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Олександра Яременка

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Monitoring behaviour of men having sex with men

ANALYTICAL REPORT

on results of the research

Kyiv 2008

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Authors:

O. M. Balakireva, *PhD in Sociology (project leader)*;

T. V. Bondar;

M. G. Kasyanchuk;

Z. R. Kis;

E. V. Leschinskiy;

S. P. Sheremet-Sheremetyev

Reviewers:

V. O. Sobolev, *PhD in Sociology*

U. I. Yakovenko, *PhD in Sociology*

Editor:

M. M. Illyash

Research “Monitoring behaviour of men having sex with men as a component of second generation epidemiological surveillance” is conducted with financial assistance from ICF “International HIV/AIDS Alliance in Ukraine” in the frames of “Overcoming HIV/AIDS epidemic in Ukraine” Programme supported by the Global Fund to fight AIDS, tuberculosis, and malaria, as well as the Futures Group International, project USAID/Defining health care policy.

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Results of the survey conducted among men having sex with men (MSM) are presented in this report, particularly socio-demographic characteristics, awareness about HIV/AIDS and prevention methods, information about sexual behaviour. Special attention is paid to factors which cause unsafe behaviour. Alcohol abuse and drug use habits, accessibility to condoms and HIV testing as well as prevention programmes coverage are analyzed.

Results of the research will be useful to representatives of national government and local authorities, professionals (social workers, medical personnel, psychologists, etc.), workers of charity funds and non-governmental organizations, who implement prevention programmes among MSM, personnel of HIV/AIDS prevention and treatment centres as well as others involved in implementation of projects for MSM.

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Introduction

“Monitoring behaviour of men having sex with men (MSM)” research has been conducted by Ukrainian Institute for Social Research after O. Yaremenko (UISR after O. Yaremenko) in 2007 with financial support of ICF “International HIV/AIDS Alliance in Ukraine” (Alliance-Ukraine) in the frames of “Overcoming HIV/AIDS epidemic” programme supported by the Global Fund to fight AIDS, tuberculosis and malaria (Global Fund) and the Futures Group International, USAID project/Defining health care policy, as well as with the support of the Ministry of Ukraine for Family, Youth and Sport, State Social Service for family, children and youth as well as charity and non-governmental organizations (NGOs), which work with MSM.

HIV prevalence is still characterized by high intensiveness: highest HIV morbidity rates among citizens of Ukraine for all the periods of epidemiological surveillance were registered in 2006 – 34,4 persons for 100,000 of the population (16 078 persons). HIV morbidity rates have increased in 2006 on 16,8 %.

Until 2003 (inclusive) not more than 4 cases among citizens of Ukraine who have been diagnosed as HIV-positive as a result of homosexual contacts have been registered according to results of epidemiological surveillance on HIV and STI conducted by Ukrainian Centre for HIV/AIDS prevention and treatment of the Ministry of Health of Ukraine. In 2004 9 cases have been registered, in 2005 – 20 cases¹, in 2006 – 35 of such cases² have been identified. 8 % of respondents informed about their HIV-positive status according to MSM survey in 2004³. This makes up to 3 % of the general sample (N=886).

Thus identification of real situation on HIV prevalence among MSM is high on the agenda in Ukraine.

Aims of the research:

- to collect data for calculating national indicators;
- to analyze links between risk behaviour and HIV-status based on results of the linked research conducted in four cities of Ukraine: Kyiv, Kriviy Rig (Dnipropetrovska oblast), Mykolaiv and Odesa.

Objectives of the research:

- to collect data for the analysis of HIV infection risk factors;

¹ Epidemiological surveillance of HIV and STI in 2005: Analytical report – K., 2006. – P. 9.

² Results of epidemiological surveillance of HIV/AIDS and STI. – K., 2006. – P. 32.

³ Monitoring behaviour of men having sex with men as a component of second generation epidemiological surveillance / L. Amadgadin, K. Kaschenkova, T. Konoplynska, O. Lysenko, A. Marysov, U. Pryvalov, U. Saenko, O. Trofimenko. – Kyiv.: ICF „International HIV/AIDS Alliance in Ukraine”, 2005. – 60 p.

- to study awareness about HIV/AIDS, sexual practices and behaviour models;
- to collect data for indicators included in the list of National indicators for monitoring and evaluation of effectiveness of measures which control HIV/AIDS epidemic⁴;
- to evaluate influence of HIV prevention programmes on MSM;
- to develop recommendations for further prevention interventions among MSM.

Target group of the research: men having sex with men.

Criteria for inclusion in the target group: presence of homosexual contact (oral sex, anal sex⁵, petting) during six months before the survey.

Organisation of the research. Coordination work has been done by the experts of UISR after O. Yaremenko.

Academic support has been provided by consultants from Alliance-Ukraine, the Futures Group International, USAID project/Defining health care policy, Ukrainian Centre for HIV/AIDS prevention and treatment, the Ministry for Family, Youth and Sport.

A working group has been formed in each city and consisted of chief interviewers of stable interviewers' network of UISR after O. Yaremenko, workers of centres for HIV/AIDS prevention and treatment, representatives of NGOs who work with MSM.

In 2007 the research has combined two components: *behavioural* research of MSM (conducted by research team of UISR after O. Yaremenko) and epidemiological surveillance (conducted by the Ukrainian centre for HIV/AIDS prevention and treatment in cooperation with oblast centres for HIV/AIDS prevention and treatment, the AR of Crimea and Kyiv city centres for HIV/AIDS prevention and treatment).

Implementation of the project required close and constructive cooperation between organizers in oblasts and employees of oblast HIV/AIDS centres.

Ukrainian centre for HIV/AIDS prevention and treatment provided funding for participation of medical workers situated in the same place where the interview was taking place in order to conduct counselling before and after the interview as well as to do a rapid test. Medical workers have been using „Instruction for employees of voluntary HIV counselling and testing projects who work with representatives of vulnerable groups with the use of rapid tests “Organics Double check gold HIV 1&2 Whole blood”, provided by the Ukrainian HIV/AIDS centre.

⁴ MoH Order № 280 from 17.05.2006 on approval of national indicators for monitoring and evaluation of effectiveness of measures which control HIV/AIDS and Instruction on calculation of these indicators.

⁵ “Penetrative contact” definition has been used in the questionnaire.

Trainings on organization and implementation of the survey among MSM have been conducted for all participants of the project. Trainings also covered sampling methodology of IDUs on city level. Instructions on appropriate recruitment of respondents according to RDS⁶ methodology have been shared. Trainings on organization and implementation of the linked research have been conducted for organizers and interviewers by UISR after O. Yaremenko. Ukrainian centre for HIV/AIDS prevention and treatment conducted trainings for regional HIV/AIDS centres.

Geography. According to epidemiological situation in Ukraine, different levels of HIV prevalence as well as taking into consideration the availability of non-governmental organizations which work with MSM, the following regions and cities have been chosen for the survey: Simferopol, Yalta, Dnipropetrovsk, Kriviy Rig, Donezk, Ivano-Frankivsk, Kyiv, Lugansk, Mykolaiv, Odesa, Kherson and Cherkasy.

Sampling. A sample for each city has been identified based on experts' (representatives of NGOs who work with MSM) opinions about openness and accessibility of the target group. Planned sample in Simferopol, Yalta, Dnipropetrovsk, Kriviy Rig, Ivano-Frankivsk, Cherkassy included 100 respondents; in Lugansk – 150, in Donezk, Kyiv, Mykolaiv, Odesa, Kherson – 200 respondents.

Recruitment of respondents has been done according to RDS (Respondents Driven Sampling) methodology – sample which is guided and implemented by respondents themselves. According to this methodology *primary* respondents are selected by the research team. Primary respondents undertake recruitment of other respondents, defined as *secondary* respondents. Mapping of the city with definition of the places of most frequent presence of the target group representatives has been conducted to provide access to MSM. Primary respondents have been selected with careful consideration of different socio-demographic characteristics (age, social status and level of education), districts/micro-districts to ensure comprehensive coverage by various representatives of the target group.

The number of primary respondents has been defined for each city separately (with the calculation that, on average, one primary respondent can provide recruitment of 40 secondary respondents) and made up to: 3 persons for the sample of 100 respondents, 4 persons for the

⁶ RDS methodology has been developed in 1990-s by professor Douglas Heckathorn. Particularity of this methodology is that selection of respondents is conducted according to social networks of members of the target groups which take part in formation of the sample.

sample of 150 respondents, 6 persons for the sample of 200 respondents.

Primary respondents recruited secondary respondents according to the equal opportunities principle: each respondent has received no more than three invitations for the secondary respondents. Each secondary respondent as well recruited next round of secondary respondents according to the same equal opportunities principle.

Because in some cities the development of secondary respondents sample has been interrupted at a certain stage, which has been recorded by invitation system of RDS methodology, the number of primary respondents had to be increased. Thus, the number of primary respondents has been increased in Yalta - from 3 to 9, in Kyiv – from 6 to 8 and Cherkasy - from 3 to 4.

Interview methodology: personal „one-to-one” interview with invitation of potential respondents to particular interview locations. Separate offices are necessary for management of database according to RDS methodology as well as conducting pre- and post- rapid test counselling. Premises of NGOs and particularly equipped buses have been used for interviewing MSM.

Data characteristics: 1 764 MSM of 15 years old. Standard deviation with valid 95 percent and ratio of variables from 0,1 : 0,9 to 0,5 : 0,5 makes up to 01,43%–2,39 %.

When comparing results on different city levels, it is important to take into consideration confidence interval, which is defined by standard square deviations (see table A).

Table A

Standard square deviations of the sample with 95% valid depending on the number of respondents and percentage indicators

Num. of respondents	For elements, close to				
	10 % / 90 %	20 % / 80 %	30 % / 70 %	40 % / 60 %	50 %
100	6,0 %	8,0 %	9,2 %	9,8 %	10,0 %
150	4,9 %	6,5 %	7,5 %	8,0 %	8,2 %
200	4,2 %	5,7 %	6,5 %	6,9 %	7,1 %

Duration of field research: 8 June – 15 August 2007.

Research methodology. Questionnaire for interviewing MSM has been developed based on the Guiding principles of key indicators development⁷ as well as Methodological recommendations for monitoring behaviour of MSM as a component of second generation epidemiological surveillance (prepared by expert group of International HIV/AIDS Alliance in Ukraine); instructions, methodological and field documents for research implementation, such as recommendations on collecting information about the target group, sampling as well as instructions for interviewer and recruiter have been prepared.

Report structure. Socio-demographic characteristics (age, marital status, social mobility, employment, education, etc.) of respondents are presented in the *first* chapter of the report. Knowledge of MSM about HIV/AIDS and STIs are analysed in the *second* chapter of the report. Information about sexual behaviour of MSM, particularly, factors which influence unsafe sexual behaviour, is presented in the *third* chapter. Alcohol abuse and drug use is presented in the *fourth* chapter. Information about HIV voluntary counselling and testing among MSM is presented in the *fifth* chapter. Coverage levels of MSM by prevention programmes is analysed in the *sixth* chapter. Information about testing results of MSM, who took part in the linked research is presented in the *seventh* chapter.

Conclusions and recommendations aim at identification of factors which will make it possible to improve HIV prevention among MSM. Results of the research will be useful for representatives of the national government as well as local authorities, professionals (social workers, medical personnel, psychologists, etc.), NGO workers who implement prevention programmes among MSM and for personnel of HIV/AIDS prevention and treatment centres.

More detailed information on research methodology, questionnaire for MSM, linear distribution of respondents' answers on the questionnaire can be obtained on the web-site of UISR after O. Yaremenko (<http://www.uisr.org.ua>) and Alliance-Ukraine (<http://www.aidsalliance.org.ua>).

