



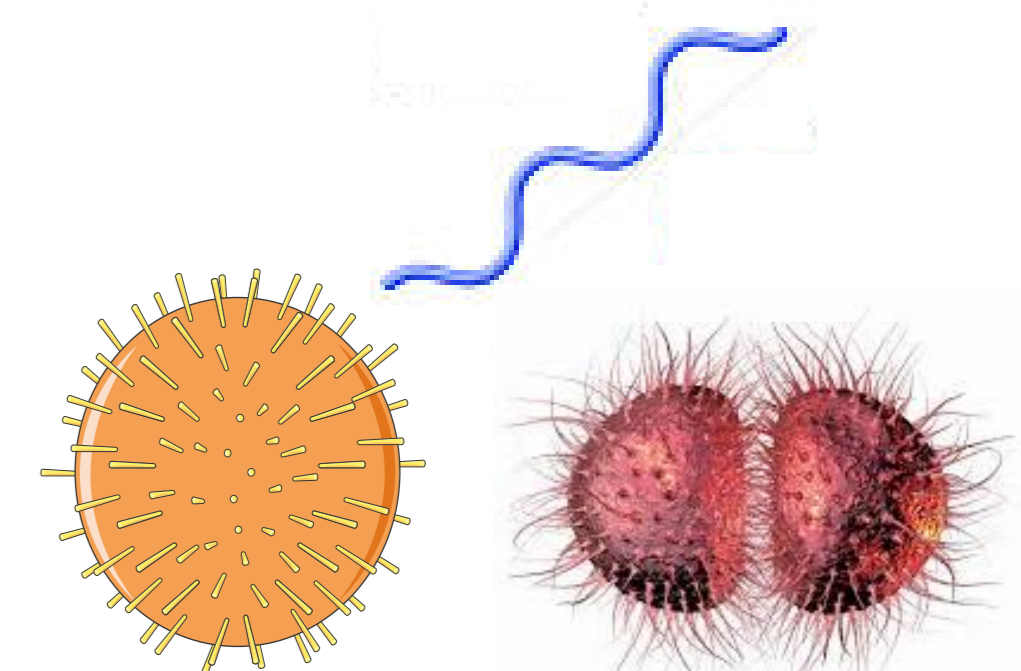
# Oral and anal sex: Data from OKAPI cohort (D.R.Congo)

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## Background

- The incidence of **sexually transmitted infections (STI)** is increasing in many world regions.
- Oral and anal sex:** transmission of HIV, HPV, HSV, *T. pallidum*, *N. gonorrhoeae*, *C. trachomatis*, *T. vaginalis*, *U. urealyticum*, *U. parvum*, *M. hominis*, *M. genitalium*, HBV, HCV, oral-fecal transmitted organisms.
- ↓ data on oral and anal sex, including Sub-Saharan Africa. No data from the D.R.Congo.
- HIV Voluntary Counseling and Testing (VCT) and STIs preventive strategies usually do not include messages about oral or anal sexual practices.



## Objectives

- Analyze the **prevalence** of anal and oral sex among HIV VCT attendees in Kinshasa.
- Evaluate the **sociodemographic and behavioral factors associated** with oral and anal sex.

## Methods

- OKAPI (Observational Kinshasa AIDS Prevention Initiative) study
- Prospective cohort study: Baseline, 6 and 12 months follow-up.
- Interviews and HIV test
- Baseline data: Descriptive and multivariate analyses (Stata 12.0)

## Results

- N=718 heterosexual participants, sexually active, 15-59yrs old (24 HIV+)

