

'It's raining stones': stigma, violence and HIV vulnerability among men who have sex with men in Dakar, Senegal

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Research in many countries has highlighted the vulnerability of men who have sex with men to HIV and other sexually transmitted infections (STIs). Yet in Africa, such men have received little attention in HIV/AIDS programming and service delivery because of the widespread denial and stigmatization of male homosexual behaviour. In Dakar, Senegal, a study conducted by researchers from Cheikh Anta Diop University, the Senegal National Council Against AIDS, and the Horizons Program elicited quantitative and qualitative data about the needs, behaviours, knowledge, and attitudes of men who have sex with men. Findings reveal that respondents have distinct identities and social roles that go beyond sexual practices, that sex with men is driven by many reasons, including love, pleasure, and economic exchange, and that respondents' lives are often characterized by stigma, violence and rejection. The data also highlight that many men are at risk of HIV because of unprotected sex with other men, a history of STI symptoms, and poor knowledge of STIs. The study underscores the need for non-stigmatizing, sexual health information and services.

Introduction

Although sex between men occurs in most societies (Herdt 1997), its existence and relevance for HIV/AIDS programming are frequently overlooked in the developing world (UNAIDS 1998, Parker *et al.* 1998). Denial of male-to-male sex, stigmatization and criminalization of men who have sex with men, difficulty in reaching men who have sex with men,

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inadequate epidemiological data on HIV transmission through male-to-male sex, inappropriate or inadequate health services, and the lack of donor funding are critical barriers to research and service delivery (UNAIDS 1998).

In developed countries, men who have sex with men have played prominent roles in successful social mobilization efforts to prevent the spread of HIV/AIDS and to care for those infected (Foreman 1998). Within the African context, however, the existence of men who have sex with men and their potential role in addressing the epidemic generally meets with rejection and disdain. Findings from a Panos study that examined perceptions of men who have sex with men showed that compared to other regions of the world, African informants reported the lowest level of public awareness and discussion of men who have sex with men, and 55 percent of African countries have laws that penalize sex between men (McKenna 1996). Male to male sex is considered marginal to prevention efforts, and is associated with European or Western contamination. There is a deep belief that it has no roots in traditional African society (McKenna 1996, Panos Institute 1991).

Despite widespread denial, a growing body of literature suggests that sex among men exists in Africa and is more common than what is implied in public discourse. The anthropological literature includes references to the existence of male homosexuality in different parts of Africa (Tauxier 1912, Evans-Pritchard 1929, Werner 1987). A recent book edited by Murray and Roscoe (1998) cites evidence of same-sex interactions in approximately 50 African societies, representing a wide variety of geographical regions, family structures, and kinship patterns. Additional research has documented male-to-male sex among miners in South Africa, among prisoners in Zambia (Simooya *et al.* 2001) and in Nigeria (Orubuloye *et al.* 1995).

In Senegal, Crowder (1959) has described the existence of male-to-male sex in Wolof communities and concludes that the phenomenon is well entrenched within society. Teunis (1996) conducted an ethnographic study of men who have sex with men in Dakar, which describes how cultural and economic forces shape their sexual and social relationships. Many of Teunis' findings on the nature of these relationships were corroborated by researchers from the University Cheikh Anta Diop as part of a more recent study conducted on migration and HIV/AIDS in Senegal. The research team conducted focus groups, in-depth interviews, and obtained life histories from men recruited at bars, restaurants, and dance halls frequented by migrant and mobile populations. Although the researchers did not set out to specifically investigate male-to-male sex, the study provided important data about the sexual sub-cultures of men who have sex with men, their language and types of relationships, and the social and economic environment (UNAIDS 2000a).

The present study builds on these earlier findings in order to better understand the lives of men who have sex with men in Dakar, Senegal so that appropriate STI/HIV interventions can be developed to meet their needs. Because previous research indicates that many men who have sex with men also have sex with women, their protection from HIV/AIDS has

wider implications with regard to the health of families and communities (Foreman 1999).

