

**ADDIS ABABA UNIVERSITY  
FACULTY OF MEDICINE  
DEPARTEMENT OF COMMUNITY HEALTH**

**ASSESEMENT OF HIV/AIDS RELATED RISKS  
AMONG MEN HAVING SEX WITH MEN (MSM)  
IN ADDIS ABABA**

**BY : SEIFU HAGOS**

**A THESIS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES  
ADDIS ABABA UNIVERSITY IN PARTIAL FULLFILLEMENT  
OF THE REQUIREMENTS FOR MASTER OF PUBLIC HEALTH**

**JUNE 2006  
ADDIS ABABA, ETHIOPIA**

**ADDIS ABABA UNIVERSITY  
SCHOOL OF GRADUATE STUDIES**

**ASSESEMENT OF HIV/AIDS RELATED RISKS  
AMONG MEN HAVING SEX WITH MEN (MSM)  
IN ADDIS ABABA**

**BY**

Seifu Hagos (B.Sc)

Department of community health  
Faculty of medicine Addis Ababa University

**ADVISOR - DAMEN H/MARIAM (MD, MPH, PhD)**

**JUNE 2006  
ADDIS ABABA, ETHIOPIA**

## DEDICATION

I dedicate this work to Robel , Fasil and Ato Tadele

## **ACKNOWLEDGEMENTS**

I would be happy to thank my advisor Dr. Damen Hailemariam so much. He is the one who gave me the courage to pursue this work that seems impossible at the start. It will not be idolatry if I appreciate his perspicacity and cognizance.

I am indeed grateful to the Ethiopian public health association (EPHA) for funding the research.

I am also very much thankful to Ato Tadele, who is working as a counselor for more than a decade, who also brought me the idea of the research. I do not have anything to give but my reverence.

I must also extend veneration to Robel and my assistance Fasil who helped me a lot during selection of study participant, observation as well as data collection.

Lastly but not least, I must also extend my compliments to Prof. Yemane Berhane, Dr. Yilma Melkamu, Dr. Alemayew worku, Bright for Children Voluntary Association, Hot line-952 counselors, FGD participants and my friends Malik, Eyuel, Eyob, Hailu and Biruk who helped me a lot in the study.

# TABLE OF CONTENTS

<b>ABSTRACT</b> .....	<b>V</b>
<b>1. INTRODUCTION</b> .....	<b>1</b>
<b>2. LITERATURE REVIEW</b> .....	<b>3</b>
<b>3. OBJECTIVES</b> .....	<b>8</b>
3.1 GENERAL OBJECTIVE.....	8
3.2 SPECIFIC OBJECTIVES.....	8
<b>4. METHODS AND MATERIALS</b> .....	<b>9</b>
STUDY AREA AND STUDY PERIOD.....	9
STUDY POPULATION.....	9
STUDY DESIGN AND METHODS OF DATA COLLECTION.....	10
DATA COLLECTION INSTRUMENTS AND PROCESSES .....	12
DATA ANALYSIS .....	14
QUALITY CONTROL.....	15
ETHICAL CONSIDERATIONS .....	15
OPERATIONAL DEFINITIONS.....	17
<b>5. RESULTS</b> .....	<b>18</b>
5.1. BACKGROUND OF THE STUDY PARTICIPANTS.....	18
5.2 TERMS USED FOR GAY SEXUALITY IN THE CITY.....	19
5.3 GAY LIFE IN ADDIS ABABA.....	20
5.4 TYPE OF PEOPLE FOLLOWING THIS LIFE .....	23
5.5 CUSTOMS AND UNIQUE BEHAVIORS IN THE LIFE .....	27
5.5.1 PHYSICAL CHARACTERISTICS OF MSM.....	27
5.5.2 SUBSTANCE USE.....	28
5.6 GAY'S ATTITUDE, COPING STRATEGY AND EXPERIENCES RELATED TO THEIR SEXUALITY.....	30
5.7 SEXUALITY IN THE LIFE .....	33
5.7.1 STARTING OF GAY LIFE.....	33
5.7.2 SEXUALITY PATTERNS.....	34
5.7.3 FINDING PARTNER FOR SEX; LOVE OR BUSINESS.....	36
5.7.4 FORCED SEX IN GAY'S LIFE.....	41
5.8 SEXUALITY & HIV/AIDS IN GAY LIFE.....	44
5.9 PERCEIVED HEALTH PROBLEMS.....	45
5.10 SUGGESTIONS FORWARDED TO THE PROBLEMS .....	47
<b>6. DISCUSSION</b> .....	<b>49</b>
STRENGTHS OF THE STUDY .....	58
LIMITATIONS OF THE STUDY.....	58
CONCLUSIONS.....	59
RECOMMENDATIONS.....	60
<b>7. REFERENCES</b> .....	<b>61</b>
<b>8. ANNEXES</b> .....	<b>61</b>

## LIST OF ANNEXES

Annex 1 Model for the cross bridging and role of MSM in the epidemiology of HIV, March 2006.-----	61
Annex 2. Topic guide for in-depth interview with counselors -----	62
Annex 3 Topic guide for in-depth interviews victims-----	65
Annex 4. Topic guide for focus group discussion with homosexuals -----	68
Annex 5. General information for the study participants-----	72
Annex 6. Written consent form for participants -----	74
Annex 7. Observation checklist-----	75
Annex 8. Registration form-----	76
Annex 9. Sample FGD/ interview recording sheet-----	77

## **LIST OF ACRYNOMS**

**AIDS** – Acquired immunodeficiency syndrome

**CSW**- Commercial sex workers

**EPHA**- Ethiopian public health association

**FGD** – Focus group discussion

**HIV** – Human immunodeficiency virus

**MSM** – Men having sex with men

**UAI** – Unprotected anal intercourse

## **ABSTRACT**

**Background:** *There is growing evidence that shows the possible role of anal intercourse between the same sex in the epidemiology of HIV/AIDS in Africa. Such generalization is also applicable in African countries where such sexual behavior has become an emergent phenomenon.*

**Objective:** *To assess the possible role of MSM in the epidemiology of HIV/AIDS in Addis Ababa.*

**Methods:** *An ethnographic study was conducted in different parts of Addis Ababa between January'06- March'06. Snowball sampling method was used to recruit MSM, hot line counselors and victims of anal rape. Four Focus group discussions with MSM, key informant interviews with three counselors as well as with three anal rape victims and observation at bars, streets and tearooms were done. Data on the extent, patterns of sexuality and related issues on MSM were collected and analyzed using open code software and ground theory approach to qualitative data analysis.*

**Results:** *Contextual factors (socio-cultural and politico legal issues) were found to be the bases of the development of risk behaviors to HIV/AIDS. This contextual factor operates through mediators such as individual behavioral causes and immediate casual factors. Different strategies were explored for possible cross bridging of infection between the subgroup and the other heterosexual community.*

**Conclusions:** *The practice of MSM is beyond what one would expect in the city and different factors are seen to lead people to get engaged in such sexual behavior. As this practice exposes to HIV/AIDS related risks, it is high time to discuss this issue openly with in the context of current efforts to control the HIV pandemic.*

## 1 . INTRODUCTION

Twenty years after the initial report of AIDS and some 18 years since it was first observed in Africa, the HIV epidemic has spread throughout the continent with devastating effects. It is also becoming responsible for one in five deaths in sub Saharan area. Among specific population groups that are disproportionately affected by the epidemic, there are a number of locations where HIV prevalence has been found to exceed 70%. These particular population groups includes, sex workers, people with sexually transmitted diseases and some occupational groups such as military personnel (1)

Sexual behavior is undoubtedly the most important determinant of the spread of HIV and has been a major area of focus for the prevention and control of the epidemic. However Patterns of sexual behavior are not uniform within or between countries, age and gender groups, or different social classes and this diversity contributes to the epidemiological heterogeneity of the epidemic in Africa (1, 2).

Recently studies are providing evidence that HIV transmission in Africa which was previously attributed to heterosexual practices i.e. unsafe penile- vaginal intercourse, can also be due to mixed pattern of sexuality of the population including penile anal intercourses. This argument is also expanded to all Africa population with similar epidemiological patterns. According to UNAIDS estimate, 5-10% of all HIV cases worldwide is due to sex between men. This percentage varies between localities considerably to reach up to 70 % ( 3, 4).

Hence this paper is conducted in an attempt to explore the practice of penile anal intercourse in men and its possible role in the spread of HIV in the city of Addis Ababa. Results of the study will indicate an area for public health professionals and others to further investigate the dynamic of HIV transmission from another perspective.

## 2. LITERATURE REVIEW

It has been more than two decades since HIV virus was identified and known as the cause of AIDS. Thereafter a lot of developments have taken place in terms of the characteristics of the virus and its principal modes of transmission. The UNAIDS, 2005 estimates that 4.9 million (4.3–6.6 million) new infections take place worldwide and of which around 85% is in adults. It is also pointed out that Sub-Saharan Africa remains hardest-hit.

Recently, studies have started to argue against the belief that almost all cases of AIDS in African population are attributable to heterosexual transmission, which is accepted as penile-vagina acts. One such published anthropological report documented the long and diverse history of homosexuality in Africa culture with terms for same sex partners in many indigenous languages (4).

There has been some degree of denial on the existence of the practice of penile anal intercourse in African culture. There is a particular difficulty of acceptance of Homosexuality as an indigenous practice in the region believing that it has been introduced by white settlers. Examinations of many overlapping discourses that are constructed into the dominant Ideology of masculinity in Africa contrive to “unsay” indigenous male-to-male sexualities (5).

Another study in Dakar/ Senegal found the existence of the male to male sex among married men as well as a small group of men with feminine characteristics practicing largely or exclusively receptive anal intercourse. Furthermore homosexual culture has been reported in different parts of Africa with specific instances include homosexual sex between Kenyan truck drivers and teenage boys as well as anal intercourse in Zimbabwe (6, 7).

Perhaps the most important anthropological reports of homosexual behavior in Africa is a study done in Tanzania street boys (a city with 11.8% adult HIV prevalence). The study specifically examines the boys' sexual networks, sexual behaviors and attitudes towards their own sexual behavior. Seventy-five street boys aged 8-20 years were interviewed and results suggest that almost all street boys are involved in a sexual network in which homosexual and heterosexual behaviors occur. The boys reported having anal intercourse with other street boys as a part of initiation rites i.e. forced receptive anal intercourse by gang of boys and following acceptance into the street life as well as occasionally awakening from sleep to find themselves being anal penetrated. Prostitution was rare, anal intercourse was placed in context of belonging to the group as well as an exercise of power. By age 18 all boys reported having practiced heterosexual sex and even though none of the boys considered their same sex intercourse to be homosexual act. A key aspect of the boy's sexual careers involves a decrease in homosexual activity as they approach the age of 18 and an increase in heterosexual at the age of 11 indicating the possible existence of a critical period between these age in which heterosexual and homosexual activities overlap. It is also suggested that boys between these ages may

represent a potential bridge for HIV/AIDS infection between the general population and the relatively enclosed social network of street boys (8).

