ABSTRACT

Sub-Saharan Africa (SSA) remains the region most heavily affected by HIV and AIDS. Most countries in SSA report a generalized epidemic with pockets of concentrated epidemics in key populations. Men who have sex with Men (MSM) have been identified as one of the key populations driving the spread of HIV in Kenya. MSM contribute about 7.79% new HIV infections in Nyanza Region; with Kisumu reporting a prevalence of up to 25% among MSM aged over 24 years compared to 15.1% in the general population. Whereas the prevalence of HIV among MSM in Kisumu is documented, their knowledge of HIV risk, attitudes towards HIV prevention and behavior practices associated with HIV risk are not known. This was a cross-sectional study whose objectives were to determine the knowledge of HIV risk, attitudes towards HIV prevention and risk-taking behavior practices of MSM in Kisumu City. A total of 163 respondents aged 15 – 55 years were selected through purposive, simple random and snowball sampling techniques. Semi-structured questionnaires and in-depth interviews were administered to collect both quantitative and qualitative data. Quantitative data were analyzed using descriptive statistics. Chi-square tests were used to analyze for association between MSM’s knowledge of HIV risk, attitudes towards HIV prevention and their behavior practices with a p-value ≤ 0.05 being statistically significant. Qualitative data were analyzed manually through thematic exploration. Findings show that MSM in Kisumu (68%) are highly knowledgeable about HIV risk with an HIV prevalence of 24.5%. Nearly all MSM (92%) have a positive attitude towards HIV prevention but this does not translate to behavior change. They are actively engaged in high risk behaviors that are known to be predictors of HIV infection; including engaging in sex with men and women, commercial sex and unprotected anal intercourse. They also indulge in alcohol and drugs; and engage in unprotected sex with partners with unknown or known HIV status. Chi square tests showed that there is a significant positive association (p=0.000) between the MSM’s knowledge of HIV risk and their behavior practices; but no statistically significant association (p=0.745) between their attitudes towards HIV prevention and behavior practices. HIV prevention campaigns should address MSM as a priority high risk group, and provide uniform, targeted messaging to reinforce MSM’s knowledge of HIV risk. MSM should be meaningfully involved in HIV prevention campaigns to encourage them to come out and play a key role in prevention. Behavior change communication specific to MSM’s sexual practices should be introduced to support the conversion of knowledge and positive attitudes towards prevention into effective risk reduction behavior practices.