

Risks and Existing Health Services for Men Having Sex with Men in Kilifi Town, Kenya.

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Abstract

Homosexuals and especially men who have sex with men, face numerous health risks and limited options for health services due to associated stigma and discrimination from the general population. Understanding these risks is important in designing health promotion and behavior change interventions for this key population group. The objective of this study was to determine health risks among homosexuals and to establish health promotion and management services for Men having Sex Men (MSM) in Kilifi Town, Kenya. It was a descriptive cross-sectional study and snowballing sampling technique was used to reach MSM. The study revealed that 69.4% of respondents did not use condoms during their last sexual act. There was high prevalence of multiple sexual partners and drug abuse among the study participants. There was limited access to health services with government facilities catering for 87% of respondents. 63.9%, of respondents had experienced some form of discrimination when they last sought health services. This study recommends policy formulation ; health services partnerships and advocacy for homosexuals' sexual reproductive health to improve health status of men who have sex with men in Kilifi town

Keywords: Bisexuality, Heterosexuality, Lesbian, Men having Sex with Men

Introduction

Homosexuality is the term used to refer to people who are sexually attracted to members of the same sex. Homosexuality also refers to the individual sense of personal and social identity based on these attractions, behaviors that express them and membership to a community of individuals that share the beliefs and sexual orientations. Scientists have no consensus as to why people develop certain sexual orientations but biological based theories have been favored by experts who relate this to genetic predisposition and early uterine development. The common terms for homosexuals are Lesbian for females who have sex with females and gay for men who have sex with men. Many men who have sex with men are in committed same sex relationships with few being bisexual. The number of people who identify

themselves as homosexuals is difficult to determine since not many declare this openly, especially in the African set up due to homophobia and heterosexist discrimination.

According to Men who have sex with men (MSM) was a term coined in 1992 in an attempt to capture a range of male- male sexual behaviors and avoid characterization of men engaging in these behavior by sexual orientation (homosexual, heterosexual, bisexual or gay) or gender identity (male, female, transgender, queer). MSM includes gay- identified men, heterosexually identified men who have sex with men, bisexual men, male sex workers who can have any orientation, men engaging in these behaviors in all male settings, such as prisons, and the rich and wide array of traditional identities and terms for these men across cultures and subcultures. Transgender people born male share some biological risks with MSM, especially receptive anal intercourse, but their female gender identity places them in a different category from MSM; hence not included as subgroup in MSM

Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (HIV/ AIDS) was originally referred to as “gay disease” due to the high incidence among homosexuals. Understanding the sexual behaviors of populations who are vulnerable to HIV is an important component in the fight against HIV/ AIDS. In Kenya, male homosexuality is criminalized under the penal code and there is wide spread stigma and discrimination against homosexuals. This environment has made it difficult for these people to access health services thereby increasing their vulnerability to negative health outcomes including HIV/ AIDS, STI's and other health consequences. The Kenya National Aids and STI program has reported prevalence of HIV to be 18.2% among MSM in Nairobi and 11.1 % among MSM in Kisumu. The Kenya modes of transmission study (2008) had previously estimated that nationally, 15% of new infections occur among MSM and prisoners. Although homosexuality is illegal, HIV pandemic among MSM has started being addressed by government institutions.

In Kenya the incidence of HIV among MSM is as high as 35% compared to 6% in bisexual men. Prevalence of HIV among MSM equals or exceeds that seen in the general population in most sub-Saharan countries .

According to a study by Bowers et al 2012 the medical dangers of homosexuality are under emphasized. Homosexuality is associated with higher rates of sexually transmitted diseases, substance abuse and mental illnesses. While in U.S homosexual men represent about 2% of

the population, they have the highest burden of hepatitis B infection, about 44% of new HIV infections annually and contract syphilis at a rate 3-4 times higher than heterosexual men. Anal intercourse causes hemorrhoids, anal rectal trauma, anal fissures, retained foreign bodies and high risk for anal rectal cancer. Among homosexuals engaging in oral to anal contact, high rates of parasitic and other intestinal infections and high mortality rates. A Canadian medical centre predicted that nearly half of today's gay and bisexual men 20 years old would not reach 65th birthday.

