

·综述·

男男性行为人群的异性性伴 HIV 易感性研究进展

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【摘要】受自身、家庭、社会等因素影响,超过 70.0% 的 MSM 具有结婚意愿,超过 90.0% 的 MSM 认为婚姻不可避免,由此产生了一类与 MSM 密切相关的弱势群体即 MSM 异性性伴(同妻)。因 MSM 本身即为 HIV 感染的高危人群,加之其他易感因素的存在,使得同妻感染 HIV 的风险增加,成为了 HIV 感染的重点人群。本文从同妻定义、人群规模,同妻生理健康及 HIV 易感因素方面进行综述,旨在为同妻人群后续开展性传播疾病防控工作的方向提供依据。

【关键词】男男性行为人群;艾滋病病毒;感染;易感因素;异性性伴

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Progress of research on the susceptibility of HIV infection among heterosexual partners of men who have sex with men

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【Abstract】 Affected by internal and external factors, more than 70.0% of men who have sex with men (MSM) have the intention to get married, and more than 90.0% of MSM view marriage as inevitable. Due to the marriage, there merges a group of women who are heterosexual partners of MSM and also known as 'tongqi' (TQ). Because MSM is a high-risk group infected with HIV, together with the existence of other predisposing factors, the TQ population is also under increased risk of HIV infection. This article summarizes the definition, population scale, physical health problems, and risk factors of HIV infection among TQ with the purpose of providing evidence for the implementation on the follow-up prevention and control programs of sexually transmitted diseases for the TQ population.

【Key words】 Men who have sex with men; HIV; Infection; Risk factors; Heterosexual partner

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MSM一般包含4类亚群,即男同性爱者、男双性爱者、男跨性别者、向男性/女性提供有偿性服务的男性性工作者;从人口数值考虑,MSM通常泛指男同及双性爱者,又因双性爱者难以界定,故常不刻意区分同性爱者和双性爱者,统一纳为同性爱者^[1-2]。MSM是HIV感染的高危人群,受历史背景、文化环境、社会舆论、父母压力等多因素的影响,有72.9%的MSM具有结婚的意愿,超过90.0%的MSM表示婚姻关系不可避免^[3-4]。由此出现了一类与MSM密切相关的弱势群体即MSM异性性伴,我国通常对此类人群统称为“同妻”。WHO和联合国艾滋病规划署(UNAIDS)已于2011年将其纳入为HIV感染的易感人群,因此需要加强对同妻HIV感染情况的研究。本文旨在为同妻人群后续开展HIV感染防控工作提供依据。

一、同妻定义及规模

1. 定义:狭义上说为MSM的在婚妻子,即与MSM缔结受到法律保护的婚姻关系的女性人群;广义上说,也包含与MSM已离异的妻子以及与之交往却未形成婚姻关系的固定

女性性伴^[1]。

2. 规模:在美国、荷兰、加拿大等发达国家中,MSM与异性成婚比例较低,为4.0%~9.0%^[5-6],由此推断发达国家同妻数量较少。在低收入与中等收入国家中,MSM与异性成婚的比例为3.0%~42.0%不等,平均为16.0%^[7],非洲地区略高,为15.0%~46.0%^[8-9]。在北京、哈尔滨、沈阳、深圳等城市中,MSM中有过婚史或具有固定异性性伴的比例为21.9%~66.7%^[10-13],除离异/丧偶等情况,目前在婚或具有固定异性性伴的MSM占该人群的6.8%~54.9%^[14]。有专家认为^[2],我国现存至少1360万女性满足以上同妻定义。

二、同妻生理健康情况及HIV易感因素

1. 生理健康:MSM本身为HIV感染的高危人群,通过性伴间的无保护性性行为,使得同妻处于感染HIV的高风险之中^[15-18]。研究结果显示^[10-11, 19-20],同妻中HIV感染率为6.0%~12.2%,其他性传播疾病(STD)感染率为15.0%~15.2%,高于一般异性恋人群中2.5%的感染率^[21-22],对HIV及其他STD的易感性威胁着同妻的生理健康。

2. 同妻HIV易感因素:

(1)一般人口学因素:年龄:①MSM年龄:年龄可为同妻感染HIV的独立影响因素。陈海燕等^[23]研究发现确诊HIV感染时的MSM年龄<25岁为其性伴感染HIV的保护因素($OR=0.042, 95\%CI: 0.004 \sim 0.467$)。②同妻年龄:同妻的年龄与HIV感染风险有关。年龄越大,感染HIV的风险也就越大。国外的一项研究发现,同妻年龄>25岁为其HIV感染的危险因素($OR=4.0, 95\%CI: 2.0 \sim 8.0$)^[24]。可能与年轻者中接受的性教育人数更多,年轻者因面临就业、怀孕等具有更多进行体检与检测的机会,年轻者思想更为开放、对歧视等担忧不及年长者,更能积极配合检测与治疗有关^[25-26]。

性别与性角色:①生物学差异:女性感染HIV的风险性大。因解剖生理上存在的性别差异,使得HIV感染更容易发生在男性传播给女性的过程中,这与精液中HIV的病毒载量高、女性接触HIV时间长等因素有关^[18,27]。有研究发现^[28-29],女性感染STD的风险更高,是男性的1.10~2.45倍。②性角色地位:受习惯固化影响,较女性而言,男性在性行为发生时更具有话语权与决定权。张椰等^[4]研究发现,男性多为性行为发生过程中安全套使用的决定者。因此,同妻较少可以通过表达自己的意见而达到维护健康的目的,在性行为发生过程中较低的性角色地位增加了同妻感染的风险。

