



## **Africa Regional Sexuality Resource Centre**

**Report**

**PUBLIC DIALOGUE ON**

**Men, Sexuality And Health In the Context Of**

**HIV and AIDS**

**Lagos , 11<sup>th</sup> June 2008**

## **Content**

<b>1. Introduction</b>	<b>4</b>
<b>2. Objectives</b>	<b>5</b>
<b>3. Methodology</b>	<b>5</b>
<b>4. Participation</b>	<b>6</b>
<b>5. The Public Dialogue</b>	<b>6</b>
<b>6. Recommendations / Way Forward</b>	<b>10</b>
<b>7. Profile of Presenters / Facilitators</b>	<b>11</b>

## 1. Introduction

It is common knowledge among researchers and other interest groups that HIV infection and Sexually Transmitted Infections (STIs) are on the rise among men in Sub – Saharan Africa, yet the reason for this increase still remains blurred. In Nigeria, most of the international aid resources towards the prevention of HIV is mainly focused on heterosexual sexual groups with special attention to women, adolescents and children. Very little epidemiologic and behavioral information from Nigeria and Sub Saharan Africa as a whole exists on male same sex activities. As a result, the role of men who have sex with men (MSM) in the HIV epidemic in Nigeria and the rest of Africa remains to some extent controversial as the knowledge about the current sexual behavior of MSM is still in the dark. This is due to the fact that reliable figures of HIV prevalence among this group in Africa are unavailable, which simply goes to show that male same sex high risk sexual behaviors are perhaps not considered. Researchers from the College of medicine, University of Lagos (Dr Sylvia Adebajo) and the University of Toronto (Professor Ted Meyers and Dan Allman) , funded by the Canadian Institute for Health Research (CIHR) , came together to carry out a study titled, “*Men’s Study Nigeria*”, which began in March 2006 with Lagos and Ibadan as their case studies. The research team got together at the Africa Regional Sexuality Resource Centre to discuss their findings in a public dialogue with 51 interested members from other organizations and parastatals.

The ARSRC promotes informed public dialogue and opportunities for learning and advocacy on human sexuality to ensure positive changes in policies and programmes on sexuality issues in Africa. The aim of the dialogue was for the researchers to report their research findings and get feed back and questions from the public.

The public dialogue was held on the 11<sup>th</sup> of July 2008, at Action Health Incorporated in Lagos which also houses the Africa Regional Sexuality Resource Centre.

## 2. Objectives

The public dialogue is set to provide a forum for healthy and informed discussions and learning on key sexuality issues which will expand and shape the discourse, thoughts and actions in favor of healthy, respectful, responsible and pleasurable sexuality. As healthy and responsible sexuality is important for the wellness and development of the individual.

The aim of this study was to conduct a comprehensive cross sectional socio- behavioral and HIV and STI sero prevalence study among *self identified* MSMs and MSM/W in Nigeria. By exploring how to understand the men (in Nigeria) who engage in same sexual activities and to determine the prevalence of HIV and STIs and the risk factors associated both with high risk sexual behaviors (unprotected sex) and with HIV and STIs among this population. The hope is that the results will help to establish an awareness of the level of risk – taking within specific communities and at the same time give a better insight into the methods of education or prevention programs to be offered to the men who need it.

## 3. Methodology

The methods used were

### 1. The multiple sampling technique

- a- respondent driven sampling method (RDS)
- b- Mobilization through outreaches, parties
- c- Word of mouth
- Interviewer – assisted questionnaire administration
- Optional anonymous venous blood collection

These methods had to be used due to the fact that HIV/STIs in MSM across Sub Saharan Africa is understudied despite the evidence of the long existence of homosexuality in African history. In Nigeria homosexuality has been criminalized which has led to MSMs living in denial, secrecy, violence, stigmatization and marginalization. Thus making research on them very tasking as they are a population that is invisible and not easy to access. “Men’s

*Study, Nigeria*”, is the first Nigerian survey on the sero- prevalence and risk factors of HIV and STIs in sub- groups of men involved in same sex sexual activity (MSM) and men who have sex with both men and women (MSM/W).

The dialogue was facilitated by a team of three researchers and the methodology included the main presentation with 3 main questions on the way forward which led to the question and answer session. The major questions debated about were

- ✚ Why was the research limited to only Lagos and Ibadan?
- ✚ Why were the issues of violence, stigma and marginalization towards MSMs not expanded on?
- ✚ Is pleasure derived from Anal sex ? Is it practiced on women?
- ✚ What causes homosexuality?
- ✚ What are the risks MSMs face in the at home and in the society?
- ✚ What should be done to prevent risky sexual practice and the spread of HIV among MSMs?
- ✚ Who should do this?

