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Prevalence of sexually transmitted infections among men who have sex with men and injecting drug users and validation of audio computer-assisted self interview (ACASI) technique in Abuja, Lagos, and Ibadan, Nigeria: Report fact sheet

Enhancing Nigeria's HIV/AIDS Response (ENR) Programme

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ENHANCING NIGERIA'S HIV/AIDS RESPONSE
(ENR) PROGRAMME

**Prevalence of Sexually Transmitted Infections
among Men who have Sex with Men and
Injecting Drug Users
&
Validation of Audio Computer-Assisted Self
Interview (ACASI) Technique in Abuja, Lagos,
and Ibadan, Nigeria**

REPORT FACT SHEET

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Introduction

Most-at-risk populations (MARPs), including men who have sex with men (MSM), and injecting drug users (IDUs) represent only 1% of Nigeria's population yet account for 38% of new HIV infections¹. The sparse literature on male MARPs in Nigeria revealed that one in two MSM reported having sex with women and one in five IDUs reported sexual encounters with female sex workers. Condom use is often low as less than 50% reported use of condoms. Despite their elevated risk, MSM and IDUs are less likely than the general population to access HIV prevention and sexual health services because of stigmatization resulting from engagement in behaviors that are not only widely viewed as illicit but are criminalized. There is a dearth of data on prevalence of HIV and sexually transmitted infections (STI) among MSM and IDUs and their sexual and injecting risk behaviors because their behaviors make them difficult to be reached programmatically and engaged in research.

While the need for HIV and STI prevalence data is clear, there is also a need to improve the quality and reliability of behavioral data collected for national surveillance, where these stigmatized sub-populations may underreport sensitive behaviors that put them most at risk. Computer-based interviewing systems are becoming an accepted alternative to face-to-face interview; providing an efficient and replicable research tool for collecting sensitive behavioral data. Studies in the U.S. and elsewhere have demonstrated that using computerized self-interviews can significantly reduce biases in surveys thus providing more accurate and reliable behavioral data^{2,3}. Audio Computer Assisted Self Interview (ACASI) has demonstrated increased consistency of reported sensitive behaviors while improving privacy and confidentiality in both literate and illiterate populations⁴. With each question asked in exactly the same way, ACASI has the potential to remove interview biases, thus, improving data quality.

Objectives

This study sought to:

1. Determine the prevalence of HIV, STIs and sexual and injecting risk behaviors in MSM and male IDUs.
2. Determine if ACASI (Audio Computer Assisted Self Interview) provides a higher and more accurate reporting of risky behaviors than face-to-face (FTF) interviewing technique.

Methods

This cross-sectional study was conducted in Abuja, Ibadan, and Lagos with a total of 712 MSM and 328 IDU participants recruited through respondent driven sampling (RDS) [MSM were recruited at the three sites while IDUs were recruited only in Lagos]. RDS is a type of chain-referral network sampling that combines 'snow ball sampling' with a mathematical model that weights the sample to compensate for the non-random sampling method of sample recruitment^{5,6}. Biological samples were obtained to test for HIV and STIs - syphilis, HBV, HCV, Chlamydia, and gonorrhoea. In addition, a behavioral interview was administered to participants who were randomized to either interviewing via face-to-face or ACASI technique. Adjusted prevalence estimates generated in RDSAT software are reported.