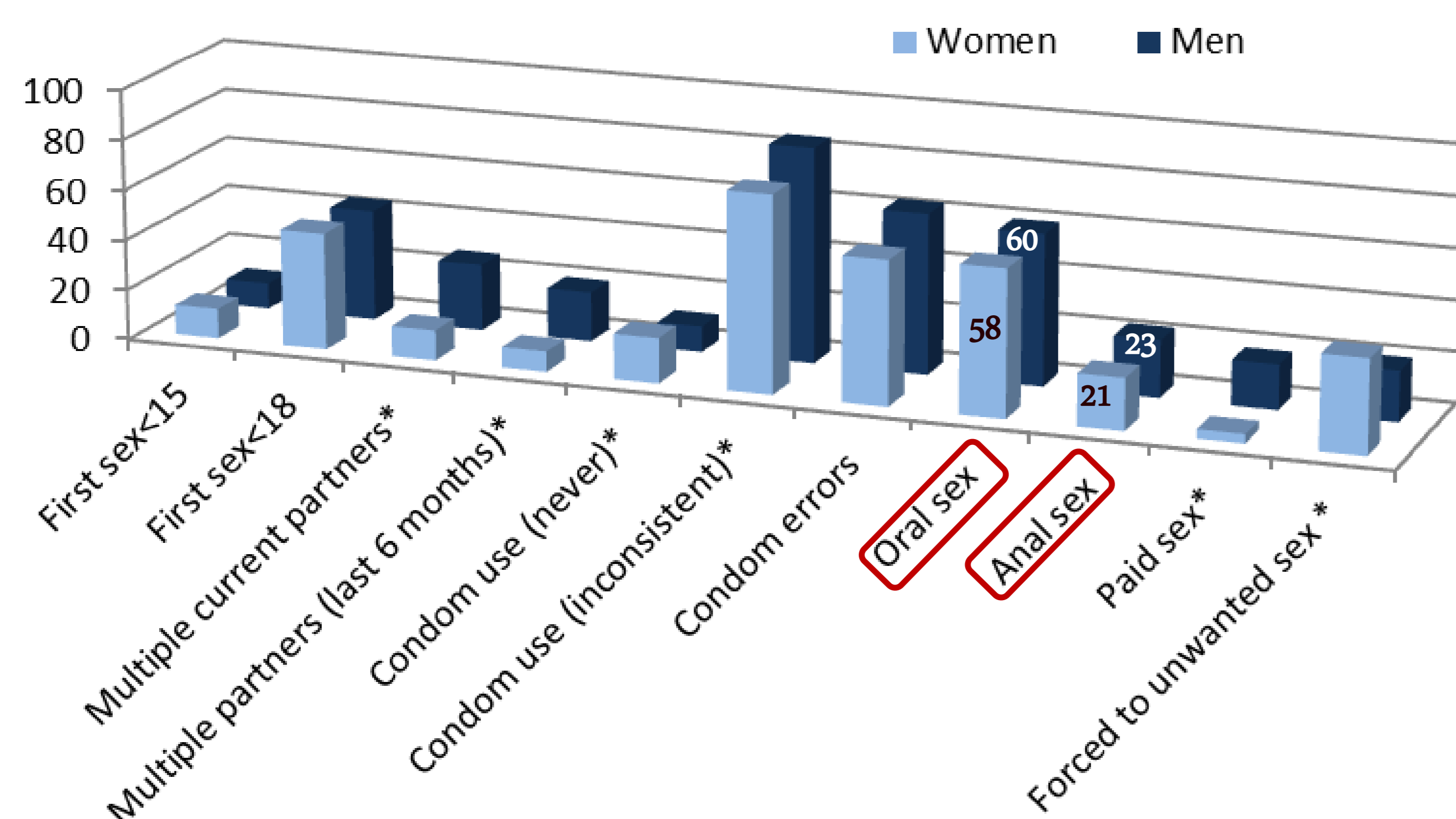


Fig.1. Sexual behaviors among women and men.