Materials and Methods

Study Design

This was a cross sectional descriptive study.

Study Site

The study was carried out in Kilifi town on Kilifi Greek approximately about 60km north of Mombasa, Kenya. The township has a population of 122, 899 according to Kenya census (2009) with HIV/AIDS prevalence at Kilifi county stands at 7% according to Kenya Aids Indicator Survey. The communities living here include Mijikenda, Swahili, Bajuni, Indians, Arabs, Europeans as well as other native Kenyan communities who migrated during colonial times. This town council was chosen because it presents a semi-rural urban set up in the coastal region which has the highest prevalence of MSM in Kenya.

Study Population

The study population was men who have sex with men in Kilifi town. This included all MSM above 18 years, of all ethnicities and socio economic background.

Sampling

Non probability, snowballing sampling technique was used. The initial subjects were sought at MSM friendly health services and MSM self-identified groups. After observing the initial subject, we asked for a referral from the subject to help identify people with a similar trait of interest. All available and consenting homosexuals were sampled.

The study used questionnaires, focused discussion guide and key informant structured interviews pretested in a similar population in Mtwapa town council. Ten MSM and two key informants were used.

This study used both primary and secondary data to investigate the objectives. Primary data was collected by self-administered open and closed ended structured questionnaires given to MSM, two focused group discussion with 6 MSM each and structured key informant interviews with key people who included a health worker at Kilifi District hospital, CASCO (County Aids and STI control officer), non-Governmental Organization officer, MSM representative and law enforcer as well as research assistants who were trained in data collection. Data from FGD and key informant interviews were audio recorded. Secondary data was obtained from the related literature.

Descriptive statistics was analyzed and presented in tables, graphs and charts. Qualitative data was analyzed according to emerging themes. Frequency distribution tables was used to analyze the various variables while correlation and chi -square test were utilized to assess the relationships between selected variables. Regression analyses were performed to show the strength of association between selected variable and health risks among homosexuals.

The study was conducted through voluntary participation, informed consent, ensuring privacy and confidentiality of the respondents. Institutional ethical reviews, scientific honesty and competency were also considered

Study Results

Demographic Characteristics of study population are presented on table 1 below

Table 1: Demographic characteristics of study population

Age of the Respondent	Frequency n=72	Percentage %
20 years and below	4	5.6
21-30 years	52	72.2
31-40years	14	19.4
51-60 years	2	2.8
Sexual Orientation		
Homosexual	52	72.2
Bisexual	20	27.8
Marital Status		
Married	20	27.8
Single	46	63.9
Divorced	6	8.3

Age in which the Respondents Were First Attracted to Other Men		
Below 10 years	12	17
11-20 years	58	80
21-30	2	3
Level of education		
Primary	23	31.9
Secondary	21	29.2
Tertiary education	28	38.9
Average Income of the Respondents		
<10,000 ksh	38	52.8
11,000-40,000	24	33.3
41,000-90,000	10	13.9
Religion		
Christianity	32	44.4
Islam	28	38.9
Atheist	12	16..7

In this study, majority of the respondents, 72.2% were aged between 21-30 years. 72.2% of the respondents indicated that they were homosexual compared to 27.8% who were bisexual. 63.9% indicated they were single, 27% were married and 8.3% divorced at the time of study. 80.6% of the respondents revealed that they started being attracted to other men when they were between 11-20 years and a further 17 % developed attraction even before the age of 10 years. 38.9% of the respondents had attained tertiary education, 29.2% had secondary school education while 31.9% were educated up to primary school level. 53% of respondents earned less than 10,000 Kenya shillings per month. 34% between Kshs 11,000-40,000 and 13.9% were earning Ksh 41,000-90,000. Majority of respondents 45. % were Christians, 38.9% were Muslim and only 16.7% were atheists.

