Rapid assessment of HIV risk behaviors, access to HIV prevention, care, and treatment services, and HIV and sexually transmitted infection positivity among men who have sex with men in Pemba Island, Zanzibar, 2023

Among men who have sex with men (MSM) in Pemba, the rapid assessment (RA) objectives were to:

1. Estimate the positivity of HIV, hepatitis B, and syphilis.
2. Identify and characterize basic risk behaviors.
3. Understand the context in which HIV risk behaviors take place.
4. Gather data to inform future surveillance activities.

Methods

Qualitative interviews with stakeholders

Key informant interviews were conducted with 15 MSM who were well-known within the MSM community.

Qualitative interviews, quantitative surveys, and testing with MSM in four districts of Pemba

MSM were recruited by peer educators from community organizations, key informants, and by other MSM within the social networks of key informants. Data collection methods were qualitative and quantitative. A total of 107 MSM participated in:

- Focus group discussions (n=91) or in-depth interviews (n=16), which collected characteristics of MSM in Pemba, including common risk behaviors, knowledge of HIV prevention, and access to and utilization of health services;
- A quantitative demographic and risk behavior survey administered during individual interviews; and,
- Testing for HIV, hepatitis B surface antigen, and syphilis antibodies using rapid tests.

Inclusion criteria for MSM participants

Inclusion criteria to participate in the RA were: a) engaged in anal sex with a male in the past 3 months; b) biological male aged ≥18 years or mature minor aged 15-17 years; c) lived in Pemba for the past 3 months; and d) willing and able to provide informed consent.

Population size estimation

Data from several sources were reviewed and interpreted by the RA team together with key stakeholders. Based on that analysis, the group agreed on an estimate of the number of MSM in Pemba. Data sources included: wisdom of the crowds estimates from stakeholders and MSM participants, HIV testing data from local organizations and service providers, previous rapid assessment reports, and census data.

Presentation of key findings

Findings from the quantitative survey are presented as unweighted percentages. Findings from qualitative interviews include data from both key informants and those who participated in the full assessment and are presented without percentages. Findings are representative of the RA sample and their perceptions of the MSM community in Pemba.

Key findings

Socio-demographic characteristics

Indicator		2023
Age	Median participant age (years)	23
	Median age at first sex (years)	17
Education	No formal education	2%
	Some or completed primary education	33%
	Some or completed secondary education	61%
	Higher education	4%
Marital status	Never married	70%
	Married or living with a female partner	27%
	Separated, divorced, or widowed	3%

Characteristics of RA participants and perceptions of the MSM population

i. Nearly three-fourths (73%) of participants were originally from Pemba.
ii. Participants identified themselves as receptive, insertive, or versatile.
iii. Participants reported that the number of young MSM (i.e., ages 15–19 years) seems to be increasing, and in general, MSM are more visible than in the past.
iv. Participants reported a median network size of 15.
v. MSM in Pemba appear to be well networked and can easily identify one another when they meet for the first time.

Key findings

HIV risk behaviors among MSM

Participants qualitatively reported the following HIV risk behaviors as common among MSM in Pemba:

i. condomless sex;
ii. multiple concurrent sexual partners, both male and female, which was perceived to be increasing over the past 5 years;
iii. transactional sex, both for money and in exchange for goods;
iv. group sex; and,
v. alcohol consumption, often before sex.

Quantitative data supported the qualitative findings:

i. nearly three-fourths (74%) of participants had transactional sex in the past 30 days; and,
ii. only 36% of participants used a condom at last sex.

Estimated number of MSM in Pemba
Approximately 350 (250–450)

Experiences of violence and stigma

i. Participants qualitatively reported experiencing violence from the community, sexual partners, and other MSM.
ii. Violence from the community was perceived to primarily target receptive MSM and was reported to have changed in the past 5 years from physical violence to verbal abuse.
iii. MSM reported that sexual violence is common and often not reported due to feelings of shame.
iv. Stigma and discrimination by health care providers was not commonly reported, although some participants mentioned experiencing judgmental attitudes when accessing services including condoms.

HIV knowledge

Participants were asked standard UNAIDS HIV knowledge questions.

i. On individual questions, 83%–94% of participants answered correctly.
ii. Less than two-thirds (61%) of participants answered all five questions correctly (had "comprehensive knowledge").
iii. Nearly half of MSM (49%) agreed that a person living with HIV who is on anti-retroviral therapy (ART) cannot pass HIV to a sexual partner once they are virally suppressed.

Access to HIV and harm reduction services

i. Qualitatively, participants reported that MSM do not routinely test for HIV. However, 80% of participants tested for HIV in the past year.
ii. Fear of HIV results and fear of stigma if diagnosed HIV-positive were cited qualitatively as common reasons for not testing.
iii. MSM reported receiving HIV-related services (most commonly testing, condoms, and ART) through non-governmental organizations (NGOs) but that access varies by district, with the most limited access in Micheweni District. They also noted that these services are not consistently and routinely available.
iv. MSM reported that condoms are not easily accessible when needed, and most were unaware of the existence of pre-exposure prophylaxis (PrEP) or post-exposure prophylaxis (PEP) services but interested to learn more.

HIV, hepatitis B, and syphilis positivity [N=107]

Indicator	2023
HIV positivity	n=1; 0.9%
Hepatitis B surface antigen positivity	n=1; 0.9%
Syphilis antibody positivity	n=1; 0.9%

Key considerations

1. Improving accessibility of HIV preventive services could improve uptake of these services and ultimately prevent new HIV infections among MSM. Strategies to consider include:
    - Making condoms consistently available in accessible locations and hotspots
    - Providing education about PrEP and PEP, and expanding the coverage of PrEP and PEP services
    - Expanding HIV testing to venues frequented by MSM
    - Expanding health and HIV education (including undetectable equals untransmittable)
    - Increasing awareness of key population-friendly services among MSM
    - Integrating MSM-friendly health services within other key population-friendly organizations
2. Improving risk reduction and behavior change communication programs that focus on MSM could help to reduce risk behaviors and risk of HIV infection within this population as well as their sexual partners.
3. Strengthening community awareness on sexual violence and ensuring safe reporting channels could increase reporting of violence, decrease shame and stigma associated with being a victim of violence, and increase linkage of victims of violence to appropriate services.

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