

SEXUAL RISK BEHAVIOUR AND CONSISTENCY OF CONDOM USE AMONG MEN HAVING SEX WITH MEN IN SOUTH WESTERN NIGERIA

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Abstracts

Introduction: The number of Men having sex with men (MSM) is on the increase. Initiation and continuation of this behavior may have implications for HIV prevention and control most especially among youths. This study aimed at assessing sexual risk behaviours and determines consistency of condom use among men having sex with men in South-western Nigeria. **Methods:** Descriptive cross sectional study among 82 Men having sex with men was carried out in South western Nigeria. Research instrument was semi structured self administered and pre tested questionnaires, and data analyzed using the SPSS soft wares. **Results:** Mean age of respondents was 25.5 (± 1.6) years, seventy eight (95.1%) were singles by marital status, 50(61.0%) had up to tertiary education level while 52(63.4%) were students by occupation. Thirty six (43.9%) described themselves as having sex with men only while 44(53.7%) claimed that they were bi-sexual. Forty four (53.7%) became MSM through friends, 72(87.8%) usually watch sex or pornographic films, 34(41.5%) takes alcohol, 12(14.6%) smokes cigarette, 36(43.9%) attends gay clubs activities regularly while 22(26.8%) had been separated from their families. Average age at initiation into MSM was 19.3(± 1.2) years. Seventy two (87.8%) and 64(78.0%) had oral and anal sexual intercourse respectively. Thirty two (39.0%) often play active/penetrative roles, 54(65.9%) played passive roles, 62(75.6%) had more than one regular male sexual partner, 38(46.3%) had been involved in paid or commercial sex while 36(43.9%) of respondents have been involved in unplanned or casual sex. Forty eight (58.4%) used a condom the last time they had sexual intercourse, 66(80.5%) claimed using condoms correctly while only 30(36.6%) used condoms consistently or all the time. About 18(22.0%) of respondents insists that their partner use a condom all the time. Forty eight (58.5%) of respondents would now want to be using condoms consistently. Eight (34.1%) had been treated for sexually transmitted infections while 44(53.7%) believed that they are at risk of contracting HIV/AIDS infection. **Conclusion:** MSMs are sexually active. There is a need to improve awareness on the use of barrier method of contraception and encourage behavioural change towards safe sexual practices.

Keywords: Men having Sex with Men (MSM), Consistency, Condom use.

Introduction

Men who have sex with men (MSM) refers to men who engage in sexual activity with other men regardless of how they identify themselves; though many choose not to accept social identities of gay or bisexual [1,2]. Historically, AIDS was first discovered among self-identified young gay men in the USA. Worldwide, it's estimated that sex between men accounts for between 5 and 10% of HIV infections [3]. Africa which is a region not commonly associated with male-male HIV transmission now experience growing evidence that transmission through this route is a significant problem [4], though data from the region is severely lacking.

Two main forms of sexual activity carry greater risks among MSMs. These include anal and oral sex, although not all MSM engage in them. MSM may also have greater risks in that they can switch sex roles. Anal sex is a form of sexual behavior considered to be comparatively higher in risk, due to the vulnerability of the tissues and the septic nature of the anus [5].

Since sexual activities are involved, the risk of sexually transmitted infections and HIV can not be ruled out since the main route of transmission of HIV has been substantiated to be through unprotected sex [6], MSM are more likely than the general population to get HIV in the modern West [7], as well as other developed countries [8]. HIV prevalence among men who have sex with men is as high as 25.3% in some West African countries [9]. In Kenya, men who have sex with men have shown HIV

prevalence of up to 43% throughout the country [10]. Because MSM is criminalized in most settings, studies have found that less than 5% of MSM in Africa, Asia, and Latin America have access to HIV-related health care [11], thus increasing the vulnerability of this group of individuals. The preventive practices of these men leave a lot to be desired. Condoms, particularly latex can greatly reduce the risk of getting or passing on many sexually transmitted infections (including HIV) in either anal or oral sex [12].