Authors express gratitude to Alliance-Ukraine (Saluk T., Shvab I.), the Futures Group International, USAID project/Defining health care policy (Semeryk O., Yaremenko O., Nikolko M.), consultants of the Ministry of Ukraine for family, youth and sport (Pinchuk I., Sanovska V.), specialists of UISR after O. Yaremenko (Dmytruk D., Romanovska L., Sosidko T., Bondar O., Kolomydra E.), international charity organisation „AIDS Foundation East-West”

⁷ Monitoring the Declaration of Commitment to HIV/AIDS: guidelines on calculating core indicators: 2008 reporting.

(Sarankov Y.), All-Ukrainian Network of people living with HIV/AIDS (Polyanzev P.) who helped to plan and implement the research as well as prepare the analytical report.

This research became possible thanks to cooperation of a big number of people, among them regional coordinators of stable interviewers' network of UISR after O. Yaremenko, employees of state organizations and NGOs which work with MSM, particularly: CF "Nadia and Poryatynok" (Simferopol), NGO "Youth centre of women initiatives" (Sevastopol), NGO "Donbas Social project: (Donezk), Rehabilitation centre "Virtus" (Dnipropetrovsk), CO "With hope" (Kriviy Rig), CCF "Solidarnist" (Ivano-Frankivsk), CF "Kyiv-Testosteron" (Kyiv city), NGO "Gay-Alliance" (Kyiv city, Cherkassy), All-Ukrainian NGO "Gay-Forum of Ukraine" (Kyiv city), Regional information and human rights Centre for gays and lesbians "Our world" (Lugansk), Mykolaiv association of gays, lesbians and bi-sexuals "Liga" (Mykolaiv), Youth NGO "Self-help club "Life plus"" (Odesa) and Khersonska regional NGO "Oktanta" (Kherson).

Short overview of the main results

Research methodology

In order to research potential behaviour which influences spread of HIV in the society 1764 of men having sex with men have been interviewed in 12 cities of Ukraine: Simferopol, Yalta, Dnipropetrovsk, Kriviy Rig, Donezk, Ivano-Frankivsk, Kyiv, Lugansk, Mykolaiv, Odesa, Kherson and Cherkasy. Average age of respondents is 28 years old. Youngest age of respondents is 15 years old. Recruitment of the respondents has been implemented according to RDS (Respondents Driven Sampling) methodology, according to which the sample is guided and implemented by respondents themselves. Survey has been conducted through individual “one-to-one” interview.

Social portrait of respondents

Majority of respondents have never been married to a woman (77 %). At the time of the survey 12 % of respondents have been officially married. Almost a half of MSM (46 %) have complete secondary or vocational education (11 grades etc.) or have incomplete higher education. 67 % are inhabitants of the cities where the survey has been conducted, 10 % do not live permanently in the city where the interview has been conducted, however, come from time to time. 23 % are new-comers. A three fourth of MSM (74 %) work (full-time job as well as have occasional income), 17 % study (are students of high schools, professional educational technical vocational school; students of vocational technical schools or universities), other 9 % neither work now study.

Awareness of MSM about HIV/AIDS and STI

Respondents-MSM have demonstrated high level of knowledge about ways of HIV transmission: sexual (without condom use) and through blood during injecting drug use.

82 % of respondents answer correctly that appearance cannot help to identify wheather a person have HIV, 93 % have correctly identified that “the risk of HIV-infection can be decreased if to use condom correctly during each sexual contact”, 78 % have correctly identified that “the risk of HIV-infection can be decreased if to have sexual contacts with only one faithful non-infected partner”. 82 % of respondents-MSM have a correct opinion that it is not possible to get HIV from insect bite. 81 % of MSM have indicated that the person cannot get HIV when drinking

in turn with a person living with HIV from the same glass. A three fourth (76 %) of respondents indicated that it is not possible to get HIV during common use of toilet, swimming pool or sauna with a person living with HIV.

Highest awareness has been found among respondents about the possibility of being infected through blood. 93 % of MSM know that it is possible to get HIV through the needle which has been used by another person.

Percentage of MSM who correctly identify HIV prevention methods during sexual contacts and know how HIV is not transmitted makes up to 47%.

35 % of respondents have done STI diagnostics during the year before the research. Most widespread STI symptom among men and women, according to MSM is “genital discharge” (51 % and 75 % respectively).

Sexual practices of MSM

92 % of respondents had oral contacts with men during last half a year before the research. 78 % among them had 2 and more partners, 19 % had one partner.

56 % had an active role, 45 % had a passive role during penetrative contacts during last 6 months before the research.

41 % of interviewed MSM have one stable partner. 54 % of MSM had anal contact with stable partner at least once during last 30 days before the survey. 47,5 % of MSM had at least one sexual contact with occasional (not paid) partner. 8 % of respondents had at least one “paid” partner from whom financial remuneration has been received during last 30 days.

52 % of respondents have experience of sexual relations with women during lifetime.

44 % among those MSM who have stable partners do not use condoms. Among those who had occasional (not-paid) partner, 17 % have not used condom during last penetrative sexual contact. 15 % of MSM have not used condom with commercial partner – the one from whom remuneration has been received. 44 % have not used condom during contact with the woman. The main reason for refusal to use condom with stable partner is that respondents “do not think that this is necessary”, another reason – “condom decreases sensitivity”. Among those who had contacts with commercial partner, the main reason for non-use of condom is that “the partner insisted on condom non-use during sexual intercourse”.

23 % of respondents estimate individual risk of HIV infection as “quite realistic”, 28 % of respondents define it as “not very probable”.

Alcohol abuse and drug use

86 % of the interviewed MSM have abused alcohol during last 30 days before the research. Majority among them (42%) drink alcohol drinks 1–2 times per week.

13 % of MSM use or have been using different kinds of drugs. At the time of the research 12 % have used injecting drugs among those who at all have used drugs.

Majority of MSM who are injecting drug users actively practice different sexual behaviours (oral sex, anal sex in active and passive positions as well as heterosexual contacts).

VCT

82 % of the interviewed MSM indicated that know where it is possible to test for HIV. For 9 % HIV testing is not accessible. “Lack of knowledge whom to address”(49,5 %), „fear of status divulgation” (26 %), „lack of knowledge where is the institution, organization or testing centre” (25 %) are the main reasons for inaccessibility to testing.

44 % have accessed institutions/organizations to test for HIV. Among those who tested for HIV - 66 % have done it during previous to the research year. Test result has been obtained by 97 % of respondents.

3 % of respondents are HIV-positive.

The part of MSM who tested for HIV during last 12 months and know test result makes up to 28 %.

Coverage of MSM by prevention programmes

63 % of respondents have never requested assistance from NGOs which work with MSM. 62 % of respondents have not participated in peer education programmes during last 12 months before the research.

35 % of respondents requested assistance from NGOs during lifetime, 33 % have participated in relevant educational programmes during last 12 months and only 12 % of respondents addressed NGOs which work with MSM during last *30 days* before the survey.

56 % of respondents informed that free condoms have been received during last 12 months from representative of NGOs, medical worker, volunteer in needle exchange points according to peer education methodology.

80 % answered that during last request for assistance to NGOs full package of services has been received; 14 % indicated that services have not been provided to the necessary extent and

2 % of respondents who requested assistance from NGOs indicated that such have not been received.

56 % of respondents received brochures, booklets, information letters and other information materials which include information about STI prevention (except for HIV/AIDS), 63 % received information about HIV/AIDS, 46 % received information about MSM.

50 % of all interviewed MSM is covered by prevention programmes.

HIV testing results of MSM who participated in the linked research

20,5 % (N=361) of all respondents involved in the research have tested for HIV in the frames of the linked research conducted in Kyiv city, Kriviy Rig (Dnipropetrovska oblast), Mykolaiv and Odesa.

In 357 of cases VCT has been conducted and in 4 cases it has not been conducted because of the lack of interest from respondents to spend time on this. In 67 % of cases it has been conducted by medical workers, in 30 % it has been done by representative of non-governmental organization and in 3 % it has been done by psychologist.

As a result of testing, 10,5 % of respondents who tested for HIV have received HIV positive result, 89 % of respondents have received a negative result. For 0,6 % of respondents the results have not been clear.

Chapter 1. Socio-demographic characteristics of MSM

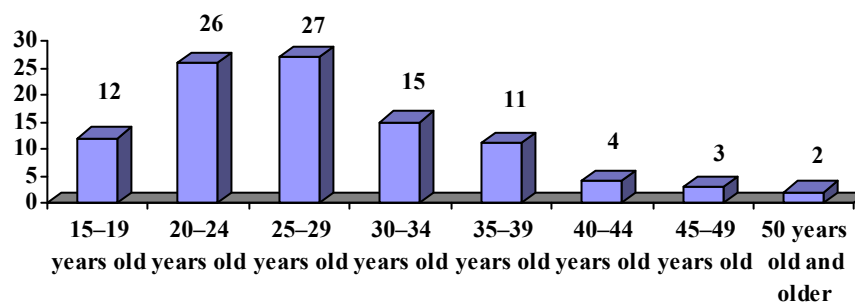
RDS (respondent-driven sampling) methodology have been used for MSM sampling. According to this methodology the sample is guided and implemented by respondents themselves. Certain number of primary respondents has been identified for each city (table 1.1.1).

Table 1.1.1

City where interviews have been conducted	Number of primary respondents	Number of secondary respondents	All respondents in oblast
Simferopol	3	97	100
Yalta	9	91	100
Dnipropetrovsk	3	97	100
Kriviyy Rig	2	98	100
Donezk	6	194	200
Ivano-Frankivsk	3	97	100
Kyiv	8	205	213
Lugansk	3	146	149
Mykolaiv	5	196	201
Odesa	6	194	200
Kherson	6	195	201
Cherkasy	4	96	100
Overall	58	1706	1764

Age structure

Minimum age of respondents is 15 years old, maximum – 68 years old. Average age of interviewed MSM is 28 years old. More than a half of respondents (53 %) is from 20 to 29 years old, around a quarter of the interviewed (26 %) are respondents from 30 to 39 years old, around a tenth part are respondents from 40 to 49 years old. 2 % of all respondents are from 50 years old. (see pic. 1.1). The number of underage (from 15 to 17 years old inclusive), involved in the survey, makes up to 3 %.



Pic. 1.1. MSM distribution, according to age groups, %

Research group has compared in 2007 the structure of respondents MSM with the structure of stable male population of Ukraine of 15–49 years old⁸ (see table 1.2). (The group of interviewed MSM of 50 years old and older was small (2 %) and has been excluded for accuracy of the comparative analysis.)

The biggest group are men of 20–29 years old (54 % of all interviewed MSM), which is much bigger than the number of men of this age – inhabitants of the cities in Ukraine (33 %). The percentage of 15–19 years old respondents is smaller than according to statistics of stable male population, however, the difference is not significant. The number of those who are 30–39 years old among interviewed MSM and men from the stable population who live in the cities of Ukraine is almost similar – 27% and 26 % respectively. Respondents from 40 to 49 years old make up to 8 % from the general number of the interviewed MSM. This is 3,5 times less than according to statistics (27 %).

Table 1.2

Comparison of age structure of stable male population in the cities of Ukraine and interviewed MSM

(analysis conducted for the age group of 15–49 years old)

	Distribution of stable male population in the cities of Ukraine		Distribution of men having sex with men (survey of 2007)	
	quantity	%	quantity	%
15–19 years old	1179782	14	212	12
20–24 years old	1456104	18	451	26
25–29 years old	1242176	15	477	27
30–34 years old	1157539	14	269	16
35–39 years old	1031745	12	190	11
40–44 years old	1062029	13	79	5
45–49 years old	1170592	14	47	3
Overall	8299967		1725	

⁸ Distribution of stable population of Ukraine according to sex and age as of 1 January 2007 : Statistic. review – K.: DP “Info.-analytical agency”. – 2007. – P. 45–47.

