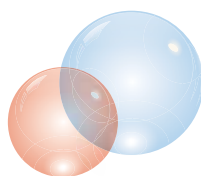
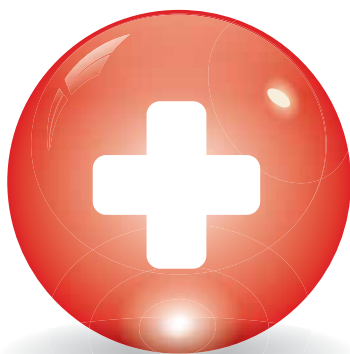
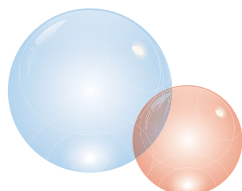
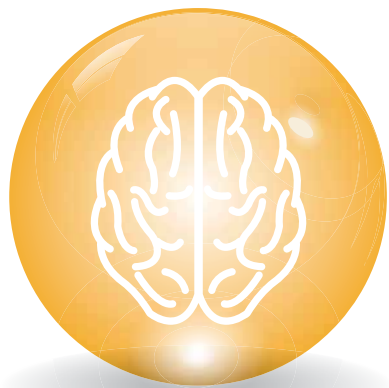


# HEALTH ASSESMENT

of men who have sex with men  
in the Arab world



**M**coalition  
mena region

*Promoting right to health*

*Promouvoir le droit à la santé*

*تعزير الحق بالصحة*

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**Note to reader:** The intended audience of this report is composed of Gay men, bisexual and other men who have sex with men in the Arab world, and the community of activists, organizations and their constituencies working with and for the needs of this population in the MENA region.

The results were presented descriptively, with the goal of showing health inequities suffered by MSM, in order to jointly concept and implement relevant interventions, for a better response to health syndemics.

## ABSTRACT

Available data on the global level suggest that men who have sex with men (MSM) live with a higher burden of health disparities. Growing up in conservative settings, individuals with non-conforming behaviors are keener to adopt unhealthy behaviors, specifically around sexual health, due to high levels of stigma and discrimination. With a culture of silence prevailing around sexual health issues in Middle East and North Africa, these men not only face barriers to health knowledge and services, but are also inhibited in expressing their sexual identity and exploring social networks. Despite the great diversity, we explored the socio-demographics among a sample of MSM from the MENA region. And assessed their mental, physical and sexual health, as well as the support system they use in the face of sexual minority stress, and its syndemic outcomes.

A 40 minute online based questionnaire was used to recruit 128 participants. Simple layout of our data was used to describe socio-demographic information, health care utilization with HIV and STI testing, mental health and sexual abuse, social networking and peer support as well sexual behaviors with men and condom use.

The sample's mean age was 27.05 years and 76% self-identified as gay. Only 6% did not complete grade school and 71% are currently working. 1/3 is currently in a relationship. Almost half seek healthcare in private settings. Those who did not seek healthcare when needed (33%) were mostly concerned about confidentiality (41%), and those who never presented for HIV testing (28%), were mostly afraid people would think they are gay (32%), while among who got tested, 12.31% were positive. Marijuana was the most common drug (35%). 77% self-reported experiencing symptoms of depression, half has expressed suicidal ideation (52%) and 10% reported at least one suicidal attempt in their lifetime, while around 40% reported experiencing sexual abuse 46% of which happened before the age of 13. Half of our sample expressed religious guilt associated with their sexual behavior, while two third reported receiving peer support for various sexual health issues. The mean age of the first sexual encounter with a man was 15 while the mean value for number of male sexual partners in the last 3 months was 5. 75% had ever engaged in condomless sex (whether insertive or receptive), as for why no condom was used, the two most common reasons were "one of the partners didn't like to use a condom" (40%) and "no condom was available" (34%).

Healthcare and HIV prevention efforts for MSM in the MENA region are yet to be effective, and they need to account for the influence of all socio-demographic determinants of health disparities, more specifically sexual abuse and mental health issues.

## INTRODUCTION

The MSM community (men who have sex with men) in the Middle East and North Africa region (MENA) is probably one of the most diverse in the world, from affirming self-identifying gay men, to men who casually engage in sex with other men out of convenience, and everyone in between.

All of the socio-demographic factors play a big role in how these men perceive and understand their sexuality, and how they act upon it. Yet, regardless of all factors which might push these men to engage in this behavior, they are bound to deal with stressors related to being a sexual minority. This is seen especially in a social context, where religious and cultural conservatism is prominent, and contributes to high levels of stigma and discrimination, and where long lasting patriarchic systems, still heavily condemns any sexual non-conforming behavior.

Although the global literature around MSM health is extensive, it is still in its early stages in the MENA region with just a handful of studies focusing on HIV, most of which have been conducted in Morocco and Pakistan. Yet, in order to develop effective prevention and interventions programs, we must first better understand the sexual health needs of MSM on a more holistic scale, and even if we want to focus on HIV prevention, all psycho-social factors leading to HIV vulnerability among MSM, need to be identified, and targeted.

Concerning HIV, MENA is one of the regions in the world with the fastest growing HIV epidemic (UNAIDS - Gap report 2014)<sup>1</sup>. Available data, similarly to the global data, suggest that the HIV epidemic is largely driven by key populations, and men who have sex with men (MSM) in particular, where HIV prevalence estimates are between 3% and 10%. Yet the goal is not only reducing the annual numbers of new HIV infection, but also to enabling the environment so that MSM individuals will be able to enjoy healthy lives social and sexual relationships.

In order for us to create change in this environment, we are using this brief assessment to understand the dynamics within the MSM community in the MENA region, to have a more clear idea about social networking, mental health issues and of course their sexual behaviors and related risk factors. We hope that our data will allow us to start adapting programs that are needed by this community and to have future research projects meeting the current gaps in literature around MSM health in the MENA region.

<sup>1</sup> [http://www.unaids.org/sites/default/files/media\\_asset/UNAIDS\\_Gap\\_report\\_en.pdf](http://www.unaids.org/sites/default/files/media_asset/UNAIDS_Gap_report_en.pdf)

## METHODOLOGY

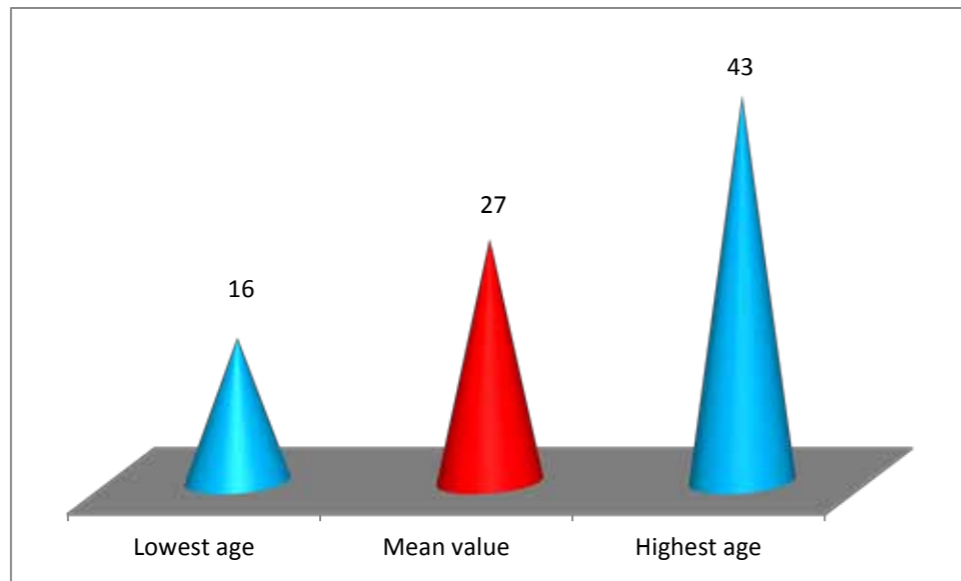
This study recruited a sample of Men who have sex with Men (MSM) from Middle East and North Africa (MENA) region. The inclusion criteria consisted of being biologically male, being of Middle Eastern or North African origins, and having had oral or anal sexual relations with a man in the past 12 month.

The self-report 40 minutes questionnaire was administered online on Survey Monkey over a two month period. Two versions of the same format and question chronology were available: English and Arabic. To insure anonymity no identifiable information were requested of participants. Prior to the data collection launch, a two week pilot study was conducted in order to evaluate the questionnaire and determine whether adjustments are needed.

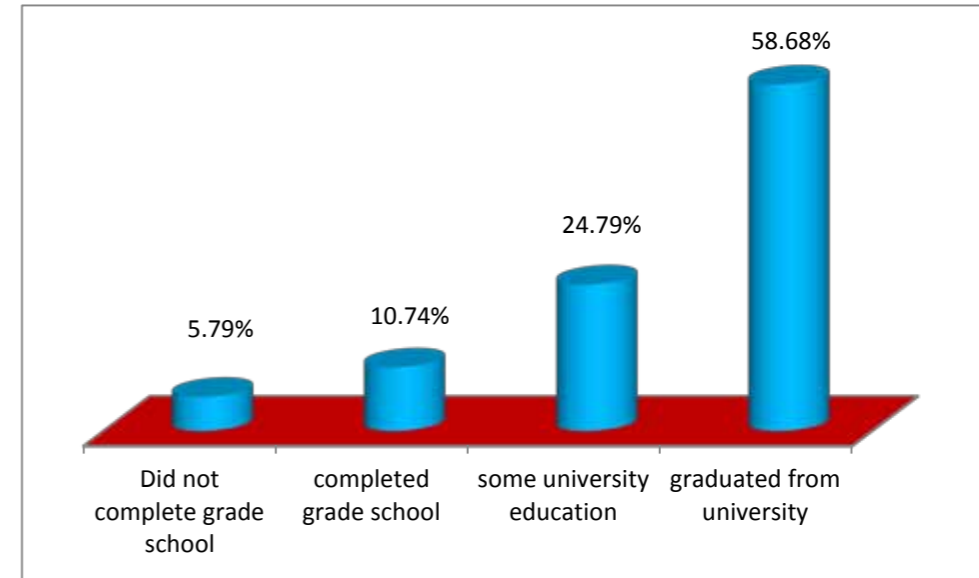
The questionnaire covered a range of topics. Initially, the study reviewed the sociodemographic variables of the participants which included age, education, work status, residence, relationship status, and gender of partner. For Health Care Utilization, both Access and barriers to health care and Communication with healthcare providers were assessed. Regarding HIV/STI testing and treatment, participants were requested to provide information regarding the date of their last HIV and STI test as well as their test results while treatment acquisition was only assessed for STIs. The subsequent section reviewed the Alcohol and Drug (e.g. Marijuana, Ecstasy...etc.) use of the participants in the last three month. Moreover, a mental health evaluation was conducted. This segment of the questionnaire focused on evaluating depression by asking participants to identify whether they have had depressive symptoms in the past two weeks. Similarly, the incidence of suicidal ideation and attempts was reviewed as well as acquirement of psychological assistance. Several questions were dedicated to “sexual identity development”. These pertain to sexual orientation, sexual attraction, comfort with sexual orientation along with openness regarding sexual orientation. Likewise, the social experiences dimension incorporated several items: gay social networking, work-place discrimination, physical assaults, religion and associated guilt, and peer support for sexual health. Furthermore, the participants’ sexual behavior was explored by identifying the age of first sexual relation with a man, the number of male sexual partners in the past three month, condom use, and engagement in sex work. Lastly, the questionnaire included a section on history of sexual abuse that compromised age of sexual abuse and seeking psychological counseling for the abuse.

The data of both versions of the questionnaire were combined and analyzed. Seeing as the purpose is to provide an understanding of the prevalence rates, a descriptive analysis was conducted using Microsoft Excel.

