Impact of Sexual Partners and Practices in HIV/STD Risk Reduction Strategies of MSM Living with HIV

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Abstract: *Background*: Despite the knowledge that MSM are a key group for the HIV epidemic, often the topic of sexual practices of MSM is not free from discrimination, and it is worsen in people living with HIV as a result there is a notable lack of strategies reducing the risk for re-infection of HIV and other STD applicable to MSM specific needs as described by MSM themselves.

Objective: To describe the risk reduction strategies of MSM living with HIV in Mexico City

Methods: Semi-structured interviews were realized to a group of MSM living with HIV focusing on socio-demographic characteristics, sexual practices, history of HIV and STD diagnosis, prevention strategies and risk reduction strategies.

Results: The MSM group classified its sexual partners as: “Affective”, “Regular” and “Casual”. The MSM group had on average 40.73 years old and received their HIV diagnosis 10.52 years ago on average. Before being diagnosed to be living with HIV, the MSM group held an average of 403 sex intercourses per year having started its sexual life between 15 and 16 years old. After diagnosis the MSM group maintained 100.66 sex intercourses on average per year, which indicates a decrease in sexual activity.

Conclusion: The challenge of interventions with MSM living with HIV is to combine individual attention that enables them to feel accompanied and understood their emotional and personal status when doing risky practices. Combining personal reflection to identify what works best individually in a situation of risk, knowing different alternatives to maintain safe sex and meeting in greater depth what peers have done to avoid falling into risky sex practices.

Keywords: Re-infection, HIV, STD, risk reduction strategies, MSM.

INTRODUCTION

The acronym Men-who-have-sex-with-men (MSM) has been referenced since 1992 by Doll *et al.* to refer to sex between men and avoid conflicts over the use of definitions of sexual orientation and gender identity [1].

Today MSM are the group of people with the highest HIV prevalence; even, in some countries up to three times higher than other adult male populations [2]. In Mexico, The Joint United Nations Programme on HIV and AIDS (UNAIDS) estimates that the number of people of all ages living with HIV is 200,000 (180,000-220,000) [3] and MSM are considered as one of the groups of people that concentrates the epidemic [4,5].

Despite the knowledge that MSM are a key group for the HIV epidemic, often the topic of sexual practices of MSM is not free from discrimination, and it is worsen in people living with HIV as a result there is a notable lack of strategies reducing the risk for re-infection of HIV and other STD applicable to MSM specific needs as described by MSM themselves.

Considering the importance of respecting the human rights of sexual diversity, we decided to focus on the perspective of *risky practices* for the STD transmission [6,7]; so we explored risky practices of MSM living with HIV with a perspective in which the dignity and human rights of people living with HIV is emphasized [8-11]. In order to include MSM in designing prevention strategies, eliminating any bias of stigma and discrimination by means of our approach and involvement with this population we used a participatory action research (PAR) methodology [12].

METHODS

Participants

The participants were a group of 25 MSM living with HIV whose inclusion criteria was: men who lived in

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Mexico City, over 18 years old, who had sex with other men or felt sexually attracted to men and they reported having understood the nature and purpose of the study and decided to participate. The sampling method was convenience-method since this population is a group considered as one of difficult access.

The MSM group was between 26 and 54 years old with professional studies, middle socio-economic level, with access to antiretroviral treatment (ART) and medical care in public institutions.

Tools

This focal group that shared an occupational, geographic, sexual and genre identity was targeted with semi-structured interviews and major questions were focused on socio-demographic characteristics, sexual practices, history of HIV and STD diagnosis, prevention strategies and risk reduction strategies.

During the interview the MSM group was asked about sexual partners, type of sexual practices, meeting places (venues for sexual intercourse), data on diagnosis, previous and post health status to HIV diagnosis.

Procedure

The human rights perspective served as our philosophy to acclimate a space where participants felt accompanied by us. The space had the capacity to generate confidence and motivate the MSM group to describe their sexual experiences and sexual practices before and after their HIV diagnosis and describe their risk reduction strategies used in their everyday life.

Although this research was qualitative we had the hypothetical assumption that the participants continued making the same risky sexual practices for HIV/STD after their HIV diagnosis.

This study was developed with adherence to the Helsinki declaration. Participants met during 6 sessions of 3 hours each held between July 2013 and May 2014. The study consisted of three phases over 6 sessions that covered: 1) Promoting an atmosphere of trust and confidentiality, 2) Interviewing and finally 3) Exchanging risk reduction strategies in sex practices.