Type of Facility

Table 2: Type of Health Facility from Where the Homosexuals Received Health Services.

Type of Health Facility	Frequency	Percent
Government owned	58	80.6
Both government and privately owned	12	16.7
Privately owned	2	2.7
Total	72	100

58(80.6%) of the respondents indicated that they had access to government health facilities, 12(16.7%) access both government and private hospitals. These findings revealed that all the respondents do seek health services with government facilities serving more clients. These findings are confirmed by FGD....” We go to KEMRI for free STI screening and treatment, picking lubricants and condoms -prevention package, for HIV testing. Not all staff in KEMRI are friendly. (there is only one good nurse at Kilifi County Hospital’s CCC that always treats us immediately without allowing you to wait in the queue. Others think you have gone to snatch them their husbands...Mnarani dispensary we also get health services” ... (FGD, KILifi town council.

(b) Access to Lubricants and Condoms

Table 3: Source of Condoms and Lubricants

Attribute	Frequency	Percent
Government facilities	50	69.4
Chemists and pharmacies	4	5.6
NGO	15	20.8
Others	2	2.8
Government and NGOs	1	1.4
Total	72	100.0

Majority 50(69.4%) of the respondents indicated that they access lubricants and condoms from government facilities, 15(20.8%) from NGOs, 4(5.6%) from chemists, 1(1.4%) from both NGOs and government facilities and 2(2.8%) from others sources. This was affirmed by FGD.” . KEMRI for free STI screening and treatment, picking lubricants and condoms –prevention package, for HIV testing” (FGD, Kilifi town council). The NGO representative from APHIA Plus Nairobi/Coast further emphasizes.” We support the government in providing technical structural dimensions. You know the combination prevention therapy is divided into behavioral and structural. Behavioral is what we are doing with peer education, condom promotion, intervention to gender violence, biomedical is where they are provided with clinical services STI treatment and screening and provision of condoms. Structural is where we are dealing with the community now both the government and relevant institutions.....we are building their capacity...” (NGO Officer, APHIA Plus Kilifi).

(c) Discrimination in Health Care Provision

Table 4: Report on Respondents’ Discriminated

Face Discrimination	Frequency	Percent
Yes	46	63.9
No	26	36.1
Total	72	100.0

46, (63.9%) of respondents indicated that they were discriminated while seeking health service upon. These findings were confirmed by FGD.” we face discrimination in and out of hospitals; If you are abused you cannot go to report. Many times we report and there is no action from police or you go to report and you are chased or locked in yourself unlawfully”. And further by FGD.” Waiting too long in the queue to be served until other patients start calling us names- angalia shoga, huyo ni shoga...Some health care providers start preaching to us to stop same sex...Sometimes health care workers whisper or call on each other to come and see MSM whenever we go to health facilities for services” (FGD, Kilifi town council). The area officer commanding police station ascertains “...these people are beaten up by people known or unknown to them because of their sexual orientation, mannerisms, clients who refuse to pay after services or failed sex advances” (OCS, Kilifi). This could indicate that some homosexuals may be in the practice for commercial purposes.

(d) Health Risks among Homosexuals Awareness of HIV Status

Table 5. Respondents' Knowledge of HIV Status

Know status	Frequency	Percent
Yes	56	77.8
No	16	22.2
Total	72	100.0

Majority 56 (77.8%) of the respondents indicated that they knew their HIV status while 16(22.2%) do not. The fact that majority of the respondents knew their HIV status could imply that they know the health risks associated with the practice

(f) Having Multiple Sexual Partners Concurrently Over the Last 12 Months

Table 6. Declaration of Multiple Sexual Partners

Multiple sexual partners	Frequency	Percent
Yes	60	83.3
No	12	16.7
Total	72	100.0

83.3% of respondents indicated that they had more than one sexual partner concurrently over the last one year while 16.7% had one sex partner.

