ABSTRACT

The study was conducted in Mombasa and it sought to establish how various challenges facing MSM hinder uptake of HIV preventive behaviours. In Coast province, HIV infection amongst MSM has been acknowledged as a rising epidemic. The MOTS (2008) estimates the distribution of new infections through MSM at 14.4%. MSM are therefore considered most-at-risk population that needs to be included in the HIV & AIDS programs; they have great potential to transmit, given the modelled high incidence rates. This study investigated how challenges of reaching MSM have impacted on their adoption of HIV prevention behaviors, and explored additional ways of reaching them with HIV prevention information. A cross sectional survey was conducted among 60 MSM to collect data from respondents through interviews. Quantitative and qualitative data was collected through interviews using structured and unstructured questionnaires. The study targeted men aged above 18 years who self-reported to having engaged in any form of sex with other men in the past twelve (12) months. The respondents were drawn from peers of MSM Peer Educators who implement a HIV prevention program in Mombasa supported by APHIA II Coast and MSM in other groups. Convenience sampling was used to identify respondents for the study. Data was entered in an MS Access data screen, and exported to MS excel and SPSS 11.5 for analysis. Frequency tables, pie charts, histograms and cross tabulation charts have been used to present and analyse data Findings of the research study indicate that MSM engage in high risk sexual behaviours with both male and female sex partners. Of the total respondents, 44% are bisexual and 46% are gay. The high risk behaviours include inconsistent condom use and preference for male and female casual sex partners. Therefore exposure to risk of HIV is high not only among the MSM population, but also to the heterosexuals. Study findings revealed that 71% of MSM who had 2 to 5 sex partners in past one month also had 6 and more partners in past 6 months. Most MSM interviewed are between the age range of 18 to 29. Only 28% of the respondents use condoms correctly. Not all MSM have relevant knowledge on the type of lubrication that should be used with condoms; in addition to water based lubrication, oil and lotion are some lubricants used. MSM need to develop a higher self-risk perception. This way, they can apply what they know about comprehensive HIV prevention to their personal sexual behaviours. The community too needs to be aware that risk of HIV infection is not an MSM issue only; sexual networks between MSM and the heterosexual population exist. It is therefore critical that community stigma towards MSM is reduced so that they can access relevant HIV & AIDS information and services freely. Risk perceptions of MSM needs to be continually addressed because the high knowledge of HIV prevention does not match with the low level of adoption of HIV preventive behaviours. Messages that focus on the behavioural issues should be developed and disseminated to the population. Health workers should be sensitised on handling MSM in a friendly and nonjudgemental manner.