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**Promoting Safer Sexual Behavior among
MSM in Southeastern Europe:
Sexual Norms, Common Beliefs, and Risk**

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Promoting Safer Sexual Behavior among MSM in Southeastern Europe: Sexual Norms, Common Beliefs, and Risk

Abstract

Objectives: This study describes potential risk factors and preventive behaviors for HIV/AIDS and sexually transmitted infections (STIs) among men who have sex with men (MSM) in Southeastern Europe. Study findings are used to suggest future areas of study and appropriate intervention strategies for promoting safer sexual behavior among MSM in the region.

Methods: Twelve peer researchers (PRs) conducted interviews with MSM in Bulgaria, Kosovo, Macedonia, and Romania. Self-identified gay men were recruited as PRs from nongovernmental organizations active in HIV prevention and gay and lesbian issues. Each PR completed interviews with four peers on sexual behavior, condom use, and HIV/STI awareness. Interviews were conversational, and results were reported to field supervisors. A synthesis workshop and data analysis in Ethnograph 5.0 revealed common and divergent themes across study sites.

Results: Many men believe that selecting partners carefully and keeping sexual networks closed to outsiders mitigate risk. Sexual partners are found in cruising areas, in bars, through friends, or on the Internet, and are chosen according to physical attributes, mannerisms, money, and preferred sexual position. Risk behaviors include multiple partnerships, inconsistent condom use, group sex, and use of oil-based and household products as lubricants. Locales for sexual activity differ by study site but include parks, public toilets, clubs, private homes, hotels, and cars. Although interviewees are aware of the risk of contracting HIV/AIDS and STIs, beliefs about susceptibility to infection varied across networks and study sites. Misconceptions exist about modes of transmission, and some men reported risky sexual behaviors. Interviewees reported both positive and negative condom beliefs, and cited condom use as a common strategy for avoiding HIV/AIDS.

Conclusions: Factors that influence MSM's risk for infection include misconceptions about modes of HIV and STI transmission, high rates of partner change, inconsistent condom use, and sexual networking within small circles of men. Safer sexual behavior is compromised when sex occurs in clandestine areas and when oil-based lubricants are used. This study of peer networks among predominately gay-identified men suggests that programmatic strategies should include conveying messages through the Internet and peer networks, improving access to condoms and water-based lubricants, and training providers to offer appropriate services to MSM. Programs should target gay-identified men as well as those who do not self-identify as gay or as MSM. Prevention messages should challenge misconceptions about HIV/AIDS and STIs, including the belief of some men that they can avoid infection by choosing partners carefully or that trusted sexual partners, including women, are free from infection. Outreach efforts should target areas where high-risk behavior occurs, and messages should stress reducing the number of partners and consistent condom use. Programmers should also partner with organizations that take a rights-based approach to HIV/STI prevention to reduce stigma and discrimination, and ensure that men feel enabled to reduce their risk and obtain needed services.

Introduction

In the Eastern and Central European region, HIV is spreading faster than anywhere else in the world (UNAIDS 2003). Although prevalence is low in Bulgaria, Macedonia, and Romania,⁶ rates across the region are increasing and concern exists that hidden epidemics are occurring among men who have sex with men (MSM) (UNAIDS 2003). High rates of sexually transmitted infections (STIs), especially gonorrhea and syphilis, could accelerate the spread of HIV/AIDS throughout the region (UNDP 2004).

Men who are involved in male-to-male sex are often victims of violence, discrimination, and social exclusion, which increase their vulnerability to HIV/AIDS and STIs. Goodwin et al. (2003) report that business people and health professionals in the region attributed increasing rates of HIV/AIDS to a moral decline and social breakdown in their countries, and point to marginalized groups such as MSM as vectors of transmission. Romania is the only Southeastern European country to enforce an antidiscrimination law that protects the rights of individuals who are targets of discrimination on the basis of their sexual orientation. But the law has not changed the social status or public perception of lesbian, gay, bisexual, and transgendered individuals (ACCEPT 2003). Human rights organizations report that job loss, police harassment, physical attacks, and verbal abuse are common, but men are reluctant to report incidents out of fear of media coverage and public disclosure of their sexual activities (HERA 2003).

A common cultural perception is that men who deviate from customary roles as husbands and fathers bring shame on their families and communities. Although technically not illegal, homosexual relationships are a matter of shame and taboo in Kosovo (IWPR 2003). In the region, MSM feel pressure to marry and keep their sexual attraction to men hidden; many lead double lives in which they marry women and have male sex partners in secret (COC 2003). Many MSM are reluctant to seek public services, including health care, for fear their confidentiality will be compromised and providers will treat them as if they are mentally ill (ACCEPT 2003).

Individual factors—such as low levels of knowledge, erroneous beliefs, and risky sexual behavior—may also contribute to the spread of HIV/AIDS and STIs among MSM in Eastern and Central Europe. Kelly et al. (2001) report that 56 percent of men in a study conducted in Russia believed that washing after sex could protect them from contracting HIV, and 53 percent did not know that oil-based lubricants promote condom breakage. Respondents in Russian and Bulgarian studies reported unprotected intercourse with men and women as well as buying and selling sex for money (Kabakchieva et al. 2002, Kelly et al. 2001). Somali et al. (2001) demonstrated that risk behavior among MSM in public sex environments is common and, rather than deterring risky behavior, the presence of police and the threat of arrest prompted MSM to increase their covert activities and cruise⁷ for partners in secrecy.

⁶ According to UNAIDS, HIV prevalence is less than 0.1 percent in Bulgaria, Macedonia, and Romania. No reliable information is currently available for Kosovo because of the lack of a national epidemiological reporting system (UNDP 2004).

⁷ To “cruise” is to visit a location, usually public, that is known as a place MSM go to have sex. “Cruisers” are MSM who habitually visit these locations.

In addition to cruising areas, bars, and social networks,⁸ the Internet has emerged as an important medium of MSM social and sexual contact in Southeastern Europe. The privacy and anonymity of the Internet facilitates the search for sexual encounters, which may contribute to the transmission of HIV/AIDS and STIs (Bull and McFarlane 2000). Studies conducted in Western Europe and North America find that men who meet sex partners online report having more male partners and higher incidences of unprotected anal insertive and receptive intercourse than do men who meet partners offline (Benotsch et al. 2002). Likewise, MSM with online sex partners report more casual partners than do MSM with only offline partners, and they tend to be younger (Kim et al. 2001). Researchers suggest that MSM partner-seeking on the Internet has created an opportunity to access men who may not be “out”⁹ or who would not be likely to access HIV/STI preventive information in traditional health settings (Benotsch et al. 2002, Bull and McFarlane 2000, Kim et al. 2001, Tikkanen and Ross 2003).