Safer sex practices intended to reduce the risk of HIV infection have been vigorously promoted among men, and many of these men appear to have adopted risk-reducing behaviors [13]. For stigma and discrimination, and because the practice of MSM is usually perceived as an abominative act, it is uncertain whether these safer sex practices have been adopted by men who have sex with men in this environment coupled with a tendency for them to conceal their sexual orientations or self-identify with homosexuality [13,14].

The objective of this study is to identify socio-demographic characteristics of MSMs, assess their sexual risks behaviour and determine consistency of condom use among MSMs in South-western Nigeria.

Materials and Methods

This was a descriptive cross sectional study among MSMs in South western Nigeria. Culturally in this environment like in many other parts of the country, practices of men having sex with men would be viewed as a mis-normal and negative act. Societal high religious inclination may make them declare it as an act against God. Only one non-governmental

Consistency of condom use among men having sex with men

organization was evidently known to implement HIV prevention programmes for MSM in the region. Study population consists of MSMs in the Southwestern region in which the study was carried out.

This study was conveniently carried out at a symposium organized in Ibadan for all MSMs from the six states in the southwestern region. Ethical clearance were obtained at the level of the organizers of the symposium and the respondents who generally shown very good attitude towards participating in the study. A total sampling of all MSMs who were present at the symposium, and which also corresponds to about 87% of MSMs expected at the symposium was used. A total of 82 MSMs were eventually reached while four of them declined to participate in the study.

Research instrument used were semi structured self administered and pre tested questionnaires previously administered on six MSMs in Lagos during a HIV prevention awareness programme. Study variables were mainly on socio-demographic characteristics, factors influencing the practice of MSM, and HIV preventing practices including consistency of condom use among them. Correct condom use was assessed by a correct positive response to at least three of four parameters. These parameters includes gently tearing the condom with a finger along perforated line and not with teeth or nails etc, putting on a condom over a erect penis, leaving the required little space in front of the glans penis, and removing condoms carefully after full withdrawal of penis. Consistency of condom use was also graded with consistence meaning “all the time”

because of the fact that HIV prevalence data is usually estimated from samples of MSM selected from high-risk sexual networks Also our societal and legal frameworks criminalizing same sex behavior, stigma, discrimination and human rights violations may continue to make MSMs a hard to reach group. This also creates concerns for validity of relevant surveillance and research as well as poses particular challenges for the scaling up of interventions and services towards universal access.

Data was analyzed using the SPSS software version 12.0 after manual sorting out of the questionnaires. Quality control was achieved by ensuring that data was validated through double entry and manual checks of data for outlier values. Frequency tables were generated, relevant summary statistics calculated and relevant associations between categorical variables determined at a significant P value of less than or equals to 0.05.

Table 1 :-Socio demographic characteristics of MSM

Socio demographic characteristics(n=82)	Frequency	Percentage
Age group		
Less than 15 years	1	1.2
15-24	40	48.8
25-34	32	39.0
Above 34	9	11.0
Educational level		
Primary	2	2.4
Secondary	30	36.6
Tertiary	50	61.0
Occupation		
Student	52	63.4
Artisan	6	7.3
Civil servants	10	12.2
Professionals	8	9.8
Others	6	7.3
Marital status		
Single	78	95.1
Married	4	4.9

A limitation of this study is that it may not represent the larger MSM population partly

Results

Table I shows the personal data of respondents. Forty (48.8 %) respondents were in the age group of 15 to 24 years while 32(39.0%) were in the age group 25 to 34 years. Mean age of respondents was 25.5 (± 1.6) years. Seventy eight (95.1%) were singles by marital status, 50(61.0%) had up to tertiary education level while 52(63.4%) were students by occupation.

Table II:- Self identity and predisposition to MSM

Variable(n=82)	Frequency	Percentage
Respondents described themselves as		
MSM only	36	43.9
Men having sex with both men and women	44	53.7
Others	2	2.4
	7	8.5
How respondents got into MSM	44	53.7
The media	6	7.3
Friends	5	6.1
Sex films	20	24.4
Internet	72	87.8
Others	34	41.5
Predisposition to MSM	12	14.6
Usually watch sex films	36	43.9
Takes alcohol	22	26.8
Smokes cigarette	18	21.9
Regularly visits MSM club houses		
Separated from family at least once		
No of children in the family is less than 4		

Table II shows that 36(43.9%) of respondents described themselves as having sex with men only while 44(53.7%) claimed that they were bi sexual. Forty four (53.7%) got into MSM through influence of friends, 72(87.8%) usually watch sex or pornographic films, 34(41.5%) takes alcohol, 12(14.6%) smokes cigarette, 36(43.9%) attends gay clubs activities regularly while 22(26.8%) had been separated from their families at one time or the other.

