

# High-Risk Sex among Black MSM in Gauteng, South Africa

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"Mistress" Christian Letsoalo disseminates the findings of the Gauteng MSM Survey to a gay men's group in Atteridgeville, Tshwane

## Background

There is a growing awareness of the need to focus HIV prevention efforts on Black men who have sex with men (MSM) in South Africa, but very little specific information about their risk behavior exists. MSM are not included in surveillance of high-risk populations in South Africa, and nationally coordinated HIV prevention campaigns and programs focus on heterosexuals only.

## Objective

To describe MSM sexual identities and identify sexual behaviors that place MSM in peri-urban township settings in Gauteng province, South Africa at high risk for HIV infection.

	N=199	
Sexual Identity	n	%
Gay	166	82%
Straight	2	1%
Bisexual	24	12%
Other	7	4%
<b>Sex with women</b>		
Ever regular female partner	50	25%
Current regular female partner	8	4%
Any sex with woman in last 6mo	17	9%
<i>mean partners=1, range 1-2</i>		
<b>Sex with men (previous 6 months)</b>		
Any sex with man	144	72%
<i>mean partners=3, range 1-48</i>		
Anal sex with men	138	69%
1 partner only	66	33%
1 partner is primary	55	28%
>1 partner	78	39%
1 primary partner + others	61	31%
Ever used lubrication for AI	179	90%
every time	100	50%
most times	28	14%
occasionally	49	25%
always latex-compatible	117	59%
sometimes latex-compatible	59	30%
Never use lubrication for AI	20	10%
don't like it	13	7%
other reason	7	4%
Public sexual activity	72	36%
park, abandoned lot/house, etc	46	23%
bar/tavern/nightclub	34	17%
bathhouse/sex club	24	12%
group of 3 or more	23	12%
Coerced sex ever	90	45%
Past six months	39	20%
<b>Alcohol use (in last month)</b>		
At least 1x per week	100	50%
Less than 1x per week	39	20%
Never drink alcohol	24	12%
Every day	15	8%
No alcohol in last month	14	7%
<b>Drunkenness (self-assessment)</b>		
At least 1x per week	75	38%
Never drunk	56	28%
Less than 1x per week	54	27%
No alcohol in last month	10	5%
<b>Drug use (ever)</b>		
Dagga (marijuana)	58	29%
gamma-hydroxy butyrate (GHB)	8	4%
Cocaine	5	3%
Mama (mandrax)	5	3%
Ecstasy	5	3%
Poppers (amyl nitrate)	4	2%
Heroin	3	2%
Khat (methcathinone)	2	1%
Amphetamines	1	1%

## Methods

- Between October 2004 and March 2005, four male peer outreach workers (3 gay, 1 straight) recruited 199 men through snowball sampling in the Gauteng townships of Soweto, Mamelodi, Atteridgeville, and Soshanguve, as well as in the Braamfontein, Hillbrow, and Yeoville areas of central Johannesburg.
- Men were eligible to participate in the study if they were over the age of 18 and had ever had sex (defined as manual, oral, or anal) with another man.
- Participants were recruited at a variety of venues where gay men and MSM socialized, including lesbian-gay-bisexual-transgender community-based organizations; religious organizations; bars, taverns, and nightclubs; and private social gatherings in the homes of gay-identified community members. Participants also recruited a limited number of members of their social and sexual networks into the sample.
- Participants completed a 93-item standardized questionnaire, administered by one of two interviewers (1 man, 1 woman). Survey questions asked about alcohol and drug use, sexual behaviors and partners, condom and lubricant use, HIV knowledge, attitudes, and beliefs, and HIV testing history.

## Summary of Results

- Sample was relatively well educated: 57% had been to secondary school, and 41% had completed some level of post-secondary education. Average age of 24.3 corresponds to age at which HIV prevalence increases dramatically among young South African men.
- "Gay" was the most common sexual identity, and anal intercourse (AI) was a commonly reported sexual activity (Table 1). Sexual identity was highly associated with sexual positioning in AI. Gay identified men were highly likely to report receptive AI only; men who identified as "bisexual" or "straight" were highly likely to report insertive AI, or, less frequently, both insertive and receptive AI.
- Past sexual experience with women was common, but few reported current female partners.
- A large majority used lubrication for AI, but nearly one-third used latex-incompatible lubricants. However, sex in public or coercive situations where condoms and/or latex-compatible lubrication was common.
- Alcohol was the most commonly used drug, followed by marijuana.
- "Club" drugs popular in other MSM populations (e.g., cocaine, ecstasy, crystal methamphetamine, ketamine, and methcathinone, or "khat") were not popular in this sample. Self-reported weekly drunkenness was common.
- There was a high level of factual knowledge about HIV transmission and prevention: large majorities knew that a healthy looking person could be infected with HIV (91%); that correctly using condoms every time for AI could prevent HIV transmission (96%), and that HIV could not be transmitted by mosquitoes (90%), sharing meals (97%), casual contact (97%), or witchcraft (94%). Most (78%) reported having a close friend or family member who was living with HIV or who had died of AIDS.
- Almost all men (99%) reported ever having used condoms for AI, but unprotected AI (UAI) was common among men who were sexually active in the last six months (Table 2).
  - Most UAI was reported as receptive UAI
  - Condom failure (where a condom broke, tore, or slipped off during AI) was commonly reported.
  - Weekly alcohol consumption, weekly drunkenness, and 3 or more partners in the last six months were significantly associated with UAI

## Conclusions

- Despite high levels of HIV awareness, high-risk sexual behavior among the most sexually active suggest that Black South African MSM are highly vulnerable to HIV infection.
- A concentrated HIV epidemic among Black MSM may be linked to the generalized epidemic in South Africa through the sexual behavior of men who have sex with both men and women.
- Researchers, CBOs, and provincial and national departments of health can work together to address the HIV prevention needs of MSM.
- The feasibility of community-based strategies for HIV prevention should be systematically explored. This must include the development of specific strategies to encourage HIV prevention among bisexual and straight-identified men as well as among gay-identified men.
- The association of alcohol use and high-risk sexual behavior among Black South African MSM will be an important area of focus for HIV prevention efforts.
- Barriers to availability of and access to latex-compatible lubrication, particularly cost barriers, must be addressed.

	N=144	
	n	%
Any UAI	83	58%
receptive	44	31%
insertive	15	10%
both	8	6%
Inconsistent condom use	27	19%
receptive	19	13%
insertive	8	6%
both	3	2%
reported condom failure	56	39%
receptive	55	38%
insertive	5	3%
both	4	2%

	odds ratios (95% confidence interval)		
Frequency of alcohol consumption	any UAI	inconsistent	failure
Never	1.0	1.0	1.0
At least 1x per week	<b>3.5 (1.1-11.6)</b>	0.8 (0.2-3.1)	<b>5.7 (1.2-27.2)</b>
Less than 1x per week	1.4 (0.4-5.6)	0.8 (0.2-3.4)	2.3 (0.4-12.6)
<b>Frequency of drunkenness</b>			
Never drunk in last month	1.0	1.0	1.0
At least 1x per week	<b>2.4 (1.0-5.6)</b>	2.2 (0.7-7.4)	1.6 (0.7-3.9)
Less than 1x per week	<b>2.7 (1.1-6.8)</b>	1.9 (0.5-7.1)	1.9 (0.8-5.0)
<b>Partner numbers (6 months)</b>			
partners < 3	1.0	1.0	1.0
partners > 3	<b>2.3 (1.1-4.9)</b>	0.8 (0.3-2.0)	<b>2.6 (1.3-5.3)</b>

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