Sex in public places among men who have sex with men (MSM) in Rosario and Córdoba, Argentina: Opportunities for HIV prevention

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Background

• Argentina has an estimated number of people living with HIV/AIDS of 130,000, the 4th highest in Latin America. AIDS cases are concentrated in the urban areas of Buenos Aires, Córdoba, Rosario, and Mendoza.

• 33% of AIDS cases are among MSM. Limited epidemiological data indicate an HIV prevalence among MSM of 13.4% for 2000-2001 (2001, Pando et al) and a cumulative incidence of 0.6% among MSM seeking HIV testing in 2000-2001 (2002, Avila et al).

• 58% of 1246 MSM surveyed at HIV testing in 2000-2001 in Buenos Aires reported unprotected receptive anal sex with casual partners, and 42% reported 2-5 sexual partners (Duranti et al).

• Prevention efforts focused on MSM have been limited, organized small volunteer organizations, and concentrated on AIDS awareness, educational campaigns, and condom distribution.

• This formative study assessed HIV prevention needs among different segments of MSM, and examined the potential of meeting places as venues to conduct HIV prevention interventions.

• The cities of Rosario and Córdoba were selected because of their similar size (about 1 million), societal acceptance toward MSM, and development of gay cultures and organizations.

Methods

• 23 informal interviews with HIV prevention providers.

• 24 semi-structured qualitative interviews (12 per city) with 18-35 y/o of MSM of different socioeconomic backgrounds.

• Observations in cruising areas, discos, saunas, and porn theaters, focused on behaviors and interactions, condom availability, and presence of HIV educational materials.

• Fieldwork was conducted between August and December, 2003.

• Transcribed interviews were coded using Atlas Ti. Data summaries were constructed, analyzed according to themes, and compared between cities. Data from interviews, field notes from observations, and secondary data were triangulated for internal validity.

Results

HIV Prevention Needs

• MSM’s ability to have protected sex was determined by their access to information, self-esteem, negotiation skills, having known someone with HIV, and support from family and/or friends.

• Men younger than 22, of lower socio-economic strata, “taxi-boys” (male sex workers), transvestites, and “chongos” (heterosexually-identified) were in particular need of prevention.

• For taxi-boys and transvestites involved in street sex work, economic need greatly conditioned their condom use when offered more money to have unprotected sex.

• Some MSM felt immune to HIV because they were the insertive partner or did not consider themselves gay. Some men did not like condoms because “it did not feel the same.”

Meeting Places for Sex

Parks and other Public Areas:

• Anonymous sex, mainly at night. Theft and blackmail also occur.

• Frequent by all types of MSM, including chongos, and of lower socio-economic strata.

• Quick encounters might not provide enough time to use a condom.

• No room to talk or negotiate condom use (same in theaters and “tunnels” below).

Porn Theaters and Saunas:

• Chongos, less attractive, and older men might frequent these places more often.

• Condoms are not readily available free in the premises, but for sale or free by asking staff.

• Cost of admission maximizes chances for sex.

Discos and Bars:

• A small number per city. Only openly gay space to socialize, dance, and meet men.

• Most open after midnight and until dawn or later.

• Volunteer organizations might hand out condoms. Otherwise, free condoms available only by asking bar staff.

• Large consumption of low cost alcohol shared with friends.

• Until “tunnels” (back rooms) at a few discos provide an easy option for anonymous and group sex.

• Patrons are either middle class gay men, or mixed clientele including MSM of lower socio-economic strata, chongos, and transvestites.

Hair salons:

• Small places mainly in barrios.

• Clients, mainly young, including non-gay identified, flirt and try to have sex with hairdressers.

• Sex takes place in the bathroom, after hours, or other room if the hairdresser lives there.

Virtual Spaces:

• Many MSM chat on line, either at home or at cyber cafes.

• Physical encounters with men met on line much less frequent. Actual encounters for sex could be deterred by men not having a place to go (since many live with their families).

Informal Prevention Activities and Conversations about HIV

• MSM talk about condom use to small number of close friends.

• Some transvestites and taxi-boys talk to clients about protected sex.

• MSM interested in prevention activities that are engaging, address them personally, and go beyond condom distribution.

Conclusions

• The articulation of social class, identity, and desire determine what spaces men frequent for sex. A combination of environmental and personal factors such as income, sexual need, HIV awareness, lack of negotiation skills, and availability or lack of motivation to use condoms make unprotected sex in certain spaces and situations more likely.

• Prevention interventions that go beyond condom distribution, target all MSM segments, and can be implemented in the midst of the economic crisis and unemployment affecting Argentina, need to be developed and evaluated.

• Intervention strategies need to teach risk reduction techniques and sexual negotiation skills; increase self-esteem; build community and individual empowerment; and incorporate peer and venue-based methods.

• Venues to explore for those interventions are street corners, private homes, bars, and hair salons.

• Peer methods would include: training MSM to maintain informal conversations with friends or clients; working with owners of gay venues to better use those spaces for prevention.

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