

Addressing the HIV Needs of Sex Workers and Men Who Have Sex with Men

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Importance of Addressing Sex Workers and MSM

- High HIV prevalence
- Multiple sexual contacts and/or high risk sexual activity (e.g., unprotected anal sex); can serve as “bridges” between populations
- Proportional to general population, small total numbers; but contribution to HIV incidence can be proportionally high

Female Sex Workers: the Horizons Agenda

- Prior focus on individual-level interventions
 - Peer education
 - Condom promotion
 - STI management
- Success of “environmental-structural” models:
 - Sonagachi: community mobilization in India
 - 100% Condom Program: government policy in Thailand
- Would these models work in other locations?

Community Building among FSW in Brazil

- Tested Sonagachi model in Rio de Janeiro 2001–03
- Baseline results showed that social capital (e.g., participation in networks, inclusion in society) were significant predictors of consistent condom use

Community Building among FSW in Brazil

- Intervention: community building and education activities (workshops, drop-in center, choir)
- However, intervention showed little impact
 - Limited intensity of intervention
 - Low uptake, possibly inhibited by internalized stigma
 - Community-building is long-term process



100% Condom Use Program in Dominican Republic

- Santo Domingo: community solidarity
- Puerto Plata: community solidarity plus regional government policy mandating condom use in sex establishments
- Majority of significant pre- to post-intervention changes were in Puerto Plata

Significant Changes: Dominican Republic

	Santo Domingo	Puerto Plata
	Community solidarity	Community solidarity + government policy
Increased condom use—new clients	✓	
Increased condom use—regular partners		✓
Rejection of unsafe sex (mystery clients)		✓
Decreased STI prevalence		✓

MSM and HIV in Africa: A Problem?

- Community, religious, and government stigma toward MSM inhibited information-gathering
- A few qualitative studies, anecdotal information
- No quantitative assessments of MSM and HIV risk in sub-Saharan Africa prior to 2000

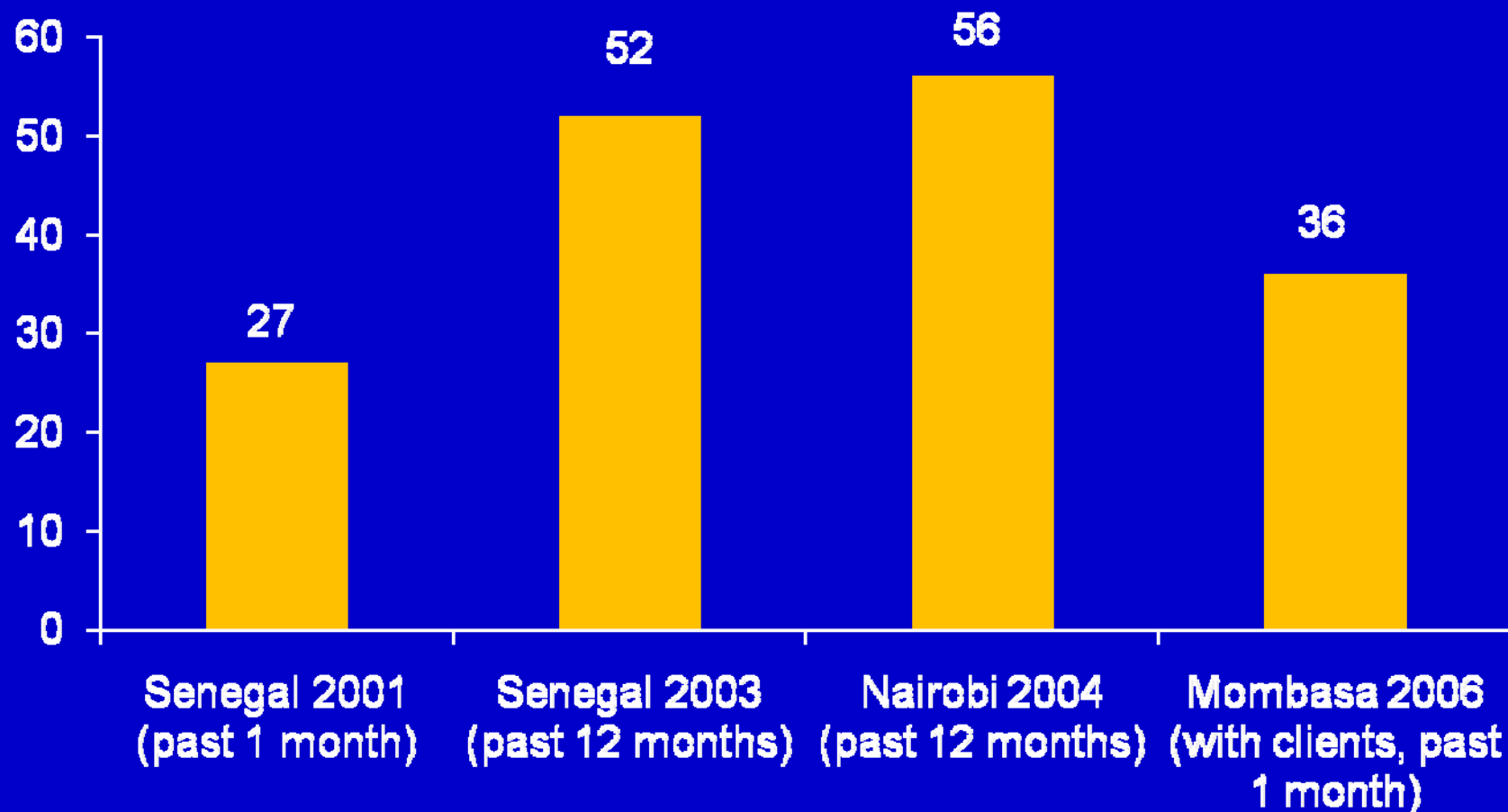
Putting African MSM on the Horizons Agenda