Previous studies suggest that both individual and environmental factors contribute to HIV infection and STIs among MSM. The present study is part of the RiskNet project, a regional approach to reducing the transmission of HIV by reaching high-risk groups, including MSM, through cross-border activities. The objective of the study is to describe potential risk factors and preventive behaviors for HIV/AIDS and STIs among MSM in Southeastern Europe. Study findings are used to suggest future

⁸ For the purposes of this report, the terms “network” and “social network” are used to refer to an individual’s group of friends and acquaintances, the people with whom he works and spends leisure time. “Sexual network” refers to people with whom an individual has had at least one sexual encounter in the recent past.

⁹ The authors use the term “out” to describe personal or public disclosure of sexual preference for members of the same sex; however, interviewees sometimes use “out” to refer to self-admission of same-sex sexual orientation.

areas of study and appropriate intervention strategies for promoting safer sexual behavior among MSM in the region.

Methods

This study adapted Hawkins and Price's Peer Ethnographic Research (PER) methodology (Hawkins and Price 2000a, 2000b; Price and Hawkins 2002). The PER method is designed to enable social service agencies and programs to collect data on sensitive issues or from hard-to-reach populations, and to develop appropriate interventions. By training local researchers who are linguistically and culturally fluent, the PER method can capture nuances of meaning that are often inaccessible to quantitative approaches and can avoid reflecting dominant values and normative behavior patterns within social groups, as focus groups sometimes do. In-depth, conversational interviews with a relatively small number of interviewees are conducted to produce insight into how members of a target community understand the social behavior of people like themselves. For this study, Population Services International (PSI) offices in Kosovo and Romania recruited peer researchers (PRs) from local organizations in Bulgaria, Kosovo, Macedonia, and Romania that work with MSM or on gay and lesbian advocacy issues.

In June 2003, two social scientists and two field supervisors from PSI conducted a participatory workshop in Macedonia to identify study objectives and train PRs on the PER methodology and interviewing techniques. Workshop participants also drafted, pretested, and finalized discussion guides. Fieldwork took place from June to August 2003, immediately followed by a workshop in Bulgaria at which PRs identified key

issues that emerged from interviews, synthesized study findings, and discussed programmatic strategies for working with MSM.¹⁰

Twelve PRs conducted interviews with MSM in Sofia, Bulgaria; Pristina, Kosovo; Skopje, Macedonia; and Bucharest, Romania. Peer researchers selected a sample of men within their social networks who agreed to participate in interviews. Study guides provided simple discussion prompts; three separate interviews were conducted on sexual behavior, condom use, and HIV/STI awareness (see appendixes).

Discussion topics included where and how men meet sexual partners, patterns of communication for negotiating sex, perceptions of condoms and patterns of use, and measures taken to protect oneself from HIV/STIs. Each PR completed the series of interviews with four peers; the Macedonian PRs conducted interviews with five men. A total of 51 MSM participated in the study, and 151 interviews were completed. Interviews were conducted in local languages, with PRs noting key terms and phrases during discussions. Peer researchers prepared more elaborate field notes after each interview and translated them into English.

The two supervisors, in Kosovo and Romania, managed data collection and debriefed PRs after each series of interviews. Supervisors conducted debriefing sessions face-to-face or over the phone and prepared summary notes of their findings. The two social scientists also interviewed select PRs to identify study themes and clarify findings. Field notes from PRs, notes from their debriefing sessions with supervisors, and summaries from social scientists were entered into the text-based software Ethnograph 5.0. The program was used to highlight similarities and distinctions in

¹⁰ A longer version of this report, "Intuition, Secrecy, and Denial among MSM in South Eastern

participants' comments as well as to identify differences across study sites. The social scientists assigned individual codes to common discussion themes and plotted codes on a "family tree" in order to identify recurring themes and their relationship to one another.

Background

The peer researchers are from a variety of backgrounds, and most have at least some university-level education. Though all are affiliated with NGOs that work with gay, lesbian, bisexual, and transgender communities, most are volunteers and hold full-time jobs in other industries. In Bulgaria, PRs range in age from 22 to 26 years and work in the travel industry or for a human rights organization. Kosovar PRs are in their 30s and are students, instructors, and translators. Macedonian PRs are in their 20s and work either for human rights organizations or in the commercial sector. In Romania, all three PRs are students and range in age from 21 to 25 years.

Interviewees from Bulgaria, Kosovo, and Macedonia are in their late teens to mid-thirties and interviewees from Romania range in age from 19 to 50. Kosovars have lower levels of education than do interviewees from other study sites, with most holding secondary-level degrees or lower. Most men in Bulgaria, Macedonia, and Romania have at least some university education, and many hold professional jobs in commerce, advertising, law, the arts, education, medicine, or computer science or work in NGOs. Interviewees from Kosovo are employed in retail, fashion design, or translation, or work for NGOs.

Europe: Risk for HIV/AIDS and STIs," was written in March 2004 and can be obtained from the Research Department at PSI.

The size of social networks varied most among Bulgarian interviewees and least among Macedonian interviewees. Bulgarian interviewees estimated the size of their social networks to be 10 to 100 individuals, while Macedonian interviewees had social networks ranging from 10 to 30 individuals. The social networks of Kosovar interviewees ranged from 10 to 50, and Romanian interviewees had 30 or more individuals in their networks.

Living with parents or family members is common among interviewees in all four study sites, but participants are split in terms of their current relationship status with other men. One-third to one-half of interviewees in all sites reported living with parents or other family members. Some Romanian and Kosovar men said they live with their wives, and two Bulgarian men said they live with their boyfriends. Whereas approximately half of Bulgarian, Macedonian, and Romanian interviewees reported living alone, few Kosovars said that they live on their own. In terms of current relationship status with other men, only one Kosovar reported having a boyfriend, while about half of interviewees in the other study sites said that they are currently in a relationship with another man.

Results

This study describes potential risk factors and preventive behaviors for HIV/AIDS and STIs among MSM in Southeastern Europe. Data are presented on (1) sexual networking; (2) sexual norms and practices; (3) perceived threat of HIV/STIs; (4) beliefs about HIV/AIDS, STIs, and condoms; and (5) preventive behaviors, namely condom use, HIV/STI testing, and STI treatment.

Sexual Networking¹¹

Criteria for Partner Selection

Desirable partner attributes cited in this study related to cleanliness, physical attractiveness, wealth, age, and sexual position preference. The importance of particular traits varied moderately across networks by age and economic status but was similar across study sites.