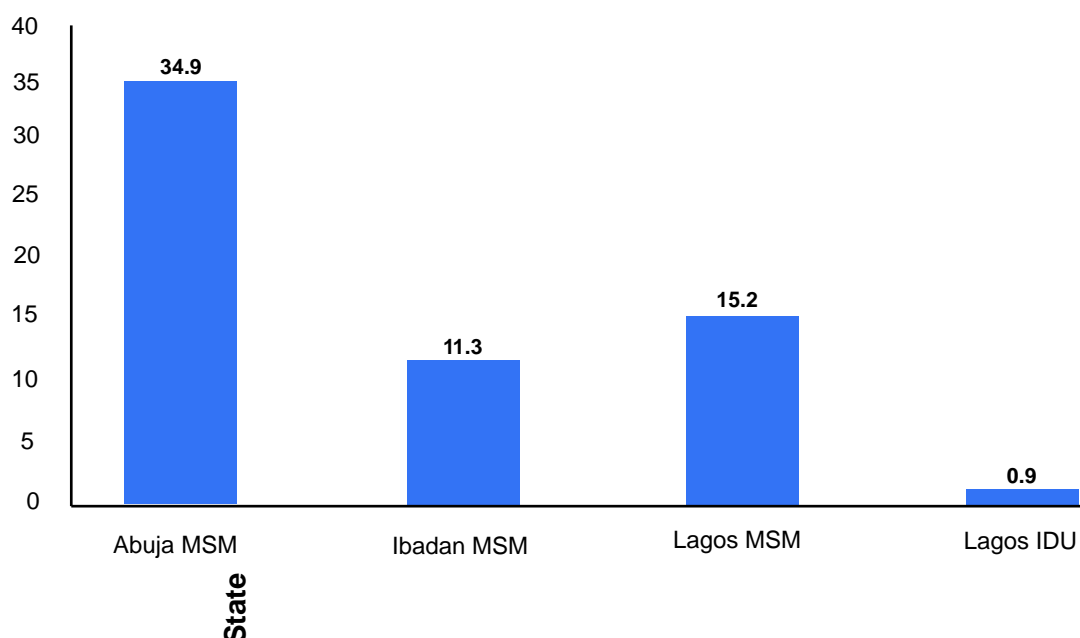
Results

Characteristics of MSM and IDU: Most MSM were between the ages of 18 and 25, had completed secondary school education, were single and not living with a partner, and of Christian denomination. In Abuja, a little more than half of MSM self-identified as homosexual; while in Lagos and Abuja a little more than half of MSM self-identified as bisexual. The majority of MSM were either employed part-time or not earning an income.

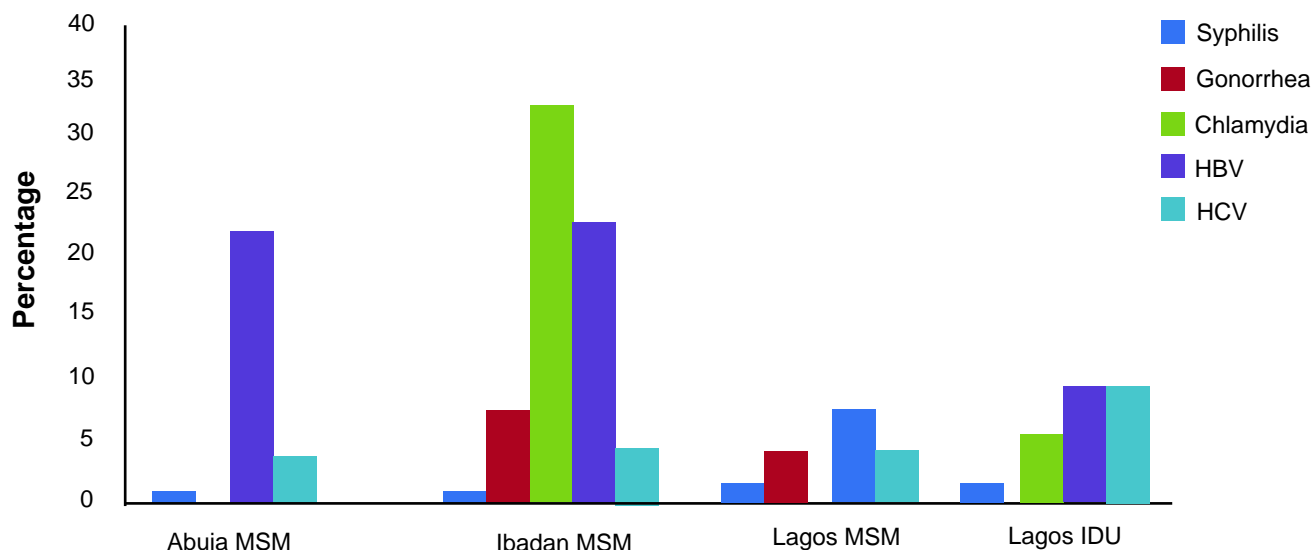
IDUs in Lagos were predominantly over the age of 30, had at least secondary school education, were single and of Christian denomination. About a third of MSM were married and the majority was unemployed or worked part-time.

HIV: MSM in Abuja had the highest HIV prevalence (34.9%) followed by MSM in Lagos and Ibadan MSM (15.2% and 11.3%). IDUs in Lagos had the lowest HIV prevalence (1.8%). For MSM, HIV status was significantly associated with older age, higher education, being single, sexual identity (homosexual identity in Abuja and bisexual identity in Ibadan) and having unprotected anal sex.

Figure 1: HIV Prevalence



STIs: MSM and IDUs had a low prevalence of syphilis, ranging from 0.4-1.9%. Gonorrhoea was also found to be low, with MSM in Ibadan and Lagos having the highest prevalence (8.9% and 4.2% respectively). There was a high prevalence of Chlamydia among MSM in Ibadan (34.5%). About one-fifth of MSM in Abuja and Ibadan had HBV (21.9% and 21.4%); fewer MSM and IDUs in Lagos had HBV (6.5% and 7.8% respectively). HCV prevalence among MSM and IDUs ranged from 3.3 - 7.7%, with the highest prevalence among IDUs in Lagos.



