Homosexuality and Bisexuality in Senegal: A Multiform Reality

Joseph Larmarange, Annabel Desgrées du Loû, Catherine Enel, Abdoulaye Wade

Homosexuality and Bisexuality in Senegal: A Multiform Reality

Joseph Larmarange, Annabel Desgrées du Loû, Catherine Enel, Abdoulaye Wade, Translated by le groupe CSF

In **Population Volume 64, Issue 4, 2009**, pages 635 to 666

ISSN 0032-4663
ISBN 9782733230992
DOI 10.3917/popu.904.0723

Joseph LARMARANGE*, Annabel DESGRÉES DU LOÛ*,
Catherine ENEL* and Abdoulaye WADE**
for the ELIHOS GROUP***

Homosexuality and Bisexuality in Senegal: A Multiform Reality

Homosexuality and bisexuality in sub-Saharan Africa, socially condemned and sometimes punishable under law, have rarely been the focus of scientific research. Senegal has been a pioneer in this area, with several sociological and epidemiological studies conducted in the early 2000s as part of the country's effort to combat AIDS. In this paper, Joseph LARMARANGE, Annabel DESGRÉES DU LOÛ, Catherine ENEL and Abdoulaye WADE *present the results of a new survey carried out in 2007 on 501 men aged 18 years and over, both married or single, but with experience of sexual relations with other men. Using a detailed description of the many types of bisexuality in Senegal, the authors identifed six major "modes of sexual activity" based on the characteristics of the respondents' sexual partners during the preceding year and at the time of the survey. This typology demonstrates the diversity and complexity of behaviours in terms of age at first sexual intercourse, sex of the first partner, number of partners and type of sexual practice. The differences in HIV prevalence and exposure to violence between the various modes of sexual activity open up new scope for preventive action.*

In Northern countries, many epidemiological and socio-behavioural studies have been conducted on male homosexuals in relation to HIV/AIDS. In sub-Saharan Africa, the subject was ignored for many years because HIV transmission was perceived as being mainly a heterosexual issue and, to a lesser extent, a perinatal one (Chin and Mann, 1988). Although the existence of homosexual

* CEPED (Centre population et développement), UMR 196 Paris Descartes, INED, IRD.
** AIDS/STI Division, Dakar.
*** Évaluer les interventions auprès des homosexuels masculins au Sénégal (Evaluating interventions targeting male homosexuals in Senegal) (ANRS 12139), Senegal AIDS/STI Division, IRD, CHU Le Dantec, Cheikh Anta Diop University, Dakar.

Correspondence: Joseph Larmarange, CEPED, UMR 196, Paris Descartes University/INED/IRD, 221 bd Davout, 75020 Paris, Tel.: 33 (0)1 78 94 98 70, e-mail: joseph.larmarange@ceped.org

practices in Africa has been documented for many years (Crowder, 1959),[1] it was only after 2000 that epidemiological and behavioural surveys were carried out on this population (Baral et al., 2007).

Senegal is an African pioneer in this field and, starting in the late 1990s, several sociological surveys (Teunis, 2001; Sappe, 2003; Niang et al., 2002) revealed the particular vulnerability of men having sex with men (MSM)[2] in the country. Homosexual practices are strongly condemned and punishable by law in Senegal. Although homosexuality is not mentioned explicitly in any law, an amendment to the Penal code of 21 July 1965 stipulates that "unnatural sexual acts" may incur a five-year prison sentence (Loi de base n° 65-60 du 21 juillet 1965 portant Code penal). Homosexual men live in extreme insecurity and are subjected to domestic, community and institutional violence. They are stigmatized by Senegalese society as a whole and especially by healthcare professionals, whom they are reluctant to consult when symptoms occur.

Against this backdrop, an epidemiological survey was carried out in 2004 on 462 men selected by snowball recruiting from the homosexual networks of five major cities including Dakar, with the agreement of the Senegal Ministry of Health. The survey showed a 21.5% prevalence of HIV, which is 30 times higher than in the population as a whole (Wade et al., 2005). The Senegal health authorities, working with NGOs, launched a number of programmes specifically targeting men having sex with men. They included provision of medical assistance to people with sexually transmissible infections (STI) and HIV, using specialized healthcare professionals trained in working with this understandably wary (because stigmatized) population. They also took the form of campaigns to increase awareness of sexual risks in the MSM networks and an appeal addressed to all players in public life highlighting the need to take the specific risks of MSM into account.

In a society where homosexuality is strongly condemned, one of the main political arguments used to justify these programmes was the protection of the population as a whole: Senegal's efforts in the fight against AIDS would come to nothing if the government failed to address this particular source of the epidemic in the homosexual population, since these men's heterosexual practices could spread the epidemic to the entire population. The hypothesis whereby bisexual people form a "bridge" from MSM to the population as a whole, has frequently been used, and in a range of contexts. For instance, it came up in several chapters of the collective work edited by Peter Aggleton on bisexuality and AIDS (Aggleton, 1996). In Senegal, it is a public health argument that allows politicians to take charge of a socially stigmatized group while minimizing negative social reactions. However, this hypothesis has not been formally documented nor empirically

(1) Cited by Niang et al. (2002).

(2) The term Men having Sex with Men (MSM) has been used by the World Health Organization (WHO) since 1994 to designate individuals by their practices and not according to their social or cultural identity.

proven, so must be advanced with caution. The relative weight of bisexuals in the total population is hard to measure and the epidemic can spread simultaneously in different ways (Kahn et al., 1997; O'Leary and Jones, 2006). Nevertheless, the risk to these men's female partners is higher because of the unprotected heterosexual practices of some bisexuals (Crawford et al., 1996, p. 56).

Research in Senegal has rarely examined in detail the heterosexual practices of MSM, however, even though they have been mentioned on occasion. Teunis (2001, p. 177) revealed that some MSM are married or have "girlfriends". Sappe also mentioned bisexual behaviour, but restricted this to heterosexual unions used as a "social cover" (Sappe, 2003, p. 17). The 2000-2001 survey by Teunis in Dakar revealed that 88% of the 250 men interviewed reported having had vaginal sex with a woman at least once in their lifetime (Niang et al., 2003, p. 505). The 2004 epidemiological study confirmed the high frequency of bisexual practices: 94% of respondents had had sex with a woman at some time in their life and 74% in the past 12 months (Wade et al., 2005).

These indicators are insufficient. The concept of bisexuality refers to a whole range of very different realities, both in the practices and in the relationships they imply. Research in other contexts has shown the importance of taking sexual event histories into account, along with changes in sexual orientation and modes of sexual activity (Messiah and Mouret-Fourme, 1993). The term "sexual orientation" may designate both the way the individual defines him/herself (identity), his/her sexual preferences (desire) or the sex of his/her sexual partners (practices). The term "mode of sexual activity", as used by Messiah and Mouret-Fourme (1993), refers to a more factual definition, namely the sex of the sexual partners over a given period, independently of the identities or desires of these persons.

In 2007 we performed a second epidemiological and behavioural survey as a follow-up to the 2004 one. We treated in detail the question of sexual practices with both men and women, and applied an approach that was both quantitative and qualitative. In this paper we identify the multiple forms of bisexuality observed in Senegal, based on this survey, and we produce an indicator of the current mode of sexual activity. We explore the ways in which various aspects of the respondents' sexual and social life event histories vary according to the current mode of sexual activity in order to determine whether sexual risk-taking, HIV infection and exposure to violence vary by type of homo- or bisexuality.

I. Study population and survey method

The main purpose of the 2007 ELIHoS Survey[3] was to measure the prevalence of HIV and STIs and the sexual behaviour of MSM, in order to

(3) Évaluer les interventions auprès des homosexuels masculins au Sénégal (Evaluating interventions targeting male homosexuals in Senegal) (ANRS 12139), AIDS/STI Division of Senegal, IRD, CHU Le Dantec, Cheikh Anta Diop University, Dakar.

observe changes since the previous survey in 2004 and evaluate the effects of current programmes targeting this population. The survey was carried out on the initiative of the AIDS/STI Division of the Institut d'hygiène sociale (Institute of social hygiene) in Dakar,[4] with the full approval of the Senegal Ministry of Health, at a time when the country's health authorities were becoming aware of the need to take all vulnerable populations into account, especially MSM,[5] in the fight against AIDS. The survey was carried out in partnership with two Senegalese teams (the AIDS/STI division of the Institut d'hygiène sociale in Dakar under Dr. A. S. Wade, and the virology laboratory of the Le Dantec Hospital in Dakar under Professor S. Mboup), together with a French team of social science researchers under A. Desgrées du Loû (CEPED). A special MSM consultation clinic was set up in Dakar in 2003[6] by Dr. Wade's AIDS/STI division, and then extended to other major cities in the country, with doctors and social workers specially trained in dealing with this population.

For the 2007 survey, we used the same snowball recruiting method as in 2004. Obviously this did not provide a representative sample of the MSM population over the entire country. However, it was the only possible recruiting method for a survey on a very stigmatized population for which no sampling frame exists. Our analyses of changes in the prevalence of HIV and STIs and of sexual practices between 2004 and 2007 have been published elsewhere (Wade et al., 2010).

Respondents were recruited by leaders of the MSM community[7] in three locations (Dakar, the capital; Mbour and Thiès, two towns close to the coastal tourist resorts; and Saint-Louis, a medium-sized town in northern Senegal). Recruitment was carried out in different types of places (such as MSM bars and associations) and by word of mouth in various social networks. No financial incentives were offered to respondents apart from the payment of their travel expenses.[8] The MSM leaders, on the other hand, were paid for taking part in the research project.

(4) Directed by A. S. Wade, co-author of this article and co-investigator with Emmanuel Lagarde, INSERM, of the previous survey in 2004.

(5) In 2007, this growing awareness was accompanied by an "explicit recognition" of the homosexual community. Thus in September 2007, during the International Sahara conference in Dakar, a number of spokespeople for MSM organizations were able to speak openly in discussion groups for the first time. The situation was very different in 2009, with men being arrested in their homes at the end of 2008 and charged with "unnatural sexual relations", before being released by the appeal court in April 2009. The survey went ahead smoothly, with no danger to the respondents in 2007, but would have been impossible in 2009, given the prevailing homophobic atmosphere.