Many men believe that cleanliness (judged by an intuitive feeling about a partner's health) is an important criterion for partner selection and can indicate the absence of HIV and STIs. Many MSM presume that certain types of men are cleaner than others, especially those who are physically attractive, wealthy, and not of Albanian or Roma descent.

Many interviewees view manliness as an important criterion of attractiveness and said that they prefer partners who look and act masculine to those who have a more effeminate self-presentation. The predisposition against effeminacy was strongest in

¹¹ "Sexual networking" refers to ways in which men select partners, including criteria for partner selection, places where partners meet, and methods for negotiating sex.

networks of working-class MSM and less common among students, artists, and men in professional positions.

Having money is one of the most attractive characteristics of potential partners, and some younger men reported exchanging sex with older men for money or other goods. Several interviewees explained that while perceptions of beauty differ, money is important to everyone.

Though most interviewees look for partners close to their own age, several reported seeking younger partners, particularly for one-night stands. There also appears to be a link between age and money: Young men often seek older partners who can provide money or material goods, and older men sometimes prefer younger partners whom they think are more attractive than men their own age.

“Everybody [online] says they’re students, because it makes them good-looking, or it indicates that they don’t have money. People who communicate with students want someone young and know that money might be involved.”
(Romanian PR speaking about 24-year-old interviewee)

Meeting Partners

Interviewees reported that locations where they meet potential partners play a large role in whether or not sex occurs. They described four principal venues: at public cruising areas; at bars, cafes, and clubs; through friends, particularly at parties; and on the Internet.

Cruising

Cruising areas across the four study sites include parks, hotels, bus and train stations, shopping arcades, riverbanks, public toilets, beaches, construction sites, and

abandoned buildings. Interviewees explained that, in cruising areas, whether one has sex hinges on finding an acceptable partner rather than one's desire to engage in sexual activity.

“The decision to have sex has already been made. The only thing is filtering people out that you don't want.” (Romanian PR speaking about 25-year-old interviewee)

Frequenting cruising areas seems to vary by age and how men self-identify.

Interviewees and PRs generally believe that MSM who meet sexual partners in cruising locales are younger than those who meet prospective partners through friends or in bars. Further, there was a belief that these men would be less likely to disclose their behavior to others than those who self-identify as gay and/or meet in bars and through friends.

Interviewees in Kosovo reported a strong distinction between cruisers and MSM who meet through social contacts. They believe that there is a connection between socioeconomic status and locations where MSM seek sex partners, with poorer men more likely than middle-class or wealthy men to frequent cruising areas. The absence of any relatively safe public space for MSM in Kosovo may also intensify the division between cruisers and those who meet partners at gay “community parties” or on the Internet.

Through Friends

In a few (predominately older) networks, interviewees follow a dating pattern in which initial contact with a partner occurs through mutual friends, either in bars or at parties. Most interviewees in their 30s said that parties are one of the places they meet

prospective partners. Some interviewees reported that most men in their networks are looking for relationships rather than one-night stands, so they prefer to meet partners through social connections rather than in cruising areas. Interviewees who are “out” tend to have larger social networks than those who do not self-identify as gay or MSM and are more likely to report meeting prospective partners through friends and at gay community parties.

In Bars

In Bulgaria, Macedonia, and Romania, most interviewees cited gay or gay-friendly bars or cafes as locations where MSM meet prospective partners. The number of bars is small, and interviewees tended to mention the same one or two establishments. Some interviewees report that, as with cruising areas, MSM in their networks go to bars having already decided to have sex. Several interviewees, however, described the social interaction in bars as more conversation-oriented than it is in cruising places, regardless of whether or not the decision to have sex has already been made.

“[At a bar], they talk a lot, and the decision to have sex is based on personal attraction. If there’s a strong desire to have sex in the moment for both sides, they’ll have sex.” (Bulgarian PR speaking about 27-year-old interviewee)

Online

Interviewees from all study sites reported that the Internet is an important vehicle for meeting sex partners. Only two interviewees—one a police officer, the other Roma—said they do not use the Internet. A few PRs also reported that some MSM they know, particularly those who cruise for sex in public, are computer illiterate and never use the Internet to look for partners. There were variations across study sites with respect to whether or not MSM use the Internet to look for dating relationships and

prospective boyfriends or as a way to find sex partners quickly once one has decided to have sex.

In Kosovo, and to a slightly lesser extent in Macedonia, interviewees described the Internet as a tool MSM use to look for dating relationships rather than one-night stands. A Kosovar reported that MSM from higher socioeconomic levels who use the Internet to find partners are critical of cruisers and men who are interested only in one-night stands. Another interviewee from Kosovo added that even if MSM use the Internet *and* cruise to find partners, they keep their cruising activities secret and talk only about the partners they find online.

Many interviewees from Bulgaria, Macedonia, and Romania described the Internet as a tool for finding and meeting partners quickly. Many believe that if someone is browsing dating sites or chatting online, he has already made the decision to have sex, and the parameters for sexual contact are negotiated at this time. Several interviewees described the tenor of online conversations as “even more direct” than in face-to-face encounters and depicted the browse-chat-meet-sex arrangement as straightforward and rapid.

“[It goes like this]:

‘Hi, how are you?’

‘ASL, P (age sex location, please)’

‘Active or passive?’ or ‘What do you prefer?’

‘Where do you live?’

‘Do you have your own place?’

Then they exchange pictures, and if they like what they see, they exchange phone numbers and arrange a meeting place. If you like the guy, you sit and have a drink and talk, and then [the sexual encounter] progresses.” (Bulgarian PR speaking about 28-year-old interviewee)

Some interviewees reported that when MSM use the Internet as a place to meet prospective boyfriends, communication patterns are less directly targeted toward sex. In such cases, nonsexual personal characteristics are as important as physical attractiveness and sexual readiness.

“The first thing [they do] is have a nice chat. The person must be intelligent, have a brain, then they exchange pictures. It all begins with a nice talk and finding common points....Then they go to cinemas or bars, but sex isn’t immediate.” (Bulgarian PR speaking about 25-year-old interviewee)

Types of Partners

Interviewees described a variety of sexual partner types: boyfriends, f***-buddies,¹² one-night stands,¹³ irregular partners, paying partners, and women. Some interviewees said that younger men exchange sex with older men for money or other goods. Most networks also contain MSM who are married, including some who use marriage as a disguise to conform to social norms.

Although boyfriends are considered the optimal partner type, only some men reported that it is common for MSM in their networks to have a boyfriend. Several interviewees cited safety from HIV/AIDS and STIs as an important benefit of boyfriend relationships, but few described such partnerships in terms of emotional support or companionship. Some men reported having serially monogamous relationships lasting less than three months, and others reported that open relationships, where sex outside the boyfriend pairing is allowed or even encouraged, are common.

