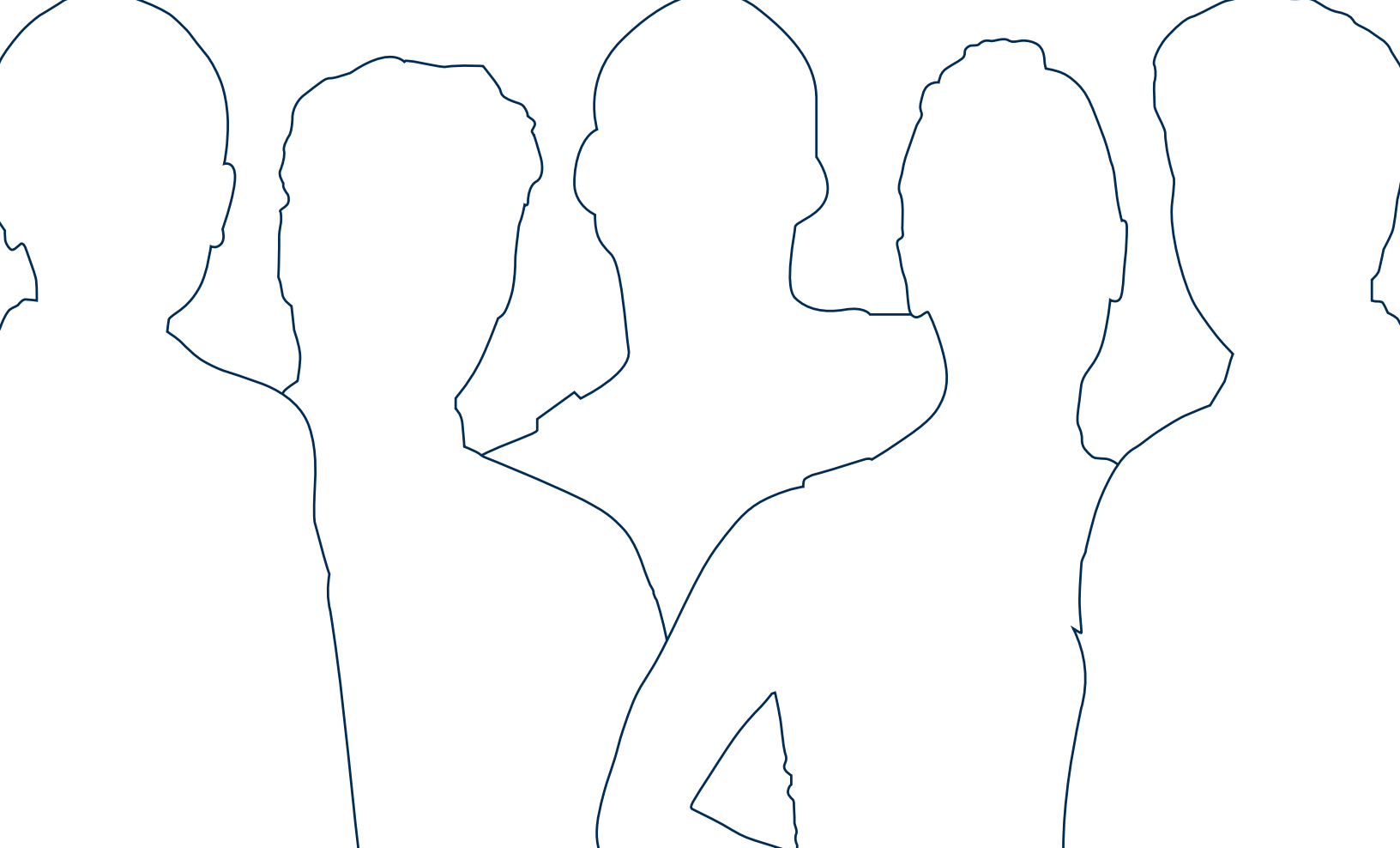




Missing Voices FROM THE FIELD

A Selection of MSM & Transgender Abstracts
Rejected from the 2012 International AIDS Conference



Acknowledgements

The MSMGF wishes to acknowledge and thank the panel of expert reviewers who donated significant time and resources to this project.

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Barry D. Adam is University Professor of Sociology at the University of Windsor and Senior Scientist and Director of Prevention Research at the Ontario HIV Treatment Network. He comes to HIV work with an extensive research record on the dynamics of domination and empowerment, LGBT studies, HIV prevention, and issues of living with HIV. Some of his current projects investigate: HIV prevention and sexual health programming for HIV-positive men; HIV vulnerability among Spanish and Portuguese speaking communities; impacts of criminal prosecutions for HIV exposure and transmission on people living with HIV; and the effects of the introduction of marriage on same-sex couples.

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Kwaku Adomako is a first generation Canadian with both his parents from Ghana, West Africa. Kwaku completed a Masters of Science specializing in Gerontology at the University of Guelph, was Director of Positive Prevention at the British Columbia Persons with AIDS Society, and was the Outreach Coordinator for the Toronto Host Secretariat for the 2006 International AIDS Conference. Kwaku was a Research Coordinator and Manager at the Centre for Research on Inner City Health, St. Michael's Hospital, and has been involved in the development of the African and Black Diaspora Global Network on HIV and AIDS (ABDGN) since 2006.

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Frank Amort is a social scientist and a Master in International Health. Currently he is a FETP-Fellow at the Instituto Carlos III and a research assistant at the Complutense University in Madrid. His career has moved from HIV prevention practices to applied and participative research, with special research interests in community participation in epidemiological research and behavioural surveillance. He also works on the IQ-HIV initiative (www.iqhiv.org).

About This Publication

The International AIDS Conference (IAC) is the largest global gathering of scientists, policy makers, and advocates working in the field of HIV and AIDS. The purpose of this event is to bring stakeholders from various sectors together to assess the current state of the global HIV epidemic and to chart a collective path forward.

Since its founding in 2004, the Global Forum on MSM & HIV (MSMGF) has consistently advocated for greater and more meaningful inclusion of men who have sex with men (MSM) and transgender people in the IAC program and its related processes. In low- and middle-income countries, MSM are on average 19 times more likely to be living with HIV when compared to adults in the general population. The situation is typically worse among transgender women and transgender sex workers, with prevalence rates as high as 78% recorded in some contexts. For the IAC to meet its stated goals, the conference's program must adequately address the sobering epidemiological and human rights realities faced by MSM and transgender communities on the ground.

Program content at the IAC cuts across diverse topic areas from hard science to community-level behavioral interventions, with sessions ranging in scope from large plenary-type presentations to in-depth symposia and workshops to dedicated community networking spaces. The abstract-driven section of the program is comprised of thousands of abstracts in oral breakout sessions and poster exhibitions. This section of the program is designed to facilitate exchange of new knowledge and to create opportunities for professional collaboration that can inform and strengthen our overall response to AIDS.

Missing Voices from the Field is a collection of over 120 abstracts focused on the health and human rights of MSM and transgender people that were submitted for oral/poster presentation at the 2012 International AIDS Conference (AIDS 2012) in Washington D.C. and subsequently rejected after review by the conference organizers. This publication aims to provide an added venue to showcase valuable advances made by researchers, public health officials, and community members across all world regions to promote the health and human rights of MSM and transgender people.

How We Collected Rejected Abstracts

In April 2012, conference organizers sent notifications to authors who submitted abstracts to AIDS 2012 regarding the acceptance or rejection of their abstracts. After authors were informed of the status of their submissions, the MSMGF independently issued an [open call](#)¹ for abstracts focused on MSM and transgender people that were rejected. Interested authors were instructed to submit abstracts in exactly the same form as they were submitted to AIDS 2012, using a submission form created in SurveyMonkey. The MSMGF received a total of 152 rejected abstracts over a period of three weeks.

How We Reviewed Rejected Abstracts

Abstracts were collected, reviewed, and scored using the IAC's own [Abstract Review Guidelines](#).² The MSMGF invited three independent reviewers to conduct a blind review of each abstract according to these guidelines. A minimum of two reviewers was assigned to each abstract. When reviewers reported two discordant scores, the lower score was assigned to the abstract. Brief biographies of the expert reviewers invited by the MSMGF are included at the end of this publication.

How We Rated Rejected Abstracts

Abstract reviewers used a five-point rating scale based on the scoring scale used by official AIDS 2012 abstract reviewers (see footnote below).³ High- and moderate-scoring abstracts were selected for publication. The full text of each high-scoring abstract (n = 39) is included in this publication, organized by geographical region. The titles of all moderate-scoring abstracts (n = 82) are included as well, with a link to their full-text versions on the [MSMGF website](#).⁴ A smaller number of abstracts (n = 31) were excluded from this publication because they lacked a clear focus on MSM and/or transgender populations, belonged to a non-abstract session category (e.g. workshop proposal), or did not adhere to IAC Abstract Submission Guidelines. The five highest scoring abstracts were selected for a panel presentation at the 5th MSMGF Pre-Conference to the IAC, held on July 21, 2012 in Washington D.C.

1 <http://us1.campaign-archive1.com/?u=1efcb45b2d3a4abde06876054&id=fd31765c95&e=26fcd5f717>

2 http://www.msmgf.org/files/msmgf/Missing_Voices/AIDS2012ReviewGuidelines.pdf

3 AIDS 2012 Abstract Scoring Scale: 5 = very strong, 4 = strong, 3 = intermediate; 2 = weak, 1 = very weak. For the purposes of this publication, abstracts are categorized as high-scoring (score of 4 or 5) and moderate-scoring (score of 3). Abstracts that scored a 1 or 2 in the MSMGF review are not included in this publication.

4 <http://www.msmgf.org/missingvoices>

Why This Project Is Important

HIV disproportionately affects MSM and transgender people worldwide, with HIV prevalence and incidence rates among these populations significantly higher than those of the general population in nearly every country where reliable data is available. Despite the clear need for intervention, the response to the skyrocketing epidemics among MSM and transgender people is not commensurate with disease burden: there remains a severe dearth of funding, research, and programs dedicated to MSM and transgender people globally.

For years, many MSM and transgender advocates have felt that this discrepancy is also reflected in the program coverage of these populations at each IAC. At AIDS 2010, only 2.6 % and 1.1 % of all sessions exclusively focused on MSM and transgender people, respectively.

The MSMGF recognizes that low program coverage in the conference's abstract-driven section can result from factors both internal and external to the organizers of the IAC. Regardless of the cause, low coverage of issues concerning MSM and transgender people at the IAC has serious implications for the global AIDS response. It precludes multi-sector, multi-region information exchange and collaboration regarding the epidemic among these populations. It also reduces opportunities for targeted and robust education on relevant topics to AIDS professionals who may otherwise be inadequately equipped to tackle HIV among MSM and transgender people.

An Additional Platform to AIDS 2012

While the IAC's place in the global AIDS response remains unparalleled, its failure to adequately address MSM and transgender issues to date has pushed civil society organizations to create additional platforms to address their pressing health and human rights concerns. *Missing Voices* serves as one of these platforms.

The MSMGF salutes all the people directly and indirectly involved with this body of work. We hope the work reflected in the following pages inspires you in your own work on behalf of MSM and transgender people everywhere.

High-Scoring Abstracts

The full text of all high-scoring abstracts are listed below and categorized by world region. The five highest-scoring abstracts are presented in shaded text boxes.

Resource needs estimates, resource gaps, and unit costs of HIV programs for men who have sex with men in Chiang Mai, Thailand using the Resource Estimation Tool for Advocacy (RETA)

Kriengkrai Srithanaviboonchai; Brad Otto; Suwat Chariyalertsak; Kanittha Thaikla; Chonlisa Chariyaleartsak; Felicity Young

Background

Men who have sex with men (MSM) comprise the most important key population at higher risk of HIV infection in Thailand. To date, the NGOs that run most of the HIV prevention and care programs for MSM have been supported by international donors. We conducted an analysis of HIV services for MSM to estimate the resources necessary to scale up HIV programming.

