities were surprised compared to 25% of their colleagues in government hospitals. Also 22.7% of the study participants reported that the health care workers at private facilities laughed at them when they disclosed their sexual orientations compared to 15.6% in government facilities (Table 5).

Table 5: Reaction of health care workers by type of facility

Reaction of health care workers	**Type of health facility**		
	Private	Government	**Total**
Was ok with it	8(36.4%)	13(40.6%)	21
Surprised	8(36.4%)	8(25.0%)	16
Angry at me	1(4.5%)	3(9.4%)	4
Laughed at me	5(22.7%)	5(15.6%)	10
Insulted me	0(0.0%)	1(3.1%)	1
Others	1(4.5%)	3(9.4%)	4
Total	22(100%)	32(100%)	54

History of STI's

Among the MSM who were recruited in the study one third (33.3%) reported history of sexually transmitted infections.

The proportions of those with history of STI's increased with age; varying from 25.9% among those aged 17 to 24 years to 45.4% for those aged 35 years and above. This difference between the age groups was found to be statistically significant, ($p \leq 0.005$).

History of STI's decreased with increasing level of education varying from 35% among those with primary education to 31.7% among those with secondary education and above. However, these differences were not statistically significant, ($p = 0.735$) (Table 6).

Table 6: History of contacting STI's with level of education

Level of education	Ever contacted STI's		Total
	Yes	No	
Primary Level	34(35%)	63(65%)	97(100%)
Secondary Level	34(31.7%)	73(68.3%)	107(100%)
Total	68(33.3%)	136(66.7%)	204(100%)

Chi-square value 0.246, df 1 p= 0.657

Only 10 (14.7%) did not consult a health care worker when they had the STI's.

Of those who did not consult a health care worker when they had STI's 6 (60%) were afraid of stigmatization or had fear of being mistreated at health facilities.

Most of the participants 37(68.3%) said they felt fine after an encounter with a health care worker and only a few 3 (5.2%) said they will never reveal such information again.

4.4 MSM's perceived reaction of health care workers if they knew their sexual orientations

Majority of the respondents (57.8%) in this study said that they were afraid of disclosing their sexual orientation to health care workers.

Fear of what the health care worker's reaction would be after hearing such history decreased with increasing age, varying from 65.6% among those aged 24 years and younger to 36% for those aged 35 years and older. These differences were statistically significant, (p- value 0.005).

Almost two thirds (64.5%) of participants with secondary education and above were more likely to be afraid of disclosing their sexual orientations to a health care worker compared to half (50.5%) of those with primary education. These differences were statistically significant, (p= 0.044).

Many study participants with history of STI's 55.8% reported to be afraid of disclosing their sexual orientations to health care workers.

More than half of participants (53.9%) felt that health care workers would not treat them equally as other patients who are heterosexuals once they disclose their sexual orientations and 54.9% of them felt that the available health care system could also not do so.

4.5 Types of networks used for different needs of MSM

Study participants used different types of networks when they had problems.

Parents were more likely to be approached for assistance when sick (34.4%) and for food assistance (44.1%).

Close friends were likely to be consulted for problems involving feeling down (30.9%) and boyfriends were the most likely group to be approached for financial assistance (33.8%). (Table 7)

Table 7: Type of social networks MSM use when they had various needs

	When you feel sick to whom do you reveal this first?		If you have no food who would you consult for assistance?		If you feel down/ depressed who would you consult?		If you run out of money, who would you consult for assistance?	
	Number	Percent	Number	Percent	Number	Percent	Number	Percent
Siblings	36	17.6	35	17.2	18	8.8	33	16.2
Other relatives	17	8.3	16	7.8	10	4.9	15	7.4
Parents	70	34.3	90	44.1	37	18.1	43	21.1
Close friend	31	15.2	28	13.7	63	30.9	25	12.3
Girl friend	14	6.9	1	0.5	23	11.3	13	6.4
Boy friend	18	8.8	19	9.3	37	18.1	69	33.8
Others	18	8.8	15	7.4	16	7.8	6	2.9
Total	204	100.0	204	100.0	204	100.0	204	100.0

Nearly 47.1% of study participants sought medical attention from a health facility as the first thing when they had STI symptoms. The majority of them (86.6%) did this during the first week of seeing symptom of the diseases.

The above findings show that a large proportion of men having sex with men recruited in the study access health care services when sick. However they pointed out that there were no facilities with MSM friendly health services in Dar es Salaam. Only a few of the study participants had ever disclosed their sexual orientations to health care worker. Many respondents (were afraid of disclosing their sexual orientation to a health care worker due to fear of stigma, shame and mistreatment by health care workers. They pointed out that unless they have special health facilities to cater for them they will continue to be denied access to health services.

QUALITATIVE FINDINGS

In this study qualitative questions were used to explore the perceptions of MSM with regards to whether they thought they will be treated fairly by health care workers once they disclosed their sexual orientations to them. Below are the findings;

Perceptions of MSM on fair treatment by HCW if they disclose of their sexual orientations

The study participants' perceptions were divided on this issue. Most of those who were receptive MSM thought that they cannot be treated equally well as other patients once they disclosed their sexual orientations to health care workers. Some pointed out stigma by health care workers as the main obstacle for this to happen as one respondent put it:

"When you go to a health facility you are stigmatized. I once went to one hospital and told them I am involved in same sex practices. The doctor told all his colleagues at the clinic and they started laughing at me and said their hospital does not provide services to people of my kind. Afterwards one of the doctors started to seduce me."

Other receptive MSM participants thought that the HCW cannot treat them equally well as other patients when they will disclose their sexual orientations because they do not have enough knowledge on issues of same sex practices as one participant pointed out:

"It is difficult for health care workers to treat us well as other patients because most of them do not have enough knowledge on same sex practices. They think we have just adapted this from Western countries."

As another participant put it this way: *"They see us as abnormal human beings"*

Some participants pointed out that the HCW could not treat them well as they treated other patients because the laws and culture of the country are against same sex practices as one respondent said it:

"This cannot happen because men having sex with men are not accepted in our society and same sex practices are against the laws, culture and traditions of our country."

Most of the study participants who were insertive MSM had a perception that HCW would treat MSM equally as other patients even after disclosure of their sexual orientations. They were positive that HCW are ready to provide services to whoever regardless of their sexual orientations as one of them put it:

"For someone to become a doctor, he must be aware of same aware of same sex practices and I do not think he can have problems with treating men who have sex with men."

Another insertive MSM pointed out: *"Health care workers are good people they will treat you as well as any other patient and they do not discriminate as we are all human beings"*

Other insertive MSM were of the perception that health care workers are trained and have the responsibility to treat all people equally and they had no doubts that they will do so to MSM, as one of them commented:

"Men having sex with men are human beings as other patients and they have rights to get good health care services. Health care workers have the responsibility to provide services to all the people equally."

Perceptions of MSM on fair treatment by the available health care systems

Most of the study participants were of the opinion that the health care system cannot treat men having sex with men the same way as others. Most had this perception because of the stigma by health workers towards them as one of them pointed out:

"Most of the health care workers do not want to provide services to us, unless they are ready to do so the health care system will not be able to treat us as other patients."

As another participant put it;

"Health services in government hospitals are very poor, the health care workers are not ready to provide services to us, and it is not in their minds that they should do so for people like us."

Some of them pointed out the system itself is a barrier. As one participant put it:

"The whole infrastructure and systems in our hospitals are not friendly to cater for the needs of men who have sex with men."

Another also pointed out that: *"The whole health system and the available health facilities cannot cater for the needs of men who have sex with men."*

The study participants also pointed out that the available health care system cannot handle their needs unless there are special clinics for them, as one participant commented:

"The health care system will not treat us the same way as others unless we have special clinics for us."

Another participant pointed out that:

"The health care system will not treat them the same as others until the gay people rights will be recognized in the country and special centers for our treatment are established."

There were other respondents who also thought that the health care system cannot cater for MSM needs because the government and our culture is against same sex practices as one participant put it:

"Our government does not recognize same sex practices and these acts are done secretively therefore it is difficult for the health care system to cater for our needs."

Another respondent also commented:

"The government knows same sex practices are there but our culture, traditions and religions are all against same sex practices therefore the government is afraid of coming up with a health care system which will be friendly to us."

Table 8: Word table showing perceptions of MSM on treatment by HCW and HCS

Category of men having sex with men	Report on whether can be MSM can be treated equally by health care workers	Report on whether can be MSM can be treated equally by health care system
Receptive	*"When you go to a health facility you are stigmatized. I once went to one hospital and told them I am involved in same sex practices. The doctor told all his colleagues at the clinic and they started laughing at me and said their hospital does not provide services to people of my kind. Afterwards one of the doctors started to seduce me."*	*"Most of the health care workers do not want to provide services to us, unless they are ready to do so the health care system will not be able to treat us as other patients."*
		"Health services in government hospitals are very poor, the health care workers are not ready to provide services to us, and it is not in their minds that they should do so for people like us."
	"It is difficult for health care workers to treat us well as other patients because most of them do not have enough knowledge on same sex practices. They think we have just adapted this from Western	*"The whole infrastructure and systems in our hospitals are not friendly to cater for the needs of men who have sex with men."*

	countries."	*"The whole health system and the available health facilities cannot cater for the needs of men who have sex with men."*
	"They see us as abnormal human beings"	*"The health care system will not treat us the same way as others unless we have special clinics for us."*
	"This cannot happen because men having sex with men are not accepted in our society and same sex practices are against the laws, culture and traditions of our country."	*"Our government does not recognize same sex practices and these acts are done secretively therefore it is difficult for the health care system to cater for our needs."*
		"The government knows same sex practices are there but our culture, traditions and religions are all against same sex practices therefore the government is afraid of coming up with a health care system which will be friendly to us."
Insertive	*"For someone to become a doctor, he must be aware of same aware of same sex practices and I do not think he can have problems with treating men who have sex with men."*	*"The health care system will not treat them the same as others until the gay people rights will be recognized in the country and special centers for our treatment are established."*
	"Health care workers are good people they will treat you as well as any other patient and they do not discriminate as we are all	

	human beings"	
	"Men having sex with men are human beings as other patients and they have rights to get good health care services. Health care workers have the responsibility to provide services to all the people equally."	