Still another report focusing on South African prison has stated that about 65% of inmates were participating in homosexual activity. In addition among new prisoners who were held in the same cells with convicted ones, an estimated 80% were reported to be raped (9).

There is also some evidence from pathological examinations on Gay Bowel Syndrome and other conditions. More recent reports include the description, in a chart of 300 patients admitted to a hospital in Nigeria, with anal fistulas, anal fissures and hemorrhoids (despite a presumably colon friendly African diet compared to the west). Notably the male to female rates were 4.5:1 for hemorrhoids, 6.5:1 for anal fistulas, and 2.1 for anal fissures (9). A later survey on the general population in Nigeria found a 2.4% prevalence of anal fistulas (all in men), 23.8% prevalence of anal fissures (equally distributed by sex) and 13.7% prevalence of hemorrhoid (10).

Another report on a series of patients in Nigeria with fistulas noted the presence of lax anal sphincter tone (11). Fistulas have also been attributed to anal sexual abuse of children in Nigeria (12). Similarly 11% of anal cell from South Africa sampled contained human Papiloma virus (HPV) type 16 DNA pointing the presence of anal intercourses (13). In

1981, in a sample of pregnant black women in South Africa, Gonorrhoea infection was established by standard culture and confirmatory testing on 11.7% of the 1200 women, of which rectal culture was positive in 41.6% (thus 4.8% of the whole sample was diagnosed with rectal Gonorrhoea) (14).

Some epidemiological reports in Africa also indicate the practice of anal intercourse between males and/or females, although such studies involving self-reported behaviors perceived as socially undesirable may contain misreports (15,16). One study reports that women were 800% more likely to admit the experience of anal intercourse to a computer questionnaire than to a human interview (17). Similarly when South African prostitutes' diary recording of sexual behavior was compared with their recall behavior frequencies, the diaries led to a frequency of anal intercourse 387% (with partners) and 400% (with clients) higher than the estimates produced by recall. Although other sexual acts were also underreported (number of condoms used, number of clients) with recall estimate for clients, anal intercourse was the most underestimated (18).

More recently, 42% of a sample of South African truck drivers admitted to engaging in heterosexual anal sex (19), in a study in Kenya, 14% of prostitutes studied admitted to engaging in anal sex: their HIV prevalence was 61.3% compared with 42.7% in prostitutes who denied anal sex (20). In addition, nine percent of female and male students in a Tanzanian study reported that anal intercourse was their 1<sup>st</sup> sexual act.

A Different study in Nigeria focusing on AIDS Knowledge and sexual behavior of Inmates of Agodi prison revealed that 53.5% were engaged in risky unprotected sex with male partners. It also revealed that younger inmates (71%) had more homosexual contacts than older mates (29%) and only 7.8% sexually active prisoners used condom (21).

Reports in Ethiopia relevant to the study topic are rare. One study conducted on female sex workers focusing on sexual behavior has revealed that 1.7 % of the respondents practiced peno rectal sex and about 0.2 % peno oral sex (22). Other behavioral surveys done in Ethiopia generally focus mainly on sexual behaviors such as the practice and/or frequency of unprotected sexual practices, the number of partners, sex with commercial sex workers etc, unfortunately neglecting to asses other aspects of sexual behavior of individuals such as the practice of anal sex between males or males with females which may have higher contribution to the transmission of HIV/AIDS.

Therefore, this particular study was conducted with the aim of contributing to the level of information on the practices of MSM and its possible implication on the transmission of HIV/AIDS and other STIs.

## **3 . OBJECTIVES**

### **3.1 GENERAL OBJECTIVE**

- To asses the possible role of male to male sexual practices in the epidemiology of HIV/AIDS in Addis Ababa

### **3.2 SPECIFIC OBJECTIVES**

- To explore the extent of the practice and pattern of MSM's sexual behavior/in the city
- To explore the risk behavior(s) of MSM which predispose to HIV /AIDS.
- To Identity the major perceived health problems of men having sex with men in Addis Ababa.

## **4 . METHODS AND MATERIALS**

### **STUDY AREA AND STUDY PERIOD**

The study is conducted in Addis Ababa city administration. It is carried out from January /2005 - March /2006. According to the report of Central Statistics Authority, Addis Ababa has a total population of 2,805,000 in 2004; of which 1,348,000 were males and 1,457,000 were females <sup>(25)</sup>. A report of the Federal Ministry of Health, 2004 has revealed that Addis Ababa is with the highest adult HIV prevalence (14.6 %) and adult HIV incidence (1.99%). It is also with the high number of people living with HIV and with new AIDS cases next to Amhara and Oromia regions.

### **STUDY POPULATION**

The selection of the study population involved two phases (the piloting and the establishing phases). The piloting phase was used mainly for assessing the probability of getting the data and meanwhile localizing the study sites/population. Hence the investigator communicated with people with homosexual identity or behaviors, individuals and institutions. This has helped in building trust with some of the homosexuals and their informal leaders. It has also helped in assessing the willingness of the study subjects and identifying the convenient time and place when these people can be found and contacted. It has also enabled the investigator to get rich information on the subject matter. In addition, the piloting phase has paved the way to include other population groups in the city who has relevance to the subject to matter.

Based on the piloting phase of the study, the investigation is conducted in various sub groups within the city, which are assumed to provide important information for the study topic. Among these population subgroup of were, MSM in the city, male victims of sexual violence from Bright for Children Voluntary Association, male commercial sex workers and counselors working on HIV/AIDS hotline.

## **STUDY DESIGN AND METHODS OF DATA COLLECTION**

This study used qualitative design and ethnographic method. Initially focus group discussions were used to gather general background information about the topic of interest. In addition to this key informant interviews, case studies and prolonged observations in different parts of the city was conducted. Hence the study used methodological and data triangulation methods to increase the magnitude and validity of the information.

The recruitment of study subjects (MSM) was facilitated by the participation of a guide, who is in this life. The selection was made through snowballing (based on recommendation). The Guide assists by recommending FGD participants who are willing to participate in the study. The first FGD was conducted to check factors affecting the dynamicity of the discussion, In addition to the research questions. From that particular session, it was learnt that the personal characteristics and the combination of these characteristics was not influencing the discussions. As these people have a very big common issue, the sexuality, this common issue was found to be the most important factor for the group cohesiveness and compatibility. Based on this assumption, MSM people of different backgrounds (interms of age, religion, sexual role, and jobs) were

included in the study. A total of four FGDs were conducted with them (the number determined by the saturation level).

In addition, a total of three in-depth interviews with the counselors working in hotline 952 were done. The participants were recommended as having basic information on the issue. A similar number of sessions were done with male victims of sexual violence. Additional two case studies were also done through recommendation from Bright For Children voluntary association.

## **DATA COLLECTION INSTRUMENTS AND PROCESSES**

The data collection used focus group discussion guides and in-depth interview checklists. The guide and the checklist were also reviewed together with the guide for possible wordings and questions. The interview format used in the data collection includes Turn by Turn interview (TBT interview), discourse Unit Interview (DU interview) and mixed interview formats as the need arises. The discussion used a multiple – question series as a device for opening a wider and flexible answering space and longer telling. Supporting actions were also used in the discussion in different ways such as producing acknowledgement tokens, summarizing formulations and supportive questions for possible misunderstanding and summarization of ideas. Besides these, in some cases repeated interviews were done with some of the victims and FGD participants so as to build fuller picture on the issue.

Participants were informed about the overall objective of the study prior to the data collection and this helped them to have a thought on it and decide for participation. A comfortable place was chosen in collaboration with the guide. Written consent was obtained from all participants. The first FGD was relatively difficult to handle due to the very new nature of the participants to the moderator and the sceptism they had with the overall situation. But later on trust with the researcher developed and helped to get fruitful data. The FGDs were conducted during Sunday mornings and have taken three hours on average. The numbers of participants in the FGDs were 7-8. The discussions conducted were very open, interesting, rich in concepts and full of amazing stories. They also paved way for the observation to be done simultaneously. Data on the extent,

pattern of homosexuality, commercial sex, substance use, rape and health problems were collected from the participants.

The in-depth interviews were conducted by the investigator every two days. Data on the extent of homosexuality, anal rape in the city and perceived health problems of such population were collected. Similarly data on the extent of homosexuality and calling reasons of such peoples were gathered from counselors. These interviews took on average 45 minutes and were fruitful in validating the FGD data. All the interviews and FGDs were tape-recorded and notes were taken on non-verbal cues during the sessions.

Observations were made simultaneously with the FGDs in different places of the city (bars, tea rooms, clubs, streets, communal baths etc) where MSM spent the research related part of their life. The observation was done predominantly in such places in the city after 6.00P.M. The extent of observation varied from talking with such individuals with the help of the guide and non-participatory activities depending upon the research objective to be answered. Initial observations were with broad focus, multiple fields and little pre understanding. Overtime the focus narrowed and aesthetic distance maintained (theoretical sensitivity). During observation, in order to avoid the possibility of invisibility of commonsense, the investigator was familiarized with most of the ordinary things in the life and other indexical expressions in advance through deep discussion and observation with the help of the primary key informants. Data on the extent of the problem, communication codes, commercial sex places, dating places, substance use, place selections, physical and other behavioral characteristics, were collected over the

time. Field notes were taken in summary at the sites to avoid the possibility of missing data, and written in detail immediately back home. Some of the places were avoided from observation due to risks such as drug use and violence.

## **DATA ANALYSIS**

The tape-recorded qualitative data obtained from the FGD, interview, case studies and observations were familiarized through reviewing, reading and listening. The data were then transcribed to a word processing document; on average a one-hour discussion took about four hours. The transcribed data was translated into English by the investigator. The translated data were loaded to open code, a computer software for analyzing qualitative data. The grounded theory approach was used for analysis the data as a whole. Hence the analysis was inductive and iterative with data collection, in that the resulting theory emerges through a process of rigorous and structured analysis and constant comparison method. The following was the procedure used. The translated data was carefully read, line-by-line, and divided in to meaningful analytical units. Each meaningful segment was coded with descriptive words. All of the codes used are inductive codes and some concurring codes were applied. Selective coding and axial coding were also done. Through open coding, common themes on the extent, pattern of sexuality, other behaviors and problems were identified and examined in relation to the context of HIV/AIDS in the sub group and the community. Initial data analysis helped for more focused data collection. Similar codes were brought together and then grouped to form categories. Categorization ended when there were no significant theories or categories emerged. Then sexual behaviors, was taken as a core category (dependent

variable), Since the aim of the study was to find out the contribution of the behavior to the epidemiology of HIV In the city, it is related to the theoretical concept of cross bridging. After defining core category and identifying properties of the categories, causes, contexts, consequences, and strategies were selected from theoretical code categories. The step from category to theory is taken with the help of the theoretical codes and of course from the data themselves. Later a conceptual framework for understanding the issue is developed.

### **QUALITY CONTROL**

Quality of the data collected was maintained through involving a guide in the preparation of the instrument, selecting silent and comfortable places so as to allow maximum concentration and interest on the topic. Questions were limited to a time to avoid memory / recall.