Regional characteristics: the biggest number of respondents in all cities is in the age group from 20 to 29 years old (see table 1.3). Biggest parts of the interviewed MSM in this age group is in Dnipropetrovsk, Kriviy Rig, Odesa and Kyiv (68, 68, 65, 61 % respectively). The part of respondents of 30–39 years old is bigger in Donezk and Mykolaiv than in other cities –37% and 34 % respectively. Moreover, Donezk is the only city where a half of respondents are older than 30 years (in other cities there is smaller number of representatives of this age group). There are a lot of respondents before 20 years old in Lugansk, Simferopol, Ivano-Frankivsk and Dnipropetrovsk.

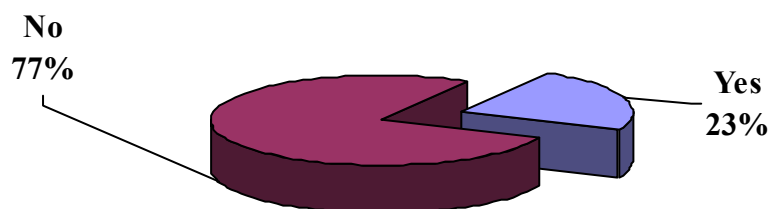
Table 1.3

Distribution of interviewed MSM according to age and cities where the survey has been conducted, %

	Simferopol	Yalta	Dnipropetrovsk	Kriviy Rig	Donezk	Ivano-Frankivsk	Kyiv	Lugansk	Mykolaiv	Odesa	Kherson	Cherkasy
15–19 years old	18	12	15	9	5	15	11	20	10	10	13	10
20–24 years old	25	24	33	35	11	19	31	27	22	35	26	22
25–29 years old	21	21	35	33	24	25	30	28	28	30	25	24
30–34 years old	16	13	6	15	19	13	17	13	20	12	19	10
35–39 years old	13	15	6	5	18	13	6	3	14	7	13	14
40–44 years old	4	5	2	2	11	3	3	5	4	3	3	9
45 +	3	10	3	1	12	12	2	4	2	3	1	11

Marital status

Majority of the respondents have never been married to a woman (77 %). Almost a quarter (23 %) had or have experience of being married to women (see pic. 1.2).



Pic. 1.2. Distribution of MSM in terms of being married to women, %

At the time of the survey, 12 % of respondents were officially married, however 5 % of them have another sexual partner/partners and another 2 % neither live with a wife nor have a sexual partner, the rest live with a wife (see table 1.4).

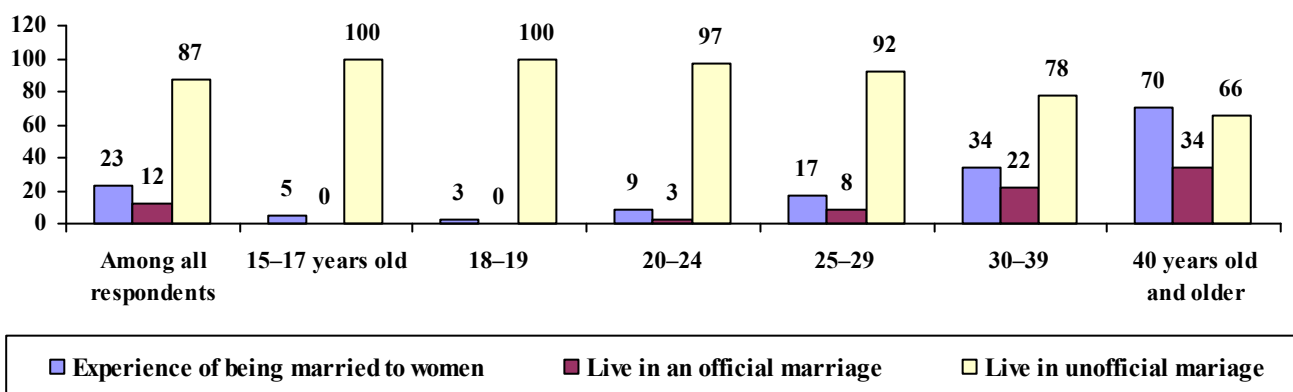
To differentiate the answer “Officially not married, however, live with a sexual partner” according to sex of the sexual partner is not possible. When comparing presented results with outcomes of last years research it is clear that the number of officially married persons has almost not changed (in 2004 – 11 %, in 2007 – 12 %).

Table 1.4

Distribution of MSM according to marital status, %

		Overall in data	
Officially married – 12 %	Currently officially married, live with a wife	5	Live together with male partner (female partner) – 30 %
	Currently officially married, however, have another sexual partner/partners	5	
	Currently officially married, neither live with the wife nor have another sexual partner/partners	2	
Officially not married – 87 %	Officially not married, however, live with a sexual partner	20	Do not live together with a male partner (female partner) – 30 %– 69 %
	Not married, and do not live with the sexual partner	67	
<i>No answer</i>		<i>1</i>	

Picture 1.3 illustrates age particularities of MSM about experience of family and partner relations: heterosexual relations (N=365), official marriage (N=196) and unofficial relations (N=355).



Pic.1.3. Part of MSM with different experience of family (partner) relations, according to age groups, %

Education level

Almost a half of respondents (46 %) have complete secondary or incomplete higher education. Almost the same number (45 %) have higher (basic and complete) education (see table 1.5). Data from 2004 includes the following figures: respectively for 56 % – the sum of answers “complete secondary” + “secondary specialized” + “incomplete higher”; 40 % have higher education.

Table 1.5

Distribution of respondents in 2007 according to educational level, %

Basic education (incomplete 9 grades)	1
Basic (incomplete) secondary education (complete 9 grades)	7
Complete secondary or vocational education (11 grades), incomplete higher education	46
Basic higher education (higher educational institutions of I–II accreditation levels)	19
Complete higher education (Higher educational institutions of III–IV accreditation levels)	26

Overall, presented data indicates quite high education level of the interviewed MSM (see table 1.6).

Table 1.6

Education level of MSM according to age groups, %

	Basic education (incomplete 9 grades)	Basic (incomplete) secondary education (complete 9 grades)	Complete secondary or vocational education (11 grades), incomplete higher education	Basic higher education (higher educational institutions of I–II accreditation levels)	Complete higher education (Higher educational institutions of III–IV accreditation levels)
15–19 years old	4	27	61	6	2
20–24 years old	1	6	54	23	16
25–29 years old	0	4	42	22	32
30–34 years old	1	4	43	20	32
35–39 years old	0	4	37	21	38
40–44 years old	0	2	32	19	47
45–49 years old	1	1	31	17	50

Social mobility

International research indicates⁹, that men having sex with men tend to move from rural areas to small cities and from small cities to big cities or to the capital, where there is less stigmatization from the side of the society.

Survey of 2007 indicated that 67 % of respondents – are permanent inhabitants, around a quarter of respondents (23 %) – are those who live in the city where the research has been conducted for more than a year (see table 1.7).

Table 1.7

Distribution of answers of respondents-MSM on the question:
“How long have you been living in this city?”, %

Permanent inhabitants – 67 %	Have been born and live here
Periodical migration – 10 %	Do not live constantly, come from time to time
Recent inhabitants – 23 %	Live for less than a 1 year – 3 %
	Live from 1 to 5 years – 7,5 %
	Live from 6 to 10 years – 5 %

⁹ Bagley Ch., Tremblay P. On the prevalence of homosexuality and bisexuality in a random community survey of 750 men aged 18 to 27 // J. Homosexuality. – 1998. – Vol. 36, No. 2. – P. 1–18 (<http://www.youth-suicide.com/gay-bisexual/homodemo.htm>).

	Live for more than 10 years – 7,5 %
--	-------------------------------------

Indicator of periodical migration (when a person lives in one city, however, frequently visits another city) among respondents makes up to 10 %.

Regional particularities. Biggest part of MSM who once came to the city where the research has been conducted and stayed there is in Kyiv. It makes up to 60 %. Other cities with a big number of MSM – recent inhabitants: Yalta (41 %), Cherkasy (40 %), Kriviy Rig (36 %) and Odesa (20 %). Among MSM of other cities the part of recent inhabitants does not exceed 15 %. The biggest part of MSM who are permanent inhabitants is among respondents in Kherson (87 %), smallest number is in Kyiv (36 %) (see table 1.8).

Table 1.8

Distribution of answers of respondents-MSM on the question:
«For how long have you been living in this city?»,
according to different cities, %

	Simferopol	Yalta	Dnipropetrovsk	Kriviy Rig	Donezk	Ivano-Frankivsk	Kyiv	Lugansk	Mykolaiv	Odesa	Kherson	Cherkasy
Permanent inhabitants	83	50	80	62	62	72	36	77	81	74	87	38
Periodical migration	3	9	5	2	23	13	4	9	10	6	11	22
Recent inhabitants	14	41	15	36	15	15	60	14	9	20	2	40

The part of those who do not constantly live in the city where the interview has been conducted and come here from time to time is biggest among respondents of Donezk and Cherkasy (23% and 22 % respectively). Such high indicators in these cities can be explained by differences between actual and legal status of the cities: oblast centres have practically grew into nearest villages, which are, in fact, separate cities.

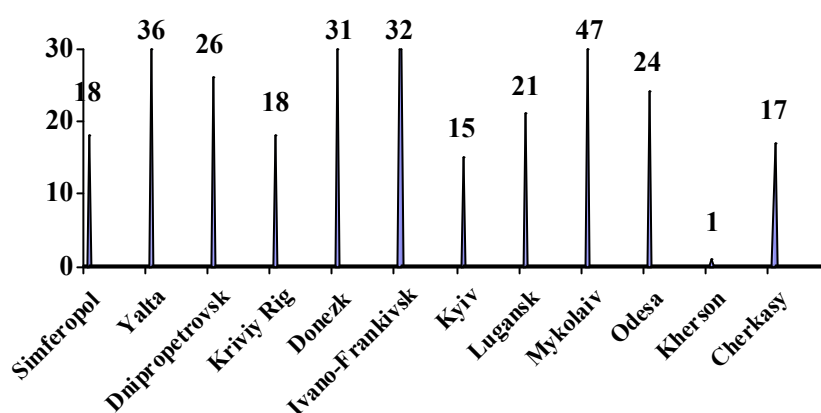
Among those who live in the place of the survey for less than a year 27 % are respondents of 15–19, 20–24, 25–29 years old. It is possible to presume that these are person who came to study or work (see table 1.9).

Table 1.9

Age structure of permanent and recent inhabitants respondents-MSM, %

	15–19 years	20–24 years	25–29 years	30–34 years	35–39 years	40–44 years	45–49 years
Have been born and live	13	28	27	15	11	4	2
Do not live permanently, come from time to time	11	17	22	17	17	9	7
Live for less than 1 year	27	27	27	11	8	0	0
Live from 1 to 5 years	14	35	36	8	4	2	1
Live from 6 to 10 years	6	21	32	19	13	6	3
Live longer than 10 years	3	18	27	24	15	6	7

Almost a quarter (24 %) of respondents were out of oblast or city of permanent residence during a month or more without a break during the year. The biggest number of such respondents are in Mykolaiv (47 %), Ivano-Frankivsk (32 %) and Donezk (31 %) (see pic. 1.4).