Table 8 summarizes the view of study participants on whether health care workers and health facilities would treat MSM equally as other people whereby participants' perceptions were divided on this issue. Most of receptive MSM thought that they cannot be treated equally well as other patients once they disclosed their sexual orientations to health care workers and the opposite was true for their insertive counterparts.

CHAPTER FIVE

5.0 DISCUSSION

A fairly large proportion (87.7%) of men having sex with men who were recruited in the study accessed health care services when sick, however 3.4% did nothing because they had no money to pay for the health services. More than half of study participants (54.9%) pointed out that there were no facilities with MSM friendly health services in Dar es Salaam. Only 30.2% of the study participants had ever disclosed their sexual orientations to health care worker. Confidentiality among health workers was key in disclosing sexual orientations among MSM in health facilities. The number of participants who disclosed their sexual orientations increased with the level of confidentiality. Facilities which treated MSM nicely were also reported to have good confidentiality and privacy by participants.

Many respondents (57.8%) of this study were afraid of disclosing their sexual orientation to a health care worker. This fear decreased with increasing age and decreasing level of education. Receptive MSM felt the health care workers could not treat them equally as other patients due to stigma, low level of knowledge on same sex practices, laws, culture and religious issues. They showed concerns towards the whole of the health system being not responsive to their needs. They pointed out that unless they have special health facilities to cater for them they will continue to be denied access to health services.

5.1 Factors affecting access to health services among MSM

The majority of the study participants (87.7%) consulted a health care worker when they were sick; however 3.4% did nothing because they had no money to pay for the health services. Receptive MSM pointed out stigmatization, harassment and ridicule by health care workers, lack of confidentiality and privacy among the health facilities as difficulties encountered during the visits which affected their access to available health services. These findings are similar to those reported by the study conducted in South Africa peri-urban townships using purposive sampling which also showed that MSM were being threatened and verbally abused and there was no privacy and confidentiality among health care workers who were also involved in gossiping about them during the visits (Lane et al., 2008). The findings were also in line with what another South African study

aimed at describing the utilization of health services by men having sex with men in cities which found that MSM reported health care workers to be rude with homophobic attitudes, stigmatizing, discriminatory and rejecting them when they sought health services. The above findings are also concurred with what another study carried out in Dakar, Senegal on needs, behaviour, knowledge and attitudes of men having sex with men observed that MSM were treated with health center staff with scorn or ignored completely. This study also reported that some health care workers were not respecting their confidentiality during the visits (Niang et al., 2003).

Ridicule by health workers towards MSM reported in this study was also pointed out in a review on men who have sex with men and HIV/AIDS in sub-Saharan Africa (Smith et al., 2009).

The above observations enlightens that treatment provided by health care workers plays a role in facilitating or denying access to health services to MSM, this is demonstrated in the study findings where facilities which treated study participants nicely, were also the ones perceived to have good or very good privacy and confidentiality by them.

Majority of those MSM who did not consult a health care worker when they had STI's said they were afraid of stigmatization and had fear of being mistreated at health facilities. This is in similar to the explanation given by those who delayed seeking medical care in studies conducted in south Florida, USA and in Dar es Salaam who pointed out being angry, scared, afraid of doctors, not ready and feeling shame as reasons for delaying seeking health care (Beckerman and Fontana, 2009, Nyoni and Ross, 2012).

In this study, more than half of the participants said that there were no facilities providing MSM friendly health services in Dar es Salaam. This finding is in line with what was found by the study conducted to describe the utilization of health services in South African cities that MSM could not identify any government facility with services geared towards them and labeled the existing health care services as not friendly to MSM (Rispel et al.,2011).

5.2 Disclosure of sexual orientations to health care workers

In this study, among study participants who consulted a health care worker when sick, a few (30.2%) had ever disclosed their sexual orientations to them. Those who did not

disclose pointed out shame of being a homosexual, stigma by health care workers and mistreatment at health facilities as the reasons for not doing so. This is the same as what was observed in a study conducted in China to assess the HIV related risks among sex having sex with men that participants never discussed their sexual orientations with doctors due to the fear of being exposed (Wong et al., 2006). This was also true in the above Dakar study which also reported that MSM were resistant in disclosing their sexual orientations and anal symptoms at health facilities due to the fear of being exposed as homosexuals as it was stigmatizing.

Also in this study it was observed that confidentiality among health care workers played a major role in MSM disclosing their sexual orientations to them. It was observed that as the level of confidentiality increased also the proportion of the participants who disclosed their sexual orientations did so. This is similar to what was also observed in the above study done in China which also pointed out lack of confidentiality as one of the factors for never discussing their sexual orientation with health care workers (Wong et al., 2006). However in my study privacy was not a significant factor statistically for participants to disclose their sexual orientations.

5.3 MSM perception of HCW's reactions after disclosure of sexual orientation

A fair majority of study participants had fear of disclosing their sexual orientations to health care workers. They felt that, they could not be treated well as other patients once they disclosed their sexual orientations to health care workers. They pointed out stigma and discrimination by health care workers as the main obstacle for them to utilize health services. This is similar to what was found in a study conducted in Boston, USA which also found that participants had concerns of discrimination by health care personnel once they disclosed their sexual orientations and mentioned it as a barrier to them and their peers for going for seeking health services (Mimiaga et al., 2007).

The study participants also felt that their being not accepted in the community and same sex practices being against the law and culture of the country as being among the factors which contributed for them receiving bad treatment at health facilities from health care workers and consequently a barrier to them to access health care. This is in line with what the above mentioned Boston study found, that their participants had fear of rejection from

the communities and social stigma when they wanted to come out and seek for health services (Mimiaga et al., 2007).

Study participants had a perception that doctors could not help them because same sex practices are a new thing in our settings and they do not have enough knowledge to do so, this is in line with what was also found in a study conducted in Florida, USA which found that MSM were concerned with availability of physicians knowledgeable about health issues facing MSM. Facilities having personnel with this type of knowledge were rare (Beckerman and Fontana, 2009).

Some study participants felt that the available health system could not handle their health needs unless they were special clinics for them this will remain as a barrier to them accessing health services. This coincided with what the study on MSM conducted in South African cities found, that some men having sex with men felt that the health services provided in health facilities were generally geared to cater for heterosexual individuals and found them unresponsive to their needs (Rispel et al.,2011).

Strategies for reaching more men having sex with men and empowering them to overcome perceived fears and reactions from the health care workers and health facilities needs to be put in place.

5.4 Social networks used by MSM

In this study it has been found that most participants shared information with relatives and parents (60.2%) first before friends and sexual partners when they were sick. This is different from what was observed in Chinese study (Liu et al., 2009) which found that they used their social networks more in sharing most of the health related information. This may be due to the fact that they do not have enough information to share in the network or the network is not well established enough to allow sharing of such information.

I have reported above that 3.4% of the study participants did nothing when they were sick because they had no money to pay for the services; it was also observed in study that a significant proportion (33%) of participants asked for help from their boyfriends in their social networks when they had no money. This could be a factor for them to indulge themselves in sexual activities. This is similar to what was observed in a study conducted

in the USA which showed that illicit drug users exchanged sex for money so as get money for buying the drugs (Newman et al., 2004).

5.5 Conclusion

Majority of men who have sex with men (87.7%) in this study accessed health care services when sick, only 3.4% did nothing because they had no money to pay for the services. However only a third of them had ever disclosed their sexual orientations to health workers, the major reason for not doing so was lack of confidentiality, fear of stigma and discrimination, shame and mistreatment at the health facilities and fear of health care worker's reaction after disclosure of their sexual orientations. Also a significant proportion (60.2%) sought for help from their families and close relatives first when seek and a third of them consulted their boyfriends when they were in need of money for assistance.

5.6 Recommendations

In light of the above findings it is evident that men who have sex with men need to be empowered so as to overcome their perceived fears and perceived reactions from health care workers and health facilities.

This goes hand in hand with breaking the cycle of wrong information and perceptions men who have sex with men have with regards to health care worker's knowledge on dealing with same sex practices' health related problems.

Also, though a small proportion (3.4%), their seem to be a challenge of not accessing health services due to financial difficulties among men who have sex with men and dependency of boyfriends when in need of financial assistance this necessitates the importance of introducing income generating activities among this group to enhance access to available health services and financial freedom.

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REFERENCES

Baker B.S, Taylor B.J, Hall J.C. (2001) Are complex behaviors specified by dedicated regulatory genes? Reasoning from Drosophila. Cell 105:13–24.

Baral S, Sifakis F, Cleghorn F, Beyrer C; Elevated risk for HIV infection among men who have sex with men in low and middle income countries 2000- 2006: A systematic review; PLoS Medicine 2007;4:1901- 1911

Beckerman A, Fontana L. Medical treatment for men who have sex with men and are living with HIV/ AIDS. American Journal of Men's Health [2009] 3[4] 319- 329

Bradley, S., Zucker, K. (1997) Gender identity disorder: A review of the past 10 Years. Journal of the American Academy of Child and Adolescent Psychiatry. 34, 7: 872 - 880.

Burnet Institute. Exploring the sexual networks of men who have sex with men and women in Hanoi, Vietnam, Final Report, 2009

Burton S, The causes of homosexuality: What science tells us. Jubilee Centre, Cambridge CB1 2NZ [2006] pg 2-20

Centers for Disease Control and Prevention, First Report of AIDS, *MMWR Morb Mortal Wkly Rep.* 2001; 50: pp 429.

Centers for Disease Control and Prevention, Pneumocystis pneumonia— Los Angeles. *MMWR Morb Mortal Wkly Rep,* 1981; 30: 250–252.