The main aim of this study is to explore and understand male same sex sexual activities in Lagos and Ibadan and their probable link with HIV and other STI acquisition and transmission.

#### **4. Participation**

At the end of the discussion the 51 participants from different branches of the society came to the understanding that apart from the role policy makers and health providers have to play in the spread of HIV , we as individuals living in a society also have to be more accommodating and respectful of one another.

### **5.The Public Dialogue**

#### **5.1 - Masculinity and Being a Man**

The ARSRC Director , Dr Richmond Tiemoko in his welcome address, noted that in the field of HIV and AIDs, many assumptions on sexuality and men’s sexuality are taken with

regards to the use and application of preventive measures. Consequently leading to the neglect of the crucial role the knowledge of men's sexual health might play in achieving the Millennium Development Goals, as their sexuality also affects their sexual well being as individuals and that of women and children.

He raised a few questions on the rationale for the chosen topic. The first question is , What is sexuality? I.e. Is it only sexual intercourse? In answer to this, he used the WHO's working definition that *“Sexuality is a central aspect of being human throughout life and encompasses sex, gender identities and roles, sexual orientation, eroticism, pleasure, intimacy and reproduction. Sexuality is experienced and expressed in thoughts, fantasies, desires, beliefs, attitudes, values, behaviors, practices, roles and relationships. While sexuality can include all of these dimensions, not all of them are always experienced or expressed. Sexuality is influenced by the interaction of biological, psychological, social, economic, political, cultural, ethical, legal, historical and religious and spiritual factors”*

The second question he raised is, Who is a man in contemporary Nigeria? Are there defining attributes of a man and if so are they natural, nurtured or both? Here he explained that the presence of a penis may be a precondition but daily experience raise more questions, because manhood should not be assumed to be just natural, it is also a state of being that is nurtured. As societies idealize a vision of manhood that cast men as less vulnerable, risk takers, independent and courageous. This situation sometimes may have detrimental consequences for men in contemporary Nigeria and indeed Africa, going by the arrest of men who cross dress. He raised the question about the possibility of women cross dressing. He went on to explain the thoughts on the little we know of the concerns and challenges men face in order to meet the general expectations of the society.

## **5.2 – HIV and STI prevalence in Nigeria**

Dr Sylvia Adebajo explained that over the years HIV/AIDS and related infections have reversed previous life expectancy trends which has resulted in the decrease in life expectancy of men from 52.6 years in 1991 to 47 years in 2007. Also the feminization of the pandemic

has not helped matters, as it has instead led to the tendency to over look men's sexuality and its impact on the well being of the male population. According to the study, the HIV prevalence in Nigerian adults aged between 15 – 49yrs has increased from 1.8 % in 1991 to 5.4% in 2004 and is presently 3.9%, with its prevalence highest in young Nigerians between the ages of 15 to 29 years .The known modes of transmission of HIV in Nigeria are

- heterosexual (vaginal) sex
- blood transfusion
- mother to child transmission

While the unknown forms of transmission are

- homosexual sex
- anal sex

### **5.3- MSMs and Risk Behaviour**

As was mentioned earlier, the study locations are Lagos and Ibadan and the total number of participants are 1125 (Ibadan – 151, 13%, Lagos – 974, 87%). Their occupation ranged from unemployed to higher management and professionals with different religious affiliations.33 of the participants were married, 6% were previously married, while 1125 have never been married.. Their educational background also ranged from secondary to post secondary and with regards to their self reported sexual identities when asked, 55% said they were Bisexual, 22% Homosexual, 23% Gay, 0.3% Heterosexual and 0.1% Transvestite.

Their meeting places for partners ranged from the streets to organized events. Condom use with male sexual partners during the last sexual encounter revealed that as much as 60% had never used a condom and the lubricants they used ranged from KY jelly to soap. The knowledge score of HIV knowledge showed that just 49% had good knowledge about HIV.

### **5.4 – Participants Views**

The dialogue was facilitated by Dan Allman, who used the research and its findings as a catalyst for raising salient questions from the participants about these high risk groups and HIV.

#### **5.4.1- Awareness and Invisibility**

Some of the participants commended the researchers on their findings and presentation as for them it was proof and an eye opener for the general public despite their denial that MSMs exist amongst them and that they have needs which should be looked into. As this is a very new research field. Questions were raised on reason why the issues of violence , stigma and marginalization experienced by this population was not expanded on in the research as they wanted to know the risks this population faces and also wanted to understand the reason the study was limited to only Ibadan and Lagos. A participant from Uganda stressed that this study should not just be left in only academia and publications it is also important that it reaches policy makers. As a result of the poor treatment they receive from the society, they are literarily and invisible population. For those who were out about their sexual identity in Nigeria are not projected like their counterparts in other countries, hence their invisibility and obscure habits in the society. As a result no one cross sectional study would give researchers all the answers they want. To reach this population, they had to use a link (an individual) who brought his friends who in return brought their friends (Respondent driven method) but building trust amongst them was important .Ngos which allowed this population express themselves were also very helpful thus the choice of Lagos and Ibadan as it data collection was easier from these places. Also some districts exist where male sex workers are known to hang out so the only problem in such a place would just be access.