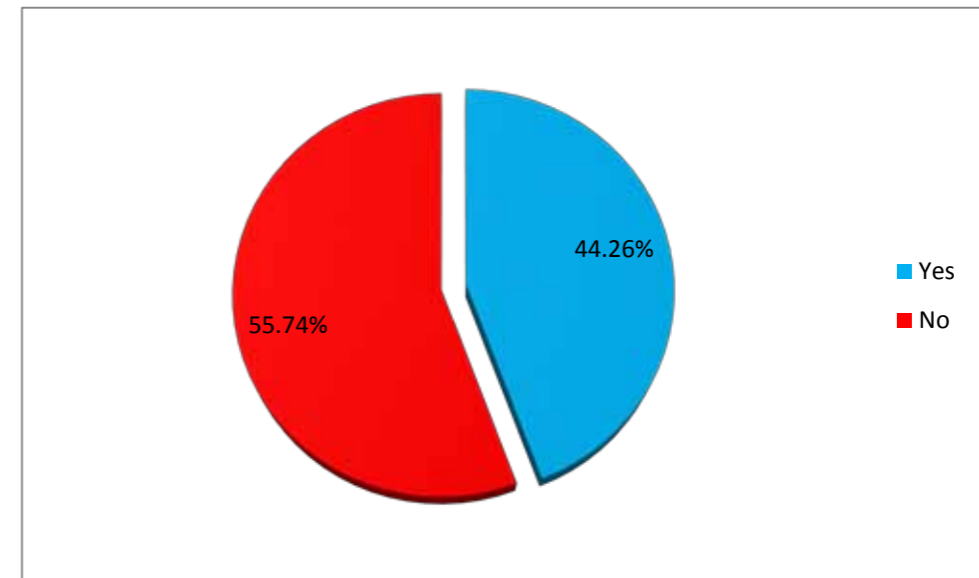
**Age of participants**



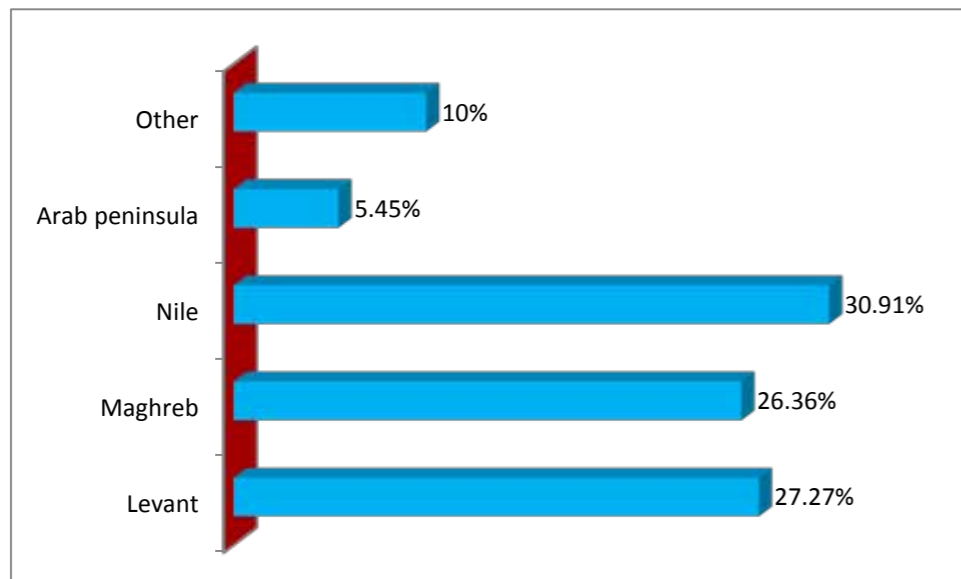
**Education level**



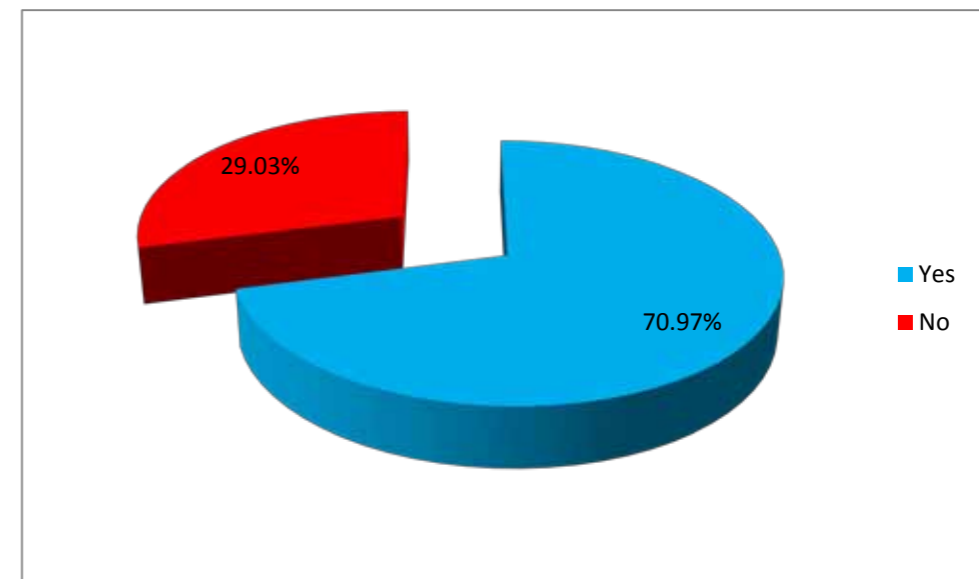
**Currently in school**



**Geographical distribution of participants by sub-region**



**Work status**

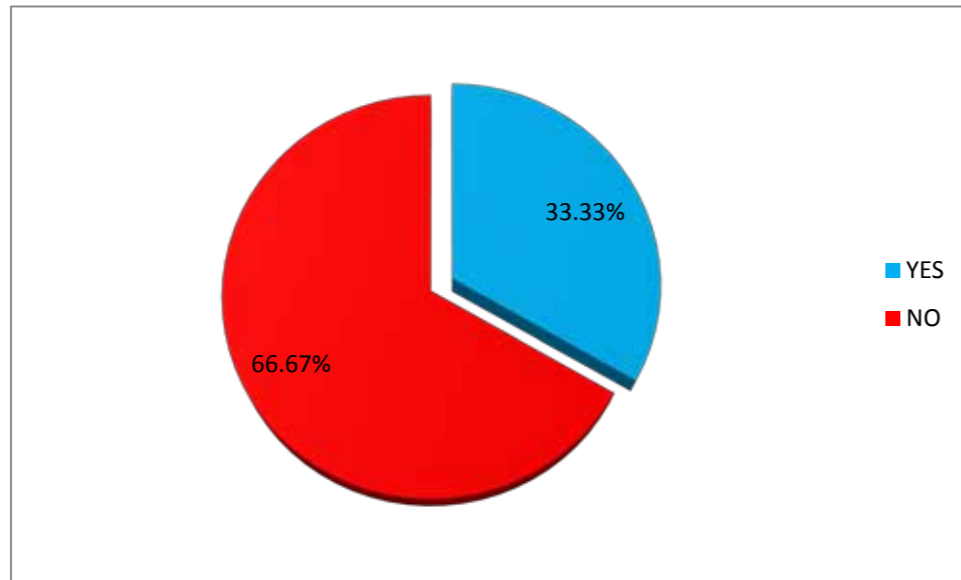


Levant = Lebanon, Palestine, Jordan  
 Maghreb = Morocco, Tunisia, Algeria  
 Nile = Egypt, Lybia, Sudan  
 Arab peninsula = Emirates, Oman, Saudi Arabia  
 Other = Africa, France, Germany, Holland, USA

