

# *Learning to Live With HIV in the Rural Townships: A Photovoice Study of Men Who Have Sex With Men Living With HIV in Mpumalanga, South Africa*

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*There is limited understanding about the health and well-being of men who have sex with men (MSM) with HIV infection living in rural African areas. We present the results of an adapted photovoice project with 35 MSM with HIV infection who live in townships in Mpumalanga, South Africa. The project was designed to explore the social factors that influenced HIV care. Twenty-four photo essays were developed by participants in focus group discussions that were audio-recorded and transcribed for analysis. Transcripts and photo essays were coded using a constant comparison approach combining researcher observation notes and reflection on participant-identified themes. Participants identified (a) a shared experience of illness and coming to terms with having HIV infection and (b) family and taverns as necessary support systems. The findings suggested that family- and tavern-based interventions might improve health outcomes for MSM newly diagnosed with HIV infection living in rural and semi-rural African communities.*

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There is a need to address the gap in our understanding of the health and well-being of gay and bisexual men who have sex with men (MSM) living with HIV in rural and semi-rural areas in Africa (Imrie, Hoddinott, Fuller, Oliver, & Newell, 2013). Rural gay and bisexual men have been largely overlooked by HIV research in Africa, and most of what we know about HIV for this community has been based on research with uninfected men in more urban areas (Baral et al., 2009; Bezabhe et al., 2014; Poteat et al., 2011; Taegtmeier et al., 2013). In African settings, social vulnerability, dual stigmas, discrimination, and a lack of legal protections in some countries increase HIV risk and negatively impact HIV prevention behaviors, health care access, and support system development (Arnold, Struthers, McIntyre, & Lane, 2013; Baral et al., 2009; Imrie et al., 2013; Jobson, de Swardt, Rebe, Struthers, & McIntyre, 2013; Knox, Reddy, Kaighobadi, Nel, & Sandfort, 2013; Poteat et al., 2011; Sanders et al., 2013; Sandfort, Yi, Knox, & Reddy, 2013; Taegtmeier et al., 2013; Tucker, de Swardt, McIntyre, & Struthers, 2015). As a result, MSM have higher HIV prevalence rates when compared to men in general across African settings (Beyrer et al., 2013; Lane et al., 2011; Lane et al., 2016; Reisner et al., 2016). Further, of those who test positive for HIV infection, there is a delay in access to care that is attributable, in part, to unwelcoming clinical environments for gay and bisexual men in African settings (Graham et al., 2013; van der Elst et al., 2013).

In Mpumalanga, a rural province in South Africa, one in two MSM older than 25 years have been shown to have HIV infection, but few have been linked to HIV care (Lane et al., 2014; Lane et al., 2016). As in other African settings, we don't know why there are delays in linking to care. Therefore, in order to examine this HIV care delay, we implemented a participatory research project with gay and bisexual men in order to understand their experiences and perspectives of living with HIV and the factors that have influenced their HIV care in Mpumalanga.

Few participatory research studies have been conducted with gay and bisexual men in African settings,

but when used, they have been effective in evaluating community resources for health and sexuality support (Thomann, 2016). Participatory research methods are community-based approaches to develop a collective understanding of how people perceive and experience a common health issue (Mamary, McCright, & Roe, 2007; Minkler, 2005).

Photovoice is a participatory research method that uses photography as a tool for participants to capture images of everyday experiences that they describe as strengthening or weakening their health. Through this process, participants create actionable steps to address health needs (Teti, Pichon, Kabel, Farnan, & Binson, 2013; Wang, 1999). Photovoice can be used either as a community-based intervention strategy to improve individuals' health behaviors or to build community health awareness and response (Davtyan, Farmer, Brown, Sami, & Frederick, 2016). The method can engage stigmatized and isolated individuals who share a common experience in a community. By engaging in photovoice activities, individuals and communities express their health perspectives and experiences visually and verbally. In HIV research, photovoice has been used globally in research projects in high- and low-resource settings. It was developed with rural-living women in China (Wang, 1999), and has captured individual experiences of living with HIV, social capital, social support, and the needs for improved clinical care and reduced community-level stigma (Lorenz & Chilingerian, 2011; Mignone et al., 2014; Teti et al., 2013). Photovoice is an effective method to work with individuals and community members to help researchers and participants learn, define, and understand local health issues and improve health outcomes in communities.

In this paper, we present an adaptation of photovoice with MSM with HIV infection who live in Mpumalanga, South Africa. Our guiding research question was: *What social factors influence HIV care decision-making for gay and bisexual men from the initial HIV diagnosis through engagement in care?* We present photo essays that describe a shared experience involving HIV illness and coming to terms with having HIV, including the positive roles of families and taverns in their lives. In our discussion, we outline how these shared experiences emphasize the need for interventions with families

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