Survey for HIV Infection Rate and Influencing Factors among MSM

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Abstract

Purpose: Understand the HIV infection rate and relevant knowledge, attitude, behavior and access to health services among men who have sex with men (MSM) to provide evidence for HIV/AIDS prevention and control. Methodology: Questionnaire survey was conducted to understand HIV/AIDS knowledge, attitude, behavior and access to health services among MSM. Serological testing was performed to look at HIV, syphilis and HCV infection rates. Epi Data 3.2 was used to create a database and SPSS 17.0 was used for statistical analysis. Results: A total of 58.50% of subjects identified themselves as homosexuals; 28.20% of subjects gave correct answers to all HIV/AIDS-related questions; 81.57% of subjects had sex with different males in the past six months; 25.53% of subjects used condoms at anal sex with males in the past six months; HIV infection rate was 1.27%; syphilis infection rate was 6.22%; and HCV infection rate was 0.88%. Conclusions: MSM in Shandong Province have strong sense of self-identify, but they have poor knowledge of HIV/AIDS, many irregular sexual partners and low condom use rate. Moreover, some MSM use drugs at the same time.

Keywords: MSM (Men who have sex with men); HIV/AIDS

Introduction

Acquired immunodeficiency syndrome (AIDS) is an infectious disease closely linked with human behaviors [1,2]. Over the past years, HIV infection rate among MSM has been on an increase in China. Same sex behavior among males (mainly anal and oral sex) has become one of the primary routes of HIV transmission [3,4]. According to national reports on HIV/AIDS epidemics, HIV/AIDS cases transmitted via same sex behavior accounted for 2.5% of the total number of reported cases in 2006, but the proportion increased to 28.3% in 2015 [4]. A survey was conducted for 57,407 MSM in 61 cities from 2008 to 2009, indicating an average HIV infection rate of 4.8%. Specifically, the HIV infection rate was over 10% in southwestern cities (e.g. Guiyang, Chongqing, Kunming and Chengdu), about 7% in eastern cities and 4-5% in coastal cities and some northeastern cities, with the highest rate of 18%. National HIV sentinel surveillance results showed that HIV infection rate was higher than 1% in all cities and on a rapid increase year by year. HIV transmission among MSM has become one of the major factors fuelling the epidemic [4]. The Ministry of Health of the People's Republic of China, Joint United Nations programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO) conducted a joint estimation of HIV/AIDS epidemic in China. MSM accounted for 12.2% of 50,000 new HIV/AIDS cases in 2007, 32.5% of 48,000 HIV/AIDS cases in 2009 and 29.4% of 48,000 HIV/AIDS cases in 2011 [4-6]. Shandong Province has a low HIV prevalence (i.e. 2.4/100,000). Since the first human immunodeficiency virus (HIV) case was detected in 1992, the major routes of HIV transmission were illegal blood collection/supply and spousal heterosexual contact by case. Since 2006, male homosexual contact has caused an increasing proportion of reported HIV/AIDS cases, with the proportion reaching 67.9% in 2015, which exceeded the proportion of cases via heterosexual (38.0%). To understand HIV/AIDS knowledge, attitude, behavior and access to health services among MSM and their STI/HIV infection rates in Shandong Province of P.R. China, we conducted a survey in eight cities (including Jinan and Qingdao) in the province from August to December 2015.

Materials and Methods

Subjects: Subjects were men who have sex with men (MSM), mainly including homosexual men and men who denied their homosexual orientation but had sex with males. All survey sites had good performance in HIV/AIDS response, established effective working networks, provided convenience for special surveys and were representative in terms of economic development and geographical location.