Table III shows that 52(63.4%) had their first MSM sexual experience between 15 and 24 years. Average age of initiation into MSM was 19.3(± 1.2) years. Seventy two (87.8%) and 64(78.0%) had oral and anal sexual intercourse experiences respectively. Thirty two (39.0%) often play active/penetrative roles, 54(65.9%) often play passive roles, 62(75.6%) had more than one regular male sexual partner, 38(46.3%) has been involved in paid or commercial sex while 36(43.9%) of respondents has been involved in unplanned or casual sex.

Sixty eight (82.9%) used condoms, 48(58.4%) used a condom the last time they had sexual intercourse, 66(80.5%) claimed that they have been using condoms correctly while 58(70.7%) had experience of condoms tearing or slipping during use. Only 30(36.6%) used condoms consistently all the time, 14(17.1%) used it some of the time while 18(.0%) used it occasionally. About 18(22.0%) of respondents insists that their partner use a condom all the time, another 18(22.0%) some of the time while 4(4.8%) insists occasionally. Forty eight (58.5%) of respondents would now want to be using condoms consistently. None of the wives of the married MSMs are aware of their husband's status as MSM. Twenty (34.1%) of MSMs studied had been treated for sexually transmitted infections while 44(53.7%) believes that they are at risk of contracting HIV/AIDs infection.

Discussions

A little less than half of respondents described themselves as having sex with men only while half claimed that they were bi sexual. These proportions are a bit low when compared with a similar study in which as high as two thirds described themselves as homosexuals and about one third as bisexual [15]. The fear of being

criminalized by societal values may prevent some of them from owing up as homosexuals. Though, it does appear that some gays are still unsure of their exact sexuality, a deviant characteristic among them may keep a girl friend as a protective front or shield from societal stigma. This has implications for HIV transmission and control since the same subject could have sex with both sexes and facilitate transmission of the virus among both homo and heterosexuals.

About four-fifth usually watch sex or pornographic films, two fifth takes alcohol, about one tenth smokes cigarette, while another two fifths attends gay clubs activities regularly. This agree with a similar study in which almost all had visited gay clubs and one third had had sex in a gay club before, and most of them had had sex while intoxicated by drugs or alcohol or cigarette [15]. The low figures reported in this study as regards visiting of gay clubs could explain trends in this environment where gay clubs are uncommon, and gay acts are still being looked at as being unholy.

Though trends are changing, open sales of phonographic video discs on the road side and show of sex films at video clubs and cybercafés could become stimulants and enhancers of sexual pressure that could encourage initiation of youths into MSM acts. Young men tends to experiment, and since occurrences of MSM may be an imitative behaviour, the possibility of young boys being deceived and lured into such act by their older and more experienced colleagues cannot be ruled out completely. Youths attending gay clubs and experimenting with sex after watching phornographic films could lead to having

casual sexual intercourse and infection with the HIV virus.

Children watching phonographic films may also want to practice what they watched, and these may prompt them into having sexual experimentations and pleasures with their friends. In this study, half of respondents had their first MSM sexual experience between 15 and 24 years, with a mean age of initiation of about nineteen years. This supports another study in which age at sexual initiation was 16 years [15]. The young age at sexual initiation follows the Nigerian national pattern of initiation of sexual intercourse among the school age or youths. Early sexual exposure may however have implications for fertility and HIV/AIDS transmission among heterosexual gays. Taking to alcohol and cigarette smoking may also serve as a way of relieving societal stress brought about by their sexual deviations.