Methods

A Microsoft Office Excel-based spreadsheet program named RETA, developed under the USAID | Health Policy Initiative in the Greater Mekong Region and China, was used to estimate total resources needed to scale up comprehensive HIV services to cover 80% of MSM in Chiang Mai province, Thailand through 2015. Local cost data were collected and used as inputs for the calculations. A study using network scale-up method was conducted to estimate Chiang Mai's MSM population including male transgender. The 2010 Integrated Biological and Behavioral Survey of Chiang Mai province results were used as baseline coverage data for the services.

Results

We estimated 28,092 MSM in Chiang Mai in 2011, or 7.9% of adult males aged 15–49 years old. RETA estimated average unit costs for comprehensive HIV prevention services for MSM at \$43.33, which was one third of the Thai MOPH's estimate for a similar package of services. Chiang Mai will need US\$4m to expand the services to reach 80% of MSM in 2015. Funding commitments by the international donors to the NGOs account for only 6% of resources needed over the 5-year period (2011–2015).

Conclusions

Local NGOs that play a central role in HIV programs for MSM in Chiang Mai lack sustainable resourcing from external donors. It is questionable whether current services are scalable and alternative strategies and technologies should be developed. With waning donor support, modalities for indigenous funding of community organizations need to be found.

A comparison of HIV infection and related risks among men who have sex with men (MSM) at different venues in Shenzhen, China

Jin Zhao; Wende Cai; Lin Chen; Jinquan Cheng; Dan Zhang; Hancheng Lin; Hanwu Ma

Background

HIV prevalence among MSM in China has increased rapidly in recent years, with unequal distribution among geographic area and different MSM venues. Despite the fact that most interventions are venue-based, few reports have discussed HIV infection by venue and venue-related risk factors. This study compares HIV prevalence and risk factors among MSM in bars, massage centers, saunas, parks and recreation centers in Shenzhen.

Methods

Between April 2008 and November 2009, 732 MSM in Shenzhen participated in a time-location sampling survey and tests for HIV and syphilis. No sex workers were included. Among them, 115 from entertainment venues like bars and massage centers (EMSM), 246 from parks (PMSM), 258 from saunas (SMSM) and 113 from suburb recreational centers (RMSM). Logistic regression analysis was conducted between EMSMs with PMSMs, SMSMs and RMSMs, respectively.

Results

6.7% of all participants tested positive for HIV. HIV rates by venue were as follows: 0.9% of EMSM; 9.3% of PMSM; 8.1% of SMSM; and 3.5% of RMSM. The difference in HIV rate was statistically significant among different groups. In addition, 150 (20.5%) were positive for syphilis (9.5% EMSM, 22.3% PMSM, 22.4% SMSM, and 23.0% RMSM). Compared to EMSM, MSM from other venues were more likely to be married and reported a higher proportion of self-identified homosexual/gay. Moreover, PMSM reported a higher proportion of having unprotected anal intercourse with other men, while SMSM were more likely to have multiple sex partners. RMSM reported lower coverage of HIV-related education and services. EMSM were more likely to use drugs and drink alcohol.

Conclusions

Results indicated that MSMs in saunas and parks were at comparatively higher risk of being for HIV and MSM frequenting different venues had significantly different characteristics. Different intervention strategies should be formulated and provided depending on venue, specific risky behaviors and medical needs.

Are we reaching hard-to-reach men who have sex with men (MSM) through HIV prevention interventions in Nepal?

Keshab Deuba; Rachana Shrestha; Laxmi Bhatta

Background

Nepalese government has recognised men who have sex with men (MSM) as marginalised and most at risk of becoming infected with HIV and has begun to address HIV among them through different prevention, care and support interventions including rapid expansion of voluntary counseling and HIV testing, the promotion of condom use and HIV education. However, little is known about demographics, behavioral and family support characteristics of MSM participating in the interventions. We examined the association between MSM demographics and family support, behavioral, and, participation in HIV prevention interventions.

Methods

A cross-sectional survey was done among 339 Nepalese MSM, at least 15 years of age, recruited in a convenience sample between September–November of 2010. The outcome variable was participation in any HIV prevention interventions in the past year (i.e. been to MSM outreach/drop-in centres and participated in individual counselling, HIV education session, and condom distribution). Logistic regression analysis was used to examine possible associations between outcome and independent variables. The confidence interval (CI) was set at 95%, and significance level set at 0.05.

Results

Among total MSM, 78% participated in any HIV prevention interventions in the past year. In a multivariate model, MSM who reported not using condom in last three anal sex encounters with men (adjusted odds ratio (AOR): 0.35, 95% CI: 0.13–0.93, p-value: 0.036), sexual orientation reported as tas (masculine appearing men and perform an insertive role during sexual intercourse, AOR: 0.29, 95% CI: 0.12–0.74, p-value: 0.009) and MSM with no family support (AOR: 0.44, 0.21–0.93, p-value: 0.032) were less likely to have participated in HIV prevention interventions in the past year.

Conclusions

Study findings suggest that interventions are not reaching all MSM sub-population (tas) with high risk behaviour. To be more successful, interventions targeting MSM in Nepal should cover all MSM sub-populations with high risk behaviour and no family support.

A Qualitative Exploration of HIV Risk and Resilience among Gay Men, Other Men who have Sex with Men (MSM), and Transgender Women in Mongolia: Opportunities for Improving HIV Prevention and Care

Tonia Poteat; D. Altanchimeg; J. Naranchimeg; Sarah Peitzmeier; Krystal Mason; Chris Beyrer; Stefan Baral

Background

The general population HIV prevalence in Mongolia is 0.02%; 80% of cases are among MSM and transgender women. Notably, HIV prevalence among MSM doubled from 0.9% in 2007 to 1.8% in 2009 in the capital city, Ulaanbaatar. There are limited data characterizing drivers of HIV risk in this hidden population. This qualitative study examined the role of psychosocial and structural factors in potentiating HIV risk and resilience among Mongolian MSM and transgender women.

Methods

Eligibility included being born male, being 18 years or older, and ever having anal intercourse with a man. From March to May 2011 in Ulaanbaatar, in-depth interviews (IDIs) were conducted with 12 MSM, 12 HIV+ MSM, and 7 transgender women (n=31). Recordings of IDIs were transcribed in Mongolian and translated into English. Three independent coders used a modified grounded theory approach to identify common themes related to HIV risk, prevention, and resilience.

Results

Participants reported HIV-related risks including alcohol use, depression, internalized stigma, and inadequate supply of lubricants. Discrimination and violence were pervasive -- from families, on the street, in employment, in health care, the media, and by police. One participant was told by police: "You are gay. Human rights don't apply to a person like you. You are not a human being." However, participants found resilience in growing social networks and described improving societal attitudes toward them. LGBT community-based organizations (CBOs) were sources of HIV information and condoms as well as providing safe spaces to gather and seek support.

Conclusions

In the face of psychosocial and structural challenges, MSM and transgender women in Mongolia find support and strength from within the community, the CBOs, and key allies. LGBT organizations provide important opportunities for improving access to HIV prevention services, as well as educating health care providers, media, and police to reduce stigma against this population.

Seksualiti Merdeka: developing a sexuality rights movement in a legally constrained and religiously conservative environment and its effects on some of the populations most affected by HIV in Malaysia, specifically MSM and transgender

Kevin Nicholas Baker

Background

Seksualiti Merdeka was first held in 2008 - when a number of organisations working in HIV and sexuality rights came together to hold a series of closed door events in Malaysia focused on supporting the LGBT community and building capacity and better understanding around sexuality and gender rights. In Malaysia there are still real barriers for the MSM and TG populations in the Law - Anal and Oral Sex is illegal under Penal Code 377 and Shari'ah Law prohibits cross-dressing or homosexuality. This has a direct link on delivering effective HIV programming - as marginalising these populations make effective HIV prevention programming very difficult.

Methods

Most of the events were arts based and the first 3 years of the festival proved very successful with over 500 people involved in the workshops and performances each year. Topics covered included the Jogjakarta Principles, Sexuality Rights training, HIV and safer sex trainings, Gender and Sexuality Forums discussing topics such as barriers to sexuality rights in Malaysia such as religion and the law. All events were closed door events to avoid unwanted attention from authorities or religious or political pressure groups. Despite increased pressure from police and authorities in 2011 - including an effort to ban the events all events were held.

Results

From early beginnings the coalition of organisation organising Seksualiti Merdeka realised the need to protect the event and participants and strengthen themselves. Therefore they focused on closed door events which could not be banned and sought legal services from the Bar Council in Malaysia. Seeking the support of UN agencies and international organisations provided necessary resources to hold events. In 2012 Seksualiti Merdeka will hire a staff and establish an office.

Conclusions

Despite legal and environmental barriers with good planning and organisation a sexuality rights movement can be formed and function effectively.

Identifying barriers to condom use among men who have sex with men (MSM), transgenders and hijras in India: An analysis of data from the baseline survey of the Global Fund-supported Pehchān program

Goverdhan KummariKunta; Anindita Biswas; Kaushik Biswas; Sonal Mehta; Shaleen Rakesh; James Robertson

Background

HIV prevalence among MSM in India remains disproportionately high at 7.4% as compared with overall national prevalence of 0.3%. NACO BSS data reports condom use among MSM ranging from 13% to 87% (in 2006) and from 49% to 58% (in 2009). India HIV/AIDS Alliance in consortium with five other organizations implements the five-year Global Fund-supported Pehchān program in 17 Indian states to build the capacity of 200 CBOs to serve as effective HIV prevention partners with the National AIDS Control Program (NACP) and reach 453,750 MSM, transgenders and hijras using a community-driven and rights-based approach. Pehchān conducted a baseline study to understand demographics and behavior of target populations, including condom use.

Methods

A cross-sectional study sampled 2,762 MSM, transgenders and hijra subjects (16% TG/H) covering 55 districts across 10 states. Time and Location Cluster Sampling (TLCS) was used to identify these often hard-to-reach and relatively mobile populations. Descriptive and correlation analysis was done using SPSS.

Results

62% of respondents (n=1,261) reported condom use with regular male partners during last anal sex; for those with non-regular male partners (n=1,806), the figure stands at 67%. 64% of MSM respondents reported condom use with regular male partners during last anal sex, while only 53% of transgender and hijra respondents reported same. Only 40% of hijra respondents used condoms during last anal sex with a regular partner, while 58% used condoms with non-regular partners. Of respondents reporting anal sex, 22% respondents reported 15+ acts in the previous month. Consistent condom use in the previous month ranged from 40% to 57% depending on type of partner.

Conclusions

Consistent condom remains below desired levels. Number of partners and anal sex acts may determine condom use. Condom accessibility also factors into outcomes. Pehchān has developed prevention messaging for MSM, transgender and hijra audiences to address specific needs of each group.

Need for a culturally-sensitive online communication strategy to reach hidden men who have sex with men for HIV/AIDS prevention and testing in Indonesia

Tarandeep Anand; Chattiya Nitpolprasert; Jintanat Ananworanich; Nittaya Phanuphak; Tuti Parwati Merati; Evi Yuniastuti; Darma Imran; Annette H. Sohn

Background

Societal and cultural conventions are barriers to advocating for HIV/AIDS awareness and outreach to hidden men who have sex with men (MSM) in Indonesia, and contribute to the growing HIV prevalence (~8.1% in Jakarta and 13- 19% in Bali). Although Indonesia is the second largest Facebook user in the world, the internet has not been optimally used for promoting HIV prevention. We explored the need for an online communication strategy to increase HIV/AIDS awareness and testing among Indonesian MSM.

Methods

A qualitative research project was conducted from November-December 2011 in Jakarta, Bandung, Yogyakarta, Surabaya and Bali. The study involved structured interviews of 177 MSM selected from shopping malls, fitness centers, clubs and beaches by random sampling methods, and meetings with 60 HIV/AIDS organizations. Factors assessed included barriers to HIV/AIDS awareness and testing, knowledge on MSM safe sex websites, and internet use.