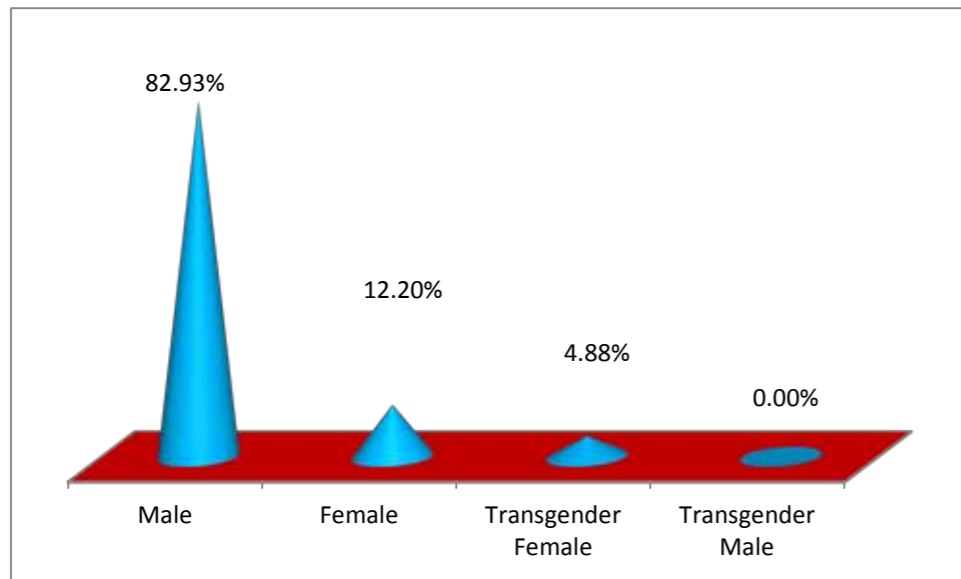


HEALTHCARE

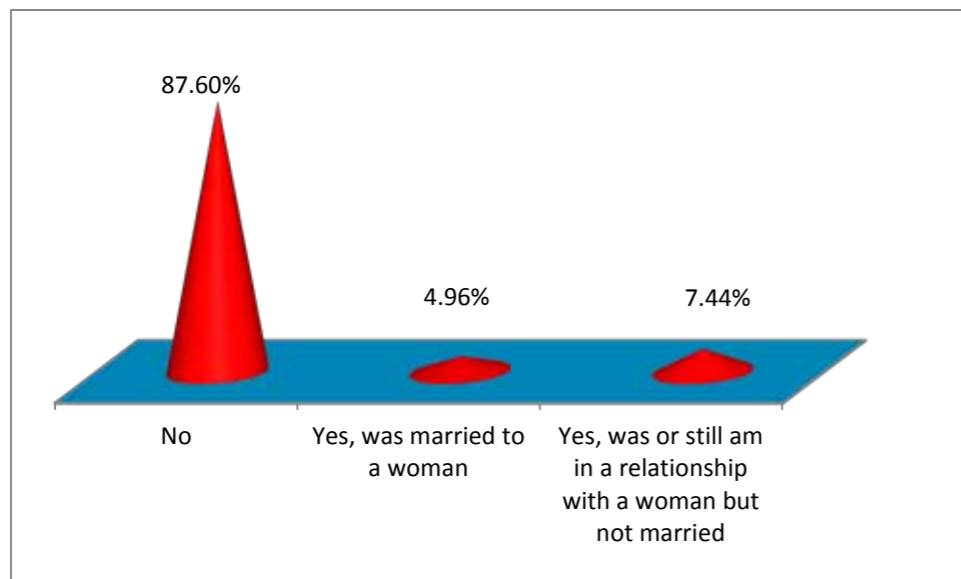
In a steady relationship



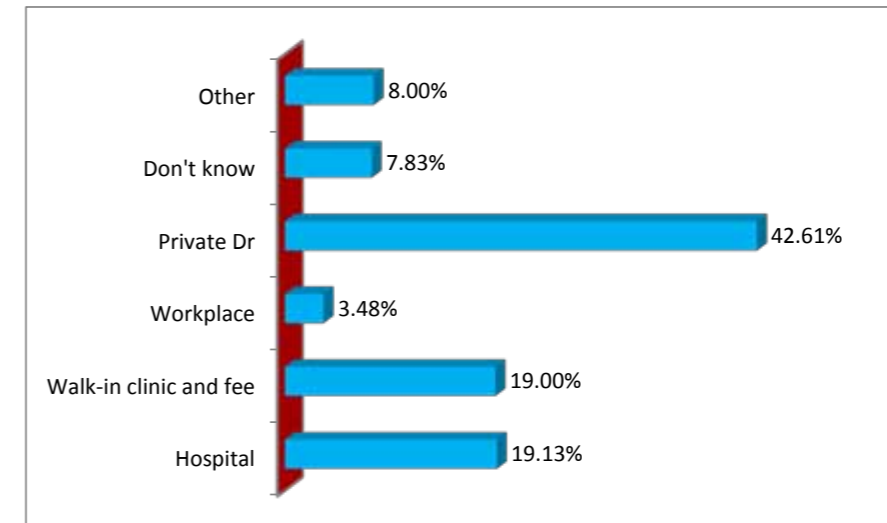
Sex/ Gender of steady partner



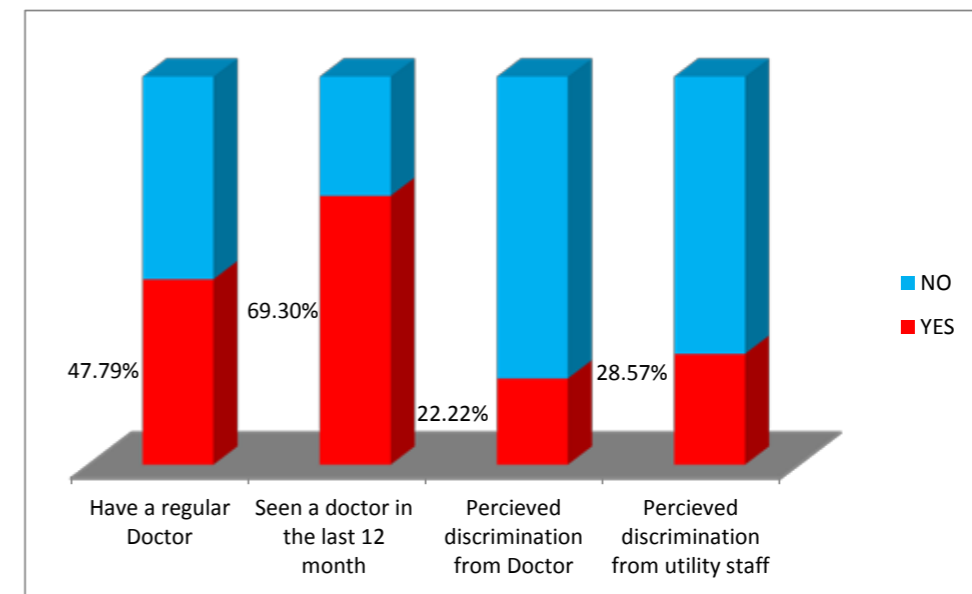
Marriage



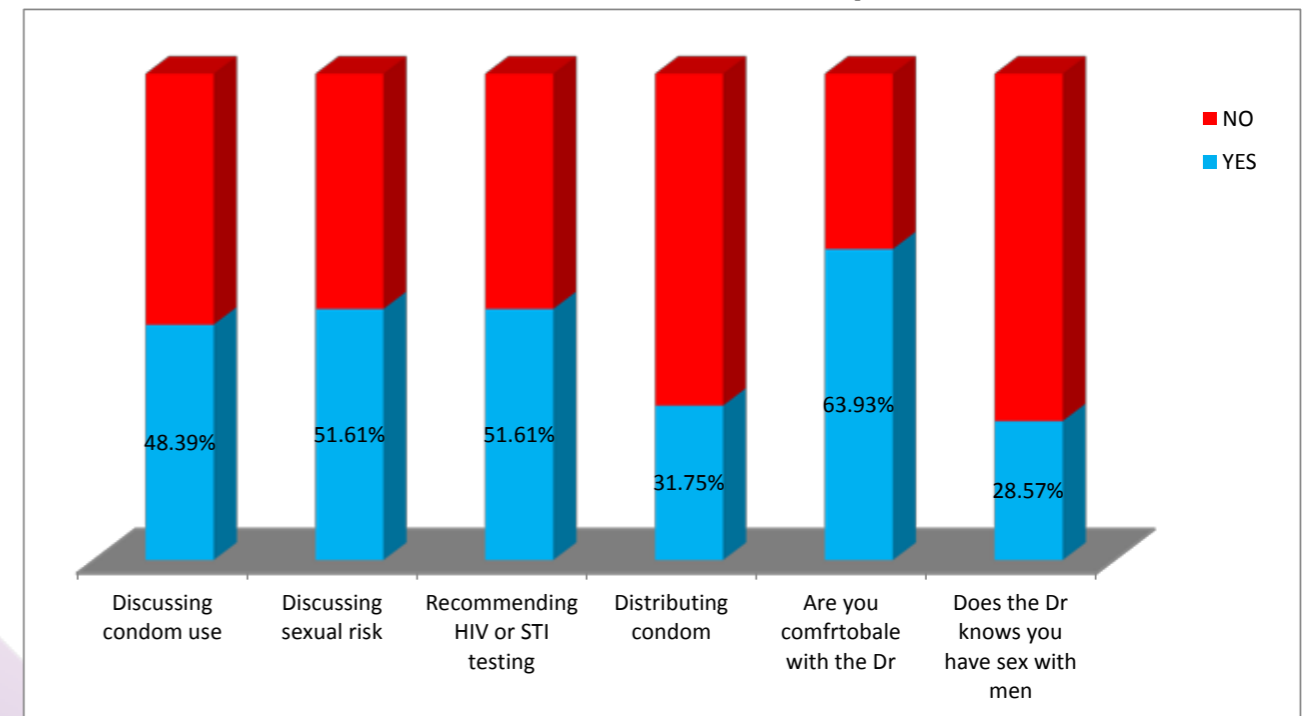
Where do you seek healthcare?



Access & Barriers to healthcare

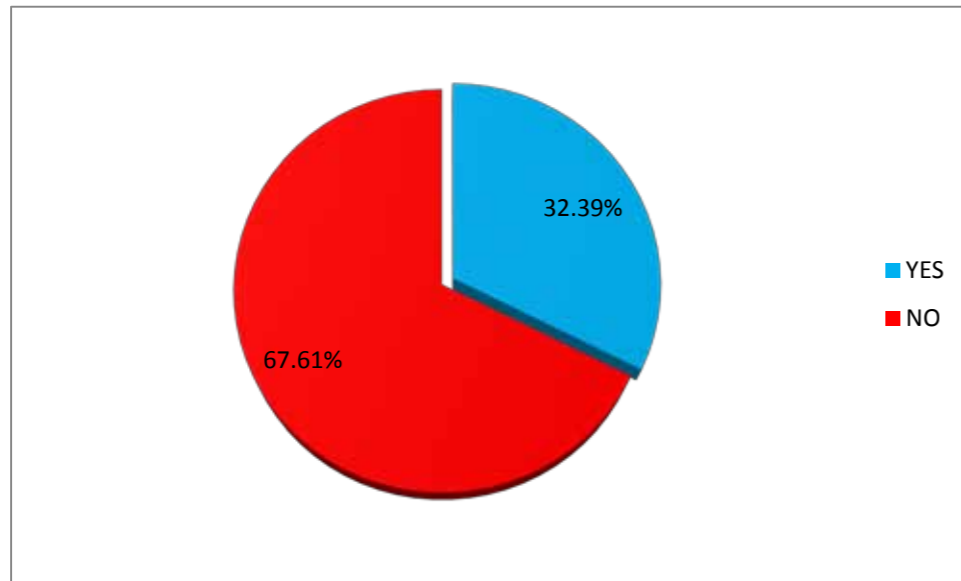


Communication with service provider

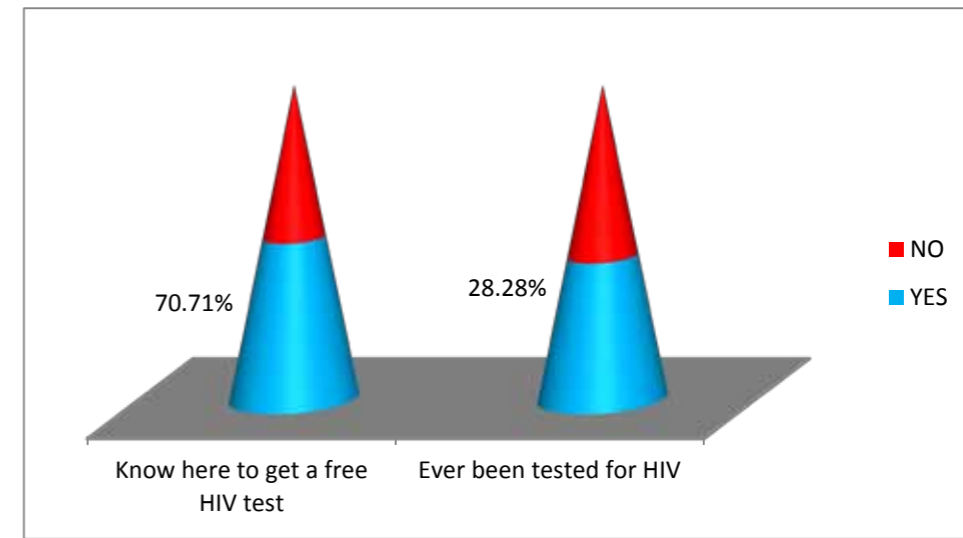


HIV & STI TESTING

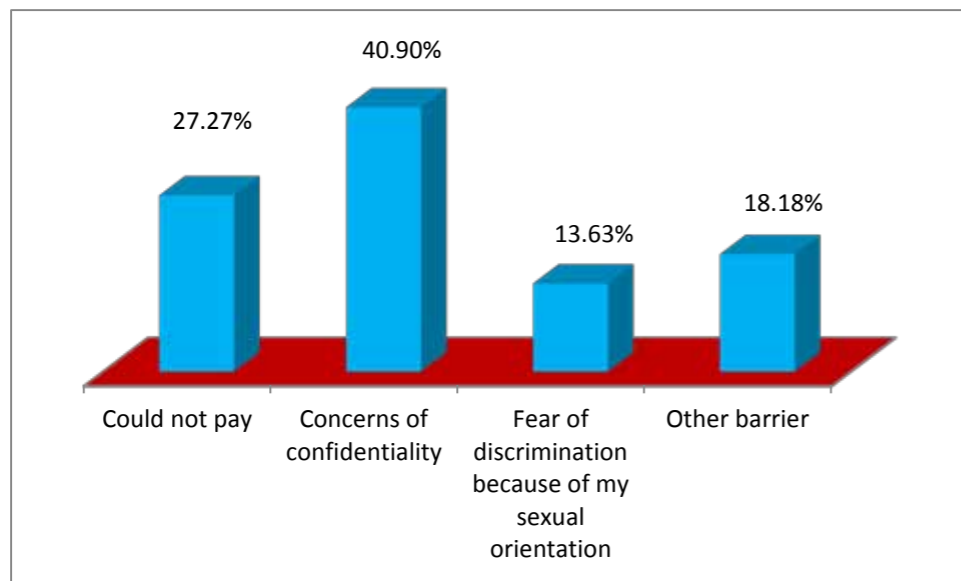
Needed healthcare but did not request it