The sessions-facilitators were peers (i.e. MSM living with HIV) of the MSM group and known in advance each other. This was important to encourage dialogue and participation [13].

Finally, a session of reflection and validation of the information was done, which made easier the description of sexual practices and strategies of each participant before and after the HIV diagnosis.

Analysis and Validity

All sessions had enough quorum (15 persons, i.e. 60% of the MSM group) so the information remained an important representativeness. And the information was also validated with the comments of the participants. After the information collection, researchers met with the MSM group to discuss the results of the interview and seek to exchange experiences and risk reduction strategies in sexual practices among the MSM group.

Analysis of results, discussion and conclusion of this information was performed by a comparison between before and after HIV diagnosis according to the observations and comments of the MSM group. Thus, the validation of the results was performed by the MSM group itself.

RESULTS

The MSM group classified its sexual partners as: “Affective” when love and friendship was involved, “Regular” when only friendship was involved and having regular or frequent intercourses, and “Casual” when having an intercourse with a man not previously known. After the interview, The MSM group had on average 40.73 years old and received their HIV diagnosis 10.52 years ago on average. Before being diagnosed to be living with HIV, the MSM group held an average of 403 sex intercourses per year having started its sexual life between 15 and 16 years old. After diagnosis the MSM group maintained 100.66 sex intercourses on average per year, which indicates a decrease in sexual activity.

The percentage of people who had a STD other than HIV at HIV diagnosis moment was 100%. After HIV diagnosis only 62% continued having a STD. Participants discussed the changes in their diagnosis about STD (other than HIV) concluding that it was because they got to know the signs and symptoms of STD’s and they could identify it in their sexual partners as reported in Table **1**. Another explanation provided by the MSM group was preferring sexual intercourses only with people living with HIV as seen in sexual practices reported in Table **2** (92 % practicing sero-sorting) which is consistent with other reports [13,14];

Table 1: Sexual Partners and HIV /STD Diagnostic Statistics among the MSM Group

Variables	Before the HIV diagnosis		After the HIV diagnosis	
	Mean (Rank)	Median	Mean (Rank)	Median
Number of sexual intercourses	403 (3-2000)	175	100.66 (5-500)	50
Affective sexual partners proportion	44.84 (0 -100)	58.5	44.68 (0-100)	50
Regular sexual partner proportion	13.43 (0-50)	25	17.88 (0-60)	30
Casual sexual partner proportion	41.58 (12.5-100)	45	37.36 (0-100)	62.5
Age	40.73 (26-54)	40	10.52 (2-24)	7
Proportion of participants with a STD	100	-	62	-

even though, this also may be an effect of prophylactic medicines using (which was not evaluated). The MSM group continued to perform sexual practices very similar to that performed before its HIV diagnosis, although with less intensity, The MSM group reduced the frequency of sexual intercourse and the number of sexual partners.

Table 2: Sexual Practices among the MSM Group

Sexual practice	Proportion
Masturbation	85
Anal masturbation	67
Three some	85
Sero-sorting	92
Sadomasochism	46
Leather practices	46
Anal intercourse	85
Penetration	92
Oral sex (receiving)	100
Oral sex (giving)	100
Voyeurism	100
Orgy	100
Swinging	85
Cybersex	85
Bareback	85
Double penetration	83
Golden shower	62
Fisting	38
Bar flirting	85
Sexual toys	69
Rimming	92
Cum-kiss	100
Local venues	92
Bath	92
Cinema	85
Cabins	62

Once sexual practices among the MSM group were analyzed as reported in Table **2**, it was also relevant to identify the trend of unprotected sexual practices (not using a condom) contrasting this practices before and after HIV diagnosis. We sought to identify whether the MSM group increased, decreased or kept consistent its sexual practices with barrier methods. And we found an increased in 33% of participants, a consistent using of condoms in 53% of participants and a decrease in 14 % of participants as reported in Table **3**. Most stated a general inconsistent or null condom use during sex (13 vs. 2).

DISCUSSION

Once we had the above information systematized, we presented it to the MSM group. This data was used for two activities: Firstly, to encourage reflection by participants of the group on risk reduction strategies for re-infection of HIV / STD and secondly, to provide feedback information and complement it with testimonies of the MSM group members.

Given these results, the MSM group agreed knowing about the consequences of unprotected sexual intercourse (for HIV and STD's), but there are two ways to proceed in its daily life: 1) Performing risky practices consciously assuming the possibility of re-infection by HIV and STDs and 2) Leaving to sexual partners to take the decision about unprotected sexual intercourse.