Pic. 1.4. Distribution of answers on the question: "Have you been away during a month or more without a break during last 12 months (year)?", in separate cities, %

Occupation of MSM

Majority of MSM (74 %) work, having stable and occasional income, approximately a one sixth (17 %) are students. The rest (9 %) do not work anywhere (unemployed; involved in household tasks; disabled) (see table 1.10). Research in 2004 has demonstrated similar figures: 78 % – qualified experts, workers, businessmen, managers, government officials etc., 13 % – students, 9 % – unemployed and pensioners.

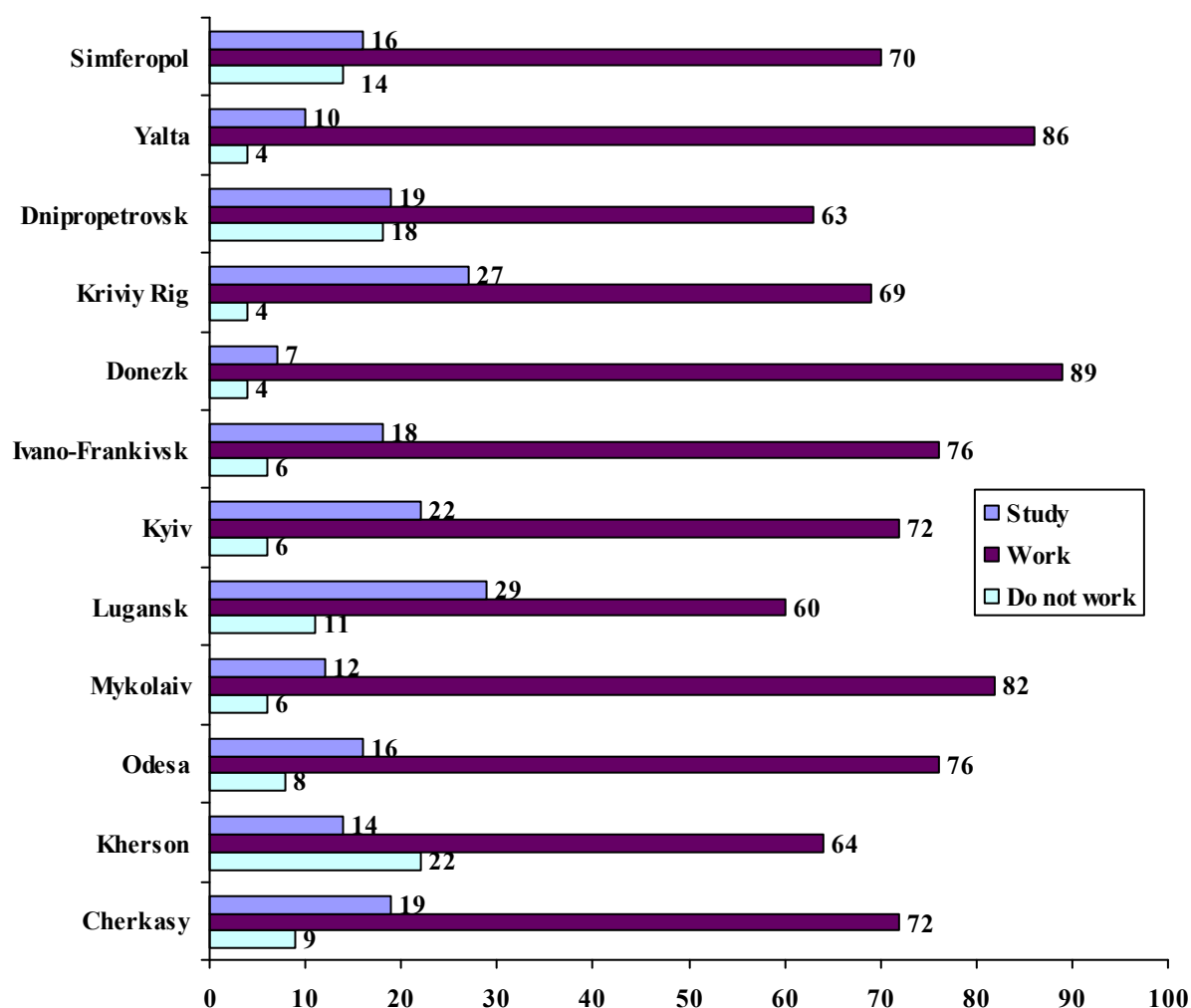
Table 1.10

Occupation of interviewed MSM, %

High school student	1,0	Study – 17 %
Student of vocational technical educational institution	1,2	

Student of higher educational institutions of I–II accreditation levels	2,3	
Student of higher educational institutions of III–IV accreditation levels	12,5	
Have stable job	55,0	Work – 74 %
Have occasional income	18,8	
Unemployed	7,2	Neither study nor work – 9 %
Involved in household tasks	1,5	
Persons with disabilities	0,5	

Regional particularities. In all cities where the research has been conducted, the highest number of MSM who study are in Lugansk, Kriviy Rig and Kyiv (29, 27 and 22 % respectively), lowest number is in Donezk (7 %) (see pic. 1.5). Majority of respondents in all cities either work full time or have occasional income. Almost a quarter (22 %) of all respondents in Kherson are not working. A little less (18 %) of respondents who do not work live in Dnipropetrovsk.



Pic. 1.5. Occupation of respondents, in different cities, %

Conclusions to chapter 1

Results of the survey show the following socio-demographic characteristics of MSM:

- The average of MSM interviewed is 28 years old. 80 % of interviewed MSM are persons up to 35 years old, youth. 3 % of all interviewed are underage from 15 to 17 years old.
- 77 % of MSM have never been married. 23 % of respondents have experience of family creation with a woman. At the time of the survey 12 % of respondents have been officially married.
- 45 % of respondents have basic or complete higher education. 46 % have complete secondary education.
- 67 % of MSM are permanent inhabitants of the city where the research has been conducted. 10 % are not permanent residents, however, come from time to time. 24 % of respondents were out of oblast or city of permanent residence during a month or more without break during a year before the research.
- 74 % have a stable job or have occasional income, 17 % study, another 9 % neither work nor study.

Chapter 2. Awareness of MSM about HIV/AIDS and STI

2.1. Awareness about HIV/AIDS

Analysis of results received demonstrates (see table 2.1.1) high awareness of respondents-MSM about ways of HIV transmission: sexual (without condom use) and through blood during injecting drug use. Respondents-MSM answer correctly that HIV cannot be diagnosed according to appearance (82 %). However, 8 % of MSM think that HIV-positive person differs from other people by appearance. Thus those who think so can (with the lack of external judgements/evaluation) overlook the threat to personal health and practice risky sexual practices.

Taking into consideration that “unprotected” sexual practices are most dangerous in terms of HIV infection, almost all (93 %) of interviewed MSM correctly answer that “HIV infection risk can be decreased if to use condom each time during the sexual intercourse” (however, 5 % of respondents think that it is not so). Among all respondents 78 % correctly answer that “HIV infection can be avoided if having sexual contacts only with one faithful non-infected partner”.

High awareness about false statements proposed in the questionnaire has been found. 82 % of respondents agree that HIV infection cannot be transmitted through insect bite, 81 % of MSM indicated that HIV infection cannot be transmitted when drinking in turn with HIV-positive person from the same glass. A three fourth (76 %) of respondents indicated that HIV cannot be transmitted during common toilet, swimming pool and sauna use with an HIV-positive person.

Highest awareness has been found among respondents about the statement on HIV transmission through blood. 93 % of MSM know that HIV can be transmitted through needle used by another person for injecting drug use. The part of those who gave wrong answer or do not know the correct answer makes up to 3 %.

Table 2.1.1

Distribution of answers about HIV/AIDS

	Yes	No	Do not know/hard to answer
<i>Correct statements</i>			
Getting HIV can be avoided when having sex only with one faithful non-infected partner	78	8	4
Risk of getting HIV can be reduced, when using condom correctly during each sexual intercourse	93		2
Person who looks healthy can have HIV	82		10
It is possible to get infected with HIV, from the needle used by another person	93		3
HIV can be transmitted from HIV positive mother to child during pregnancy	68		26
HIV can be transmitted from HIV positive mother to child during labour	61		32
HIV can be transmitted from HIV positive mother to child during breastfeeding	48	13	39
<i>False statements</i>			
It is possible to get infected with HIV through insect bite	5	2	13
Person can get HIV when drinking from the same glass with HIV positive person	6	1	13
Person can get HIV during common use of toilet, swimming pool and sauna with HIV positive person	6	76	18

Awareness of respondents about all statements is quite high in all age groups.

The part of those who gave correct answers on the statement “getting HIV can be avoided when having sex only with one faithful non-infected partner” is high in all age groups: 15–19 years old – 79 %, 20–24 years old – 75 %, 25–29 years old – 75 %, 30–39 years old – 82 %, 40 years old and older – 79 %.

Correct answers on the statement that “risk of getting HIV can be reduced, when using condom correctly during each sexual intercourse” have been given by more than 90 % of respondents in all age groups: 15–19 years old – 90 %, 20–24 years old – 92 %, 25–29 years old – 93 %, 30–39 years old – 94 %, 40 years old and older – 92 %.

A relatively smaller part of respondents gave correct answer on statements about HIV transmission from mother to child during pregnancy, labour and breastfeeding – 68%, 61% and 48 % respectively. This can be explained by the fact that such knowledge is more important for married men and those who have children. Comparison of answers on these questions with the criteria of being married confirms this (see table 2.1.2).

Table 2.1.2

Distribution of answers about transmission of HIV to infants from mothers, depending on marital status of MSM, %

	Respondents who have been married to a woman (N=400)			Respondents who have never been married to a woman (N=1357)		
	Yes	No	Do not know/ Hard to answer	Yes	No	Do not know/ Hard to answer
HIV can be transmitted from HIV-positive mother to child during pregnancy	73	7	20	66	6	28
HIV can be transmitted from HIV-positive mother to child during labour	73	7	20	58	7	35
HIV can be transmitted from HIV-positive mother to child during breastfeeding	54	14	32	46	13	41

The number of correct answers about vertical transmission among men who have been married to women makes up from 54% to 73%. Awareness about HIV transmission from mother to child is much lower (from 46% to 66%) among men who have not been married to a woman, besides from 28% to 41% could not answer these questions.

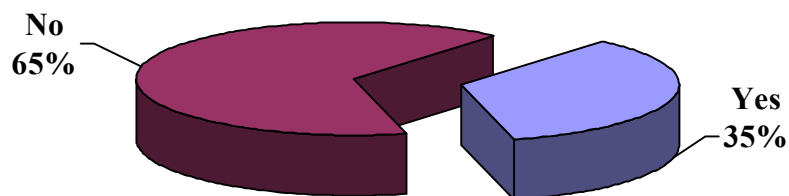
National indicator “**Percentage of persons, who correctly identify HIV prevention methods and know how HIV is not transmitted**” makes up to 47 % of all interviewed MSM, 43 % – for respondents from 15 to 24 years old, 49 % – for respondents from 25 years old (calculation of this indicator is presented in the table 2.1.3).