- Exploratory study in Senegal (2001)
 - Large number of MSM in Dakar
 - MSM lacked HIV information, engaged in high-risk sexual behaviors
- Research agenda expanded
 - Senegal intervention study (2003–2005)
 - Nairobi (Kenya) exploratory study (2004)
 - Mombasa (Kenya) intervention study of male sex workers (2006–2008)

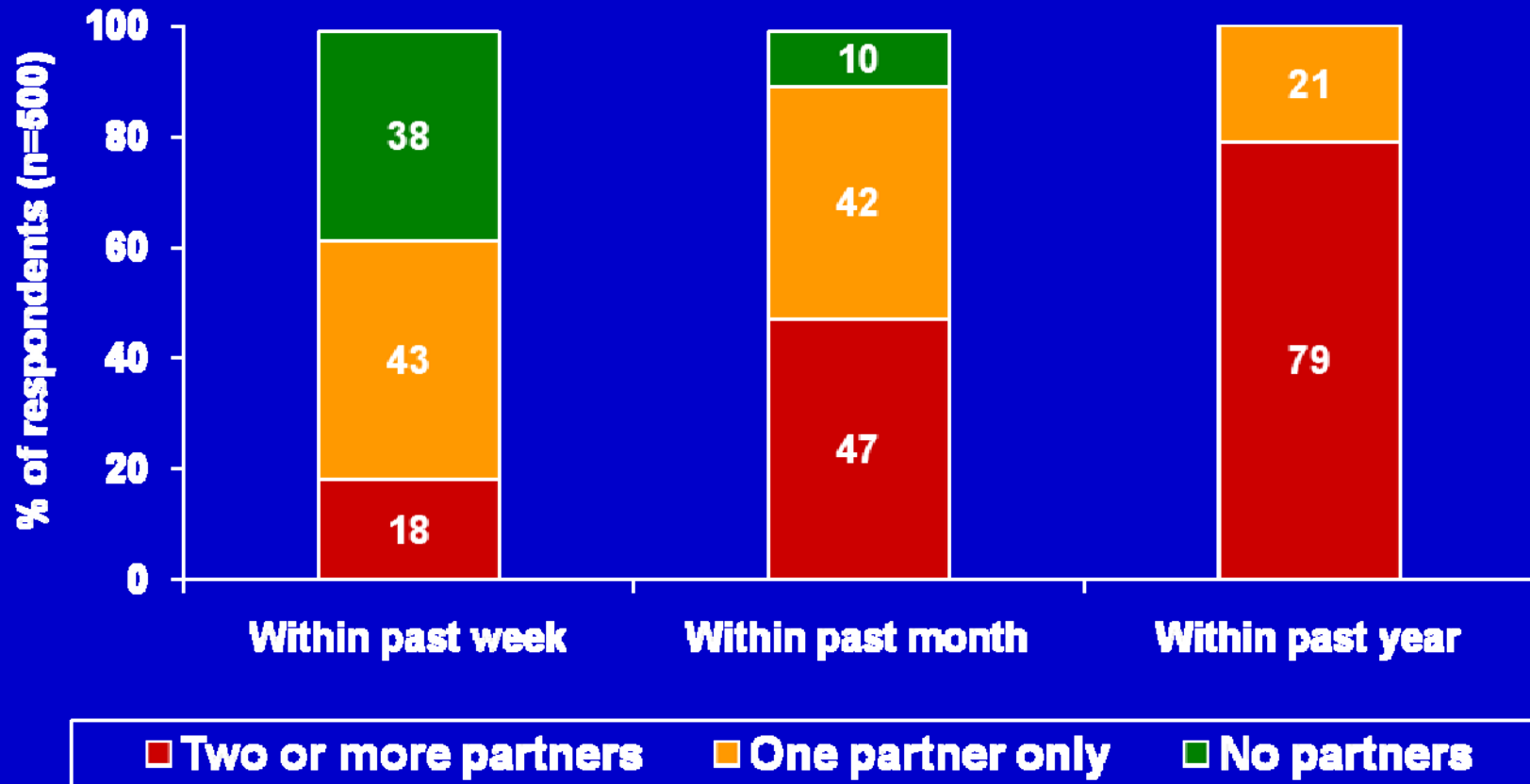
Risk Behaviors and Sexual Networks of MSM in Africa

