Sexual risk behavior and self-identity among men who have sex with men in Lomẻ, Togo and Accra, Ghana

Introduction

Sub-Saharan Africa continues to report the highest burden of HIV infection in the world. In 2009, there were 22.5 million people living with HIV/AIDS (PLWHA). This represents 68% of the total number of PLWHA in the world (UNAIDS, 2010), yet Africa contains only 15% of the world population. Additionally, the majority of new infections still occur in Africa. Certain population groups such as people who inject drugs, sex workers and their clients, and MSM have been identified as people at higher risk of HIV. In fact, evidence suggests a link between MSM and high levels of HIV infection (15% to 20% of new HIV infections) in some African countries (Smith, Topsaba, Peshu et al., 2009; Lowndes, et al., 2008; Gelmon, et al., 2009). Beyrer et al (2010) estimated that MSM in Africa were 3.8 times more likely to be HIV positive than men of the general population. However, prevention efforts in Africa rarely include the MSM population. Even the countries that try to focus their prevention campaigns on groups at higher risk of HIV generally direct insignificant proportions of their national HIV/AIDS budgets towards MSM (UNAIDS, 2010). Yet, the growing body of literature presents a need for considerable support for programs that target this population with outreach, support, education, and services. This exploratory study uses a mixed-methods approach to examine sexual risk behavior and reasons for these behaviors among MSM. It also investigates the relationship between sexual risk behaviors and self-identity among MSM in two African capital cities: Accra, Ghana and Lomé, Togo. Results of this study will better inform HIV prevention and service efforts.

MSM is a term coined in 1994 to describe men who engage in sex with other men. It encompasses an array of sexual identities, including gay, bisexual, transgendered, and self-identified heterosexual men who have sex with men (Young & Meyer, 2005). Evidence suggests that MSM in Africa, as well as elsewhere, are often involved in HIV-related risk behaviors including having unprotected sex, having multiple and concurrent sex partners, engaging in bisexual sex, and using oil-based lubricants--which can cause condom breakage (Muraguri et al, 2012). In one study, 86% of respondents reported five or more male partners in the past 6 months (FMOH, 2011), while another found a rate of 92% for similar behaviors (Plenty et al, 2011). Furthermore, high rates of unprotected bisexual sex in Nigeria (Merrigan et al, 2011), Tanzania (Dahoma et al, 2011), Kenya (Onyango-Ouma et al, 2005) & Senegal (Wade et al, 2005) suggest that MSM often serve as a "sexual bridge," further contributing to the expansion of HIV/AIDS among African women. The rate of condom use among MSM in Africa is also low because of unavailability of condoms, feeling that partner is safe, and feeling that condoms inhibit pleasure (Kumta et al., 2010). Onyango-Ouma et al (2005) found that key factors associated with not using protection at last anal sex encounter were having only one sexual partner in the past 12 months and having been a victim of violence in the past 12 months. They interpret the second factor as indicative of MSM in situations where they are less able to negotiate condom use.

Although men who have sex with men are shown to be at a higher risk for HIV infection, certain subgroups of MSM have even higher prevalence than others, such as those who engage in sex for money and those that practice receptive rather than only insertive anal sex. Research in Mombasa on male sex workers revealed that while HIV rates were high among those practicing insertive anal sex only (8.8 per 100 person-years), infections were more prominent in those

practicing receptive anal sex only (12.9 per 100 person-years) and those practicing both receptive and insertive sex (20.4 per 100 person-years) (Sander et al, 2007). Also, Onyango-Ouma et al (2005) found that over half of Kenyan MSM engaged in both receptive and insertive anal intercourse. Understanding this population and especially its sexual risk behaviors in relation to self-identity is key to the development and improvement of prevention efforts related to HIV/AIDS.

Usually occurring during youth or early adulthood, the development of sexual identity is a process that takes place when individuals recognize their sexual attractions and begin to incorporate them into their self-identity (Mohr & Fossinger, 2000). Although research on lesbian, gay, and bisexual (LGB) identity is less extensive, broader identity literature (ethnic and adolescent identity) stresses its significant influence on individual outcomes, such as adolescent psychological adjustment (Archer & Grey, 2009). Although formerly thought of as a series of stages, development of sexual identity is now seen as a multi-dimensional, non-linear process, as individuals experience it in different ways (Mohr & Fossinger, 2000). The issue of sexual identity is important to the prevention of HIV/AIDS among African MSM in that studies have shown links between these issues and risky sexual behaviors. For example, psychological distress and lack of social support for one's lifestyle increase one's likelihood to use condoms inconsistently, have multiple sexual partners, have sex under the influence of drugs or alcohol, or have sex in exchange for money (Myers et al, 2003). This study examines the relationship between sexual risk behaviors and self-identity among MSM in Lome and Accra. Two main questions guided this research: 1-what are the risk behaviors that MSM in the two cities engage in? 2-Is there a relationship between the risk behavior and self-identity?