City profile for Dar Es Salaam, United Republic of Tanzania (November, 2004)

Dahoma M, Johnston L.G, Holman A, Miller L.A, Mussa M, Othman A, Khatib A, Issa R, Kendall C, Kim A.A, HIV and Related Risk Behaviour Among Men Who Have Sex with Men In Zanzibar, Tanzania: Results of a Behavioural Surveillance Survey, AIDS Behav [2011] 15: 186- 192

Dörner, G., Schenk, B., Schmiedel, B., Ahrens, L. (1983) Stressful events in prenatal life of bi and homosexual men. *Experimental and Clinical Endocrinology, 81,*83 – 87

Eduard J. Sanders, Susan M. Graham C, Haile S. Okuku A, Elise M. van der Elsta, Muhaaria A, Daviesa A, Peshua N, Priced M, Scott. R, McClelland C, Adrian D. Smith. HIV-1 infection in high risk men who have sex with men in Mombasa, Kenya. AIDS 2007, Vol 21 No 18

Fay H, Baral S.D, Trapence G, Motimedi F, Umar E, Iipinge S, Dausab F, Wirtz A, Beyrer C; Stigma, Health care access, and HIV knowledge among Men who have sex with men in Malawi, Namibia and Botswana; AIDS Behav DOI 10.1007/s10461-010-9861-2

Heckanthorn DD. Respondent Driven Sampling. A new approach to the study of hidden populations. Social Problems 1997; 44;2 pp 174- 19

http://www.nacp.go.tz/nacp_areas.php?regno=19 accessed 2nd/February/2012

Lane T, Mogale T, Struthers H, McIntyre J, Kegeles SM. "They see you as a different thing": the experiences of men who have sex with men with healthcare workers in South African township communities. Sex Transmit Infect 2008; 84: 430- 433.

Liu H, Feng T, Liu H, Feng H, Cai Y, Rhodes AG, Grusky O. Egocentric networks of Chinese men who have sex with men: network components, condom use norms, and safer sex. AIDS Patient Care STDS (2009); 23(10):885-93.

Mimiaga MJ, Goldhammer H, Belanote C, Tetu MA, Mayer KH. Men who have sex with men: Perceptions about sexual risk, HIV and sexually transmitted disease testing, and provider communication. Sexually transmitted diseases [2007] Vol. 34. No 2. P. 113- 119

Minwalla O, Rosser BRS, Feldman J, Varga C (2005) Identity experience among progressive gay Muslims in North America: A qualitative study within Al-Fatiha. Culture, Health & Sexuality 7(2): 113–128.

National AIDS Control Programme, HIV Behavioral and Biological Surveillance Survey Among Female Sex Workers in Dar es Salaam, 2010

Newman P.A, Rhodes F, Weiss R.E. Correlates of sex trading among drug-using men who have sex with men. American Journal of Public Health (2004) Vol 94, No. 11

Niang CH, Tapsoba P, Weiss E, Diagne M, Niang Y, Moreau AM, Gomis D, Wade AS, Seck K, Castle C. " It's raining stones" stigma, violence and HIV vulnerability among men who have sex with men in Dakar, Senegal. Culture, Health& Sexuality[2003] 5:6; 499- 512

Nilsson M, Sallberg J. Nurse's comfort of care of HIV/AIDS patients and knowledge about HIV transmissions routes in Tanzania. Health Sciences 2006; 51- 60 points, Term 6

Nyoni J, Ross MW. Factors associated with HIV testing in men who have sex with men, in Dar es Salaam, Tanzania. Sex Transm Infect doi: 10.1136 /sextrans-2012-050661

Ottoson D for International Lesbian and Gay Association. State sponsored homophobia: a world survey of laws prohibiting same sex activity between consenting adults, http//www.ilga.org/statehomophobia/State_sponsered_homophobia_ILGA_07.pdf.Published 2007, Accessed June 12, 2008

Reddy V and Sandfort T. Barriers to HIV/AIDS Prevention, Care, and Treatment for Men who have sex with men. Human rights and HIV care 2009; 413- 419

Report of Knowledge Attitudes and Practices in the Gay Community- gay identified men and men who have sex with men in selected sites in Sri Lanka, Companions on a journey, 2007

Rispel LC, Metcalf CA, Cloete A, Moorman J, Reddy V. You become afraid to tell them that you are gay: Health service utilization by men who have sex with men in South African cities. Journal of Public Health Policy Vol. 32, S1, S137–S151

Smith AD, Tapsoba P, Peshu N, Sanders EJ, Jaffe HW. Men who have sex with men and HIV/ AIDS in sub- Saharan Africa. Lancet 2009; 374: 416- 22

Tanzania HIV/AIDS and Malaria Indicator Survey 2007-08

Tanzania's Penal Code of 1945 (As amended by the Sexual Offences Special Provisions Act, 1998): Section 154. Unnatural offences

The Joint United Nations Programme on HIV/AIDS, AIDS and Men who have Sex with Men. UNAIDS Point of view (UNAIDS Best Practice Collection). Geneva: UNAIDS, July 1998.

The Joint United Nations Programme on HIV/AIDS, Global Report on the Global AIDS Epidemic, UNAIDS 2010

The Joint United Nations Programme on HIV/AIDS, Policy *brief: HIV and sex between men*. August 2006. http://data.unaids.org/pub/BriefingNote/2006/20060801_policy_brief_msm_en.pdf (accessed 13 April 2011).

The Pew Global Attitude Project Survey Report, 2007

The Prime Minister's Office: The Second National Multi-sectoral Strategic Framework on HIV and AIDS, 2008-2012: October 2007

UNAIDS/WHO Epidemiological Fact Sheet, United Republic of Tanzania - 2004 Update

United Republic of Tanzania, Prime Minister's Office Regional Administration and Local Government, Dar Es Salaam Regional Commissioner's Office. Strategic Plan for 2010/11 – 2012/2013

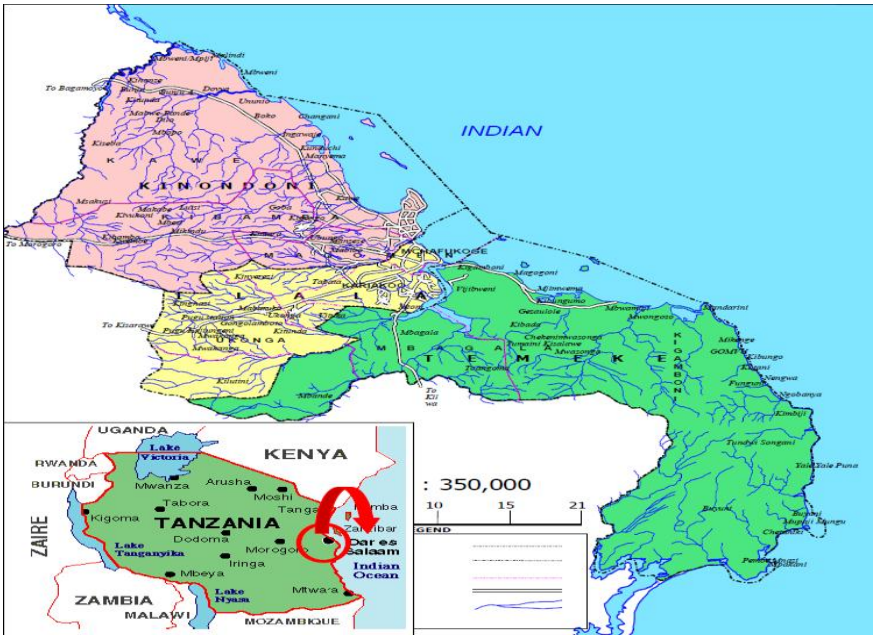
University of Illinois Springfield Safe Zone Program, 2007

Van Griensven F, Van Wijngaarden J. W.L, Baral S, Grulich A; The Global Epidemic of HIV infection among men who have sex with men, Current Opinion in HIV and AIDS 2009,4: 300- 307

Wong WCW, Zhang J, Wu SC, Kong TSK, Ling DCY. The HIV related risks among men having sex with men in rural Yunnan, China: a qualitative study. Sex Transm Infect 2006; 82: 127- 130

World Health Organization, Prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people. Recommendations for a public health approach. Geneva, WHO, 2011