Methodology

The study was a collaboration between researchers from Cheikh Anta Diop University, the Senegal National Council Against AIDS (CNLS), and the Horizons Program, with assistance from a number of local NGOs. The aims of the study were to increase understanding about the sexuality of men who have sex with men; identify the social, cultural, behavioural, and service delivery factors that place them at risk for STIs, including HIV/AIDS; and use this information to sensitize policymakers and programme managers to the need for non-stigmatizing interventions for this population.

The research team used ethnographic and survey methods to elicit information from men who have sex with men, 18 years of age or older, in several neighbourhoods in Dakar. The study consisted of four phases: initial orientation to the study sites and initial contact; ethnographic data collection through observation, informal and semi-structured interviews, and case histories; survey administration; and group discussions.

Local men who have sex with men were involved in the research process by consulting with an informal group of men who have sex with men known as *Andligeey* (working together in Wolof) as well as individual men who have sex with men, to ensure that the study was relevant to their issues and needs. These men were essential in helping the researchers to map the areas of the city in which men who have sex with men congregate, and assist with the recruitment of study respondents. They also participated in the interpretation of initial findings, attended the final dissemination meeting, and are helping to plan a follow-on intervention project.

Orientation and initial contact

During the first phase of work, the research team visited bars, cafeterias, restaurants, and public places frequented by men who have sex with men. Contact was first made with people who interact socially with these men (e.g., bartenders, female sex workers, waiters). It took several meetings to help such individuals understand the objectives of the research and its confidentiality safeguards. This phase was crucial for putting informants at ease. Sometimes the research team faced reticence and resistance upon being introduced to a potential informant, and only proceeded if the subject was willing to do so and underwent informed consent. Thus, those men who have sex with men who agreed to participate in the research represent only a portion of the individuals who were initially contacted.

Ethnography

In a second phase of enquiry, observation took place at 19 sites in which men who have sex with men meet and interact. Twenty-three unstructured individual interviews were conducted with individuals who interacted with men who have sex with men (e.g., bartenders, female sex workers, waiters, taxi drivers, female models), those who occupied positions of elder mentor, leader, or celebrity within different groups of men who have sex with men, and with the directors of programmes or NGOs involved in responding to HIV/AIDS.

Also as part of the ethnographic phase, the research team conducted semi-structured interviews with 18 men and detailed case histories of eight other men in order to learn more about their sexual initiation; family, social and sexual relationships; drug and alcohol use; and sexual health problems.

Survey

In the third phase, a convenience sample of 250 men was interviewed using a structured survey instrument. To be included in the survey, the respondent had to be 18 years or older and acknowledge ever having had intimate sexual relations with a man. The research team recruited subjects using 'snowball sampling' which consisted of working with recognized leaders to recruit other men, who then helped to recruit others until 250 men who met the study criteria had been interviewed. Given that the questionnaires were anonymous, we attempted to put control measures into place to avoid cases of duplication. For example, the local leaders were asked to stress to potential respondents the importance of only being interviewed once. The survey elicited information from respondents about their sociodemographic characteristics, family and community relationships, mobility and migration, knowledge about STIs and HIV/AIDS, sexual behaviour with men and women, condom use, and attitudes towards people living with HIV/AIDS. The survey also explored social problems, such as violence and stigma in their lives, as well as health issues, including STI symptoms and the use of health services.

Group discussions

In the final phase of enquiry the research team conducted discussions with six groups of men who have sex with men to gather information about sexual behaviour and community attitudes. Each group consisted of six to ten participants. Older men who did not want to respond to the questionnaire made up one of the groups. Other aims of the discussion groups were to obtain feedback on the data previously collected and discuss the feasibility of intervention strategies that were emerging from the research.

Characteristics of the study population

Data from the survey instrument provide information about the socio-demographic characteristics of the study population. Survey respondents ranged in age from 18 to 53 years, with a mean age of 25 years. Eighty-two per cent were single and 15% reported being married; some were in polygamous marriages. About a fourth of the men had children. More than a third of the sample was Wolof, with many other ethnic groups represented. The level of education was relatively low: 15% had never been to school and 55% did not complete elementary school. Respondents reported a range of income levels (low, middle, and high) and occupations, including professional athletes, mechanics, artists, labourers, merchants, Muslim *marabouts*, and students. Twenty-four per cent were unemployed at the time of the survey.