HIV in Ghana and Togo

Despite increasing awareness of the role MSM play in HIV transmission in Africa, research on this population is limited. No studies, to our knowledge, have analyzed behavioral data focusing on self-identity and sexual risk behaviors among MSM in the countries of Ghana or Togo. The estimated HIV/AIDS rate was more than 1% in the general population in Ghana and 3.2% in Togo. HIV epidemic in both Ghana and Togo is a generalized epidemic, but it varies by geographic area, age, and sex. Also, the rates have been consistently higher in most at risk groups such as sex workers and MSM compared to the rate for the general population (UNGASS Report-Ghana, 2010; UNGASS Report-Togo, 2011).

Methods

A mixed-methods approach was used to collect data on 60 MSM in Accra and Lomẻ via a convenience sampling. The study protocol was approved by the University of North Texas Institutional Review Board. We contacted directors of service providers for MSM in Accra and Lomẻ, explained the purpose of the study to them and asked them to help recruit potential participants. They then talked to the MSM and those who agreed to participate were interviewed by the first author.

The questionnaire had two parts. The first asked demographic information and questions on sexual history such as time of first sexual intercourse, number of life time sexual partners, condom usage, etc. The second part used Mohr and Fassinger's Lesbian, Gay, and Bisexual Identity Scale (LGBIS), a 27-item measure designed to assess six literature-supported dimensions of identity. The scale evaluates individuals on the basis of 1-homonegativity, 2-need for privacy, 3-need for acceptance, 4-identity confusion, 5-difficulty of identity process, and 6-feelings of superiority. Research has shown a relationship between these identity factors and engagement in sexual risk behaviors for MSM. For example, Ross et al (2008) found that

internalized homonegativity was related to higher rates of unprotected sex and lower condom self-efficacy.

Three types of sexual risk behaviors were found among the MSM: a-having multiple partners; b-inconsistent condom use; c-exchange sex for valuable resource. In this study we first analyze participants' reasons for exhibiting a risk behavior. Second, we examine the relationship between self-identity and sexual risk behavior among the MSM. We used each of the risk behavior in a regression model to check which of the six dimensions correlate with a risk behavior.

Results

Table 1 shows some demographic characteristics of the MSM that we studied. The mean age of the sample was about 22 years. They had a mean of about 11 years of education. They were all single, but about 7% had children. The mean age at which they had their first sexual intercourse was 14 years. The mean number of the people they had had sex with in their lifetime was 22. Also, in the past six months prior to the study, the MSM had sex with a mean number of 8 people. They were mostly HIV negative (about 82%). Seventeen percent reported they had ever had a sexually transmitted infection, and about 32% had ever exchanged sex for money or a valuable resource. While 48% were employed, 40% were still attending school, and almost 12% were unemployed.

Through the process of open and axial coding, three themes that explained why the MSM did not consistently use condoms were: 1. availability of antiretroviral drugs, 2. partners ejaculate faster, and 3. intense urge prior to sexual act.

1. Availability of antiretroviral drugs. Some MSM did not like using condoms because

they believed that antiretroviral drug are readily available if they ever get HIV. They did not fear HIV, but they were cautious about having sex with men that they considered violent or too aggressive in bed. Sam reported: "I do not like condoms, yes, I do not like condoms at all. I never use condoms when I know my partner. I am more cautious about having my buttom tear up. I am careful about the men that I sleep with in that regard." When asked why having his bottom tear up more important than getting HIV, he responded: "if I ever get HIV, I will take drugs for it. But is I have my buttom tear up, I will need someone to care for me. However, l do not have anybody who will do that."

2. Partners ejaculate faster when condom is not used. Most of the MSM, especially the ones who took the passive role in anal intercourse reported that they did not use condoms when they wanted their partners to ejaculate faster. Senam explained: "… the life of MSM is difficult especially you may meet some men who would not want to come. Hence, they would stay in you for a long time. This is very uncomfortable. So I do not use condoms with such men as it helps them to come quicker."

