

Meeting HIV&AIDS Needs for Sexual Minorities in Kenya

Sexual minorities, by virtue of their status as human beings are entitled to the enjoyment of fundamental rights and freedom like other human beings. This in particular includes the enjoyment of the highest attainable standards of health as a fundamental right of every human being without discrimination or stigmatization.

Continued denial of the existence of sexual minorities in Kenya has remained a major stamping block to meeting their health needs. Officially, the Kenyan government is yet to fully acknowledge that sex between men is happening and it has a role in contributing to transmission of HIV in the population. On the contrast, the government and Kenyans in general continue to believe that sex between men is 'alien' to African communities.

Studies in Kenya have shown higher prevalence of HIV among sexual minorities such as men who have sex with men in comparison with other groups. According to NACC, 1500 MSM get infected each year with 60% engaging in heterosexual relationships. This implies that about 9000 female partners are exposed to AIDS causing virus. Sex with multiple partner increases the risk of HIV not only for the MSM but also for the extended sex relations.

The rising rates of infection in MSM in Kenya can be attributed to a complex set of biological, behavioral, and socio-cultural factors that little attention has been paid by the society including health care providers.

The biological factors associated with male-to-male sexual behavior in particular, anal intercourse increase individuals' risk to HIV infection. Both vaginal and anal intercourses are efficient routes for HIV transmission, as the epithelium of both tracts has receptors that easily bind to HIV. However, compared to the vagina, rectal tissue is much more vulnerable to tearing during intercourse and the larger surface area of the rectum/colon provides more opportunity for viral penetration and infection. As a result, unprotected receptive anal intercourse is believed to be at least 10 times more risky than unprotected receptive vaginal intercourse for acquiring HIV.

The presence of genital ulcer disease (GUD) - most notably herpes simplex virus-2 (HSV-2), primary syphilis, and chancroid also facilitates HIV acquisition. While MSM populations are not biologically predisposed to sexually transmitted infections (STI), many men and the health care workers to whom they go for treatment or care do not think to screen for STIs that present rectally, resulting in infections that go undiagnosed and untreated. For these reasons, some STIs may be prevalent in MSM populations, thereby contributing to increased risk of HIV infections. There is therefore the need to sensitize and enhance the capacity of health care providers to meet such health needs of sexual minorities.

Several behavioral risk factors associated with sexual minorities can also increase the vulnerability of MSM to HIV infection. Specific sexual acts practiced by MSM present risk of HIV infection. These include unprotected receptive anal intercourse, unprotected insertive anal intercourse, and oral sex. Multiple sex partners, inconsistent condom use, lack of knowledge about HIV risk, and negative or don't care attitudes toward safer sex have also been associated with increased risk of HIV infection.

The prevalence of alcohol and drug use in MSM is also quite high, which in turn can increase the risk for acquiring HIV. Several studies link alcohol and drug use (particularly methamphetamine) to higher rates of unprotected anal intercourse, higher numbers of sex partners, and inconsistent condom use. Depression in MSM has been linked to increases in risky behaviors such as unprotected anal intercourse, drug and alcohol use, inconsistent condom use, and multiple sexual partnerships. Childhood sexual abuse - young MSM, who have a history of childhood sexual abuse are more likely to engage in high-risk behaviors, such as unprotected anal intercourse, substance abuse, and exchanging sex for money or drugs.

Socio-cultural factors, such as perceptions and experiences of stigma and discrimination, homophobia¹ and internalized oppression, may also lead to increased risk of HIV infection in MSM. These factors may play a significant role in increasing the risk of drug use before or during sexual encounters, unprotected insertive or receptive anal sex, multiple sexual partnerships, and inconsistent use of condoms. Stigma associated with acknowledging homosexual or bisexual activity may inhibit many MSM from identifying as such leading to denial of their own risk and alienation from prevention programs that target self-identified gay/bisexual populations.

Lack of awareness about risky behaviors and methods of protection places the MSM at risk of HIV. According to a study in by Kenya Medical Research Institute, 35% of the MSM under study did not know that HIV could be transmitted through anal intercourse 26% of MSM under study in Nairobi and 21% in Mombasa only knew water based lubricants should be used with latex condoms. 84% in Nairobi use petroleum jelly which could damage rectal tissue as well as cause breakage to the condoms rendering them ineffective and therefore high risk of HIV acquisition during sex. The situation is made worse by fact that there have been little attempts to create the awareness of sexual minorities right to health including HIV programmes that meet their health needs. The training of Kenya's health care providers rarely includes addressing the health needs of sexual minorities.

Lack of appropriate health messages has also hindered the fight against HIV among sexual minorities. Studies, for instance show that, men who have sex with men (MSM) in Kenya lack targeted HIV prevention, treatment and care services information which makes many of them to unknowingly engage in behavior that increases their risk of infection. In Kenya up to half the men who engage in MSM do not use condoms. Those that seek Voluntary Counseling and Testing services (VCT) are not adequately advised because the curriculum used to train counselors does not include specialized advice for sex between men.

Kenya's inability to prevent HIV infection among MSM may end up as one of the greatest public health failures in the fight against HIV. The practice increases the risk of transmission among the populations because most of the men are not exclusively homosexual, and even be married. Sex between men is significant in the spread of HIV infections because it can involve anal sex, which when unprotected, carries a very high risk of transmission.

¹ an irrational hatred, disapproval, or fear of homosexuality, gay and lesbian people, or their culture