



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

Requisite is a project to inform and educate about HIV and sexual health among queer men of colour (QMoC). The project specifically targets, recruits, trains and supports peer mobilisers to produce high quality community accessible interventions. This helps to tackle and reduce the major health inequalities within this group who are disproportionately affected by HIV, poor sexual health, and poor mental health.

Men from this group have been historically 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 rapid. Historically, QMoC have only enrolled on to PrEP trials around the world in low numbers. This must change.

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

What can YOU be doing?

Representation

There's a lack of QMoC 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. We are a diverse group that has specific concerns and we need to be communicated with in ways that we understand. For example, having information in and staff who can speak different languages, can help us feel welcome and understood.

The lack of honest visibility and representation of QMoC within sexual health promotion has been well documented as having an impact on our sexual health, 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 interventions from conception to development to design to completion.

We need to work alongside communities to get them involved by specifically, and deliberately targeting, recruiting, training, and supporting QMoC to work in this field. We also need more voices and experiences of QMoC 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.

Reaching us

QMoC are sometimes described as “hard to reach” or “difficult to engage” within public health. By providing outreach in strategic locations and in culturally appropriate and competent ways, we can be very easily engaged with. 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 QMoC need to be framed differently. We need to be talking about sex and relationships in general, to allow QMoC to tease out our 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 build sexual health services into community-led facilities that QMoC already use. These 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 QMoC and a dependency on US data. Although the global research on us is truly relevant and very useful, we should be conducting our own UK based research 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/>