Methods: Health Survey Questionnaire for MSM in Shandong Province was used to conduct one-to-one survey by trained investigators under the principles of informed consent and voluntariness, in a bid to understand the awareness of HIV/AIDS among subjects, high risk behaviors, STI infections, health-seeking behaviors and access to HIV/AIDS-related prevention services. Methods, procedures and criteria for HIV, syphilis and HCV tests were based on the National Technical Specifications for HIV Testing and instructions of reagents. Rapid kits produced by ACON Biotech (Hangzhou) Co. Ltd. was used for HIV antibody test; enzyme-linked immunosorbent assay (ELISA) reagents produced by Zhuhai LIVZON Diagnostics Co., Ltd. were used for retesting; and HIV1+2 western blotting (WB) reagents produced by Singapore Genelabs were used for confirmatory test of positive samples. Reagents produced by Dalian Fanbang Chemical Technology Development Co. Ltd. were used for rapid plasma regain test (RPR) during syphilis screening; and treponema pallidum particle agglutination test (TPPA) was used for confirmatory test. Antibody diagnostic kits produced by Shanghai Kehua Bio-engineering Co., Ltd. were used for HCV test. All reagents were used before the expiration date. Serological testing was performed by trained technicians of the AIDS Confirmatory Laboratory of Shandong CDC.

Statistical analysis: Epi Data 3.2 was used to create a database. Data were entered, summarized and collated. SPSS 17.0 was used for statistical analysis.

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Results

General information

A total of 1,625 subjects were surveyed. 1,617 valid questionnaires were collected, with a qualification rate of 99.51%. The average age of 1,617 subjects was 26.45 years. 71.90% were married; 24.60% were single; 2.10% lived with partners; and 1.40% were divorced or bereaved of spouse. 88.20% were local residents and 11.80% were migrants. 98.90% were Han people. 58.60% had an education level of junior college and above; 27.00% had an education level of senior high school/technical school; 12.20% had an education level of junior high school; 1.60% had an education level of primary school; and 0.60% were illiterate. 25.30% were students; 15.20% were commercial employees; and 15.00% were from other occupations, of which more than 50% were businessmen, company employees and freelancers.

Awareness of knowledge about HIV/AIDS

A sum of 28.20% of subjects gave correct answers to all HIV/AIDS-related questions; 72.11% of subjects gave correct answers to three effective routes of HIV transmission; and 34.94% of subjects gave correct answers to noneffective routes of HIV transmission (Table 1).

Self-identification and testing

A total of 58.50% of subjects reported they were homosexual; 30.60% reported they were bisexuals; 7.00% reported they had uncertain sexual orientation; 2.00% reported they were heterosexuals; and 1.90% refused to answer the question.

Only 30.18% of subjects received HIV test over the past year, of which 92.42% knew results and 7.58% did not know results.

HIV/AIDS-related high risk behaviors

Sexual behaviours: Total of 90.23% of subjects reported the age of their sexual debut. The average age was 19.91 years. 68.09% of subjects had their sexual debut with a male. 77.23% of subjects reported the age of their first sex with males. The average age was 23.44 years, ranging from 14 years to 48 years. 81.57% of subjects had sex with different males in the past six months, with an average number of 10.07 male partners. 5.60% of subjects paid males for sex in the past six months, with an average number of 13.85 male partners. 8.87% of subjects received money via sex with males in the past six months, with an average number of 65.04 male partners. 21.77% of subjects had sex with females in the past six months, with an average number of 1.46 female partners and the largest number of 12 female partners (Table 2).

Drug use: Eight subjects reported drug use, and three subjects reported injecting drug use in the past six months. All subjects refused to answer the question on needle sharing in drug injection. For the question on frequency of needle sharing in the past six months, two subjects reported “Never” and other subjects refused to answer the question.

Condom use: The rate of condom use at last sex with both male and female was lower than 50%. The rate of consistent condom use with both males and females in the past six months were lower than 30% (Tables 3 and 4).

STIs and health-seeking behaviors: An aggregate 14.50% of subjects had STI-related symptoms (including painful urination or urine burning, abnormal urethral discharge, lesions, ulcer or hyperplasia on genital skin or membrane, etc.), of which 44.87% resorted to specialized STI clinics, 23.50% resorted to general hospitals, 17.52% self-medicated, 15.38% selected private clinics, 7.69% did nothing or refused to answer the question, and 0.43% selected other options.

Access to HIV/AIDS prevention services: All subjects accessed HIV/AIDS prevention services in the last year. Specifically, 70.32% of subjects received STI/HIV IEC materials (e.g. booklets and leaflets) and 67.66% received condoms (Table 5).