Challenges and limitations

A key goal of the study was to conduct rigorous, ethical research that accurately captured the voices of men who have sex with men in Dakar in order to inform policy and programme development. One of our first challenges was to sensitize the research team to the issues faced by men who have sex with men. A second challenge was to establish safeguards that would protect the confidentiality of informants. To this end, we stressed the importance of maintaining confidentiality, and always asked informants where they preferred to be interviewed. In some cases, the team conducted interviews in cars or where the respondents live or spend time. Other times the interviews were conducted in an office at the university. We also opted for an oral informed consent process instead of a written one. All informants were asked to provide oral informed consent, and upon giving consent, received a small stipend (2,500 F CFA) to cover travel costs, information on STIs and HIV/AIDS, and a referral for a free medical consultation and treatment. While the leaders who helped us recruit informants may have known their names, no identifiers were linked to the data collected.

The study contains a number of limitations related to the respondents and the topics addressed. First, snowball sampling was used to recruit informants. Although the technique was successful in recruiting 250 men who acknowledged having had sex with another man, it nevertheless resulted in a selection bias. For example, 83% of survey respondents were under 30 years of age. This may be due to the fact that all of the interviewers were young people and that older men were reluctant to talk with someone their junior, especially about such a stigmatized topic.

Secondly, the study focused on the experiences and perspectives of MSM in order to develop interventions that respond to their needs. However, we did not interview some groups who may be critical for successful intervention design and implementation, such as health care workers and policemen.

Findings

First sexual experience and subsequent relationships

Data show that the first sexual experience with a man frequently occurs during adolescence, with an adult that they know or have recently met. Survey respondents report that their first sexual encounter occurred on average at 15 years (range 7–31 years). A third of the survey sample reported that the adult was part of the respondent's extended family. Data from the case history of a 25-year-old man illustrate this finding:

We were seven boys in Kolda. Our mother waited a long time to have a daughter. And I was the youngest. My mother made me wear girl's clothes. Also, I slept in the same room with my uncle due to the lack of space in the house. I was 12-years-old and he was much older. One night, he took off my shorts, touched me on the behind and penetrated me. In the morning, he left and didn't come back for a month.

The case history of another informant, a 30-year-old man, highlights the influence of a man that was known to the family.

One day, an adult man, an important gentleman who frequented the house, invited me to his house. When I arrived, he asked me to give him a massage. I bowed to his wishes, and he began to relax. I was afraid, because I didn't understand where he was going. Then he took my hand and placed it on his sex. I let him do it. He also caressed my sex. Afterwards, he gave me 400 F CFA to cover my transportation. That shocked me. Nevertheless, he invited me back again and I accepted the invitation. That time, everything went too fast; he penetrated me and we had sexual relations.

In some cases, the relationship with an adult was preceded by sexual play with other boys. As a 25-year-old man recounted as part of his case history:

At home, I took baths with my friends and my cousins, and we amused ourselves trying to penetrate each other with soap. At the age of 10, I went to the beach with some friends, and I met a gentleman who approached me under the pretext that I looked a lot like his nephew. He promised to show me his nephew so that I could see our resemblance for myself. One day, as I was leaving school, I saw him. We spoke. He suggested that I come to his house. He gave me 1,000 F CFA for the taxi. The day came and I went to his house. I expected to see his nephew. After long discussions over soft drinks and cake, he admitted to me that he had no nephew and that he lived alone. He told me he wanted to make love to me; I was afraid and I told him so. He told me I just had to try it. One thing led to another, and as he caressed me, I remembered that I had done that with my cousins and my friends. But with him, I went much further.

Some of the men's histories highlight that their initial and subsequent sexual experiences occurred in the context of emotional and physical attraction.

In 1993, I got my diploma and moved along with my family. I met a man who asked me to accompany him to a party of other men. I was curious about his milieu, and I went. Another day, I came home at 11pm with him. He introduced me to his friends. He came on to me and caressed me a lot. I felt a tremendous amount of pleasure. We went to his house and he penetrated me. I felt happy and proceeded to have a very strong love relationship with him.