(j) Condom Use by the Respondents

Table 7. Distribution of the Respondents by Frequency of Condom Use

Condom Use	Frequency	Percent
All the time	22	30.6
Sometimes	42	58.3
Never	8	11.1
Total	72	100.0

Table 7 above shows that 30.6% of homosexuals use condom for every sexual encounter, 58.3% use condom sometimes, meaning other times they don't use condom during sexual

intercourse while 11.1% never used condom at all. These findings are confirmed by FGD..” Sometimes you find a mum and you feel like doing sex without any protection, you don’t want to use a condom or anything because you want it without a condom (FGD,Kilifi Town Council)

(k) Use Lubricants by the Respondents

Table 8. Report on Respondents Use of Anal Lubricants

Use of Lubricants	Frequency	Percent
Yes	44	61.1
No	28	38.9
Total	72	100.0

44(61.1%) of the respondents indicated that they used lubricants at the time while 28(38.9%) did not.

Other Diseases Respondents Suffered from in the Past 12 Months

Table 9. Distribution of Respondents by Diseases they Have Suffered from in the Past 12 Months

Infection suffered	Frequency	Percent
HIV/ AIDS	22	30.6
Hemorrhoids	6	8.3
STI	32	44.4
Anal fissures	4	5.6
More than one	8	11.1
Total	72	100.0

Majority 32(44.4%) of the respondents indicated that they had contracted STI, 22(30.6%) HIV/ AIDS, 6(8.3%) suffer hemorrhoids 4(5.6%) suffer anal fissures and 8(11.1%) suffered STI, AIDS and fissures. These findings were confirmed in FGD..” At times you know your HIV status and you meet with a person and you look at him and decide this one is whole and I would give him without a condom only to realize he is HIV positive and not on ARVs, it is

much better the one that is on ARVs....Being gay alone increases your chances of being infected with HIV" (FGD, Kilifi Town Council).

Discussion

Existing Health Promotion and Management Services for Homosexuals

Most of the homosexuals access health care services from government facilities at 58%. The facilities that provide gay friendly services are few though, with Kilifi county Hospital taking the lead. USAID funded NGO's like APHIA Plus and KEMRI support the government to provide comprehensive care to homosexuals, capacity building of staff and provision of lubricants and condoms to the MSM. As affirmed by County Aids and STIs Control Officer (CASCO) "...Mtwapa, Kilifi County Hospital, Vipingo it does not have to be written somewhere that facilities are offering gay friendly services. Health care workers in Mtwapa, Matsangoni, Vipingo, Kilifi County hospital have been trained on MSM friendly services.." (CASCO, Kilifi County). He further noted the role of these NGO's in MSM care."

There is a local CBO that deals with MSMs and is registered and works with diverse NGOs that are USAID funded to provide gay friendly services. KEMRI is also commonly having diverse programs to work with the government. They do research on MSMS and provide them with condoms and lubricants. They offer Comprehensive Care Clinic services to those MSM that turn to be HIV positive. They support them to come out and train health care providers through online training forum s to equip them with skills on handling MSM. There was a time they were helping them to come up with income generating activities and provision of shelter to those rejected by their family members..." (CASCO,Kilifi County).

It was noted that although training has been done on gay friendly services, most health care workers attitude towards homosexuals needed to change. They need to take them as clients and detach from their own personal, moral and religious values when offering care to this group. CASCO notes" Stigma among health care providers and the community at large need to change. The group likes isolating themselves and the lack of special space in health facilities for attending to them is a barrier.." (CASCO,Kilifi County). The FGD affirms "Sometimes health care workers whisper or call on each other to come and see MSM whenever we go to health facilities for services.... other times some lecture you for being a homosexual as they treat you...there was a time I was given wrong medication by a doctor for being a homosexual

and he abused me....sometimes you fear going to hospital and buy drugs from chemist or use herbs..." (FGD, Kilifi town council).