性教育程度:性教育不足使得女性对MSM不了解或持有刻板印象,不会怀疑性伴的真实性取向,加之对MSM文化、知识了解不足,认为可以转变其性取向^[30]。女性性教育缺失,增加了一般异性恋女性变为同妻的可能,增加了其感染HIV的风险。

(2)行为学因素:同妻感染HIV的高风险性既与其性伴,即MSM的行为因素有关,又与同妻自身行为因素相关。

与MSM有关的行为学因素:①性行为因素:MSM本身具有的多性伴、双性性行为、易发生无保护性肛交等特点^[31-32],加之合并感染普遍存在^[33-37],使自身成为了HIV及STD感染的高危人群。同妻的存在增加了MSM多性伴、偶然性行为的发生,原因与婚后MSM难以对同妻产生爱或欲望、婚后MSM其情感需求与性欲望难以得到满足有关^[38-40],上述行为增加了MSM本身患病的风险。同时,MSM与同妻发生性行为时多为无保护性性行为,增加了同妻HIV感染的风险。研究发现^[41-42],相较于与同性发生性行为,MSM与异性发生性行为时安全套的使用率仅为7.4%~19.4%。可能的原因与认为女性性伴为低风险人群、避免暴露自己的性取向、生育需求有关^[42-43]。②检测情况:MSM参与HIV检测的比例较低,对自身感染状况的知晓率低,可造成传播的扩散,增加了同妻感染的风险。研究发现^[44],有性伴的MSM中未参与检测的比例为40.5%,高于无性伴的MSM中的34.3%未参与检测比例。③告知情况:MSM多不会向性伴告知自己的性取向与感染状况,使得同妻不知道自身处于感染的高危环境中,增加了同妻HIV感染的风险。只有不足20.0%的同妻知晓MSM的真实性取向^[1,38]。而且,MSM多数不会将阳性检测结果告知于同妻,其中<65.0%的比例知晓MSM感染

情况^[45-46]。

与同妻有关的行为学因素:①性行为因素:在婚同妻婚内性生活次数相对较少,增加了在婚同妻发生婚外性行为的可能。张椰等^[4]依据既往研究发现处在婚姻关系中的同妻每月性行为发生次数超过8次的不足7.0%。长久以往,处于此类畸形婚姻关系中的同妻,会发生婚外性行为,比例可达到30.0%^[1]。但当其发生婚外性行为时,安全套的使用率却很低,仅为20.6%^[14]。婚外不安全性行为的发生增加了在婚同妻的感染风险。②检测情况:同妻人群对于艾滋病防范意识不足,参与HIV检测的比例低,而检测可以早发现感染情况,有利于同妻的生理健康。陆珍珍等^[19]研究结果显示,同妻中未进行过HIV检测的比例约为63.0%。同妻中HIV低检测率又与其自身特点有关,总体上同妻表现出不知情、隐匿性、通过网络寻求帮助的特点^[1,16,30,47]。此外,来自社会的压力、观念使同妻在现实生活中不易进行求助,同时不得不隐藏自己来避免歧视问题。同妻的上述特点均不利于推动同妻进行HIV检测。

(3)社会因素:

传统观念:MSM本身即具有自我认同问题,不知道或难以接受自己是同性爱者。加之受外界主流性取向的影响,渴望通过婚姻关系实现自我认同价值,从而摆脱因自我认同不确定性而带来的焦虑、不安等心理问题^[30]。研究发现^[48-49],MSM中焦虑、抑郁等心理问题的发生比例均超过45.0%。心理问题的存在使得MSM渴望通过稳定的情感关系来寻求心理上的支持,进而体现自己的男性身份^[50]。自我认同与心理支持相互影响,使得MSM选择寻求异性性伴。同时,受传统观念、社会风俗、社会认同等方面的影响,加之迫于父母方面的压力,同妻担负着为MSM生育儿女的责任^[3],该需求增加了无保护性性行为的发生,增加了同妻感染HIV的风险。此外,因社会开放程度不高,公众对MSM所呈现出的歧视态度,增加了MSM的自我歧视,自我歧视可促进MSM不安全性行为的发生^[51-52],使同妻处于易感的高风险中。

法律制度:中国大陆内同性婚姻仍不合法,与同妻有关的法律法规尚未完全建立及完善,难以维护同妻的切身利益,使女性即便在知晓自己的身份后,依然选择维持同妻身份^[53-54]。尽管有法律条文进行了修订,表现为对MSM呈现出越来越人性化的特点^[4,54],但均未从根本上解决同妻的产生。

三、小结

在发达国家社会环境较为开放,加之宗教信仰的影响,同妻数量不多。在低收入与中等收入国家中,同妻数量较多,而我国MSM拥有异性性伴的比例更高,同妻的数量巨大。同妻对HIV及其他STD的易感性严重影响了自身的生理健康。除一般人口学因素外,同妻因MSM本身的高危性行为发生比例高、检测意愿低、不向异性性伴告知自身的感染状态、易发生无保护性性行为等因素的影响,以及自身发生无保护性婚外性行为的可能性增加,使得同妻感染HIV的风险增加。现有关于同妻的研究还比较少,需要对该人群开展更多更深入的调查研究,帮助同妻人群及时解决心理和

生理的健康问题。

利益冲突 所有作者均声明不存在利益冲突

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