Participants were made to give a true answer through explaining the purpose and importance of the study and assuring the confidentiality of the data they are going to provide. In addition to these, methodological and data triangulation methods used in the study complemented with extended observation and multiple interviews to have a full picture on the issue helped to maintain the quality of the data.

### **ETHICAL CONSIDERATIONS**

Ethical clearance was obtained from the Faculty of medicine. A letter from the department about the purpose of the study was used to facilitate the support and

commitment of responsible bodies. The followings were the plans for addressing possible risks.

The design of the research was formulated in a way that is scientifically sound and worth conducting since the result may lead to tangible benefits (23).

Informed consent – the investigator accessed the study population through some MSM. After building trust, permission was obtained to study the population according to the design. In due time the research participants were told about the purpose and scope of the study, the type of questions which are likely to be raised, the use to which the result will be put, the anonymity of the informants and the extent to which their utterance will be used In reports. Participants were also given adequate time both to consider their participation and ask questions on the research. Participants were also informed and given the opportunity to withdraw from participation as well as to refuse answering any question, which they didn't think that they would be asked during the consent. Only during very few observations the investigator identity was masked.

The risk of misrepresentation and misinterpretation was minimized through close supervision of the investigator by the respective advisor as well as through validation with some key persons and informal leaders who were actively involved in the process. In addition the participants were asked to comment on the summarized themes at the end of sessions.

To maintain confidentiality the tapes and the transcripts were handled only by the investigator. Pseudonyms or initials as per the interest of the participants were used in the transcriptions. Other identification details such as specific names of places, which these people meet and other data that would be emerged after the data collection were handled in consultation with the informal leaders.

The risk to the researcher was minimized through planning the design as quasi immersion in the study population, avoiding taking alcohol during the night observation and being accompanied with a research assistant during perceived risky times. Besides this the investigator dropped some of the planned observations when these were assumed to be risky after consultation with the guide. Moreover the study participants were reimbursed at the end of the discussion.

## **OPERATIONAL DEFINITIONS**

**Pattern:** The description of type of sexual practices including exclusive, incidental or bisexual characteristic

**Health problems:** The sign and symptoms as perceived and reported by the study population.

### **Extent / diversity**

Refers the type of population group/diversity in terms of age group, occupation religion, educational status, nationality etc, involves in this behavior as well as rate of entry in this life.

## 5. RESULTS

### 5.1. Background of the study participants

The study has involved a total of 40 individuals. Most of the study participants (75%) were in the age range of 17-24, secondary school dropouts (87.5%), orthodox Christians (67.5%) and possessed different livelihoods that includes shoe making, broker and trading.. The following table depicts the socio- demographic characteristics of focus group and interview participants.

**Table –1- Socio demographic characteristics of focus groups and in-depth interviews participants, March 2006.**

S.no	Variables	No of participants	Percents
<b>1. Age</b>			
1.	17-20	17	42.5
3	21-24	11	27.5
4	25-28	2	5.0
5	29-50	10	25
<b>2. Educational status</b>			
1	Primary (grade 1-6)	1	2.5
2	Secondary (grade 7-12)	35	87.5
3	Post secondary(12+)	4	10.0
<b>3. Religion</b>			
1	Orthodox	27	67.5
2	Muslim	5	12.5
3	Protestant	4	10.0
4	Catholic and pagan	4	10.0
<b>4. Occupation</b>			
1	Private business	17	42.5
2	Civil servants	8	20.0
3	No job	15	37.5

## 5.2 METAPHORS/IDIOMS USED TO DESCRIBE GAY SEXUALITY

The data from the focus group and interview have pointed out that there are different terms that are used for naming the gay population in Addis Ababa. Some of these terms are intrinsically associated with the behavior of the gays while others are simply given to name certain phenomena or characteristics. The first common name is referred as *zega*. Zega (literally meaning citizen) is a name given to any male homosexual irrespective of his role in sexuality. Some times this name is seen to be replaced by *opera*.

Other namings probably emanated from the behaviors of the subjects. One such naming is called *jirera* (literally meaning cruising). It means going out for business or finding a mate at night. The other is called *meketeb* (literally meaning inoculation). That is to let other individuals who do not have any know-how of this life, follow (enter) to this sexual behavior. Besides these, these groups of people also preferably like to call each other with nicknames and as a female (she). Nicknames are widely used in this group of population. The names are given to individuals based on their characteristics. For instance old gays are called in the group as "*yesegelegeze*"( *literally meaning very old time*). Gay students of one high school who used to go in-group are named *birds*. Other namings include *birtalu*, *komche*, for those gays who came from rural part of the country while *Jessica*, *monaliza* etc are given for gays from Addis Ababa. In addition to these, the commonly used named is "*kometa*"(*literally meaning one who stood at street*) , a name given to those individuals who stood at streets for commercial sex. The use of such terms is documented in various discussions.

A governmental high school student in the FGD said:

*"...This is a survival issue. There are lots of people who have no family or parents, and depend for their life (just like the female Commercial sex workers). We call them in our terms kometa- meaning street sex worker."*

### **5.3 PERCEPTIONS ON ORIGINS AND DEVELOPMENT OF GAY LIFE**

Majority of the study participants impute that homosexuality (gay behavior) is brought by foreigners who came to the country for different purposes or by individuals who travel to foreign countries for business or by Ethiopian's who has lived in such countries for long. Participants added on this issue that this life is seen as luxury or fashionable in such countries and when people from this country go to such places they start this behavior and continue doing it back home.

A 25 years old hotteler expressed his view towards the issues sadly as he was very upset of foreigners expanding the sexuality as:

*"I do have an impression that life did not originate from Ethiopia. It came from other countries. I entered this life from the experience i had in Ethiopia. My job is hotteler. These people when they came to Ethiopia, they do not only come with their commitments, but also with their behavior."*

Asked about when possibly this sexual behavior had started, the distribution and its extent in the country; some participants responded that the behavior has probably started

in the 1980's, but it has become common in the city these days. Still other study participants, based on their experiences, expressed the extent of the issue as being high as there could be many people doing such thing and following this life. As to the distribution of the behavior, it is said that it is not confined in Addis Ababa but spread to other parts of the country including the rural area. The following statements quoted from participants suggest these ideas.

A counselor working in HIV/AIDS hotlines describing the extent of the behavior as:

*"As a counselor, I can tell you that many people can do such thing and follow the life. When we look at our callers, most of such people are in Addis Ababa but we have also callers from Awassa, Harar, Gonder and other places."*

An In-depth interview with one member of Bright For Children Association stated the extent of MSM as:

*"...I have started this life in 1989. But I think it could exist before this time. But after 1990, the life has become rampant. Everybody is doing it; it is very difficult to put it in number. It is done everywhere."*

Another counselor described the extent of this sexuality as:

*"This kind of orientation is hidden. If you go to the rural area, they practice it. But mostly we are not aware of it. I know people who do anal Sex during my childhood. Those in the late 10 and 20 years used to do such thing among themselves. During the late 60s I have seen a group of four individual practicing anal sex on one guy"*.

Even those following this life (homosexuals) believed that nowadays the issue of gay is becoming prevalent as compared to the previous times. One of the participants who has been in this life for more than twenty years and has been bed-ridden and back to such places after two years explained the situation as follows:

*"The rate of entry into this life is getting rapid at this time specially after 1991. Zegas become plentiful. You find different persons every day. I used to be away from these places because I was sick. I have met a lot of people thereafter. Previously the number was not that much. It was quite small. You have to spend a lot of money to get some one, but nowadays it is easy. Now you just invite two to three beers, if you have the money for pension that is over. .... I started this life September 1986 around Ethiopia hotel."*

The first extended observation was done at the heart of Addis Ababa. In these areas a lot of places such as streets, bars, cafeterias and corridors, where gays possibly meet one another. In this central part, I have seen three bars, two cafeterias and one famous street. The cafes and bars are probably selected since the owners and some of the waiters working there are MSM and it is comfortable to exercise the sexuality. The flow of MSMs to such places starts after 6 P.M., but it reaches peak after 8 P.M. They come usually in groups of two to three and hanging or hand in hands. The flow is enormous during Fridays, Saturdays and Sundays. In the first few observations, I was totally surprised of seeing such number of gays in a country where such is issue palliated.

#### 5.4 PROFILE OF PEOPLE FOLLOWING THIS LIFE

When asked about the type of people following such sexuality, a variety of responses were forwarded from the research participants. Some participants expressed the type of people found in such sexuality to be similar to the type of people found in heterosexual life encompassing all segment of the population.

Majority of the respondents, both from the focus group and in-depth interview explicitly expressed the presence of different kinds of population in this life. These included: elderly, the youth, the disabled, merchants, civil servants, tour guides, religious leaders including priests, chorographers, physicians, police officers, diplomats, artists, factory-managers, street children, shoe makers, cooks, waiters, engineers, captains, high school teachers, musicians, university students, hotel owners, guards, journalists, tourists and married individuals. The following quotations can illustrate some of the population groups involved in this life.

*"... I was working at one-night club. Two police officers used to come in pretext of looking the situation. Most of the time they took me out of the club and insisted that I should come to their places. I know what they want. I used to cheat them saying ok let me finish and then I will come"*

**(A young MSM musician working at a nightclub)**

*" Mostly I met Ethiopians who were abroad and senior government officials, particularly when I go to go business (JIRERA). During the night they used to show me a sign and*

*took me. I also meet rich merchants from merkato especially textile sellers. I have also sexual experience with priests that included graduates from theology school. The priests know the act is a sin but what can they do; it is natural."*

**(A male commercial sex worker from his experience)**

*"There are also musicians, but when they become famous, they isolate themselves from the group. These musicians are the new young ones, not the oldies."*

**(A Gay who is also called yesegelegeze)**

*"I have a doctor friend who give me sick leave. He used to give me two to three weeks sick leave. I often go to his house around ... every fortnight and he teaches me how to clean my bowel with a tube. He helps me a lot but now he has disappeared."*

**(A friend of a health worker in the discussion)**

Most of the discussants also pointed out that majority of the people following this life are the youth (at fire age), as well as the elderly. Some are uneducated and idle, but have good income source through the life. It is also mentioned in the discussion that the youth dominate this life, since they are relatively overt.

One MSM told the following from his experience as:

*"...But there are also people who are married, but majority are the youth and elderly. If you see it in terms of age, mostly those in the age of*

*20, 30 up to 35 dominate. There are also those in the age of 50-60 years. I often meet those in high economic standard. Of course there are also educated people but why should I ask about their educational status (laughing). You know what, when I met these guys, they will buy me drink and we will go; that is the trend. But you can learn from their speech that some are educated."*

Based on their experiences working as counselors around sexuality issues and HIV/AIDS , and from the speech such people deliver during consultation, the counselors mentioned that they feel that majority of the people in this life are in the young age, well to do or have been abroad for some time. One counselor at the hot line mentioned the types of people in this life as:

*"...Most of the callers are youth ... old, educated ones or those attending higher education or those who have travel experiences to Arab countries..."*

Most of the gays I have seen in such places are the youth around the age of 17 and early 20s. They have typical and almost similar clothing style shirts, trousers and shoes. Of course quite few of them are seen to wear "normal clothing".