The fact that about two fourth of respondents in this study have been involved in paid or commercial sex, and another two fourth in unplanned or casual sex further agreed with another study in which over two thirds during the year preceding the survey had sexual contacts with non regular homosexual and sexual contacts were described as multiple [15]. Multiple and casual sex are documented risk factors for sexually transmitted infections including HIV/AIDs

In this study, a little over fourth fifth and about two thirds had oral and anal sexual experiences respectively. This supports another study [15]. This sexual practice have a lot of implication for HIV transmission most especially the highly

vascularised and potentially breaking anal mucosa lining that could be traumatized during anal intercourse. Many people may find anal sex pleasurable while many may find it painful which may be due to psychological factors in some cases. Oral sex could be related to age of participants, their current health, social economic status as well as duration of practice of homosexuality.

Table III:- Sexual pattern and consistency of condom use among MSM

Variable(n=82)	Frequency	Percentage
Age at first act of MSM or initiation		
Less than 15 years	16	19.5
15-24	52	63.4
25-34	14	17.1
35 and above	0	0.0
Sexual pattern as MSM	72	87.8
Had oral sex	64	78.0
Had anal sex	32	39.0
Often plays active role	54	65.9
Often plays passive role		
Have more than one regular male sexual partner	62	75.6
Involved in paid sex	38	46.3
Involved in casual/unplanned sex	36	43.9
Pattern of condom use		
Use condoms	68	82.9
Use condom the last time he had sex	48	58.4
Believes he uses condom correctly	66	80.5
Consistency of condom use(n=68)	30	36.6
All the time	14	17.1
Some of the time	18	22.0
Very occasionally	18	22.0
Respondents insists partner used condoms	4	4.8
All the time	48	58.5
Some of the time	58	70.7
Very occasionally		
Would now want to be using condoms consistently		
Condom has at least once tear or slipped		
Wife aware of MSM status if married (n=4)	0	0.0
Treated for STI before	28	34.1
Believes he is at risk of contracting HIV	44	53.7

Older rich men with erectile problems could opt for oral sex, while older MSM who have had their anus battered and gapping would rather perform oral sex. Breakage of anal mucosal epithelium is also very likely to be injured from violent sexual intercourse. In districts where sex is sold, a particular form could be in greater demand than the other, for example even in heterosexual selling of sex; clients may be willing to pay more for anal sex without a condom. It has been proven that the risk of HIV infection for the receiving partner during an unprotected anal contact is ten times higher than during unprotected vaginal contact [16].

In this study, about four fifth used condoms but only about half used it the last time they had sexual intercourse. About two thirds claimed they used it correctly while a little less than one third claimed consistent use all the time. This supports a similar study among MSMs [15], in which though many used condoms, irregular use of condoms during anal sex and almost complete non-use during oral sex was reported in homo sexual contacts while about one third used it in heterosexual contacts. A poor attitude to the use of condoms has been generally reported among Nigerian youths [17]. Condoms have been found to provide double protection among

users. It prevents HIV/AIDs transmission as well as unwanted pregnancies among consistent users. The low rate of use of condoms among MSMs also portrays them as a group that could easily spread the HIV virus among sexual contacts both male and female.

Some youths may claim that they were not expecting to have sexual intercourse as at the time it happened, and were probably not ready to purchase or negotiate the use of condoms. In Nigeria,

condoms are readily accessible, but non use as results of perceived side effects are common. Many believed that it interferes with sexual arousments, thus removing the pleasures of sexual intercourse. All these also have implications for HIV transmission since it has been found out that consistent and correct use of condom is an effective way of prevention and control of STIs which has been suffered by some of respondents in this study. About half of respondents now wishing to use condoms consistently suggests the need for health education and counseling on a continuous basis in order to encourage safer sexual practice and behavioral change towards the use of barrier methods of contraception most especially condoms.

Conclusion: MSMs are sexually active, and are at risk of sexually transmitted infections including HIV. Their risky sexual behaviour and poor attitude towards correct and consistent use of condoms suggests a need to improve awareness on the use of barrier method of contraception and encourage behavioural change towards safe sexual practices among MSMs in Nigeria. Programs working in this field should work towards stigma reduction as well as abrogating social factors that may unnecessarily encourage the proliferation of cases of men having sex with men, and make condoms available and accessible to this group of people.

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