Laboratory testing: A total of 1,415 blood samples were collected, accounting for 87.51% of subjects. Laboratory testing detected 18 HIV-positive cases, with an infection rate of 1.27%. There were 88 syphilis positive cases, with an infection rate of 6.23%. Laboratory testing detected 18 syphilis positive cases, with an infection rate of 6.23%.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can we know just by looking if a person has been infected by HIV?</td>
<td>954</td>
<td>497</td>
<td>166</td>
<td>59</td>
</tr>
<tr>
<td>Can a person get the HIV virus by transfusing HIV infected blood or blood products?</td>
<td>1524</td>
<td>25</td>
<td>68</td>
<td>94.25</td>
</tr>
<tr>
<td>Can a person get the HIV virus by sharing needles with PLHA?</td>
<td>1516</td>
<td>36</td>
<td>65</td>
<td>93.75</td>
</tr>
<tr>
<td>Can correct condom use at each sex reduce the risk of HIV transmission?</td>
<td>1437</td>
<td>73</td>
<td>107</td>
<td>88.67</td>
</tr>
<tr>
<td>Can having sex with only one partner who is not HIV-infected reduce the risk of HIV transmission?</td>
<td>1318</td>
<td>151</td>
<td>148</td>
<td>81.51</td>
</tr>
<tr>
<td>Can a pregnant woman infected with HIV transmit the virus to her unborn child?</td>
<td>1442</td>
<td>78</td>
<td>97</td>
<td>89.18</td>
</tr>
<tr>
<td>Can a person get the HIV virus by eating with PLHA at the same table?</td>
<td>240</td>
<td>1288</td>
<td>89</td>
<td>79.66</td>
</tr>
<tr>
<td>Can a person get the HIV virus from mosquito bites?</td>
<td>513</td>
<td>970</td>
<td>134</td>
<td>59.99</td>
</tr>
</tbody>
</table>

Table 1: Awareness of knowledge about HIV/AIDS.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Refuse</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you have anal sex with males in the past six months?</td>
<td>1415</td>
<td>242</td>
<td>56</td>
<td>81.57</td>
</tr>
<tr>
<td>Did you pay males for sex in the past six months?</td>
<td>77</td>
<td>1266</td>
<td>32</td>
<td>5.6</td>
</tr>
<tr>
<td>Did you receive money via sex with males in the past six months?</td>
<td>122</td>
<td>1222</td>
<td>31</td>
<td>8.87</td>
</tr>
<tr>
<td>Did you have sex with females in the past six months?</td>
<td>352</td>
<td>1239</td>
<td>26</td>
<td>21.77</td>
</tr>
</tbody>
</table>

Table 2: Incidence of high risk behaviors.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Refuse</th>
<th>Percent (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you use a condom at last anal sex with a male?</td>
<td>672</td>
<td>606</td>
<td>97</td>
<td>48.87</td>
</tr>
<tr>
<td>Did you use a condom at last sex with a paid male?</td>
<td>50</td>
<td>37</td>
<td>22</td>
<td>45.87</td>
</tr>
<tr>
<td>Did you use a condom at last sex with a paying male?</td>
<td>137</td>
<td>1268</td>
<td>62</td>
<td>45.75</td>
</tr>
<tr>
<td>Did you use a condom at last sex with a female?</td>
<td>145</td>
<td>189</td>
<td>44</td>
<td>38.36</td>
</tr>
</tbody>
</table>

Table 3: Condom use at last sex.
STI/HIV infection rates among MSM are increasing in Shandong Province. Fortunately, a large proportion of MSM resorted to specialized dermatovenerology hospitals in case of STI symptoms and some MSM did nothing or selected other options, which is consistent with results from Vanable et al. [18,19] Further efforts should be made to guide MSM to take scientific health-seeking attitudes in future referral services. All subjects accessed HIV/AIDS prevention services in the last year, indicating initial success of HIV/AIDS IEC and behavioral intervention. Nevertheless, traditional mass publicity and condom distribution are still the most popular ways. A variety of channels and forms should be leveraged to strengthen information dissemination and behavior intervention, so as to increase the accessibility and efficiency of HIV/AIDS prevention services.

Although MSM have certain knowledge about HIV/AIDS response and access to HIV/AIDS prevention services, they have poor awareness of safer sex and behavior change and pose a great risk of spreading HIV to the general population. Therefore, it is essential to conduct comprehensive HIV surveillance and strengthen HIV/AIDS prevention among MSM.

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References


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