(6) Informal consultations on a case-by-case basis had been carried out since 2000.

(7) MSM spokesmen liaising with health facilicities specifically dedicated to this population, or persons involved in MSM assocations, selected from several types of association to capture the diversity of these communities.

(8) They were paid CFA Fr 10,000, or approximately 15 euros.

Respondents were required to be at least 18 years of age and to have experience of sexual relations with other men. The survey was described as being on the specific healthcare needs of MSM (including HIV and STI). It took place in the MSM health centre, where these men knew they would be well received and could speak in total confidentiality. The men who agreed to take part in the survey already used these health clinics.(9) They were received by a doctor and a social worker who explained the aims and procedures of the survey. After signing a consent form, they replied to a socio-behavioural questionnaire administered by the social worker or the doctor, after which the doctor carried out a clinical examination and took blood and urine samples for biological tests. All cases of sexually transmissible infections received symptomatic treatment. The respondents were asked to return a fortnight later to get their test results. When they returned, those with infections were treated. All treatment was free of charge. Respondents who tested HIV-positive were informed of their status by a specially trained social worker. They were then referred to the HIV department where full biological tests were performed to decide whether or not antiretroviral treatment should be administered.(10) The entire survey was carried out with a guarantee of total anonymity for respondents. The questionnaires and the clinical and biological forms were linked to each other by numbers (that were given to the respondents to obtain their biological test results). The interviewers were trained to abide by rules of strict confidentiality.

The socio-behavioural questionnaire was administered to 501 men (306 in Dakar, 100 in Mbour/Thiès and 95 in Saint-Louis). It was a young sample (at least 80% were aged under 30, with the mean age being 24.7 years), and fairly well educated (47% had reached secondary level or above). Among respondents, 90% lived with their families and 41% reported that they belonged to an MSM organization (Table 4). Like all snowball samples, ours was biased, with the more "visible" / "accessible" respondents having agreed most readily to take part in the survey.(11) Only 20% of the men in the survey were aged 30 or over, although 51% of respondents reported that their sexual partners were usually aged 30 or above.(12) The young age of the sample was not specific to this survey. For example, in a multi-site study carried out in 2008, mean ages were 25.6 years in Malawi, 24.4 in Namibia and 25.8 in Botswana (Baral et al., 2009).

(9) Given the snowball recruiting method by peers, it was impossible to determine the percentage of refusals among persons inititally asked to take part in the survey. All the individuals who came to the survey location had agreed to take part and none of them refused to continue during the questionnaire phase or during the clinical examination.

(10) Antiretroviral treatment is free in Senegal.

(11) In fact they were the individuals who were most comfortable about their sexual relations with other men, since it was very unlikely that anyone in denial about their homosexuality would have agreed to take part in the survey. Furthermore, members of MSM organizations and/or those socialized in a "homosexual milieu" were more likely to agree to take part.

(12) The exact question was "What was the approximate age of your male sexual partners over the past 12 months?". The "40 years and over" group represented just 2% of the sample, but 21% of respondents reported partners in this age group.

Data from the questionnaires was entered into Microsoft Access and the statistical analysis was carried out using SPSS 16.0 software. Initial analysis of epidemiological data showed that HIV prevalence remained stable between 2004 and 2007, but that systematic use of condoms to protect against STIs had become more frequent, doubtless as a result of the prevention campaigns targeting MSN since 2004 (Wade et al., 2010).

The quantitative survey was associated with a complementary qualitative survey on bisexual behaviour. Twelve interviews were carried on men who had reported having one or several female partners, and twelve others on women who were cited by MSM as being female sexual partners. The respondents were recruited on the basis of the quantitative survey. When men stated in this survey that they had sex with both men and women, the interviewer asked their permission to arrange a more in-depth interview at a later date, and asked if the team could contact one of the declared female partners for an interview.[13] These female partners were informed that the interview was part of a reproductive health study. The homosexual practices of the referent man were never mentioned. The interviews were carried out by the French anthropologist, Catherine Enel, co-author of this paper, in a location selected by the respondent. Eleven interviews were held with men in the health centres, in a private room that ensured full confidentiality, and one was held in the respondent's home. Four of the women's interviews were carried out in the health centre, one in a bar (which was empty at the time of the interview) and seven in the homes of MSM leaders (who were not present at the interviews).

The women interviewed were aged between 18 and 30. One was married, two were divorced, and the nine others were single. Their educational levels varied from "none" to "two years of higher education". One was still at school, one was a student in higher education, and two were in training. Three had a job (hairdresser, maid, shopkeeper) and the remaining five were inactive. The men interviewed were aged between 18 and 45,[14] nine were single, two divorced and one married. Two of them were students, six were in regular paid employment (health mediator, small shopkeeper, luggage handler, photographer, qualified apprentice) and one did occasional modelling work.[15]

In the next part of this article we will present the analysis of the bisexuality indicators provided by the ELIHoS study. They are used to construct a composite indicator that can be matched against various elements in the sexual and social life event histories of the men we interviewed. We will then compare these results, where possible, with data from other studies carried out in France and in sub-Saharan Africa.

(13) These are not necessarily "couples", and the men interviewed in the qualitative survey were not necessarily the partners of the women we interviewed.

(14) Information concerning age is missing for two individuals.

(15) Information concerning the occupation is missing for two individuals.

II. How can bisexuality be measured?

Bisexuality or MSMW (men who have sex with men and women) is not a uniform phenomenon with a clear definition. The fact of having had sexual relations with a person of the same sex during a given period (practices) does not necessarily imply that the individuals concerned will report being sexually attracted to persons of the same sex and vice-versa. Similarly, desire and practices are distinct from identity, i.e. the fact of defining oneself as a homosexual, bisexual or heterosexual (Bajos and Beltzer, 2008).

In an African context, the terms "homosexual" or "bisexual" are not necessarily appropriate for capturing sexual identities. In the literature on homosexuality in Senegal, sexual identity is classified into two broad types: the passive homosexual, identified by the term *ubbi* (also *ibbi*), who recognizes that he is homosexual, and the active partner who identifies himself by the term *yoos*, and who does not see himself as a homosexual. The men interviewed told us that *yoos* means "loose woman". During the anthropological interviews, men spontaneously used different terms of social identity to define themselves as men with homosexual practices. Some claimed to be "gay" or "*branché*" (trendy) while others used the term "MSM", with *ubbi* and *yoos* only being used in reply to a question about their specific roles in homosexual relations (Enel et al., 2009). The interviews revealed this absence of systematic links between practice and identity, already observed in other contexts, notably in Africa. In a study in Kampala, Uganda (Kajubi et al., 2008), 64% of the 224 male respondents reported being "gay" and 36% "bisexual", although 54% had had only male partners over the past five years, 13% mostly male partners but also women, 6% as many male as female partners, and 23% mostly female partners but also male ones. A total of 46% had therefore had at least one female partner in the past five years. The study by Lane et al. (2008) on 199 MSM in South Africa between 2004 and 2005 showed that 12% of the male respondents identified themselves as "bisexuals", while 25% reported having had sexual relations with a woman, and only 4% reported having a female partner at the time of the survey.

In the ELIHoS project, the quantitative questionnaire focused on high-risk sexual practices and consequently no questions were asked about desire or identity. The available indicators mainly concerned sexual partners, including those the respondent reported as "regular"[16] during the survey, and the concept of a couple. Table 1 shows these various indicators.

The numbers vary considerably according to the period over which bisexuality was measured; 88% of the men interviewed had had sexual relations

(16) Regular partners are therefore not defined according to a formal criterion of relationship duration or frequency of sexual relations. "Regular" means any sexual partner perceived as regular by the respondent. This definition may cover different forms of relationship, romantic or otherwise, for example.

Table 1. The different measures of bisexual practices in 2007

	Percentage	Number
Sexual partner(s) in a lifetime		
Man/men only	12.6	63
Man/men and woman/women	87.4	438
Sexual partner(s) over the year		
None	1.2	6
Man/men only	26.1	131
Woman/women only	1.2	6
Man/men and woman/women	71.5	358
Sexual partner(s) over the past month		
None	22.0	110
Man/men only	47.3	237
Woman/women only	9.0	45
Man/men and woman/women	21.8	109
Regular reported partner(s)		
No regular partner	18.2	91
Man/men only	29.1	146
Woman/women only	11.4	57
Man/men and woman/women	41.3	207
In a couple		
No	75.0	376
With a man	18.4	92
With a woman	6.6	33
Overall	**100.0**	**501**

Source: ELIHoS survey 2007.

with a man and with a woman in their lifetimes, and 72% in the year preceding the survey. A very small proportion (1%) reported only having had female sexual partners. However, in the month preceding the survey the proportion of respondents engaging in bisexual practices was quite different, with only 22% having sexual relations with both male and female partners. A further 22% reported having no sexual activity at all during this period, and among those who were sexually active, 39% reported at least one female partner, while 88% reported at least one male partner.

At the time of the survey, 53% reported having at least one regular female partner and four out of five also had at least one regular male partner. But only 53% of the men who reported having a regular female partner also claimed to have had sexual relations with a woman in the course of the month.(17)

(17) Whether sexual relations with the regular partner(s) or with other occasional partners (table not shown here).

In reply to the question "Are you in a couple?" 18% of respondents reported being in a couple with a man. This proportion was relatively stable with age (18% of the under-25 age group, 19% of the 25-29 age group, and 15% of those aged 30 and above). Only 33 men (7%) reported being in a couple with a woman and most of these were married (31 out of 33).[18] Indeed, although our sample contained 36 married men, they did not all report being in a couple with a woman, with 3 preferring to say they were in a couple with a man and 2 claiming not to be in a couple at all. The proportion of men in a couple with a woman increased sharply with age (1% before age 25, 6% at ages 25-29 and 22% at age 30 and over), and especially above age 30, the age at which social and family pressure to marry is the strongest.