Calculation of the indicator on HIV prevention awareness, %

Numerator: the number of respondents who gave correct answers on all 5 questions	N=828	Among all respondents, %	Among respondents of 15–24 years old	Among respondents from 25 years old, %
Denominator: the number of respondents who gave answers, including “don’t know” on all 5 questions	N=1764			
Value of the indicator		47	43	49
Correct answer on question 1: Is it possible to reduce the risk of HIV transmission when having sexual contacts with only one faithful non-infected partner?		78	77	78
Correct answer on question 2: Is it possible to reduce the risk of HIV transmission when using condoms correctly during each sexual intercourse?		93	91	93
Correct answer on question 3: Can person, who looks healthy, have HIV?		82	79	85
Correct answer on question 4: Can person get HIV through common use of toilet, swimming pool or sauna with HIV positive person?		76	71	79
Correct answer on question 5: Can person get HIV when drinking in turn from the same class with HIV positive person?		81	78	83,5

2.2. STI diagnostics

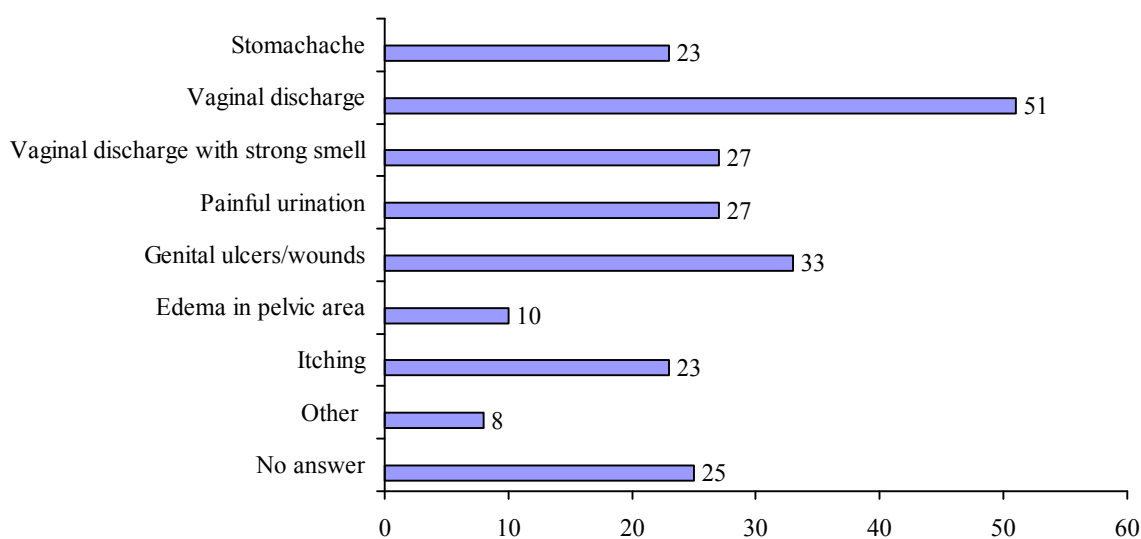
A third of interviewed MSM have done sexually transmitted infections (STI) diagnostics during a year before the survey (see pic. 2.2.1). The number of those who have done STI diagnostics is higher among respondents of 25–29 years old (41 %), significantly smaller is the part of those who are 30–39 and 20–24 years old (34% and 33% respectively). Smallest number is among youngest and oldest MSM: 27 % – among 15–19 years old, 30 % – among those who are 40 years old and older.



Pic 2.2.1. Distribution of respondents' answers on the question: "Have you done STI diagnostics during last 12 months?", %

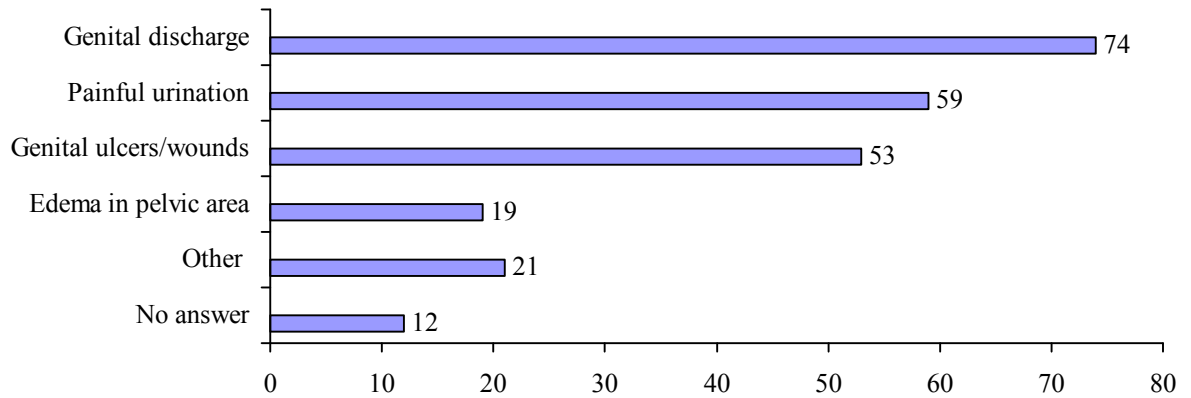
2.3. Awareness about STI

According to interviewed MSM, most common STI symptoms among women are "vaginal discharge" (51 %) and „genital ulcers/wounds" (33 %) (see pic. 2.3.1).



Pic. 2.3.1. Awareness of MSM about STI among women. *The sum of answers exceeds 100 %, because a respondent could give more than 1 answer, %*

"Genital discharge" is one of the most common symptoms (74 %) of STI among men (see pic. 2.3.2). More than a half of interviewed MSM mentioned "painful urination" and "genital ulcers/wounds" (59% and 53 % respectively).



Pic. 2.3.2. Awareness of MSM about STI among men. *The sum of answers exceeds 100 %, because a respondent could give more than 1 answer, %*

Conclusions to chapter 2

- Majority of interviewed MSM are informed about ways of HIV transmission through sexual contact (without condom use) as well as injecting drug use (93% through both ways of transmission).
- 82 % consider that person who looks healthy can have HIV.
- 78 % of respondents think that HIV can be avoided when having sexual contacts with only one faithful non-infected partner.
- Men who have experience of being married to women are better informed about HIV transmission from mother to child during pregnancy, labour and breastfeeding.
- 35 % of interviewed MSM have done STI diagnostics during a year before the research.
- “Genital discharge” is the most common STI symptom among men and women according to MSM (51 % and 74 % respectively).

Chapter 3. Sexual behaviour of MSM

A three fourth of respondents mentioned that had sexual relations with more than one partner during last six months. 92 % had such relations during half a year before the research. Among those who practiced oral contacts, 79 % had intrusive (active) role during anal sex and another 68 % had receptive (passive) role during anal sex. These figures are not complimentary and thus do not give 100 %. This is due to the fact that depending on the partner the same person can practice oral and anal sex as well as can have intrusive and receptive role. A quarter of respondents had more than 7 male sexual partners during last six months.

3.1. Oral contacts

Majority of respondents (92 %) had oral contacts with males during last six months before the research. Among those who had oral contacts, 80 % practiced oral sex with two and more partners (see table 3.1.1). Besides, 40 % of them had from four to ten partners. A fifth part (20 %) of respondents had one partner.

Table 3.1.1

A number of partners during oral contacts during last six months, %

	Among all respondents	Among those who had oral contacts with males during last six months and gave answers about the number of partners, N=1615
1 partner	18	20
2 partners	12	14
3 partners	11	12
4–5 partners	18	20
6–10 partners	18	20
11 partners and more	13	14
<i>Hard to answer</i>	<i>1</i>	
<i>No answer</i>	<i>1</i>	
<i>Did not have oral contacts with males during last six months</i>	<i>8</i>	

Distribution of the number of partners with whom oral contacts have happened during half a year before the survey is presented in geographical dimension in the table 3.1.2

Table 3.1.2

Distribution of respondents according to different number of partners during oral contacts during last 6 months before the survey, in different cities, %

<i>The number of partners, persons</i>	Simferopol	Yalta	Dnipropetrovsk	Kriviy Rig	Donezk	Ivano-Frankivsk	Kyiv	Lugansk	Mykolaiv	Odesa	Kherson	Cherkasy
1 partner	10	22	42	34	26	22	14	34	2	14	15	27
2 partners	6	3	16	34	17	21	11	15	8	16	10	17
3 partners	12	6	9	11	10	18	8	15	17	15	8	16
4–5 partners	17	9	8	9	18	15	20	17	38	22	28	12
6–10 partners	29	18	15	6	26	16	18	17	21	20	27	19
11 and more partners	26	42	10	6	3	8	29	2	14	13	12	8

As it is clear from the table 3.1.3, respondents older than 40 years old are more monogamous (24 %). There are more respondents who practiced oral contacts with 2-3 partners in the youngest age group of respondents: 15–17 years old (22 %), a little less among 18–19 years old (20 %).

The average number of partners with whom respondents practiced oral contacts during half a year makes up to 7 persons.

Table 3.1.3

Distribution of respondents according to the number of sexual partners during oral contacts during last six months, among different MSM age groups, %

<i>Number of partners, persons</i>	15–17 years old	18–19 years old	20–24 years old	25–29 years old	30–39 years old	40 years old and older
1 partner	22	13	17	21	22	24
2 partners	22	20	14	14	11	7
3 partners	7	11	11	13	12	15
4–5 partners	15	25	21	18	22	18
6–10 partners	19	14	24	19	20	23
11 and more partners	15	17	13	15	13	13
<i>Average number of partners</i>	<i>5,1</i>	<i>7,2</i>	<i>7,1</i>	<i>7,6</i>	<i>6,5</i>	<i>7,1</i>

Every eighth respondent mentioned that last oral contact happened with condom use. Condom is used more often during oral sex by MSM of 20–24 years old – 15%, among those who

are 25–29 and 30–39 years old, there are 12% in each age group. 15–19 years old respondents have used condom in 13 % of cases, average for the sample, and MSM 40 years old – only in 10,5 % of cases.

3.2. Anal contacts

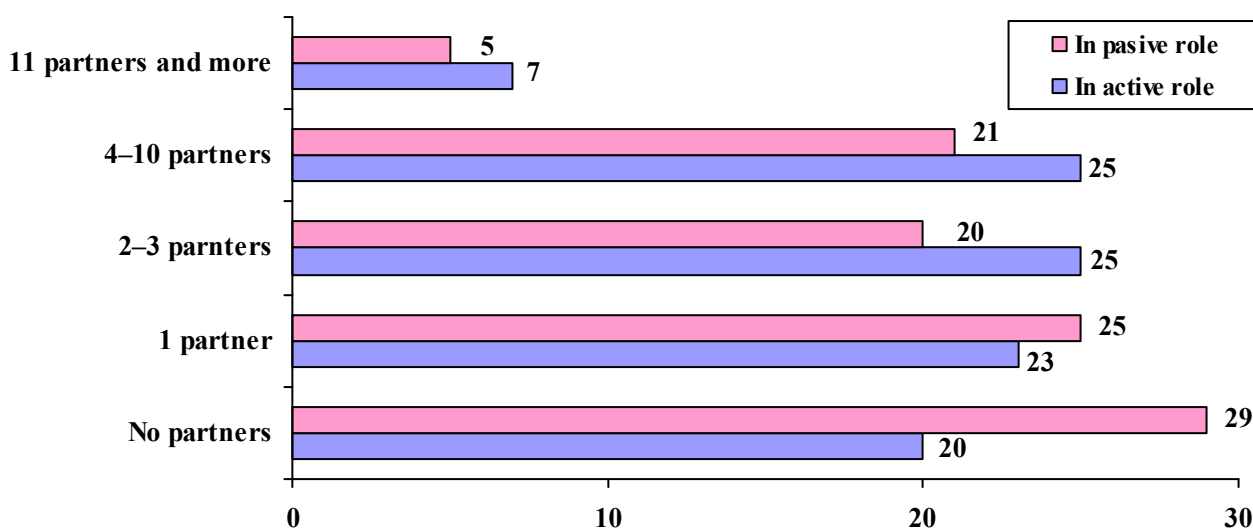
Average number of respondents involved in relations with stable or occasional (unpaid) partners or with commercial sexual partners makes up to 4-5 sexual partners, not depending on the role of respondent (active or passive) during six months before the survey (see table 3.2.1). Respondents of 15–17 years old had 4 different partners within this time. Those who are 18–19 and 20–24 years old had 7 different partners, 25–29 years old had 8 different partners, 30–39 years old had 6 partners. Those who are from 40 years old had approximately 5 different partners during half a year.