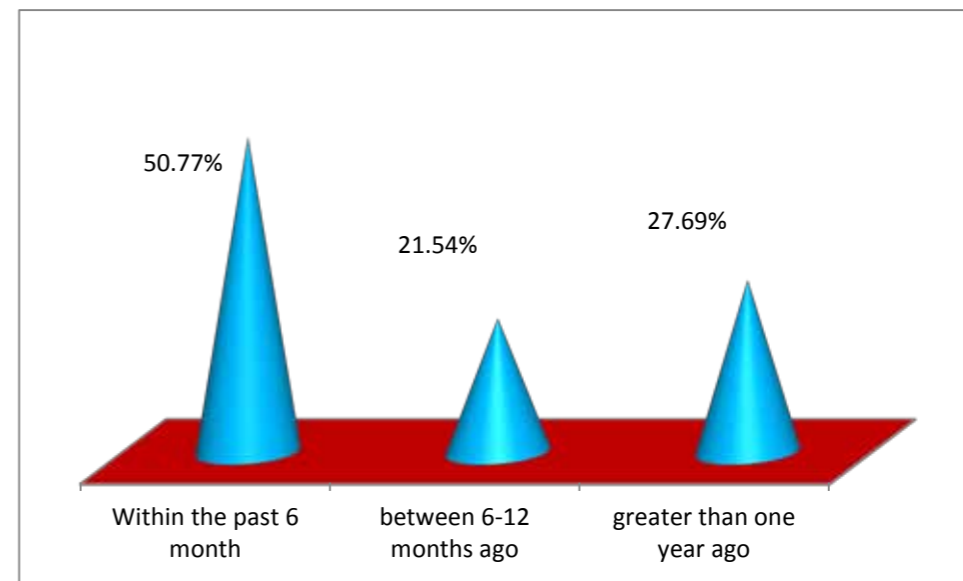
HIV testing History



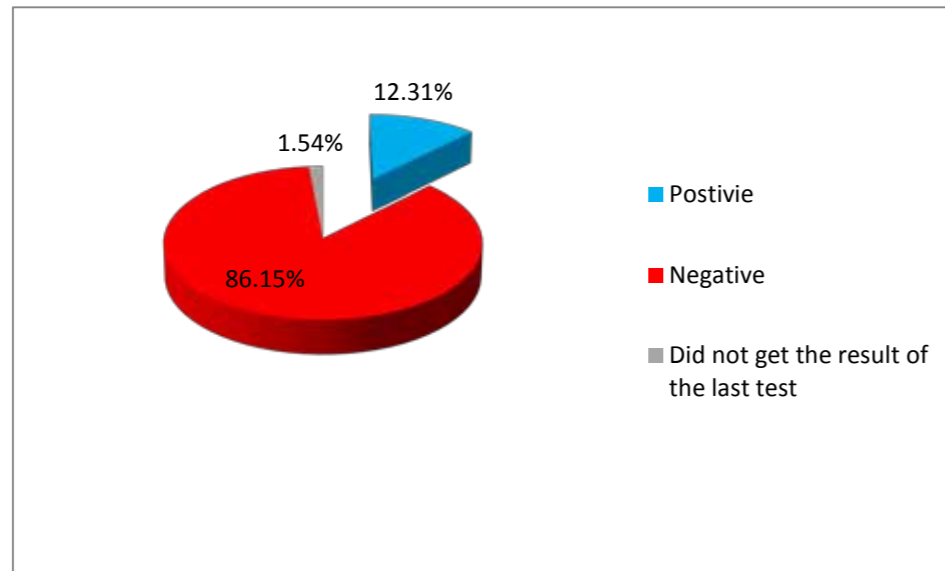
Reason for opting care



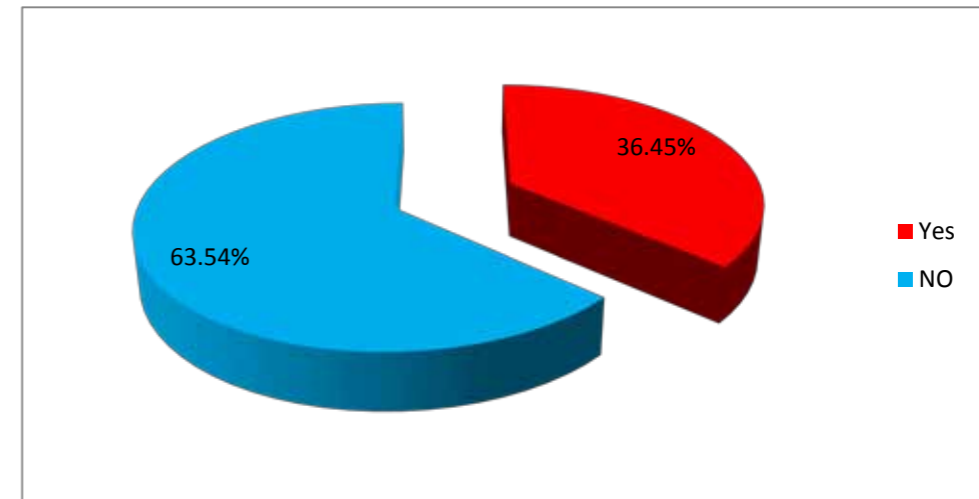
Last time tested



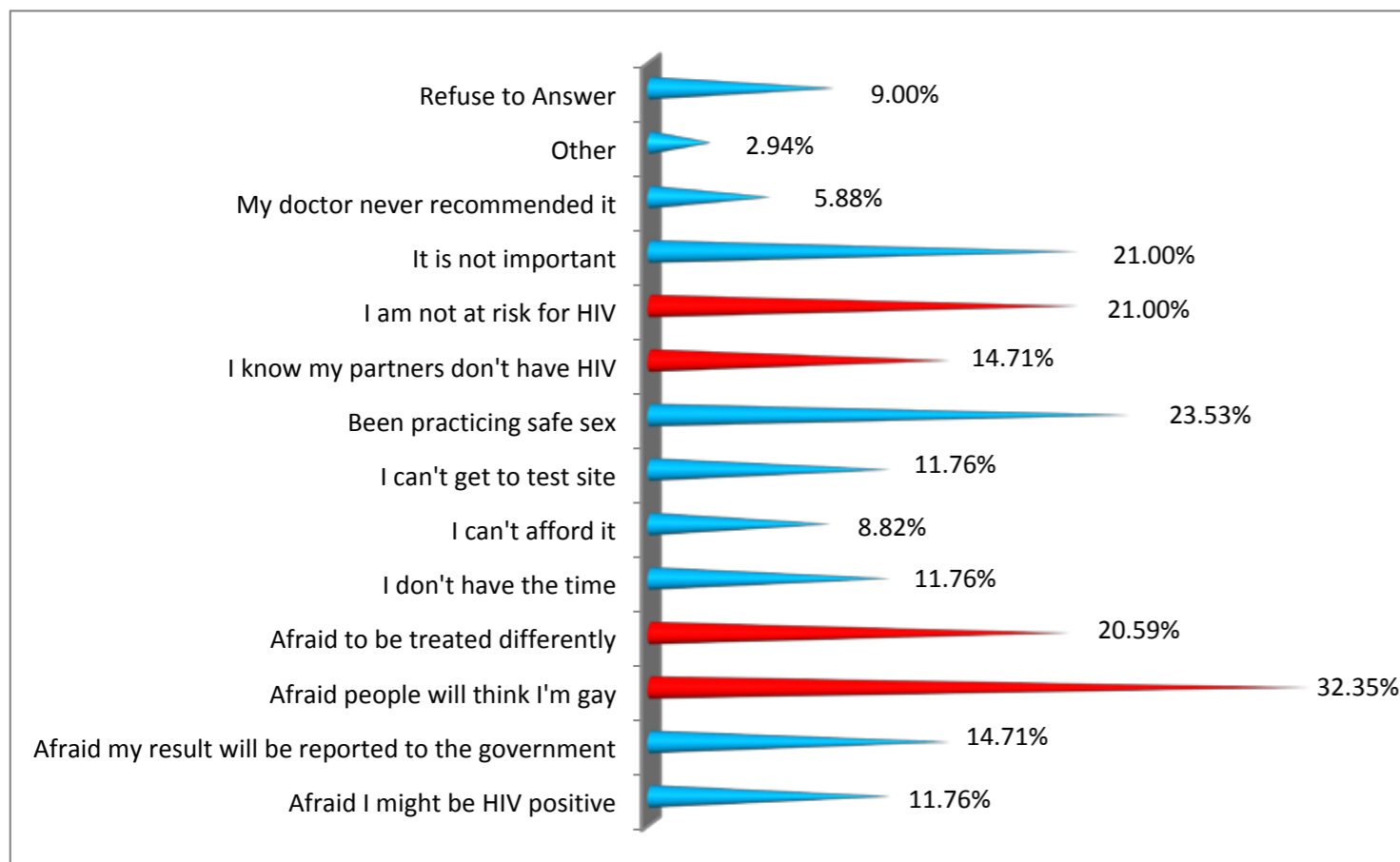
### Result of the last HIV test



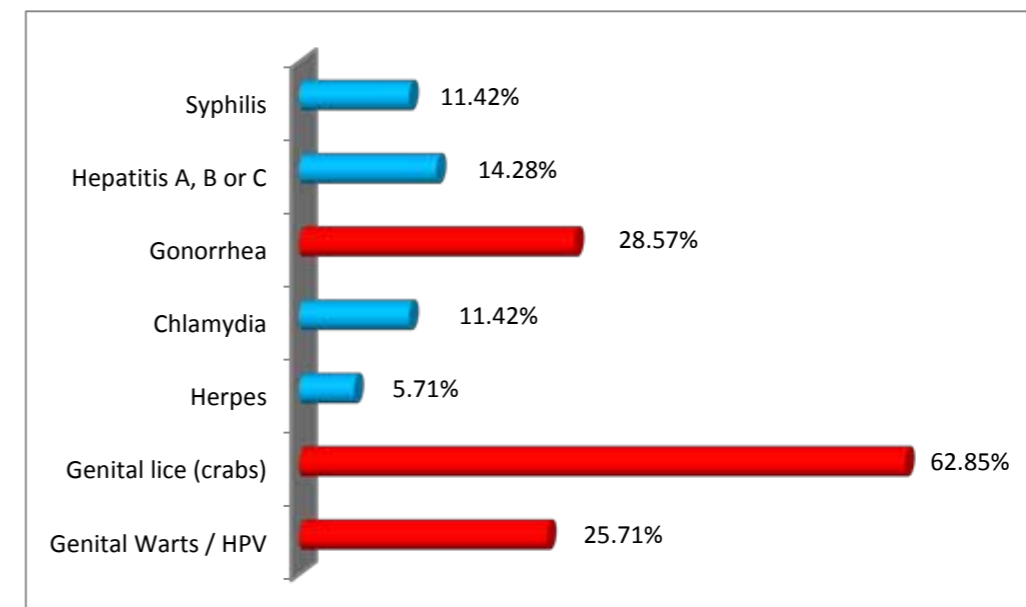
### Ever been diagnosed with a sexually transmitted infection?



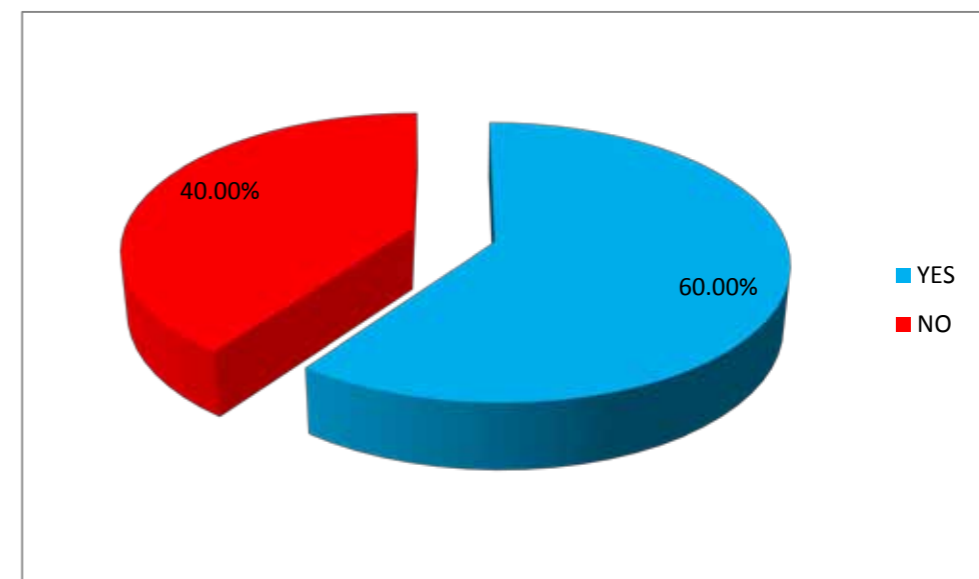
### Reason for not testing before



### Among those who have been diagnosed with an STI



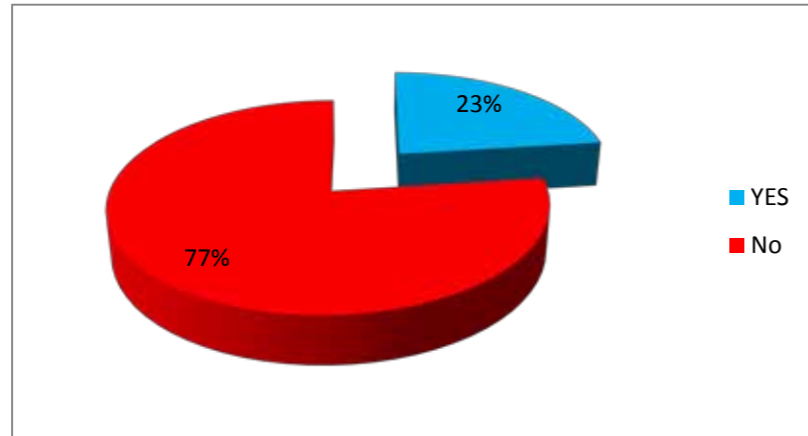
### Did you receive treatment for your STI?