APPENDIX 1: THE MAP OF DAR ES SALAAM REGION

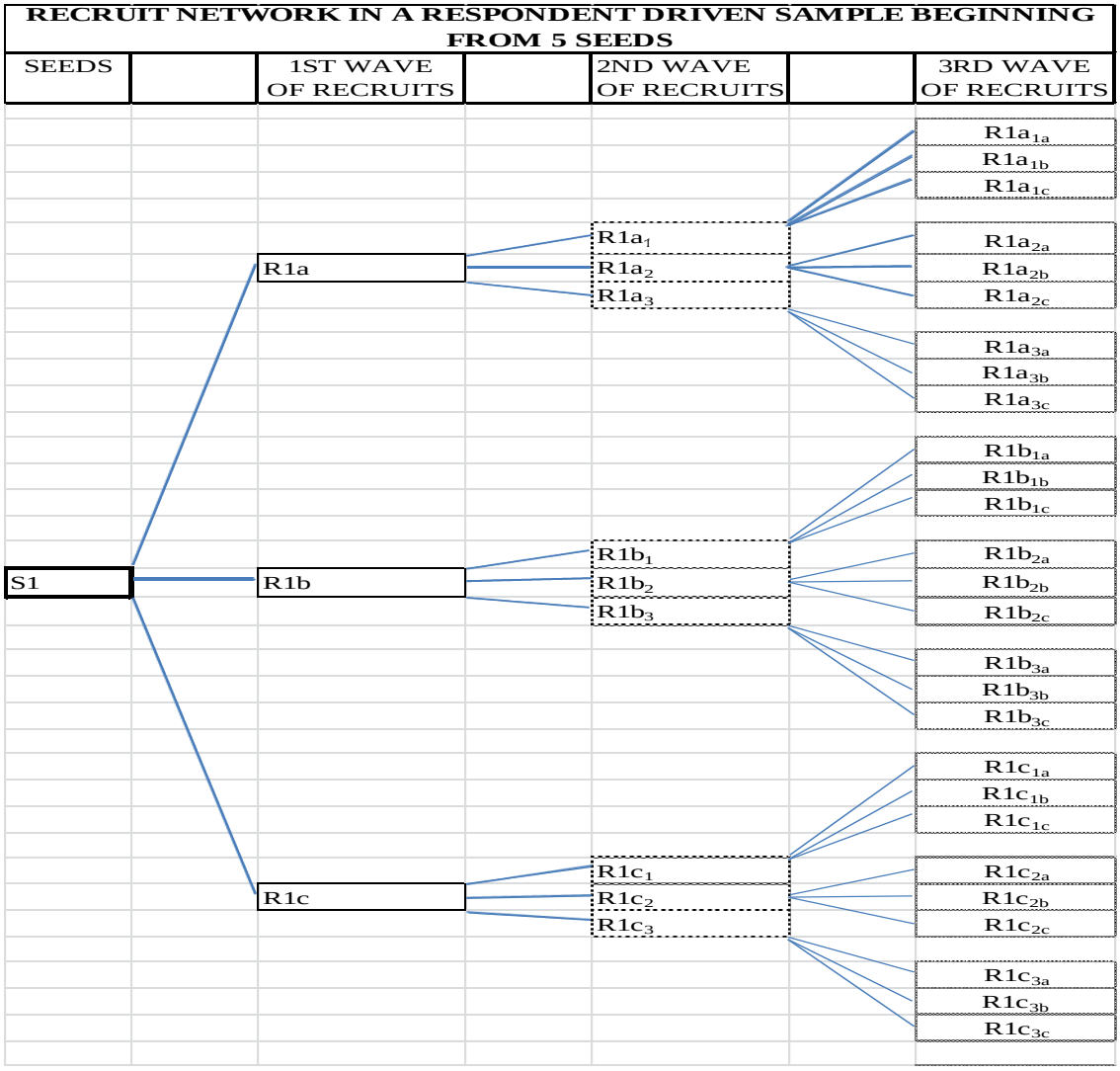


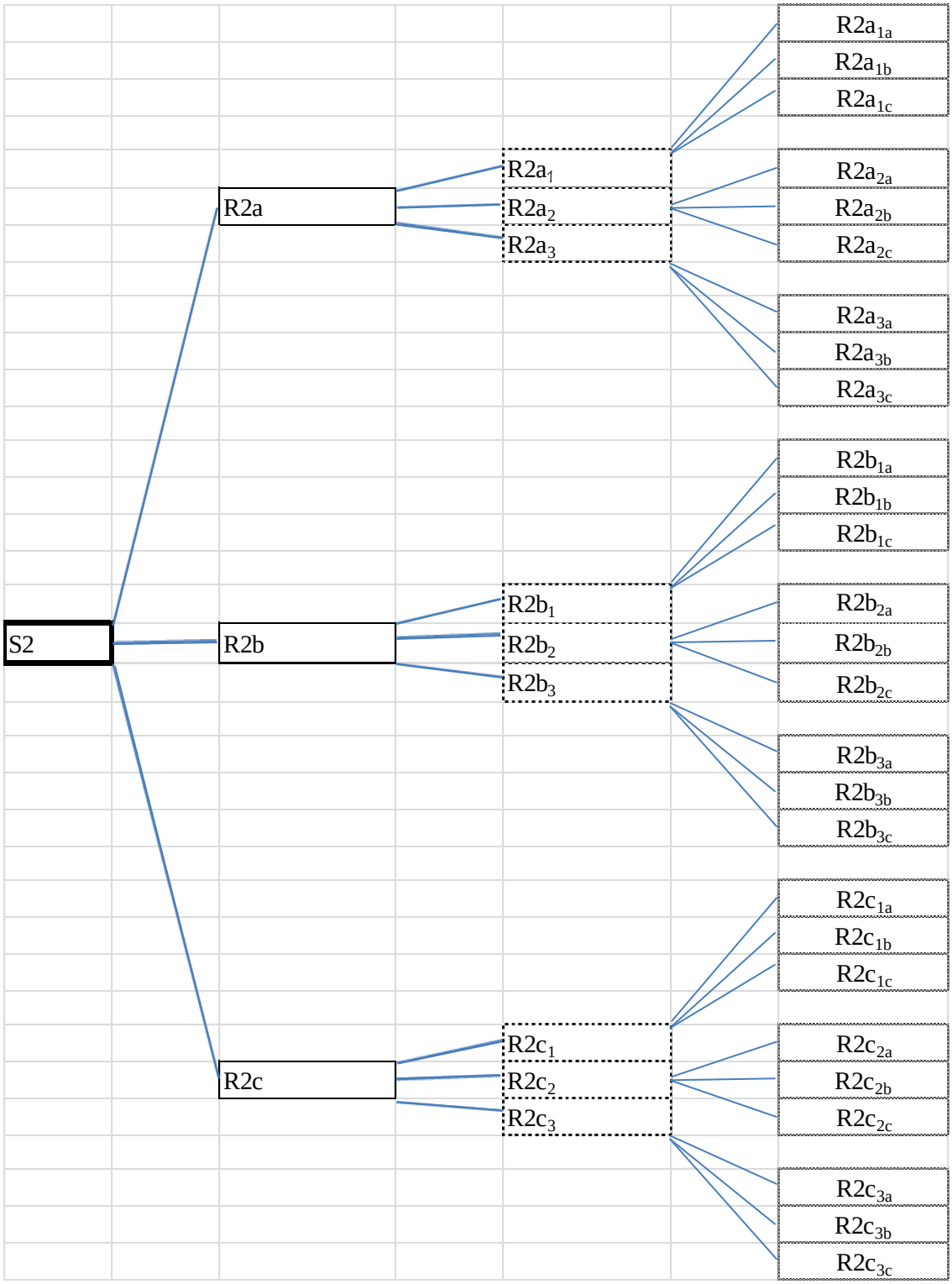
Source: City profile for Dar es Salaam, November 2004

