

Withdrawal, “Serosorting” and “Strategic Positioning”: Use of Risk Reduction Strategies with Casual Sex Partners in Men who Have Sex with Men (MSM) in Switzerland, 2007

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Introduction

- Withdrawal before ejaculation, “serosorting” (to choose a partner of same serostatus) and “strategic positioning” (only insertive vs. only receptive role in anal sex according to serostatus) are known to be used by MSM as alternatives to condom use.
- Despite their questionable levels of effectiveness they are collectively labelled as “risk reduction strategies” (RRS).

Objectives

- The aim of this study is to estimate the prevalence and factors related to RRS in men who report unprotected anal intercourse (UAI) with occasional partners in the last 12 months.

Methods

- In 2007, a module on RRS was included in a repeated national survey conducted among readers of gay newspapers, members of gay organizations and visitors of gay websites (N=2953).
- Using an anonymous self-completed questionnaire, participants were asked whether, with the aim of avoiding HIV infection, RRS were used with occasional partners.

The questions

- Over the past 12 months, did you ever have practice anal penetration without a condom and withdrawal before ejaculation in order to avoid HIV infection? (yes/no)
- Over the past 12 months, did you ever practice anal penetration without a condom and choose only the insertive or receptive role in order to avoid HIV infection? (yes, only receptive/ yes, only active / no)
- Over the past 12 months, did you ever practice anal penetration without a condom and ask your partner if he was of the same HIV-status as you, in order to avoid HIV infection? (yes/no)

Analysis

- Prevalences were calculated in participants who reported UAI with occasional partners in the last 12 months (n=416).
- A logistic regression was performed, using “at least one RRS” as dependent variable. Number of partners in the last 12 months, HIV-status and usual socio-demographic characteristics were used as independent factors.

Table 1
Prevalence of RRS in participants having had unprotected anal intercourse with occasional partners in the last 12 months

	n	%
	416	100
Withdrawal	195	46.9
Serosorting	157	37.7
Strategic positioning	95	22.8
How many strategies were used?		
None	124	29.8
One strategy	154	37.0
Two strategies	121	29.1
Three strategies	17	4.1
At least one strategy	292	70.2

Table 2
Factors associated with « Having used at least one RRS »: univariate analysis and logistic regression

	n	% at least one RRS	p	Adjusted odds ratios	p
University degree					
no	164	71	0.689	1	
yes	128	69.2		0.595	0.510
Age					
<30	90	62.5		1	
30+	197	74.1	0.015	1.94	0.018
Region					
German speaking	214	67.9		1	
French speaking	71	78	0.064	1.535	0.167
HIV status					
HIV negative	198	77.3		1	
HIV positive	41	62.1	0.000	0.361	0.003
No HIV test	42	53.2		0.409	0.004
Steady partner					
no	169	70.4	0.887	1	
yes	120	69.8		0.83	0.948
Nationality					
Swiss	239	71.1		1	
other	45	65.2	0.328	1.095	0.776
Membership to a gay organisation					
no	247	68	0.021	1	
yes	42	84		2.777	0.032
Talk openly about one's sex life with one's physician					
no	157	65.4		1	
yes	133	76.4	0.016	1.316	0.319
Sex partners in the last 12 months					
1-5 part	133	66.5		1	
over 5	154	74.4	0.081	1.382	0.207

Results

- 70% (292/416) of the participants reporting UAI used at least one RRS when they had unprotected sex with casual partners in the last 12 months (Table 1).
- Withdrawal before ejaculation was the most frequently reported strategy, followed by serosorting and strategic positioning (Table 1).
- Participants who reported at least one RRS were more likely to be over 30 years and to belong to a gay organisation. HIV-positive and non-tested participants were less likely to report RRS than HIV-negative participants (Table 2).

Conclusions

- The majority of MSM who reported UAI in the last 12 months tried to reduce risk of HIV transmission by using specific strategies (withdrawal, serosorting, strategic positioning). It is not known, however, to what extent the use of these strategies was systematic.
- It is necessary to provide MSM with balanced information on these strategies and their respective level of effectiveness.
- It is important to monitor the use of RRS in HIV behavioural surveillance surveys in MSM.