This first comparison of the various types of indicators shows that bisexuality is a multiform phenomenon, difficult to grasp using a single measure. Analysis of the in-depth individual interviews confirmed and increased this complexity by revealing that the women declared as "female partners" in the quantitative questionnaire were not necessarily sexual partners (Enel et al., 2009). The male respondents may describe as female partners some women with whom they have friendly or fraternal relations without any sexual relationship,[19] such as a *jigéen* (sister), an older woman with a "protective" role, or a "lesbian" friend, etc. Furthermore, wives are not necessarily perceived as female partners since their status as mothers commands respect. Prostitutes are also sexual partners who are not reported as female partners when the relationship is of a transactional nature. However, certain men also have non-transactional, friendly or sexual relationships with prostitutes, and may report them as female partners.

Because certain reported female partners are not sexual partners, the level of bisexual activity measured in the quantitative survey may be overestimated. However, this bias was minimized by drawing the interviewers' attention to the matter and by matching the sexual partners' reports against the detailed questions on sexual practices, which enabled us to correct a few discrepancies.

Despite these limitations, the rates observed remain very high, especially for a survey using convenience sampling that tends, at least in Western countries, to favour recruitment of exclusive homosexuals (Table 2). In Europe and the United States, the surveys carried out on representative samples of the population as a whole show that the vast majority of men who have had sexual relations with another man at least once in their life have also had sex with a woman. However, this proportion of bisexuals drops to a minority when measuring over the past year (except in the 1992 ACSF Survey in France). More detailed research on changes in the mode of sexual activity over a lifetime (Messiah

(18) The question was "What is your marital status?" without distinguishing between civil, religious and/or customary marriage.

(19) For a detailed description of the Wolof terms used to describe these different relationships, see the article by Enel et al. (2009).

Table 2. Proportions of bisexuals among MSM in various surveys

Country	Year	Sampling	Percentage of bisexuals				Source
			In a lifetime	Over the past 5 years	Over the past year	Over the past 6 months	
Botswana	2008	Snowball	– [a]	–	–	44	(Baral et al., 2009)
Cameroon	2008	Snowball	–	–	–	49	(Henry et al., 2009)
Malawi	2008	Snowball	–	–	–	63	(Baral et al., 2009)
Namibia	2008	Snowball	–	–	–	51	(Baral et al., 2009)
Nigeria	2006	Word of mouth	86	80	65	44	(Allman et al., 2007)
Uganda	2004	Respondent-driven sampling	73	46	–	–	(Kajubi et al., 2008)
Senegal	2004	Snowball	94	–	74	–	(Wade et al., 2005)
Senegal	2007	Snowball	87	–	72	–	ELIHoS
Canada	1995	Gay clubs and bars, etc., press	58	–	15	–	(Weber et al., 2001)
Denmark	2006	Gay clubs and bars, etc., press	–	–	12	–	(Cowan and Haff, 2008)
France	1991	Gay press	–	–	–	21	(Pollak and Schiltz, 1994)
France	1992	Students Ile-de-France [b]	70	–	–	–	(Faure-Limouza, 1995)
France	1995	Gay press	–	–	9	–	(Schiltz, 1997)
France	2004	Gay press, special interest websites	40–50	–	8	–	(Velter, 2007)
Belgium	1993	Representative	85	–	35	–	(Sandfort, 1998)
France (ACSF) [c]	1992	Representative	97	78	64	–	(Messiah and Mouret-Fourme, 1993)
France (CSF) [d]	2006	Representative	90	–	20	–	(Bajos and Beltzer, 2008)
Netherlands	1989	Representative	64	–	29	–	(Sandfort, 1998)
United States	1989-1990	Representative	86	–	25	–	(Rogers and Turner, 1991)
United States	1992	Representative	95	52	25	–	(Laumann et al., 1994)

[a] Data unavailable.
[b] 90% of the students interviewed were aged between 19 and 24.
[c] Analyse des comportements sexuels en France (Analysis of sexual behaviour in France).
[d] Contexte de la sexualité en France (Context of sexuality in France).

and Mouret-Fourme, 1993) highlights a two-fold phenomenon. On the one hand, improved social acceptance of homosexuality makes exclusive homosexuality easier. On the other, "temporary" bisexuality appears to be more frequent at the beginning of people's sexual lives, before individuals turn to either exclusive homosexuality or heterosexuality (Messiah and Mouret-Fourme, 1993; Pollak and Schiltz, 1987 and 1994).

In the African context, the pressure to marry and have children combined with the strong social disapproval of homosexuality, may partly explain the high rate of bisexuality "over the past year" among MSM. In Table 2, the bisexuality rate measured in Senegal is higher than that observed in the other African countries. This discrepancy may be due as much to differences in the recruitment of respondents as to any Senegalese specificity. While the proportion of bisexuals "over the past year" remained stable between 2004 and 2007, the share of exclusive homosexuals "over a lifetime" rose from 6% to 13%. That factor, as well as the increase[20] from 11% to 41% ($p < 0.01$) in memberships of special interest organizations between the two surveys, may suggest that a homosexual community is "developing" in Senegal.

Because of its frequency (more than two-thirds of men), the issue of bisexuality is central to Senegalese MSM. Several researchers have already remarked on the limitations of a binary "homosexual" / "bisexual" categorization (Godelier, 2008). It is therefore important to build a more fine-tuned indicator to express the respondents' current mode of sexual activity.

III. Expressing the diversity of homosexualities and bisexualities

The sex of sexual partners over a lifetime does not reflect the current situation of individuals. The fact of already having had sexual relations with a woman did not necessarily imply that the individual was still actively bisexual at the time of the survey. In this survey we did not have detailed life event history data that would have allowed us to retrace the respondents' various sexual and romantic trajectories. Nor did sexuality over the past month reflect the respondents' current situation. The period was too short to give an accurate picture of all sexual partners, as illustrated by the fact that 22% of respondents reported no sexual intercourse at all over the period. It would therefore be more appropriate to use the sex of reported partners over the year to categorize the current mode of sexual activity.

When the qualitative interviews was analysed (Enel et al., 2009), the question of romantic attachment to a man or a woman emerged as the main differentiating factor in understanding the respondents' relational dynamics. When love is felt for another man, relations between the two men are almost exclusive and involve few other male partners. Relations with women are

(20) Several such organizations were set up between 2004 and 2007.

limited to the wife, fiancée, or betrothed even if the individual has occasional sexual relations with other types of female partners, notably when he feels that he is required to demonstrate his heterosexual "normality" and his "masculinity", or when taking part in "*folies*".[21] Men of this type, who mainly self-identify themselves as "gay" or "*branché*", view marriage of convenience as a necessity, either to conceal their homosexuality – which often provokes strong feelings of guilt with regard to religion or the family – or else to put an end to family pressures to marry.

However, when the romantic attachment is for a woman, sexual relations with other men are more likely to be marked by multi-partnerships involving a variety of practices in a search for maximum sexual pleasure, and/or transactional relations. Such men view heterosexual marriage, even a love marriage, as a way of escaping their homosexual practices which are a source of shame and dissatisfaction. This form of bisexuality is usually associated with a large number of multi-partnerships involving partners of both sexes, often simultaneously.

The quantitative survey did not provide data about sexual identity, desire, or the respondents' conception of their love lives since the questionnaire focused on sexual behaviour. However, we can use two indirect variables that are correlated with these notions. First, we knew if the individuals considered themselves to be in a couple with a man, with a woman or not in a couple. We also knew if they reported male or female partners to be "regular". The fact of reporting regular partners did not imply the absence of other sexual partners.

We selected five variables:

- In a couple (no / yes with a man / yes with a woman)
- Had sexual relations with a man at least one in the year (yes / no)
- Had sexual relations with a woman at least one in the year (yes / no)
- Reported at least one regular male partner at the time of the survey (yes / no)
- Reported at least one regular female partner at the time of the survey (yes / no)

There are 14 combinations of these five variables. The details and the number of men in each are shown in Table 3.

The dots in Figure 1 provide a visual representation of these 14 combinations in the factor plane formed by the two first axes of the multiple correspondence analysis (MCA) performed with these five variables. The horizontal axis of the factor plane represents sexual activity with women while the vertical axis represents sexual activity with men.

(21) This is a kind of erotic orgy, generally without penetration, and in which women may take part, unlike what MSM call a "*partouze*", which only concerns men (Enel et al., 2009).