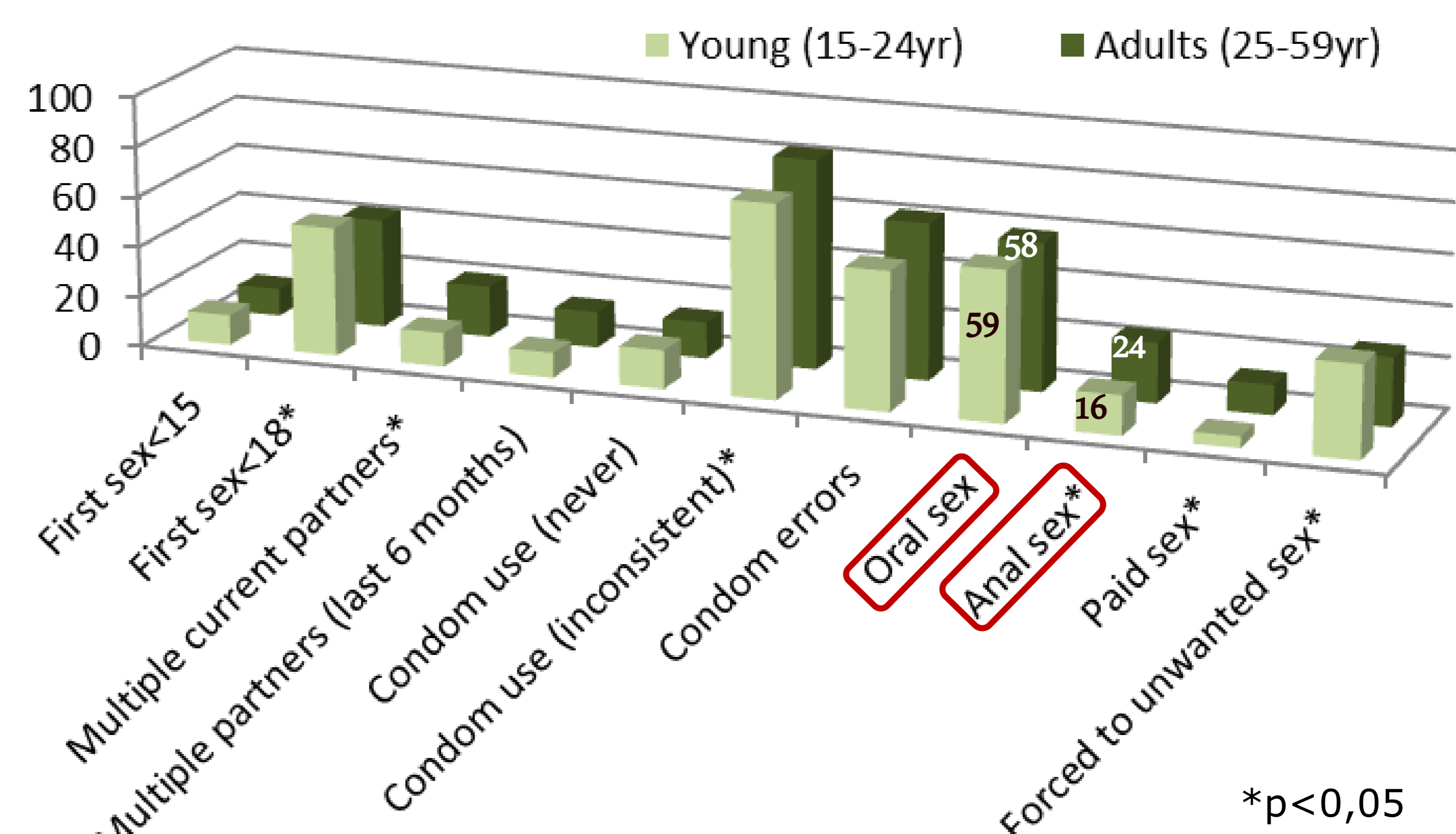


Fig.2. Sexual behaviors among young and adults.

Table 1. Factors associated with oral and anal sex, among sexually active OKAPI participants.

	TOTAL		WOMEN		MEN	
	Oral sex <sup>a</sup> aOR (95% CI)	Anal sex <sup>b</sup> aOR (95% CI)	Oral sex aOR (95% CI)	Anal sex aOR (95% CI)	Oral sex aOR (95% CI)	Anal sex aOR (95% CI)
Age (25-59 vs. 15-24 yr.)	0.8 (0.6-1.2)	1.6 (1.0-2.6)	0.8 (0.5-1.3)	1.8 (1.0-3.3)	0.6 (0.3-1.2)	1.4 (0.5-3.8)
Mobile phone use (daily)	1.6 (1.1-2.3)	-	2.7 (1.1-6.4)	-	6.4 (1.6-24.9)	-
Perceive low community HIV risk	2.3 (1.4-3.8)	-	3.6 (1.8-7.3)	-	1.5 (0.7-3.2)	-
Alcohol consumption (daily)	2.0 (0.9-4.5)	1.6 (0.8-3.1)	9.3 (1.0-84.5)	0.8 (0.2-3.1)	1.3 (0.5-3.4)	2.2 (0.9-5.2)
Ever pregnant	2.0 (1.4-3.0)	1.4 (0.9-2.1)	2.2 (1.3-3.8)	1.3 (0.7-2.4)	NA	NA
Sexual debut <18yr.	1.0 (0.7-1.4)	1.8 (1.2-2.7)	1.3 (0.8-2.3)	2.1 (1.2-3.6)	0.7 (0.4-1.1)	1.5 (0.8-2.6)
Multiple partners	2.5 (1.5-4.1)	1.7 (1.1-2.8)	4.0 (1.6-10.3)	1.8 (0.9-3.7)	1.9 (1.0-3.6)	1.7 (0.9-3.3)
Condom use (inconsistent)	2.9 (1.8-4.6)	2.4 (1.1-5.0)	3.3 (1.8-5.9)	2.0 (0.8-4.8)	2.7 (1.1-6.5)	3.6 (0.7-17.5)
Anal sex / Oral sex	3.6 (2.2-5.9)	3.4 (2.1-5.5)	4.2 (2.1-8.5)	4.0 (2.0-7.8)	3.4 (1.6-7.4)	3.0 (1.4-6.2)
Forced sex	1.9 (1.3-2.8)	1.5 (1.0-2.3)	2.1 (1.2-3.4)	1.2 (0.7-2.1)	1.8 (0.9-3.7)	2.2 (1.1-4.3)
Paid sex	2.3 (1.1-4.8)	2.6 (1.5-4.6)	1.8 (0.3-12.3)	2.7 (0.8-8.8)	2.2 (1.0-4.9)	2.7 (1.4-5.3)

<sup>a</sup> Logistic regression model including the following variables: sex, age, married-monogamous, use of the Internet, mobile phone use, alcohol consumption, perception of community risk, early sex, pregnancy, multiple partners, condom use, anal sex, paid sex and forced sex.

<sup>b</sup> Logistic regression model including the following variables: sex, age, married-monogamous, alcohol consumption, early sex, pregnancy, multiple partners, condom use, oral sex, paid sex and forced sex.

## Conclusions

- Anal and oral sex are prevalent among men and women attending VCT in Kinshasa
- Both practices associated with forced sex and other sexual risk behaviors.
- Specific information about anal and oral sex should be included in HIV VCT sessions and in other preventive strategies in the DRC.