

男男性行为人群无保护性肛交行为及其影响因素研究进展

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【摘要】 近年来,我国MSM人群HIV感染率呈逐年上升趋势,该人群具有多性伴、无保护性肛交等高危行为。本文对无保护性肛交行为的流行情况以及年龄、文化程度、性伴数量与类型、新型毒品滥用、歧视等影响因素的研究进展进行综述,为开展该人群的靶向干预,预防和控制HIV在MSM人群中的蔓延提供参考。

【关键词】 男男性行为人群; 无保护性肛交; 艾滋病病毒; 影响因素

Research progress on unprotected anal intercourse and its influencing factors in men who have sex with men Lu Shan, Li Dongmin

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【Abstract】 The prevalence of HIV infections continues to rise among Chinese MSM. This population is prone to has high-risk behaviors including having multiple sexual partners, unprotected anal intercourse (UAI), etc. This paper summarizes the situation of UAI and related influencing factors, including age, educational level, number of sexual partners, recreational drug abusing and related status of discrimination, etc. The purpose of this article is to provide reference for targeted intervention and prevention of HIV among MSM population.

【Key words】 Men who have sex with men; Unprotected anal intercourse; Human immunodeficiency virus; Influencing factors

我国HIV/AIDS报告病例中,男男同性传播所占比例已从2010年的10.8%上升至2016年的28.0%^[1-2];MSM人群HIV抗体阳性率由2010年的5.7%上升至2015年的8.0%^[3]。MSM人群因性伴数量多、易发生无保护性行为、滥用毒品等行为特征,感染和传播HIV的风险高^[4],已成为我国HIV流行的重点人群。无保护性肛交行为已成为MSM人群感染HIV的主要高危行为^[5-6]。

一、无保护性肛交的定义与流行情况

国内大多数研究将无保护性肛交定义为:MSM人群与同性发生未使用安全套的肛交性行为^[7-8]。针对不同类型性伴发生无保护性肛交行为的研究较少^[9]。国外一些研究将无保护性肛交的定义细化为:MSM人群与临时性伴、HIV感染状态不一致或感染状态未知者发生的插入性肛交行为时不使用安全套^[10-11]。后者更加关注携带病毒风险高的性伴,但也增加了调查的实际困难。2008—2009年全国61个大城市MSM人群横断面调查显示,MSM人群与同性发生无保护性肛交的比例为51.0%^[12]。涵盖64篇研究的Meta分析结果显示,我国MSM人群与同性性伴发生无保护性肛交行为的比例为53.0%^[13]。

二、无保护性肛交的影响因素

1. 年龄:泰国曼谷的队列研究发现,22~29岁的MSM发

生无保护性肛交的风险是 ≥ 30 岁MSM的1.4倍^[14];一项病例交叉设计研究发现,受访者的临时性伴年龄 < 35 岁者,更易发生无保护性肛交^[15];洛杉矶的调查发现,与 ≥ 55 岁年龄组相比,18~24岁的MSM更易与HIV感染结果不一致的MSM发生无保护性肛交^[16]。原因可能为年轻的MSM人群性活跃程度高,乐于追求性愉悦,而忽略安全性行为的重要性。也有较多研究发现年龄与无保护性肛交行为不存在统计学关联^[17-18]。

2. 文化程度:有研究发现文化程度低是MSM发生无保护性肛交的危险因素^[9,19-20],高中文化程度者最近半年内发生无保护性肛交的可能性为大学文化程度者的1.69倍^[20]。文化程度影响MSM人群的认知水平,认知水平较低的MSM缺乏艾滋病相关知识,不能充分了解降低病毒暴露风险的措施和无保护性行为的严重性;文化程度低的MSM自我认同状况较差^[21],隐匿性取向会使其接受宣传和干预服务的机会降低。近年来通过同伴教育、线上信息推广等干预措施,MSM人群安全套使用率虽有所提高^[22],但也有研究发现,具备艾滋病相关知识并不是安全性行为的充分必要条件^[23],具备知识未必会在性行为中采取保护措施,即“知行分离”。因此,普及艾滋病相关知识可能并不能降低无保护性肛交的发生率。

3. 安全套的可及性:安全套的可及性对无保护性肛交行为有影响^[17]。研究表明,发生性行为的场所中摆放安全套等宣传资料、MSM或其性伴携带安全套是发生保护性肛交行为的保护因素^[15]。MSM是否有经济能力购买安全套和安全套宣传发放服务的覆盖面影响安全套的可及性。近年来,安全套宣传和发放服务的受众面不断扩大^[22],为降低MSM人群无保护性行为的危险提供了基础。

4. 性角色:MSM在肛交行为中可为插入方、被插入方和插入方与被插入方兼做者。不同性角色的MSM在心理、性行为特征以及HIV易感性上存在较大差异^[24]。研究发现,被插入方、兼做插入方与被插入方发生无保护肛交行为的危险是插入方的2倍^[7]。被插入方容易对性伴产生依赖感,性行为中是否使用安全套通常由插入方决定。插入方文化程度较低,性伴个数多,商业性行为安全套使用率低^[24],容易将HIV传染给被插入方。