Table 3. Modes of current sexual activity

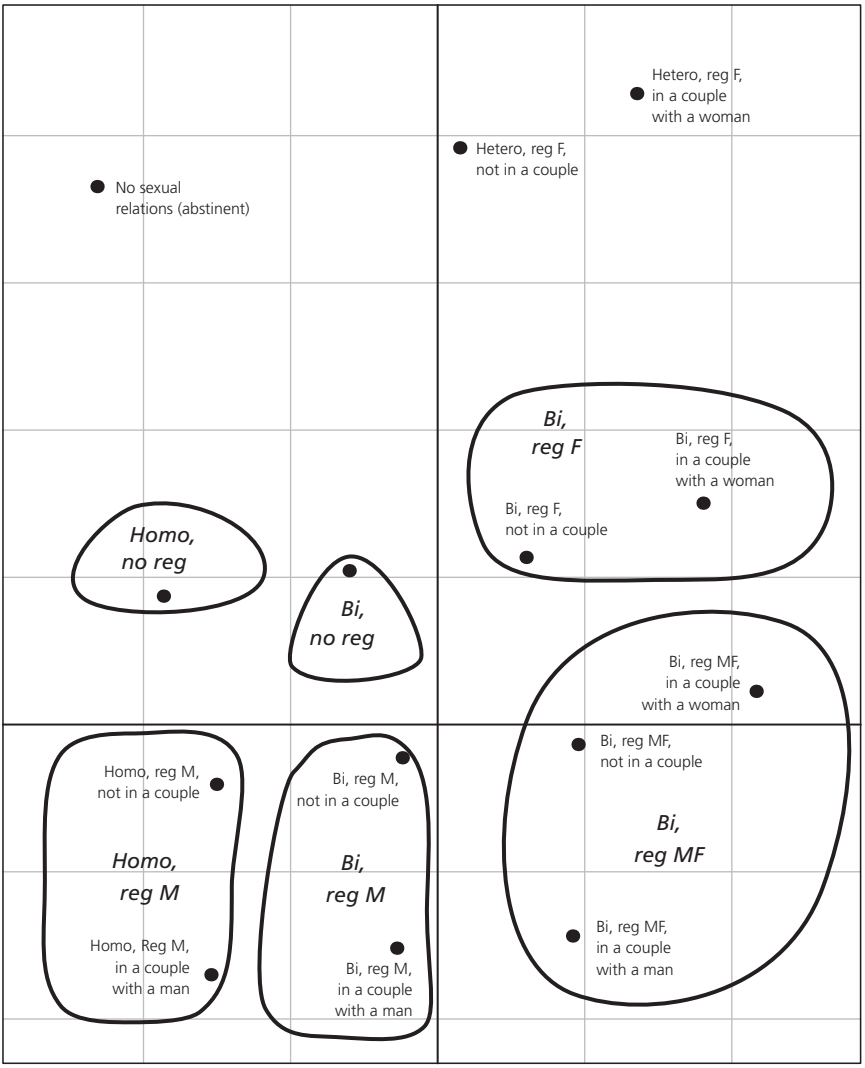
Modes of current sexual activity	Reports being in a couple	Reports regular partner(s)	Sexual partner(s) over the year	Number
Homo, no reg	–	–	♂	**35**
Homo, reg M				**96**
Homo, reg M, not in a couple	–	♂	♂	66
Homo, reg M, in a couple with a man	♂	♂	♂	30
Bi, reg M				**50**
Bi, reg M, not in a couple	–	♂	♂♀	26
Bi, reg M, in a couple with a man	♂	♂	♂♀	24
Bi, reg MF				**207**
Bi, reg MF, not in a couple	–	♂♀	♂♀	145
Bi, reg MF, in a couple with a woman	♀	♂♀	♂♀	24
Bi, reg MF, in a couple with a man	♂	♂♀	♂♀	38
Bi, no reg	–	–	♂♀	**50**
Bi, reg F				**51**
Bi, reg F, not in a couple	–	♀	♂♀	45
Bi, reg F, in a couple with a woman	♀	♀	♂♀	6
Hetero, reg F, not in a couple	–	♀	♀	3
Hetero, reg F, in a couple with a woman	♀	♀	♀	3
No sexual relations (abstinent)	–	–	–	6
Overall				**501**

Homo: exclusively homosexual over the year.
Bi: bisexual over the year.
Hetero: exclusively heterosexual over the year.
Reg M: reported one or several regular exclusively male partners at the time of the survey.
Reg F: reported one or several regular exclusively female partners at the time of the survey.
Reg MF: reported regular partners of both sexes at the time of the survey.
No reg: reported no regular partner at the time of the survey.
♂ : Man/men; ♀ : Woman/women; ♂♀ : Man/men and woman/women; – : Neither men nor women.
Source: ELIHoS survey 2007.

The "couple" variable is not very discriminating, notably because three quarters of the sample did not report being in a couple. We therefore decided to group individuals into six categories based on the sex of their sexual partners over the year and their regular partners. For reasons of simplicity, we named these six categories using the terms "Homo" and "Bi" to designate homosexuals and bisexuals in the year, and the terms "reg M", "reg F", "reg MF" and "no reg" to designate the sex of regular partners reported by the respondents.

Six individuals had had no sexual intercourse in the past 12 months and six others only had female sexual partners. Being so few in number, these 12 individuals were excluded from the analyses below.

Figure 1. Representation of current modes of sexual activity in the factor plane (two first axes)



Source: ELIHoS survey 2007.

IV. Partners, practices, risks, HIV/STI and exposure to violence by mode of sexual activity

Is this typology of current modes of sexual activity relevant to our understanding of the sexuality of MSM in Senegal? Do these various modes have distinct sociodemographic profiles? Although the typology refers to the

individual's current situation, is this situation marked by a specific first sexual experience? From a public health point of view, it is necessary to determine whether the current mode of sexual activity has an impact on the individual's vulnerability to HIV and STI, be it in terms of behaviour, of practice and/or of exposure. In a context of considerable social stigmatization, it is also important to identify the persons most likely to be the victims of violence in order to reduce their exposure to risk.

Sociodemographic characteristics

The sociodemographic profiles of the various groups are similar (Table 4). No difference is statistically significant, with the exception of marital status and the fact of having one or more children. Indeed, most married men and fathers were "Bi, reg MF" or "Bi, reg F", in other words, men who reported having at least one regular female partner. Slightly more of the "Bi, reg F" group lived with their family.

The "Bi, reg M" and "Homo, reg M" categories were slightly younger and more likely to be members of an MSM organization. The younger age explains the slightly larger proportion of students in these two categories. However, there is no great difference in educational levels, unlike in France where exclusive homosexuals over the year had higher educational levels than bisexuals[22] (Messiah and Mouret-Fourme, 1993), or in Uganda, where 34% of the men defining themselves as "gay" had a higher level of education than the 11% who identified themselves as "bisexual" (Kajubi et al., 2008).[23]

First sexual intercourse

Using French data from 1992 (ACSF Survey), Messiah and Mouret-Fourme (1993) showed that most of the individuals who were bisexual over a lifetime but exclusively homosexual for more than a year had their first sexual intercourse with a man (62%), whereas most of the bisexual individuals over the year had their first sexual intercourse with a woman (77%). Although statistically insignificant, we found similar results regarding the type of first sexual intercourse in Senegal (Table 5). Only a half of the "Homo, reg M" group had already had sexual intercourse with a woman, and their first sexual experience was, for the majority, with a man, whereas the reverse was true for the "Bi, reg F". The other current modes of sexual activity were in intermediate positions.

The Uganda study (Kajubi et al., 2008) found similar results concerning the type of first sexual intercourse, with 49% of the men who described

(22) Some 68% of exlusive homosexuals over the year had completed upper secondary school at least, compared with 53% of bisexuals.

(23) In the same survey, there was little difference between the "gays" and "bisexuals" with regard to age and religion, while 12% of bisexuals were married, compared with 2% of gays.

Table 4. Sociodemographic characteristics of MSM by current mode of sexual activity

Sociodemographic characteristics	Homo, no reg	Homo, reg M	Bi, reg M	Bi, reg MF	Bi, no reg	Bi, reg F	Overall
Survey location+							
Dakar	71.4	63.5	68.0	59.9	58.0	54.9	61.6
Saint-Louis	0.0	14.6	20.0	21.7	20.0	23.5	18.6
Mbour / Thiès	28.6	21.9	12.0	18.4	22.0	21.6	19.8
Age group+							
18-19	17.1	18.8	22.0	21.3	12.0	21.6	19.6
20-24	48.6	44.8	44.0	34.3	42.0	29.4	38.7
25-29	20.0	27.1	24.0	21.3	24.0	19.6	22.7
30-34	8.6	8.3	4.0	15.9	14.0	23.5	13.3
35+	5.7	1.0	6.0	7.2	8.0	5.9	5.7
Educational level+							
None	11.4	15.6	14.0	13.0	20.0	11.8	14.1
Primary school	45.7	42.7	38.0	40.1	34.0	33.3	39.5
Secondary school	31.4	34.4	42.0	42.5	32.0	47.1	39.5
Higher education	11.4	7.3	6.0	4.3	14.0	7.8	7.0
Activity status+							
Inactive	11.4	3.1	4.0	0.8	8.0	7.8	5.5
Student / apprentice	25.7	28.1	30.0	23.7	26.0	25.5	25.8
Fashion / arts / tourism / dressmaking	22.9	30.2	26.0	20.3	24.0	7.8	22.1
Manual worker / shopkeeper / intermediate occupation	40.0	38.5	40.0	51.2	42.0	58.8	46.6
Lives with family+	91.4	88.5	82.0	92.3	82.0	96.1	89.8
Marital status ***							
Single	100.0	97.9	100.0	86.0	98.0	88.2	92.2
Married	0.0	0.0	0.0	12.6	2.0	11.8	6.7
Divorced	0.0	2.1	0.0	1.4	0.0	0.0	1.0
Has one child or more***	0.0	4.2	8.0	21.3	4.0	21.6	13.3
Member of an MSM organization+	37.1	47.9	46.0	43.0	28.0	35.3	41.5
Has taken part in specific MSM preventative action+	60.0	64.6	62.0	60.4	50.0	45.1	58.7
Took part in the 2004 survey+	31.4	34.4	34.0	38.6	36.0	21.6	34.8
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**35**	**96**	**50**	**207**	**50**	**51**	**489**

Chi-square test: + $p > 0.05$; * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$.
Source: ELIHoS survey 2007.

Table 5. Type of first intercourse by current mode of sexual activity (among bisexuals over a lifetime)

Type of first sexual intercourse	Homo, no reg	Homo, reg M	Bi, reg M	Bi, reg MF	Bi, no reg	Bi, reg F	Overall
First intercourse with a man	26.3	52.0	36.0	36.4	30.0	27.5	35.9
At same age with both sexes[(a)]	26.3	8.0	14.0	14.1	20.0	11.8	14.3
First intercourse with a woman	47.4	40.0	50.0	49.5	50.0	60.8	49.8
Overall	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Number	**19**	**50**	**50**	**206**	**50**	**51**	**426**

Chi-square test: p = 0.252.
[(a)] First intercourse is determined by comparing the age at first intercourse with a man and the age at first intercourse with a woman. If the two occurred at the same age, we are unable to determine the type of first intercourse.
Note: 47% of the "Homo, reg M" group and 46% of the "Homo, no reg" group had never had sexual intercourse with a woman and were not included in this table.
Source: ELIHoS survey 2007.

themselves as "gay" having had their first sexual experience with a man, compared with only 9% of "bisexuals".