Results

Of 177 MSM (mean age 26.4 years), 57% reported sexual intercourse with over 10 lifetime partners. Ten percent had 100% condom use with a regular partner, 79% hid their sexual identity within society and to family, 11% were bisexual, and 54% intend to marry female. Almost all (95%) MSM were active internet users, 74% had 24-hour internet access via Blackberry, 60% used the internet for seeking sex, and 85% were openly gay on social media networks. Eighty-one percent were not aware of any HIV/AIDS website in Bahasa Indonesia, 75% did not know where HIV testing sites were located, and 88% preferred seeking MSM sexual health information through an edutainment website. All HIV/AIDS organizations interviewed noted that outreach to hidden MSM was a major challenge.

Conclusions

The study suggests that online communication is a viable channel to access the hidden MSM community in Indonesia, and could help increase HIV/AIDS awareness and testing through compelling strategies that reflect social behavior, while respecting cultural limitations.

Comparison of reported sexual risk behaviours between bisexual and homosexual men in a sexual network in Hanoi, Viet Nam

Siobhan Reddel; Pham Hanh Van; Nguyen Van Thuy; Peter Higgs; Khoat Van Dang; Rebecca Jenkinson; Margaret Hellard; Mike Toole

Background

Sexually active men in Vietnam may be at increased risk of HIV due to their sexual behaviours, and may be a potential bridge for HIV transmission to the general population. This sexual network study explores reported sexual partners and consistent condom use to inform our understanding of HIV transmission in Hanoi, Vietnam.

Methods

Using enhanced snowball sampling we recruited a sexual network in Hanoi between November 2010 and March 2011, commencing with 10 bisexual men. Participants completed a sexual behavioral questionnaire and referred up to five sexual partners for interview.

Results

Of the 239 people appropriately recruited, 146 men reported sexual contact with both males and females in the last year, and partner numbers. These bisexually active men reported a median of 11.5 partners in the last year, including medians of four female, seven male and five transsexual sexual partners. In contrast the 20 male participants who reported only homosexual sex and partner numbers had a median of 2.5 sexual partners in the last year (two males and five transsexual partners). Whilst all participants reported low levels of overall consistency in condom use, bisexual men's levels (16%) were less than half those of men reporting sex with men only (35%). High percentages in both groups knew that wearing a condom reduces HIV transmission during anal sex (91% & 100%).

Conclusions

Our results suggest that bisexually active men in Hanoi are at increased risk of HIV infection and other STIs due to their high median number of partners and very low rates of constant condom use. Moreover knowledge about condoms being protective during anal sex did not translate to using them. Our research suggests that bisexually active men may need to be targeted by specific public health prevention programs, as they may not be engaged by those tailored to men who identify as homosexual.

Psychosocial health problems associated with increased HIV risk behavior among men who have sex with men in Nepal: a cross-sectional survey

Keshab Deuba; Anna Mia Ekström; Rachana Shrestha; Deepak Kumar Karki; Laxmi Bhatta

Background

Men who have sex with men (MSM) are marginalized, underserved and at high-risk for HIV in Nepal. Traditional HIV prevention interventions (condoms and lubricant distribution) are targeted among MSM in Nepal. Inconsistent condom use is still highly prevalent. We examined the association between psychosocial health problems and support, access to prevention, and, non-use of condoms among MSM.

Methods

Cross-sectional survey was done among 339 Nepalese MSM, at least 15 years of age, recruited in a convenience sample between September-November of 2010. The dependent variables were non-use of condom in last three anal sex encounters with men and non-use of condoms with women in last encounter. Logistic regression analysis was used to explore possible associations.

Results

Among total MSM, 78% did not use condoms at least once in last three encounters with men, 34.8% did not use condoms in their last sex with women, 70% had experienced violence in the last 12 months, 61% were experiencing depression and 47% had ever thought of committing suicide.

After adjustment for age, religion, marital status, and MSM subpopulation (bisexual, ta, meti, gay), non-use of condoms in anal sex with men was significantly associated with non-participation in HIV prevention interventions (AOR: 3.02, 95% CI:1.11-8.20, p-value:0.031), experience of physical and sexual violence (AOR: 4.54, 95% CI: 1.02-20.18, p-value:0.047), depression (AOR:1.89, 95% CI: 1.06-3.36, p-value:0.031), suicidal thoughts >twice (AOR:3.9, 95% CI: 1.29-11.87, p-value:0.016), small social support network (AOR:3.49, , 95% CI: 1.10-11.14, p-value:0.035) and being dissatisfied with available social support (AOR:2.3, , 95% CI: 1.04-5.12, p-value:0.041). Depression was marginally associated with non-use of condoms with women (AOR: 2.58, 95% CI: 0.98-6.79, p-value: 0.055).

Conclusions

MSM in Nepal experience a high proportion of psychosocial health problems in turn associated with high risk behaviour for HIV. To be more successful, future HIV prevention efforts targeting MSM should prioritize and include psychosocial health.

Assessing the Role of Human Rights Protections for Sexual Minorities in HIV Prevention among Men who have Sex with Men in Asia: A Meta Analysis

James Anderson; Steve KanTERS

Background

The notion of human rights being critical for HIV prevention is nearly omnipresent within HIV discourse. In a world divided between States that criminalize homosexuality and those that protect and support sexual minorities, there is a need to better understand the relationship between variation in human rights protection for sexual minorities and variation in indicia of HIV prevention among men who have sex with men (MSM).

Methods

To quantitatively measure this relationship, this study constructed an original instrument, the *Sexual Orientation and Gender Identity Human Rights Index* (SOGI Rights), to compare the legal environments for sexual minorities. Next, this study performed a meta-analysis on approximate 230 epidemiological and behavioural studies (conducted between 2000-2010) from 22 Asian countries in order to find national averages for five indicators of HIV prevention among MSM: HIV prevalence; inconsistent condom use; recent HIV testing; adequate HIV knowledge; and exposure to HIV prevention services.

Results

HIV prevalence was not associated with SOGI Rights ($R^2=0.0013$). However, SOGI Rights was associated with inconsistent condom use ($R^2=0.1214$, p-value=0.0748), recent HIV testing ($R^2=0.1732$, p-value=0.0106), adequate HIV knowledge ($R^2=0.1908$, p-value=0.0323), and exposure to HIV prevention services ($R^2=0.1117$, p-value=0.1190). After controlling for dominant religion and colonial legacy, only inconsistent condom use remained statistically significant. Overall, a change in SOGI Rights from 0.0 (perfect persecution) to 1.0 (perfect protection) led to a 21.8% improvement (109/500) in a combined measure of the five indicia of HIV prevention ($R^2=0.1604$).

	Mean results of indicia of HIV prevention	
	Punitive Regimes	Protective Regimes
HIV Prevalence	6.95%	6.4%
Inconsistent condom use	62%	56%
Recent HIV testing	20%	35%
Adequate HIV knowledge	71%	83%
Exposure to HIV prevention services	40%	50%

[Sexual minority rights & indicia of HIV prevention]

Conclusions

Although the relationships were mostly weak, and some were only marginally statistically significant, the results do support the argument that greater human rights protections for sexual minorities is related to improved indicators of HIV prevention. Through decriminalization, greater emancipation, and stronger human rights protections, sexual minorities will be able to better access HIV prevention services and begin to realize their human right to health, including sexual health.

SGRainbow's Survey on Young MSM (Men who have Sex with Men) Sexual Behaviour in Singapore

T.Y.P. AUNG

Background

SGRainbow is a social group for young gay and bisexual men, aged 25 years and below, in Singapore. In March 2011, we initiated an online survey to study the sexual behavior of YMSM. The youths were also asked to identify the issues that they would face when going for a HIV/STI testing.

Methods

Data was collected through the online survey. An electronic-direct-mailer was created to reach out to specific demographics of the survey. The survey link was actively promoted through our web site, and gay youth channels on Internet-Relay-Chat.

Results

A total of 152 responses were collected. The largest demographic group was between 22 to 25 years old (65%). 73% of the respondents identified themselves as sexually active, while 51% answered that they have had multiple sexual partners. Most YMSM practiced safe sex; however an alarming 20 percent indicated that they have no condom usage during anal sex although 97% have knowledge on safe sex. 4 out of 10 respondents have not gone for HIV/STI testing before. The barrier most identified (38%) in preventing YMSM to go for testing is the fear associated with stigma & discrimination. 4 out of 10 do not see the need to go for testing as they have practiced safe sex. 33% of them think that HIV/AIDS and STIs will not occur to young people. Another 2 out of 10 respondents cannot afford to go for testing.

Conclusions

In June 2011, after studying the results, we came out with 6 advocacy messages in form of posters to educate YMSM on the need to protect themselves, and to get tested. The posters were created together with rainbowartsproject. These posters were displayed at gay clubs, and a gay lifestyle shop. The posters were actively promoted online as well. This advocacy campaign was first of its kind and was well received.

Comparative analysis of STI testing, infection rates and sexual risk in men who have sex with men who self-identify as sex workers, Melbourne, Australia

Alyce Vella; Carol El-Hayek; Margaret Hellard; Maelenn Gouillou; Christopher Fairley; David Leslie; Norm Roth; BK Tee; Mark Stoovè

Background

The overwhelming majority of HIV diagnoses in Australia are among men who have sex with men (MSM), a group also disproportionately affected by other STIs. MSM identifying as sex workers (MSW) may be at greater risk. We compared HIV/STI testing and infection rates among MSM and MSW attending high caseload sexual health clinics, and examined sexual risk profiles to explore factors potentially associated with the relative risk of infection.

Methods

HIV, chlamydia, and syphilis testing rates and incidence among self-identifying MSW and other MSM attending high caseload sexual health and gay community clinics in Melbourne, Australia, between 2006-2010 were compared, alongside sexual risk practices reported at clinic presentation. Risk factors were determined following both univariable and multivariable logistic regression.

Results

68,923 STI tests were conducted among MSM; 2,536 (3.7%) indicated recent sex work. Proportion of tests positive among MSW for HIV (1.7%), chlamydia (5.0%) and syphilis (1.3%) were not significantly different from other MSM (1.3%, 7.0% and 1.6%, respectively) ($P>0.05$). MSW had a higher median number of annual HIV (2.0), chlamydia (2.3) and syphilis (2.1) tests than other MSM (1.2, 1.3 and 1.5, respectively), and asymptomatic STI screens were more common among MSW ($p<0.01$). MSW more commonly reported 11+ partners in the six months prior to testing (37.3%) compared to other MSM (29.1%) and more commonly reported recent consistent condom use (55.1%) than other MSM (40.4%).

Conclusion

Comparable rates of STI diagnoses among MSW and other MSM, despite MSW reporting higher numbers of sex partners, may be due to increased rates of testing and more consistent condom use. Health promotion targeting MSW, and MSM more broadly, should reinforce the importance of frequent HIV and other STI testing to reduce undiagnosed infections and facilitate the timely commencement of treatment to reduce onward transmission.

Metropolitan Man Initiative: Increasing the capacity of community-based organizations providing HIV and sexual health services to MSM and transgender populations in six metropolitan cities in developed Asia

Peter Mok; Ale Trossero; Daniel McCartney

Background

In response to the increase in HIV transmission among MSM and transgender people in developed Asia, an initiative was launched to support civil society organizations to better respond to issues related to men's sexual health, including HIV.

Methods

A multi-city empirical study was conducted to map the availability of services and identify capacity building needs for community-based organizations (CBOs) that provide HIV and sexual health services to MSM and transgender populations in Kuala Lumpur, Singapore, Hong

Kong, Taipei, Seoul and Busan. The survey focused on service provision, programme coverage, and organizational information. A total of 21 organizations completed the survey in May 2011 (53% response rate) and follow-up in-depth phone interviews were conducted with 17 of these organizations. Qualitative information was analyzed to identify organizational strengths and technical support needs for each metropolitan area, with commonalities used to inform regional recommendations.

Results

Eighteen per cent of MSM and transgender population were being reached by community-based services across the six cities. Although some basic HIV-related services were broadly available, service availability was limited for screening and management of STIs, hepatitis B vaccinations, harm reduction services, and specific services for transgender people. The results and analysis identified five specific areas for desired organizational capacity building: resource mobilization, increased advocacy skills, use of innovative prevention strategies, programme monitoring and evaluation, and volunteer management.

