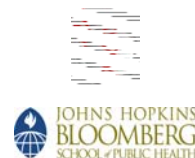


Comparison of Sexual Risk Behaviors and HIV Prevalence Between Urban and Peri-urban Men Who Have Sex With Men (MSM) in Cape Town, South Africa



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Background

Men who have sex with men (MSM) in South Africa occupy a broad range of socio-economic strata.

To date, there has been no assessment of whether socio-economic status (SES) influences sexual risk patterns or HIV serostatus of South African MSM.

This specific knowledge is required for HIV interventions to be both targeted and effective.

Methods

We conducted two anonymous, venue-based sexual-risk behaviour and HIV prevalence studies among 742 self-identified MSM in greater Cape Town; one in relatively affluent urban communities and one in surrounding under-resourced peri-urban communities.

A demographics and sexual risk behavior questionnaire was administered and HIV assessed through standard ELISA procedures of oral mucosal transudate specimens.

To date, 615 men have enrolled and had their specimens analyzed.

Acknowledgement

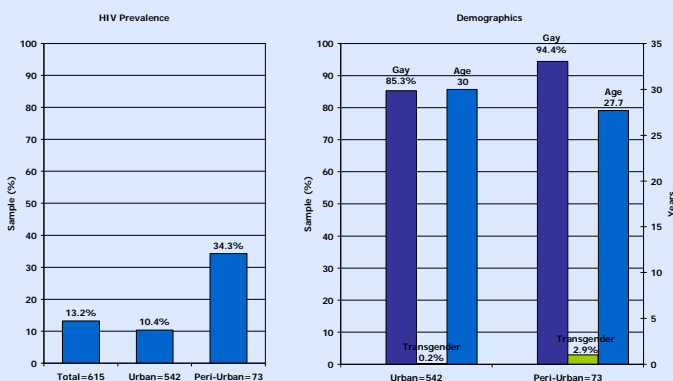
Supported in part by the Open Society Initiative Southern Africa (OSISA), the Sexual Health and Rights Project (SHARP), and the Gladstone Institute of Virology and Immunology

Contact

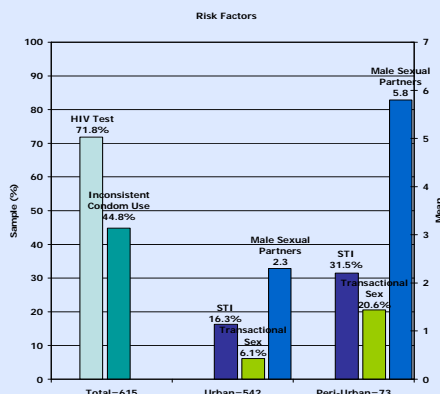
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Results

Preliminary analysis revealed an overall HIV prevalence of 13.2% (81/613) with a significantly higher peri-urban prevalence of 34.3% (25/73) compared to 10.4% (56/540) among urban MSM ($p < 0.001$). The mean age was 29.8 (SD 9.0 17-66), with peri-urban MSM significantly younger ($p < 0.05$). There were significant differences in both gay ($p < 0.05$) and transgender ($p < 0.005$) identification with 94.4% (64/70) of peri-urban MSM compared to 85.3% (458/537) of urban MSM identifying as gay, and 2.9% (2/70) of peri-urban MSM compared to 0.2% (1/537) of urban MSM identifying as transgender.



With no significant difference between the two groups, 44.8% (272/607) reported inconsistent condom use and 71.8% (438/610) an HIV test in the previous 12 months. However, peri-urban MSM were more likely to report a higher number of male sexual partners in previous 6 months ($p < 0.05$), an STI diagnosis ever ($p < 0.005$), and participation in transactional sex with other men ($p < 0.0001$) when compared with urban MSM.



Conclusion

This is the first comparison of HIV prevalence and risk behaviours among MSM from starkly contrasting SES in a single African country. While more data are needed, there is clear stratification of HIV prevalence and key risk behaviours between peri-urban and urban MSM in Cape Town. Resources are urgently needed to provide targeted HIV risk-reduction programs to South African MSM communities.