Table 3.2.1

Average number of partners with whom respondents had anal contacts during six month before the survey, in different MSM age groups

	15–17 years old	18–19 years old	20–24 years old	25–29 years old	30–39 years old	40 years old and older	Among all
In active role	3,8	6,2	4,8	5,2	4,6	4,0	4,9
In passive role	4,0	5,7	4,4	4,5	3,8	3,7	4,3

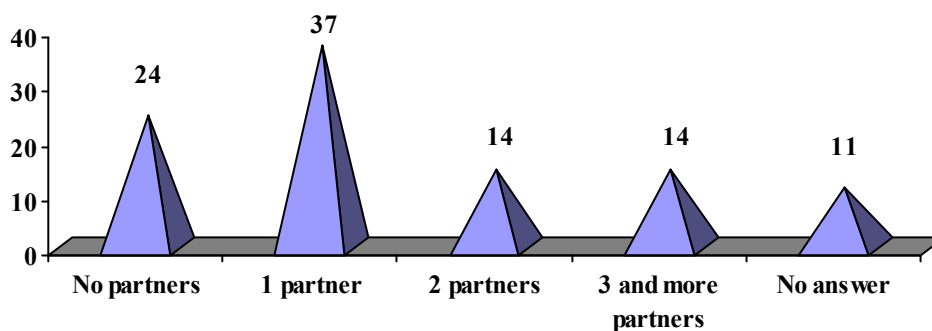
Distribution of interviewed MSM who had anal contacts in passive and active role during six months is presented on picture 3.2.1.



Pic. 3.2.1. The number of partners with whom respondents had anal contacts during six months before the survey, %

3.3. Sexual contacts with stable male partners

65 % of MSM had *at least* one stable partner during six months before the survey according to results of the research. 37 % of respondents had *only* one stable partner, 14 % had two stable partners, 14 % had three and more partners. A quarter of respondents (24 %) informed that did not have any stable partners during last half a year (see pic. 3.3.1). The youngest participants of the research (15–17 years old) make up the biggest group (11%) of those who did not provide information about the number of stable partners.



Pic. 3.3.1. The number of stable male partners during six months before the survey, %

As it can be seen from table 3.3.1, respondents of all age groups prefer stable relations. The majority had one stable sexual partner during last half a year. The number of this group members increases with the age of respondents.

Table 3.3.1

**The number of stable partners during six months,
in different MSM age groups, %**

	15–17 years old	18–19 years old	20–24 years old	25–29 years old	30–39 years old	40 years old and older
1 partner	31	35	36	45	48	40
2 partner	18	13	15	18	16	16
3 and more partners	20	16	18	15	11	19
<i>No partners</i>	<i>31</i>	<i>36</i>	<i>31</i>	<i>22</i>	<i>25</i>	<i>25</i>

35 % of respondents who are officially married and live with a wife had one stable male partner during last six months. A quarter of respondents during the indicated period of time had relations with two stable partners. 17 % of respondents had three and more stable partners. Other MSM (23 %), officially married to a woman did not have stable sexual partner during last half a year.

Among respondents who are officially not married, however, live with a sexual female or male partner, almost a three fourth (71 %) had one stable male partner. 12 % of respondents in both groups had two or three and more partners. 5% did not have stable sexual partner.

Among unmarried men who do not live together with a sexual partner – 35 % are those who during last six months did not have a stable partner. 31 % of respondents had one partner, 16 % had two, 17 % had three and more partners.

54 % of respondents had anal contacts with a stable partner during 30 days before the survey (see table 3.3.2).

Table 3.3.2

The number of anal contacts with a stable partner during 30 days before the survey, % among those who had stable partner/s

1–5 contacts	27	Had such a practice – 54 %
6–10 contacts	12	
11 and more contacts	15	
No contacts	40	
<i>Hard to answer</i>	3	
<i>No answer</i>	2	

To conclude, 40 % of respondents did not have anal sex with a stable partner/s during last month before the survey.

Almost the same number of MSM had from 1 to 5 contacts during last month before the survey - from 25–29, 30–39 and 40 years old as well as older (29%, 30% and 31 % respectively). A little less among respondents of 18–19, 20–24 years old (24 % in each group), and 15 % of those who are 15–17 years old (see table 3.3.3).

Table 3.3.3

The number of anal contacts with a stable partner (stable partners) during 30 days, among different MSM age groups, %

	15–17 years old	18–19 years old	20–24 years old	25–29 years old	30–39 years old	40 years old and older
1–5 contacts	15	24	24	29	30	31
6–10 contacts	5	10	9	15	13	14
11 contacts and more	15	10	17	19	13	13
<i>Did not have contacts</i>	<i>61</i>	<i>53</i>	<i>43</i>	<i>34</i>	<i>38</i>	<i>39</i>
<i>No answer</i>	<i>4</i>	<i>3</i>	<i>7</i>	<i>3</i>	<i>6</i>	<i>3</i>

Table 3.3.4 demonstrates distribution of the number of anal contacts with stable sexual partner during a month before the survey conducted in the cities.

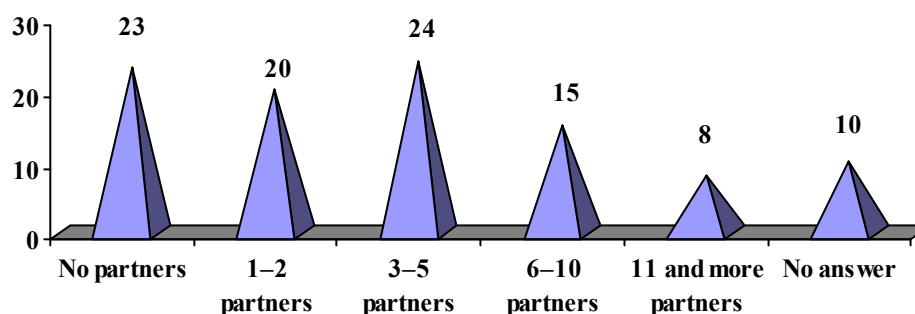
The number of anal contacts with a stable partner (stable partners) during 30 days, in different cities, %

<i>The number of contacts</i>	Simferopol	Yalta	Dnipropetrovsk	Kriviy Rig	Donezk	Ivano-Frankivsk	Kyiv	Lugansk	Mykolaiv	Odesa	Kherson	Cherkasy
1–5 contacts	31	30	10	42	24	28	28	21	55	25,5	0,5	40
6–10 contacts	10	20	19	15	18	9	7	17	7	15,5	3	15
11 contacts and more	27	28	36	22	18	8	12	9	0	16	14	9
<i>No contacts</i>	31	12	28	19	35	45	41	52	36	39	79	31
<i>Hard to answer</i>	1	6	3	1	3	7	10	1	0	2,5	0,5	2
<i>No answer</i>	0	4	4	1	2	3	2	0	2	1,5	2	4

A little more of respondents (53 %) from those who had anal contacts during last month indicated that during last contact with a sexual partner *the condom has been used*.

3.4. Sexual contacts with occasional (non-commercial) partners

67% of interviewed MSM informed that during six month had relations with occasional non-commercial partner. 20% of them had two partners during the indicated period. A little bit larger group (24%) had relations with three-five male partners. Another 15% had relations with six-ten occasional partners (see pic. 3.4.1), 23% did not have partners and 10% did not give the answer.



Pic. 3.4.1. The number of occasional non-commercial male partners during six months before the survey, %

Majority of respondents who during six months before the survey had anal contacts with 1–2 occasional non-commercial partners are among respondents of 25–29 years old (22%). More than a quarter of respondents of 20–39 years old informed about six and more occasional sexual partners (see table 3.4.1).

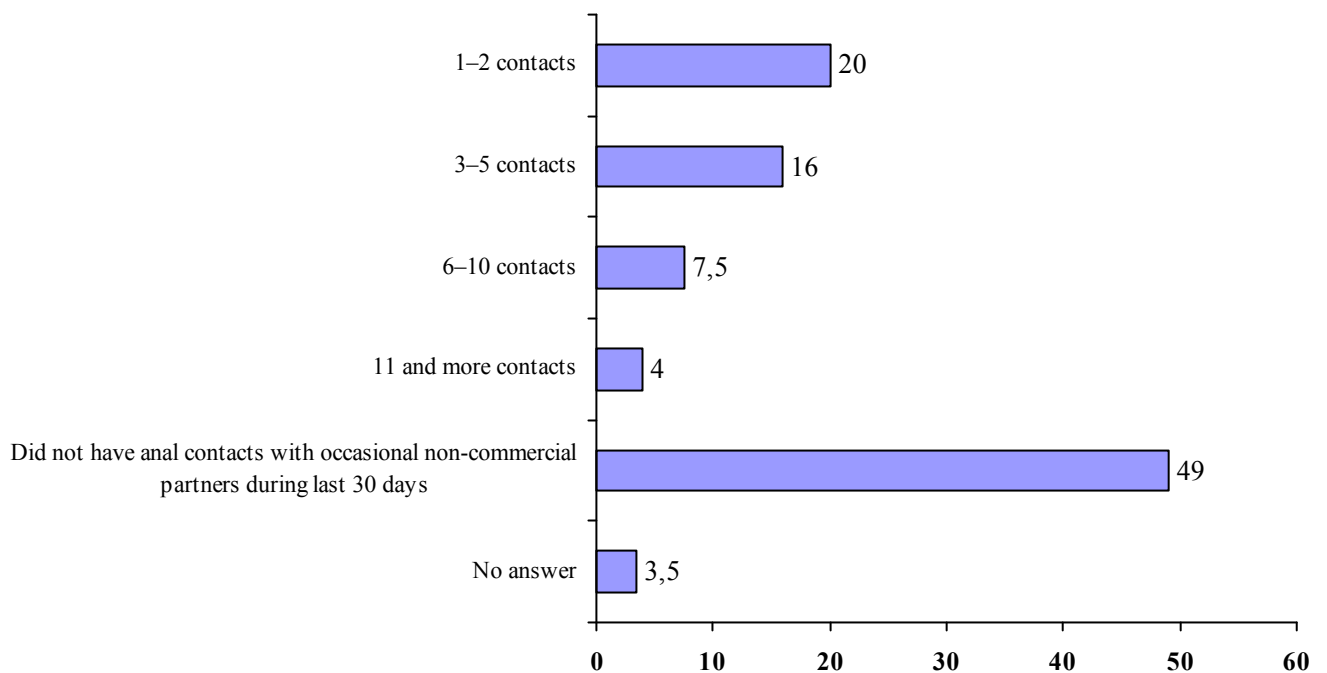
Table 3.4.1

The number of anal contacts with occasional non-commercial partners during six month before the survey, among different MSM age groups, %

	15–17 years old	18–19 years old	20–24 years old	25–29 years old	30–39 years old	40 years old and older
1–2 partners	20	19	20	22	18	19
3–5 partners	24	27	25	22	27	22
6–10 partners	12	12	17	15	15	12
11 and more partners	2	8	8	11	8	5
No partners	20	19	21	23	22	30
No answer	22	15	10	7	10	11

47,5 % of respondents informed about anal contacts with occasional non-commercial partners during last month before the survey. The frequency of these contacts is indicated on the pic. 3.4.2.

Almost a half (49 %) of respondents did not have anal contacts with occasional partners during a month before the survey. 20 % of respondents had one-two contacts. 16 % had three-five contacts with occasional partners during the indicated period.



Pic. 3.4.2. The number of anal contacts with occasional non-commercial partners during last 30 days, %

Almost the same number of MSM in all age groups had one-two contacts with occasional non-commercial partners during last month before the survey (see table 3.4.2).

