

**REASONS FOR AND PROTECTION USE DURING
Heterosexual Anal Sex in Selected Populations in
Tanzania**

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OUTLINE

- ◆ Background
- ◆ Study methods
- ◆ Results
- ◆ Conclusions and Implications

Definitions

- ❑ Sexual act between men and women
- ❑ Penetration of penis in the anus of a female (receptive) partner (i.e. penile-anal intercourse)
- ❑ Can be classified as heterosexual **receptive** anal intercourse or heterosexual **penetrative** anal intercourse

BACKGROUND



Heterosexual risk of HIV-1 infection per sexual act: systematic review and meta-analysis of observational studies

Marie-Claude Boily, Rebecca F Baggaley, Lei Wang, Benoit Masse, Richard G White, Richard J Hayes, Michel Alary

Lancet Infect Dis 2009; 9: 118-29

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We did a systematic review and meta-analysis of observational studies of the risk of HIV-1 transmission per heterosexual contact. 43 publications comprising 25 different study populations were identified. Pooled female-to-male (0.04% per act [95% CI 0.01-0.14]) and male-to-female (0.08% per act [95% CI 0.06-0.11]) transmission estimates in high-income countries indicated a low risk of infection in the absence of antiretrovirals. Low-income country female-to-male (0.38% per act [95% CI 0.13-1.10]) and male-to-female (0.30% per act [95% CI 0.14-0.63]) estimates in the absence of commercial sex exposure (CSE) were higher. In meta-regression analysis, the infectivity across estimates in the absence of CSE was significantly associated with sex, setting, the interaction between setting and sex, and antenatal HIV prevalence. The pooled receptive anal intercourse estimate was much higher (1.7% per act [95% CI 0.3-8.9]). Estimates for the early and late phases of HIV infection were 9.2 (95% CI 4.5-18.8) and 7.3 (95% CI 4.5-11.9) times larger, respectively, than for the asymptomatic phase. After adjusting for CSE, presence or history of genital ulcers in either couple member increased per-act infectivity 5.3 (95% CI 1.4-19.5) times versus no sexually transmitted infection. Study estimates among non-circumcised men were at least twice those among circumcised men. Low-income country estimates were more heterogeneous than high-income country estimates, which indicates poorer study quality, greater heterogeneity of risk factors, or under-reporting of high-risk behaviour. Efforts are needed to better understand these differences and to quantify infectivity in low-income countries.

- The risk of HIV-1 transmission per heterosexual contact in low-income countries for male-to-female is **0.30% per act (95% CI 0.14-0.63)**
- Unprotected receptive anal intercourse per act estimates are substantially higher (**~5-6 times higher**) than for male-to-female vaginal intercourse
- There is high risk of transmission for male-to-female heterosexual couples practicing anal intercourse, even if only occasionally

BACKGROUND CONT..

- ❑ Comprehensive information about HAS is lacking in Tanzania despite anecdotal evidence about its existence.
- ❑ Larger study required to investigate HAS in a range of populations
- ❑ Before implementing a larger study, **formative research is needed** to understand the perceptions and attitudes about HAS

Specific objectives

- ❑ To explore meanings, perceptions and beliefs about HAS
- ❑ To investigate the context within which HAS is practiced
 - Reasons for HAS
 - HAS initiation
- ❑ To explore perceived health risks associated with HAS
- ❑ To understand about the link between HAS and HIV
- ❑ To assess protection use during HAS

Methodology

Study design

- The study was exploratory and involved qualitative methods.

Study sites:

- Ifakara rural & Morogoro urban
- Mwanza urban & fishing camp
- Dar es salaam urban
- Tanga urban

Study population:

Women & men aged between 15-49 years were purposively recruited from

- General population (married & unmarried)
- High-risk groups (Female sexual workers(FSW), fishermen, truck drivers, women working in recreational facilities)

Recruitment process

- ❑ Truck drivers were recruited through a head driver of a company running a fleet of trucks
 - 4 major truck stops in Morogoro region were identified
 - At each stop, 2-3 truck drivers were contacted & rapport built with them and they were used to identify other drivers.

- ❑ FSWs were recruited at their work places in the brothels & streets
 - researchers contacted establishment owners to seek permission to talk to sex workers at their convenient time.

Recruitment process

- ❑ Fishermen groups were organised through owners of fishing camps/leaders of the group along Lake Victoria
 - visited the fishing communities in selected sites
 - approach to building rapport was similar to that of truck drivers.

- ❑ Women working in bars
 - Meet with facility owners/managers to inform them about the study & seek permission to meet with the women working at the facility
 - Similar to brothel-based FSW, rapport was built, detailed information about the study was provided & permission to participate sought

Methods cont...

Data collection methods

- Focus group discussions (FGDs) [24 FGDs]
- In-depth interviews (IDIs) [81 IDIs]

Data processing and analysis:

- Transcription, **frequent review of the narratives**, identification of relevant themes from the narratives, **constant comparison**, coding and **interconnectedness**.
- NVIVO 8 software was used as an aid to facilitate viewing of participant's narratives and subsequent analysis.

RESULTS

REASONS FOR HAS PRACTICE

- Provide insights on perceptions, believes linked to the practice.
- Provide an entry point to relevant interventions for HIV and STI prevention.

Findings

- Highly recognized and reported to be a common practice among young people, un-married and prostitutes.
- Reported to be rarely practiced among the married individuals.
- Multiple drivers influence HAS practice for men and women
- Men from rural and those from urban had common reasons for HAS practice. The same with women.