## **A case of MSM from Addis Ababa**

*Mr x is now a 33 years adult. He is born and brought up in Addis Ababa. He did not join post secondary school, as he is a 9<sup>th</sup> grade dropout. He had a feminine character during his childhood and his father used to hate him. He used to prefer to wear women's dress, and his father was not happy about it. His father became suspicious of his behavior and started to follow him during the night. He used to found him in nightclubs. He even used to beg him to drop this behavior. Then his father discussed this issue with the family .His mother was assigned to ask him whether he is a bushte (literally meaning gay) or not. He went away from the house in 1995. Some Eritrea's family took him as Guardians and he started to work in their whisky bar. After a while the wife had a quarrel with her husband and went out of the house. Hence the husband, who is an Arab, took this as a chance to sleep with him and did sex with him. Then after he became rich and started to go downtown... He met friends, who were chorographer and pioneers in one big hotel in Addis.*

*In the mean time, his family managed to put him in prison. He passed two years in prison. This place rather became comfortable place for him. New prisoners of his age used to come every day. Most of them were very fresh to life and or addicted with some thing. In the prison there is no Khat or alcohol, just eating and sleeping. At night there is discussion on any thing, but eventually the discussion would end up on sexual issue. People sleep very closely in prison. He used to find negative response rarely. If in case individuals shout, he used to shout faster and louder than them so he is not incriminated as gay. He had his husband and if it were for him he would have done business so much. He had done sex with a lot of prisoners and he does not remember the number. There is no bed for sex there and he used to do it in different ways. One way is called '**kuchkuch**'. the receiver will be on the lap of the inserter and you pretend as if you are playing ), The other one is called 'warka' It means you bend your waist and pretend as if you are looking outside the window and the other person will do sex behind you. The third is called 'amest le and', Which means masturbating for others. There is no condom so you will use "festal" or it will be 'becher tenmelese'- meaning God will decide.*

## **5.5 LIFE STYLES OF MSM**

### **5 .5.1 PHYSICAL CHARACTERSTICS OF MSM**

MSM in Addis have very unique physical and behavioral characteristics, which of course are very difficult to notice and understand at once. Almost all of them in the discussion stated the idea that they like to be seen very neat, and handsome. They like to wear very unique clothes, ornaments and take care of themselves. They are found of floridness and ornateness.

*"... Most zegas are very clean and are handsome (laughing). We take care of ourselves very much. We like to use very attractive items. People in this life like to be very clean. They like to take care of their bodies so much. When you want to get out of home you will always be very clean "*  
(A 22 years old MSM)

Besides such clothing style, they have special characteristics such as wearing earrings (lote) on their left ear and a Tattoo on their arm. Quite often they use a special perfume and usually seen with a chapstic at hand frequently. One anal victim interviewee stated their characteristics as:

*"You know them most of the time. Mostly they wear lote on their left ear. You observe quite special perfume. If you want to search a gay, he usually is with a chapstick on his hand and he shows you a different act too. He usually offers you a drink and likes to be friendly with you as fast as possible."*

Other characteristics peculiar to such sexuality has been forwarded by the participants in the focus groups as well as in-depth interviews. Among these are the feminine natures such as feminine acts, feminine faces and feminine voice. The following selected quotations can clearly describe these peculiar features. One FGD participant whose sister happened to know his sexual orientation

*" ...But my sister does not like some of my feminine acts like using make up for my face..."*

*"A year before I met one friend, who approached me through my acting like a sexy-girl (sekola minamin seyaegen mekolate means mewregreg). Such acts are visible on our face. We have feminine face, we like décor and we have also feminine characteristics."* (A 17 years old boy who is new to this life)

The other common features of these groups of population are the styles used to shave their beard. This feature is also mentioned by one victim from Bright for Children Voluntary Association as:

*"...They have different styles of shaving their beard. Some of them completely shave it. Others shave the lower beard on their chin; you see the elderly also with such style"*

### **5.5.2 SUBSTANCE USE**

When asked about the use of alcohol and substances like drugs by people in this life, all participants agreed that almost all people following this life are seen chewing Khat in the day time, smoking cigarette and *shisha* and drinking alcohol during the night. There are also individuals

involved in taking narcotic drugs. Various justifications were forwarded by the participants for substance use among people following this life. Predominantly they said taking such thing would enable them feel free, high and brave during dating, finding mate, business, and sex. In addition, drugs are used to bring new individuals to the life and make forced sex with children and other individuals. One of the participants said the following about substance:

*"...When you observe zegas, they look like as if they are born with addiction. They drink alcohol, smoke cigarette and chew Khat. I know they also take other substances. They do such things so that it will make them high. It will also make you fit during sex. I sometimes drink and chew Khat..."*

*"...We usually chew Khat during the day and do not like normal people to accompany us. Normal people are not interesting for us. They chew khat, play cards and as usual go to bars or streets to do business..."* (One FGD participant)

## **5.6 GAY'S ATTITUDE, COPING STRATEGY AND EXPERIENCES RELATED TO THEIR SEXUALITY**

Asked about their attitude toward their sexuality, majority of the focus group participants revealed that they are not happy of this life, since the culture, religion and the present development status of the country would not allow such acts. Hence they do not like the life. Some of the participants are also seen to regret and feel guilty. The following sentiment provides the attitude of MSM about their life.

*"By the way I entered this life without any interest. It has been one year. I do not feel comfortable. I am not happy either. I always ask myself upto when am I going to lead such a life. ...I know one day I will be out of this life"* (A civil servant from one FGD)

A counselor from the hotline telling about their attitude from his experience said:

*"...There are people who accept it as their sexuality. But when they think of the culture and the law of the land, some of them wish to get out of this life. They used to blame themselves for being MSM."*

Almost all study subjects stressed the importance of secrecy with respect to their sexuality to their normal friends, female counterparts, and family and community members. They also mentioned occasions when close friends, family got suspicions about their behavior.

*" Your family gets suspicious sometimes. When the majority of callers at home for you are boys and when you arrange appointments, family members sometimes express their displeasure and start to mention that the things that are done in America have been also started here'."*

(One FGD participant)

Such suspicions if, confirmed might result in different consequence such as isolation from family, being fired from job, stigmatization and rejection. The following stories support the situations described above.

A 17 years old high school boy who was told to leave his home described the situation as:

*"...Since the society is against "the life" we are ostracized from our family and friends. If our friends happen to know that we are following "this life", they stigmatize us.*

*If I tell you my experience last Sunday that all my family members were discussing on me, after being sent them a picture of me kissing my mate. They decided that no one should give me a place. They are afraid that my cousins would follow me. Now I am with him (pointing at one of the participant)."*

One MSM who used to work in one of the big hotels in Addis as commercial sex worker described the situation as:

*"I had similar counter. My sister happened to hear that I am a gay. She kicked me out of the house for a month. But after a month she excused me. Because she could hardly find evidence."*

Asked about how people can suspect their sexuality a variety of speculations have been raised in the discussion. But the common suspicion-raising events mentioned were physical appearance, being always very clean, dressing style, wearing attractive items, feminine actions and speech and being seen always with men.

One of the participants who was suspected of being in this life by his mother said:

*"... My mother told me that some lady was here (Laughing) and she didn't even have a breast at all. I replied that I do not know a lady with out breast. My mother insisted that the guy looks like a lady and even had feminine voice. Lastly I told her that he is a boy. But she was sceptic about his sexuality and was not comfortable about him being a friend of mine."*

Different methods of hiding their sexuality were revealed in the discussion. Majority of the discussants pointed out the use of methods such as expressing the sexuality far away from vicinity, avoiding being a friend with normal youngsters at their vicinity, having a girl friend, cigarette smoking, wearing worn out clothes at home, avoiding giving phone numbers or addresses, use of make up partially at home, having a child and giving money

to keep the secret. The following were the statements quoted from participants in the FGD.

*"...I have also a girl friend, having a girl friend is the expression of your masculinity. You want your parents to know that you got a girl friend..."*

(One participant from the FGD)

*"Usually when I am back I often change my acts because I do not want to be known. I do not even give my phone number to my friends. In addition to this, I totally drop all my behaviors when I am back home..."*

(A28 years MSM in Addis)

*"... I never do overt things around home. I want some feminine characters like mekendeb, use of make ups etc but I do such thing partially when I am home. I do such thing out side home and when I am back I will be cleaning it from my face"(A 10+2 private college student).*

## **5.7 SEXUALITY IN THE LIFE**

### **5.7.1 STARTING OF MSM LIFE**

When asked about how the people following this life could have started this sexual behavior response of the participants was varied. Majority attributed the starting of this sexuality at earlier age introduced to them through their close relatives, guardians, neighbors, teachers, close friends and foreigner. One of the participants recalling how he started this life said:

*"... I was brought up in middle of females; I used to act the way my sisters do. I used to use their items and used to behave just like them. I had feminine manners. At this time I had a teacher in a private school. The teacher was from USA and he has lived there for many years. Once upon a time this teacher was watching a movie at his office and I had to ask him about it. He told me that it was a gay film and he was a gay in USA .....Later I started the life with him. At that time I thought that there was nobody other than him who has this kind of sexual behavior, but after some time he introduced me to his friends..."*

Quite few participants demur on the idea that some one has made them to start this sexuality. They stress the importance of presence of internal feeling towards the same sex prior to initiation of such sexuality. Other commonly mentioned reasons to start this sexuality were forced start through seduction and bribing with money or other items. Many of the discussants expressed that those individuals who have connection with foreigners as being to such forced starts. Other groups that were mentioned as vulnerable were the youth, individuals in nightclubs, artists, embassy workers, and individual who spend their times mostly with people of the same sex such as boarding school students' and prisoners.

### **5.7.2 SEXUALITY PATTERNS.**

Individuals who follow this life are generally classified into three. This classification is based on the role of the individuals during sexual intercourse. The one who acts as a male in the process is called *awche* (*literally meaning inserter*). The other individual who acts

as a “female” in the relation is named as *wohche* (*literally meaning reclever*) . In Additions, an individual can also be both inserter and receiver.

There exist diverse patterns of sexuality among MSM people in Addis Ababa. These are individuals who have sexual relation with males only, with both females and males, and others who have sexual relation dominantly with females but sometimes practice sex with males.

*“I know a friend who make sex with me as well with his girl friend. He is zega. That is he makes sex with females and males. He used to tell me that yours is narrower (laughing)”*

(A civil servant who is a gay and plans to get married)

Majority of the participants come to an agreement that generally most of the individual in this life don't have any interest with females. The reasons for these were; to be in line with the society's expectation, as an expression of masculinity and to be free from the social pressure. Majority added on this issue that those who have sexual relation with females do it mainly without any interest. Hence, according to the participants, the relation of MSM with females will not be lasting due sexual dysfunction and poor attention.

### 5.7.3 FINDING PARTNER FOR SEX, LOVE OR BUSINESS

Sex is the major part of the life of people following this sexuality. There is no other issue to bother about in their life. The life is mainly aimed at satisfying sexual feeling.