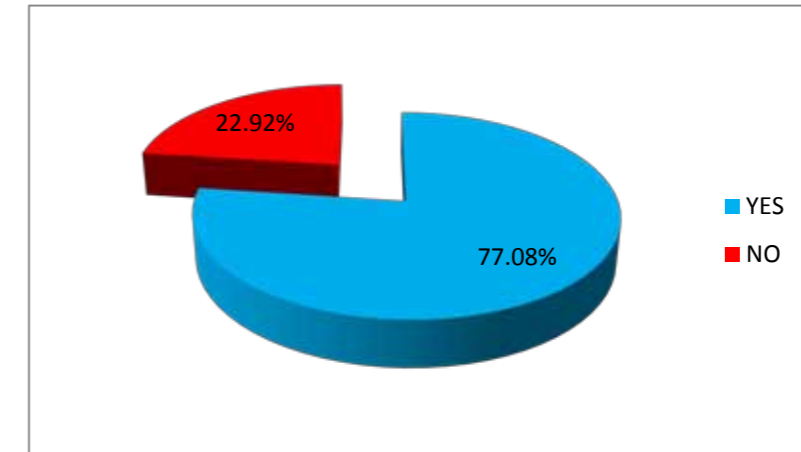
SUBSTANCE USE

MENTAL HEALTH

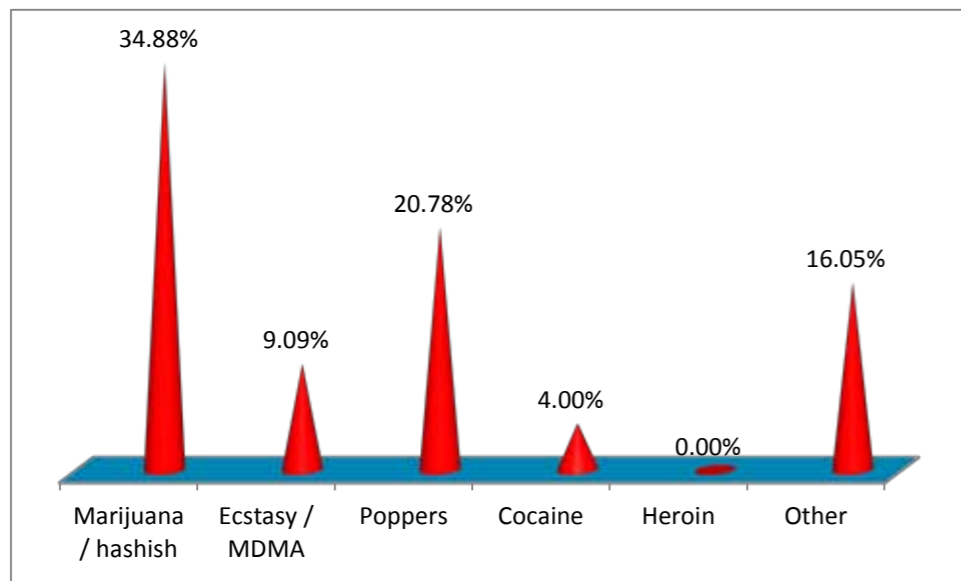
Drug Use



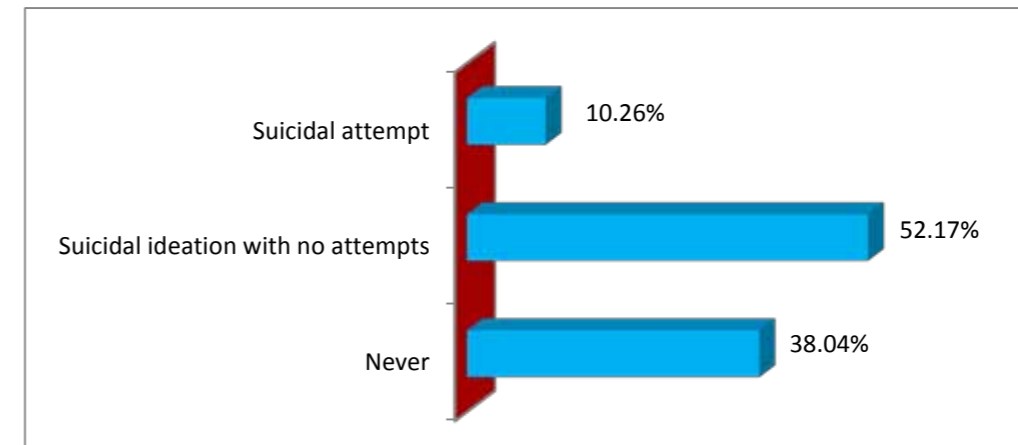
Experienced symptoms of depression



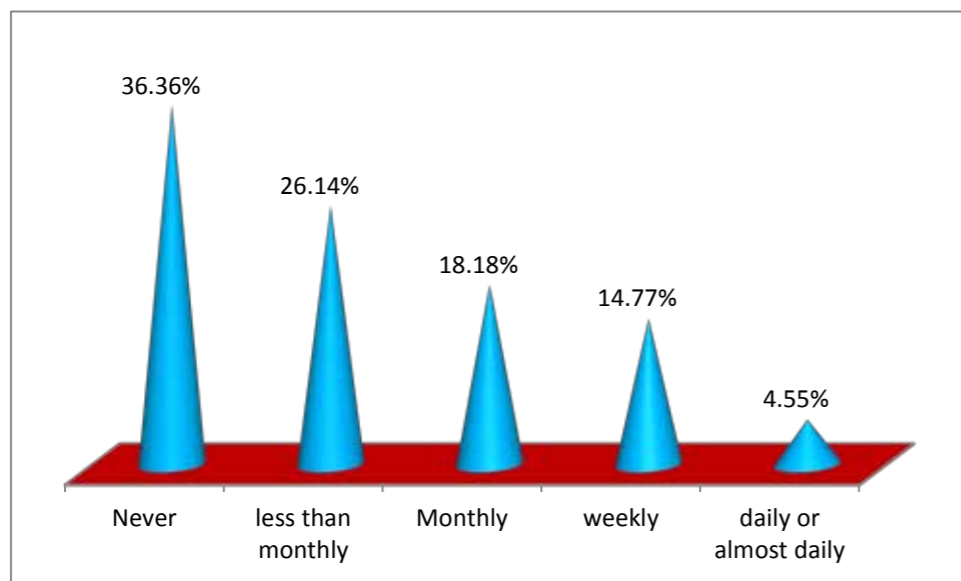
Drug use in the last 3 months



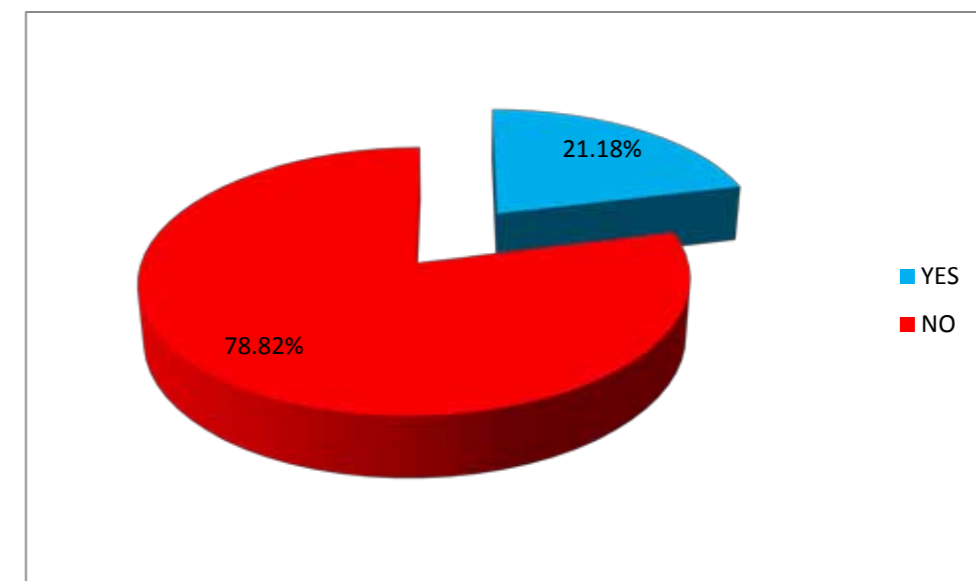
Suicide



Alcohol use in the last 3 months

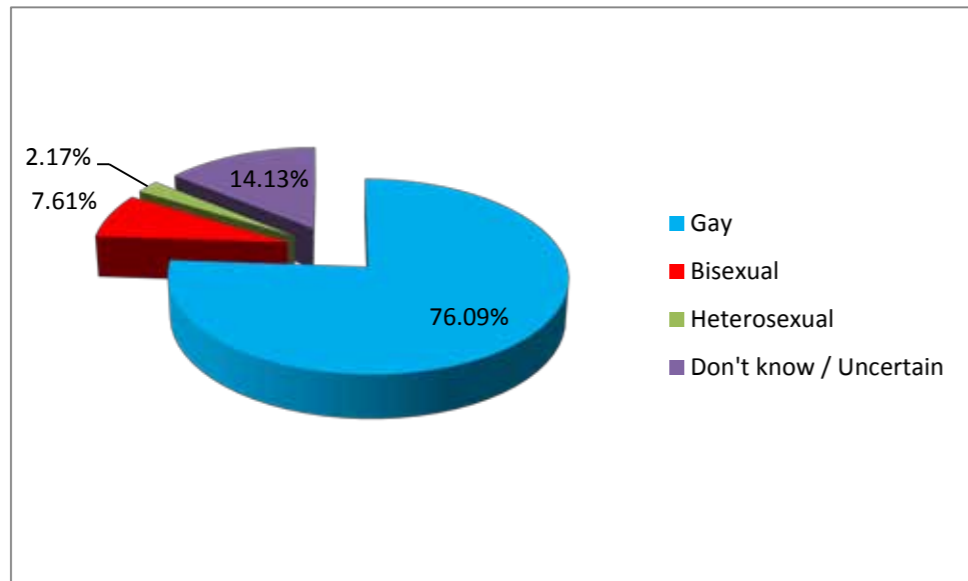


Psychological counseling for suicidal ideation

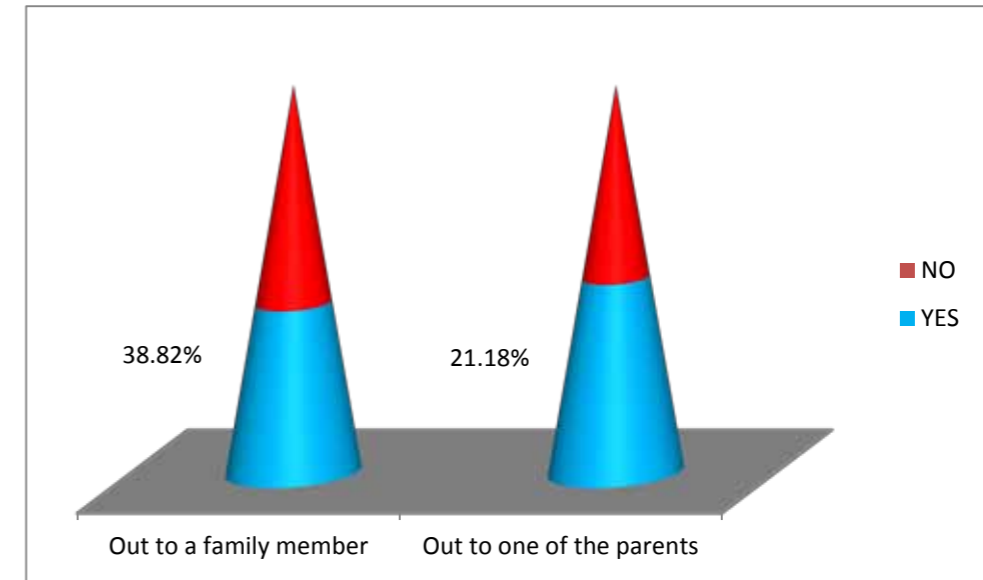


SEXUAL IDENTITY DEVELOPMENT

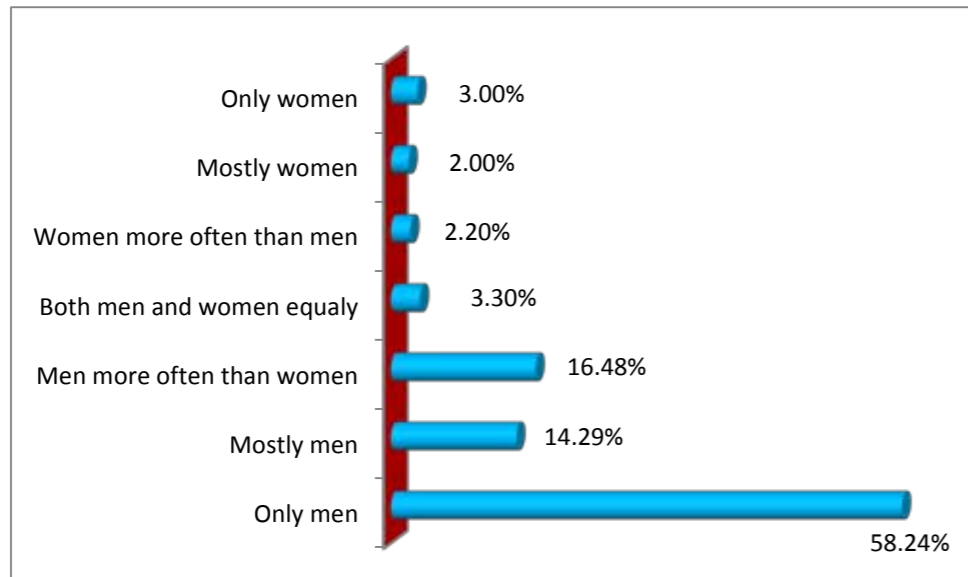
Sexual Orientation



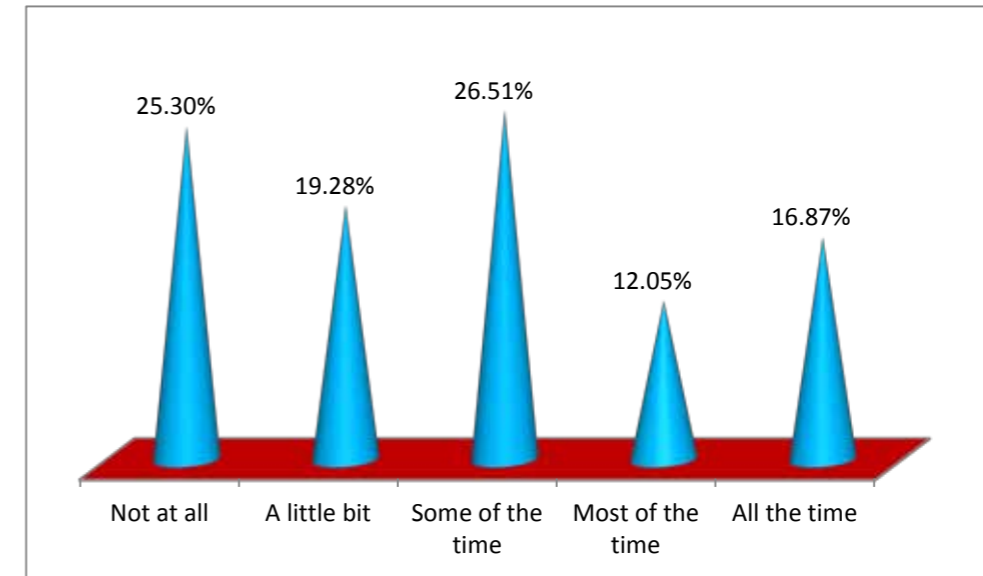
Coming out



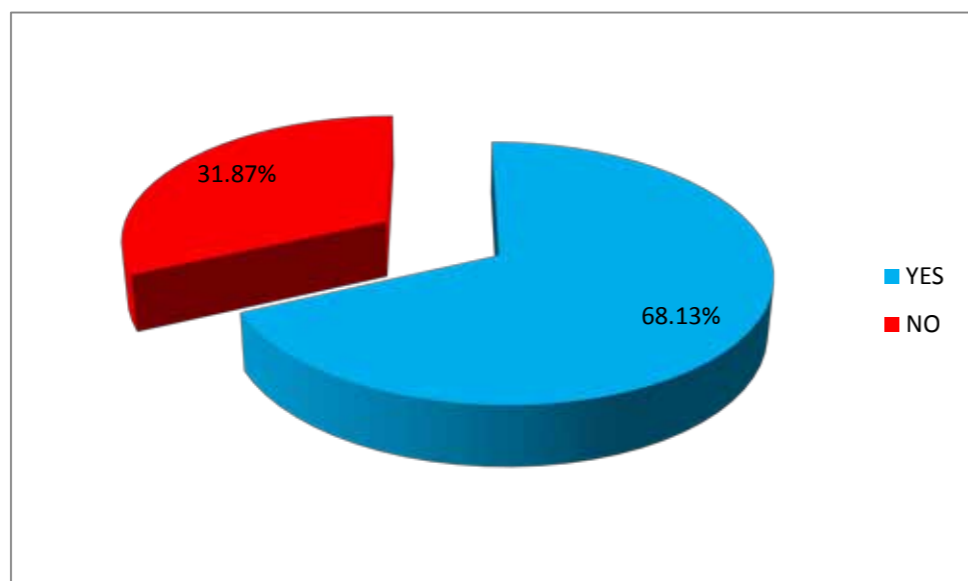
Sexual Attraction



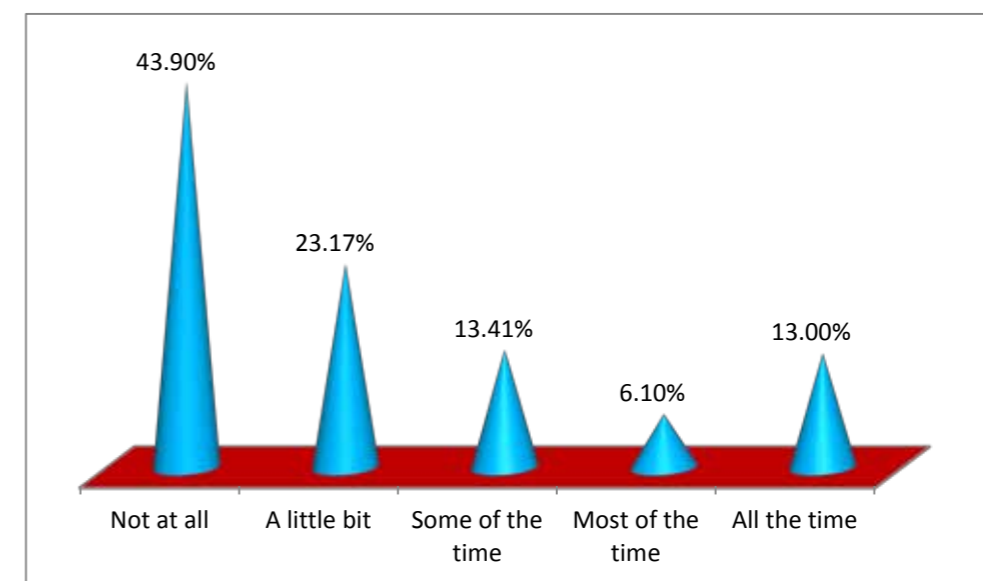
Open about sexual orientation in the society



Are you comfortable with your sexual orientation?