¹² The expletive f*** is hereafter shortened to f.

One-night stands and f-buddies are more common than irregular partners in most networks. Nearly half of the interviewees ranked one-night stands as the most common type of partner among men in their networks. F-buddies are sexual partners men see on a regular basis but with whom they share no romantic relationship. Several interviewees in open relationships reported that f-buddies are frequently shared with boyfriends; others described them as sexual outlets when no “fresh meat” is available. Irregular partners are men with whom MSM have sex multiple times but not as regularly as f-buddies. Interviewees explained that f-buddies and irregular partners often serve as temporary sexual partners until a more interesting or emotionally involved relationship can be found.

Interviewees reported receiving money and other goods for sex much more commonly than paying for it. Being paid for sex enhances one’s status in the opinion of many interviewees, while several noted that paying for sexual activity is behavior typical of foreigners, “older people,” and “ugly people.” The most common arrangement is one in which younger men receive money or gifts from older men. Among the things interviewees reported receiving are drinks, rent money, clothes, books, meals, cell phones, music, and “a place to stay for a few days.”

Numerous interviewees reported that at least some men in their networks have sex with women. Some believe that these relationships may serve as disguises for MSM behavior and allow men to conform to cultural norms. The pressure to adhere to dominant heterosexual relationship models appears to be particularly strong in Kosovo, where PRs agreed that high rates of marriage, the stigma attached to MSM,

¹³ Peer researchers report that men in their networks use the term “one-night stand” to describe all

and a reluctance to disclose male-to-male sexual activity make relationships between men especially difficult to maintain.

Sexual Norms and Practices

Rates of Partner Change

Interviewees and PRs described varied rates of sex partner change among MSM. Half of the interviewees reported that, in their networks, having four or more partners per month is the norm. They also explained that, in general, younger men change partners more often than do older men. Men described a pattern of early frenetic sexual activity gradually tapering as MSM mature:

“Early on, after many people come out to themselves, they can engage in lots of sex and often indiscriminately.... [Most] people tend to mellow out a bit and begin to select partners in the same manner straight people do.” (Kosovar PR speaking about 34-year-old interviewee)

Several of the interviewees in their mid-30s or older reported partner change rates as high as those among men in younger networks. These older men have very large social networks from which to choose partners. In Romania, it appears that the sex partner change rate is higher in networks where money or other goods are exchanged for sex.

Sexual Practices and Locations for Sex

Fairly uniform norms govern the sexual practices of the men in the study. Across ages and study sites, interviewees described similar sets of activities, and most described their list of sexual practices as “nothing exotic.” Oral sex is the most commonly

sexual encounters of short duration.

reported sexual practice and the easiest to access; it predominates in cruising areas. Interviewees report that anal sex is routinely practiced in relationships and when sex occurs in private places. The frequency of threesomes and group sex varies, but PRs and interviewees view them as ordinary components of MSM sexual practice. Some men in the study reported using “glory holes”¹⁴ and going to “dark rooms.”¹⁵ A few interviewees, particularly those who reported exchanging sex for money or other goods, said that they have participated in fisting and “light” sadomasochism, but for most interviewees and their networks, these activities fall outside common practice.

Many interviewees reported the significance of the passive/active distinction among MSM. Several described younger men (“princes”) playing only the active role, particularly when having sex with older men. Most interviewees appear to view preferences for sexual positions as fixed, but a few reported playing both roles. When money is involved in the sexual encounter, interviewees reported that prescribed active/passive roles no longer pertain. The paying partner buys the right to control the terms of the encounter.

Interviewees repeatedly stated that their first choice of location for sex is their own house or the house of a sexual partner, although peer researchers noted that MSM in younger networks often live with their parents, making sex at their own homes impossible. Even though there appears to be a general trend of young men frequenting cruising areas, some younger interviewees reported never having sex in public places, while some independent, financially established interviewees continue to visit cruising areas and engage in public sex.

¹⁴ “Glory holes” are openings in walls through which men engage in anonymous sex.

Finding a safe place for sexual activity is a concern for men. Interviewees link the struggle to find a safe place for sex to the variety of places where sex occurs. Several men stated that they fear taking someone home and being “set up and robbed or beaten.” Danger in the form of the police or social sanction also affects the range of sexual practices in which men engage. Several MSM who cruise indicated that oral sex is overwhelmingly the most common public sex act because anal sex is “too complicated” and “risky” in public places.

Perceived Threat of HIV/AIDS and STIs

Perceived Severity

Although awareness of HIV/AIDS is high and MSM have some awareness of STIs, the perceived severity for infection varies by study site and network. Some men do not believe that HIV/AIDS and STIs are problems in their country/protectorate and blame outsiders and people who travel abroad for introducing infection into communities. This perspective is prevalent in Bulgaria, Kosovo, and Macedonia. Interviewees in Romania seemed to recognize that HIV/AIDS and STIs are problems in their country, but because they do not know anyone who is infected, they believe that infections are not a problem in their networks. Many men pointed to others as vectors for infection, especially “gypsies” (Roma) or other people they consider “dirty.”

Perceived severity for HIV/AIDS and STIs also differs by type of infection. Many men appear preoccupied with the seriousness of HIV/AIDS to the exclusion of other

¹⁵ “Dark rooms” are dim or unlit rooms where men go to engage in anonymous sex.

STIs. All interviewees are aware of the fatal nature of AIDS. Many said that STIs are “serious,” but some discredited their severity because they are “common,” “not a big deal,” and, unlike HIV, treatable.

“All STIs are in the shadow because of HIV. They know HIV will ultimately kill you; everything else you can deal with.” (Macedonian PR speaking about 27-year-old interviewee)

Some men, especially those who were infected with STIs in the past, assume that they cannot acquire the same infection again. As a result, the severity of subsequent infections is thought to be nonexistent.

Perceived Susceptibility

Overall, interviewees’ perceived susceptibility to HIV/AIDS and STIs is low. They appear to calculate risk according to the types of sexual partners they have, the sexual behaviors in which they engage, and the places where they find partners. A common perception is that boyfriends and people one knows well pose little or no risk while strangers, one-night stands, and partners found in cruising areas are risky.

A few men said that their risk for contracting HIV/AIDS and STIs is low because they use condoms and minimize the number of sexual partners they have. The majority, however, believe that if they choose their sexual partners carefully, they can avoid infection. They believe that they benefit from an “intuition” that enables them to judge the risk a potential partner poses, relying on outward appearances, reputation, and men’s behavior to assess risk.

