

SEXUAL BEHAVIOR, STD AND HIV PREVALENCE AMONG MEN WHO HAVE SEX WITH MEN (MSM) ATTENDING A GOVERNMENT STD CLINIC IN CHENNAI, INDIA.

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OBJECTIVE OF THE STUDY

The study objective was to document the sexual behavior, STD and HIV prevalence among men who have sex with men (MSM) attending the STD outpatient clinic of the Institute of STD, Madras Medical College and Government General Hospital, Chennai.

METHODS

- 150 MSM aged >18 years attending this clinic from April 2001 to March 2002 were enrolled.
- Informed consent was obtained and a structured questionnaire (face-to-face interview) was administered.
- Clinical examination & serological tests for HIV (ELISA), HBV (HBsAg) & Syphilis (VDRL/TPHA) were done.
- Pre-/Post-HIV test counseling was given.

RESULTS & DISCUSSION - 1

Demographics:

- Among the 150 MSM, half [50.7%] were 18–25 years & 43.3% were 26-35 years. The majority were from lower socioeconomic status & less educated (illiterate – 21.3%; less than 5th grade 31.3%; and from 6th – 12th grade 38.7%)
- About one- fifth (18.7%) were married heterosexually. However, most of them are likely to get married in the future since the majority were below 30 years. This means the risk of STD/HIV infection is not only to the male partners but also to their female partners (spouses) and their yet unborn children.

RESULTS & DISCUSSION - 2

Sexual behavior in the last year:

Partner type:

- 42.7% had sex with both males & females and 41.3% had sex only with males;
- 40.7% had sex with female sex workers & 22% had sex with transsexual sex workers.
- Nearly two-third of the participants have ever had sex with both male and female partners. (although only one fifth were heterosexually married).
- Almost equal percentages of the participants had their sexual debut with male and female partners (47.3% and 42% respectively).

RESULTS & DISCUSSION - 3

Money exchange for sex:

- 11.3% received money for having sex with other men
- 40.7% paid money for having sex with female sex workers and 22% paid money for having with transsexual [*Aravani*] sex workers.

Anal sex and condoms:

- More than two-third (78%) had anogenital sex with males; and in anogenital sex, 46.7% never used condoms & 32.7% only occasionally used.
- Only two persons had anal sex with their female partners in the last year.

RESULTS & DISCUSSION - 4

Oral sex (Peno-oral sex)

74.7% had peno-oral sex with other men; 4.7% with females; & 20% with transsexuals [Aravani].

Non-penetrative sexual practices:

- More than half of the patients [64.7%] practiced mutual masturbation in the last year with male partners.
- 33.3% of patients practiced intercrural coitus.
- Other practices were dry kissing (21.3 %), fingering (10%) and wet kissing (6.7%).

[Authors' comment regarding 'kissing' being reported low: Most MSM who were enrolled in this study did not have any conscious self-identity related to their sexual behavior. Since they don't think of themselves as 'homosexuals' they don't want to 'kiss' (or may not admit having kissed) other males since that means they are 'attracted' to other males.]

RESULTS & DISCUSSION - 5

Clinical pattern of STDs:

- Syphilis: Early Latent Syphilis (ELS) alone - 11.3%, Secondary syphilis alone - 3.3%, and primary chancre - 5.3%
- Genital herpes alone - 6%
- Chancroid alone - 1.3%
- ELS & genital herpes - 1.3%
- Non-Gonococcal Urethritis - 6%
- Acute Gonococcal Urethritis alone - 3.3%
- Perianal warts alone - 1.3%
- ELS with perianal warts - 0.6%.
- Other: Balanoposthitis - 6%, candidal intertrigo alone - 3.3 %, Molluscum Contagiosum alone - 2.6%, genital scabies alone - 2.6% & Prostatitis alone - 5.3%

RESULTS & DISCUSSION - 6

Lab diagnosis:

- 24% were VDRL reactive & 14.7% were TPHA reactive. This indicates some false positive VDRL results.
- 13.3% were HIV+: the HIV seroprevalence is significantly higher compared to that in the general population (0.7%) in India.
- 10.7% HBsAg+: the HBV prevalence is about twice that in the general population of Tamil Nadu, India.

Co-infections:

- 3 were HIV & VDRL reactive, 6 were VDRL reactive & HBsAg+, and 7 were both HIV+ & HBsAg+.

CONCLUSIONS & RECOMMENDATIONS - 1

In general, this study has documented high-risk sexual behavior among MSM and high prevalence of STD/HIV.

1. Prevalence of HIV among MSM is comparatively higher than that in the general population.

Recommendation: There should be public awareness about the transmission of HIV infection through unprotected sex between two men. HIV prevention messages for any population should address this. Appropriate HIV preventive intervention programs should be developed to decrease the risk of HIV infection among MSM.

CONCLUSIONS & RECOMMENDATIONS - 2

2. Syphilis (especially latent syphilis) is the most common STI found among this population of MSM.

Recommendation: Lab screening for syphilis (VDRL test) should be offered to all MSM because of the high prevalence of asymptomatic syphilis in this group.

CONCLUSIONS & RECOMMENDATIONS - 3

3. Prevalence of HBsAg, marker of Hepatitis-B infection, was significantly high (twice the prevalence in the general population).

Recommendation: Prevention messages which convey the risk of HBV transmission through sexual route must be developed to educate the public as well as MSM. Screening for HBV infection should be offered for MSM who practice unprotected penetrative sex. HBV vaccination can be recommended for HBsAg negative MSM.

CONCLUSIONS & RECOMMENDATIONS - 4

4. Many MSM in this study had bisexual behavior and many were married. This means the risk of HIV infection is not only to their male partners but also to their female partners and their yet unborn children.

Recommendation: Public should be educated about the risk of HIV transmission through unprotected same-sex and bisexual behavior. Condom use should be promoted irrespective of the sex of the partner or type (regular or casual) of sexual partner.

CONCLUSIONS & RECOMMENDATIONS - 5

5. Significant number of MSM had unprotected anal sex with their male partners and some also had anal sex with their female partners.

Recommendation: Since unprotected anal sex is a high-risk behavior, prevention messages should address the risk of unprotected anal sex with same-sex /opposite-sex partners. Condom use should be promoted in all type of sexual encounters. Appropriate condoms and lubricants should be available for those who have anal sex.