HIV Risk Behaviors: About 60% of MSM in Ibadan and Lagos considered themselves bisexual. The majority of MSM (>50%) reported ever having had sex with women. Roughly, one-half of MSM had sex with women and one-third reported having multiple female sex partners in the past two months. Among those who had sex with women, 40% reported having anal sex. Of those who had anal sex with women, two-thirds (67%) reported their last anal sex act with women was unprotected. MSM also reported a high proportion of unprotected sex with men (38%) and a high proportion of multiple male anal sex partners in the past two months (62%). One-third (35%) of MSM reported their last sex partner was a commercial sex worker; half of these MSM reported being paid for sex (money, gifts or favor) in the past 6 months.

Figure 3: Adjusted Prevalence of MSM Sexual Risk Behaviors

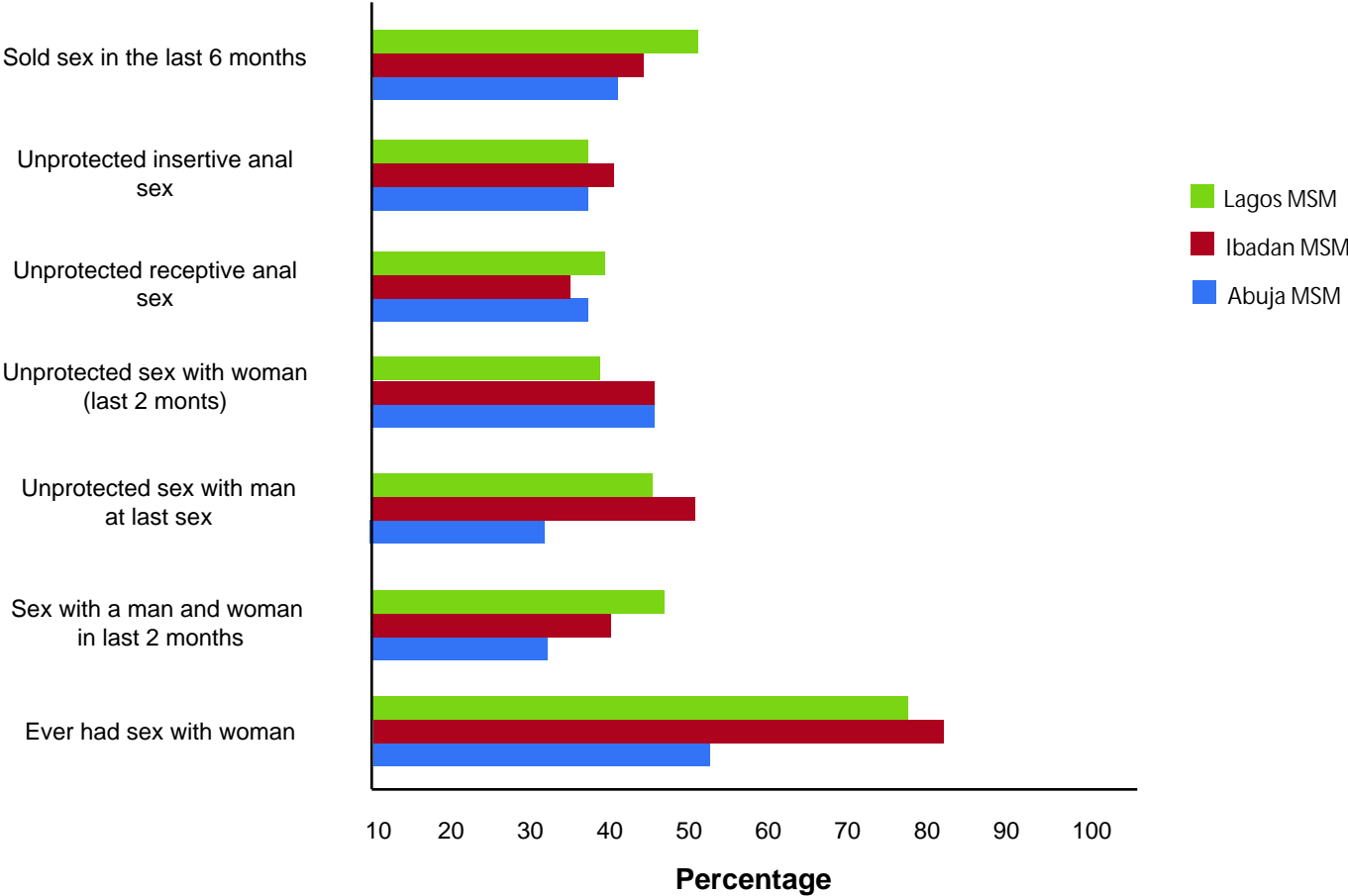


Figure 4: IDUs Risk Behaviors