- A non-negligible population
 - 739 (95% CI: 690-798) MSM who sell sex in Mombasa
- Consistent condom use is low
- Multiple partner sexual activity is high
- Many MSM surveyed engaged in sex work
- Sex with female partners is common
- Findings underscored by high HIV prevalence among MSM in other studies
 - 22% Senegal (Wade et al.); 25% Mombasa (Sanders et al.)

Consistent Condom Use With Male Partners



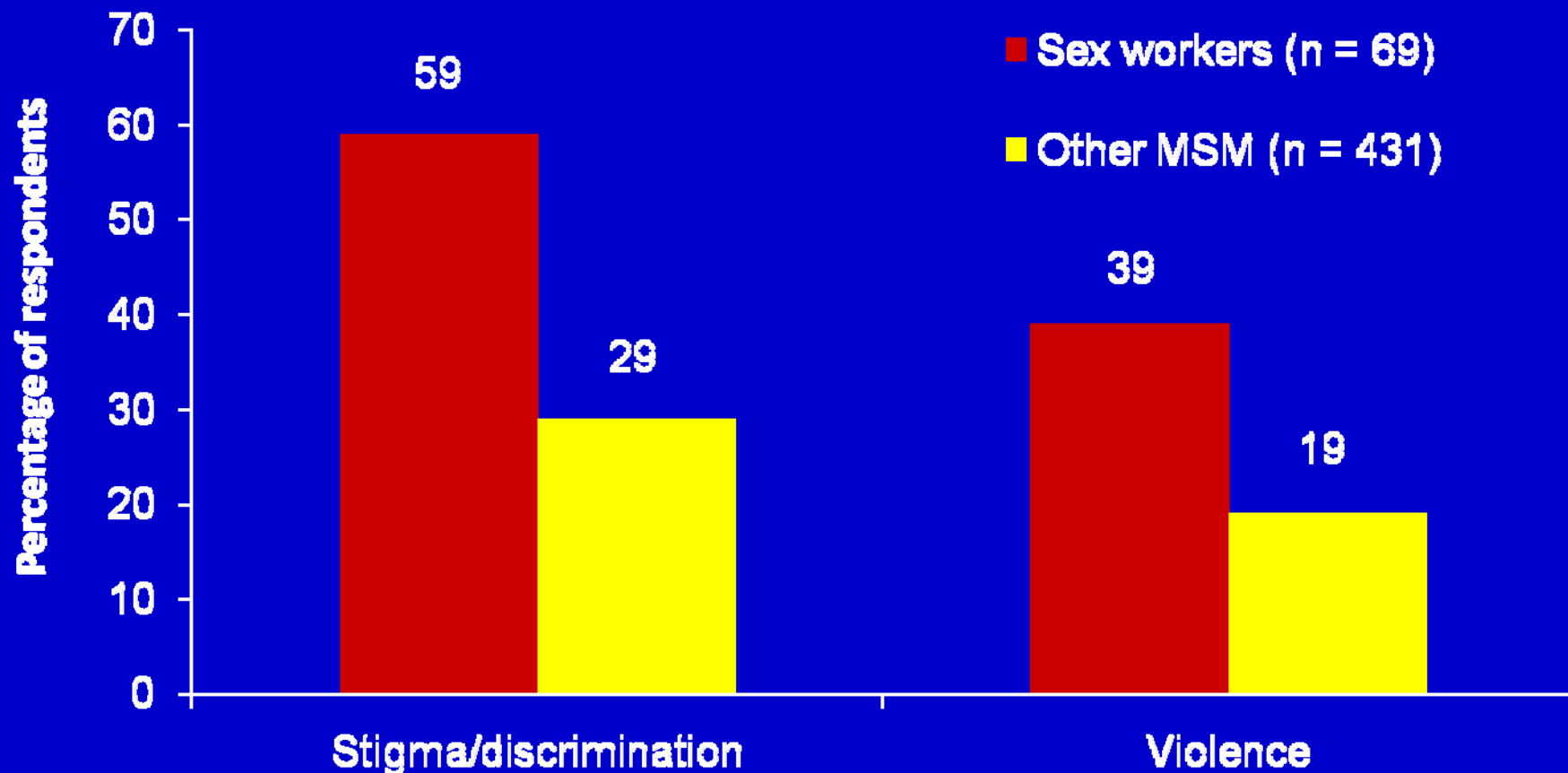
Multiple Partners Among MSM in Nairobi



Stigma, Discrimination, and Violence among MSM in Africa

- MSM in all studies found vulnerable to verbal, physical, and sexual violence
 - 37% in Senegal (2001), 9% in Mombasa (2006) victims of sexual violence in past 12 months
- Victims of abuse among MSM in Nairobi significantly more likely to engage in unprotected sex, or “never use” condoms
 - OR 2.45 (95% CI: 1.24 - 4.84)