3. Intense, uncontrollable urge prior to anal sex. A few MSM reported that they could not control their sexual desire and use condom prior to anal intercourse. Kokou revealed: "at times, the feelings that one has for the other guy is too intense and one is unable to get a condom and use it. The sexual urge is just too intense".

The reasons why some MSM exchange sex for valuable resources such as money were mainly because of lack of resources. Arthur simple explained: "I have sex with people for money when I do not have money to buy food. When I am hungry, I go with people who can give me money to buy food". Philip also described her reason as follows: "I am a college student. I do not work because there is no job. I go with this married man who has a good

paying job. Each time I sleep with him, he gives me money. I use the money to pay for tuition and take care of myself".

Most of the MSM had sex with more than one partner in the past 6 months (81%). While some of them had a serious partner and other casual ones on the side, others had just casual partners. The main reason for this behavior is that the MSM world is made of unfaithful young men who are not yet willing to settle down. Some of them painted a very unfavorable picture of the lives of young MSM. Freddy reported: "Men in our world of homosexuals are not forthcoming. They cheat, lie, and are out to get each other. So, if one is not careful, you become a victim. Someone will say they like you or love you. They sleep with you, but at the same time they are saying the same things to other men as well as sleeping with them". Another reason for having multiple sexual partners was to hide their homosexuality from loved ones. The few MSM that had sex with women usually did so to show their loved ones, especially their suspicious parents, that they were straight.

Next, we present the results of the analyses of risk behavior and self-identity. Table 2 shows the results of the ordinary regression model of having multiple male sexual partners and self-identity controlling for age and lifetime number of female partners. Age, internalized homonegativity, and number of female partners significantly correlate with sexual risk behavior of having multiple male partners. Table 3 presents the binary regression of exchanging sex for valuable resources and self-identity controlling for age and lifetime number of female partners. Only identity confusion significantly correlates with sexual risk behavior of exchanging sex for resources. None of the correlates significantly influences the sexual behavior of inconsistent use of condoms among the MSM.

Conclusion

This study shows that the MSM in Lomė, Togo and Accra, Ghana that we studied exhibit three types of sexual behaviors: inconsistent use of condoms, exchange sex for resources, and having multiple sexual partners. These MSM not only put themselves at risk, but their partners as well. Also, some self-identity dimensions may explain some of these risk behaviors. In fact, internalized homonegativity and identity confusion are 2 dimensions of self-identity that significantly correlate with sexual behaviors among the MSM. In order to effectively control the spread of HIV, policy makers and ONGs who cater to MSM should target those who do not use condoms, exchange sex for resources, have multiple sexual partners, as well as MSM with issues with homonegativity and identity confusion and counsel them. And given that some of these MSM also have sexual relationships with women, they may become the bridge that leads to new infections among the general population.

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Table 1. Demographic characteristics of the MSM (N=60)

	Mean	Percent
Age	22.33	
Age at 1st sex	14.20	
Number of years of education	11.33	
Number of life time sexual partners	22.57	
Number of people had sex with past 6 months	8.19	
Number of people had sex with past 3 months	4.68	
HIV Serotatus		
Negative		81.7
Positive		6.7
Do not know		11.7
Had children		
Yes		6.7
No		93.3
Had sex with women		
Yes		21.67
No		78.33
Had ever had sexually transmitted disease		
Yes		17
No		83
Had ever sold sex		
Yes		31.6
No		68.4
Consistently use condoms with males		
Yes		28.8
No		65.4
Currently employed or in school		
Employed		48.3
School		40
Unemployed		11.7

Table 2. Multiple regression of sexual risk behavior = number of sexual partners of the MSM

Variables	B	(SE)
Intercept	31.500	(17.19)
Difficult Process	-.194	(.276)
Need for Acceptance	-.109	(.244)
Identity Confusion	.143	(.287)
Internalized Homogenegativity	-2.586*	(1.267)
Need for privacy	.045	(.398)
Superiority	.499	(.410)
Age	-.925*	(.465)
Female sexual partners	.981***	(.184)
R^2	0.456	

*p<0.05 ***p<0.001

Table 3. Logistic regression model for risk factor = exchange sex for resources

Variables	Odds ratio	95% CI	
		Lower	Upper
Difficult process	.930	.811	1.068
Need for acceptance	.909	.794	1.039
Identity confusion	1.187*	1.008	1.397
Internalized homogenegativity	1.008	.538	1.889
Need for privacy	.746	.262	2.122
Superiority	1.094	.880	1.360
Age	.897	.698	1.152
Female sexual partners	1.008	.906	1.122

*$p<0.05$