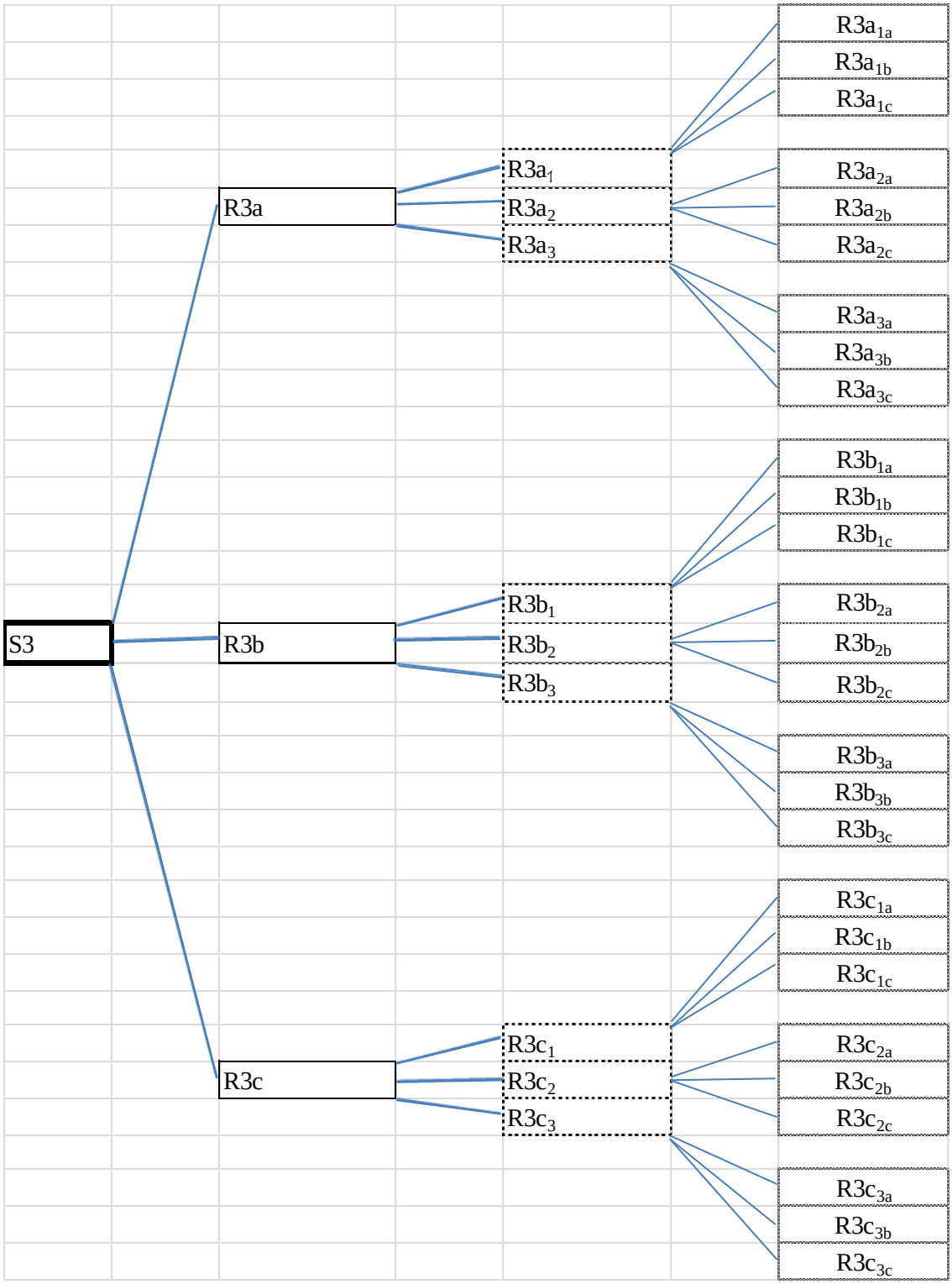
Figure 2: Dar es Salaam City Map

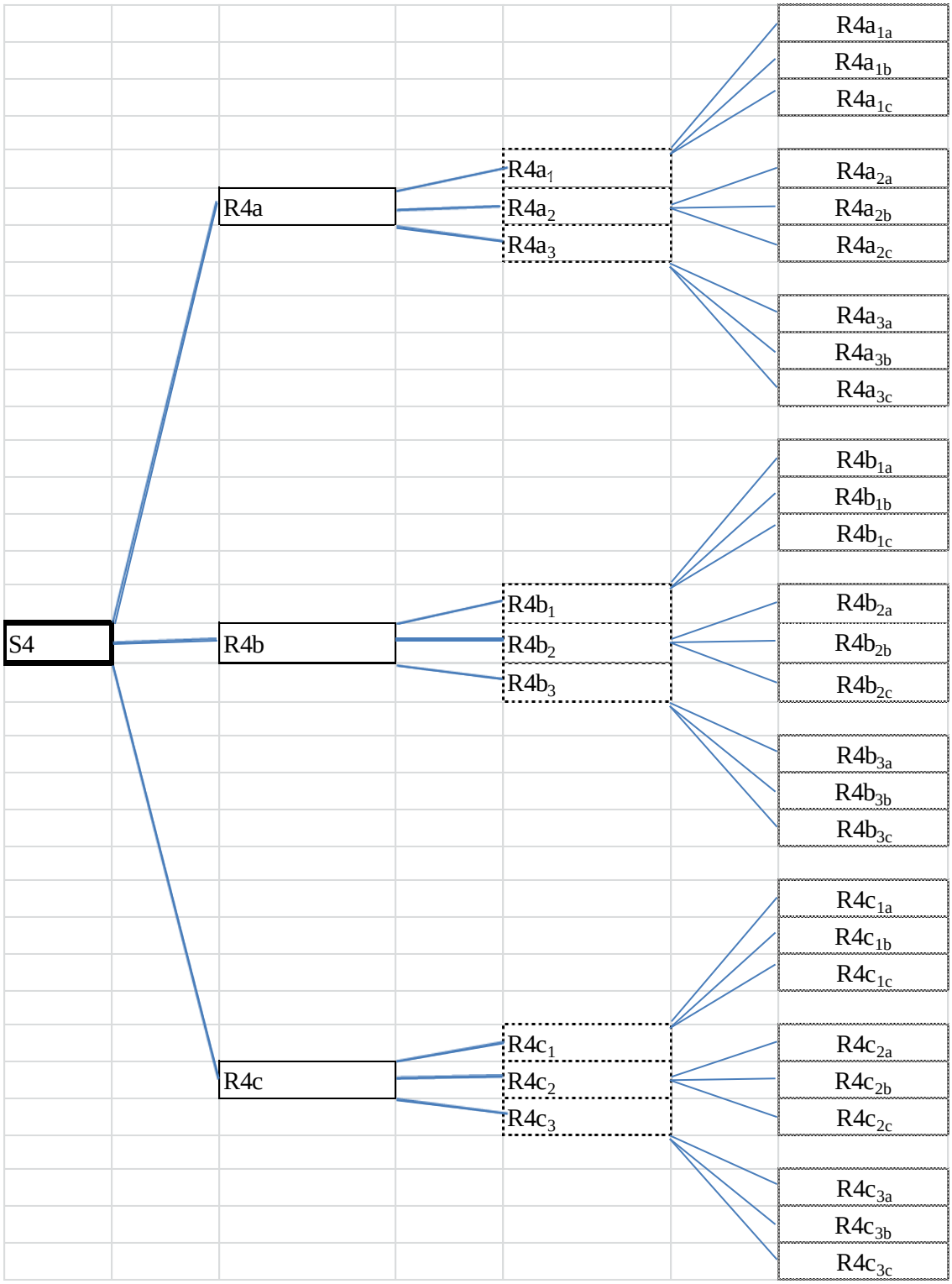
APPENDIX 2: RDS SAMPLING NETWORK

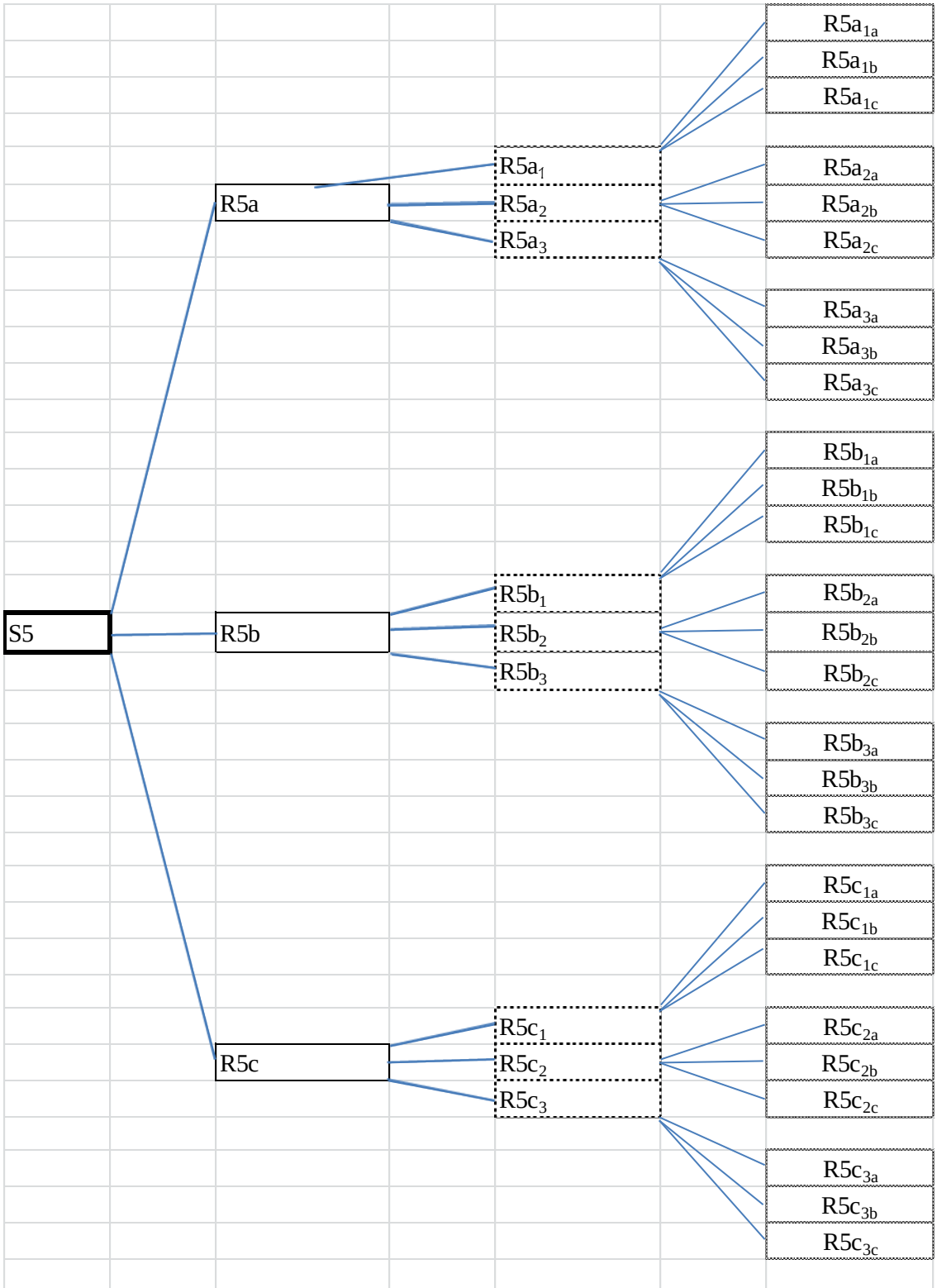
RECRUIT NETWORK IN A RESPONDENT DRIVEN SAMPLE BEGINNING FROM 5 SEEDS FOR THE STUDY BARRIERS TO ACCESS AVAILABLE HEALTH SERVICES AMONG MEN WHO HAVE SEX WITH MEN IN DAR ES SALAAM 2012




S2
R2a
R2b
R2c
R2a1
R2a2
R2a3
R2b1
R2b2
R2b3
R2c1
R2c2
R2c3
R2a1a
R2a1b
R2a1c
R2a2a
R2a2b
R2a2c
R2a3a
R2a3b
R2a3c
R2b1a
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S3
R3a
R3b
R3c
R3a1
R3a2
R3a3
R3b1
R3b2
R3b3
R3c1
R3c2
R3c3
R3a1a
R3a1b
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R3b3c
R3c1a
R3c1b
R3c1c
R3c2a
R3c2b
R3c2c
R3c3a
R3c3b
R3c3c


S4
R4a
R4b
R4c
R4a1
R4a2
R4a3
R4b1
R4b2
R4b3
R4c1
R4c2
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R4c2a
R4c2b
R4c2c
R4c3a
R4c3b
R4c3c



SEEDS 5+ 1ST WAVE RECRUITS 15+2ND WAVE RECRUITS 45+3RD WAVE RECRUITS 135 = 200
[SAMPLE SIZE NEEDED FOR THE STUDY IS 100]

APPENDIX 3: RESEARCH PROTOCAL

RESEARCH PROTOCOL FOR THE STUDY OF BARRIERS TO ACCESS AVAILABLE HEALTH SERVICES AMONG MEN WHO HAVE SEX WITH MEN IN DAR ES SALAAM 2012

This is the protocol which will be followed by the principal investigator/ research assistants to recruit participants into the study.

STEPS

1. The principal investigator/ research assistant must sign the form to observe privacy before the study gets underway
2. A recruit brought in by a seed or a recruit of the previous wave will be welcome by the principal investigator/ research assistant
3. The principal investigator/ research assistant will give a brief introduction about the study
4. The principal investigator/ research assistant will ask the following questions and observe the recruit before he decides if the individual is fit to take part in the study
    a. Have ever had anal sex with a man Yes[ ] No [ ]
    b. Have you ever had anal sex with a man in the last year Yes[ ] No [ ]

    [The recruit who answers yes to all questions is admitted in the study]
    c. Female like behaviour will be also observed and it will be an added criterion for enrollment but it won't be used to rule out recruits
5. The principal investigator/ research assistant will read the consent form/ give the consent form to the participant to read and must sign if he agrees
6. The recruit and the one who brought him will be reimbursed travelling costs after interview

APPENDIX 4: QUESTIONNAIRE/ INTERVIEW GUIDE

TOPIC: BARRIERS TO ACCESS AVAILABLE HEALTH SERVICES AMONG MEN WHO HAVE SEX WITH MEN IN DAR ES SALAAM 2012

INTRODUCTION

Introduce topic and ask for consent

Date: __/__/____ [DD/MM/YYYY]

Participants Information

Serial number: ----------

Participant's initials: ----------

Street/village of residence: ----------

Age (Years): ----------

Marital status: 1. Single 2. Married 3. Divorced 4. Widower 5. Cohabiting

Do you have kids? Yes…No… If yes how many? ....