Overall, the mean age at first sexual intercourse with a man or a woman was the same (17 years, Table 6). The age at first intercourse with a woman did not differ according to the current mode of sexual activity, as was observed in France. However, the age at first intercourse with a man differed slightly between bisexuals and homosexuals, with the latter having an earlier sexual debut. In France, in 1992, the reverse tendency was observed (Messiah and Mouret-Fourme, 1993).

Sexual partners

As expected, the number of male sexual partners in a lifetime differs according to the current mode of sexual activity (Table 7), the "Homo, reg M", "Bi, reg M" and "Homo, no reg" groups having on average more than twice as many partners in their lifetimes as the "Bi, reg F" group.

Only half the exclusive homosexuals in the past year had had sexual intercourse with a woman in their lifetimes. Like the "Bi, reg F" group, they had had half as many female partners on average.

Quite logically, the frequency of sexual intercourse, whether with men or women, was correlated to the fact of having one or several regular partners of that sex (Table 8). Thus more respondents from the "Bi, reg MF", "Bi, reg M" and "Homo, reg M" groups had had at least one male sexual partner over the month, and had more frequent intercourse on average.

Table 6. Age at first intercourse by current mode of sexual activity

Age at first sexual intercourse	Homo, no reg	Homo, reg M	Bi, reg M	Bi, reg MF	Bi, no reg	Bi, reg F	Overall
First sexual intercourse with a man ***							
Mean	14.9	15.6	17.3	17.1	17.4	18.6	16.9
Median	15.3	16.0	17.6	17.3	17.2	17.9	17.1
Minimum – Maximum	5–22	7–30	7–26	5–31	10–30	7–34	5–34
Standard deviation	4.7	4.1	3.8	4.9	3.4	5.5	4.6
Number	**35**	**96**	**50**	**207**	**50**	**51**	**489**
Already had sexual relations with a woman in lifetime							
Percentage	54	53	100	100	100	100	88
Number	**35**	**96**	**50**	**207**	**50**	**51**	**489**
First sexual intercourse with a woman (bisexuals in lifetime only)+							
Mean	15.0	16.4	17.2	16.4	17.2	17.3	16.6
Median	14.8	16.5	17.6	16.8	17.2	16.6	16.9
Minimum – Maximum	20–20	6–27	10–23	5–32	10–27	6–34	5–34
Standard deviation	3.6	4.1	3.0	4.1	3.4	4.8	4.0
Number	**19**	**50**	**50**	**206**	**50**	**51**	**426**

One-way ANOVA (comparison of means): + $p > 0.05$; * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$.
Source: ELIHoS survey 2007.

Table 7. Sexual partners in a lifetime by current mode of sexual activity

Sexual partners in a lifetime	Homo, no reg	Homo, reg M	Bi, reg M	Bi, reg MF	Bi, no reg	Bi, reg F	Overall
Number of male partners (p = 0.076)							
Mean	14.1	15.4	13.9	11.2	9.7	6.6	11.9
Median	6.7	7.4	4.9	5.3	6.0	3.0	5.5
Minimum – Maximum	1–100	1–120	1–100	1–110	1–60	1–50	1–120
Standard deviation	22.4	21.5	21.5	18.1	10.5	9.2	18.3
Number	**35**	**96**	**50**	**207**	**50**	**51**	**489**
Already had sexual relations with a woman in lifetime							
Percentage	54	53	100	100	100	100	88
Number	**35**	**96**	**50**	**207**	**50**	**51**	**489**
Number of female partners (bisexuals in a lifetime) (p = 0.001)							
Mean	2.4	2.0	3.2	7.1	5.6	5.5	5.5
Median	1.7	1.6	2.4	4.2	3.8	3.5	3.1
Minimum – Maximum	1–10	1–10	1–15	1–100	1–50	1–30	1–10
Standard deviation	2.2	1.9	3.1	11.2	7.4	6.1	8.8
Number	**19**	**51**	**50**	**207**	**50**	**51**	**428**

p: One-way ANOVA (comparison of means).
Source: ELIHoS survey 2007.

Table 8. Sexual partners in the past month and frequency of intercourse by current mode of sexual activity

Sexual activity over the past month	Homo, no reg	Homo, reg M	Bi, reg M	Bi, reg MF	Bi, no reg	Bi, reg F	Overall
Sexual partners (%)[1]							
No sexual partner	54.3	27.1	14.0	9.7	34.0	27.5	21.1
Only a woman/women (a)	0.0	0.0	0.0	9.2	6.0	35.3	8.2
Only a man/or men (b)	45.7	62.9	76.0	39.1	48.0	15.7	48.5
Man/men and woman/ women (c)	0.0	10.0	10.0	42.0	12.0	21.6	22.3
With a woman (a + c)	0.0	10.0	10.0	51.2	18.0	56.9	30.5
With a man (b + c)	45.7	72.9	86.0	81.2	60.0	37.3	70.8
Mean number of sexual partners							
Women	0.0	0.0	0.1	0.8	0.2	1.0	0.5
Men	1.1	1.8	1.7	1.5	1.0	0.5	1.4
Mean number of sexual acts							
With a woman	0.0	0.0	0.1	1.6	0.4	2.1	1.0
With a man	1.2	2.9	2.7	2.5	1.4	0.5	2.2
Number	**35**	**96**	**50**	**207**	**50**	**51**	**489**

[1] Chi-square: $p < 0.001$
Source: ELIHoS survey 2007.

Sexual practices over the past month and condom use

Almost all the respondents who had had sexual intercourse over the past month reported practicing anal intercourse (Table 9). That does not necessarily signify that anal penetration is systematic in homosexual relations, but stems from the fact that respondents did not usually count non-penetrative sexual acts as sexual intercourse. This was also observed in the qualitative interviews (Enel et al., 2009) and is not specific to Senegal (Andro and Bajos, 2008).

The type of anal penetration (insertive or receptive) differs significantly according to the current mode of sexual activity. Receptive penetration predominates among the "Homo, no reg", "Homo, reg M" and "Bi, reg M" groups, whereas insertive penetration is most frequent among the "Bi, reg F" and "Bi, reg MF" groups, with a more marked contrast among the "Bi, reg F".

While the practice of oral-penile sex did not differ significantly from a statistical point of view, we did observe the same tendency, namely that it was more often given by the "Homo, no reg", "Homo, reg M" and "Bi, reg M" groups and more often received by the "Bi, reg MF" group, and especially the "Bi, reg F" one.

It therefore appears that the "Homo, no reg", "Homo, reg M", and "Bi, reg M" groups are more disposed to sexual practices that are socially associated with a "feminine and homosexual" role, while the "Bi, reg F" tend to engage

in practices associated with a "male and heterosexual" role. The "Bi, reg MF" and "Bi, no reg" are in an intermediate situation. This is only a tendency however, since the various practices were observed in all categories.

Table 9. Sexual practices with a man in the past month by current mode of sexual activity (for 100 men with at least one male partner in the month)

Sexual practices with a man in the past month	Homo, no reg	Homo, reg M	Bi, reg M	Bi, reg MF	Bi, no reg	Bi, reg F	Overall
Insertive anal penetration***	37.5	37.1	53.5	66.1	50.0	78.9	56.6
Receptive anal penetration***	81.3	82.9	67.4	45.2	60.0	21.1	57.2
Anal penetration (nt)[(a)]	100.0	100.0	100.0	97.6	96.7	100.0	98.6
Active oral-penile sex*	50.0	44.3	46.5	32.1	26.7	15.8	35.8
Passive oral-penile sex+	25.0	42.9	39.5	43.5	43.3	42.1	41.9
Oral-penile sex+ [(a)]	62.5	64.3	60.5	54.8	46.7	52.6	56.9
Active oral-anal sex (nt)	6.3	15.7	2.3	4.8	6.7	0.0	6.6
Passive oral-anal sex (nt)	12.5	21.4	7.0	12.5	3.3	5.3	12.4
Oral-anal sex*[(a)]	18.8	28.6	7.0	15.5	10.0	5.3	16.2
Masturbation+	37.5	27.1	30.2	23.8	33.3	36.8	28.0
Partouze (nt)	6.3	8.6	7.0	8.3	6.7	0.0	7.5
Sex for money (money given) (nt)	0.0	10.0	4.7	9.5	3.3	0.0	7.5
Sex for money+ (money received)	31.3	41.4	39.5	41.1	30.0	21.1	38.4
Number	**16**	**70**	**43**	**168**	**30**	**19**	**346**

Chi-square test: + $p > 0.05$; * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$.
[(a)] These figures are not the sum of the two previous ones because multiple answers were possible.
(nt): not tested (theoretical numbers too small).
Source: ELIHoS survey 2007.

Table 10. Sexual practices with a woman in the past month (for 100 men with at least one female partner in the month) by current mode of sexual activity

Sexual practices with a woman in the past month	Bi, reg M	Bi, reg MF	Bi, no reg	Bi, reg F	Overall
Vaginal penetration (nt)	100.0	98.1	100.0	100.0	98.7
Sex for money (money given) (nt)	60.0	13.2	22.2	6.9	14.1
Sex for money (money received) (nt)	0.0	3.8	0.0	0.0	2.7
Number	**5**	**106**	**9**	**29**	**149**

Chi-square test: + $p > 0.05$; * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$.
(nt): not tested (theoretical numbers too small).
Source: ELIHoS survey 2007.

The numbers were insufficient to reveal possible differences between heterosexual practices over the month (Table 10). Almost all respondents reported vaginal penetration.

Sex for money is less frequent with women than with men. Only four men reported having received money in exchange for heterosexual sex whereas almost 40% did so for homosexual sex. These monetary exchanges associated with sexual relations may refer to different realities. While they may correspond to a prostitutional relationship, the exchange of "gifts", which may take the form of cash, can also occur in stable love relationships (Antoine and Nanitelamio, 1990; Thiriat, 1999).