The health services at the government facilities are free of charge and they are accessible to MSM, the challenge is that some supplies like lubricants are not available all the time." They can come here for STI and we screen them. Condoms they collect from here. Lubricants are the only thing we are lacking. Treatment they are able to access it for free.." (gay friendly nurse, Kilifi District Hospital) and the CASCO further notes." Lack of adequate resources for training health care workers on gay friendly services and purchase of equipment for anal health services is a real challenge." (CASCO, Kilifi County"

Health Risks among Homosexuals

Homosexuals are among the key populations that are exposed to more health risks as a result of the nature of "un natural sex" acts they engage in. They also face social and physical health risks because they engage in unnatural sexual activities that are punishable under the Kenyan Law. 77.8% of homosexuals know their HIV status but majority took their tests more than three months earlier making those results questionable given their high risk of exposure. From the study, majority of the homosexuals suffer or have suffered from STI's and HIV/ AIDS 44.4% and 30.6% respectively. These findings agree with those of Kenya Aids Indicator survey, which showed incidence of HIV/ AIDs to be greatest among homosexuals at 35%. The fact that majority of them have multiple sexual partners or have had multiple sexual partners (83.3%) further puts them at more risk, this echoes findings of Valle et al, (2004) who reported that MSM have 1.3 times the number of sexual partners. In other words, MSM compared to their exclusively heterosexual counterparts have more opportunities to engage in risky sexual behaviors due to their greater number of sexual partners.

Bisexuality among this group is at 27.8%, meaning that these are married men, probably with families, married to women, yet they have same sex partners secretly. This puts these men together with their partners at higher risk for HIV/ AIDS and other STI's.

Majority of the homosexuals (69.4%), do not use condom all the time or not at all when engaging in sexual activities, putting them at a higher risk for STI's and HIV/ AIDS. These findings concur with those of Valle et al(2004)who noted that no sexual behavior is more risky than unprotected anal sex, and evidence indicates that percentages of MSM who engage in

this behavior remain high. Furthermore, another reason for non-condom use as cited in the FGD was commercial sex, where male sex workers get more money from clients not willing to use condoms..."Sometimes you find a client and it is difficult to negotiate for condom use. You may be told "with a condom I would pay Kshs 5000, without a condom I would pay Kshs 50,000. What would you opt when you alone you have never held Kshs 50,000 since you were born. At times you know your HIV status and you meet with a person and you look at him and decide this one is whole and I would give him without a condom only to realize he is HIV positive and not on ARVs, it is much better the one that is on ARVs...." (FGD. Kilifi town council...".

One of the major reasons cited for non-condom use was the influence of drug and alcohol. It was noted that 47.2% of respondents who use condoms do not use them consistently and were also abusing drugs. Steuve et al, (2002) in their study conducted in over 3,000 MSM reported that nearly one third of their sample "reported being high on drugs or alcohol the last time they had sex with a non-main partner, and that men who were high were over 60 percent likely to have engaged in unprotected receptive anal intercourse. Substance abuse was associated with other factors, including having multiple sexual partners, trading sex and succumbing to peer norms discouraging condom use that increase risk of MSM contracting HIV.

That majority of homosexuals at abuse substances and other drugs and are likely to engage in risky sexual behavior.

Conclusion

Homosexuals in Kilifi are exposed to many health risks including increased chances of contracting HIV/AIDs, STI's, anal fissures and anal incontinence among others. The inconsistency in condom use, drug and substance abuse and sex for pay are some of the factors fueling these risks. Although the health services are free, access is hampered by lack of essential supplies for the gays coupled with discrimination from the service providers and the community in general.

Recommendations

Policy planning and implementation on homosexual friendly sexual and reproductive health services, even though homosexuality is illegal in Kenya, gay people should not be denied health care as a basic human right because they are affected by adverse health outcomes due to nature of their sexual activities. Provision of supplies, drugs and equipment for provision of sexual and reproductive health services to homosexuals with emphasis on reproductive health education especially prevention of risky sexy behaviors will go a long way in improving the health status of homosexuals in Kilifi town, Kenya.

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