BASIC INFORMATION

Level of education [Please tick where appropriate]

1. No formal education 2. Primary incomplete 3. Primary complete 4. Secondary incomplete 5.Secondary complete 6. Post-secondary

Employment [Please tick where appropriate]

1. Unemployed 2. Self-employed 3.Employed by government 4. Employed by Private sector 5. Others, specify…..

The proportion of MSM who access health care when sick

1. When was the last time you were unwell?
   Days…..Weeks…..Months…..Years
2. Did you consult a health care worker? 1. Yes 2. No…[If no go to Q.4]
3. If yes, how would you rate the way you were treated by the health care workers?
   a. Very poorly
   b. Poorly treated
   c. Hardly nice
   d. Nicely
   e. Very nice

Go to q.5

4. If no why?
   a. I just self-medicated
   b. Didn't feel like going
   c. Had no money
   d. Health facilities are very far from where I live
   e. Afraid of HCW
   f. Hate and angry about HCW
   g. Consulted traditional healer
   h. Others, specify……..
5. How would you rate the confidentiality of the health care workers who attended you?
   a. Very poor
   b. Poor
   c. Good
   d. Very good
6. How would you rate the privacy in the facility you attended?
   a. Very poor
   b. Poor
   c. Good
   d. Very good
7. Are there available health facilities which are friendly to MSM in the city? 1.Yes 2.No 3. Don't know

8. To what extent have you been exposed to information on:

Type of information	Extent of exposure				Major Source
HIV/AIDS	a. never	b. Small extent	c. some extent	d. Large extent	a. Radio/TV b. Newspapers c. Billboards d. Peer educators e. HCW f. Others, specify
Other STI's e.g. Gonorrhea	a. never	b. Small extent	c. some extent	d. Large extent	a. Radio/TV b. Newspapers c. Billboards d. Peer educators e. HCW f. Others, specify
Infections associated with anal sex	a. never	b. Small extent	c. some extent	d. Large extent	a. Radio/TV b. Newspapers c. Billboards d. Peer educators e. HCW f. Others, specify
TB	a. never	b. Small extent	c. some extent	d. Large extent	a. Radio/TV b. Newspapers c. Billboards d. Peer educators e. HCW f. Others, specify
Pneumonia	a. never	b. Small extent	c. some extent	d. Large extent	a. Radio/TV b. Newspapers c. Billboards d. Peer educators e. HCW f. Others, specify
Malaria	a. never	b. Small extent	c. c. some extent	d. Large extent	a. Radio/TV b. Newspapers c. Billboards d. Peer educators e. HCW f. Others, specify

The proportion of MSM who have disclosed their sexual orientations to health care workers

9. The last time you consulted a HCW did you disclose your sexual orientation? Yes….No….[If no go to q. 14]
10. How would you assess his/her reaction?
    a. Was ok with it
    b. Surprised
    c. Angry at you
    d. Laughed at you
    e. Insulted you
    f. Chased you away
    g. Others specify……
11. What was your estimation of his/her age?

a. Younger
b. Same age as you
c. Older

12. What type of a facility was this?
    a. Private
    b. Public
    c. Others specify…..
13. What was the sex of the HCW? M….F…..
14. If no, Why have you not disclosed?
    a. Homosexuality is stigmatizing
    b. Homosexuality is shameful
    c. Fear of being mistreated at the health facilities
    d. Fear of publicly humiliated
    e. Fear of being ridiculed by HCW

History of exposure to STI's [Objective 3]

15. Have ever had anal STI? Yes….No….

16. Did you reveal these symptoms to a health care worker? Yes…No[if no go to q.19]
17. What was his/her reaction?
    a. Was ok with it
    b. Surprised
    c. Angry at you
    d. Laughed at you
    e. Insulted you
    f. Chased you away
    g. Others specify…,
18. How did you feel after your encounter with the HCW?
    a. Never do this again
    b. felt ashamed
    c. Felt just fine
    d. Relieved of my fears
    e. Others specify……
19. Why didn't you reveal the STI symptoms?
    a. STI's are stigmatizing
    b. STI's are shameful
    c. Fear of being mistreated at the health facilities
    d. Fear of publicly humiliated
    e. Fear of being ridiculed by HCW
    f. Others, specify…..

MSM perceived reaction of HCW if they reveal their sexual orientation

20. What things do you perceive as the barriers for people of your kind of sexual orientation to attend health facilities?
    a. Mistreatment at health facilities
    b. Stigmatization
    c. Discrimination
    d. Denial of services

e. Lack of services which are user friendly to MSM

21. According to you, would HCW treat MSM the same way they treat other patients?

    1. Yes 2.No 3. Don't know

22. Do you have any fears revealing your sexual orientation to HCW? Yes…No….

23. Would the health care system treat MSM patients the same way they treat others?

    1. Yes 2. No 3.Don't know

24. If no explain

    ……

    ……

    ……

    …….....

The type of social networks men who have sex with men use when they fell sick.

25. When you feel sick to whom do you reveal this first?
    a. A relative
    b. Parents
    c. Close friends
    d. Partner
    e. Others specify……
26. If you have no food who would you consult for assistance?
    a. A relative
    b. Parents
    c. Close friends
    d. Partner
    e. Others specify……
27. If you feel down/ depressed who would you consult?
    a. A relative
    b. Parents
    c. Close friends
    d. Partner

e. Others specify……

28. If you run out of money, who would you consult for assistance?

a. Close relative

b. Distant relatives

c. Parents

d. Close friends

e. Female sexual Partner

f. Male sexual partner

g. Others specify……

Health seeking behaviour

29. When you suspect you have an STI what do you do?
    a. Consult a friend
    b. Consult a relative
    c. Seek care from a health facility
    d. Self-treat
    e. Consult traditional healers
    f. Consult partner
30. What time elapses between you start feeling the symptoms of an illness to the time you go for treatment? Hour[s]….Day[s]….Week[s]….Month[s]…..Year[s]….
31. Why do you take this time to seek for treatment?
    a. Are you scared
    b. Afraid of doctors
    c. Not ready
    d. Ashamed of yourself
    e. Angry
    f. Just do not want to deal with it

SEXUAL ORIENTATION INFORMATION

32. Was your first sexual partner? 1. Male 2. Female
33. What type of sexual encounter was it?

a. Vaginal penetration
b. Anal penetration
c. Anal reception
d. Oral
e. Masturbation
f. Others specify…..

34. How old were you the first time you had anal sex?
35. Where did it take place?
    a. Home
    b. Boarding school
    c. Partners residence
    d. Hotel/guest house
    e. Others Specify……..
36. What was the motive for trying it?
    a. Pleasure
    b. Gifts
    c. Raped
    d. Others Specify……..
37. What relationship did you have with your first partner?
    a. Close relative [e.g. brother, cousin e.t.c]
    b. Distant relative
    c. Friend
    d. Teacher
    e. Priest/ sheikh
    f. Others Specify
38. Did you use condoms, the first time you had sex? Yes…..No…..
39. How many male partners have had in the last one month? .....
40. How many female partners have you had in the last one month? .....
41. The last time you had sex with a woman was it anal, vaginal or oral?
42. The last time you had sex was it penetrative? Yes….No…..

43. Did you use condoms the last time you had sex? Yes…..No…..
44. Have ever used any lubricant? Yes…..No…..
45. If yes, what type……..

HIV INFORMATION

46. Which among the following types of sexual behaviour has the highest risk of HIV infection?
    a. Vaginal
    b. Anal
    c. Oral
    d. Masturbation
47. What types of diseases is one likely to get through anal sex?
    a. Gonorrhea
    b. Syphilis
    c. HIV
    d. Chlamydia
    e. Herpes simplex 2
48. Which of these have you ever contacted?.....
49. Have you ever tested for HIV? Yes [__] No [__]
50. When was it? _____ [Please report in months]
51. What was the result? Positive [__] Negative [__]?
52. If the result was negative would like to be tested again? Yes [__] No [__]
53. What can be done to prevent anal infection?.....

SWAHILI VERSION OF INTERVIEW GUIDE

MADA: UTAFITI KUHUSU VIKWAZO DHIDI YA WANAUME WANAOFANYA MAPENZI NA WANAUME WENZAO KUPATA HUDUMA ZA AFYA DAR ES SALAAM 2012

DODOSO LA UTAFITI

UTANGULIZI

Tambulisha mada na omba ukubali wa usaili toka kwa mshiriki

Tarehe: __/__/____ [SS/MM/MMMM]

Taarifa za mshiriki

Nambari ya mshiriki: ……

Vifupisho vya jina la mshiriki: ……..

Mtaa/ kijiji anakoishi: …….

Umri [Miaka]: …….

TAARIFA ZA MSHIRIKI

Hali ya ndoa: 1. Hajaoa 2. Ameoa 3. Ametaliki/ ametalikiwa 4. Mke amefariki 5. Anaishi kinyumba

Una watoto/mtoto? Ndiyo….Hapana….Kama ndiyo wangapi?.....