Interviewees who consider themselves susceptible to HIV infection are generally those who engage in commercial sex or those who have known someone who is infected. This was especially the case for an interviewee in Macedonia who had a friend die of AIDS:

“Risk perception is high in this network because they know someone who died of AIDS, and they’re not sure how this guy got HIV. It shook up the whole network.” (Macedonian PR speaking about 37-year-old interviewee)

Some interviewees, especially younger men, believe that they are invincible and can escape infection. Others continue to engage in unprotected anal sex and hope that they avoid infection. Some men allow desire to displace perceived susceptibility and continue to engage in risky sexual behavior.

“There’s a strong desire to have an active sex life. If they think they can get something, it’ll diminish their sex life. They need to believe that it can’t happen to them.” (Romanian PR speaking about 19-year-old interviewee)

Despite an overall low perception of susceptibility for STIs, interviewees from every study site reported that STIs exist in their networks, and some cited cases of gonorrhea within their circle of friends. Some interviewees who change partners frequently recognize the rapidity with which STIs can spread within a network.

“If someone has an illness, everyone has it, because they all sleep with each other. STIs are very common in this network. Someone has something all the time.” (Romanian PR speaking about 33-year-old interviewee)

Beliefs about HIV/AIDS, STIs, and Condoms

Modes of Transmission

Overall, interviewees recognized the risk that unprotected intercourse presents for HIV and STI transmission. Nearly all identified unprotected anal sex as the most risky

sexual activity, but they had different beliefs about the likelihood of transmission. Some said that anal sex is risky only when a man ejaculates into his partner. Several said that anal sex is more risky for the passive partner, and one interviewee in Bulgaria said that the risk for HIV infection increases when partners have STIs. One interviewee was under the impression that HIV can be easily transmitted during vaginal sex but that the risk during anal sex is nonexistent. A few others believed that anal sex is risky only when blood is present.

Interviewees split on the subject of HIV/STI transmission through oral sex. The majority believed that by engaging only in oral sex, one can minimize the risk of infection. Some said that transmission occurs when individuals have open sores in or around their mouths and penises. Several others thought that individuals are at risk only when swallowing sperm. One interviewee even specified how much sperm would have to be swallowed for HIV infection to occur:

“You can get AIDS through oral sex if you ingest at least 3 liters of sperm; therefore, it’s a very low possibility [of transmission].” (Bulgarian PR speaking about 25-year-old interviewee)

A few men in Romania spoke about STI transmission through skin-to-skin contact and noted that even when partners use condoms, they remain exposed to open sores or lice and fleas. One interviewee said that STIs are usually transmitted “in the dark,” recognizing men’s inability to notice partners’ STI symptoms when sex occurs in dark or dimly lit places.

In speaking about nonsexual modes of HIV transmission, some interviewees said that sharing contaminated objects presents a risk. However, while they listed items such as

instruments used for medical procedures and pedicures and manicures, few mentioned razor blades. Others spoke about the risk injecting drug users face in using dirty needles. Interviewees also thought that sharing bed linens, toilet seats, clothing, or swimming pools with infected individuals could present a risk. Several said that HIV is transmitted through contact with bodily fluids and blood, including infected transfusions in hospitals. Some also said that open wounds are a mode of transmission, but only a few explained that an uninfected person must have direct contact with the open wound of an infected person in order for transmission to occur. A few men harbored misconceptions about HIV being transmitted via mosquitoes, simple touching, and kissing.

Some interviewees generalized modes of transmission for HIV to those for STIs and said that transmission routes include contaminated blood products and needles. Some mistakenly cited contaminated items such as towels, toothbrushes, clothing, bed linens, and unwashed hands as sources for STIs. A few men in Bulgaria, Macedonia, and Romania also said that kissing presents a risk.

Condoms

Interviewees reported both positive and negative beliefs about condoms. In general, condoms are regarded as a “necessary evil,” especially for anal sex. The majority of interviewees recognize that even though they dislike using condoms, they should use them because condoms provide protection from HIV/AIDS and STIs. Some men mentioned the importance of using condoms with one-night stands and partners one does not know well, because condom use can prevent infection from entering one’s network.

“He sees the need to use condoms, especially with one-night stands and occasional partners. It protects the ‘inner core’ of the network.” (Bulgarian PR speaking about 26-year-old interviewee)

A common perception is that condoms promote “hygiene” and are “clean,” because they prevent fecal matter from adhering to one’s penis. For some men from Bulgaria, cleanliness is the main reason they use condoms.

Several men pointed to a reduction in sexual pleasure as the major obstacle to using condoms consistently. Some interviewees said that it is “unnatural” to have a physical barrier like a condom between two people, and others said that there is nothing “exciting” about condoms. Some men firmly believe that sex is “no good” when condoms are used. Only two interviewees from Bulgaria said that condom use could actually increase sexual pleasure by allowing them to maintain an erection longer and creating suspense when sex is interrupted to apply a condom. Two interviewees from Bulgaria and Romania also noted that condom use could reduce pain during anal sex, especially for passive partners.

Preventive Behaviors

Condom and Lube Preparedness

Many interviewees said that men regularly carry condoms, especially when they expect to have anal sex. Situations in which men do not carry condoms are when they plan to have sex at home where they already have condoms, when they expect to have oral sex only, or when they know condoms are available at the bars where they find

partners. Some interviewees noted that passive partners are expected to be prepared with condoms, while active partners are not.

“If you want me to use a condom, then you have to provide it.” (Macedonia, 24-year-old interviewee)

Interviewees revealed several poor practices men demonstrate in keeping and carrying condoms. Some said that men never check the expiration date on packages to ensure that condoms are fit for use. Two interviewees, one from Kosovo and one from Macedonia, described methods for carrying condoms that can promote damage. The Kosovar said that he always keeps condoms in his car; he did not realize that sunlight can weaken latex and result in breakage. The Macedonian described how he carries condoms all the time, sometimes for too long, so that when he pulls them out, they are damaged and unusable.

Men are less prepared with water-based lubricant than with condoms. Water-based lube is expensive in most sites and packaged in large containers that prohibit discreet transport. Some interviewees also complained that water-based lubricant is difficult to find. Kosovar PRs said that “proper lubricant” cannot be found locally, so only internationals or locals who travel have it. Some interviewees added that men are unaware of the importance of using water-based lube or may not have heard about it, further impeding their preparedness. When water-based lube is unavailable, interviewees report using a variety of oil-based and household products to make anal sex more comfortable. Interviewees listed saliva, body oil, cooking oil, baby oil,

suntan oil, hand cream, face cream, sunscreen, lip balm, lidocaine,¹⁶ Vaseline, soap, shampoo, cosmetics, body wash, yogurt, butter, margarine, ice cream, milk cream, and fruit. By far the three most common substitutes were lotions, oils, and saliva.