Conclusion

Services need to better engage with and reach out to MSM and transgender people, as the repressive environment across the region inhibits access to essential HIV and sexual health services. There is a strong need to support institutional development to enable increased capacity, scale-up and sustainability of CBOs. This research has informed more targeted efforts to tailor technical support to enhance the capacity of CBOs to meet the needs of MSM and transgender people in developed Asia.

Reconstructing Haiti: Assessing individual and structural risk factors for HIV infection among the Haitian lesbian, gay, bisexual and transgender (LGBT) community during the post-disaster transition

Amanda Donnell; Reginald Dupont

Background

Nearly two years after the January 12, 2010 7.0 magnitude earthquake, Foundation SEROvie executed a needs assessment, in order to explore Human Rights, sexual health and structural risk factors for HIV among the Haitian LGBT community.

Methodology

A manual survey instrument was developed by SEROvie staff members in French, and translated into Haitian Creole. Surveys were distributed to LGBT individuals by way of peer educators in the field. The themes explored in the assessment included: perceptions of homosexuality, economic viability, and violence and discrimination.

Results

The sample size of the assessment totaled 180 (110 individual surveys and 70 focus group participants). Fifty nine percent of survey respondents were men, 31.8% were women, and 9.1% were transgender; ages ranged from 18-65. Fifty-three percent identified as homosexual men, 19.6% identified as lesbians and 26.5% identified as bisexual (20% men, 24% women).

One hundred percent of participants reported discrimination based on their sexual orientation. MSM reported more cases of sexual violence (16.4%) than TG individuals (11.1%) and WSW (7.4%). Over 80% of MSM, 88.9% TG, and 56.5% of WSW had anal sex in the past 6 months and 80% used a condom. Half of MSM and WSW used a condom when engaging in vaginal sex. Fifty seven percent of MSM, 50% of WSW, and 45% of TG received something (gift, money or food) in return for sex.

Half of survey respondents classified themselves as "high risk" for contracting HIV. The majority of participants had been tested for HIV in their lifetime (69.4% MSM, 90.9% WSW, 55.6% TG).

Conclusions

Through this assessment, it is clear that the effects of the earthquake, both tangible and psychological, as well as societal and structural factors, are still very present in the lives of LGBT individuals and affecting their risk for violence, discrimination and HIV infection.

Making meaning in marginalized contexts: Novel outcomes for HIV communication through participatory action research with sex workers (SW) and men who have sex with men (MSM) in Jamaica and The Bahamas

Warren Parker; Audrey Cole-Crosdale; Kara Tureski; Emily Bockh

Background

In the Caribbean, men who have sex with men (MSM) and sex workers (SW) are recognized as most at risk groups in relation to HIV vulnerability. Both groups face challenges in accessing relevant HIV-related communication. Communication concepts and mediums for addressing HIV-related information are poorly understood.

Methods

The USAID-funded Communication for Change (C-Change Project), managed by FHI 360 conducted a multi-stage participatory research methodology with MSM and SW in Jamaica and The Bahamas to explore understanding of contexts of vulnerability to HIV as well as potential pathways to addressing HIV risk through communication. Participants represented a range of socio-economic groups and sexual-risk subgroups. Activities included critical thinking exercises, role plays, risk mapping and creative interactions to develop communication resources.

Results

A deeper understanding of the vulnerabilities of MSM and sex workers was achieved. It was noted that there was an interaction between vulnerability to violence, discrimination and vulnerability to HIV. MSM were particularly unclear of the variations in HIV transmission risk between alternate MSM sexual practices as well as partner turnover and concurrent relationships. SW clearly understood their own vulnerability to HIV as well as the need to avoid transmission of HIV to their clients and partners. A range of creative slogans and images were developed including commonly used slang words and phrases. Mediums that could be accessed privately were preferred by both groups including cell phone messaging, audio and video clips, cellphone screensavers among others. The need for communication to support unity was also noted.

Conclusions

The study illustrates numerous communication gaps for addressing HIV among MSM & SW and validates the need for non-traditional communication approaches as part of HIV-prevention programming efforts. The action media approach allows for incorporation of audience-specific and culturally relevant frameworks of meaning into the prevention response.

HIV services among MSM in prisons of Ukraine

Lyudmyla Kononenko; Olena Chupryna

Background

HIV prevalence among male prisoners in Ukraine is extremely high -- over 4%. Estimated HIV rate among MSM in Ukraine is 8.6%. Highly stigmatized, little data exists on MSM prisoners, however, they have limited access to HIV services. There is an urgent need for penitentiary programs targeting HIV needs of MSM.

Methods

The Penitentiary Initiative NGO in Nikolaev (Ukraine) developed an outreach model of HIV prevention and psychosocial support for MSM/MSM+ prisoners. It includes psychological support groups; trainings in HIV, STDs and other infectious disease prevention; individual counseling by psychologists and social workers; training peer educators for outreach work among MSM inmates; distribution of condoms, lubricants, supplies for personal hygiene, bleach and informational materials; and referrals after release.

To scale up the program at national level, the Penitentiary Initiative produced guidelines on MSM/HIV in prison settings. 3 national seminars on work with MSM/MSM+ prisoners were conducted for penitentiary staff and NGOs working in prisons. Lessons learned were also disseminated through internships, the organization's website and electronic bulletin "Prisons Free from Discrimination."

Results

Funded by amfAR, the program has been implemented in 4 regions of Ukraine since 2009. Awareness among MSM prisoners regarding HIV prevention and sexual health issues has increased significantly. The project has also drawn attention to MSM and HIV within the penitentiary system. Our guidelines have been approved by the State Penitentiary Service and recommended for use in all Ukrainian prisons. An annual "Summer School" for current/potential facilitators of MSM prison groups is conducted. In 2012, MSM support groups function in 10 prisons in 6 regions.

Conclusions: The project has contributed to developing a standard package of HIV services for MSM prisoners. Homophobia in Ukrainian society hampers implementation of MSM-related programs. Reducing stigma and discrimination and changing common prison stereotypes on sexuality are vital for the program success.

Evaluating the Effectiveness of an Outreach Intervention on Condom Use in Three Cities in Mexico Among Men Who Have Sex with Men

Angelica Ospina; Juan Carlos Mendoza; Ricardo Román

Background

Men-who-have-sex-with-men (MSM) in Mexico have an HIV prevalence of 10% (Censida, 2010). Since 2004, PSI/México has conducted outreach interventions at MSM meeting places with teams of health promoters (HPs) based on the transtheoretical model stages-of-change to promote consistent condom use. Impact evaluation is not common for HIV prevention programs in Mexico.

Methods

345 MSM responded to a survey conducted from August to November 2011 in Veracruz, Guadalajara and Mexicali using respondent-driven sampling aiming to evaluate exposure to PSI activities and impact on behavior change. Participants were men aged 18-50, who reported having had anal sex with a man at least once in the previous six months. Logistic regression analysis using SPSS V.19 was used to identify factors

associated with condom use at last sex with casual male partners, controlling for sociodemographic characteristics and exposure to other Organizations.

Results

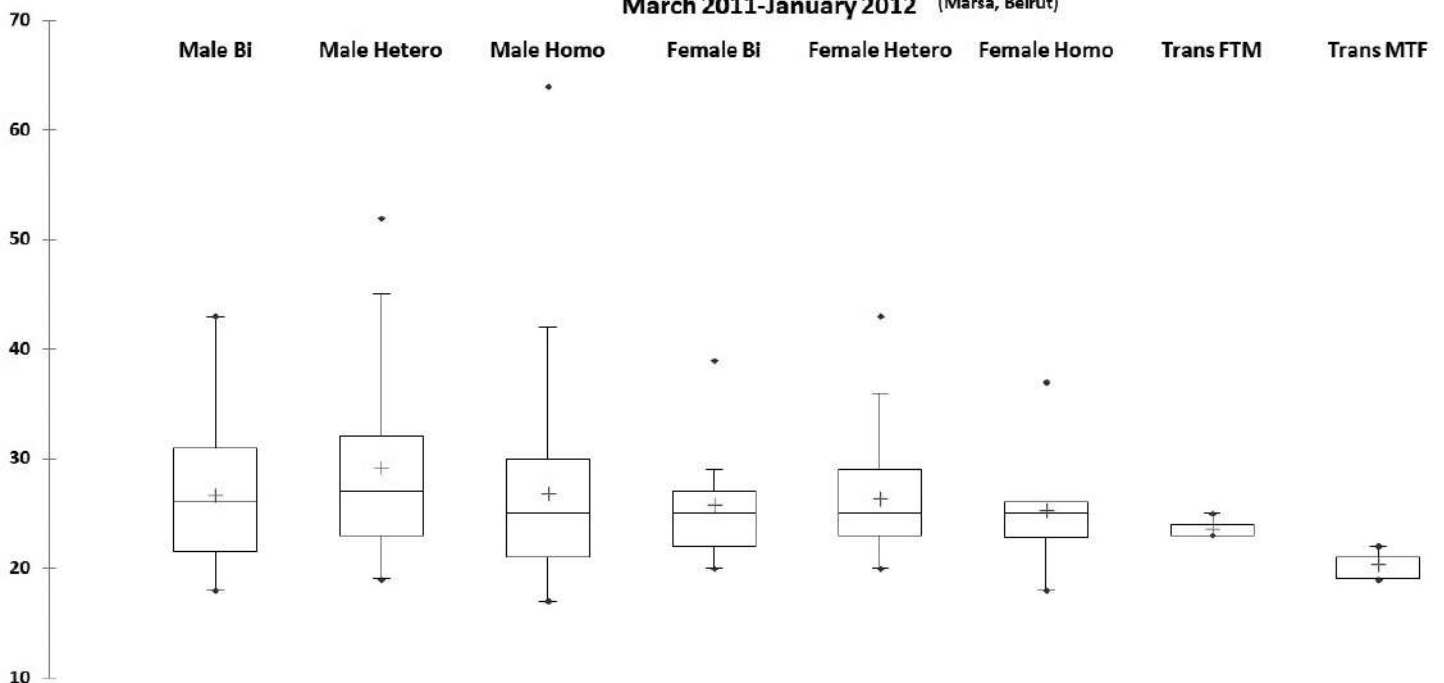
19% of participants reported having received condoms and HIV prevention information from a PSI-HP; 17% reported having participated in educational activities with a PSI-HP; and 6% reported having been accompanied to HIV testing by a PSI-HP. After controlling for exposure to other HIV interventions, logistic regression showed that MSM who reported having had any interaction with a PSI-HP were almost three times as likely to have used condoms at last sex with casual male partner compared to those who reported no interaction ($OR = 2.87$; $p < 0.05$; $CI: 1.04-7.98$). Men older than 30 were more likely to use condoms than younger ones ($OR = 4.69$; $p < 0.05$; $CI: 1.31-16.85$), and those with higher risk perception were less likely to have used condoms at last sex compared with those with lower risk perception ($OR = 0.22$; $p < 0.05$; $CI: 0.08-0.66$).

Conclusions

Success of the outreach intervention could be explained for the continuous presence of HPs at MSM meeting places and that the emphasis during the interaction is not only information but also the recognition process about personal strengths and threats for keeping healthy, achieved through a conversational setting.

Age Distribution by Gender and Sexual Orientation for clients who runned HIV, HepB and HepC rapid tests :

March 2011-January 2012 (Marsa, Beirut)



ALOCATE.PE: An intervention of Cultural Activism against Homophobia in Lima (Peru)

Fernando Olivos-Vargas; Cecilia Ugaz; Ximena Salazar; Alfonso Silva-Santisteban; Carlos F. Caceres

Background

Clearly, stigma and discrimination hamper people's rights fulfillment. In HIV epidemics, homophobic discrimination makes sexually diverse populations more vulnerable to HIV, by reducing health care seeking/access, and creating immediate survival problems. As other forms of stigma, homophobia is not a rational phenomenon solved with information; it results from inner fears supported by condescending norms. Homophobia should be confronted with combined structural strategies, including cultural mobilization questioning traditional norms.