The MSM group report that after receiving HIV diagnosis, it is common for people to transit through a period of sex abstinence from 3 months to 3 years this is due to three reasons the MSM group itself said: 1) "to expiate guilt", 2) "to seek methods of personal care" or, 3) "to make aware and accept personal responsibility for their own health". The MSM group agreed to have gone through "a complex process of acceptance", as discussed during the feedback session

Table 3: Condom Use Frequencies and Unprotected Sexual Practices Trend According to Sexual Partner and HIV Diagnosis

	Condom use			Unprotected sexual practices contrast before and after the HIV diagnosis among members of the MSM group		
	Always	**Never**	**Inconsistent**	**Increase**	**Consistent**	**Decrease**
According to sexual partner						
Affective	2	0	5	0	5	2
Casual	0	2	3	5	0	0
Regular	0	0	3	0	3	0
General	2	2	11	5	8	2
According to HIV diagnosis						
Before	2	3	10			
After	3	1	11			

people that have a sexual intercourse only use condoms when other people "worth". This means that a person is aware about using a condom when subjectively thinks the partner is significantly valuable: If the partner is "beautiful", if the partner is "my boyfriend", if the partner is "important", etc.

It is noteworthy that people who always use a condom or practices safe sex are those having relationships (Table **3**), couples involved in “affective” relationship. None perform unprotected sex. Meaning that condom is used as a preventive measure with a loving partner, being sero-discordant or not. The MSM group said that not all members take care about condom use from having a partner, but there was a general consensus that when having a loving partner, the person is more concerned about his partner’s care.

This led us to look at each specific case, the sexual partners of the participants as mentioned in the results and to address this issue, we saw that indeed, participants who have “affective” relationships did not increase their risky practices but inversely the frequency of risky practices decreased (Table **3**).

This means that this population has “safe sex” when they maintain an emotional relationship or friendship with their sexual partners. However this does not mean that people do not perform certain unsafe or risky practices. The participants reviewed that knowing (as a friend) their sexual partner provides a greater opportunity to "explore the diagnosis closely with better depth" and even to disclose their HIV status. They report that many of their current friendships have been built after their HIV diagnostic and are mostly people who are also living with HIV.

Even they said that the influence of these friends or affective partners make them more likely to receive information about risk reduction strategies, and avoiding “casual” relationships in local venues for sexual intercourse. Some participants report that when there is not an emotional or friendly relationship is more common that sex is used to make "contact" with their emotions, while others participants refer to use sex to "evade their emotions"; because it is the only way that they are not criticized by others or labeled disparagingly.

CONCLUSIONS

As shown in the above results, the challenge of interventions with MSM living with HIV is to combine individual attention that enables them to feel accompanied and understood their emotional and personal status when doing risky practices. i.e. combining personal reflection to identify what works best individually in a situation of risk, knowing different alternatives to maintain safe sex and meeting in greater depth what peers have done to avoid falling into risky sex practices. So with this work the MSM group agreed on the following strategies to reduce risk in sexual practices for the re-infection of HIV / STD:

Strategy 1

100% of the MSM group members said that the best strategy to analyze the situation wisely and receive information related to risk reduction for HIV / STD is when newly HIV diagnosed people is in “the period of sexual abstinence”.

Strategy 2

A useful risk reduction strategy will be that provided in support networks when associated to a strong emotional bond or friend and not just informative talks, adherence or administrative support in health services.

Strategy 3

An “affective” partner implies greater personal and sexual care; the opinion of 13 participants is that when they have a loving couple always will seek a further reduction of risk of re-infection of HIV / STD. In this case they will always try to avoid the exchange of fluids, because from on their own words "it is not nice lie on his back the burden", talking about the possibility of transmitting the HIV to a friend.

Strategy 4

In addition to these activities it is necessary to explore individually the risk management with the support of a trained person in gender issues, discrimination, sexual prejudice, stigma and human rights as well as latent emotional aspects associated with the realization of sexual practices, because health services are concerned only in medical and biological aspects "or whether we are crazy and they forget that we are people who did not want to get sick".

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COMPETING INTERESTS

The authors declare that they have no financial or personal relationship(s) which may have inappropriately influenced them in writing this manuscript.

AUTHORS' CONTRIBUTIONS

PED (Centro de actividades multidisciplinarias de prevención CAMP AC) and RRVR (UNAM) likewise worked in the design, development and analysis of the study, AFF worked in the design and development of the study, and MDLLSG wrote the first draft of the manuscript.

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