Condom Use

Condom use is the most common strategy men employ to avoid HIV and STIs.

However, while interviewees agreed that condoms may be used during anal sex, no one uses them for oral sex. Several men said that condoms are “absolutely required” for anal sex, but use during oral sex is considered “unpleasant,” “unnatural,” “paranoid,” and “stupid.”

“Guys are reluctant to use condoms during oral sex. They think in terms of pleasure and safety.... Oral sex is thought of as pleasurable, while anal sex requires being safe.” (Romanian PR speaking about 25-year-old interviewee)

A recurring theme throughout the interviews was that men have a personal “condom policy” and choose to use them fairly consistently during anal sex or not at all. A few interviewees spoke about “barebackers” who have a no-condom policy and other men who use condoms “no matter what.”

“It depends on the person. If they use [condoms], they use them. If they’re used to risky behavior, they continue. People are habituated to their behavior, whether it’s risky or safe.” (Macedonian PR speaking about 24-year-old interviewee)

Even though several interviewees claimed that they use condoms every time they have anal sex, they noted exceptions. The most common exception is trust in one’s

¹⁶ Lidocaine is a topical numbing agent that many men use on their anus to make receiving anal sex less painful.

partner: the perception that condom use is unnecessary with boyfriends, especially long-term partners. The majority of interviewees described trusting relationships as those in which both partners are monogamous or those in which partners have agreed to use condoms with outside partners. Some interviewees said that asking a steady partner to use condoms could indicate a breach of trust and suggest that one partner has been unfaithful or broken the agreement to protect himself outside the relationship.

Many interviewees noted that the places where men find partners and the types of partners they have influence their “condom policy.” Partners men know well are considered low risk and exempt from condom use. “Knowing someone” can mean sharing a personal history with an individual, having had sex with him in the past, or having friends who endorse his positive reputation. Many men described relying on their intuition to decide with whom they can forgo condom use. Others said that they use condoms with partners who are known to have had a lot of sexual partners. Partners found in cruising areas are usually considered riskiest because of their low levels of condom use and their status as strangers.

Desire, being “too horny,” and getting caught up in the “heat of the moment” can have a negative influence on condom use. Many interviewees spoke about men’s reluctance to “interrupt the momentum” of sex, sacrifice pleasure, stop when “things get out of control,” or “spoil the moment” by suggesting condom use. One Kosovar PR pointed out that condoms ruin the momentum of sex when their use is not discussed before sexual activity begins; many men delay discussion and then feel that it is too late to insist on condom use. Other factors that may impede condom use are

men's unwillingness to miss an opportunity to have sex or their unwillingness to insult a desirable partner, "Mr. Perfect," by proposing condom use.

Several other situations can negatively influence condom use. Some interviewees explained that men who have sex with both men and women rarely use condoms with female partners, either because they believe that women do not present a risk for infection or because they do not want to arouse suspicion among female partners and reveal their MSM activity. Romanian interviewees who exchange sex for money said that if clients do not wish to use condoms or are willing to pay more for unprotected sex, they will forgo use.

Even when men use condoms, many appear to use them improperly. According to interviewees, common practices are opening packages with one's teeth, failing to remove air from the tip of the condom before application, and unrolling the condom and putting it on the penis like a sock. Some men wear two or more condoms at a time, adding to the perception that condoms are uncomfortable. One interviewee from Macedonia noted that some men remove condoms just before ejaculation.

Other Prevention Strategies

When asked about strategies other than condom use that men employ to avoid HIV/AIDS and STIs, some interviewees mentioned abstinence, partner reduction, and sexual fidelity, but they explained that such methods are rare among men who "are looking to get laid whenever possible." Single men appear to look for partners whenever and wherever possible and, while some couples say that they are mutually monogamous, this seems to be the exception rather than the rule.

When partners refuse to use condoms or condoms are unavailable, the most common strategy appears to be to negotiate “less risky” behavior, such as oral sex or mutual masturbation, rather than engaging in unprotected anal sex.

“If they’re in a sexual situation and don’t have a condom, they’ll limit their sex acts to something safe like oral sex or jerking off—nothing risky.”
(Macedonian PR speaking about 28-year-old interviewee)

Some men said that they close their network to outsiders and have sex only with men who are known to members of the network or who have a good reputation.

“The group knows each other and each other’s partners, so they believe they know who might not be safe. A new member is suspect until a relationship has been established with someone over the course of three or four months.”
(Bulgarian PR speaking about 26-year-old interviewee)

Some men believe that they can avoid infection by being the active partner during anal sex. Another strategy is to practice “good hygiene” to avoid infection. Some men inspect partners’ bodies for sores and signs of STIs before sexual activity, while others bathe or use enemas after anal sex to prevent infection.

Testing for HIV/AIDS and STIs

Testing for HIV/AIDS appears to be rare. In addition to a low perceived need, barriers to testing include the fear of a positive test result and the fear of being labeled a homosexual. Whereas most men do not seek testing services, some rely on making blood donations for routine screening. Some interviewees in Bulgaria said that they donate blood regularly and assume that blood banks will tell them if they are HIV-positive.

In some study sites, civil servants, including police officers, are required to undergo routine physical exams, including screening for HIV and STIs. For the most part, however, men do not voluntarily seek screening for either category of infection. Only a few networks of men in Bulgaria, Kosovo, and Romania appear to seek HIV and STI testing. In Kosovo, the men in interviewees' networks who have been screened for HIV are usually those who have spent time abroad. In Romania, those most likely to have been tested are men who participate in commercial sex. In Bulgaria, several men said that they get screened for HIV and STIs because they have many partners or because they have friends who are doctors.

Some interviewees said that a few couples seek testing when a relationship becomes "serious" and partners wish to stop using condoms with each other. Others said that if men obtain screening, they usually do so alone and without telling partners, so that their partners do not assume that they have been unfaithful. Others said they would prefer to get tested for HIV and STIs alone, because they would not want to tell their partners about a positive test result.

Most interviewees said that men rarely receive STI screening and get tested only "if there is an obvious problem." Many believe that STI symptoms will be obvious and assume that screening is unnecessary because they will know immediately if they have an STI. Some said that STI screening is less important than testing for HIV because, in addition to their obvious signs, STIs are not chronic like HIV/AIDS. Finally, some interviewees, especially those in Kosovo and Romania, thought that in addition to a low perceived need for testing, unprofessional clinic staff contribute to men's reluctance to get tested for STIs.