Kiwango cha elimu [weka vema panapostahili]

1. Hajaenda shule 2. Msingi hakumaliza 3. Msingi kamaliza 4. Sekondari hakumaliza 5. Sekondari kamaliza 6. elimu ya juu

Ajira

1. Hajaajiriwa 2. Amejiajiri 3. Ameajiriwa na serikali 4. Ameajiriwa na sekta Binafsi 5. Ajira nyingine eleza…….

Sehemu ya wanaume wanaofanya mapenzi na wanaume wenzao wanaopata huduma za afya wanapokuwa wagonjwa

1. Ni lini mara ya mwisho ulipokuwa unaumwa?
   Siku….Wiki…Miezi/Mwezi…Miaka/Mwaka….

2. Je ulikwenda kumuona muhudumu wa afya? 1. Ndiyo 2. Hapana [Kama hapana nenda swali la 4]
3. Kama ndiyo, unaweza ukasemaje kuhusiana na namna ulivyohudumiwa na muhudumu huyu wa afya?
   a. Vibaya sana
   b. Vibaya
   c. Vizuri kidogo
   d. Vizuri
   e. Vizuri sana

   Nenda swali la 5

4. Kama hapana kwa nini?
   a. Nilijitibu mwenyewe
   b. Sikujisikia kwenda
   c. Sikuwa na pesa
   d. Vituo vya afya viko mbali na ninakoishi
   e. Naogopa wahudumu wa afya
   f. Nawachukia na nina hasira dhidi ya wahudumu wa afya
   g. Nilikwenda kwa mganga wa kienyeji
   h. Nyingine, elezea…..
5. Unaweza ukasemaje kuhusiana na usiri wa wahudumu wa afya waliokuhudumia?
   a. Mbaya sana [haupo kabisa]
   b. Mbaya [haupo]
   c. Mzuri [upo]
   d. Mzuri sana [upo hasa]
6. Unaweza ukasemaje kuhusiana na faragha kwenye kituo cha afya ulichohudhuria?

a. Mbaya sana [hamna faragha kabisa]
b. Mbaya [hamna faragha]
c. Nzuri [kuna faragha]
d. Nzuri sana [kuna faragha ya kutosha]

7. Je kuna huduma za afya ambazo ni rafiki kwa wanaume wanaofanya mapenzi na wanaume wenzao katika hili jiji?

1. Ndiyo 2. Hapana 3. Sijui

8. Kwa Kiwango gani una taarifa kuhusiana na:

Aina ya maelezo	Kiwango cha upatikanaji wa taarifa				Chanzo kikuu
VVU/UKIMWI	a. Sijawahi	b. kiasi kidogo	c.Wastani	d. Kiasi kikubwa	a. Radio/Runinga b.Magazeti c.Mabango makubwa ya matangazo d. Waelimishaji rika e. Wahudumu wa afya f. Nyingine, elezea
Magonjwa mengine ya zinaa mfano. kisonono	c. Sijawahi	d. kiasi kidogo	c.Wastani	d. Kiasi kikubwa	a. Radio/Runinga b.Magazeti c.Mabango makubwa ya matangazo d. Waelimishaji rika e. Wahudumu wa afya f. Nyingine, elezea
Magonjwa ya kuambukiza yatokanayo na kufanya mapenzi kupitia njia ya haja kubwa	e. Sijawahi	f. kiasi kidogo	c.Wastani	d. Kiasi kikubwa	a. Radio/Runinga b.Magazeti c.Mabango makubwa ya matangazo d. Waelimishaji rika e. Wahudumu wa afya f. Nyingine, elezea
Kifua kikuu	g. Sijawahi	h. kiasi kidogo	c.Wastani	d. Kiasi kikubwa	a. Radio/Runinga b.Magazeti c.Mabango makubwa ya matangazo d. Waelimishaji rika e. Wahudumu wa afya f. Nyingine, elezea
Homa ya mapafu [kichomi]	i. Sijawahi	j. kiasi kidogo	c.Wastani	d. Kiasi kikubwa	a. Radio/Runinga b.Magazeti c.Mabango makubwa ya matangazo d. Waelimishaji rika e. Wahudumu wa afya f. Nyingine, elezea
Malaria	k. Sijawahi	l. kiasi kidogo	c.Wastani	d. Kiasi kikubwa	a. Radio/Runinga b.Magazeti c.Mabango makubwa ya matangazo d. Waelimishaji rika e. Wahudumu wa afya f. Nyingine, elezea

Sehemu ya wanaume wanaofanya mapenzi na wanaume wenzao waliowashirikisha watumishi wa afya mtindo wao wa kufanya mapenzi

9. Je, mara ya mwisho ulipokwenda kumuona muhudumu ya afya ulimshirikisha mtindo wako wa kufanya ngono? 1. Ndiyo 2. Hapana [Kama hapana nenda swali la 14]

10. Ulionaje jinsi alilivyopokea?

a. Hakuwa na shida yoyote
b. Alishangaa
c. Alikukasirikia
d. Alikucheka
e. Alikutukana
f. Alikufukuza
g. Nyingine, elezea…..

11. Ulikadiriaje umri wake?

a. Mdogo kwako kiumri
b. Umri wenu unalingana
c. Mkubwa kwako kiumri

12. Kituo cha afya kilikuwa cha aina gani?

a. Cha Binafsi
b. Cha serikali
c. Nyingine, elezea….

13. Je muhudumu wa afya alikuwa wa jinsia gani? 1. Mme 2. Mke

14. Kama hapana, kwa nini hukumshirikisha?

a. Magonjwa ya ngono yanaleta unyanyapaa
b. Magonjwa ya ngono ni ya aibu
c. Niliogopa kuhudumiwa vibaya katika kituo cha afya
d. Niliogopa kudhalilishwa hadharani
e. Niliogopa kutaniwa na wahudumu wa afya

Historia ya magonjwa yatokanayo na ngono

15. Je umeshawahi kupata magonjwa ya ngono katika njia ya haja kubwa? 1. Ndiyo 2. Hapana

16. Je, ulimshirikisha dalili hizi muhudumu wa afya? 1. Ndiyo 2. Hapana [Kama hapana nenda swali la 19]

17. Je aliipokeaje?

a. Hakuwa na shida yoyote

b. Alishangaa

c. Alikukasirikia

d. Alikucheka

e. Alikutukana

f. Alikufukuza

g. Nyingine, elezea…..

18. Ulijisikiaje baada ya kuwa umemaliza kuongea na muhudumu wa afya?

a. Sitarudia tena

b. Nilijisikia aibu

c. Nilijisikia vizuri

d. Woga wangu ulikwisha

e. Nyingine, elezea…..

19. Kwa nini hukumshirikisha muhudumu wa afya dalili za magonjwa ya ngono?

a. Magonjwa ya ngono yanaleta unyanyapaa

b. Magonjwa ya ngono ni ya aibu

c. Niliogopa kuhudumiwa vibaya katika kituo cha afya

d. Niliogopa kudhalilishwa hadharani

e. Niliogopa kutaniwa na wahudumu wa afya

Wanaume wanaofanya mapenzi na wanaume wenzao wanavyofikiri jinsi ambavyo wahudumu wa afya watakavyo wachukulia pale watakapo washirikisha mtindo wao wa ngono

20. Mambo gani unafikiri ni vikwazo kwa watu wanaofanya mapenzi na wanaume wenzao kuhudhuria vituo vya afya?

a. Kuhudumiwa vibaya katika vituo vya afya

b. Unyanyapaa

c. Ubaguzi

d. Kunyimwa huduma

e. Huduma zisizo rafiki kwa wanaume wanaofanya mapenzi na wanaume wenzao

21. Kwa mujibu wako, unafikiri wahudumu wa afya wanaweza kuwahudumia wanaume wanaofanya mapenzi na wanaume wenzao kama wagonjwa wengine? 1. Ndiyo 2. Hapana 3. Sijui

22. Je una woga wowote katika kumshirikisha muhudumu wa afya mtindo wako wa ngono? 1. Ndiyo 2. Hapana

23. Je mfumo wa afya unawahudumia wanaume wanaofanya mapenzi na wanaume wenzao kama wagonjwa wengine? 1. Ndiyo 2. Hapana 3. Sijui

24. Kama hapana, elezea

……

……

……

……

……

Aina za mitandao ya utafutaji wa huduma za afya miongoni mwa wanaume wanaofanya mapenzi na wanaume wenzao pale wanapoumwa

25. Je, Unapoumwa unamshirikisha nani kwanza?

a. Ndugu yako
b. Wazazi
c. Rafiki wa karibu
d. Mpenzi wako
e. Mwingine, elezea

26. Unapokuwa hauna Chakula unamuendea nani kwa msaada?

a. Ndugu yako
b. Wazazi
c. Rafiki wa karibu
d. Mpenzi wako
e. Mwingine, elezea

27. Unapojisikia huna unahuzuni/unasononeko unamwendea nani?

a. Ndugu yako
b. Wazazi
c. Rafiki wa karibu
d. Mpenzi wako
e. Mwingine, elezea

28. Unapokuwa umeishiwa pesa, unamwendea nani kwa msaada?

a. Ndugu wa karibu

b. Ndugu wa mbali

c. Wazazi

d. Rafiki wa karibu

e. Mpenzi wa kike

f. Mpenzi wa kiume

g. Mwingine, elezea

Tabia ya kutafuta huduma za afya

29. Unapohisi kuwa na dalili za magonjwa yatokanayo na ngono unaofanya nini?

a. Unamwendea rafiki

b. Unamwendea ndugu

c. Unatafuta huduma kwenye kituo cha afya

d. Unajitibu

e. Unamwendea mganga wa jadi

f. Unamwendea mpenzi wako

30. Muda gani hupita kati ya unapoanza kusikia dalili hadi pale unapoenda kutafuta matibabu?

Saa…..Siku…..Wiki…..mwezi/miezi…..Mwaka/miaka…..

31. Kwa nini unachukua muda huu hadi kwenda kutafuta matibabu?

a. Unatishika

b. Unaogopa madaktari

c. Hauko tayari

d. Unajionea aibu

e. Unahasira

f. Hutaki kujishughulisha na matibabu

Taarifa ya mtindo wa kufanya mapenzi

32. Je ulifanya mapenzi kwa mara ya kwanza na? 1. Mwanamme 2. Mwanamke

33. Ilikuwa mapenzi ya namna gani?

a. Ulimwingilia ukeni

b. Ulimwingilia kwenye njia ya haja kubwa

c. Alikuingilia kwenye njia ya haja kubwa

d. Ulimwimgilia/Alikuingilia mdomoni

e. Alikuchua/Ulimchua/ Mlichuana

f. Nyingine, elezea

34. Ulikuwa na umri gani mara ya kwanza ulipofanya ngono kwa njia ya haja kubwa?.....

35. Ilikuwa wapi?

a. Nyumbani

b. Shule ya bweni

c. Nyumbani kwa mpenzi wako

d. Hotelini/ nyumba ya wageni

e. Pengine, elezea…..

36. Sababu ya kufanya ilikuwa ni?

a. Kujifurahisha

b. Zawadi

c. Ulibakwa

d. Nyingine, elezea……

37. Je Ulikuwa na uhusiano gani na mpenzi/ mtu huyu uliyefanya nae kwa mara ya kwanza?

a. Ndugu wa karibu

b. Ndugu wa mbali

c. Rafiki

d. Mwalimu

e. Padri/mchungaji/ Shekhe

f. Mwingine, elezea……

38. Je, ulitumia kondomu? 1. Ndiyo 2. Hapana

39. Katika mwezi mmoja uliopita umefanya mapenzi na wanaume wangapi?....

40.Katika mwezi mmoja uliopita umefanya mapenzi na wanawake wangapi?....