Table 3.4.2

The number of anal contacts with occasional non-commercial partners during last 30 days, in different MSM age groups, %

	15–17 years old	18–19 years old	20–24 years old	25–29 years old	30–39 years old	40 years old and older
1–2 contacts	20	19	20	19	20	22
3–5 contacts	19	9	14	16	20	19
6–10 contacts	3	6	9	10	7	3
11 contacts and more	3	6	5	4	3	2
<i>No contacts</i>	53	55	48	48	47	48
<i>No answer</i>	3	5	4	4	3	5

Table 3.4.3 shows distribution of the number of anal contacts with occasional non-commercial partners during one month before the survey conducted in different cities.

Table 3.4.3

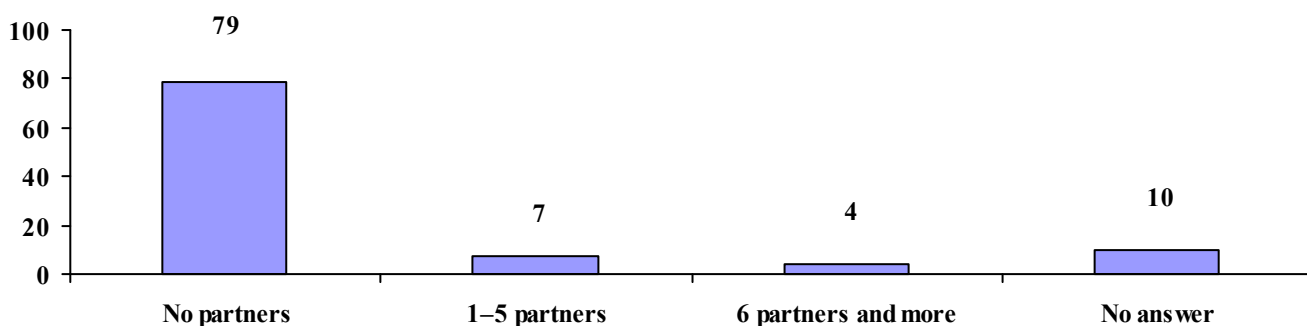
The number of anal contacts with occasional non-commercial partners during last 30 days before the survey, in different cities, %

<i>Number of contacts</i>	Simferopol	Yalta	Dnipropetrovsk	Kriviy Rig	Donezk	Ivano-Frankivsk	Kyiv	Lugansk	Mykolaiv	Odesa	Kherson	Cherkasy
1–2 contacts	27	21	1	33	21	18	17	21	17	19	28	9
3–5 contacts	8	25	6	13	24	16	16	10	15	18	23	11
6–10 contacts	3	5	9	4	8	6	13	5	8	16	3	2
11 and more contacts	6	8	15	5	2	0	8	2	1	2	2	2
<i>No contacts</i>	56	31	65	43	42	51	38	60	58	42	41	74
<i>No answer</i>	0	10	4	2	3	9	9	1	1	3	3	2

Majority of respondents (79 %) among those who had anal contacts with occasional non-commercial partners during 30 days before the survey indicated that *condom has been used* during last anal contact.

3.5. Sexual contacts with commercial sexual partners (for remuneration)

According to results of the research, 11 % of MSM had contacts with commercial sexual partner *at least* once – a partner/s with whom sexual contacts have happened for financial remuneration during six months before the survey. It is important to emphasize that 10% of respondents refused to answer and have not indicated the absence of such partners (see pic. 3.5.1).



Pic. 3.5.1. The number of commercial male partners during six months before the survey, %

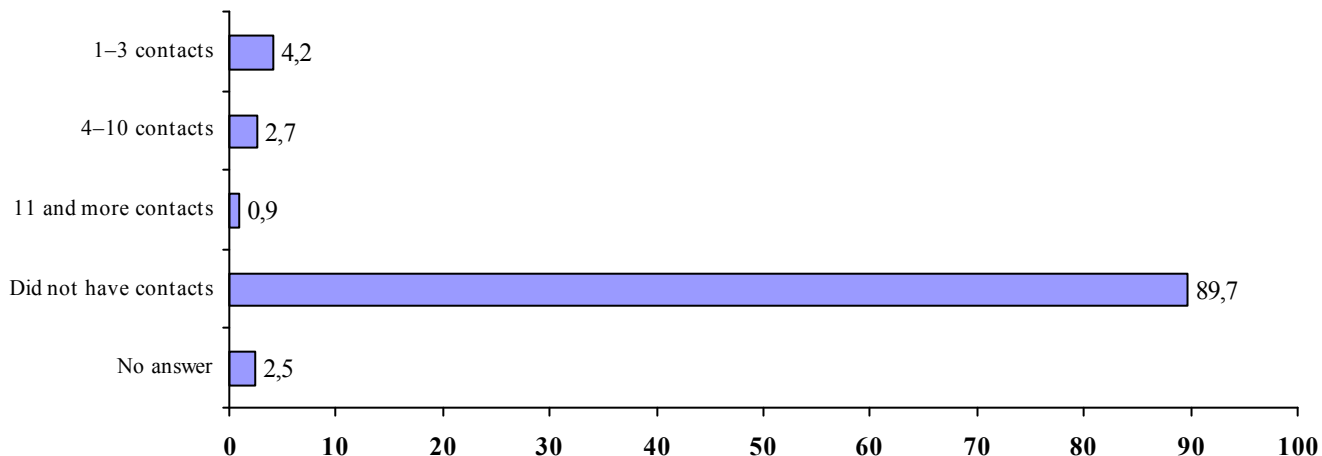
The majority of respondents among different MSM age groups did not have commercial partners, e.g. partners from whom remuneration has been received (see table 3.5.1).

Table 3.5.1

The number of commercial partners during six months before the survey, among different MSM age groups, %

	15–17 years old	18–19 years old	20–24 years old	25–29 years old	30–39 years old	40 years old and older
1–5 partners	5	5	9	5	6	11
6 and more partners	7	7	5	3	2	2
<i>No partners</i>	64	74	76	84	82	76
<i>No answer</i>	24	14	10	8	10	11

8 % of all MSM had anal sexual relations with a commercial partner during last month before the survey. Among them 4 % had one-three anal contacts for remuneration, 3 % had from four to ten contacts, 1 % had from 11 and more penetrative contacts with commercial partners (see pic. 3.5.2).



Pic. 3.5.2. The number of penetrative contacts with commercial partners (for remuneration) during last 30 days, %

Among those who are from 40 years old, 12% had relations at least with one commercial partner during last 30 days. A little bit less – 11% in the group of 18–19 years old and 10% among 20–24 years old who had such relations. 7% in each group are respondents of 15–17 and 25–29 years old. In the age group of 30–39 years old there are 5% of those (see table 3.5.2).

Table 3.5.2

The number of anal contacts with commercial partners during last 30 days, among different MSM age groups, %

	15–17 years old	18–19 years old	20–24 years old	25–29 years old	30–39 years old	40 years old and older
1–3 contacts	3	3	6	3	3	7
4–10 contacts	2	5	4	2	2	4
11 contacts and more	2	3	0	2	0	1
<i>No contacts</i>	90	88	86	91	93	87
<i>No answer</i>	3	1	4	2	2	1

Table 3.5.3 demonstrates distribution of the number of anal contacts with commercial partners during month before the survey conducted in the cities.

The number of anal contacts with commercial partners during last 30 days before the survey, in different cities, %

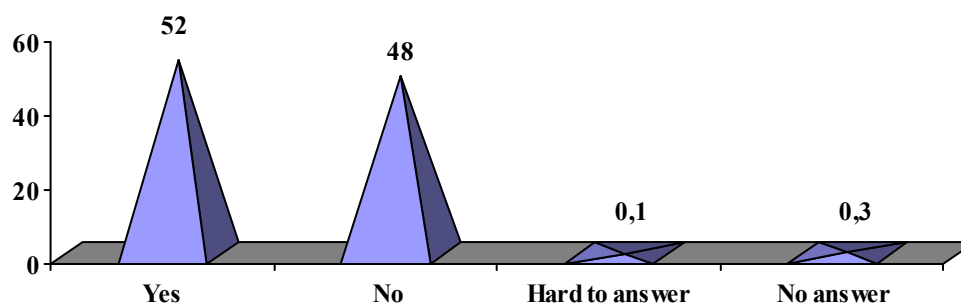
	Simferopol	Yalta	Dnipropetrovsk	Kriviy Rig	Donezk	Ivano-Frankivsk	Kyiv	Lugansk	Mykolaiv	Odesa	Kherson	Cherkasy
<i>The number of contacts</i>												
1–3 contacts	1	12	2	1	4	8	6	0	5	6	2	2
4–10 contacts	0	7	5	0	1	2	3	0	1	3	9	0
11 contacts and more	0	2	2	1	1	2	2	0	1	0	1	1
<i>No contacts</i>	99	74	87	94	91	81	84	100	93	90	87	96
<i>No answer</i>	0	5	4	4	3	7	5	0	0	1	1	1

More than a half (63 %) among those who had anal sex with commercial partners *used condom* during last sexual contact.

3.6. Female sexual partners and condom use

52 % of MSM had experience of sexual contacts with a woman (see pic. 3.6.1). Among MSM who ever had sexual contact with a woman, 42 % (among all – 22 %) had at least one sexual contact with a woman during last six months. 28 % of those who had experience of heterosexual contacts during last six months had such relations with one woman, 12 % had such experience with 2-3 women, 2 % of interviewed MSM had relations with six and more women. The average number of sexual female partners makes up to 3 persons during last half a year. This coincides according to results of the research with the data about MSM conducted in 2004.

During last sexual contact with women, a condom has been used in 53 % of cases.



Pic. 3.6.1. Distribution of MSM-respondents' answers on the question: "Have you ever had sexual contact with a woman?", %

In all age groups majority of respondents had one female sexual partner during last half a year. Majority of those who had sexual contacts with two-five women are among respondents of 20–39 years old.

3.7. Reasons for refusal of condom use during anal contacts

Only 37% of respondents always used condom independently from the category of the sexual partner (stable, occasional, commercial partner or a woman) with whom respondent had relations during last half a year. Thus, 63% have not always used a condom and are in the group of high risk to HIV infection.

Decrease of sensitivity was one of the major motivations of respondents to refuse condom use during anal sex with different categories of partners (see table 3.7.1). Besides for a half of those who have not been using condoms with a stable partner, the statement that *“I have not thought that this is necessary”* is a key motivation. To have sex without a condom, on the demand from the partner, indicated equal parts of those who had unsafe anal sex with stable and occasional non-commercial partners (13 % in each group). Among MSM who have sexual relations with commercial partners, this reason comes up twice as often (32 %). Alcohol intoxication and absence of condom have a crucial role in relations with occasional non-commercial partners. For a certain part of respondents this question is not at all on the agenda (*“Somehow did not think about it”* as an answer). This answer is most common about sexual relations with occasional non-commercial partners. Only two men indicated that became the victims of sexual violence without condom use by stable partner, five – by occasional non-commercial partners and one by commercial partner.

Motivation of refusal to use condoms among those who have not used condom during last anal contact, during last 30 days, % (the sum in each column exceeds 100 %, because respondent could give several variants of the answer)

Motivation/reason	Partner category		
	Stable partner, N=460	Occasional non-commercial partner, N=155	Commercial partner, N=28
There was no condom/at hand	8	29	25
Condom use decreases sensitivity	39	35	39
Condom is too expensive	4	4,5	25
Partner insisted on non-use of a condom	13	13	32
It is more expensive without a condom	-	-	11
Did not think that it is necessary	49	20	7
Somehow have not thought about it	11	21	7
Have been in alcohol intoxication state	5,0	26	7
Have been in drug intoxication state	0,2	0	0
I became victim of sexual violence	0,4	3	4
Other	7	3	7
Hard to answer	1	0	4

Level of refusals to use condoms as prevention method among respondents who have sexual contacts only with stable partners depends on the level of education and tends to increase from the level of incomplete secondary to complete higher education (from 20 % to 35 %).