“STI screening can only be done at the urology clinic. This is considered an unpleasant option because the staff is rude and unprofessional, and doesn’t respect confidentiality.” (Kosovar PR speaking about 30-year-old interviewee)

STI Treatment

When men consider STI treatment, the most common course of action is to consult friends for advice and then either attempt self-treatment or go to a doctor for medical treatment. Common self-treatments for STIs and related ailments include shaving pubic hair and using solutions from pharmacies to treat fleas and lice, taking antibiotics purchased from the drugstore, and using general over-the-counter remedies.

Some men forgo treatment and hope that an STI will “go away on its own,” or they learn to live with the discomfort. Others employ the same strategies they use to fight a common cold or the flu: giving the infection a week or so to pass. A PR from Kosovo noted that herpes appears to be common in certain networks, so common that men think it is normal to be infected.

“Men seem to think of it as normal or as common as a cold sore. It’s something that just happens and will go away on its own.” (Kosovar PR)

When asked if they or their friends would notify sexual partners if they contracted an STI, some interviewees said that they would, while others said they would not. Men appear more likely to notify regular sexual partners or boyfriends than one-night stands or irregular partners. A few interviewees argued that it is only important to notify partners about HIV infection, because STIs can be treated and “aren’t that

serious.” Interviewees who sell sex to other men said that disclosing STIs to clients could result in lost revenue.

Conclusions

This study provides insight into men’s potential risk factors and preventive behaviors for HIV/AIDS and STIs. In general, MSM rely on their intuition to choose partners who look clean and healthy, and whom they believe to be free from HIV/AIDS and STIs. In addition to cruising areas and bars, the Internet has emerged as a popular place to meet partners, because it provides an anonymous location for men to interact and prearrange sexual encounters. Men’s most commonly reported partners are one-night stands and f-buddies, although most men would prefer to have a boyfriend. More than half of the men in the study reported that changing partners four or more times per month is the norm in their networks.

Although awareness of HIV/AIDS is high and men have some awareness of STIs, perceived severity and susceptibility for infection is relatively low. While current HIV infection rates might explain men’s low risk perception, their erroneous beliefs about transmission and high levels of risky behavior create the conditions for a widening epidemic. Most men believe that having unprotected sex with “clean” men, boyfriends, and men they know well can protect them from infection. When men do perceive some risk of infection, they appear preoccupied with the seriousness of HIV/AIDS and fail to take their risk for STIs seriously, assuming that STIs can be easily treated. The shame associated with STIs and the stigma attached to MSM activity also prevent men from seeking information and treatment that could decrease

their risk for infection. Important obstacles include the fear of being labeled an MSM and unprofessional staff at clinics, who are not trusted to maintain confidentiality. Many men dismiss the severity of STIs and rely on self-treatment or hope that infections will disappear on their own. Many fail to get tested or to notify partners of infection, potentially promoting the rapid spread of HIV and STIs throughout networks.

Men reported carrying condoms regularly and discussed difficulties associated with obtaining water-based lubricant. Although condoms are considered a “necessary evil” and are sometimes used during anal sex, men fail to use them during oral sex. Many men have “condom policies”: They use condoms fairly consistently or not at all. Although men say they use condoms consistently for anal sex, they make exceptions for certain types of partners, especially boyfriends, paying partners who object to condoms, and individuals whom they think they know well. Failure to discuss condoms before sex starts impedes use. Additional protective strategies men employ are negotiating oral sex or masturbation in lieu of unprotected anal intercourse, closing networks to outsiders, avoiding receptive sex, and failing to ejaculate or to swallow semen.

As with all research, this study faced certain limitations that must be taken into account in interpreting the results. Though the PER method is appropriate for conducting research with hidden groups, study samples are limited to men within the PRs’ networks, usually men who share a similar profile. Gay-identified PRs were recruited from NGOs active in HIV prevention and gay and lesbian issues. These men, as well as their networks, may be better informed or more active in their

communities than non-gay-identified MSM. Their behavior may also differ from that of non-gay-identified MSM.

Likewise, most interviewees in this study are young and well educated, and benefit from a high socioeconomic status; their experiences may not reflect those of men from different backgrounds. One PR appeared to have a limited network of MSM, prompting him to recruit men from a local HIV-prevention NGO who might engage in riskier behavior than do other men in the community. While PRs demonstrated an impressive commitment to collecting study data, one interviewee in Macedonia completed only one of the three interviews.

The potential for information bias exists when interviewees underreport risk behavior or exaggerate their sexual exploits to impress PRs. Some interviewees gave contradictory responses, especially about the consistency with which they use condoms. Although the study relies on PRs to elicit narratives from interviewees, field notes from some interviews resembled checklists of personal traits and sexual practices, yielding data that did not capture the complexity of lived experience. Additional training on interviewing may be required to prepare PRs for fieldwork, and more pretesting of the discussion guide could identify redundant questions. Translating study findings into English was also sometimes difficult, and some nuances of language and meaning may have been lost.

Suggestions for Future Research and Programmatic Strategies

Despite the challenges of data collection, findings from this study suggest areas for additional research and programmatic strategies for promoting safer sexual behavior among MSM in the region. Topics for additional qualitative research include HIV/STI risks among men from different backgrounds and minority groups, such as the Roma community; the role of alcohol and drugs in risk behavior; meanings of relationship categories for MSM and their influence on sexual risk-taking; and risks particular to men who do not self-identify as gay or even as MSM. Interviews with MSM from additional networks could provide a broader perspective on sexual activity and men's risks for HIV/AIDS and STIs in the region. Quantitative studies could be used to generate knowledge from a larger framework of MSM and to examine the association between sexual norms and beliefs about HIV/STIs and behavior.

Many opportunities exist for targeting men who participate in male-to-male sex with HIV/STI prevention messages. Although agencies may initiate programs with gay-identified men in the early stages of development, men who do not self-identify as gay or MSM can also benefit from prevention messages. Likewise, interventions should be developed that are appropriate for the cultural frameworks in which they operate, recognizing that men who participate in male-to-male sex vary not only by self-identification but also by other factors that influence their risk for HIV/STIs, such as education and economic status. Programs should dispel common misconceptions by disseminating information about modes of HIV/STI transmission and correct prevention methods. Campaigns should challenge the myth that choosing partners carefully and relying on one's intuition are effective strategies for minimizing risk. In

addition, the idea that known and trusted sexual partners, including women, are exempt from HIV/STI risk must be addressed, and programs should encourage men to reduce the number of sexual partners they have.