Methods

ALOCATE.PE ("Alócate" means "get queer") is a combined intervention developed by artists, activists and researchers in an iterative/creative process, against the foundations of homophobia in Lima. It was presented in public places in March 2011, and thereafter made available to community activists. All four actions are described at its website, www.alocate.pe: Family Portrait (photographs showing family diversity, with on-site photographing of visiting 'families'); Headlines (utopian press headlines in a street newsstand suggesting a diversity-friendly reality); ABRAZAME.PE ("c'mon, hug me" - hugs against homophobia); and a Flashmob (choreography with emblematic LGBT soundtrack). Impact was assessed through a survey with LGBT respondents (in 2010 and 2012), through repercussion on e-social networks and through spontaneous replicas.

Result

The intervention was implemented in collaboration with key LGBT organizations in various spots in Lima, with continuous reporting on the website and Facebook Page (1000 friends). Over 1000 'families' had pictures taken in Family Portrait; both Family Portrait and Headlines have been invited to independent activities; and the flashmob has repeatedly been used by LGBT youth groups in anti-homophobia actions. The Metropolitan Municipality and UNAIDS committed to support the intervention. The survey, in LGBT samples not linked with implementation, showed an increase in perceived knowledge of their rights.

Conclusions

Critical art interventions represent an innovative, participatory structural strategy with potential impact on homophobia and other stigma forms, to promote enabling environments for HIV responses and for fulfillment of human rights.

MIDDLE-EAST AND NORTH AFRICA

Marsa, the first sexual health center in Lebanon and the region: a first year experience

Ayman Assi; Nizar Kinge; Johnny Tohme; Diana Abou Abbas; Georges Azzi

Background

Due to the lack in the access and awareness for sexual health in Lebanon (Al-Kak and Helem 2009) a new NGO called Marsa has been launched in Beirut to provide full access for sexually active youth, women, people living with HIV and LGBTIQ to their sexual health rights in a friendly environment while maintaining their privacy and confidentiality.

Methods

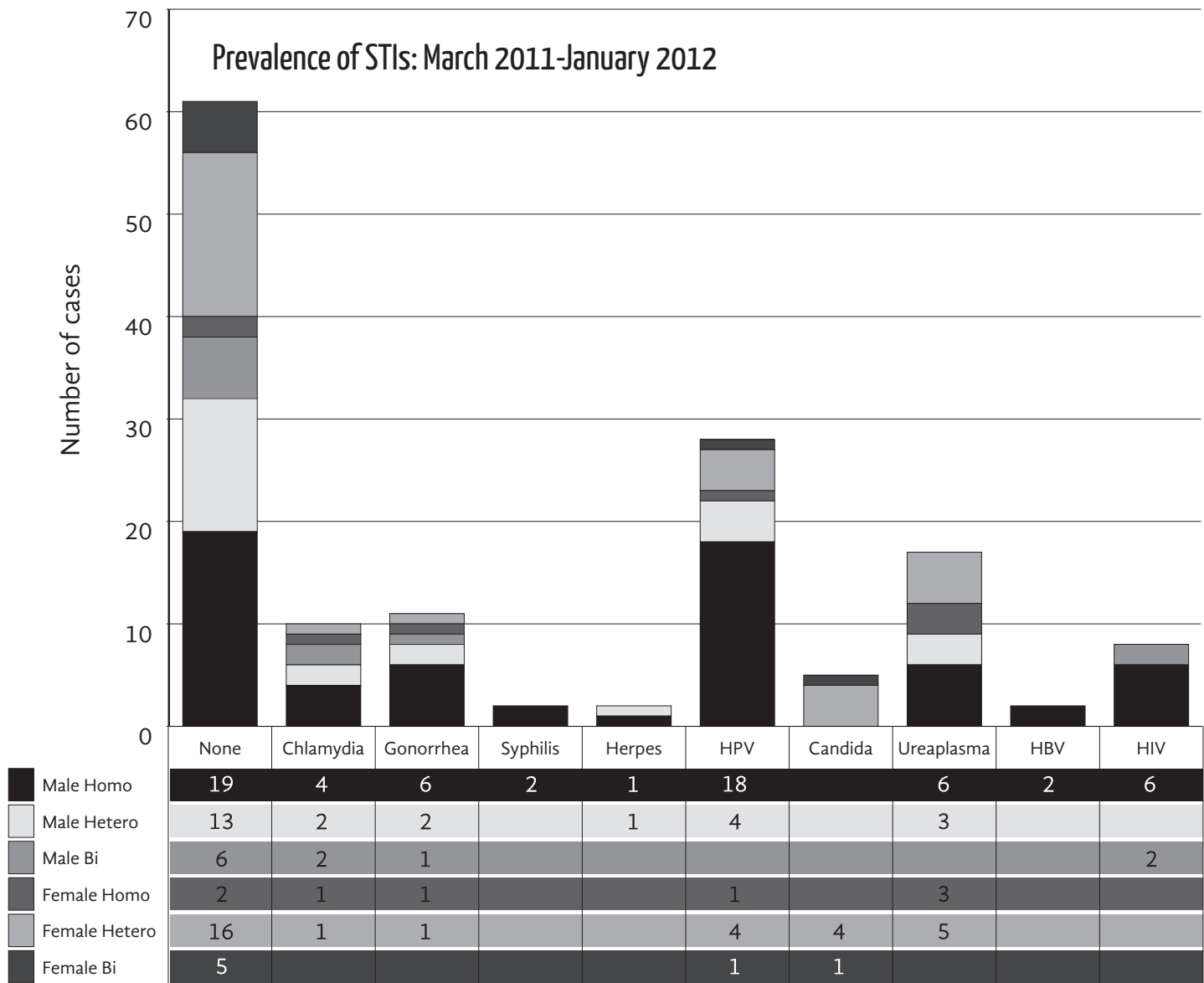
Marsa has been operating since February 2011. Two main departments were created: medical and psycho-social. The main services are: medical consultations for Sexually Transmitted Infections, laboratory testing for all Sexually Transmitted Infections (STIs), Voluntary counseling and testing (VCT) for HIV 1-2, Hepatitis B and C (using rapid tests), Pap smear tests for women, dietetic counseling for people living with HIV, psychotherapy sessions, counseling for HIV positive people, and informative and educational programs. The services were provided by family medicine doctors, gynecologists, dermatologists, infectious disease specialists, psychiatrist, VCT counselors and psychotherapists. A code number is addressed to each client instead of his/her name.

Results

452 clients have undergone the VCT for HIV and Hepatitis B/C between March 2011 and January 2012. Age distribution depending on gender and sexual orientation is shown in figure 1. 134 have benefitted from medical consultations (42 Females mean age 27, 92 Males mean age 28). Eight people were tested positive for HIV (6 male homosexuals, 2 bisexuals, mean age 33) and have been integrated to our special HIV positive program. 36 people benefitted from the psychosocial counseling. Information, education and communication materials on HIV/AIDS and STIs in Arabic and English were developed.

Conclusions

Marsa is the first center in Lebanon and the MENA region that provides sexual health services in a professional, friendly and anonymous environment. After one year of work, Marsa became the first VCT center in Lebanon to provide the highest number of HIV tests for clients.



Statistics for HIV and general Sexually Transmitted Infections in Lebanon: a one year retrospective study

Nizar Kinge; Ayman Assi; Diana Abou Abbas; Johnny Tohme; Georges Azzi

Background

Sexual health in Lebanon and the region is a subject whose value is not being properly addressed since the majority of the societies inhabiting the area are of a conservative nature. There are no studies that showed the prevalence of Sexually Transmitted Infections (STIs) in Lebanon and their correlation to age, gender and sexual orientation. The aim of this study was to assess a retrospective on the first year experience of Marsa, the first sexual health center in Lebanon, and to evaluate the statistics for STIs.

Methods

134 clients (92 M, 42 F, age ranged 18-51) have visited Marsa for a medical consultations between March 2011 and January 2012. STIs were examined through oral, urethral, vaginal, anal swabs, or blood samples according to sexual behaviors or symptoms. 452 clients (351 M, 93 F, 5MTF, 3 FTM, age ranged 18-64) have been visiting for only Voluntary Counseling Testing for HIV and Hepatitis B/C (rapid tests).

Results

The most common STI found to be was the Human Papilloma Virus (HPV) whereby 28 patients among 137 presented the symptoms or were diagnosed as positive: 22 Males (19 Homosexuals and 3 heterosexuals) and 6 Females (1 Homosexual, 4 heterosexuals and 1 bisexual). Ureaplasma was found to be very common (16 cases: 9M, 7F). Ten patients were positive for Chlamydia, and 11 for Gonorrhea. Eight males tested positive for HIV (2 Bi and 6 Homo). Only 3 patients among 137 contracted Syphilis. Figure 1 shows the prevalence of STIs among gender and sexual orientation.

Conclusions

Even if the sample is still limited, this is the first study that provides STIs' prevalence in Lebanon. This data showed the large prevalence of HPV and Ureaplasma among patients, noting that HIV is not the only or most commonly encountered infection in sexually active people in Lebanon.

NORTH AMERICA

Demographic and HIV-related discordance between transwomen and their sexual partners: implications for HIV risk among transwomen in San Francisco

Erin C. Wilson; Priscilla Lee Chu; Henry Fisher Raymond

Background

Racial differences between sexual partners has been linked to the spread of STIs, and discordance in serostatus is an epidemiological requirement for HIV transmission. This study examined discordance in demographic and HIV-related risk characteristics of transwomen and their sexual partners to identify explanations for why transgender women are at high risk of HIV.

Methods

Data were obtained from a 2010 population-based study of transwomen in San Francisco. A dataset was created of the last five sexual partnerships during the past six months among transwomen who had at least one sexual partner. Each partnership was analyzed. We examined partnerships by gender, race, injection drug use (IDU), HIV serostatus and race, HIV and IDU discordance.

Results

Of the 334 respondents, 75% (N=250) had one or more sexual partners in the past six months. The 250 recently sexually active transwomen were between the ages of 20 and 77 and had a total of 745 partners. Of the 250 transwomen, 104 were HIV-positive. The range of sexual partnerships per transwoman was 1-500 (median=3; mean=13). The vast majority of partners were men (77%), Asian/Pacific Islanders (49%), and those whom transwomen met on the street (43%). Most partnerships were casual (48%) rather than exchange or main partners. Transwomen were significantly more likely to have sexual partners of different races than their own ($p<.0001$), and were significantly more likely to be in serodiscordant relationships ($p<.0001$). Transwomen were not significantly more likely to be in IDU-discordant relationships.

Conclusion

Transwomen in this sample had racially diverse sexual partners and may be at risk for acquiring and transmitting HIV due to HIV-discordant partnering, especially among casual partners. Based on these findings, interventions and prevention strategies should target risk mitigation within HIV-discordant relationships among transwomen and their diverse network of casual sex partners.

Aging POZ-actively: Colon cancer screening practices among HIV+ clients attending a community health center

Anita Radix; Susan Weiss; Gal Mayer; Ethan Fusaris; Erin Connolly

Background

By 2015, over half of all PLWHAs in the USA will be ≥ 50 years. Quality of care has traditionally focused on anti-retroviral adherence and monitoring of immunologic and virologic parameters, however caring for an aging HIV population also requires evaluating compliance with preventive care guidelines, such as colon, cervical and breast cancer screenings. Few studies have investigated compliance with clinical preventive healthcare services for PLWHAs in community settings.

Methods

Callen-Lorde Community Health Center provides primary healthcare to racially and economically diverse LGBT communities and people living with HIV. A retrospective review of the electronic health records was undertaken for all Callen-Lorde HIV+ patients ≥ 50 engaged in care in 2011, to evaluate compliance with NYS AIDS Institute and U.S. Preventive Services Task Force guidelines for colon cancer (CRCA) screening. Covariates included age, ethnicity, gender/gender identity, insurance, tobacco and substance use.