#### **5.4.2- Sex Practice**

Questions were also raised about sexual practice since some didn't know much about the existence of anal sex. They were interested in knowing if it was also practiced on women as in men and if it was a pleasurable act. Some also wanted to know if homosexuality could be explained as a situational preference as from a previous research one of the participants was a part of, revealed that in the prisons, extreme sexual deprivation could cause people to turn to members of the same sex (situational homosexuality). Anal sex is not only a sexual practice but a social practice too and it is practiced by both men and women, a biological explanation of the sensory organs stimulated during the act showed that it could be pleasurable for both parties involved in the act like vaginal sex.

Another participant made it clear that *“Even though we try to deny it, we live in a sexually active environment and sexuality cannot be defined as it is mysterious, dynamic and subjective so can not be*

*subjective. So it is important for us to have respect for each other's gender identity, be they transvestite or transgender".* Another participant explained that some preferred anal to vaginal sex as they felt it was safer and that the probability of contacting STIs or any other disease were slimmer. Heterosexual men could be flexible in their choices if given the opportunity so it was not proper to judge.

#### **5.4.3- Credibility of the Results**

Some raised questions on the results of the research as they felt cautious that some of the felt they could have been altered as a result of the incentives offered to the respondents i.e. as a result of poverty, some people could have taken part in the research under the pretext of being MSMs. Another said he had actually met the late dare Odumuye one of the pioneers of the study and believed in the credibility of the results. With regards to the incentives given to the respondents and the thought that it might alter the true results , the researchers made it clear that the incentive was really not tangible (Just N500) so the thought that some people might have been tempted to lie or pretend was very slim.

#### **6 - Recommendations / The Way Forward**

The replies and explanation was a mix from the high table and the audience, since it was a diverse crowd, opinions and suggestions cut across in the hope for a more positive future.

**Better Education-** Better education to the general public on health related issues.

Positive media involvement was encouraged as it would go a long way to educate those who were not aware.

**Family and Societal Support-** Lack of family support for MSMs could in some cases lead to promiscuity in other to fend for themselves but that did not mean they were a promiscuous lot.

**Better Access and Services-** All risks cannot be treated the same way and that it would go a long way if different solutions were implemented to strengthen and better the access and Services offered to this group.

In conclusion the ARSRC director explained that it is very important to understand human sexuality because if this is achieved , then one form (homosexuality) would not raise questions all the time. Useful information is important as we live in a highly religionised society. Acceptance and understanding the fact that MSMs exist and creating and MSM

friendly clinic would also go along way because at the end of the day HIV and AIDs is still very much a reality in Sub Saharan Africa and it is going to take many hands to continue turning this epidemic around.

## **7- Profile of Presenters / Facilitators**

### **Ted Meyers**

Is a Professor in the Department of Public Health Sciences, University of Toronto where he is the Director of the HIV Social, Behavioral and Epidemiological Studies Unit. He has been involved in HIV Research since 1983 during which time he has undertaken numerous studies of vulnerable populations . He was a co-chair of the Social Science Track for the 2006 International AIDs Conference.

### **Sylvia Adebajo**

Is a physician and faculty member at the Department of Community Health University of Lagos. she is at present, rounding up her Doctoral Studies in Epidemiology in the Department of Public Health Sciences , University of Toronto. She has an interest in researching vulnerable and hard to reach populations. Her current research areas are Sexuality, Behavior and HIV/AIDS in High Risk Populations.

### **Dan Allman**

Is a Research Associate at the HIV Social Behavioral and Epidemiological Studies Unit , University of Toronto and a Postgraduate at the Centre for Research on Families and Relationships at The University of Edinburgh. He has written on sexuality , sex work, substance use , harm reduction, social inclusion and community based research.

## **PUBLIC DIALOGUE**

**Theme: “Men Sexuality And Health In the Context Of HIV and AIDS”**

11<sup>th</sup> June, 2008. Action Health Incorporated, Jibowu Lagos State

### **AGENDA**

1. Arrival & Registration of Participants
2. Introductions of Presenters and Discussants
3. Welcome Address by the ARSRC Director
4. **PRESENTATIONS**
  - ⇒ Prof Ted Meyers
  - ⇒ Sylvia Adebajo
5. General Discussions /Questions and Answers
7. Refreshments
8. Vote of Thanks

## Presentation and findings

1. Men's Study in Nigeria
2. Outcome of the public dialogue