In another case, financial need was a main motivation for first engaging in sex with a man. As a young Wolof man recalled:

He invited me to his house the following day. He gave me money. I kept my date with him. We

were alone. The atmosphere was hushed. Around 2am, he asked me to lie down on the couch. He went to take a shower, and came back in a bathrobe, and we began to caress each other. When it came time for me to leave, he again offered me a lot of money, really a lot. And he asked me to come back as often as I liked, which I accepted. In the end, we had sexual relations with penetration. And I acquired a taste for the pleasure and for the money. He took care of all my debts. For my part, I made myself available to him every Saturday.

Economic exchange plays an important part in the current sexual experiences of the men in our study as well. Two-thirds of the survey sample reported that they received money as part of their most recent sexual encounter with another male, and nine percent had given money in exchange for sex.

Given that sex among men is driven by many reasons—love, pleasure, and economic gain—it is perhaps not surprising that the men reported a wide range of sexual relationships with other men, including a regular stable relationship with a single partner, a regular relationship with one partner plus occasional partners, and irregular relationships with many partners. The vast majority of study respondents had also had sexual relationships with women. Eighty-eight per cent of the survey sample reported ever having vaginal sex, and nearly a fifth had had anal sex with a woman. Some of these sexual encounters involved the exchange of money: 21% of respondents reported giving money at the time of their last sexual encounter with a woman and 13% said they had received money from a woman for sex.

Identities and social roles

In Wolof society, the most frequently used term for men who have sex with men is the word *gor jigeen*, which is translated literally in English as ‘man-woman.’ It implies a man who is very close to the world of women, to the point of identifying with them. The term *gor jigeen* is currently considered demeaning and stigmatizing by the men in our study. As one focus group participant stated, ‘the term *gor jigeen* frightens us. When someone says it in our presence, it makes us shiver. The term is like a siren sound that we expect to be followed by insults, blows, or stones thrown at us by out-of-control mobs’.

Informants reported that men who have sex with men prefer the terms *ibbi* and *yoos*. Broadly defined, *ibbis* tend to adopt feminine mannerisms and be less dominant in sexual interactions. *Yoos* are generally the insertive partner during sex and do not consider themselves to be homosexuals. Beyond these broad categories, there are additional subcategories based on age, status, and type of relationship. According to one informant, ‘*Boys’ men* are young *ibbi*; they are effeminate [outwardly] and feminine in spirit, whereas the *gentlemen* are young *yoos*.’ *Gentlemen* are described as ‘tough’, or ‘macho’, and tend to be involved in alcohol and drug networks. The *yoos-ibbi* relationship is generally unequal in nature and reflects traditional masculine and feminine social roles. For example, in ceremonies, the *yoos* are served food by the *ibbi* and the *yoos* eat with spoons while the *ibbi* (like women), eat with their hands.

The categories *ibbi* and *yoos* have more to do with social identity and status than with sexual practices. For example, a man may call himself an *ibbi* or be considered as such in the community, but he may also have a sexual relationship with another *ibbi* and they both may practice insertive and receptive anal intercourse. Therefore, identification with a particular group is not a good predictor of an individual's sexual practices, as illustrated by a quote from a 35-year-old man, a fisherman by profession, who participated in a semi-structured interview.

There are a lot of homosexual relationships among fishermen when they are at sea. In my case, I was exclusively *yoos* at the beginning, until one day, out of curiosity, I wanted to know what it felt like to be an *ibbi*, so I had a passive sexual encounter, and ever since, I can't do without it. But I do it on the sly, and my regular partners still think of me as a *yoos*.

Informants often spoke of nonverbal communication as a way men who have sex with men identify each other and their social identity. According to one focus group participant:

When two *ibbi* meet in a car or a bus, they easily recognize each other right from the start. The clothes they wear can be an external sign of belonging to the *ibbi* family. Some *ibbi* may wear women's clothes but that is not the case for most *ibbi*. Their way of dressing is not enough to identify the *ibbi*. You know many individuals who wear a large *boubou* on Friday to go to Muslim prayer; well, the *ibbi*, if he wants, can wear the same *boubou*, have the same masculine mannerisms, and identify completely with the faithful on the way to prayer. But from the moment he wants to communicate with another *ibbi* with him in the mosque, he has a way of moving the sleeve of his *boubou*, of undulating his hips, of rolling his eyes that identifies him exclusively to the one who belongs to his community of sexual preference.

