Recommended Strategy for HIV Prevention in MSM in Hong Kong

Background

1. AIDS has been closely linked to homosexuality since its discovery in early eighties. The initial clustering of cases in homosexuals in the United States and the active involvement of gay groups have contributed to the public perception that AIDS is synonymous with homosexuality. In 1983, the virus causing AIDS, later termed Human Immunodeficiency Virus, was discovered. It was then established that the spread of HIV in homosexuals is related to sexual contacts, rather than the sexual identity per se. The other routes of transmission are blood contacts and mother-to-infant transmission.

2. Despite such knowledge, homosexuals have remained a specific target group in the subsequent AIDS efforts in many developed countries. It may be partly related to the unique cultural and social environments associated with homosexual community. Such approach has been associated with success in some countries with strong participation of the gay groups, while on the other hand, incriminated as deepening their stigmatization. For public health usage, the term MSM, stands for 'men who have sex with men', is becoming more popular as it reflects the emphasis on sex behaviour rather than sexual identity, and is taken to include all who practise male-to-male sex yet may not regard themselves as homosexuals .

3. In this paper, we examine the HIV situation in MSM population, explore the vulnerability of MSM to HIV infection, identify intervention opportunities, and establish goals and principles of HIV prevention strategy. A public health perspective is adopted and pragmatic approach proposed with the ultimate aim of minimizing spread of HIV and its impacts in MSM.

HIV/AIDS Situation and MSM

4. On a global scale, an estimated 30 million people are living with HIV/AIDS as of the end of 1997. Sexual transmission between men has been contributing to 5-10% of all HIV cases worldwide. In developed countries such as United States, Australia and most of the Western European countries, close to 70% could be attributed to sex between men1.

5. As regards the local situation, the government surveillance system has reported a total of 1005 HIV infections as of the end of first quarter of 1998. Cumulatively, a total of 82.4% had acquired the infection via sexual contact, and 28% of them admitted to be homosexuals. On an annual basis, 13.4% and 18.2% of the cases reported in 96 and 97 were allegedly homosexuals. This has been considered as an underestimate as those who had not self-identified as gay were not included.

6. While the conventional disease surveillance could hardly reflect the real time trend of HIV spread, an examination of the situation of the surrogates or risk factors, for instance, sexually transmitted diseases and unsafe sex behaviours, are more useful for public health planning. There is, however, a lack of information on the sexually transmitted diseases in MSM.

7. As for the risk behaviours, there are only a few small size studies. A clinic based behavioural surveillance at an HIV screening clinic found that, half of its MSM attendees reported having had 3 sex partners in the year before. While paid sex was uncommon, 80% reported having had non-regular, non-commercial sex. Condom use, with either type of sex partner, was inconsistent . Another study conducted among 100 members of gay organizations reported the average number of lifetime sex partners of 3.1, and 11% did not adopt any safer sex measures .

Vulnerability of MSM to HIV Infection

8. Multiple sex partners and unprotected sex intercourse are the two most important behavioural risk factors of HIV infection. For unprotected anal sex, the receptive partner is at a higher risk of HIV transmission (0.5 to 3.0 infections per 100 exposures), as compared to vaginal sex (0.1 to 0.2 infections per 100 exposures) . This is related to the biological vulnerability that the rectal lining is thin and can tear easily encouraging virus entry. Presence of sexually transmitted diseases, which could have different clinical presentations in MSM, would further aggravate the risks of transmission.

9. The biological vulnerability could be reduced effectively by using condoms as a barrier to body fluid exchange. Lubricant, such as KY Jelly, is also popular in MSM to reduce trauma and for comfort. However, there has not yet been any lubricants that have reliable virucidal effects.

10. The social vulnerability of MSM can be attributed to a number of phenomena. Self-identification as gay is regarded as an unique process in MSM1, . Many are also overwhelmed by concerns such as interpersonal relationship, family and parental issues. The associated individual frustrations could be aggravated by an unfavourable macro-environment, often attributed to the low public acceptance towards MSM and the low visibility of the community. These factors are, nonetheless, dynamic and the impacts on HIV prevention have yet to be elucidated.

The MSM Microcosm - Intervention Opportunities

11. As in other cultures, MSM in local community may gather for various social and personal purposes. These may provide intervention opportunities5.

12. Currently, nine bars, including Karaoke and night-clubs, have been identified to be common MSM social venues in Hong Kong. Sexual contact among MSMs may take place in private, or public sex venues. In Hong Kong, 12 saunas (sometimes called 'fitness clubs') and at least 14 public toilets are frequented by MSM 5, who may have sex in these places. Targeted actions have been undertaken at these venues in the form of condom and lubricant supply and safer sex promotion by an outreach project initiated by an AIDS services organisation.

13. In addition, there are currently 11 gay organizations, most of them sprung up after the decriminalization of homosexuality in 1991. These organizations hold a variety of activities including social functions and hotline services. The emphasis of each may vary and the size of membership unclear. Unlike their counterparts in the United States or other developed countries, the local gay groups have relatively little direct involvement in the issue of HIV prevention. One of the reasons is that the local gays tend to distance themselves from AIDS because of potential stigmatization.

14. As far as health care facilities are concerned, there have been little establishments that provide health care services specifically to gay men. Adolescents found to have problems with sexual orientation are frequently referred to clinical psychologists or psychiatrists. Those who suspected themselves having sexually transmitted diseases may obtain treatment at the government Social Hygiene Services as the other heterosexual population. However, the attitudes of the health care staff would be strong determinants of the popularity of such clinics among MSM. Less than 5% of their attendees have reported to be homosexuals.

HIV Prevention in MSM

Goals

15. The common goals of preventing HIV prevention and ensure access to care of the infected should be

equally applied to MSM.

Principles

16. The collective efforts should ultimately aim at modifying both the social and biological vulnerability of MSM. A supportive environment which encourages the awareness of MSM, availability of tools and skills for safer sex practice, and sustainable intervention among MSM should be promoted. Last but not least, crucial to effectiveness and sustainability is the active participation of the community especially the MSM groups.

HIV Prevention Strategies in MSM

17. These principles could be translated into the following recommended strategies:
(a) population wide efforts:
- encourage public acceptance to MSM
- minimize resistance to HIV prevention messages
(b) health care setting:
- improve access to care for MSM
(c) focussed prevention:
- enhance awareness
- build skills for negotiation for safer sex
- build skills for safer sex practice
(d) Participatory approach:
- mobilize gay communities for direct prevention initiatives
- encourage long term involvement and sustainable involvement
(e) Research:
- conduct applied research to facilitate the development of prevention initiatives and evaluation

Issues for further exploration

18. There are a number of uncertain areas which may be important in the design of HIV prevention activities and prioritization. Some of them are:
(a). the determinants of self-identification and coming out in MSMs and how they relate to HIV prevention, HIV testing and subsequent care;
(b). commercial sex between men and its impacts on HIV spread;
(c). the significance of people who are bisexual in the control of HIV infection and the related social determinants; and
(d). the dilemma of focussed actions and stigmatization, and how could the concept of market segregation address the problem.

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