

MEETING THE SEXUAL HEALTH NEEDS OF MEN WHO HAVE SEX WITH MEN IN SENEGAL

Research conducted in many countries has highlighted the vulnerability of men who have sex with men (MSM) to HIV and other STIs (UNAIDS 1998). Yet in Africa, they receive little attention in HIV/AIDS programming and service delivery because of widespread denial and stigmatization of homosexual behavior. In Senegal, a study conducted by researchers from the National AIDS Control Program (PNLS), Cheikh Anta Diop University, and the Horizons Program has provided valuable information about the needs, behaviors, knowledge, and attitudes of MSM that has important implications for program managers and policymakers working to stem the spread of HIV/AIDS.

Study Methods

The researchers used ethnographic and survey methods to elicit information from MSM 18 years of age or older from several neighborhoods in Dakar. In the ethnographic phase, the researchers conducted group discussions and interviews with MSM and people who interact with them, such as bartenders, female sex



workers, and taxi drivers. They also conducted observations at different sites, including places where MSM meet and gatherings in which MSM play a socially recognized role. In addition, the researchers developed case studies of eight MSM.

In the second phase, the researchers surveyed a convenience sample of 250 MSM. Survey respondents ranged in age from 18 to 53 years, with a mean age of 25 years. Eighty-two percent were single and 15 percent reported being married; some were in polygamous marriages. About a fourth of the men had children. More than a third of the sample were Wolof, with many other ethnic groups repre-

sented. The level of education was relatively low: 15 percent had never been to school and 55 percent did not complete elementary school. Respondents reported a range of income levels (low, middle, and high) and occupations, including professional athletes, mechanics, artists, laborers, merchants, Muslim *marabouts*, and students. Twenty-four percent were unemployed.

Horizons conducts global operations research to improve HIV/AIDS prevention, care, and support programs. Horizons is implemented by the Population Council in partnership with the International Center for Research on Women (ICRW), the Program for Appropriate Technology in Health (PATH), the International HIV/AIDS Alliance, Tulane University, Family Health International, and Johns Hopkins University.

The research team recruited informants by visiting areas frequented by MSM and by making contact and building trust with MSM and MSM leaders. As part of the research process, the research team spent a lot of time examining their own preconceived notions about sexuality, working through prejudices and taboos, and stressing the importance of maintaining the confidentiality of informants. All interviews were anonymous and informants were asked to provide oral informed consent. Upon consent, informants received a small stipend (2,500 F CFA) to cover travel costs, information on STIs and HIV/AIDS, and a referral for a free medical consultation and treatment.

Key Findings

MSM have distinct identities and social roles that go beyond sexual practices. Broadly defined, *Ibbis* are more likely to adopt feminine mannerisms and be less dominant in sexual interactions. While society may formally reject homosexuality, this does not prevent *Ibbis* from occupying positions of high regard in certain circles. For example, *Ibbis* often have close relationships with women who have political or economic power for whom they carry out important social ceremonies and functions. In several neighborhoods, *Ibbis* enjoy the protection of the entire community. *Yoos* are generally the insertive partner during sex and do not consider themselves to be homosexuals. Beyond these broad categories, there are additional subcategories based on age, status, and type of relationship. However, identification with a particular group is not a good predictor of an individual's sexual practices.

The first sexual experience often occurs with an adult during adolescence. Survey respondents' first sexual encounter with a man occurred on average at 15 years. This experience was often with an adult they knew or had recently met. A third reported that the adult was part of the respondent's extended family.

The lives of many MSM are characterized by violence and rejection. Forty-three percent of MSM had been raped at least once outside the family home, and 37 percent said they had been forced to have sex in the last 12 months. Thirteen percent reported being raped by a policeman. Nearly half of the 250 men surveyed had experienced verbal abuse (including insults and threats) from their family (Table 1). Many also reported physical abuse (e.g., blows, stone throwing) by family and community members and the police. The study found a good deal of mobility among the men, both voluntary and involuntary; nearly a fourth reported being forced to move in the last 12 months. Numerous MSM emphasized the importance of keeping one's sexual inclinations and relationships a secret because exposure leads to ostracism, stigmatization, and physical or verbal abuse. According to one informant:

In certain neighborhoods, when they find out you are Ibbi, you may be just passing through, but the young people will get together and start throwing stones at you.... You have the impression then that it's raining stones.