Table 11. High-risk anal intercourse with a man in the past month by current mode of sexual activity

High-risk anal intercourse with a man in the past month	Homo, no reg	Homo, reg M	Bi, reg M	Bi, reg MF	Bi, no reg	Bi, reg F	Overall
Percentage	11.4	22.9	22.0	18.8	10.0	7.8	17.4
Number	35	96	50	207	50	51	489

Chi-square test: p = 0.106.
Note: The men who had had high-risk anal intercourse in the past month were those who reported at least one act of anal intercourse without systematically using a condom for this practice.
Source: ELIHoS survey 2007.

For each sexual practice reported over the past month, respondents were asked if they had "systematically", "often", "occasionally" or "never" used a condom. The detailed results per current mode of sexual activity are presented in the Appendix (Tables A.1 and A.2). The systematic use of a condom, for the same practice, does not vary significantly by current mode of sexual activity.

However, since the frequency of intercourse with a man does differ from one mode of sexual activity to another (Table 8), the proportion of men having had high-risk anal intercourse in the past month (Table 11) was significantly higher among those who had a regular male partner (18%-23% versus 7%-11%). Thus the "Homo, reg M", the "Bi, reg M" and the " Bi, reg MF" have more high-risk sexual relations with men than the others.

Overall, condoms were more frequently used in anal penetration with a man than in vaginal penetration with a woman (75% versus 62%) and oral-penile sex with a man was rarely protected (13%). In a study on bisexual men in France, R. Mendès-Leite and C. Deschamps (1997) showed that the management and perception of risk varied according to the partner's gender, and that disparities were greater for regular partners than for occasional ones. In a survey in Uganda (Kajubi et al., 2008), 26% of the men who defined themselves as "gay" had had unprotected anal intercourse over the past six months, compared with 14% of those who defined themselves as "bisexual".

Prevalence of HIV and various sexually transmitted infections

Numbers were insufficient to highlight any differences for gonorrhoea, chlamydia or syphilis (Table 12). The prevalence of genital herpes (HSV-2) was the same (approximately 20%) for the various modes of sexual activity.

Table 12. Prevalence of HIV and various STIs by current mode of sexual activity

Sexually transmitted infections	Homo, no reg	Homo, reg M	Bi, reg M	Bi, reg MF	Bi, no reg	Bi, reg F	Overall
HIV*	40.0	25.0	18.0	20.4	26.0	9.8	21.9
Gonorrhoea+	0.0	4.2	4.0	1.9	0.0	3.9	2.5
Chlamydia+	0.0	2.1	4.0	4.4	4.0	2.0	3.3
Genital herpes (HSV 2)+	20.0	20.8	16.0	20.9	22.0	19.6	20.3
Syphilis+	2.9	4.2	4.0	4.9	0.0	0.0	3.5
Number	**35**	**96**	**50**	**206**[(a)]	**50**	**51**	**488**

Chi-square test: + $p > 0.05$; * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$.
[(a)] Results are missing for one person.
Source: ELIHoS survey 2007.

However, the prevalence of HIV was significantly lower among respondents belonging to the "Bi, reg F" group (10%) who had had fewer sexual relations with men, whether in the past month (Table 8) or in a lifetime (Table 7). Furthermore, the majority practiced insertive, rather than receptive, anal penetration (Table 9), and the probability of HIV transmission per act for insertive anal penetration is between 4 and 25 times lower than for receptive anal penetration.[(24)] In a study conducted in Malawi, Namibia and Botswana, Baral et al. (2009) showed that defining oneself as "homosexual" or "bisexual" is associated with a greater risk of being HIV-positive ($p = 0.06$) than for men who define themselves as "heterosexual".

After controlling for age group, survey location and number of male partners over a lifetime (Appendix A.3), the "Bi, reg F" still had a lesser risk of being infected by HIV. The "Homo, no reg" group, however, had a greater risk. Although at the time of the survey they had less frequent sexual intercourse with a man (Table 8), they had as many sexual partners over a lifetime on average as the "Homo, reg M" or the "Bi, reg MF" groups (Table 7) and they practiced receptive anal penetration as often as the latter (Table 9). Further studies taking into account respondents' entire sexual life histories would be required to identify the factors behind this higher prevalence of HIV.

(24) According to Vittinghoff et al. (1999), the probability of HIV transmission per act for insertive anal intercourse is 0.06%, whereas this probability increases to 0.82% for receptive anal penetration when the partner is known to be HIV positive, and 0.24% when partners with unknown serological status are taken into account.

Exposure to violence

Against a background of stigmatization and criminalization of homosexuality, as is the case in Senegal, the modes of sexual activity we have defined do not appear to be associated with different levels of exposure to homophobic violence (Table 13).

Table 13. Violence sustained by current mode of sexual activity (%)

Type of violence sustained	Homo, no reg	Homo, reg M	Bi, reg M	Bi, reg MF	Bi, no reg	Bi, reg F	Overall
Violence at first sexual intercourse							
First intercourse with a man was forced+	11.4	14.6	8.0	7.7	4.0	15.7	9.8
First intercourse with a woman was forced+	0.0[a]	2.0[a]	0.0	2.4	0.0	0.0	1.4[b]
Violence in a lifetime							
Forced sexual act(s)+	34.3	35.4	38.0	34.8	28.0	27.5	33.7
Physical homophobic attack(s)+	25.7	18.8	14.0	15.0	16.0	13.7	16.4
Number	35	96	50	207	50	51	489

Chi-square test: + $p > 0.05$; * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$.
[a]: Calculated on the 51 "Homo, reg M" and the 19 "Homo, no reg" groups having had at least one sexual relation with a woman.
[b]: Calculated on the 428 men who had had sexual intercourse with a woman at least once.
Source: ELIHoS survey 2007.

The violence reported in a lifetime, whether forced sexual acts or physical attacks of a homophobic nature, does not differ significantly, possibly due to insufficient numbers. Nevertheless, there tend to be fewer victims of forced sexual intercourse in a lifetime among the "Bi, reg F" and " Bi, no reg" groups. In the Ugandan study (Kajubi et al., 2008), the experience of violence or forced sexual acts did not differ according to the respondents' identity ("gay" or "bisexual").

In Senegal, the differences observed in homophobic aggression were more related to membership of an MSM organization, since 25.4% of members of such organizations were victims of aggression compared with 10.1% of non-members ($p < 0.001$, exact Fisher test). Among members of MSM organizations, the "Homo, reg M" and "Homo, no reg" groups were the most exposed to violence, and especially the exclusive homosexuals over a lifetime (45.0% versus 23.2%, $p = 0.036$; Table not shown here). Among the MSM who were not members of such an organization, the "Homo, no reg" were the most exposed to violence[25] (22.7%), with the "Bi, reg F" reporting few attacks

(25) Table not reproduced here. Chi-square test non-significant ($p = 0.257$).

(3.0%), while the proportions ranged between 8% and 14% in the other four categories.

Although we do not have the necessary elements to explain this, it is probable that the men most exposed to violence are those with the greatest risk of being "identified" as homosexuals, whether by their clothing, gestures, and/or their militant commitment.

Discussion-Conclusion

Bisexuality in sub-Saharan Africa is very different from that observed in Western countries. In the West, a majority of individuals who have experimented with same-sex sexual relations, have also, in the course of their lifetimes, had sexual relations with a person of the opposite sex. It would seem that after a period of "temporary bisexuality", most settle into exclusive homosexuality or exclusive heterosexuality. This leaves a "bisexuality over the year" rate of between only 20%-35% among MSM.[26] This does not imply that bisexuals over the year form a homogenous group, since they include individuals in a sexual experimentation phase (temporary bisexuality), persons living a "double life" because they cannot or will not come to terms with exclusive homosexuality, or men and women who are attracted to both sexes and want to enjoy a bisexual lifestyle. Lastly, measuring bisexuality over the year may conceal a form of "sequential bisexuality" corresponding to individuals who successively have relations with a man and a woman.

In the African context, exclusive homosexuality over the year is far rarer. In Senegal, it concerns just under one quarter of the men interviewed, despite the use of convenience sampling that would tend to over-represent exclusive homosexuals. This may be explained in part by the high prevalence of "permanent bisexuality" among MSM, in a context where homosexuality is condemned by law, where there is considerable social discrimination against homosexuality, strong social and religious pressures to marry and have children, and only embryonic special interest organizations.

However we observe that the African situation is changing. Anthropological studies on homosexuality have been carried out for decades, but have been relatively discrete. The issue of male homosexuality[27] in Africa was only recently placed on the international agenda in the context of the fight against AIDS. The issue of African MSM arose during the 2004 International AIDS Conference in Bangkok, and was developed further at the Mexico Conference in August 2008 (Broqua, 2008) and at the African conference (CISMA) in Dakar in December 2008. Although associations dearly identified as MSM or

(26) With the exception of the 1992 ACSF Survey in France, where the proportion of bisexuals over the year among MSM reached 64% (Messiah and Mouret-Fourme, 1993, p. 1357). If we refer to the numbers in the following tables (reproduced in Schiltz, 1997), the proportion falls to 55%.

(27) Female homosexuality is still largely ignored.

presented as human rights organizations have existed for years, a francophone network of associations called Africagay[28] was not formed until 2007. In Senegal, several organizations were set up between 2004 and 2007.[29] The proportion of respondents who were members of an MSM organization rose from 11% in 2004 to 41% in 2007. A dozen such organizations were mentioned. The Senegalese government, via the AIDS/STI Division, has established specific action programmes and launched a number of preventive campaigns. Our study therefore took place against a rapidly changing backdrop, marked by a gradual increase in the visibility of homosexual practices and identities in Africa and in Senegal, often in the context of the fight against AIDS. Furthermore, we note that the proportion of men who reported themselves as exclusively homosexual over a lifetime rose from 6% to 13% between 2004 and 2007. Although these men are still a minority in Senegal, the proportion doubled in the space of three years.

Nevertheless, the majority of the men interviewed in both MSM surveys (2004 and 2007) reported having had sexual relations with both men and women in the year prior to the survey. From a public health perspective, especially for the prevention of HIV and STIs, it is important to take into account the diversity of individuals' trajectories, practices and relations in order to suggest appropriate preventive strategies. Most of the epidemiological studies on homosexual and bisexual men, especially in the field of HIV/AIDS, have focused on their sexual practices with other men, and consequently ignored the heterosexual practices of certain MSM.