Results

663 of 3284 HIV+ patients were ≥ 50 years (20.2%). Most were male (87.2%), 7.7% were female and 5.1% transgender women (MTF). Confirmation of colonoscopy was obtained for 30.3% of clients, and varied by gender, education and insurance status, with lowest rates among MTF (8.8%, $p < 0.0001$), less than high school education (16%), and highest rates among privately insured (52%, $p < 0.0001$). In the multivariate analysis, age (aOR 1.4, 1.08-1.20), private insurance (aOR 2.07 (1.23-3.48) and transgender status (aOR 0.09, 95% CI 0.01-0.78) remained significantly associated with CRCA screening. The prevalence rates of tobacco and substance use were 40.1% and 35.7%.

Conclusions

Suboptimal compliance with CRCA screening guidelines was observed even among adequately insured clients. Of greatest concern was the low rate amongst transgender women, suggesting additional individual and structural barriers to care (e.g. stigma, healthcare discrimination). Ensuring optimal health for aging HIV+ clients will require prioritization of preventive healthcare services, including screening for non-AIDS malignancies and addressing issues of tobacco and substance use.

Towel Talk: Conceptualizing and managing mental health/trauma issues in a bathhouse counselling intervention

Rahim Thawer; Marco Posadas

Background

TowelTalk is a mental health counselling program that places professionally trained counsellors in three of Toronto's male bathhouses. This presentation will discuss common presenting issues of bathhouse patrons, with emphasis on trauma and elements of our unique intervention.

Methods

Three professionally trained counsellors offer bathhouse patrons anonymous therapeutic counseling (10 to 45 minutes) as well as referrals. Counselling sessions are held behind closed doors in a room provided by the bathhouse. When a need is identified, counsellors also provide short-term follow-up counselling (up to 8 sessions). Our qualitative data is taken from roughly 200 intake notes that collate themes that come up in the bathhouse counselling sessions along with session summaries that capture trauma histories.

Results

Our findings fit into four branches of meaningful data:

1. Common presenting issues of patrons/clients on the surface: substance use issues, isolation/depression, anxiety/stress, and relationship issues.
2. Trauma histories of patrons can largely be divided into 5 categories: immigration/settlement, coming out/family conflict, grief/loss (often HIV-related), bullying/gender-based violence, and childhood sexual abuse.
3. There are also structural factors that these men face (reflected in counselling session summaries and in the literature) that make men more vulnerable to trauma.
4. There are important elements in our trauma-informed approach and in the unique environment that expand on widely held beliefs around clinical counseling.

Conclusions

Towel Talk challenges many traditional views of what constitutes clinical counseling and demonstrates that such an intervention, despite being in a sexualized environment, can yield positive results in terms of mitigating presenting psychosocial issues and connecting men to services who would otherwise continue navigating the "gay scene" without any affirmation or intervention. Further, the unique environment actually facilitates disclosures and intense, short-term therapeutic work, which also has implications for long term risk reduction, negotiating primary/sexual relationships, and joint responsibility for reducing HIV transmission rates.

Decreasing HIV-related stigma, homophobia and Ageism

Luis Scaccabarrozzi; Hanna Tessema; Cesar Angel

Background

Social stigmatization can take many forms. While people of all ages living with HIV may experience HIV-related stigma, older adults living with the virus may also feel marginalized by ageism. “Ageism” describes a cluster of negative attitudes about older people, including that they are less sexual, less appealing, and less competent. Health care and social service providers, sometimes make assumptions about people based on personal prejudices that they may not be aware of. Ageism and HIV-related stigma—as well as racism, sexism, and homophobia—can impact relationships between older people and their care providers. Problematic behaviors can include overt discrimination, infantilizing “elderspeak,” violation of patient confidentiality, and exclusion of patients from provider/family discussions of patient care, regardless of a patient’s cognitive abilities.

Methods

Over 4,000 training participants from HIV service organizations, aging and senior services, faith-based organizations, health departments in New York City attended a series of presentations in topics that included: Basic HIV; HIV Confidentiality, Sex, Cultural Competency and Aging; Sexuality and Aging, Assessing Sexual Risk, Speaking to Older Adults about Sex and Drugs; and HIV, Older Adults and Mental Health.

Results

Participant’s knowledge, attitudes and skills were assessed before and after their participation. All participants showed improved awareness and knowledge about issues related to HIV and Older Adults; a change in attitude about older adults sexual and substance use behavior as well as improvement in their skills to be able to speak to older adults about sex and substance use behavior.

Conclusions

Aging service providers have been integrating HIV into their existing services and working with HIV service providers to bring HIV testing, awareness and prevention messages to older clients. Providers gained sensitivity towards working with older adults at risk and older adults living with HIV. Continuation of HIV prevention, testing, care and treatment services between HIV and aging services.

Advancing Methods in Internet-based HIV prevention Qualitative research on MSM: Online Synchronous and Asynchronous Focus Group Methods

J. Michael Wilkerson; Ayesha McAdams Mahmoud; Alex Iantaffi; B.R. Simon Rosser

Background

While Internet-based qualitative data collection has many advantages, e.g., elimination of travel and transcription costs and increased participant anonymity, the environment requires unique protocols and facilitation skills. This presentation identifies best practices for running online synchronous and asynchronous focus groups.

Methods

Members of the Sexually Explicit Media (SEM) Study team experienced in online qualitative data collection developed protocols and a one-day training course for researchers interested in learning more about online methods. The team evaluated the protocols while conducting 13 online synchronous and asynchronous focus groups between January 4, and February 10, 2011. Researchers on Project L.U.S.T. (Let Us Stand Together) Speaks participated in a pilot of the training course in October 2011. Between November 9, and December 10, 2011, the L.U.S.T. team conducted 2 online and 10 offline focus groups. When conducting the online focus groups, they adapted the protocols developed by the SEM team. Afterwards, the teams compared experiences and developed best practices for online recruitment and data collection.

Results

Online recruitment, while expensive, quickly identified potential participants for both a national and a local sample. Extra steps were undertaken to obtain participants’ consent and, during data collection, to protect participants’ confidentiality. Online focus groups required facilitators to quickly resolve technical difficulties and to manage multiple conversations while simultaneously incorporating multi-media and visual data collection techniques into the focus group. The L.U.S.T. team found that participants in the online environment were more willing than offline participants to share combative personal opinions and to express disagreement with other participants.

Conclusions

Successful facilitation of online focus groups requires different protocols than those used in an offline environment, and facilitators trained in online qualitative data collection. For sensitive topics, online qualitative data collection methods have advantages to offline methods.

Risk reduction strategies among urban American Indian/Alaska Native men who have sex with men

Cynthia R Pearson; Karina L Walters; Jane M Simoni; Ramona Beltran; Kimberly M Nelson

Background

American Indian and Alaska Native (AIAN) men who have sex with men (MSM) are considered particularly high risk for HIV transmission and acquisition. According to the National HIV/AIDS Surveillance System thru 2009, AIAN AIDS case rate was 6.6/100,000 and HIV incidence rate was 14/100,000. Surveillance data shows HIV diagnoses rate among AIAN increase from 2006-2009.

Methods

In a multi-site cross-sectional survey we interviewed 174 AIAN men reported having sex with a man in the last 12 months and knew their HIV serostatus. Participants were recruited using targeted, partial network, and respondent-driven sampling techniques designed to maximize coverage and minimize selection bias. We used bivariate analysis to describe sexual behavior by HIV serostatus, identify sexual risks associated with sero-discordant and sero-concordant partnerships, and describe types of risk reduction strategies adopted.

Results

There were no important serostatus differences in socio-demographics but there were for risk behaviors. HIV-positive MSM were more likely than HIV-negative MSM to report more than one HIV-positive partner (41.7% versus 5.3%, $\chi^2=35.6$, $P<0.001$) and to report anal sex with their HIV-positive partners rather than their HIV-negative partners (63.3% versus 9.7%, $\chi^2=56.0$, $P<0.001$). Among the 159 MSM reporting any type of anal sex in the last 12 months, we found participants in a sero-discordant partnership were less likely to disclose their HIV status to all their partners (52.4% versus 85.5%, $\chi^2=20.0$, $P<0.001$), $\chi^2=26.6$, $P<0.001$)

compared to those in a sero-concordant partnership. Table 1 shows risk reduction strategies among AIAN MSM. There were no important differences by serostatus.

Conclusion

Public health messages directed towards AIAN MSM should continue to encourage and support proven risk reduction practices including condom use and reductions in the number of sexual partners. Messages should maintain support for HIV testing and include warnings about the potential pitfalls of relying solely on sero-adaptive practices.

Table 1. Risk reduction strategies in the last 12 months among 174 American Indian/ Alaskan Native men who reported having sex with a man

	Total		HIV-Negative		HIV-Positive		Test	
	n	%	n	%	n	%		
	174		114	66	60	34	statistic	P
No anal sex	49	28.2	36	31.6	13	21.7	1.9	0.167
100% condom use	40	23.0	29	25.4	11	18.3	2.6	0.110
100% seroconcordant partnership	37	21.3	21	18.4	16	26.7	1.6	0.206
Strategic positioning	16	9.2	7	6.1	9	15.0	3.7	0.055
No discernible strategy	32	18.4	21	18.4	11	18.3	0.0	0.989

Family, Masculinity, and Stigma as Experienced by Two Dominican Immigrant Men who have Sex with Men: A photovoice Study

Daniel Lyons; Theo Sandfort

Background

Little is known about the intersections of immigration, masculinity, sexuality, and health among Dominican immigrant men who have sex with men (MSM), while their marginalized position increases risk for HIV infection and is likely to affect their mental health.

Method

Using photovoice, a form of participatory action research that uses documentary photography and storytelling, two immigrant MSM from the Washington Heights neighborhood of Northern Manhattan underwent two rounds of photo-taking. Each round was followed by individual in-depth interviews and a group interviews, and an additional group interview in which participants were given the opportunity to print selected photos for one final reflection.

Results

The men's stories, elicited by the photographs they took, showed how familism, as defined by familial support, emotional interconnectedness, and familial honor, has profound effects on the mental health and sexual decisions made by these men. One of the participants, not out to his family at the time of the study, felt the need to maintain a low profile with regard to his sexuality around family members. This caused him to make life-choices that were very different from that of the other participant who was out to his family and lived in his parents' house with his partner. Similarly, machismo in the Dominican immigrant community created a sense of reversed stigma: both participants strive for monogamous relationships to demonstrate to their families not to live up to the cultural stigma that all Dominican gay men are promiscuous and "dirty."

Conclusion

There are significant challenges and barriers to health among Dominican immigrant MSM. This study was small scale but demonstrates the potential to conduct this on a larger scale. Photovoice with a smaller number of participants than is usual, also seems to have the potential to stimulate a person's growth processes.

POP culture - when routine testing is not enough: providing high risk patients with alternative testing strategies.

Nazareth William; Radix Anita

Background

After the National HIV/AIDS Strategy advocated the scale-up of routine testing, many sites eliminated the comprehensive pre-test counseling and related staff that were the mainstay of HIV-testing programs. Highest risk clients may continue to require additional risk reduction counseling and may be inadequately served by fast-tracked HIV-testing. It is important for facilities to find innovative ways to support these clients even as they roll out routine testing. Callen-Lorde Community Health Center (CLCHC), a facility that predominantly serves the LGBT communities, implemented routine testing in 2006. CLCHC has maintained an alternative to routine testing, "Stand Alone testing", that delivers intensive HIV pre and post-test counseling delivered by Prevention Outreach Provider (POPs), using techniques such as Motivational Interviewing and Personalized Cognitive Counseling.

Methods

Patients self-refer or are encouraged by clinicians to participate in the 40-minute Stand Alone testing appointments that allow in-depth conversations about risk reduction and behavioral change. POPs receive annual training in counseling methods. In addition, POPs provide linkage to care tracking, lost to care follow-up, referrals to and coordination with state and city Field Services Units and partner notification services.