Table 1 Percent of MSM experiencing abuse (n = 250)

	Source or Setting of Abuse		
	Family	Community	Police Station
Verbal abuse	49	40	19
Physical abuse	28	12	13

Sex with men is driven by many reasons, including love, pleasure, and economic exchange. Many of the men's histories highlight that their initial and subsequent sexual experiences occurred in the context of emotional and physical attraction. According to one MSM:

He introduced me to his friends. He came on to me and caressed me a lot. I felt a tremendous amount of pleasure. I felt happy and proceeded to have a very strong love relationship with him.

Economic exchange also plays a significant role. Two-thirds of the survey sample reported that they received money as part of their most recent sexual encounter, and 9 percent had given money in exchange for sex. One MSM recounted his experience:

He invited me to his house the following day. He gave me money.... When it came time for me to leave, he again offered me a lot of money, really a lot. And he asked me to come back as often as I liked, which I accepted. And I acquired a taste for the pleasure and for the money. He took care of all my debts.

MSM reported a wide range of sexual relationships, including a regular stable relationship with a single partner, a regular relationship with one partner plus occasional partners, and irregular relationships with many partners.

The vast majority of MSM have had sex with women. Eighty-eight percent of the survey sample reported ever having vaginal sex, and nearly a fifth had had anal sex with a woman. Some of these sexual encounters involved an exchange of money: 21 percent of MSM reported giving money at the time of their last sexual encounter with a woman and 13 percent said they received money.

Many MSM are at high risk of HIV because of unprotected sex, a history of STI symptoms, and poor knowledge of STIs. When asked about condom use at last sex, only 23 percent of those reporting insertive anal sex said they used a condom. The figure for receptive anal

sex was much lower: 14 percent. Condom use with women was also low; 37 percent said they used a condom the last time they had sex with a woman. Informants identified a number of obstacles to condom use, including reduced pleasure, interference with establishing trust, and a lack of power by some MSM to request condoms. According to one informant, "If a Yoos doesn't want to use a condom, there's not much an *Ibbi* can say." Informants also mentioned the high cost of preferred condom brands and poor access to water-based lubricants.

Almost all of the 250 MSM surveyed knew that HIV/AIDS could be contracted through sexual intercourse and 80 percent cited condoms as a way to prevent the disease, although actual use does not reflect knowledge.

Many respondents reported having experienced STI-related symptoms. For example, 42 percent had had burning or penile discharge and 22 percent reported having had lesions or pustules on their anus (Table 2). When asked about the causes of penile discharge or burning, most respondents mentioned such non-viral or bacterial causes as poor hygiene, irritation from intercourse without sufficient lubrication, spicy foods, long periods of abstinence, masturbation, too much sex, or other illnesses. More than a third said they had no idea of the cause.

Health-seeking behavior for STI symptoms frequently involves delay and concealment.

MSM noted that they are particularly resistant to the idea of revealing anal symptoms at clinics and hospitals because they risk exposing their homosexuality. Some men noted that health center staff had treated them with scorn or ignored them completely, and did not respect their confidentiality. Hence some informants spoke of doing nothing to treat their symptoms or self-medicating with medicine purchased without a prescription. However, because there is less stigma associated with penile symptoms, such as discharge, burning, itching, and sores, MSM are more likely to visit a public hospital or clinic for treatment of these conditions. When asked where they would prefer to go for treatment of anal and penile symptoms, the majority mentioned public

Table 2 History of STI symptoms (n = 250)

Symptom	Percent
Discharge and burning in the penis	42
Bleeding and discharge from the anus	42
Swollen ganglia in the groin area	36
Itching and sores around the penis	24
Sores and pimples around the anus	22
Painful and swollen testicles	12

hospitals and dispensaries, provided that they remain affordable and treat clients with confidentiality and respect.

Conclusion and Next Steps

This study provides important insights about the sexuality of MSM, their risk of HIV/STIs, and the role of violence and stigma in their lives. The findings also highlight the lack of sexual health services and information available to meet their particular needs.

The findings from this study were disseminated at a meeting held in April 2001 in Dakar and have catalyzed awareness of the public health importance of developing non-stigmatizing interventions for MSM. As a result, a task force of NGOs and the USAID Mission, under the auspices of the PNLs, has been formed to develop services for MSM in Dakar. Potential intervention components include behavior change communication, capacity building of MSM leaders, training of peer educators, identification of service providers sensitive to the health needs of MSM, and creation of spaces that are safe where MSM can gather to exchange information.



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