Our results highlight the diversity of bisexual situations among MSM in Senegal and show that these situations cannot merely be characterized by the partners' sex. Using simple indicators collected by means of a closed questionnaire (sexual partners over the year and regular partners at the time of the survey), we were able to compose a six-group category of the current modes of sexual activity that proved to function effectively and may assist in devising risk-prevention messages adapted to each situation.

The men who had only homosexual intercourse over the year and had no regular partner at the time of the survey, were the group most affected by HIV (40%). One-third of them reported having received money for sexual intercourse over the past month. Since they did not report having a regular partner, this probably signifies a large proportion of prostitutional sex, which constitutes a risk factor for HIV.

Among the men who reported bisexual practices over the year, the prevalence of HIV infection varied according to the sub-groups defined by the mode of sexual activity at the time of the survey. Only 10% of bisexuals over the year

(28) www.africagay.org

(29) Only one organization is officially recognized as being "gay" in Senegal, and this is *Prudence* in Dakar. The others exist officially for the purpose of fighting HIV/AIDS.

with regular female partners at the time of the survey were infected by HIV, whereas this proportion rose to 20% or more for bisexuals with regular male partners at the time of the survey, or no regular partners.

More of the bisexuals over the year with regular female partners at the time of the survey were married and fathers of a child or children, compared with other MSM. The majority had their sexual debut with a woman and their first intercourse with a man much later. Consequently they had had fewer male sexual partners in the course of their lifetimes and fewer had had homosexual intercourse over the past month. They were more likely than the other categories to engage in sexual practices associated with what might be qualified as "masculine" or "heterosexual" roles (insertive anal penetration, passive oral-penile sex, etc.). For equivalent sexual practices they used condoms as often as the other categories, but were less exposed to high-risk anal penetration because of the lower frequency of their homosexual relations, and were consequently less likely to be infected by HIV. However, this category should not be neglected in terms of prevention since these men have the most heterosexual sexual relations and, in 40% of cases, do not systematically use condoms during sexual intercourse with women.

With regard to public health and HIV prevention, our results highlight the importance of taking heterosexual practices into account in preventive action specifically targeting MSM. This is generally not the case at present. Our results also show that the differences between the current modes of sexual activity, in terms of risk-taking, exposure to HIV and prevalence of HIV, are not due to differences in condom use from one category to another, but rather depend on the frequency of sexual activity and the individual's participation in different sexual, partnership, and love networks, which need to be taken into account in action programmes and explored more fully in future surveys.

Clearly, our categorization of current modes of sexual activity has its limitations. For one thing it does not integrate identity or sexual attraction, not covered in our study. Also, it only covers the period of the survey, whereas sexuality evolves over the course of a lifetime. Individuals may go through several periods in which their partners will be of one sex or another, or both. The transition from one situation to another may be a gradual process that takes the form of intermediate states, just as being in a couple may be a succession of "fuzzy states and complex trajectories", to use the title of a collective work edited by P. Antoine and E. Lelièvre (2009).[30] The categories are therefore "porous", with some individuals on the borderline between two modes of activity. The advantage of our typology, however, is that instead of placing individuals into separate boxes it highlights several distinct profiles according to data available from the ELIHoS Survey. It can therefore be improved or adapted to the needs of each survey and each context. Collection of more

(30) See especially Chapter 2, "Union and separation: love stories are never simple", pp. 55-76.

detailed data about the patterns of sexual activity and partners over a lifetime would enrich this typology with a life history dimension that we were unable to include here.

Nevertheless, this typological exercise has enabled us to show that while it is essential to take bisexuality into account in all studies about men having sex with men in Africa, bisexuality cannot simply be classified in terms of a homosexual-bisexual dichotomy. The types of partnerships with men and with women, the frequency of sexual intercourse, the affective, social and emotional aspects, as well as the sexual practices themselves, are multiform and we must be able to express that complexity.

APPENDICES

Table A.1. Proportion of men systematically using a condom with a man, by current mode of sexual activity and sexual practice
(for 100 men reporting this practice in the past month)

Systematic use of a condom by sexual practice	Homo, no reg		Homo, reg M		Bi, reg M		Bi, reg MF		Bi, no reg		Bi, reg F		Overall	
	%	N	%	N	%	N	%	N	%	N	%	N	%	N
Insertive anal penetration+	66.7	6	69.2	26	78.3	23	81.1	111	73.3	15	73.3	15	77,6	196
Receptive anal penetration+	84.6	13	70.7	58	75.9	29	71.1	76	94.4	18	100.0	4	75.3	198
Anal penetration+	75.0	16	68.6	70	74.4	43	76.2	164	82.8	29	78.9	19	75.1	341
Active oral-penile sex (nt)	25.0	8	12.9	31	10.0	20	7.4	54	37.5	8	66.7	3	13.7	124
Passive oral-penile sex (nt)	25.0	4	3.3	30	5.9	17	9.6	73	30.8	13	12.5	8	10.3	145
Oral-penile sex+	20.0	10	8.9	45	11.5	26	109	92	28.6	14	30.0	10	13.2	197
Partouze (nt)	0.0	1	66.7	6	66.7	3	57.1	14	100.0	2	–	0	61.5	26
Sex for money (money given) (nt)	–	0	100.0	7	100.0	2	75.0	16	100.0	1	–	0	84.6	26
Sex for money (money received)+	80.0	5	72.4	29	58.8	17	72.5	69	77.8	9	100.0	4	72.2	133

Chi-square test: + $p > 0.05$; * $p \leq 0.05$; ** $p \leq 0.01$; *** $p \leq 0.001$.
(nt): not tested (theoretical numbers too small).
Interpretation: 81% of the 111 "Bi reg MF" who had practised insertive anal penetration reported having systematically used a condom for this practice in the past month.
Source: ELIHoS survey 2007.

Table A.2. Proportion of men systematically using a condom with a woman, by current mode of sexual activity and sexual practice
(for 100 men reporting this practice in the past month)

Systematic use of a condom by sexual practice	Bi, reg M		Bi, reg MF		Bi, no reg		Bi, reg F		Overall	
	%	N	%	N	%	N	%	N	%	N
Vaginal penetration+	100.0	5	59.6	104	66.7	9	62.1	29	61.9	147
Sex for money (money given) (nt)	100.0	3	50.0	14	100.0	2	50.0	2	61.9	21
Sex for money (money received) (nt)	–	0	75.0	4	–	0	–	0	75.0	4

Chi-square test: + p > 0.05; * p ≤ 0.05; ** p ≤ 0.01; *** p ≤ 0.001.
(nt): not tested (theoretical numbers too small).
Interpretation: 60% of the 104 "Bi reg MF" having practised vaginal penetration reported having systematically used a condom for this practice in the past month.
Source: ELIHoS survey 2007.

Table A.3. Probability of being HIV-positive by age, survey location, number of male partners in a lifetime and current mode of sexual activity (binary logistic regression)

	Odds ratio	CI 95%	p
Age group			**< 0.001**
18-19 (Ref.)	*1*	–	–
20-24	2.475	0.90 – 6.83	0.080
25-29	7.020	2.53 – 19.51	< 0.001
30-34	7.191	2.39 – 21.60	< 0.001
35+	8.515	2.44 – 29.69	0.001
Location			**< 0.001**
Dakar (Ref.)	*1*	–	–
Saint-Louis	0.156	0.05 – 0.45	0.001
Mbour/Thiès	0.322	0.16 – 0.65	0.001
Male sexual partners in a lifetime			**0.071**
2 or fewer (Ref.)	*1*	–	–
3-5	1.035	0.47 – 2.28	0.933
6-12	1.220	0.56 – 2.68	0.619
13+	2.168	1.02 – 4.60	0.044
Current mode of sexual activity			**0.065**
Homo, no reg	2.688	1.14 – 6.32	0.023
Homo, reg M	1.294	0.68 – 2.46	0.433
Bi, reg M	0.840	0.35 – 2.03	0.698
Bi, reg MF (Ref.)	*1*	–	–
Bi, no reg	1.226	0.55 – 2.74	0.619
Bi, reg F	0.390	0.14 – 1.12	0.079

CI: odds ratio confidence interval.
Source: ELIHoS survey 2007.

REFERENCES

AGGLETON P. (ed.), 1996, *Bisexualities and AIDS: International Perspectives*, London, Taylor & Francis, 248 p.

ALLMAN D. et al., 2007, "Challenges for the sexual health and social acceptance of men who have sex with men in Nigeria", *Culture, Health & Sexuality*, 9(2), pp. 153-168.

ANDRO A., BAJOS N., 2008, "La sexualité sans pénétration : une réalité oubliée du répertoire sexuel", in Bajos N., Bozon M. (eds.), *Enquête sur la sexualité en France : pratiques, genre et santé*, Paris, La Découverte/INSERM/INED/ANRS, pp. 297-314.

ANTOINE P., LELIÈVRE É., GROUPE DE RÉFLEXION SUR L'APPROCHE BIOGRAPHIQUE (GRAB), 2009, *Fuzzy States and Complex Trajectories*, Paris, INED/CEPED, 175 p.

ANTOINE P., NANITELAMIO J., 1990, "Nouveaux statuts féminins et urbanisation en Afrique", *Genus*, 46(3-4), pp. 17-30.

BAJOS N., BELTZER N., 2008, "Les sexualités homo-bisexuelles : d'une acceptation de principe aux vulnérabilités sociales et préventives", in Bajos N., Bozon M. (eds.), *Enquête sur la sexualité en France : pratiques, genre et santé*, Paris, La Découverte/INSERM/INED/ANRS, pp. 243-271.

BARAL S., SIFAKIS F., CLEGHORN F., BEYRER C., 2007, "Elevated risk for HIV infection among men who have sex with men in low- and middle-income countries 2000-2006: A systematic review", *PLoS Medicine*, 4(12), e339.