Results

In 2011, 1,813 routine tests were performed identifying 6 new HIV+s (0.33%). Stand Alone testing identified 138 positives out of 4,178 tests performed (3.3%). The 10-fold higher rates seen in Stand Alone testing appointments indicates that maintaining options for intensive HIV counseling and risk reduction may be preferred by highest-risk patients.

Conclusion

Medical facilities implementing routine HIV testing should remain aware of the unique needs of high risk clients and consider maintaining HIV testing options provide adequate support and risk reduction counseling. Although routine testing has successfully increased the rates of those knowing their status, high risk clients may prefer a testing environment that provides comprehensive risk assessment, behavioral interventions and emotional support.

HOME: A holistic approach to HIV prevention and program evaluation for young MSM of color in New York City

Sherry Estabrook MA; Ben Parker; Jacoby Johnson; Tamika Howell MA

Background

HIV/AIDS rates are high and rising fastest among MSM of color. The numbers are even worse for African-American MSM: HIV infection rates rose 66% in just three years between 2004 and 2007. Even in New York City, where transmission is more “diverse,” MSM still account for 48% of new HIV infections as of 2010.

Methods

To address the prevention needs of young MSM of color, Harlem United created HOME, or the “Helping Our Men Evolve” Program. HOME uses multiple behavioral theories and comprehensive HIV/STI prevention strategies in a drop-in space setting. Interventions include but are not limited to: Many Men, Many Voices (3MV), RESPECT, Comprehensive Risk Counseling Services (CRCS) and The Volunteer Leadership Program (VLP). Members also have access to in-house psychological counseling, healthcare, housing, and other supportive services. HOME’s health counselors conduct risk assessments on intake and 90 day reassessments to tailor clients’ service plans to their needs and assess client progress. In 2010, HOME enrolled 84 members, of which n=25 received a reassessment within the year.

Results

For those members who received reassessments, a paired-samples t-test revealed a statistically significant reduction in reported sexual risk behaviors ($t=5.48$, $p=.00$). As a result of these findings, HOME designed an assessment tool, called the Outcomes Matrix, which measures changes in education, employment, income, housing, HIV risk, and mental health status on a 10-point scale. In a pilot of the Matrix with n=21 clients in 2011, clients evidenced increases in mean scores across 4/5 domains.

Conclusions

YMCSM who consistently engaged in mental health and risk reduction services for 90 days or more reported reduced HIV-risk factors and improved overall quality of life. HOME’s range of services and evaluation capacity support its clients in making informed decisions about their sexual health, with far reaching positive implications for their health, relationships, and community.

Enhanced Syphilis Disease Intervention for HIV+ Men who Have Sex with Men (MSM)

Ethan Fusaris; Erin Connolly; Anita Radix; Max Park; Kevin Steffens; Jay Laudato

Background

Syphilis disproportionately affects HIV+ MSM, with rates of co-infection as high as 50% reported in the USA. Integral to the control of syphilis is identification and treatment of sexual partners. Public Health Advisors (PHAs) play a vital role in comprehensive syphilis elimination efforts through investigative contact epidemiology, partner elicitation, patient education, and risk-reduction counseling. Historically PHAs are situated in state and local health departments. The National Plan to Eliminate Syphilis underscored the need for alliances with organizational partners, including involvement of community health centers (CHC) and other agencies in provision of culturally competent interventions for persons at highest risk. Callen-Lorde (CLCHC), a CHC that serves primarily lesbian, gay, bisexual, and transgender individuals, as well as those living with HIV/AIDS reports the second highest incidence of syphilis in NYC.

Methods

In 2010 the CDC, in conjunction with the NYC Department of Health and Mental Hygiene, funded the placement of two PHAs onsite to develop and implement culturally competent education and partner services targeting syphilis, especially among MSM. From March to December 2011, the PHAs interviewed clients at CLCHC, often on the same day as their syphilis diagnosis.

Results

Partners were identified in 55% of interviews conducted. In addition, the contact index of the program (number of partners elicited divided by number of patients interviewed) was 2.12, more than double the rate obtained at traditional DOH sites. Whenever patients were unwilling or unable to disclose partner names, most patients provided demographic and risk factor surveillance information. Of the interviews conducted at CLCHC, 95% were MSM. 83% were HIV positive.

Conclusions

Syphilis elimination efforts were enhanced by having PHAs situated in a CHC setting. The collaboration allowed for improved integration with primary care services, provided rapid access to culturally competent and appropriate education and risk-reduction services, and increased the success rate of partner elicitation.

Men who have sex with men inadequately addressed in African AIDS National Strategic Plans

Keletso Makofane; Charles Gueboguo; Daniel Lyons; Theo Sandfort

Background

Through an analysis of Aids National Strategic Plans (NSPs), this study investigated the responses of African governments to the HIV epidemics faced by men who have sex with men (MSM), who, as epidemiologic evidence increasingly shows, are highly vulnerable to HIV.

Methods

NSPs from 46 African countries were obtained electronically. A keyword search was performed in each NSP to determine whether or not it mentioned MSM. NSPs that mentioned MSM were systematically analyzed, paying attention to 1) the representation of MSM and their related HIV risk, 2) inclusion of epidemiologic information on the HIV epidemic amongst MSM and 3) government-led interventions addressing MSM.

Results

31 out of 46 NSPs mentioned MSM. While two-thirds of these NSPs acknowledged that MSM are highly vulnerable to HIV infection, only 9 acknowledged the role of social stigma, and 10 acknowledged the role of criminalization in raising vulnerability. Only 2 NSPs showed estimated HIV prevalence amongst MSM and none included estimated incidence.

Few NSPs showed plans by the government to intervene in the epidemic faced by MSM. 8 NSPs proposed to improve the policy environment and 6 proposed to tackle homophobia and stigma. 14 NSPs proposed HIV prevention interventions, none proposed treatment interventions, and 9 proposed to conduct more research.

Conclusions

Overall, the National Aids Coordinating Authorities (NACAs) of the countries included in the study exhibited little knowledge of HIV disease dynamics amongst MSM and little knowledge of the social dynamics behind MSM's HIV risk. The plans demonstrated low commitment to tackling the epidemic amongst MSM. Though evidence shows that MSM are highly vulnerable to HIV, the NSPs of 15 countries did not mention this population at all. Concerted action is needed to integrate MSM in NSPs and governmental health policies in a way that acknowledges this population and its specific HIV/AIDS related needs.

A Cross-Sectional Assessment of HIV Risks, Access to Services, and Human Rights Contexts Among Men who have Sex with Men (MSM) in the Gambia

Krystal Mason; Sarah Peitzmeier; Nuha Ceesay; Alieu Jammeh; Bai Cham; Dauda Diouf; Jaegan Loum; Donald Deen; Stefan Baral

Background

In 2007, HIV prevalence in the Gambia was estimated to be approximately 1.4% among reproductive age adults. However, HIV prevalence among vulnerable groups such as Men who have Sex with Men (MSM) is unknown. This study represents the first assessment of individual and structural drivers of HIV risk among MSM in the Gambia.

Methods

207 men who reported having sex with other men in the previous 12 months were accrued using peer-referral from July–December, 2011. A structured survey instrument including modules on sociodemographics, sexual practices, and human rights contexts was administered and serum samples were collected for HIV and syphilis testing. Bivariate and multivariate logistic regressions were completed using STATA 11.0 to assess association with HIV and syphilis.

Results

The mean age of study participants was 22 years old (Range 16–48, Median 20). 7.0 % (14/201) reported having ever been married, 55.8 % (115/206) reported at least secondary education, and 32.2% (65/202) reported currently employed. Knowledge for receptive anal sex as the most risky position was 21.7% (40/184), and men who always used condoms with male partners was 9.5%(19/201). Syphilis prevalence was 0.5%(1/205) while the HIV prevalence was 9.8% (20/205) and characteristics associated with HIV include being in the older age group (OR4.2,95%CI1.5–11.5), ever being married (OR6.7,95%CI 1.98–22.75), and if they told family members about their sexual orientation (OR6.3,95%CI1.4–28.6). Risk factors associated with ever experiencing a human rights abuse include feeling rejected by their family (OR21.2,95%CI8.2–54.7) and scared to go out in public (OR14.1,95%CI5.4–36.6).

Conclusion

These data highlight that MSM in the Gambia are at high risk for HIV infection secondary to high risk practices and limited HIV-related knowledge. Structural barriers increasing HIV risk are prevalent with social stigma targeting sexual orientation and limited access to HIV prevention services. A comprehensive HIV response for MSM should target multiple levels of HIV-related risk including increasing social capital as well as increasing access to healthcare, education, and counseling.

Factors associated with HIV risk reduction among men who have sex with men (MSM) in Cape Town

Geoffrey Jobson; Andrew Tucker; Glenn de Swardt; Kevin Rebe; Helen Struthers; James McIntyre

Background

The high HIV prevalence among MSM in South Africa makes it important to understand the characteristics of MSM who have remained HIV-negative and who take measures to reduce their HIV risk. Differences between 'risk-reducers' and other MSM in the same population may provide insight into interventions supporting the uptake of risk-reducing behaviour.

Methods

315 local (aged 18–54) MSM were recruited using chain-referral sampling. Participants completed a questionnaire, took an HIV test and a syphilis test. Twenty-nine (9.21%) participants who reported consistent condom use, tested negative for HIV and syphilis, did not use oil-based lubricants at last anal intercourse, and reported not drinking or using drugs prior to sex in the last six months were classified as 'risk reducers'. A multivariate model of predictors of risk-reduction was constructed using demographic, HIV testing, social support, and mental health variables at $p < 0.05$ in STATA 10.

Results

Being a risk-reducer was associated with knowledge of safe lubricants for anal sex (OR 4.37 95%CI 1.39 – 13.71), risk perception of insertive anal sex without condoms (OR 2.37 95%CI 1.04 – 5.4), and perception of family support in the event of homelessness (OR 1.84 95%CI 1.05 – 3.21). Not being a risk reducer was associated with the perception of having hurt one's family due to sexual orientation (OR 0.59 95%CI 0.39 – 0.89).

Conclusion

Risk-reduction behaviour in this sample was associated with specific knowledge of safe lubricants and increased perceptions of HIV risk. This could suggest the need for more specific prevention messaging around anal intercourse for MSM in this context. The family contexts of MSM may also play an important role in their HIV risk, and this needs further research in the South African context.

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Perception of STI risk, Practice of payment for sex and Prevalence of STI among MSMs, a case study from Nigeria

Sekoni Adekemi (Dr); Kadiri Audu (Mr)

Background

Policy makers over the years have neglected to make provision for sexual and reproductive health programs (including HIV prevention) for MSMs among the populace in Nigeria.

Methods

A cross sectional descriptive study was carried out among MSMs who attended a sensitization seminar in Lagos Nigeria. A semi structured pre tested interviewer administered questionnaire was used to collect information from the 66 participants after informed consent before the seminar started. Data was analyzed using Epi info version 3.5.3.

Results

The mean age was 24.03yrs + 4.67, about 62% described themselves as bisexual, 76% were single, not in a cohabiting relationship and had at least secondary school education. For perception of STI risk, 72%, 68% and 45% respectively think that anal sex, vaginal sex and oral sex is risky. A third of the respondents' (64%) belief that they are at risk of STIs, regarding acts that were considered risky for HIV transmission, 73% agreed that having multiple sex partners is risky, 46% and 54% respectively agree that sex without condom and sharing of sharp objects was risky. The prevalence of reported symptoms of STI was 67%, the most reported being burning sensation during urination followed by penile discharge while the least was painful genital blisters. Two thirds of the respondents (66%) had received payment for sex in the past while 52% had paid for sex in the past, respondents who had paid for sex were more likely to have gone for HCT ($p = 0.023$). Respondents who reported clubbing as their leisure time activity were more likely to report symptoms of STIs ($p = 0.000$)

Conclusion

The prevalence of reported symptom of STI was high, risk perception about unprotected sex was low while the practice of paid sex was also high in this group of MSMs.