Male Sex Workers in Nairobi More Vulnerable Than Other MSM



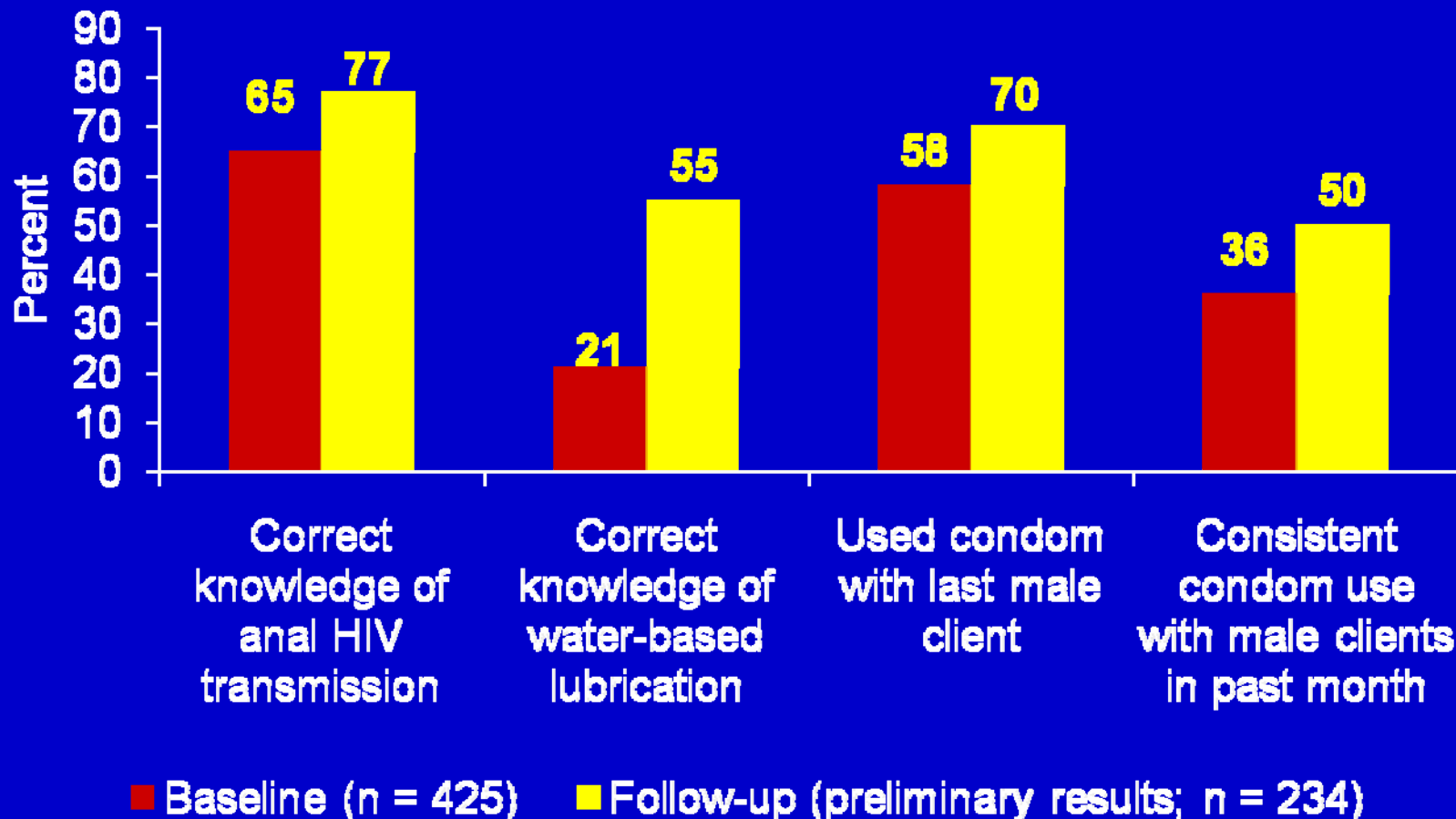
Use of Lubricants with Latex Condoms

- Use of oil-based lubricants such as petroleum jelly, baby oil common in all studies
 - Associated with condom breakage among MSW in Mombasa
- Knowledge of water-based lubricants low, cost of lubricants prohibitive
 - Less than 25% of MSM in Nairobi and MSW in Mombasa had correct knowledge

Intervention Approaches

- Programs implemented and tested in Senegal and Mombasa
 - Peer educators trained in HIV prevention
 - Condom distribution
 - Water-based lubricants distributed in Mombasa
 - Health workers sensitized and trained in MSM specific prevention and treatment needs
- HIV testing among MSM significantly increased in Senegal

Improvements in Knowledge and Behavior among Mombasa MSW



Conducting MSM Research in Africa: Lessons Learned

- Local partnerships critical in establishing legitimacy and ensuring safety of participants and researchers
- Qualitative research useful in establishing social context
- Unbiased research positively influences African policymakers and health workers

Horizons MSM Studies in South America

- Two assessments of MSM in Brazil and Paraguay conducted 2005–2006
- Context different: existence of MSM and their HIV epidemic recognized, more information needed
- Similar problems to MSM in Africa
 - High levels of risk behavior; higher HIV prevalence
 - Vulnerability to discrimination and violence
 - Low knowledge and use of water-based lubricants

Research Strategies

- Senegal and Nairobi studies used snowball sampling
 - Peer recruitment, biased selection
- Mombasa study used time-venue sampling
 - Capture-recapture enumeration estimated populations size
 - Data from enumeration informed the sampling frame of venues or “hot spots”