Messages about condom and lube preparedness are needed. Although many men carry condoms when they plan to have anal sex, unplanned sexual activity is common. Prevention messages should urge men to always be prepared with condoms and water-based lubricant, not only when they plan to have anal sex. Condoms can be promoted as products that “keep sex clean”; campaigns could combine the benefit men already see in condoms (preventing the transfer of fecal matter between partners) with the long-term benefit of HIV/STI prevention. Campaigns should also address the danger of using oil-based lubricants, lidocaine, and common household products during anal sex. Men appear unaware of the role of these products in condom breakage and the potential for introducing physical trauma and infection. Finally, men should be encouraged to seek medical treatment for STIs rather than relying on self-treatment or simply ignoring symptoms.

Men would benefit from improved access to quality condoms, lubricant, and confidential voluntary counseling and testing (VCT) services. Condoms should be made available near cruising areas and places where high-risk activity occurs. Water-based lubricant should also be available in small, discreet packages that can easily be carried in a pocket. Products such as flavored condoms and lubricant could increase the likelihood of condom use during oral sex and challenge the perception that safer sex compromises pleasure. Programs should increase the availability and promotion of VCT services that offer confidential HIV testing and counseling sessions

appropriate for MSM. Likewise, programs should work with local medical personnel to provide HIV/AIDS and STI services in a confidential and nonjudgmental manner.

Other channels for communicating prevention messages are the Internet, anonymous hotlines, peer educators, men's personal networks, and advocacy organizations.

Internet campaigns should include banner ads, enticing messages, and links to reliable information and services on cruising sites. Some local NGOs have created hotlines to answer men's questions about HIV/AIDS and STIs, but awareness of such services appears low. Additional promotion may be needed for these programs, and hotlines should be made available in countries/protectorates where they do not exist. Existing peer education programs could be improved by ensuring that peers are prepared to answer questions about STIs as well as HIV/AIDS. Likewise, programs could tap into men's existing social networks to disseminate information and create a social expectation of safer sexual behavior. Interventions that focus on personal contact with MSM also offer opportunities to teach men to carry and use condoms correctly.

Finally, prevention programs should be developed from a rights-based perspective and approach, working with human rights organizations that develop informed policies that protect the rights of sexual minorities. The success of HIV/STI prevention strategies will be enhanced when issues surrounding stigma and discrimination are addressed and MSM feel enabled to reduce their risk and obtain needed services.

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Appendix 1

SEXUAL BEHAVIOR DATA COLLECTION SHEET: Interview 1

Interviewee Number: _____ Age: _____ Date: _____

Thank you for coming and participating in this conversation. You do not have to disclose any personal information. I will ask you about the habits and behavior of people you know, but please refrain from using any names. I appreciate your honesty and will keep your comments confidential.

1. Where initial contact is made.
2. How a potential partner is selected.
3. Type of approach/communication used.
 - a. Slang used
4. How the decision to have sex is made.
 - a. Role of alcohol and drugs
 - b. Money
5. Where people in the network go to have sex.
6. Sexual practices:
 - a. Number of partners in a month
 - b. Partner change rate
 - c. Practices such as oral sex, anal sex, orgies, glory holes, dark rooms, SM, fisting, etc.
7. Accessories used during different sexual practices:
 - a. Condoms
 - b. Lube
 - c. Toys
 - d. Other (e.g., gloves, saliva, shampoo)
8. Types of partners:
 - a. Paying partner
 - b. Partner who receives payment
 - c. Woman
 - d. Boyfriend
 - e. F-buddy
 - f. One-night stand
 - g. Partner seen on irregular basis
9. Accessories used with different partners:
 - a. Condoms
 - b. Lube
 - c. Toys
 - d. Other (e.g., gloves, saliva, shampoo)

Appendix 2

DECISION-MAKING ABOUT CONDOMS DATA COLLECTION SHEET: Interview 2

Interviewee Number: _____ Age: _____ Date: _____

Thank you for participating in this second conversation. As a reminder, you do not have to disclose any personal information. I will ask you about the habits and behavior of people you know, but please refrain from using any names. I appreciate your honesty and will keep your comments confidential.

1. Perceptions of condom use:
 - a. Like/dislike condoms
 - b. See need to use them

2. Condom preparedness:
 - a. Carry condom
 - b. Carry lube

3. For which sexual acts do network members use condoms?
 - a. Oral sex
 - b. Anal sex
 - c. Other

4. Situations that can influence condom use:
 - a. Place where meet partners
 - b. Partner looks healthy
 - c. Already had unprotected sex with same partner
 - d. Feel know partner well enough
 - e. Asked partner's HIV status
 - f. Past risk experience
 - g. HIV test results

5. When network members don't use condoms even when they know they should?
 - a. Under influence of alcohol and drugs
 - b. Don't want to lose an opportunity to have sex
 - c. Don't want to compromise pleasure
 - d. Don't want to interrupt momentum

6. How does being in a relationship affect decision-making around condom use?
 - a. The effect of trust (e.g., sexual fidelity, protected sex outside the relationship)

7. How does being in a relationship affect screening/testing?
 - a. HIV
 - b. STIs

Appendix 3

AWARENESS & RISK PERCEPTION OF STIS & HIV: DATA COLLECTION SHEET: Interview 3

Interviewee Number: _____ Age: _____ Date: _____

Thank you for participating in this third conversation. As a reminder, you do not have to disclose any personal information. I will ask you about the habits and behavior of people you know, but please refrain from using any names. I appreciate your honesty and will keep your comments confidential.

1. Ways in which network members say HIV is transmitted among MSM.
2. Things people in the network do to prevent HIV infection.
3. Other illnesses besides HIV/AIDS that people in the network say they can get from sexual contact. Such diseases are called sexually transmitted infections (STIs).
 - a. Slang terms
4. Signs of STIs that people in the network talk about.
5. Ways in which people in the network say STIs are transmitted.
6. How common are STIs among people in the network?
7. Things people in the network do to prevent STIs.
8. Where the network receives information on STIs:
 - a. Friends
 - b. Doctors
 - c. Internet
 - d. Hotline
 - e. Organizations
 - f. Brochures, magazines, etc.
9. What people in the network do when they have an STI:
 - a. Ask for advice
 - b. No treatment
 - c. How often do they receive routine exams?
 - d. Go for treatment (pharmacist, doctor, etc.)
 - e. Self-treatment
 - f. Notify partners
10. Network's beliefs about the likelihood of getting infected:
 - a. STIs
 - b. HIV
 - c. Why perception of risk is low or high.
11. Network's beliefs about consequences of untreated STIs.

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