One of the FGD participants, while discussing the solution to various problems they have raised the point as:

*" I have the feeling and I am doing this secretly and I do not get bothered about HIV rather than satisfying my sexual feelings. I will do wherever when I get the chance..."*

Sexual partner are found mainly in particular known area in the city. There are places such as bars, clubs, streets, baths, coffee rooms, hotels and classes, which are allowed only for such people. In addition to this the participants also revealed that is a possibility of meeting partners in common places such as at parties and at city corners.

*"...A minimum of 4-5 bars exist in the city. I have gone to one place to investigate the situation, a boy of age around 15-16 came by for business sex...."*

(One interview participant from the association)

Finding a sexual mate either for love or just sex usually takes places during the evening as many of the participant explained:

*"...You can find zegas at any time we have different places in the city but it will be easy at nights. During the night (after 6.00P.M) most zegas go to these places. It is very*

*difficult to talk daytime. They are free to stand on the street in the evening. Things will also be done freely. There is no shame either on you or the other person...*

(One male commercial sex worker in the FGD)

The first gay I saw in my life is R., who is 17 and a student in one of the high schools. I met him through Ato T. (the counselor.). After a long discussion, he liked the idea of the study and he promised me to show me the whole thing. I appointed him as my guide too. The first extended observation was done at the heart of Addis Ababa. In these areas a lot of places such as streets, bars, cafeterias and corridors, where gays possibly meet one another. In this central part, I have seen three bars, two cafeterias and one famous street. The cafes and bars are probably selected since the owners and some of the waiters working there are MSM and it is comfortable to exercise the sexuality. The flow of MSMs to such places starts after 6 P.M., but it reaches peak after 8 P.M. They come usually in groups of two to three and hanging or hand in hands. The flow is enormous during Fridays, Saturdays and Sundays. In the first few observations, I was totally surprised of seeing such number of gays in a country where such is issue palliated. Most of the gays seen in such places are the youth around the age of 17 and early 20s. They have typical and almost similar clothing style shirts, trousers and shoes. Of course quite few of them are seen to wear "normal clothing". Besides this, they are feminine in manners like walking style and having ornaments on the neck, etc. In the bars, most of them are seen drinking beer, discussing and enjoying.

One of the bars in the center of Addis is of especial attention. This is probably the bar where only gays are found. Inside the bar you can see people of the same age rounding the table and some standing at the corners and drinking. Surprisingly the bar is quite different from others we know. The difference is observed as soon as you pass the entrance. It looks like a place of ladies. You also do not see female commercial sex workers as usual. It is full of males having the same style. I was also informed there that the owner and some of the waiters are in this life the bar has also a pension.

Predominantly the young and street boys in this life are doing commercial sex with the elderly, foreigners or other who have the money. A victim who has now joined the association telling the experience he had with foreigners:

*"I have one encounter when I was in this life. I used to do business with Nigerians and Cubans. They pay me about 400-500 for one sex in a car. These foreigners asked me if I could participate in a pornography record. Such kind of pornography was done in Kenya, Nigeria, South Africa and Zambia. These people have showed me these movies..."*

When asked about why people do commercial sex, the majority of the participants forwarded possible reasons. The first and most commonly raised reason was that the income from this business very big. Some of the participants pointed out that they shall be at least benefited through thing since the life is not interesting. Some are doing it for survival especially the street boys and others as a bridge to go out of this country through foreigners.

The following quotations from the participants indicated the possible reasons.

*"... I am living a fake life, so I am not happy with it. If I am not happy, I should get some benefit from it. I just want to be benefited in each occasion. It is just like a normal job. The job starts in the evening. I sleep the whole day. Sometimes some people may have also additional job..."*

(FGD participant who is not happy in this life)

The informants also mentioned the role of tour guides and brokers in male commercial sex through finding partner and negotiating payments. One of the FGD participants surprised of being still alive today with all those unprotected sexual intercourse explained the commercial sex as:

*"... When we sit at this reception area, guides used to take us to the foreigners. We give some money for these guides. We also used to sit with street ladies. They know all about us especially when we work at certain hotel in the city. We used to Joke with the ladies that ours business has become superior. The owner of that particular hotel, who is also a zega, used to sleep with us if we run out of business. We are very lucky being alive today... When we are drunk we used to do sex without condom."*

The child sexual abuse that took places around some place in Addis also explains the role of Guides in commercial sex. As one of the FGD participant describing the situation as:

*"... A certain foreigner was caught of child abuse. The foreigner asked his guide to bring him a gay. Unfortunately the guide could not find an adult MSM at the time and brought him a 7-year-old boy bribing him with money. The*

*child did not have any experience and shouted and the waiters caught the foreigner with his guide. The child was totally devastated"*

I have also validated the issue of commercial sex and places for dating. The street in the central Addis is mainly used as a place for finding mates and/or commercial sex. I have seen different people sitting around and some of them rounding the place. Some of the people were elderly. Since the place is known for it, if some one stood or sit there, there is assumption that he is gay and people start giving signs like frequent and long gazing, applying chapstic on lips, and rubbing forearm. The street boys living there are aware of it. Around south of Addis, there is one famous area where people of such sexuality hung up to find mates for love or commercial sex. It is somehow a corridor of a large building. There are days that such people hung up there. It is very difficult to notice such individuals simply, some of them are sitting and others are standing. One of my encounters there is that while my guide is trying to explain about the place, one gay of age around late 20s came by crossing the street and instantly contact the individual standing and waiting for a mate. He gave him a sign to follow and went a head. The other guy followed him. They joined after crossing the street. We followed them very far. They talked just for a moment and kept silent and moving.

#### 5.7.4 FORCED SEX IN GAY'S LIFE

The participants of the study concur on the opinion that there exists rape especially on children, street boys and individual in the city. They also pointed that such kind of thing is usually done by elderly or by those who either do not know places where they can find sex mates or who are shy or by who take drugs like "hayte". It has been also mentioned that those who have predilections towards children and non- gay individuals can also rape such individuals.

*"...You need to use substances in order to bring new guys to this life. I know one of my friend, who is now abroad, who used to take drug "hayet" and make sex with children of age 12 and 8."* (One FGD participant)

One interview participant, who is a victim explaining the issue as:

*"...Ethiopians also rape children though it is not very common. Such rape is done by those who are pedophilic."*

Such sexual assault has profound effect on the future sexuality of the victims. Most of the participants explained it as a difficult task to get out of the life once you have been penetrated. The victims tend to practice the same sexual practices with other gays. The following sentiment from the discussion illustrates this:

*"I am a victim during my childhood. The rape is done usually without condom. The victim usually faces problems like burning sensation and itching around the anus. There*

*after he wants only another guy who can do it for him. I had a problem around my anus. It was itching, whenever such problem starts, I used to look for someone for sex."*

## **A Case Of male sexual violence From Bright For Children Voluntary Association**

*K. is a 24 years old from a farmer family. Due the drought that affected the country in 1985, he was taken by one relief organization.*

*It was 1986 that a foreigner, the head of that organization, who raped him. He described the situation that he used to be given alcoholic drinks and started to take drugs at this age. He used to have sex with the guy and his friends during the lunchtime. The guy was brought to justice in 1991. But that community stigmatized K.*

*K. have still lot of problems that arise from the violence. His sexuality is totally destroyed. His sexual feeling is predominantly towards the same sex. He had tried to kill himself and had lost interest in life.*

*But now he has established a voluntary association that works against child sexual abuse. He is now relatively stable.*

## 5.8 SEXUALITY & HIV/AIDS IN GAY LIFE

The majority of the discussants revealed that the sexual life of gays in Addis is characterized by absence of love, full of casual or incidental sex, frequent change of sexual partner and unprotected anal intercourse. In addition to this, it has been agreed that the receivers are relatively careful during sexual practice as compared to the inserters who are careless. The following sentiments are quoted from the discussion.

*"If you see a normal couple, they have goals like to get married and bring up children. In our society gay marriage is not allowed. Hence it is very difficult to be with one mate for long. Why for?"*

(A participant who is a receiver in this life)

*"...Zegas do not like faithfulness. Even myself do not like to stay with one individual for long time. I prefer not to make sex more than once with an individual...."* (FGD participant who is misogynist)

These unsafe sexual practices are prevalent in "the life" due to various reasons. People in this life tend to change partner frequently to avoid suspicions from family or others by being seen with only one guy for long, being easily fed up with the relation and the age difference between couples especially if the mate is elderly.

Asked about their risk perception on HIV, almost all participants are found to have many misconceptions. Only one individual among the participants was aware of the greater risk

associated with the behavior. Most of the participants either take it as a preferred sex in context of HIV to male-female sex or do not know the risk associated with it. Some of the FGD participants during the discussion came to understand and get aware of their risk to HIV.

The following are some of the misconceptions among the study subjects.

*"... Nowadays the elderly who are new comers say that this life is preferable from normal sexual life. They think that the life do not transmit HIV/AIDS .I am member and head of anti HIV/AIDS club in school. I used to take a lot of course on HIV. It is only the relationship between male and female, not gay life, which they teach us as a risk for HIV transmission"*

(One FGD participant who is a school Anti-AIDS club leader).

*"... During normal sex females produce fluid and the sperm stays in the fluid and hence the chance of transmission is very high. But when a male do sex with another male, the sperm stay at anal orifice, so there is no problem with it. We are at lesser risk, If there are no cracks"* (One FGD participant).

## **5.9 PERCEIVED HEALTH PROBLEMS**

Majority of the participants of the study pointed out the health problems of people in this life as arising from the sexual activity and the community attitude toward the sexuality. The most frequently mentioned problems which arises from the sexual activity was said to be includes bleeding from anus, ulcer/ crack in the anus, irritation, hard time in rest room, loss of anal sphincter tone, fistula, *kerker& ketegne* (STDs), swelling around the

penis, anal sores, Nekessa ( Tuberculosis) and deaths. One of the participants spoke about the history of two of his dead friends as follows:

*"I had friends who died due to this life. I have spent a lot with them. The first one is A. She died first some years back due to sex with a Sudanese. B also died in not more than a month. Both died due to prolapse of the intestinal matter during the intercourse"*

Most of these people do not go to health facilities for fear of association of the health problems with their sexuality. Even those who manage to seek for medication are mistreated. Some also manage such problem by consulting physicians in this life

*"Any time you will have disappointment and uneasiness'. For instance I have consulted my doctor, He is my friend and following this life. He helps me a lot. ...It is unthinkable to talk about your worries. The other thing is you may have bleedings from the anus and most of zega don't go to hospital rather hide it unless it gets worse"*

(A friend of physician in the FGD)

Other problems arise due to the community's homophobia. The most common such problems are anxiety, uneasiness, confusion, identity crisis, depression, disappointments, self ostracization, embracement, loss of happiness, stress, religious conflicts and suicidal attempts. Sometimes, as the participants explained in the discussion, they have defense mechanisms towards some of the problems like the religious conflict, loss of confidence

from the life, and some worries due to the verbal and physical assaults from the community.