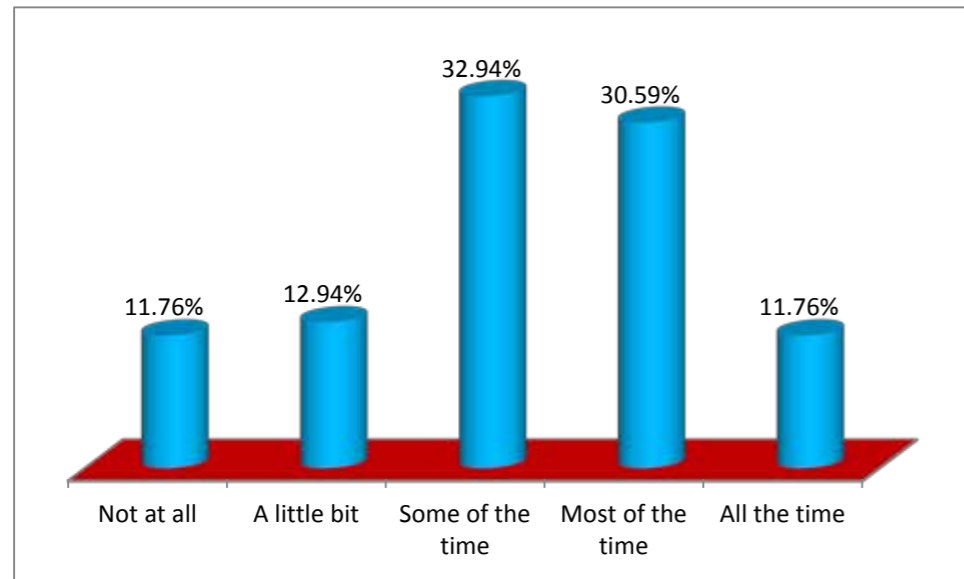


Open about sexual orientation at school or work



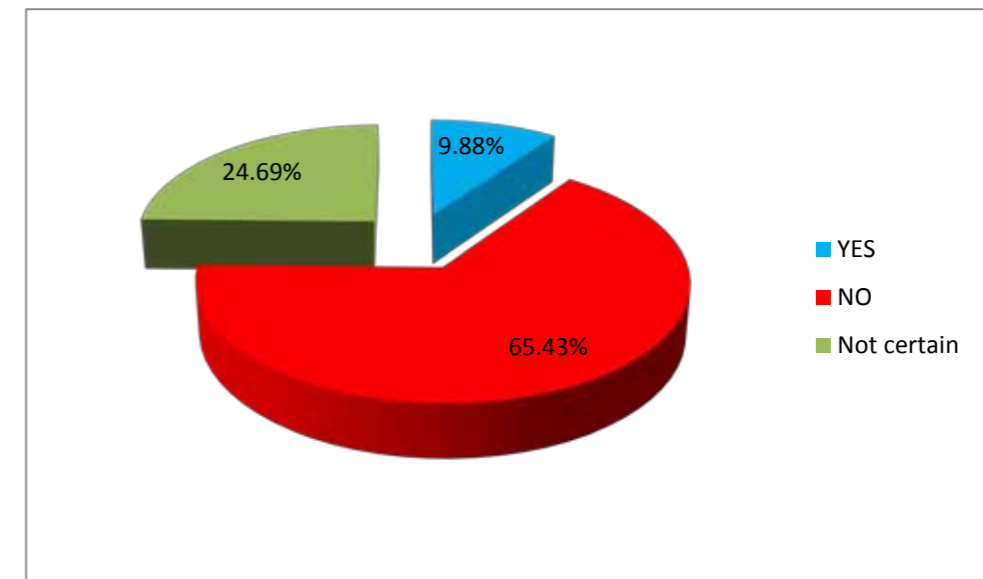
**GAY SOCIAL NETWORKING**

**How much do you spend time with other gay people?**

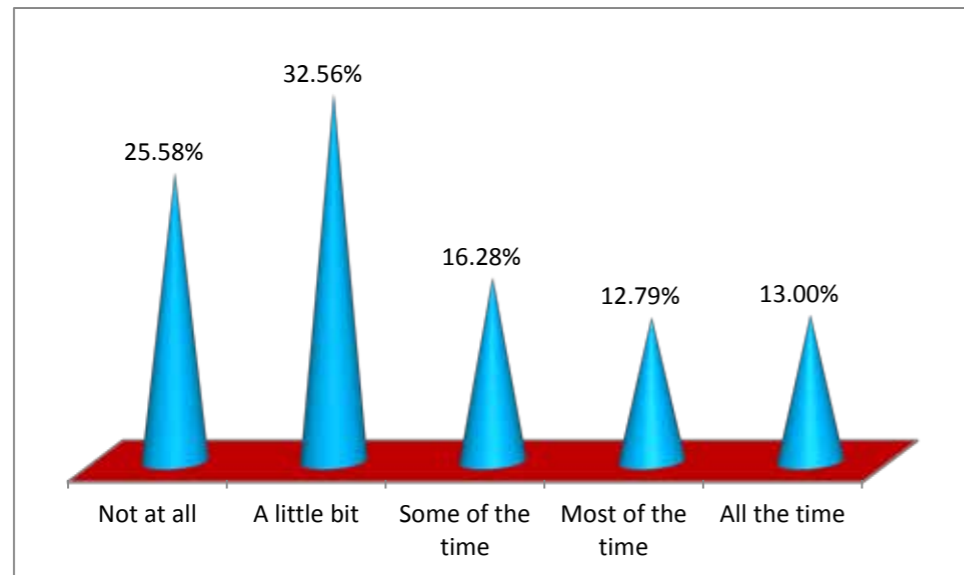


**DISCRIMINATION**

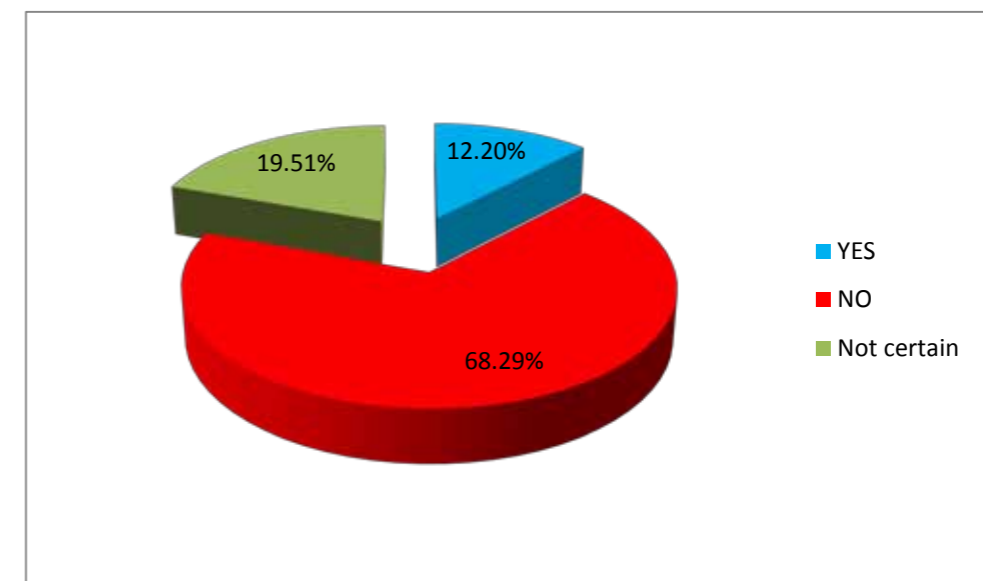
**Lost a job because they were gay**



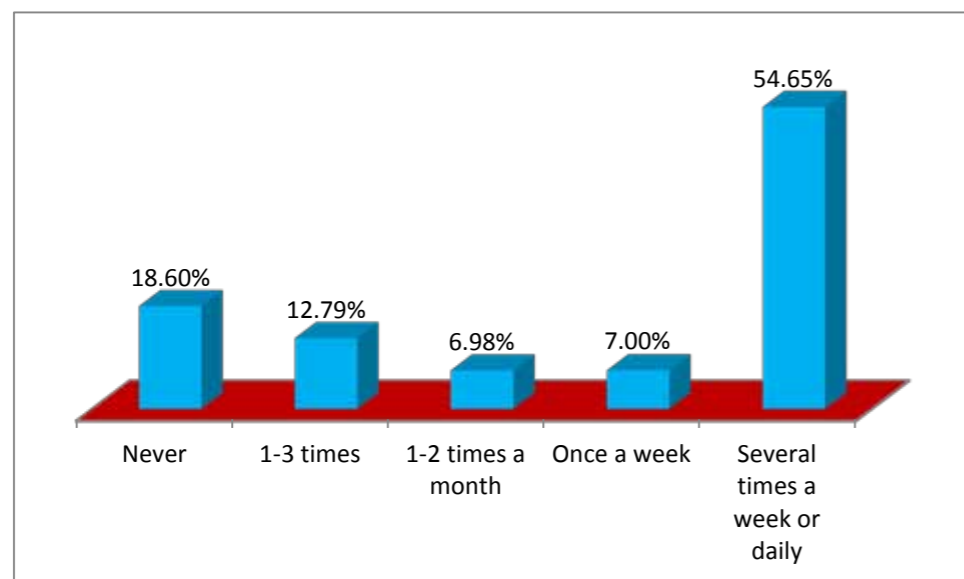
**How much do you hang out at gay (gay friendly) spaces?**



