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For HIV and sexual health, non-governmental and community-based organisations

Requisite is a project to inform and educate about HIV and sexual health, conduct outreach approaches, specifically target, recruit, train and support mobilisers and produce high quality community accessible resources among queer men of colour. This helps to tackle and reduce the major health inequalities within this demographic who are disproportionately affected by HIV, poor sexual health, and poor mental health.

Men from this group are far less likely than their white counterparts to take PrEP. Since the introduction of PrEP, HIV incidence in white gay and bisexual men has fallen greatly, but the fall in men of colour hasn't been as big. We are also only enrolled on to PrEP trials around the world in tiny amounts. This must change.

We need to continue to support each other in improving our sexual health and reducing our risk of contracting HIV, but health services need to support us to do that by recognising that there is a gap in terms of the reach of many interventions around HIV and improvements in sexual health.

What can YOU be doing?

Representation

There's a lack of us working and volunteering in HIV and sexual health in the UK and across Europe. Reflecting diverse audiences can be challenging for health professionals and those who make and direct policy, it's especially difficult if you don't come from these communities or understand how to reach us effectively. We are a unique group that has specific concerns and we need to be communicated with in our language.

The lack of honest visibility and representation of queer men of colour within mass media sexual health promotion has been well documented as having an impact on our sexual health and risk taking, which in turn plays a role in the disproportionate rates of HIV acquisition. We need to increase representation and be at the forefront of these campaigns from conception to development to design to completion, not just stood in front of a camera.

We need work alongside communities to get them involved by specifically, and deliberately targeting, recruiting, training, and supporting queer men of colour to work with queer men of colour in this field. We also need more voices and experiences of us talking openly and honestly about our sexual health and PrEP use. This can inspire more men like us to take care of our sexual health, our partners, ourselves and engage in the work we do in our communities to improve the health of all of us.

Innovation

We are sometimes described as "hard to reach" or "difficult to engage" within public health. If you make an effort to provide outreach in strategic locations and in culturally appropriate and competent ways, you can very easily engage us. We're not hard to reach, we're just not invested in enough. We must be represented as multifaceted people that have more requirements from sexual health services outside of risk and reducing infections we need to be seen as real people. Conversations about sexual health and this key group need to be framed differently, we need to be

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talking about sex and relationships in general, to allow men of colour to tease out their needs in relation to better and healthier sex. Asking deeply personal and interrogative questions about sexual history and sexual practices are not the best ways to invite men to open up and start thinking differently about their sexual health. This needs to be provided in a more personalised and collaborative approach.

Research shows time and again that communities of colour are asking for sexual health education and services through broader means than just the sexual health clinic – be it from workshops, face-to-face outreach, dating apps, school education, social media or more mainstream advertising. We also need to ask ourselves who is delivering the information and how?

Funding

There's a lack of funding and investment of sexual health provision of some of the community-based organisations that may be best placed to do this work. We need to continue and increase long term funding for projects that work building sexual health services into community-led facilities that queer men of colour already use, recognising the need to target different social groups with specialised strategies and approaches, building tailored and peer lead services for us and ensuring there's cultural competence in all that we do. This means providing funding for organisations outside of traditional sexual health environments.

Research

There's a lack of specific and extensive research on queer men of colour and there's a dependency on US data on queer men of colour. Although the global research on us is truly relevant and very useful, we should be conducting our own UK based research on our own people that can tell our story and add to the global picture within public health. Here's an example of good practice:

<https://prepster.info/2019/03/motivations-and-barriers-to-prep-use-for-black-gay-men-in-london/>