*"... the bible use sheep as innocent animal frequently . It is also taken as examples in many instances. But actually we see male sheep seducing or trying sex with another male sheep. The male sheep has the feeling and ... (laughing)"*  
(One high school student from the FGD)

Asked about the issue of perpetuation in this life majority of the participants responded that they prefer simply to have children rather than getting married and some prefer to adopt children. Quite few have a plan to get married and live with females. Of course, some of the discussant have children even though not planned.

*"...this behavior can hardly be corrected. Perpetuation is not a simple thing. I am not morally prepared on it. I do not want my children to be like me."* (A private college 10+3 student)

#### **5.10 SUGGESTIONS FORWARDED BY MSM TO THEIR PROBLEMS**

Most of the participant of the study emphasized the importance of community as well as government awareness on the existence of such sexual behavior in the city. They also emphasize the importance of establishing an association, community education on this sexuality as a sexual feeling and to accept individual life. Some also asked a support from the government and non-governmental agencies. Others also stress the benefit of legalizing such sexuality in the prevention of HIV.

*"...If you live in confidence, you do all the things cautiously. You will take care of yourself. Even you do not forget to use condom..."*

(A hotteler from the FGD)

Still others think the idea raised above is very difficult to achieve and prefer to isolate themselves from the community so that they will remain unnoticed. One of the participants in the FGD said:

*"...Generally the solution for zegas shall be recluse. If you have contact with the community, they will observe your clothing style, your speeches... every thing you do. Hence, you will be at risk. But if you do not have any contact with the community, even if they suspect you, they will not be sure of it and you remain covert."*

## 6. DISCUSSION

In this ethnographic study, it is attempted to investigate the issue of homosexuality in the context of HIV/AIDS in Addis Ababa. The results of the study has shown that the issue of homosexuality in Addis Ababa is not a new phenomenon, but has been practiced in a way that heterosexuals could hardly have any insight on its existence. Mostly these people exercise this behavior during the nights and at selected parts in the city. These places, especially the streets and major corridors are favorable places to exercise the act since different kind of people hung up there for different purposes. Gay people can stand there without being suspected. Only an individual who have prior information on such issue can notice them standing and waiting for partner. These may have helped them to get unnoticed. With respect to the bars, some of the bars are giving services to any person, but gays start to come late, while most of the attendants are drunk. Hence these factors may have contributed to the life to be hidden and remained unnoticed.

Study participants have outlined distinct physical identity associated with their life. Such behaviors like clothing style, shaving style, and feminine mannerisms besides others, are very helpful in such sub group of population as a method of differentiating individuals in this life from others. These distinct roles have been discussed in similar populations in Africa (27). Although it is very difficult to generalize all people having such identities are in this life, almost all people met and observed during the study had such identities.

The result has also indicated that such groups of population are keeping their sexuality secretly to avoid the possible risks associated with overtness'. There are occasions when

other people found out the sexuality of the MSM. During such times, the response varies from accepting up to rejecting. Similar responses have been observed in a study on MSM in Senegal by family, community and the police such as verbal and physical abuses, as well as displacing the subjects. (27).

The study also investigated the types of people in this life. The result shows a variety of individuals are involved in such sexuality with respect to age, education, marital status, occupation, religion, and economic status. It has also been seen that the youth are the ones who are commonly seen in such places openly. This might be due to the fact that the youth are relatively free, risk takers, easily cheated, and are relatively with no societal expectations. Still there exists speculation from the participants that majority of the people following this life are hidden, or don't know how to find their mates. It is also understood that these people are relatively uneducated and making their livelihood dependent on the income from the life. Evidences on the prevalence of MSM as high as 22% in the city of Lima and 28% in Ecuador have been documented (28).

The study has shown that there are various ways of starting the sexuality. The predominantly forwarded factors for initiation of such behavior are starting without any prior know-how through relatively older individuals, relatives, and close friends etc. This is also explained in various studies where respondents' first sexual encounter with a man occurred on average at the age of fifteen and often with an adult they knew or met recently or with an adult who is respondent's extended family (27).

Some argue that there is a strong role of nature on the development of such sexuality. Such arguments have been documented through the interactionist theory where the interaction of biological factors and experiences with the environment supposed to lead to the development of sexual orientation (29).

The result has also depicted that certain groups of population are vulnerable to start the sexuality. One such vulnerability is being youth. This is mainly attributed to the assumption that the youth are eager to practice new things and take a risk with the assumption of getting benefit from it. Similar idea has reported in institutions where men are obliged to spend long periods in all male company, such as military, prisons, and male –only educational establishments, in which male-to-male sex is common (3).

Sexual assault among children and non-gay individuals in the city is also part of the major result. This sexual assault is usually done by covert homosexuals and the elderly. Such assault is accompanied by the use of drugs. Mostly schoolboys and street children are the victims. Street childrens' 'survival sex' is also documented in research showing the risk of HIV among urban street children in Tanzania, where homosexual sex is deep rooted and named as Kunyenga (8). School Children are taken from school or while playing in their surrounding and will be given Chocolate or drugs in the form of candy mostly by foreigners.

The results pertaining to sexual behavior of the study participant indicated that people following this life irrespective of their role in sex as inserters or receivers, Identify

themselves as homosexuals or gays in contrary to other findings that report sexual identity is different from sexual behavior. In such later report many men who having sex with men playing the insertive role identify themselves as heterosexuals (3).

The study has also revealed that there can be different categories of people based on their sexual activity (exclusively homosexuals, incidental homosexuals and those practicing sex with both sexes). Even though heterosexual contacts are said to be usually for the purpose of hiding sexuality, significant proportion of the study subjects have had sexual relation with females to the extent of having a child. The relation is not also long lasting. Similar pattern has been reported elsewhere, where the majority of MSM (80%), having vaginal-sex with women 20%, and having anal sex with them (29). Similarly UNAIDS has also reported a large percentage of MSM worldwide as being married and having sex with women as well. It also documented that the relation with female partner decreasing the likelihood that MSM self-identity as MSM (30).

Sex among MSM studied is predominantly based on any benefits obtained, such as money or other items. This finding is in harmony with other study where sex with men was found to be driven by reasons including love, pleasure, and economic exchange. Similarly UNAIDS reported that in most countries a certain proportion of sex is between male is in some way commercial. Besides many male sex workers have a wife or regular partner and are behaviorally bisexual (3,29).

The study has also shown that many of the people following this life are at high risk of HIV. Most MSM in Addis run into Incidental sex with anybody found they come across in the street or in the bars. This casual sex is usually accompanied by alcoholic drinks and as most of the participants reported, is also without condom.

Condom is basically not accepted in this life especially by the inserters, leaving the additional use of lubricants, since it is thought to decrease pleasure. The inserters are the one who are paying for the sex and hence they decide whether to or not to use condom. Hence unprotected anal intercourse is done frequently in MSM's life. They have their own way of expressing this situation. They call it "*becher temeles*." (*It is your chance*). In addition to this the relationship with partners in this life is not stable and MSM are fond of new comers."

Furthermore the most important issue to the MSM is not HIV. It is rather to satisfy their sexual need and live without being noticed. Risk sexual behaviors such as multiple sexual contact, unprotected sexual intercourse and the hidden nature of MSM's sexual relations has been reported to contribute to the prevalence of HIV among MSM (30). Besides these people have misconceptions on their sexuality and the roots of transmission of HIV.

Substance abuse (khat, alcohol, cigarette and narcotic drugs) is significantly prevalent among such sub group of population as a remedy for the problems they have with their lives. Sexual activities are also virtually accompanied by use of these substances. This is

in line with the findings of a study in New York where drug use and sexual risks were prevalent among MSM population (31).

People in this life usually perform different sexual activity including penetrative anal sex, oral sex, group sex, and masturbating. In such cases a prostitutes will be handling the female part and other gay the anal part. Literatures on this subject suggest that penetrative anal sex is frequently occurs during sex between males. If HIV is present in the insertive partner and if condom is not used, then anal sex carries an especially high risk of HIV transmission. The risk to the receptive sex partner is several times higher than that of a woman having unprotected sexual intercourse with an HIV infected man (3).

Even though there are many perceived health problems among the study participants, there is a delay in health seeking behavior for fear of revealing their sexuality and reported bad experiences with health are providers. Among the most important health problems perceived by the participants were sexually transmitted diseases such as chancroid and syphilis as well as symptoms such as anal sores and pustules. Similarly penile discharge was reported in 42% of respondents and lesions or pustules in anus in 22% of respondents in a study of MSM in Senegal (27). The presence of STI symptoms is probably one indicator for having sexual relation with female counterparts and might also dictate that the sexual relation with females is unprotected. The delay in health seeking behavior added with behaviors such as multiple sexual partnerships, unprotected anal intercourse, and casual sex might aggravate the situation. Other problems of this

subgroup of population such as identity crisis, loss of happiness in life, disappointments and depressions might further aggravate the risk to HIV/AIDS.

Among the solutions to the problem of homosexuality considered was openness about the existence of the situation among the community as well as the government. On the other hand, according to the criminal code of the Federal Democratic Republic of Ethiopia, sexual act with the same sex would result in simple prisoning (32).

Since grounded theory was used in the process of data analysis in this study, it is customary to at the final stage to produce new knowledge or theory. Hence looking at the theoretical code families selected viz context, consequences, causes and strategy will enable to see and understand easily the factors responsible and possible interactions leading to the subjects for risk behaviors. In addition it also enables how infections cross bridge and the role in the epidemiology of HIV/AIDS in Addis Ababa.

**1. CONTEXTUAL FACTORS** – These are factors that are beyond the individual's self-control and are basics to the development of risk behaviors, which in turn predispose the sub group to HIV/AIDS. These include deep-rooted community's culture, religious perspectives, and attitude disfavoring the sexuality, the illegality of the sexuality in the country, socio - economic status of an individual and globalization. Some of these items are interrelated, such as legalization of an issue is mainly dependent on community's culture.

**2. INDIVIDUAL BEHAVIORAL CAUSES**– These are behavioral factors of the individual, which predispose to HIV/AIDS. Such internal behavioral factors include: loss of happiness in the life, identity crisis, misconceptions, perceived risks on HIV/AIDS, , behavioral issues related with sexuality such as casual sex, multiple sexual contacts, incidental sex, risks associated with unprotected anal sex, the presence of anal and sexually transmitted illness. Similarly there can be interaction of factors with in the category. Such as the more educated an individual is, the more likely that he has basics of HIV/AIDS. Such factors may operate directly or through immediate causes.

**3. IMMEDIATE CASUAL FACTORS**- These are factors directly responsible for an individual in this life be at risk to HIV/AIDS. These include the use of substances like drugs, Khat and alcohol. The use of such substance eventually courage sexual relation with mates or other individuals. The settings (places and timing and other contexts) in which such people meet such as bars and classes are also other factors that may contribute to the initiation sex. Commercial sex, which is mainly done as a source of money for livelihood, can be done without condom and may directly play role.

**4. STRATEGY** - These are coping mechanisms by the sub group that result in sexual contact with other community (females, street children). Such mechanisms are used to alleviate some of the society expectations or norms being a boyhood or manhood and or to satisfy their sexuality preferences.