**Got physically assaulted because they were gay**

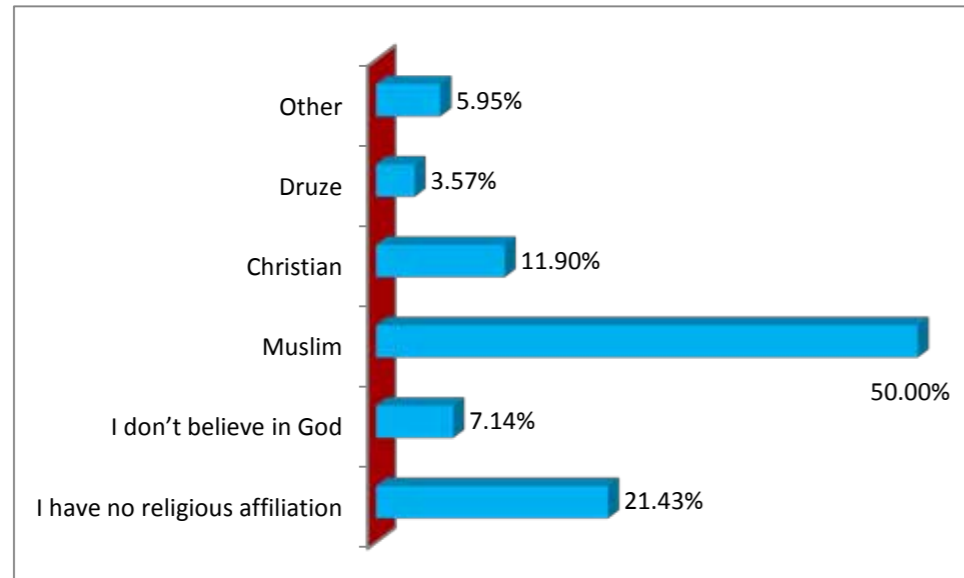


**How much do you use gay social networking applications?**

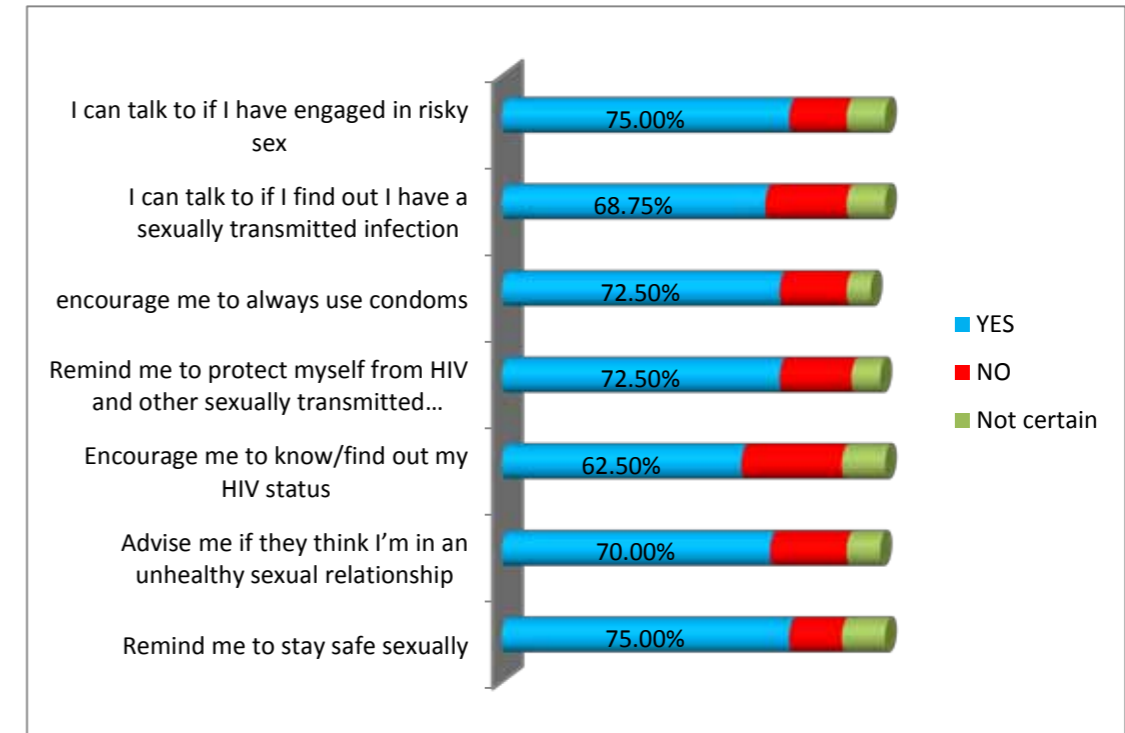


RELIGION

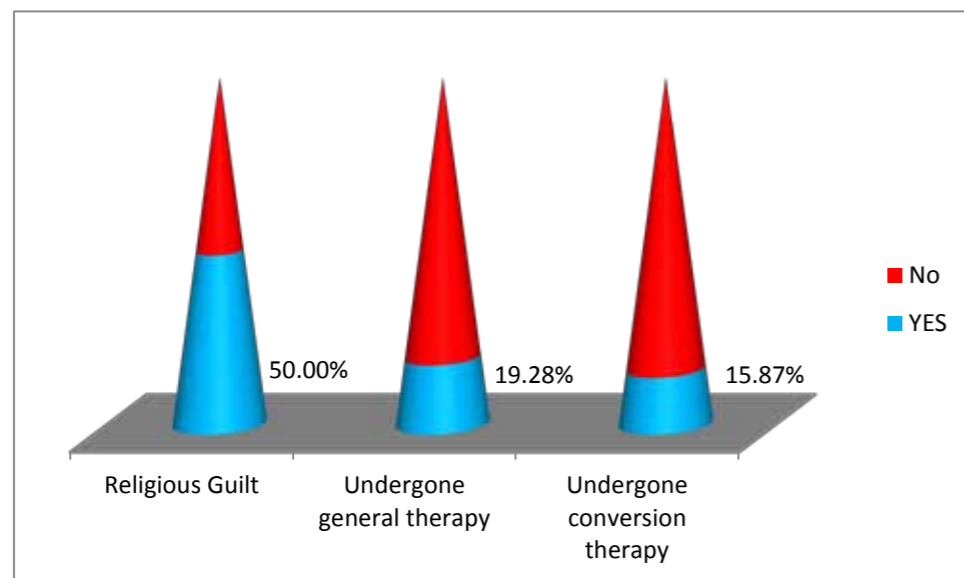
Religious Affiliation



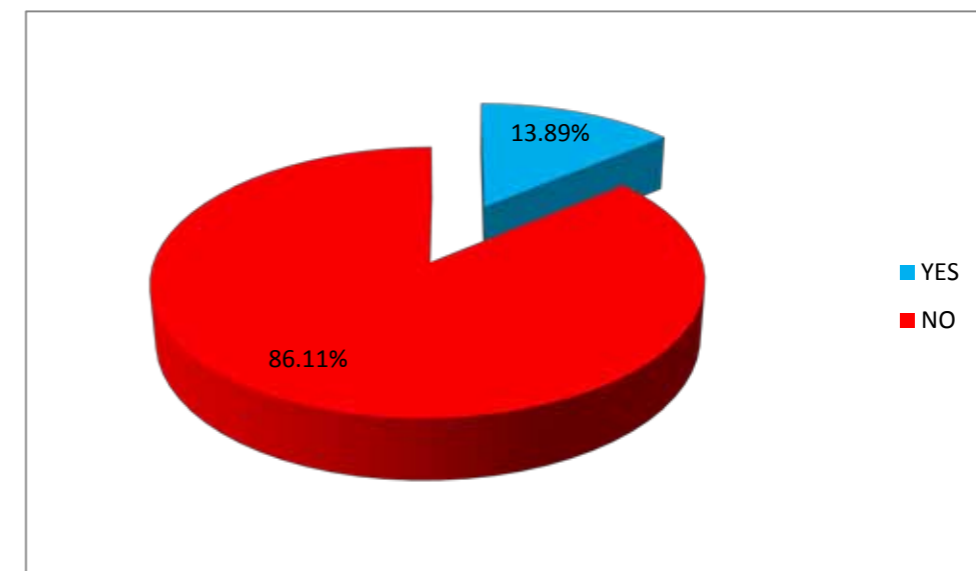
Peer support for sexual health: I have gay friends who...



Harmony between religiosity and sexuality



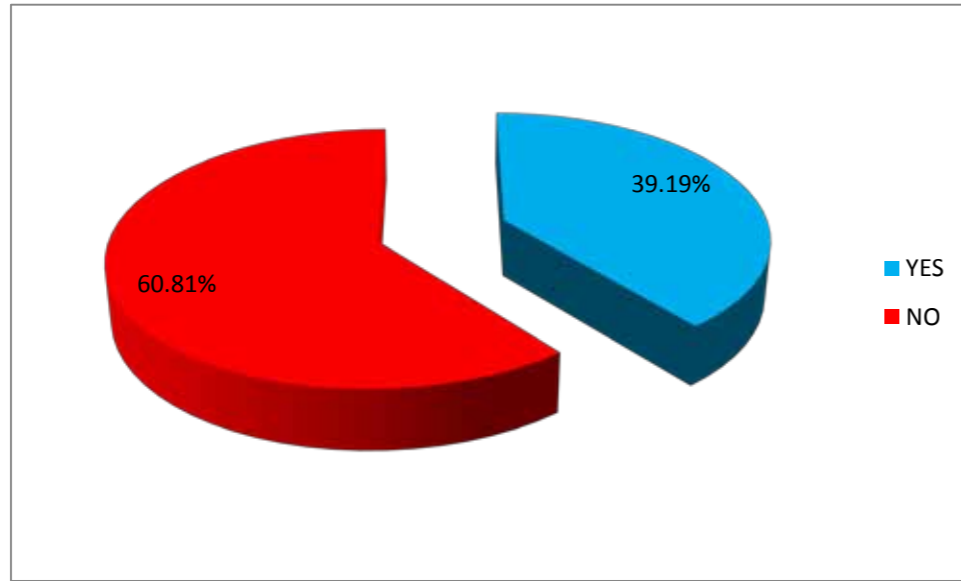
Engaged in sex work



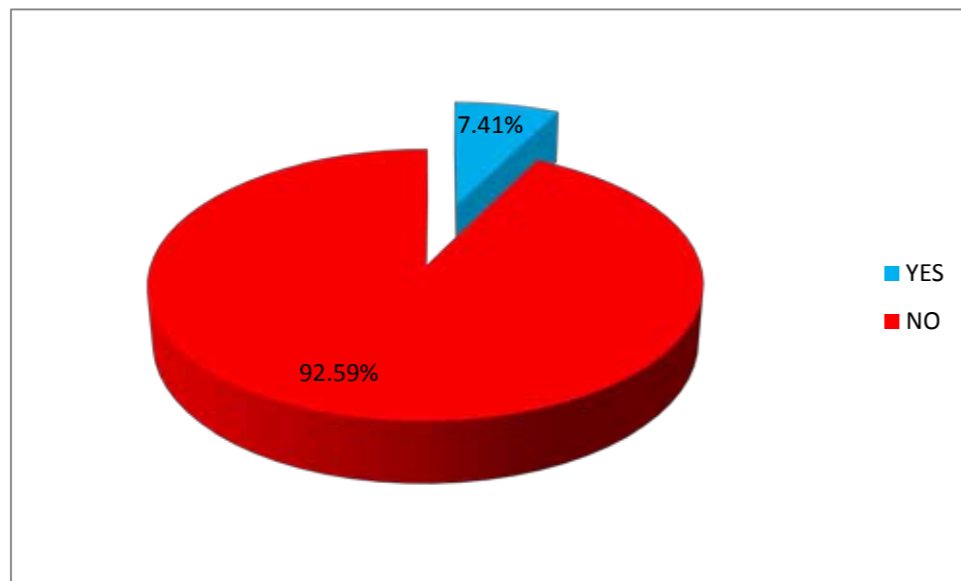
SEXUAL ABUSE

SEXUAL BEHAVIOR

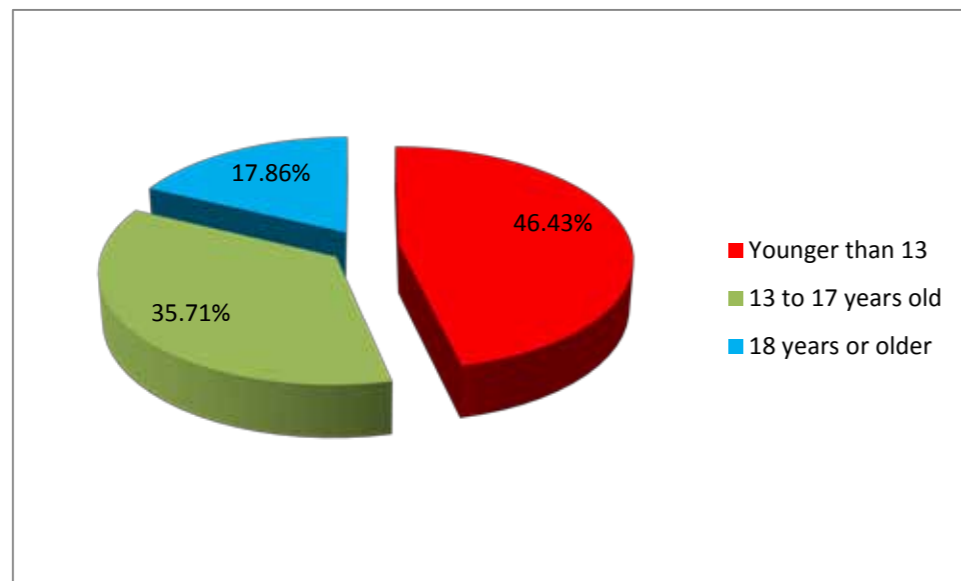
Ever suffered from sexual abuse



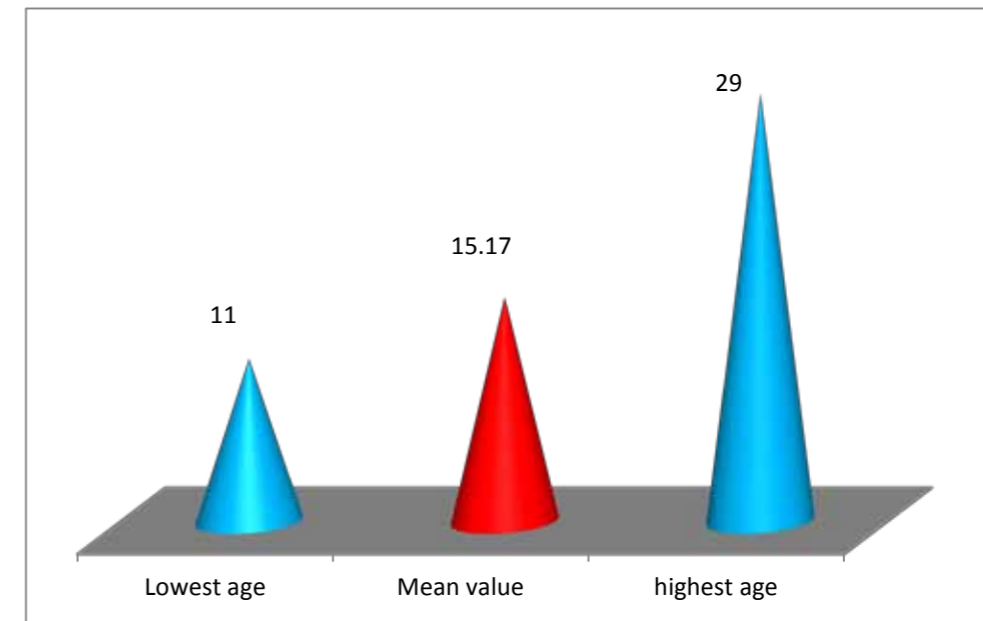
Undergone psychological counseling for abuse