- South American studies used respondent-driven sampling
 - Monitored peer recruitment, unbiased point estimates

Moving Forward: Influencing Policy

- Dominican Republic results led to in-country scale-up, and influenced government policy interventions in other countries
- Senegal and Kenya studies helped legitimize discussion of MSM within national AIDS programs
 - MSM targets for behavior change monitoring in Senegal and Kenya
 - Kenya National AIDS Control Council and Population Council co-hosting regional consultation on MSM; May 2008
- Brazil study results informed national guidelines for vulnerable group surveillance

Study Partners

- Rio de Janeiro, Brazil: Johns Hopkins, SEPED, PIM, International HIV/AIDS Alliance
- Dominican Republic: Johns Hopkins, Centro de Orientación e Investigación Integral, Centro de Promoción y Solidaridad Humana
- Senegal: Institute of Environmental Sciences, Cheik Anta Diop University; AIDS/STI Division, Ministry of Health, Senegal
- Nairobi, Kenya: Institute of African Studies, University of Nairobi
- Mombasa, Kenya: International Centre for Reproductive Health
- Campinas, Brazil: National Program of STD/AIDS, Ministry of Health, Brazil; Centers for Disease Control and Prevention, Brazil
- Paraguay: Regional AIDS Program of Alto Parana, Paraguay

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- Nairobi: W. Onyango-Ouma, Harriet Birungi
- Mombasa: Stanley Luchters, Nzioki Kingola
- Campinas: Juan Diaz, Maeve Brito de Mello, Adriana de Araujo Pinho, Magda Chinaglia, Aristides Barbosa Jr., Suzanne Westman, Francisco Hideo Aoki
- Paraguay: Juan Diaz, Maeve Brito de Mello, Adriana de Araujo Pinho, Magda Chinaglia, Magdalena Insfran de Martinez.
- Washington: Naomi Rutenberg, Julie Pulerwitz, Chris Castle, and Ellen Weiss, Waimar Tun

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