Hence the HIV/AIDS epidemiology we are seeing in Addis Ababa is a result of heterosexual and the same sex sexual behaviors (MSM). The socio cultural and politico legal contexts has resulted MSM people to have risky sexual behavior and contact with heterosexual community as a result there is cross bridging of infection.

## **STRENGTHS OF THE STUDY.**

- Methodological and data triangulation used in the study results in validity and reliability of the study
- Extended observation conducted in the places where such people are thought to hung up enabled to examine the context under which behaviors took place meanwhile validating the findings
- The use of a guide, who is himself in this life, has brought trust in the study participants hence increased the validity of the data collected.
- Being male and young has helped to develop trust with the study participants

## **LIMITATIONS OF THE STUDY**

- The participants are predominately young and may influence the result.  
(Transferability)
- Those who are willing to participate may have different experience and attitude from the unwilling (participation bias)
- Some deviant attitude and experiences were difficult to confirm with such Methods (methodological challenge)
- Limitation to a certain group of the study subjects has made it impossible to look at the issue of rape or commercial sex among street children.

## **CONCLUSIONS**

The issue homosexuality in Addis seems to have existed for long but exercised in covert ways. Hence, the extent of the issue is beyond what one would expect it to be. This implies that the issue needs serious attention. Contextual factors within the community and within the country's legal framework may also have contributed to the indigenous growth of the problem. The fact that such people are having unstable sexual relations with different members of the community (female partner and street children) makes the issue one of public health importance.

As the rate of entry into such sexuality also seems to be increasing, the magnitude of the population in this life is also becoming considerable.

To sum up, the problem of homosexuality is beyond what one would expect and affects various group of the population. More important, however, is the potential for high spread of HIV/AIDS as MSM have misconceptions about the mechanism of transmissions of the disease. This potential is further complicated by MSM's contact with other people in the community that do not voluntarily share this life.

## **RECOMMENDATIONS**

1. Policy makers and government officials should be aware of the extent of homosexuality in the city and the implications of its legality.
2. The national HIV /AIDS prevention guidelines have to incorporate the issue of homosexuality and mechanisms for addressing it in view of its potential to fuel the spread of the disease.
3. IEC programs should also include unprotected the role of anal intercourse in HIV transmission.
4. Sexuality education with primary emphasis on sexuality orientations shall be accessed to students in primary schools so as to prevent possible sexual assaults and conflicts.
5. Discussions on the issue of homosexuality shall be initiated on various levels in the country so as to have community awareness.
6. Male sexual violence in the city especially on children and streets need serious attention in the context of child right and HIV/AIDS.
7. Other studies on MSM in the country should also be conducted so as to have further insight on the issue and the factors related to it.

## 7 . REFERENCES

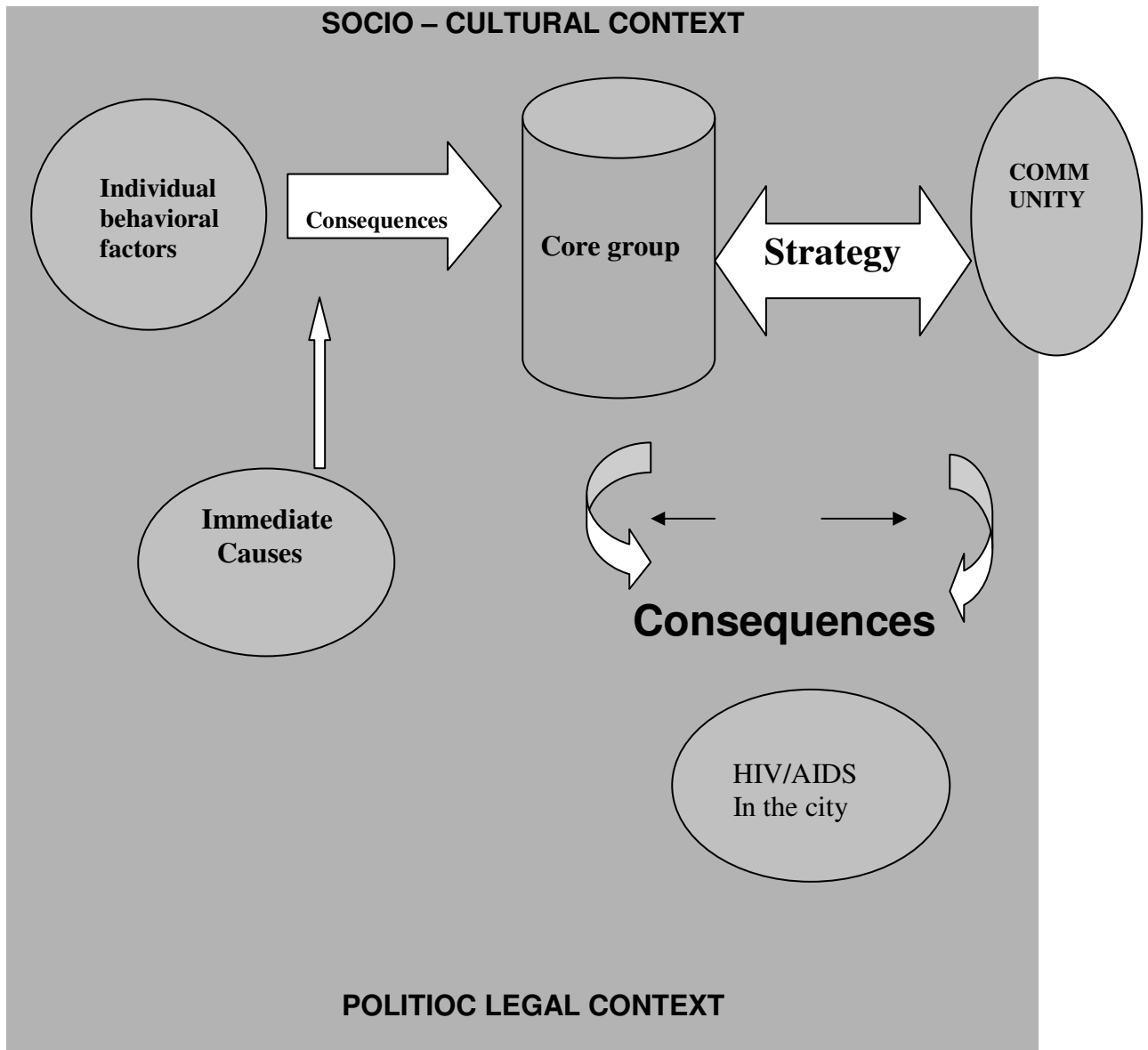
1. Max E. etal. *AIDS In Africa*. 2<sup>nd</sup> edition. 2000; 200-250.
2. *Just the facts about sexual orientation and youth: A primer for principals, educators and school personnel*. Available at URL: <http://WWW.apa.org/pi/lgbc/facts.pdf>
3. UNAIDS Technical update. *AIDS and Men who have sex with Men* .2000.
- 4 . Stuart B & John p. Assessing the role of anal intercourse in the epidemiology of AIDS in Africa. *Int J STD AIDS* 2003; 14: 431-436 .
5. Marce E. *The “unsaying” indigenous homosexuality in Zimbabwe: Mapping & Blind spot in African Masculinity*. Dept. of history, university of Zimbabwe. Available at URL. <http://www.sephis.org/pdf/epprecht.pdf>.
6. *HIV and Kenya’s homosexual* [Editorial]. *Afr. Health* 1998; 20:48.
7. Akande A., etal. *AIDS high risk and precautionary behavior in young African adults: Zimbabwean perspective*. *Early child Dev care* 1993; 88:73-85.
8. Chris L. Kunyanga, “real sex”, and survival: *Assessing the risk of HIV infection among urban street boys in Tanzania*. *Med. Anthropol* 2002;16:294-311.
9. Kc. Goyer. *HIV/AIDS in prison, problems, policies and potential*.(Published in monograph). 2003.
10. Ani.AN. *Anorectal disease in western Nigerian adults*. *Dis colon Rectum* 1983; 17:55-60.
11. Akinola DO, Hamad AD. *Fistula in ano in Nigerians*. *Trop Gastro enterol* 1989; 10:153-7.

12. Ameh EA. Anal injury and fissure in ano from sexual abuse in children. Ann trop paediatr 2001; 21:273-5.
13. Scholefield JH etal. . Human papiloma virus type 16 DNA in anal cancers from six different countries. Gut 1991; 32:674-6.
14. Welgemoed NC, etal. Prevalence of Niesseria genomea infection in patients attending antenatal clinic. S Afr Med J 1986; 69:32-4.
15. Brody S. Patients misrepresenting their risk factors for AIDS. Int J STD AIDS 1995; 6:392-8.
16. Brody S. sex at risk: life time number of partners, frequency of intercourse, and the low risk of vaginal intercourse. New Bruns Wick, NJ: Transaction publisher; 1997.
17. Gross M, etal. Anal Sex Among HIV-Sero-Negative Women At High Risk Of HIV Exposure. J Acquire Imm Defe Synd 200; 24:343-8.
18. Ramjee G, Weber AE, Morar NS. Recording sexual behavior: comparisons of recall questioners with coital diary. Sex. Transm. Dis. 1999; 26:374-80.
19. Ranyee G., Gouwse. Prevalence of HIV among truck drivers visiting sex workers in Kwazulu Natal, South Africa. Sex. Transm. Dis. 2002; 29:44-9.
20. Karimss, Ramyee G. Anal sex and HIV transmission in women. Am J pub. Health 1998; 88:1265-6.
21. Charles A. etal. Knowledge about AIDS & sexual behaviors of inmates of Agodi prison in Abadan, Nigeria. The int. quarter of comm. Health Edu. 2002; 19:353-362.
22. Mengistu M. etal. Sexual behavior & social features of female sex workers in the city of Addis Ababa. Ethiop J health Dev. 1990.

23. Oliver, Steve & Fishwick, Lesley. Qualitative Research in Sport Science: Is the biomedical Ethics Model applicable? Available at: <http://www.qualitative-research.net/fqs-texte/1-03/1-03-oliverfishwick-e.htm>.14:08, 2005.
24. Helen M.R., Lisa J.S. Ethics of qualitative research: are there special issues for health service research? Oxford University Press, 19:135-139.
25. The Federal Democratic Republic of Ethiopia Central statistics Authority report. 2004.
26. The Federal Democratic Republic of Ethiopia. AIDS in Ethiopia. 5<sup>th</sup> report.2004.
27. Meeting the sexual health needs of Men Who Have sex with males in Senegal. Available at URL.<http://www.popcouncil.org/pdfs/horons/msmsenegal.pdf>
28. Steve L. The need to scale up HIV/AIDS programs for gay men and other MSM in Latin America. Available at URL. <http://www.Sexualhealththeexchange.org>.
29. Janet S.H., John. D.D. Understanding Human Sexuality. 6<sup>th</sup> edt, McGraw hill, 1997.
30. HIV/AIDS interventions with Men Who Have sex with males. Available at URL.<http://www.FHI-interventionwithMSM>.
31. Clats MC, Goldsamt LA, Yi H. Drug and sexual risk in four men who have sex with men populations: evidence for a sustained HIV epidemic in New York City. J Urban Health: 82(1): 9-17.
32. The Federal Democratic Republic of Ethiopia. The Criminal Code. Proclamation code no. 414/2004.