41. Mara mwisho ulipofanya mapenzi uliingiliwa/uliingilia?

42. Mara ya mwisho ulipofanya mapenzi na mwanmke ulimwingilia ukeni, kwenye njia ya haja kubwa au mdomoni?.....

43. Je ulitumia kondomu mara ya mwisho ulipofanya mapenzi? 1. Ndiyo 2. Hapana

44. Je umeshawahi kutumia vilainishi wakati wa kufanya mapenzi? 1. Ndiyo 2. Hapana

45. Kama ndiyo, aina gani?.....

Maelezo kuhusu VVU/UKIMWI

46. Katika njia zifuatazo za kufanya ngono ipi ni hatarishi zaidi katika maambukizo ya VVU?

a. Uke

b. Njia ya haja kubwa

c. Mdomoni

d. Kujichua

47. Magonjwa gani yanayotokana na ngono yanaambukizwa kwa njia ya ngono za kupitia njia ya haja kubwa?

a. Kisonono

b. Kaswende

c. VVU

d. Klamidia

e. Malengelenge sehemu za siri

48. Ni ipi kati ya hayo hapo juu ulishawahi kupata/kuugua?.....

49. Je, umeshawahi kupima VVU? 1. Ndiyo 2. Hapana

50. Ilikuwa lini?_____[Tafadhali repoti katika siku/miezi]

51. Majibu yalikuwaje? 1. Unamaambukizi 2. Hauna maambukizi

52. Kama majibu yalikuwa mazuri, je ungependa kupima tena? 1. Ndiyo 2. Hapana

53. Je, unafikiri nini kifanyike ili kuzuia maambukizi ya magonjwa ya ngono kupitia njia ya haja kubwa?

……

APPENDIX 5: WAIVER OF A SIGNED INFORMED CONSENT DOCUMENT

TOPIC: **BARRIERS TO ACCESS AVAILABLE HEALTH SERVICES AMONG MEN WHO HAVE SEX WITH MEN IN DAR ES SALAAM 2012**

By: Daniel Magesa

INFORMATION TO THE PARTICIPANTS

Studies have shown that MSM are left out in many national programs for prevention of diseases and treatment especially HIV and other STI's programs and not so many of them are coming out for treatment in health facilities providing health services.

The main objective of this research will be to study the barriers to access available health services among men who have sex with men in Dar es Salaam.

This study involves interviews which will be conducted by the study team.

The advantage of this study is that it will show the magnitude of the problem among MSM and explore factors which are barriers for their full involvement in these services. These will be communicated to relevant authorities for possible consideration and action.

There is a risk of psychological and physical harm to you due to the cultural attitudes of the community on people of your kind. The investigator has the responsibility of guaranteeing your safety and making sure that this is not happening during the study.

During the study you will be reimbursed the transport costs you have incurred of up to 3000/= Tshs when you are coming for the interview and when you recruit an individual.

The information you will provide and everything done in this study will be strictly kept confidential.

Participation in this study is voluntary. There is no cost to you for participating. You may choose to skip a question or a study procedure. You may refuse to participate or discontinue your involvement at any time without penalty. You are free to withdraw from this study at any time.

CONSENT

Have you understood the above information about the study? [If not, the part not understood will be clarified or the whole information will be read again to the participant]

Do you agree to participate? Yes…..No……

WAIVER OF A SIGNED INFORMED CONSENT DOCUMENT SWAHILI VERSION

MADA: **UTAFITI KUHUSU VIKWAZO DHIDI YA WANAUME WANAOFANYA MAPENZI NA WANAUME WENZAO KUPATA HUDUMA ZA AFYA DAR ES SALAAM 2012**

Imeandaliwa na: Daniel Magesa

UKUBALI WA KUSHIRIKI KATIKA UTAFITI

MAELEZO KWA WASHIRIKI

Tafiti zimeonyesha kwamba wanaume wanaofanya mapenzi na wanaume wenzao wanaachwa katika mipango mingi ya kitaifa ya kuzuia na kutibu magonjwa, hasa VVU/ UKIMWI na magonjwa mengine ya zinaa, na wengi hawajitokezi kwa matibabu kwenye vituo vya afya kwa ajili ya huduma hizi.

Dhumuni kuu la utafiti huu litakuwa ni kuchunguza vikwazo dhidi ya wanaume wanaofanya mapenzi na wanaume wenzao kupata huduma za afya katika mkoa wa Dar es Salaam.

Faida ya utafiti huu ni kwamba utaonyesha ukubwa wa tatizo hili katika wanaume wanaofanya mapenzi na wanaume wenzao na kuchimba zaidi kuhusu vikwazo gani vinazuia ushiriki wao kikamilifu katika huduma hizi.

Matokeo ya utafiti huu yatawasilishwa kwa mamlaka husika kwa ajili ya utekelezaji.

Katika utafiti kuna uhatarishi wa kupata madhara ya kisaikolojia na kimwili kutokana na tamaduni za jamii yetu na sheria za nchi yetu juu ya watu wa namna yako. Mtafiti ana wajibu wa kukuhakikishia usalama wako na kuhakikisha kuwa haya hayatakutokea wakati wa utafiti huu.

Wakati wa utafiti huu utarudishiwa nauli isiyozidi shilingi za kitanzania 3000/= uliyotumia kwa ajili ya kuja kukutana na watafiti na kumleta mwenzako kwa ajili ya utafiti.

Kila kitu kitakachofanyika katika utafiti huu kitabaki kuwa siri itakayotunzwa kwa umakini mkubwa.

Ushiriki wako katika utafiti huu ni wa hiari. Haukugharimu wewe kitu chochote zaidi ya muda wako. Unaweza kuacha kujibu maswali fulani pale utakapoona yanakukwaza. Pia unaweza kuacha kushiriki wakati wowote na hakutakuwa na adhabu yoyote.

UKUBALI

Je umeelewa maelezo hayo hapo juu kuhusiana na utafiti huu? [Kama hapana, sehemu ambayo haijaeleweka ifafanuliwe au maelezo yote yasomwe tena kwa mshiriki]

Kama jibu ni ndiyo, je unakubali kushiriki katika utafiti huu?

APPENDIX 6: AGREEMENT TO OBSERVE CONFIDENTIALITY

AGREEMENT TO OBSERVE CONFIDENTIALITY DURING AND AFTER ASSESSMENT OF BARRIERS TO ACCESS AVAILABLE HEALTH SERVICES AMONG MEN WHO HAVE SEX WITH MEN IN DAR ES SALAAM 2012

By Daniel Magesa, PI

INFORMATION TO INVESTIGATORS AND RESEARCH ASSISTANTS

This is an agreement between the principal investigator and research assistants. By signing this agreement you will be agreeing to observe confidentiality during and after the study for purpose of protecting the study participants.

This study is on assessment of factors affecting men who have sex with men access to health services, perceptions towards these services and their health seeking behaviour in Dar es Salaam 2012.This is a vulnerable and most at risk group as far as HIV and other STI's are concerned. Homosexuality is culturally and by law unacceptable in Tanzania. If the participants will be exposed by any means, they may be persecuted. Therefore as a research assistant you have a duty to protect them.

AGREEMENT FORM

I……. [Investigator/ Research Assistant] have read, understood and agreed to adhere to confidentiality during and after the above mentioned study.

If I it will be observed and proven beyond reasonable doubt that I have gone against this agreement then legal action should be taken against me for breaching of confidentiality.

Signature…….

Name……Date….....

Principal investigator

Name……

Signature……..Date…….

MAKUBALIANO YA KUTUNZA USIRI WAKATI NA BAADA YA UTAFITI KUHUSU VIKWAZO DHIDI YA WANAUME WANAOFANYA MAPENZI NA WANAUME WENZAO KUPATA HUDUMA ZA AFYA DAR ES SALAAM, 2012

Imeandaliwa na: Daniel Magesa, Mtafiti Mkuu

MAELEZO KWA WATAFITI NA WATAFITI WASAIDIZI

Haya ni makubaliano kati ya mtafiti mkuu na watafiti/ watafiti wasaidizi. Kwa kutia saini mkataba huu utakuwa umekubali kutunza siri wakati na baada ya utafiti kwa ajili ya kuwalinda washiriki wa utafiti huu.

Huu ni utafiti kuhusu vitu vinavyoathiri wanaume wanaofanya mapenzi na wanaume wenzao kupata huduma za afya, jinsi wanavyozichukulia huduma hizi na tabia yao utafutaji ya wa huduma za afya, Dar es salaam, 2012. Hili ni kundi linaloishi katika mazingira hatarishi ya kupata VVU na magonjwa mengine ya zinaa. Mapenzi ya jinsia moja hayakubaliki kiutamaduni na kisheria nchini Tanzania. Kama watashiriki watajulikana na umma kwa namna yoyote ile wanaweza kusumbuliwa. Kwa hiyo kama mtafiti/ mtafiti msaidizi una wajibu wa kuwalinda.

FOMU YA MAKUBALIANO

Mimi……. [Mtafiti/Mtafiti msaidizi] nimesoma, nimeelewa na nakubali kuwa msiri wakati na baada ya utafiti uliotajwa hapo juu.

Kama itaonekana na kuthibitika pasipo mashaka yoyote kwamba nimekiuka makubaliano haya basi hatua za kisheria na za kuondolewa kwenye ushiriki wa utafiti huu zichukuliwe kwa kuvunja kwangu usiri.

Saini……..

Jina……Tarehe……

Mtafiti Mkuu

Jina……

Saini……Tarehe……..

APPENDIX 7: REFERRAL NOTE

STUDY OF BARRIERS TO ACCESS AVAILABLE HEALTH SERVICES AMONG MEN WHO HAVE SEX WITH MEN IN DAR ES SALAAM 2012

DATE:……..

NAME:…….. AGE:……

REFERRED TO:…….

REASON FOR REFERRAL

……

……

……

DIAGNOSIS:…….

NAME OF REFERRING PERSON:……..

DESIGNATION:…….