5. 性伴数量:MSM人群性伴类型复杂,性伴数量多,导致其高危性行为的发生率高^[25]。巴西的调查发现,最近半年性伴数>1人者所占比例超过80%^[26]。我国MSM人群性伴数≥2人者约占52.4%^[12]。研究表明,性伴个数与无保护性肛交行为间存在关联^[8],性伴数越多,越容易发生多伴性行为,安全套的使用率也随之下降^[27]。

6. 性伴类型:与临时性伴相比,MSM人群与固定性伴发生无保护性肛交的概率更大^[27]。其中的原因与性伴关系的亲密程度有关:早期双方为了追求性愉悦,增进信任而不使用安全套^[28];后期认为性伴关系稳定,自身HIV感染风险低而发生无保护性行为^[29]。由于在MSM人群中,固定性伴间会商量是否允许对方与其他临时性伴发生性行为^[30],这给看似“安全”的固定性伴性行为带来感染风险。另外,MSM人群存在男男性工作者(money boy, MB)亚人群,以获取金钱为目的向以男性为主的客户提供性服务。MB普遍文化程度较低^[31],但对艾滋病和性病知识的知晓情况较非MB略好^[32],使用安全套的比例较高^[33],但也存在为满足客户需求而不使用安全套的情况^[34]。MB也会发生异性性行为,虽然有研究表明MB与异性发生无保护性行为的比例较其他亚人群低^[33],但仍存在向一般人群传播HIV的风险。

7. 交友方式:酒吧、浴室等是MSM人群早期交友的主要场所,而今网络逐渐成为该人群建立性网络的主要平台^[35]。美国一项调查显示,62%的MSM人群选择在网上交友并发生性行为^[36]。重庆市的调查发现^[37],当地MSM人群使用QQ、微信等软件交友的比例较高,分别占59.7%和38.8%。Meta分析结果显示^[38],通过网络方式交友发生无保护肛交行为的危险是线下交友的1.24倍。其中的原因可能为:MSM人群在网上更易与目标性伴交流HIV感染状态、性癖好等,双方达成协议后,将对对方视为可发生无保护性肛交行为的性伴^[36]。这种根据HIV感染状态或感染风险选择可发生无保护性肛交行为为性伴的现象在国外研究中较为常见,称之为“血清分类”(serosorting),即MSM人群选择性地与HIV血清学检测结果一致的对象发生无保护性行为^[39]。然而所谓

的“检测结果一致”可能是MSM自认为的结果,未感染HIV可能是抗体检测的“窗口期”,此时发生无保护性肛交极易传播病毒。

8. 新型毒品滥用:自2005年以来,新型毒品在MSM人群中流行,已逐渐取代传统毒品,成为该人群主要使用的毒品类型^[40]。相对于传统毒品,新型毒品是人工化学合成的致幻剂、兴奋剂类毒品,直接作用于神经系统,使人兴奋或抑制,可产生依赖性,如冰毒、摇头丸等^[41]。长沙地区的一项调查发现,招募的MSM人群中21.4%报告最近半年滥用过新型毒品^[42]。新型毒品在我国MSM人群中呈现流行态势的时间晚于欧美国家^[40]。研究表明,在发生肛交行为之前滥用新型毒品会增加无保护性肛交行为的可能性,容易感染HIV或性病^[4,43]。主要是由于冰毒等苯丙胺类毒品促进肾上腺素和5-羟色胺的分泌^[44],性欲增强,对性冲动的克制力降低^[45]。也有调查发现,在调整人口学、心理社会因素后,滥用冰毒与发生无保护性肛交的关联并无统计学意义^[46]。

9. 心理因素:内源性、外源性歧视和敌视现象在MSM人群中广泛存在,可对MSM造成如抑郁、焦虑等心理伤害^[47]。国内一项研究发现,最近半年因发生过同性性行为而感到羞耻的MSM,一夜情和肛交行为的发生次数较多;性伴数与无保护性行为发生次数随着自我歧视程度的加深而增加^[21]。可能原因是在发生性行为时,自我歧视程度明显的个体在性伴提出使用安全套时,心理感到不舒服,更容易发生无保护性行为^[48]。国外对歧视与无保护性行为间关系的研究结果存在争议。在纽约居住的MSM人群中,有15%的比例在最近3个月遭受过邻居或家人对其性取向或种族的歧视,这种外源性歧视与HIV阳性或感染状态不详的性伴发生无保护肛交与统计学关联($OR=3.36$)^[49],也有研究发现两者间呈负性相关,即歧视伤害水平越低,越容易感染HIV^[50]。

综上所述,我国MSM人群发生无保护性肛交行为的比例高,且与年龄、文化程度、性伴数量与类型、新型毒品滥用、歧视等诸多因素相关。当前,亟需针对上述因素对我国MSM人群给予切实有效、靶向开展的干预和关怀服务,有效控制高危性行为,阻止HIV在我国MSM人群中的蔓延。

利益冲突 无

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