Nothing for us without us: Empowering the HIV-positive MSM

Martin Kyana; Esther Adhiambo

Background

Research documents high HIV prevalence among Kenyan men who have sex with men (MSM). However, targeted services for MSM are inadequate or non-existent in most parts of Kenya. Furthermore, general lack of knowledge subjects HIV-positive MSM to double stigma even within presumably supportive LGBT communities. The few existing HIV-positive MSM support groups have not adequately addressed the needs and challenges of HIV-positive MSM. Our hypothesis is that empowerment of HIV-positive MSM to speak and advocate about their health can reduce their fear and isolation, increase their capacity for health, increase awareness in LGBT and HIV communities, and inform development of appropriate services.

Methods

PEMA Kenya implemented a campaign “Nothing for us without us”. A group of twelve HIV-positive MSM was formed to raise awareness about challenges faced by HIV-positive MSM. All are in Mombasa and have experience of poverty, sex work and/or drug use. During 2011, the men spoke and advocated in multiple venues, including national forums, peer education programs and stakeholder meetings. They raised visibility of HIV-positive MSM and advocated for targeted programming that strengthens and empowers HIV-positive MSM, advocating for more than monthly support group meetings.

Results

“Nothing for us without us” created spaces for HIV-positive MSM to reduce isolation, increase capacity for health, and represent their own HIV care and treatment needs. This was complemented by training of nine peer educators and dialogue with service providers and donors to ensure inclusion and representation of HIV-positive MSM in HIV programming.

Conclusion

Most HIV programs targeting MSM in Kenya focus on primary prevention for HIV-negative men. Campaign by PEMA Kenya demonstrates opportunity to empower HIV-positive MSM to raise awareness about HIV/AIDS, combat stigma and marginalization, and inform development of services, infrastructure, and holistic approaches for the health of HIV-positive gay men and other men in Kenya.

WESTERN/CENTRAL EUROPE

Considering HIV risk among male sex workers (MSW) with clients and non-client partners

Sónia Dias; Ana Gama; Luís Mendão; Inês Rego; Henrique Barros

Background

Despite increasing risk among MSW for HIV infection and transmission, data on sexual practices and preventive measures among this group in Portugal remains scarce. This study aims to describe sexual behaviours and preventive practices among MSW in Portugal.

Method

A participatory study was developed with a snowball sample of 106 MSW (mean age 29.4 ± 7.6 years; 50% Portuguese). A face-to-face questionnaire was used with information on sociodemographics, sexual behaviours, testing and reported infection. Chi-square test was used to analyse associations between the variables under study.

Results

About 56% of participants declared doing sex work in indoor settings (78.6% of non-nationals vs. 34.1% nationals; $p < 0.001$) and 36% in streets/car (56.8% of nationals vs. 14.3% of non-nationals; $p < 0.001$). During the last working day, 48% of participants reported 2-4 clients, 38% reported one and 10% reported 5-10. Around 26% of participants reported inconsistent condom use with clients in the last month. Unprotected sex with last client was reported by 17.5% of participants, being the main reasons thinking it was not necessary (50%), the client having paid more for not using (16.7%), client's objection to condom use (11.1%) and having no condoms (5.6%). As regards the most recent non-client partner, unprotected sex was reported by 45.8% of participants. A half reported condom breakage in the last 6 months. Dating or sexual violence was reported by 12.2%. Around 82% of participants were tested for HIV; among these, 75.6% were tested in the last year. Around 5% of participants reported being HIV positive.

Conclusion

Knowledge on sexual behaviours and preventive practices among MSW may provide an important ground for future action on HIV prevention among this group and partners involved.

HIV sexual behaviours among men who have sex with men in steady and casual relationships

Ana Gama; Luís Mendão; Ricardo Fernandes; Ricardo Fuertes; Sónia Dias

Background

Men who have sex with men (MSM) are one of the groups at greater risk for HIV infection. Data on condom use among Portuguese MSM is limited; yet, this information is valuable to design preventive strategies. This study aims to examine sexual behaviour and correlates of condom use among MSM in Portugal.

Method

A cross-sectional study was conducted with a purposive sample of 1046 MSM (mean age 31.9 ± 9.9 years; 87.6% Portuguese; 78.9% secondary/higher education). Data were collected through a structured questionnaire. Proportions were compared using chi-square test. The magnitude of the associations was estimated by means of odds ratios (OR) with 95% confidence intervals.

Results

Overall, 76.2% of participants used condom at last sexual intercourse: 77% of nationals and 72.6% of non-nationals. The main reasons for having not used condom were sex with steady partner (66.7%), not thinking it was necessary (13.7%) and disliking to use (9.4%). Condom use was significantly associated with not living with a partner (78.3% vs. 59.2% of those living with a partner; $p < 0.001$) and having had only casual partners in the last year (89.9% vs. 52.9% of those having had only steady partners; $p < 0.001$). Higher odds of having used condom at last sexual intercourse were associated with increasing number of sexual partners in the last year (2-4 partners: OR=4.03, CI95%=[2.33-6.97]; 5-12 partners: OR=6.12, CI95%=[3.40-11.03]; ≥ 13 partners: OR=7.01, CI95%=[3.79-12.94]; compared to one partner) and frequent attendance to bars and clubs to meet sexual partners (OR=2.80, CI95%=[1.36-5.76], compared to rare attendance). Lower odds of condom use were associated with living with a partner (OR=0.50, CI95%=[0.31-0.80]). No significant association was found between condom use and age, educational level and nationality.

Conclusion

The findings show that unsafe sexual practices remain among a proportion of MSM. Continuing efforts are needed to reinforce behavioural changes toward consistent condom use.

Alcohol and drug use during sexual intercourse among men who have sex with men in Slovenia: a time location sample

Miran Solinc

Background

An increase in new HIV infections has been reported among men who have sex with men (MSM) in Slovenia since 2006. The aim of this study was to examine the level of alcohol and drug use as risk factors for HIV transmission during last sexual intercourse among MSM who frequented gay venues in Ljubljana in 2010.

Methods

The study enrolled men that were at least 18 years of age and had been involved in sexual contact with another man in the last 12 months. Bio-behavioral sampling was conducted and a consensus agreement was signed. Oral fluid samples were collected with a dental swab tool and structured questionnaires were self-administered ($n=401$). Oral samples were tested for HIV and self-reported data were statistically analyzed to determine the use of alcohol and drugs.

Results

HIV prevalence rate was 5.1%. One-third of the sample used alcohol before or during their last sexual intercourse and nearly one-half of this group tested positive for HIV. Of all respondents, 25.6% used other drugs before or during the last sexual intercourse and 38.9% of those respondents tested HIV positive. Participants reported the use of poppers, Viagra, cannabis, MDMA, cocaine and amphetamines before or during their last sexual intercourse.

Alcohol users reported higher levels of risky behavior, including unprotected anal sex and receptive oral sex with ejaculation in their last sexual intercourse with casual partners, compared to those reporting that they did not use alcohol. Use of at least one drug (poppers, Viagra) was higher among MSM who had unprotected anal sex with a casual partner as compared to those who did not use drugs.

Conclusions

The study revealed high levels of alcohol and drug use among MSM during sexual encounters. The data suggest that alcohol and drug use should be addressed as an integrated and important part of HIV prevention.

HIV and transgender sex workers in Portugal: Findings from a participatory study

Sónia Dias; Ana Gama; Luís Mendão; Ricardo Fuertes; Henrique Barros

Background

Sex workers are at greater risk of HIV infection compared to other population groups; transgender sex workers (TSW) are particularly vulnerable due to additional stigma. Still, HIV epidemiological and behavioural data among TSW in Portugal is non-existent. This study aims to provide information on HIV infection among male-to-female TSW in Portugal.

Method

Based on a participatory approach, a cross-sectional study was developed with female, male and transgender SW purposively selected. This paper focuses on transgender sample (n=81; mean age 33.7±9.8 years; 32.1% non-nationals – 96.2% from Brazil). Data was collected using a questionnaire; a rapid test was proposed. Descriptive analysis of data was performed.

Results

Overall, mean age at the first sexual experience was 13.8±3.3 years. Approximately 48% of participants worked indoor, 37.5% outdoor and 15% in both settings. Outdoor sex work was reported more often by Portuguese participants (48.1% vs. 15.4% of non-nationals; p=0.005). During the last working day, 64.5% had 2-4 clients, 27.6% had ≥ 5 and 7.9% one. All participants reported condom use with most recent client. Around 43% of participants had one non-client partner in the last year and 36.5% had ≥ 2. Condom was not used with most recent non-client partner by 27% of participants. Overall, 54.1% reported condom breakage in the last 6 months. Dating or sexual violence (with a partner or a client) was reported by 11.4%. Most participants have ever used substances (92.6% of non-nationals vs. 72.2% of nationals; p=0.034), being the most common cocaine (42.2%), cannabis (37.5%) and heroine (10.9%). All participants had been tested for HIV; 74.2% in the last year. Of the total sample, 15.4% reported being HIV-positive. Among those who did the rapid test, 22.2% were reactive. No significant differences were found across nationality.

Conclusion

Tailored initiatives must be developed to promote evidence-based prevention programs that address specific needs of TSW.

Moderate-Scoring Abstracts

Titles of moderate-scoring abstracts are listed below. The full text of these abstracts can be accessed on our website by clicking this link: www.msngf.org/missingvoices

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2	Quality HIV/AIDS Prevention and Treatment Services to Hearing Impaired MSM in Jamaica By Steve Goodrich, Dane Richardson and Kandasi Levermore	Steve Goodrich
3	Challenging antigay prejudice as a structural intervention to reduce HIV vulnerability among gay and bisexual men and other men who have sex with men (MSM)	Sean Cahill
4	The Golden Stars of the Sexperts: an intervention to identify MSM friendly HIV/STI clinics using peer mystery testers	Nicklas Dennermalm
5	Addressing challenges for Men who have sex with Men (MSM) programming in Cameroon; lessons learned	Rose Françoise, Tchwenko
6	Sociocultural Contexts of HIV Risk Behaviors among Female Sex Workers (FSW) and Male-to-Female Transgender (Kathoey) Sex Workers (KSWs) in Bangkok, Thailand	Tooru Nemoto
7	Differential surveillance of sexually transmitted infections (STIs) among MSM in 16 United States Metropolitan Statistical Areas (MSAs)	Dylan Galos
8	Life lessons. A teaching strategy for elementary education teachers to tackle homophobia issues in Mexico	Antonio Alberto Solis Rodriguez
9	Challenges and Opportunities facing Men who have Sex with Men (MSM) programs in West and Central Africa: Examining case studies from Cameroon, Ghana, Mali, Burkina Faso and Togo	Laurent Kapesa
10	Awareness process aimed to staff working with people living with HIV in penitentiary centers in Mexico City	Rafael Villanueva
11	Socio-cultural, economic and sexual factors that influence vulnerability to HIV in MSM and TG in Santa Cruz, Bolivia.	Dolly Sonia Antunez
12	Informing your peers: A qualitative assessment of challenges and successes of peer educators providing HIV prevention services for Men who have Sex with Men (MSM) in Blantyre, Malawi	Susanne Strömdahl
13	The value of Peer Support. Evidencing significant change for HIV + Gay and Bisexual Men accessing a Peer Support Service in Scotland.	Neil Bird
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The Global Forum on MSM & HIV (MSMGF) is a coalition of advocates working to ensure an effective response to HIV among MSM. Our coalition includes a wide range of people, including HIV-positive and HIV-negative gay men directly affected by the HIV epidemic, and other experts in health, human rights, research, and policy work. What we share is our willingness to step forward and act to address the lack of HIV responses targeted to MSM, end AIDS, and promote health and rights for all. We also share a particular concern for the health and rights of gay men/MSM who: are living with HIV; are young; are from low and middle income countries; are poor; are migrant; belong to racial/ethnic minority or indigenous communities; engage in sex work; use drugs; and/or identify as transgender.

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Missing Voices from the Field:

A Selection of MSM and Transgender Abstracts Rejected from the 2012 International AIDS Conference

July 2012

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