Another young man noted, 'You recognize a *Boys' men* by his gaze, sometimes it's the way he cinches his belt, or the buttons on his shirt that he doesn't close, or again, certain marks on his clothing that give him away'.

Informants highlighted the importance of secrecy: hiding your inclinations, your relationships, and your sexual practices. According to a focus group participant, 'When you meet some of the older *ibbi*, they will give you the surname that you are to call them by. You never call them by their real name. They will do whatever it takes to keep you from learning their real name'.

While society at large may adopt attitudes of formal rejection towards homosexuality that may even find expression in violence, this does not prevent the *ibbi* from occupying positions of high regard in certain segments of society. For example, some *ibbis* have close relationships of trust and confidence with women who are thought to have a great deal of political, economic, or social power. The *ibbi* performs specific tasks and functions for these ladies: they give them advice on clothes and make-up, they cook for certain special occasions, they help organize ceremonies of marriage, baptism, or social gatherings. One older focus group participant explained that during the years from 1950 to 1960, each 'great lady' affiliated with one of the competing political parties had around her a group of men who have sex with men who acted as her publicists, advertising her virtues and verbally attacking the woman's rivals. In return, the men who have sex with men received material and financial

support. In addition to these ladies, who were traditionally called 'gor *jigeen* mothers', an *ibbi* might establish a special relationship with a young woman, whom he then called his 'sister' (*jigeen*). He would see to her appearance, preparing henna or make-up for her and doing her hair. He would be this young woman's confidant, in a relationship of friendship and mutual respect without any possibility of having sexual relations. The young woman, in return, would call him '*camen*'.

Stigma, violence, and rejection

The lives of many men who have sex with men are characterized by violence and rejection. Forty-three per cent of the men surveyed had been raped at least once outside the family home and 37% said they had been forced to have sex in the last 12 months. Thirteen per cent reported being raped by a policeman. Nearly half of the 250 men surveyed had experienced verbal abuse (including insults and threats) from their family and 19% at a police station (table 1). According to one man who participated in a semi-structured interview, 'The most humiliating thing was when the police officer told my mother, who had come to see me while I was being detained: you didn't bring a male child into the world; your son is a homosexual'. Many of those interviewed also reported physical abuse (e.g., blows, stone throwing) by family, community members, and the police.

The study found a good deal of mobility among the men, both voluntary and involuntary; nearly a quarter reported being forced to move in the last 12 months. Numerous men emphasized the importance of keeping one's sexual inclinations and relationships a secret because exposure leads to ostracism, stigmatization, and physical or verbal abuse. According to one focus group participant:

In certain neighbourhoods, when they find out you are an *ibbi*, you may be just passing through, but the young people will get together and start throwing stones at you ... You have the impression then that it's raining stones.

Religious reasons are the ones most frequently invoked to justify the rejection of men who have sex with men. A Muslim dignitary explained, 'Since the Muslim religion forbids homosexuality, we cannot accept homosexuals either in our homes or in our mosques'. Another cleric explained that, when a Muslim shakes hands with a homosexual, a certain number of prayers are required for his purification. Men often invoke religious reasons to affirm that their homosexual life is only for a limited

Table 1. Per cent of respondents experiencing abuse ($n=250$)

	Source or Setting of Abuse		
	Family	Community	Police Station
Verbal abuse	49	40	19
Physical abuse	28	12	13

period of time; they say that they expect to renounce it some day when they have grown old in order to bring themselves in line with the Muslim religion.

HIV/STI vulnerability

Many survey respondents reported having experienced symptoms of STIs at some point in their lives. For example, 42% had had burning or penile discharge and 22% reported having had lesions or pustules on their anus (table 2). When asked about the causes of penile discharge or burning, most respondents mentioned such non-viral or bacterial causes as poor hygiene, irritation from intercourse without sufficient lubrication, spicy foods, long periods of abstinence, masturbation, too much sex, or other illnesses. More than a third said they had no idea of the cause.