## 8. ANNEXES

Annex 1. A MODEL FOR THE CROSS BRIDGING AND ROLE OF MSM IN THE EPIDEMIOLOGY OF HIV, MARCH 2006.



## **Annex 2. TOPIC GUIDE FOR IN-DEPTH INTERVIEW WITH COUNSELLORS**

### **1. INTRODUCTION**

Thank you for coming to this session. My name is Seifu Hagos. I am a post graduate student at the Addis Ababa University Faculty of Medicine. As you know we have discussed in brief previously on the research idea and now I am going to have a broad discussion on the relevant topics items.

Before going to the discussion let's introduce ourselves. Would you tell us your name so that we can call by name and other backgrounds which you think important (age, occupation, educational status, marital status....)

We have some instruction to follows. These are we shall speak one at a time so that the recording will be perfect. We have to respect the view of every participant despite that it is unacceptable from your point view. In addition I would like to tell you that what we are going to discuss is very confidential and it will be used only for the research.

Are you willing to continue in the way? \_\_\_\_\_ (Yes).

(Signature of participant)

## **2. MAIN DISCUSSION**

### **2.1. Items to be discussed in relation to the extent of the same Sex identity and behavior.**

- Description of the same sex sexual relationship in the city (when it is started, which population group are specifically involved, etc.)
- Characteristics of this group of population (age, education, socio-economic condition, family status, )
- Distribution of this behavior/ identity in the city (extent, places, specific area, rate of entry into this life)

### **2.2. Items related to the pattern of sexual behavior of the population**

- Description of the type sexual behavior (exclusively homosexual, incidental homosexual, bisexual or other)
- The dominant sexual behaviors in the study population

### **2.3. Items to be discussed in relation to the practice of sexual activity**

- Description the specific type of sexual activity they perform
- Condition(s) in which these type of sexual activities performed (usual places, time, forced/willingness)
- Their behavior in terms of faithfulness, one to one relationship, casual sex, multiple sexual partners in side the life, unsafe sexual practice , partner change etc)

#### **2.4. Items related to other aspects of this life**

- New entrance into this network (how people enter, communication)
- Starting of this behavior (natural, relationship, forced child hood sex, )
- Aspects of commercial sex within this life ( magnitude, population characteristics, )
- The issue of substance(s) uses (type, frequency.)
- Description of the social life with in the sub group ( good & bad times)

#### **2.5. Issue related with perceived health problems**

- Perceived health problems common in this life (anal, scrotal, penile signs and symptoms etc.)
- The issue of HIV/AIDS in this life ( knowledge, risk perception, risk minimization , specially in relation with this sexual behavior )

#### **2.6 Issue related with solving their health problems.**

- Implementation of HIV/ AIDS prevention and control activities / programs which needed to be emphasized

### **3. CLOSING**

- Summarize the themes discussed.
- Before we end up this discussion is there any thing you would like to add or suggest any body to which I shall talk or other issues you like to rise
- Thank you so much

### **Annex 3. TOPIC GUIDE FOR INDEPTH INTERVIEW WITH VICTIMS FROM THE ASSOCIATION**

#### **1. INTRODUCTION**

Thank you for coming to this session. My name is Seifu Hagos. I am a post graduate student at the Addis Ababa University Faculty of Medicine. As you know we have discussed in brief previously on the research idea and now I am going to have a broad discussion on the relevant topics items.

If you don't mind I will record (audio tape) the discussion. The purpose is to insure that I don't miss anything you say since it has paramount importance to the study.

In addition I would like to tell you that what we are going to discuss is very confidential and it will be used only for the research.

## **2. MAIN DISCUSSION**

### **2.1 Items related to the extent of the practice**

- Description of the same sex sexual relationship in the city (, which population group are specifically involved, etc.)
- Characteristics of this group of population (age, education, socio-economic condition, family status, )
- Distribution of this behavior/ identity in the city (extent, places, specific area, rate of entry into this life)

### **2.2 Items related with sexual violence on male**

- The extent of male sexual violence in the city
- Conditions which predispose to the act in the city
- Conditions where sexual violence takes usually (place, time, other conditions)

### **2.3 Items related with status of victims**

- Description of the condition of the victims( physical, mental or other socio economic)
- the targets for the violence ( age, sex, education, urban/ rural etc)
- Description of the violence in the era of HIV/AIDS
- Effects of the violence on sexuality identity / behavior/ of victims.

## **3. CLOSING**

- Summarize the themes discussed.
- Before we end up this discussion is there any thing you would like to

add or suggest any body to which I shall talk or other issues you like to raises.

- Thank you so much.

## **Annex 4. TOPIC GUIDE FOR FGD WITH PEOPLE FOLLOWING HOMOSEXUAL LIFE**

### **1. INTRODUCTION**

Thank you for coming to this session. My name is Seifu Hagos. I am a post graduate student at the Addis Ababa University Faculty of Medicine. As you know we have discussed in brief previously on the research idea and now I am going to have a broad discussion on the relevant topics items.

Before going to the discussion let's introduce ourselves. Would you tell us your name so that we can call by name and other backgrounds which you think important (age, occupation, educational status, marital status....)

We have some instruction to follows. These are we shall speak one at a time so that the recording will be perfect. We have to respect the view of every participant despite that it is unacceptable from your point view. In addition I would like to tell you that what we are going to discuss is very confidential and it will be used only for the research. Are you willing to continue in the way?

### **2. MAIN DISCUSSION**

#### **2.1 Items related with the behavior and its extent.**

- Description of the same sex sexual relationship in the city (when it

is started, which population group are specifically involved, etc.)

- Characteristics of this group of population (age, education, socio-economic condition, family status,)
- Distribution of this behavior/ identity in the city (extent, places, specific area, rate of entry into this life)
- Description on how people start this life/ behavior, process of joining/entrance the network in the city
- Parents / friends knowledge on the persons sexual behavior
- Aspects of identity and behavior (similar, different) Description of the social life with in the sub group ( good & bad times)

## **2.2. Items related to exploring individual factors that predispose to HIV/AIDS**

- Description of the sexual behavior in this life(exclusively homosexual, incidental homosexual, bisexual or other)
- The dominant sexual behaviors in the study population
- The sexual relation with female counter parts in the community (preference in terms of sexual activity; anal/vaginal intercourse or any other )
- Description the specific type of sexual activity they perform
- Condition(s) in which these type of sexual activities performed (usual places, time, forced/willingness)
- Their behavior in terms of faithfulness, one to one relationship, casual sex, multiple sexual partners, unsafe sexual practice in side the life

## **2.3. Items related to other aspects of this life**

- Starting of this behavior(natural, relationship, forced child hood sex, etc
- Aspects of commercial sex within this life (magnitude, characteristics of population involved, )
- The issue of substance(s) uses (type, frequency.)

## **2.4 Items related to perceived health problems associated with this life**

- Perceived health problems common in this life (anal, scrotal, penile signs and symptoms, where to go, whom to consult etc.)
- The issue of HIV/AIDS in this life (knowledge, risk perception, risk minimization, specially in relation with this sexual behavior)
- The issue of perpetuation

### **2.5 Issue related with solving their health problems.**

- Implementation of HIV/ AIDS prevention and control activities
- Activities / programs which needed to be emphasized

### **3. CLOSING**

- Summarize the themes discussed.
- Before we end up this discussion is there any thing you would like to add or suggest any body to which I shall talk or other issues you like to rise
- Thank you so much

## **Annex 5. GENERAL INFORMATION FOR THE STUDY PARTICIPANTS**

Thank you for coming to this session. My name is Seifu Hagos. I am a postgraduate student at the Addis Ababa University Faculty of Medicine. As you know we have discussed in brief previously on the research idea and now I am going to have a broad discussion on the relevant topics items.

This interview is conducted to gather diverse background information on the extent of other aspects of “non-normative” sexual behavior in the city. We are taking to people believed to have rich information on the subject matter through recommendation (s) and presumptive assumptions. The result of this study will help in better understanding on the issue that took place in the city mean while helping the policy and decision makers planning and evaluating programs aiming at combating HIV/AIDS.

The interview might include private sexual issues, which can have paramount importance. The interview could take 1 ½ - 2 hours. Since every word you are going to give me in the discussion shall not be missed, i would be recording the discussion that we are going to have. But if you are not comfortable with this I will not record the discussion.

During the discussion you can refuse to answer any issue you don't like to answer and withdraw any time you want.

I will be compensating the time you are scarifying with me. I further agree to keep confidential by every thing said by you.

## **Annex 6. CONSENT FORM**

I undersigned have been informed that the discussion is conducted to gathers diverse background information on the extent and other aspects of non-normative sexual behavior in the city, the result of this study will help in better understanding on the issue that took place in the city mean while helping the policy and decision makers planning and evaluating programs aiming at combating HIV/AIDS.

I am also asked to participate in the discussion voluntarily and because it is thought I have good information on the subject matter. I am also agreed that Private, sexual issues can be raised in the discussion and the confidentiality of the responses is kept at maximum level. I am also agreed to keep the confidentiality on the opinions raised in the discussion. I am also told and agreed that I am also going to be recorded with audiotape and the recorded or other data will be kept confidential.

Signature \_\_\_\_\_ Name (Optional) \_\_\_\_\_

Date \_\_\_\_\_

## **Annex 7. OBSERVATION GUIDE (CHECK LIST)**

### 6.1 To see the extent of homosexual in the city. (Non-participatory)

- Age group distribution
- Communication codes, dating places,
- Place selections, physical and other behavioral characteristics,
- Other behaviors clothing, relationship, Alcoholism, smoking, etc

### 6.2. Observation of commercial sex workers (male)

- Places of preference,
- Timing
- Type of people connected with
- Characteristics of sex workers (age,)
- Communication

**Annex 8. SAMPLE FGD/ INTERVIEW RECORDING SHEET**

**Title of the study** – “Assessment of HIV/AIDS related risks among men  
who make sex with men (MSM) in Addis Ababa

- FGD/ interview identification code: \_\_\_\_\_
- Date \_\_\_\_\_
- Type and no of participants \_\_\_\_\_
- Location: \_\_\_\_\_
- Moderator: \_\_\_\_\_
- Note taker: \_\_\_\_\_
- Time started: \_\_\_\_\_
- Time ended: \_\_\_\_\_

**Annex 9. REGISTRATION FORM FOR FGD AND IN DEPTH INTERVIEW**

**Title of the study** – “Assessment of HIV/AIDS related risks among men who make sex with men (MSM) in Addis Ababa

- FGD/ interview identification code \_\_\_\_\_
- Date \_\_\_\_\_
- Full name of participant \_\_\_\_\_(optional)
- Sex \_\_\_\_\_
- Age \_\_\_\_\_
- Education status \_\_\_\_\_
- Occupation \_\_\_\_\_
- Any other information

---

---