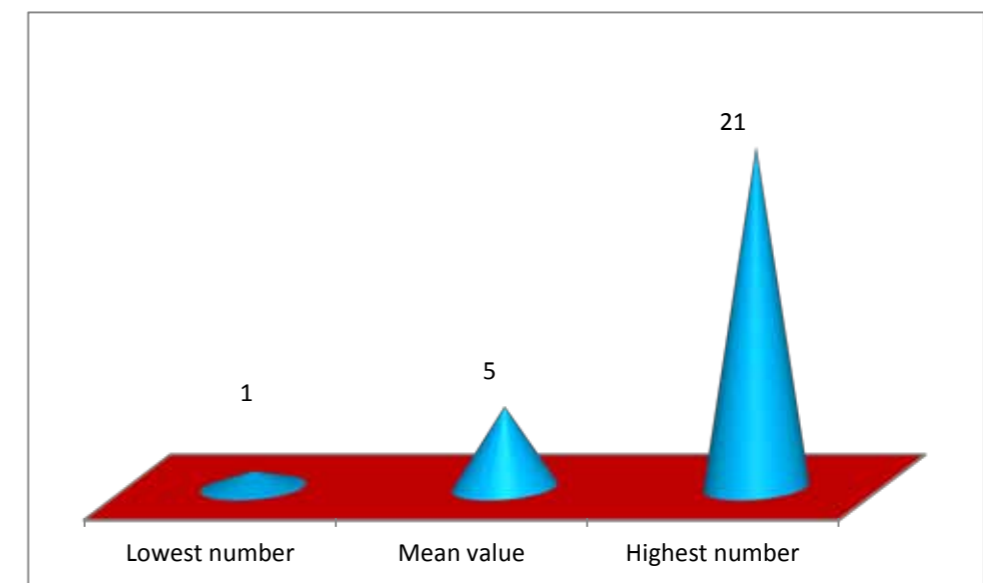
Age of first abuse



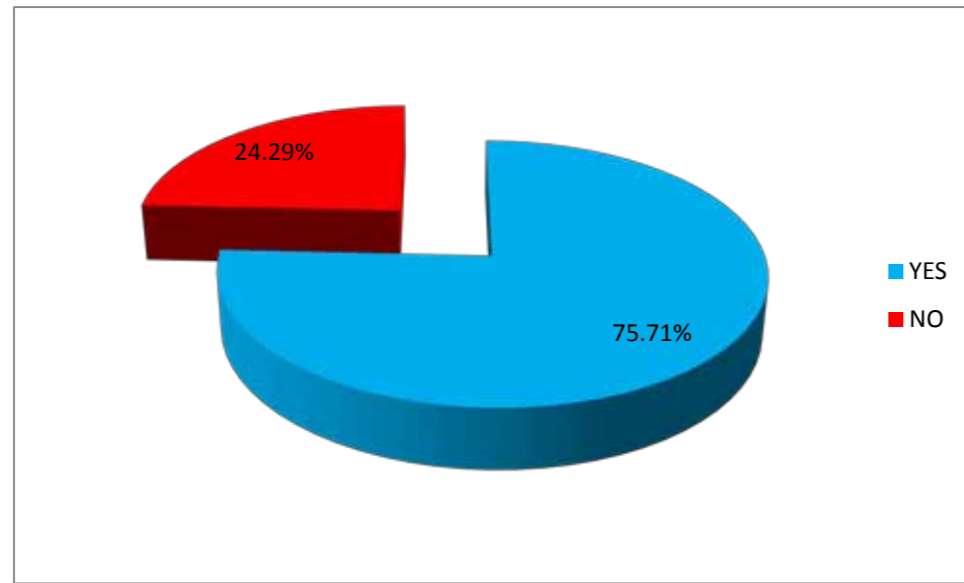
Age of first sexual experience (Oral, Anal or mutual masturbation)



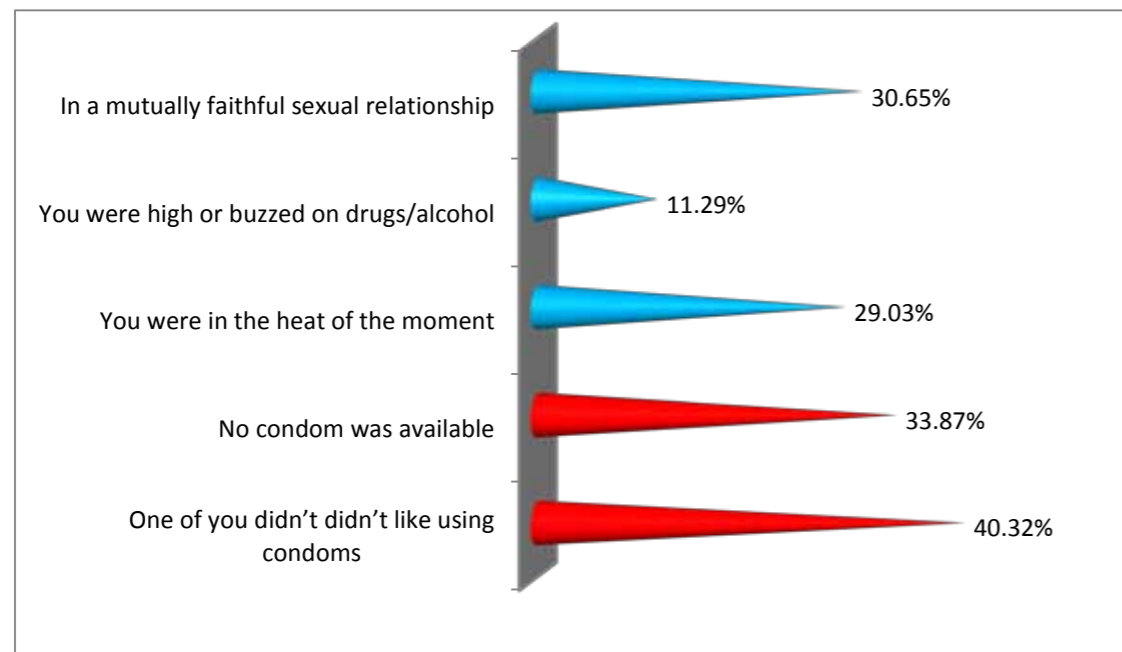
Number of sexual partner in the last 3 months



### Ever engaged in condomless sex



### Reason for not using a condom



## DISCUSSION

Exploring the dynamics of the MSM community and their sexual health in the MENA region is an understudied subject. Most previous studies focused on HIV prevalence and incidence rates with less emphasis on risk factors and gay social networks.

Overall we found a significant amount of sexual risk and condomless sex, which is consistent with what has been reported elsewhere in the region and the global data. And while HIV testing rate was higher than what has been recorded in others studies across the region, those who did not test before were mostly afraid that others will think they are gay, and by that, afraid of the social and maybe even legal repercussions of this status. This is a clear example on how negative legal and social factors can be inhibitors of healthy sexual behaviors. The HIV infection rate seemed to be alarming at 12.31%, knowing that these results were self-reported. Yet this also means that there might be among our sample those who are unknown positives, or have contracted HIV since their last test. This is a much higher than what has been reported across the region according to data collected from Lebanon, Morocco, Sudan, Egypt and Tunisia.

Concerning health care utilization, most of our sample had access to private sectors, and although more than half were comfortable with the service provider, 1/3 of our sample expressed perceived discrimination from the health care providers as well as from the health utility staff, while 2/3 reported that the provider do not know that they have sex with men. On the other hand, one third of our sample reported that there have been times when they needed health care but did not request it. This behavior was lead by concerns over confidentiality (41%), which is a major issue in a region where same sex behavior is highly criminalized; leading to the death penalty is some Arab countries.

The majority of our sample self identified as gay and expressed their comfort with their sexual orientation. We are in fact experiencing more visibility of the gay community in the region, and despite the social conservatism, this subject is no longer a new, uncommon phenomenon. We are also witnessing the rise of multiple LGBT organizations across countries in the Arab world, which helps individuals not feel secluded or alien but being able to identify with other community members. Prevention efforts, especially the government led ones, should work hand in hand with community organizations, to reach a larger numbers of community members and allow them to seek the services they need in a safe environment. This is also supported by the fact that over 2/3 of our sample hang out with other community members and are benefiting from peer support for sexual health.

MSM engaged in sex work are at a higher risk for exploitation with increased HIV vulnerability, and around 14% of our sample reported engaging in this behavior. Holistic prevention efforts targeting male sex workers specifically should be implemented in our region, where they are currently non-existing.

An astounding 40% of our sample reported experiencing sexual abuse, almost half of which happened before they reached the age of 13. Sexual abuse suffered by men is a major taboo in the world and more specifically in the MENA region, where “masculinity” is socially idealized and any phenomenon affecting it, should not be expressed in public. Multiple studies around the world have shown that sexual abuse can be an inhibitor to healthy psychological and emotional development if not properly dealt with, and among those who experienced it in our sample, only 7.5% have received relevant psychological counseling.

When it comes to sexual behaviors, data in our study has showed that gay men become sexually active at a very young age (mean=15.7). And due to the lack of proper sexual education, most men are not exposed to any awareness message till after few sexual experiences if ever. Prevention should happen prior to the behavior, and for gay men in the Arab world to start a healthy sexual life, all needed information should be available at a young age, ideally within education systems.

Engaging in condomless was reported as a very common behavior (75%), and while the men of our sample were highly educated, they were lacking much needed negotiation skills. But also, they expressed that not using a condom was due to its unavailability.

## LIMITATIONS

A main limitation of this study is that the sample size is relatively small given the dimension of the encompassed region. It would be beneficial to replicate the work using a wider sample. In particular, more participants from the Arab Peninsula should be encouraged to participate. The sample population was also quite young and was likely to have at least some university education. This is not representative of the global MENA region because literacy rates significantly differ across country, and age. Similarly, the majority of the population identified as being gay (76%) and as being comfortable with their sexual orientation. Given that sexual identity development and comfort with sexual orientation impact various aspects of one's life (such as social experiences, sexual behaviors, mental health...etc.), it is likely that the results would have differed if a broader range of participants had been included.

## RECOMMENDATIONS FOR FUTURE RESEARCH

The scope of this research entailed health as a general concept which infers that more research on the specific subjects should be pursued.

### *Mental health*

There is a finite amount of research that has been generated on mental health of LGBT individuals. This research included a small section that pertains to depression and suicidal ideation. Yet mental health issues are not nearly limited to depression and, given the prevalent stigma and discrimination within the MENA region, individuals who do not fit within the hetero-normative framework appear to be at an increased risk of mental health disorders. Similarly, Drug use was assessed in this study but no inference could be made regarding abuse given that other information was required. As such future research should seek to investigate the prevalence of other mental health disorders (e.g. anxiety disorder, eating disorders...etc.).

### *Sex, gender, and sexual orientation*

The population of this study was limited to cis-gendered MSM; yet gender and sexuality cannot be limited to cis-genders or individuals that identify as being male or female. Gender and sexuality is diverse and embodies different demands and experiences. A call for further health research for other genders and sexual orientations is needed. An additional recommendation pertains to broadening the scope to individuals who have emotional and/or sexual relations with individuals of the same gender.

### *Social experiences*

The study provided some important findings regarding social experiences. Nonetheless, social experiences are very complex and engulf several facets. Discrimination, in particular, can be experienced in several segments of one's life and pursuing research that clarifies both the incidence and the implications of discrimination would be fruitful. Thus, understanding the nature and the source of discrimination could generate innovative projects to eradicate it.

## RECOMMENDATIONS FOR INTERVENTIONS

### *Healthcare utilization*

- Free or low cost sexual health services should be widely available
- Health care providers and others staff members of health facilities should be targeted in anti-stigma efforts
- Health care providers have the responsibility to initiate discussions around sexual behaviors, associated risks and condom use
- Confidentiality should be a top priority issue when providing health care services for MSM
- Confidentiality and anonymity is key to facilitate HIV testing and seeking health care among MSM

### *Mental health*

- Mental health issues among MSM , including suicidal ideations/ attempts, need to be prioritized in intervention efforts
- Mental health care should be more accessible to MSM community members
- Mental health care providers should receive proper training to cater for MSM needs

### *Social*

- Reaching a larger numbers of community members can be done through:
  - Peer lead interventions
  - gay social networking applications
- Tackling religious related guilt in community forums, discussions and focus groups
- Talking about experiences of sexual abuse should be encouraged in safe places with a proper follow-up

### *Sexual behavior*

- Sexuality education should be available at younger age, prior to becoming sexually active
- Lubricant compatible condoms should be rendered available widely in the MENA region
- Condom negotiation skills should be targeted in MSM prevention efforts

## ABOUT THE AUTHORS

### JOHNNY TOHME:

Clinical Psychology graduate, been an activist for LGBT rights since 2006. Started working in community research in 2012 on an NIH funded study among gay men in Lebanon. Two years later, he got a scholarship to study behavioral research among LGBT at University of Pittsburgh through the amfAR scholars program, which resulted in conducting a bio-behavioral study among gay refugees residing in Beirut, Lebanon. He is currently the director of M-Coalition, co-chair of the Youth Reference Group at the Global Forum for MSM and HIV (MSMGF), and part of a team working on the adaptation of the HIV M-powerment intervention program among young gay men in Lebanon.

### GHINA GHANEM:

Clinical Psychology graduate student at the American University of Beirut (AUB). Ghina has a three year experience as a practicing therapist and has worked on several gender and sexuality research studies. She has been involved with M-Coalition over the current study and in another study focusing on mental health among gay, bisexual and other men who have sex with men in the Arab world. She is interested in pursuing a PhD with a specialization in gender and sexuality studies.

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