In contrast to limited knowledge about STI symptoms, almost all of the 250 men knew that HIV could be contracted through sexual intercourse and 80% cited condoms as a way to prevent the disease, although actual use does not reflect knowledge.

When asked about condom use at last sex, only 23% of the survey sample that reported insertive anal sex said they used a condom. The figure for receptive anal sex was much lower: 14%. Condom use with women was also low—37% said they used a condom the last time they had sex with a woman. Informants identified a number of obstacles to condom use, including reduced pleasure, interference with establishing trust, and a lack of power by some men to request condoms. According to one focus group participant, ‘If a *yooos* doesn’t want to use a condom, there’s not much an *ibbi* can say’. Informants also mentioned the high cost of preferred condom brands and poor access to water-based lubricants. Availability of condoms does not seem to be a barrier—86% of survey respondents thought condoms were easy to find.

Health-seeking behaviour

Health-seeking behaviour for STI symptoms frequently involves delay and concealment. Informants noted that they are particularly resistant to the idea of revealing anal symptoms at clinics and hospitals because they risk exposing their homosexuality, whereas symptoms on the penis, even if they reveal certain ‘shameful diseases’, do not in themselves reveal their

Table 2. History of STI symptoms ($n=250$)

Symptom	Per cent who ever experienced symptom
Discharge and burning in the penis	42
Bleeding and discharge from the anus	42
Swollen ganglia in the groin area	36
Itching and sores around the penis	24
Sores and pimples around the anus	22
Painful and swollen testicles	12

homosexuality. Homosexuality is considered to be more stigmatizing than such 'shameful diseases' therefore men with penile discharge, burning, itching, and sores are more likely to visit a public hospital or clinic for treatment of these conditions. Hence some informants spoke of doing nothing to treat their anal symptoms or self-medicating with medicine purchased without a prescription or received from friends. According to one interview respondent:

Once I had bleeding, pimples, and pain in the anal area. After a few days I couldn't stand the pain and went to find a European friend. The friend went to the hospital and said that he was the one with the symptoms and they gave him a prescription which I took.

Some men described instances in which health centre staff had treated them with scorn or ignored them completely, and did not respect their confidentiality. Despite negative experiences and perceptions, when asked where they would prefer to go for treatment of both anal and penile symptoms, the majority of survey respondents mentioned public hospitals and dispensaries, provided that they remain affordable and treat clients with confidentiality and respect. Most men believe that doctors are the most reliable source of information on STIs, which is why they would prefer to seek information and care from the formal health system. Traditional healers were only rarely cited as preferred sources of treatment. There also was little support for a special facility because they said it would risk reinforcing their ostracism. Similarly, the most preferred source of information on HIV/AIDS is the health centre even though radio and television have been the most common sources of information on the topic.

Conclusions

We believe that this study makes two important contributions to research on men who have sex with men in developing countries. First, the study provides important insights about the sexuality of men who have sex with men in Dakar, the role of violence and stigma in their lives, and the lack of appropriate services available to meet their health needs. Such findings are critical to informing interventions and they support other research that underscores the importance of going beyond a discussion of risk behaviours when developing theory and practices to including an analysis of the context in which sexual behaviour takes place and its cultural meanings (Wright 1998, Parker and Gagnon 1995). This context includes the nature and variety of men who have sex with men relationships and their social networks, the status of and power dynamics between sexual partners, and levels of stigma and discrimination perpetuated by different social institutions, including the family, community, police, and the health system.

Secondly, our study represents a model of collaboration between researchers, policymakers, programme practitioners, and men who have sex with men for generating information to inform policy and programme development. In April 2001, we discussed our findings at a meeting in

Dakar that was attended by key stakeholders including men who have sex with men, government, local and international NGOs, and donors with the aim of catalysing awareness among the different actors of the public health importance of developing non-stigmatizing interventions. As a result a task force of NGOs and others, under the auspices of the CNLS, has been formed to develop and co-ordinate services for men who have sex with men in Dakar.