BARAL S. et al., 2009, "HIV prevalence, risks for HIV infection, and human rights among men who have sex with men (MSM) in Malawi, Namibia, and Botswana", *PLoS ONE*, 4(3), e4997.

BROQUA C., 2008, "Africains homosexuels et sida : le silence enfin rompu", *Transcriptases/ANRS Information*, 138, pp. 63-66.

CHIN J., MANN J. M., 1988, "The global patterns and prevalence of AIDS and HIV infection", *AIDS*, London, 2 Suppl 1, S247-52.

COWAN S. A., HAFF J., 2008, "HIV and risk behaviour among men who have sex with men in Denmark – the 2006 Sex Life Survey", *Eurosurveillance*, 13(48).
http://www.eurosurveillance.org/ViewArticle.aspx?ArticleId=19050 [Accessed May 13, 2009]

CRAWFORD J., KIPPAX S., PRESTAGE G., 1996, "Not gay, not bisexual, but polymorphously sexually active: Male bisexuality and AIDS in Australia", in P. Aggleton (ed.), *Social Aspects of AIDS*, London, Taylor & Francis, pp. 43-58.

CROWDER M., 1959, *Pagans and Politicians*, London, Hutchinson, 224 p.

ENEL C., LARMARANGE J., DESGRÉES DU LOÛ A., WADE A. S., 2009, "À propos des partenaires féminines des hommes ayant des pratiques homosexuelles au Senegal", *Autrepart*, 49, pp. 103-116.

FAURE-LIMOUZA M., 1995, "Amour et sexualité", in Jaspard M. (ed.), *Amour, sexualité, sida : réflexions autour des résultats d'une enquête en milieu étudiant parisien*, Paris, IDUP/SIUMPPS, Travaux et recherches, pp. 56-79.

GODELIER M., 2008, Preface, in Bajos N., Bozon M. (eds.), *Enquête sur la sexualité en France : pratiques, genre et santé*, Paris, La Découverte/INSERM/INED/ANRS, pp. 9-16.

HENRY E. et al., 2009, "Factors associated with unprotected anal intercourse (UAI) among men who have sex with men (MSM) in Douala, Cameroon", *Sexually Transmitted Infections*, 0: sti.2009.036939v1.

KAHN J. G. et al., 1997, "How many HIV infections cross the bisexual bridge? An estimate from the United States", London, *AIDS*, 11(8), pp. 1031-1037.

KAJUBI P. et al., 2008, "Gay and bisexual men in Kampala, Uganda", *AIDS and Behavior*, 12(3), pp. 492-504.

LANE T., SHADE S. B., MCINTYRE J., MORIN S. T., 2008, "Alcohol and sexual risk behavior among men who have sex with men in South African township communities", *AIDS and Behavior*, 12(4 Suppl), S78-85.

LAUMANN E. O. et al., 1994. *The Social Organization of Sexuality: Sexual Practices in the United States*, Chicago, University of Chicago Press.
MENDÈS-LEITE R., DESCHAMPS C., 1997, "Des mots, des pratiques et des risques : la gestion différenciée de la parole et de la prévention du VIH chez des hommes à comportements bisexuels en France", *Sociologie et sociétés*, 29(1), pp. 99-111.
MESSIAH A., MOURET-FOURME E., 1993, "Homosexualité, bisexualité : éléments de sociobiographie sexuelle", *Population*, 48(5), pp. 1353-1379.
NIANG C. I. et al., 2002, *Meeting the sexual health needs of men who have sex with men in Senegal,* Horizons Report, Washington DC, Population Council.
www.popcouncil.org/pdfs/horizons/msmsenegal.pdf
NIANG C. I. et al., 2003, "It's raining stones: Stigma, violence and HIV-vulnerability among men who have sex with men in Dakar, Senegal" *Culture, Health & Sexuality*, 5(6), pp. 499-512.
O'LEARY A., JONES K. T., 2006, "Bisexual men and heterosexual women: How big is the bridge? How can we know?", *Sexually Transmitted Diseases*, 33(10), pp. 594-595.
POLLAK M., SCHILTZ M.-A., 1987, "Identité sociale et gestion d'un risque de santé", *Actes de la recherche en sciences sociales*, 68(1), pp. 77-102.
POLLAK M., SCHILTZ M.-A., 1994, *Six ans d'enquêtes sur les homo- et bisexuels masculins face au sida : livre des données*, Paris, École des hautes études en sciences sociales.
ROGERS S. M., TURNER C. F., 1991, "Male-male sexual contact in the U.S.A.: Findings from five sample surveys, 1970-1990", *The Journal of Sex Research*, 28(4), pp. 491-519.
SANDFORT T., 1998, "Homosexual and bisexual behaviour in European countries", in Hubert M., Bajos N., Sandfort T. (eds), *Sexual Behaviour and HIV/AIDS* in *Europe*, London, Taylor & Francis, pp. 68-105.
SAPPE R., 2003, *Le sida et les rapports sexuels entre hommes en Afrique Noire*, Bruxelles, Observatoire socio-épidémiologique du sida et des sexualités, Facultés universitaires Saint-Louis.
http://semgai.free.fr/doc_et_pdf/Senegal_Robin_Sappe.pdf
SCHILTZ M.-A., 1997, "Parcours de jeunes homosexuels dans le contexte du VIH : la conquête de modes de vie", *Population*, 52(6), pp. 1485-1537.
TEUNIS N., 2001, "Same-sex sexuality in Africa: A case study from Senegal", *AIDS and Behavior*, 5(2), pp. 173-182.
THIRIAT M.-P., 1999, "Les unions libres en Afrique subsaharienne", *Cahiers québécois de démographie*, 28(1-2), pp. 81-115.
VELTER A. (ed.), 2007, *Rapport de l'enquête Presse Gay 2004*, Paris, Institut de veille sanitaire (InVS), www.invs.sante.fr/publications/2007/epg_2004/epg_2004.pdf
VITTINGHOFF E. et al., 1999, "Per-contact risk of human immunodeficiency virus transmission between male sexual partners", *American Journal of Epidemiology*, 150, pp. 306-311.
WADE A. S. et al., 2005, "HIV infection and sexually transmitted infections among men who have sex with men in Senegal", London, *AIDS,* 19(18), pp. 2133-2140.
WADE A. S. et al., 2010, "Reduction in risk-taking behaviours among MSM in Senegal between 2004 and 2007 and prevalence of HIV and other STIs. ELIHoS Project. ANRS 12139", *AIDS Care,* (forthcoming).
WEBER A. E. et al., 2001, "Sex trade involvement and rates of human immunodeficiency virus positivity among young gay and bisexual men", *International Journal of Epidemiology*, 30(6), pp. 1449-1454.

Homosexuality and Bisexuality in Senegal: A Multiform Reality

The first surveys on men who have sex with men (MSM) carried out in Senegal in the context of the fight against AIDS, revealed high rates of bisexuality. In 2007, a new epidemiological and behavioural survey (ELIHoS) approached the question of bisexual practices in greater depth. That survey is used here to depict the plurality of forms that bisexuality may take in Senegal. A six-group typology of current modes of sexual activity was constructed based on the characteristics of sexual partners over the past year and at the time of the survey. Various factors in the respondents' social and sexual life event histories were then analysed according to their current mode of sexual activity. It showed that these modes correspond to different sexual practices and characteristics of first sexual intercourse with a man. However, the systematic use of a condom, for similar sexual practices, did not depend on the mode of sexual activity. Fewer men who engaged in regular intercourse with women and only occasionally with men were infected with HIV because they less frequently engaged in high-risk anal intercourse.

Homosexualité et bisexualité au Sénégal : une réalité multiforme

Les premières enquêtes menées au Sénégal auprès d'hommes ayant des rapports sexuels avec d'autres hommes, dans le cadre de la lutte contre le sida, révèlent des taux élevés de bisexualité. En 2007, une nouvelle enquête épidémiologique et comportementale (ELIHoS) a été réalisée, dans laquelle la question des pratiques bisexuelles a été abordée de façon approfondie. Cette enquête est utilisée ici pour décrire la pluralité de formes que peut recouvrir la bisexualité au Sénégal. Une typologie du pôle d'activité sexuelle actuel en six classes est construite à partir des caractéristiques des partenaires sexuels sur l'année et au moment de l'enquête. Différents éléments de la sociobiographie sexuelle des individus sont ensuite analysés selon leur pôle d'activité sexuelle actuel. Il apparaît que ces pôles correspondent à des pratiques sexuelles et à des caractéristiques différentes d'entrée en vie sexuelle avec un homme. En revanche, l'utilisation systématique d'un préservatif, à pratiques égales, ne dépend pas du pôle d'activité sexuelle. Les hommes engagés dans des relations régulières avec des femmes et ayant des partenaires masculins seulement occasionnellement sont moins souvent infectés par le VIH, car ils ont moins fréquemment des rapports anaux à risque.

Homosexualidad y bisexualidad en Senegal : una realidad multiforme.

Las primeras encuestas realizadas en Senegal sobre hombres que mantienen relaciones sexuales con otros hombres, en el marco de la lucha contra el sida, revelan tasas de bisexualidad elevadas. En 2007 se ha realizado una nueva encuesta epidemiológica y comportamental (HELIHoS)que ha profundizado la cuestión de las prácticas bisexuales. Esta encuesta se utiliza aquí para describir la multitud de formas que la bisexualidad puede presentar en Senegal. A partir de las características de los compañeros sexuales en el momento de la encuesta y durante el año que la precede se ha construido una tipología del polo de actividad sexual en seis clases. Diferentes elementos de la sociobiografía sexual de los individuos han sido analizados según el polo de actividad sexual actual. Se observa que estos polos corresponden a prácticas sexuales y a características diferentes en el comienzo de las relaciones sexuales con un hombre. Sin embargo, la utilización sistemática del preservativo, a práctica igual, no depende del polo de actividad sexual. Los hombres implicados en relaciones regulares con mujeres y que han tenido ocasionalmente compañeros sexuales masculinos, están menos frecuentemente infectados por el VIH, a causa de relaciones anales con riesgo menos frecuentes.

Translated by Krystyna Horko.