Findings cont.....

Reasons for HAS as manifested within gender construct...

MEN

- **Sexual pleasure**
 - Tightness and Dryness of the anus
 - Fasten ejaculation
- **Proving Masculinity**
- **Exploring sexuality**
- **Value for money**
- **Belief that HAS is safer**

Women

- **Earning high income**
 - Economic hardships
- **Keeping a husband/partner**
- **Preventing pregnancy**
- **Alternative during menstruation**
- **Fatten female buttocks**
- **Keep with modernity**
- **Preserving virginity**

- **Watching pornography**
- **Proof of love**

Reasons for HAS, excerpts.....

- **Access to income by the students, sexual workers and other women**

“Students know that if they do sex (anal sex) with a man they will get much money which will help them in school. This is especially with secondary school students, ‘shule za kata’ ward secondary schools)”
[FGD, Male participant, 24-49 years, Community]

“it pays more than penis vagina penetration [between Tshs 50,000 and 100,000]” [IDI, FSW, 25 years, Dar es Salaam]

Reasons for HAS, excerpts.....

Anus is viewed as most pleasurable sex [dry, resistant, warmth and cool] as compared to vagina

R2: *“That if you enter to eat from the back [anus] it is really cool...you see...you experience pleasure, it is sticky/has more resistance”* R3: *“The benefits are when you insert; you feel the warmth in the first instance..”* [FGD, fishermen, 15-24 years].

Anal Sex for pleasure and vagina for pregnant...

“You find a woman and you ask her “do you want pregnancy or you want pleasure? “and she says that Aah I want pleasure” then you tell her “okay if you want pleasure give me anal sex and if you want pregnancy give me vagina sex” because in the vagina is where you get pregnant and in the anus that is where you get pleasure [P4, #15, FGD, Truck Driver, 25-49]

Reasons for HAS, excerpts.....

- HAS is driven by curiosity to imitate what is being shown in the movies

“I saw from the video and felt that people were benefiting a lot and that when I was doing vaginal sex with my wife, was not groaning then I thought that may be in the anus she will complain and so I decided to do in the anus for sure it is sweet, that aha, aha, aha attracts me” [IDI, Male participants, 26, years, general population].

Reasons for HAS Participant's Quotations

- A belief that 'there is no diseases in the anus, the disease is only found in the vagina..

"...a big percent of us we know that diseases are only acquired from the vagina and people think there is no diseases in the anus, that is why you see people decide to do anal sex .. [FGD, Male participant, 25-49, General population]

- A belief that HAS is helping in keeping husbands/partners in the marriage/relations

"Most of girls and women in this area believe that engaging in HAS facilitates maintaining sexual relationship or marriage" [FGD, Female participant 15-24 years. General population]

Protection use during HAS

- Both participants oppose the issue of wearing condom during HAS. However, men strongly disfavoured condom during HAS.

lower use of protection during HAS

“in that other place (anus) I do not use (condom) but in the vagina I use condom” [IDI, Male participant, 46 years, general population].

Condom was perceived as inappropriate for HAS BUT appropriate for vagina sex only

“I am saying that, there is no wearing of condom during anal sex so that I sex a woman, that exercise (wearing of condom) is very difficult because that place is not conducive for wearing condom, if it is to wear condom it is only for vagina” [IDI, Male participant, 25years, general population].

Protection use during HAS

Condom use during HAS is only to protect one from faeces and not HIV

“First, they protect themselves from faeces and not HIV, because during the insertion of the penis much faeces is coming out and when pulling out the penis you may see the faeces pour down” [FGD, Female participant, 15-24 years, general population].

Use of lubricant during HAS was meant to facilitate easy penetration of the penis

“The man usually applies the jelly to his penis and around the anus so that when he enters his penis does not get any difficult because that place is dry” [IDI, Female participant, 35 years, general population].

Specific reasons for not using condom during HAS

- ❑ Perception that diseases are only acquired during vaginal sex
- ❑ A belief that condom would easily tear
- ❑ A belief that condom may stick inside the anus

“Mostly in the vagina that is where we like to use condom. Because it is easy in the vagina. But difficult in the anus because the condom may stick inside the anus.... and provide problems [FGD, Female participant, 15-24 years, general population].

- ❑ A belief that condom during HAS would delay ejaculation or interfere with sexual pleasure

Conclusion

- ❑ HAS is widely recognized and perceived to be common in the study regions.
- ❑ Discourses, beliefs and social value placed on HAS could be driving the practice among different social groups.
- ❑ Men and Women differently share common drivers for HAS
 - Transactional sex is the key driver for HAS among women
 - Desire to experience pleasure is the key driver for HAS among men
- ❑ Protection use during HAS is not widely accepted
 - Condom use is almost non-existence during HAS due to beliefs about condoms.

Study Implications

- ❑ HAS being a common sexual act, call for it's integration in the health care prevention programmes and advocacy for safer anal sex.

- ❑ Social construction of sexuality is likely to contribute to HAS practice and subsequent negative health outcome if protection use is not widely recognized.
 - A need to address structural constructs that drives women and men to HAS practice.

- ❑ Desire to practice HAS for pregnancy prevention
 - Call for intensified integrated HIV and reproduction health services.

- ❑ A need to clarify myths and misconceptions that drive people to HAS practice

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THANK YOU FOR LISTENING