A recent study conducted among men who report male-to-male sex in Madagascar reveals vulnerabilities similar to those identified by our informants. When asked what can be done to meet their needs, respondents in the Madagascar study identified a number of prevention and care strategies, including training peer educators, holding community workshops, making condoms available in places frequented by men who have sex with men, and reducing stigmatization and discrimination among health professionals through sensitivity training (Célestine 1998). A recent meta analysis of nine controlled studies evaluating intervention effects for men who have sex with men in the United States concluded that community-level interventions and small group efforts can substantially reduce sexual risk (Johnson *et al.* 2002). Similar responses have been recommended by UNAIDS (2000b). Given our findings, such intervention strategies may well have applicability to the Senegalese context as well. An operations research study will shortly commence to reduce HIV/STI vulnerability among men who have sex with men. Potential intervention components that are being discussed with key stakeholders include: organizational development of *Andligeey*; leadership training to educate and mobilize peers to access services and practice preventive behaviours; establishment of user-friendly STI and HIV diagnosis and treatment services; and dialogue with and sensitization of health managers and providers, the police, the media, and others who interact with men who have sex with men, and have a direct influence on their ability and willingness to seek information and health services.

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Résumé

Des recherches menées dans plusieurs pays ont souligné la vulnérabilité au VIH et autres maladies sexuellement transmissibles (MST), des hommes ayant des rapports sexuels avec des hommes. Pourtant en Afrique, ces hommes sont peu pris en considération de la part des programmes de prévention et de soins du VIH/Sida, en raison de la stigmatisation des comportements homosexuels masculins et du déni qui y sont très répandus. A Dakar, Sénégal, une étude menée par des chercheurs de l'Université Cheikh Anta Diop, du Conseil National de Lutte Contre le Sida et du Programme Horizons, a permis de recueillir des données

quantitatives et qualitatives sur les besoins, les comportements, les connaissances et les attitudes des hommes qui ont des rapports avec des hommes. Les résultats révèlent que les participants ont des identités et des rôles sociaux distincts allant au-delà des pratiques sexuelles, que des rapports sexuels avec d'autres hommes sont déterminés par beaucoup de facteurs tels que l'amour, le plaisir et l'échange économique, et que la vie des hommes interrogés est souvent caractérisée par la stigmatisation, la violence et le rejet. Les données soulignent également que beaucoup d'hommes sont exposés au VIH à cause de rapports sexuels non protégés avec d'autres hommes, de l'occurrence dans le passé de symptômes de MST et d'une faible connaissance de ces dernières. L'étude conclut sur la nécessité de services de soins et d'information en santé sexuelle non stigmatisants.

Resumen

Investigaciones llevadas a cabo en diversos países han destacado la vulnerabilidad de los hombres que tienen sexo con otros hombres a contraer el VIH y otras Infecciones de Transmisión Sexual (ITS). Sin embargo, en África estos hombres han recibido poca atención por parte de los programas y servicios de VIH/SIDA debido a la extendida negación y estigmatización del comportamiento homosexual masculino. En Dakar, Senegal, un estudio realizado por investigadores de la Universidad de Cheikh Anta Diop, del Consejo Nacional de Senegal contra el VIH/SIDA y del Programa Horizons, analizó datos cuantitativos y cualitativos sobre las necesidades, comportamientos, conocimientos y actitudes de los hombres que tienen sexo con otros hombres. Los hallazgos revelan que los informantes tienen identidades y roles sociales distintos que van más allá de las prácticas sexuales, que el sexo con otros hombres está motivado por diversas razones, incluyendo el amor, el placer y el intercambio económico, y que las vidas de estos sujetos se caracterizan frecuentemente por el estigma, el rechazo y la violencia. Los datos también destacan que muchos hombres estén en riesgo de contraer el VIH por tener sexo desprotegido con otros hombres, un historial de síntomas de ITS y un pobre conocimiento de estas infecciones. El estudio recalca la necesidad de tener información y servicios de salud sexual que no sean estigmatizantes.