Different age also influences refusal to use condoms among MSM who have a stable partner. Variations are quite evident. Highest indicators are in the age groups of 25–29 and 30–34 years old (36 % in each group). In other groups quantitative indicators are lower, however, still high (27 % on average). Among respondents who have sexual relations with occasional partners, the number of those who uses condom increases in the interval of 15–19, 30–34, 40–44 years old (from 34 % to 48 %). In the age group of 35–39 years old 38 % and 22 % of respondents from 45 years old indicated that have used the condom. Such behaviour exposes the group of older persons to a higher infection risk.

Among major reasons for refusal of condom use with a stable partner are that respondents do not consider it necessary to use the condom as well as the thought that “it decreases sensitivity”. It is important to indicate that this reason prevails in the distribution of respondents’ answers who have sexual contacts with occasional and commercial partners. Other reasons include alcohol intoxication as well as absence or high price of the condom. During contacts with

commercial partner the main reason is that partner insists on condom non-use during sexual contact (possibly, motivated by the wish to receive maximum pleasure).

In such cases respondents have the opportunity to use condom as well as refuse sexual relations. Behaviour of respondent is fully controlled and can be corrected (for example, with condom purchase). The risk is taken for personal purposes and because of lack of motivation to resist the circumstances.

The following reasons (“have not thought about it at all”; “did not think that it is necessary”) indicate lack of awareness about possible risks and low risk evaluation of individual HIV and STI infection. Last three reasons (alcohol or drug intoxication, sexual violence) are connected with the circumstances when a person is not able to control actions during sexual contact as well as is not able to evaluate adequately infection risk. Reasons from this group do not have significant influence on risk behaviour, except for alcohol intoxication during sexual contact with occasional partner (26 %).

Majority of respondents MSM use condom during penetrative anal contacts. This holds for contacts with stable, occasional or commercial partners. Distribution of answers among those who have occasional contacts as well as those who have contacts with a paid partner gives high indicator of condom use. These indicators show understanding of the risk involved in MSM sexual relations as well as active measures to prevent individual infection as well as prevent infection of other partner/s.

It is possible to state that respondents tend to be less careful with stable partners. In the frames of commercial sexual relations, additional factors can decrease the frequency of protected sex (for example, “I pay and thus I have to receive more pleasure”).

National indicator “**Percentage of men who have used condom during last sexual contact with male partner**” makes up to 39 % for all interviewed MSM, 39 % – among respondents from 15 to 24 years old, 38 % – among respondents who at the moment of the survey have been 25 and more years old (calculation of this indicator is presented in the table 3.7.2).

Table 3.7.2

Calculation of the indicator about condom use during last sexual contact with male partner, %

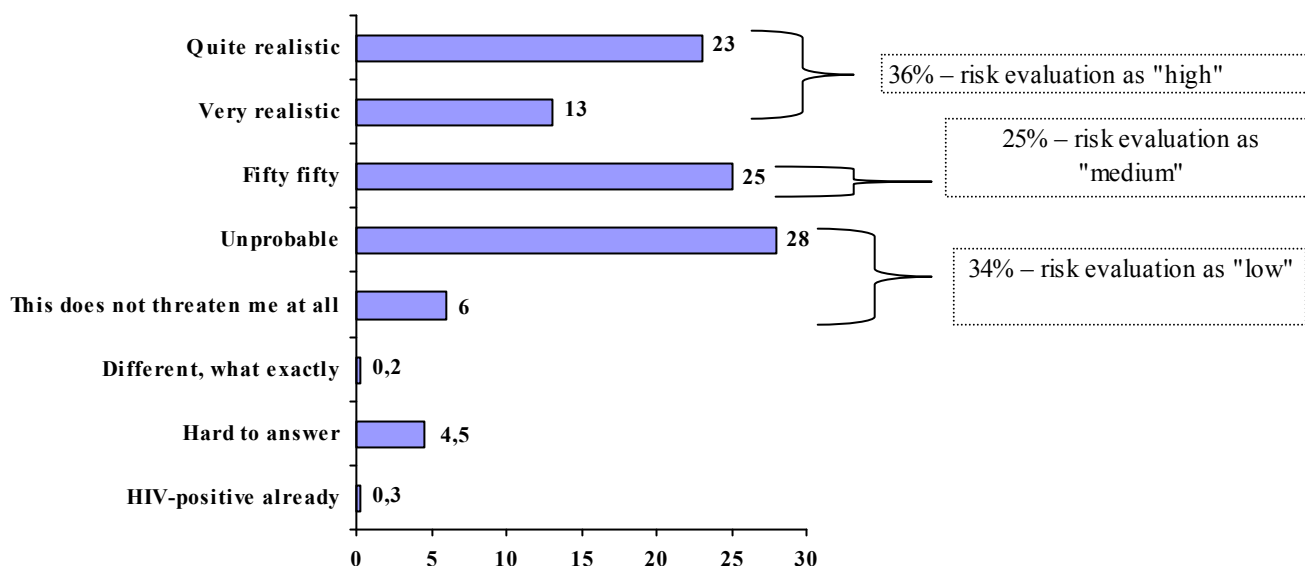
<i>Numerator: the number of respondents who indicated that have used condom during last anal sex</i>	N=640	Among all respondents, %	Among respondents of 15–24 years old, %	Among respondents from 25 years old, %
<i>Denominator: the number of respondents who indicated that</i>	N=1652			

<i>had anal sex with male partner during last six month</i>					
Value of the indicator, %			39	39	38

3.8. Evaluation of individual HIV infection risk

Evaluation of MSM awareness about individual HIV infection is one of the major factors which influence spread of HIV.

MSM have been proposed to define personal HIV infection risk during the survey. Most common answer (28 %) among respondents was “*not very probable*”. A quarter of respondents (25 %) defined individual risk as fifty fifty. Around a quarter of interviewed MSM (23 %) define infection risk as “quite realistic” and twice less respondents (13 %) identify it as “very realistic”. Overall, majority of answers are situated in socially desirable area of answers (“not very probable”, “fifty fifty”) (see pic. 3.8.1).



Pic. 3.8.1. Evaluation of individual HIV infection risk by respondents-MSM, %

Looking at age particularities, it is possible to notice that a significant part of MSM from the age group of 25–29 years old (41 %) define the risk of individual HIV infection as “quite and very realistic”. There are 22% of those in the age group of 15–17 years old. The number of respondents-MSM who define the risk of HIV infection as “very realistic” is almost the same among the age groups of 20–24 and 25–29 years old (35% and 34% respectively). Indicator “unprobable” has the lowest value in the group of 25–29 years old (24 %). It is a bit higher in the groups of 20–24 and 18–19 years old (26% in each group), 15–17 years old (29 %), 30–39 years old (30,5 %) and is highest in the group of 40 years old and older (38 %).

The part of those who could not find the answer is highest in the age group of 15–19 years old (19 %). It is lowest in the group of 30–39 years old (2 %). Lower percentage of respondents in this age group can be explained by life experience as well as settled sexual and marital mode of life.

Looking at the education level, it is possible to presume that the higher education level is, the more adequate estimation of individual HIV infection risk is observed. The biggest percentage of those who define individual infection risk as “quite realistic” is among respondents with advanced and basic higher education – 27 % in each age group, and only 10 % – with basic education. Majority of respondents with basic education (40 %) define infection risk as “unprobable”.

However, knowledge about infection risks and prevention measures are not always linked. According to coefficient of dependence between evaluation of infection risk and condom use

during different kinds of sexual contacts, it is possible to conclude that risk evaluation and behaviour very much coincide (see table 3.8.1).

Table 3.8.1

Indicators of dependence between risk evaluation and condom use during different sexual behaviours

Types of sexual contacts	Coefficients		Significance level ¹²
	ϕ^{10}	Contingencies ¹¹	
Oral sex	0,134	0,133	$p \leq 0,05$
Penetrating sex with stable partner	0,159	0,157	$p \leq 0,05$
Penetrating sex with occasional partner	0,217	0,212	$p \leq 0,01$
Penetrating sex with commercial sexual partner	0,355	0,355	$p \leq 0,05$
Sex with a woman	0,199	0,195	$p \leq 0,128^{12}$

Conclusions to chapter 3

- Almost all respondents (92 %), had oral contacts with men during half a year before the survey. Among them 80 % had two and more sexual partners, a fifth part (20 %) had one partner.
- 79 % practiced active role, 68% had passive role during anal contact within 6 months before the survey.
- 65 % of MSM had anal contacts with stable partner at least once during last six months before the survey. MSM had anal contacts with stable partner at least once. 67 % of MSM had at least once sexual contact with occasional (non-commercial) partner. 11 % of respondents had relations at least with one commercial partner, from whom remuneration has been received.
- 52 % of respondents have experience of sexual relations with a woman during lifetime.
- Among MSM who had a stable partner, last anal contact happened without condom use in 47 % of cases. With occasional (non-paid) partner 21% of respondents did not use condom during last anal contact. 37 % of MSM have not used condom with a commercial partner from whom remuneration has been received. 47 % of respondents did not use condom during contact with a woman. Main reasons for refusals of condom use are that respondents do not consider it necessary and another reason is that “condom use decreases sensitivity”. This

¹⁰ Similar to four-cell Pearson coefficient of conjugation for indicators with three and more scales.

¹¹ In Ukrainian literature multiple cell Pearson coefficient.

¹² Statistically significant indicator has been estimated for this indicator and appeared to be higher than $p \leq 0,05$ and $p \leq 0,01$, that is why statistical hypothesis about the link between variables cannot be accepted.

reason as well prevails in distribution of answers of respondents who have sexual contacts with occasional and commercial sexual partners. Other reasons mentioned include alcohol intoxication, absence or high price of condom. Among those who had contacts with commercial sexual partners, main reason for condom non-use is that the partner insists on condom non-use during sexual contact (possibly, motivated by the wish to receive maximum pleasure).

- 23 % of interviewed MSM consider individual HIV infection risk as “quite realistic”, 28 % define it as “unprobable”.

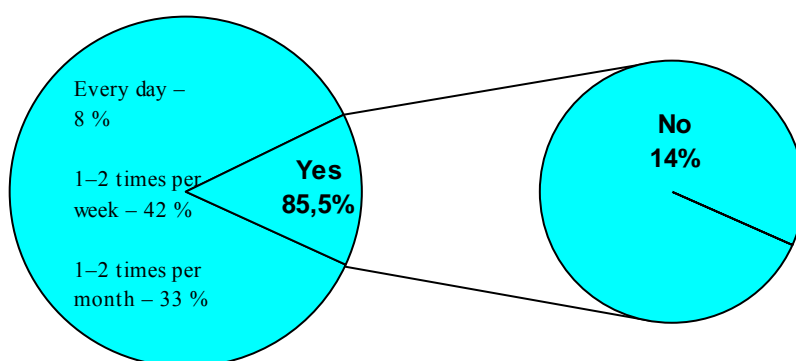
Chapter 4. Alcohol abuse and injecting drug use

4.1. Alcohol abuse

85,5 % of interviewed MSM mentioned alcohol abuse during last month (30 days) before the survey. Only 14 % of respondents have not abuse alcohol during indicated period of time, however, this does not mean that these respondents did not drink at all alcohol drinks (see pic. 4.1.1).

Among those who abused alcohol during one month before the survey, 2,2 % were hesitant about frequency of the abuse.

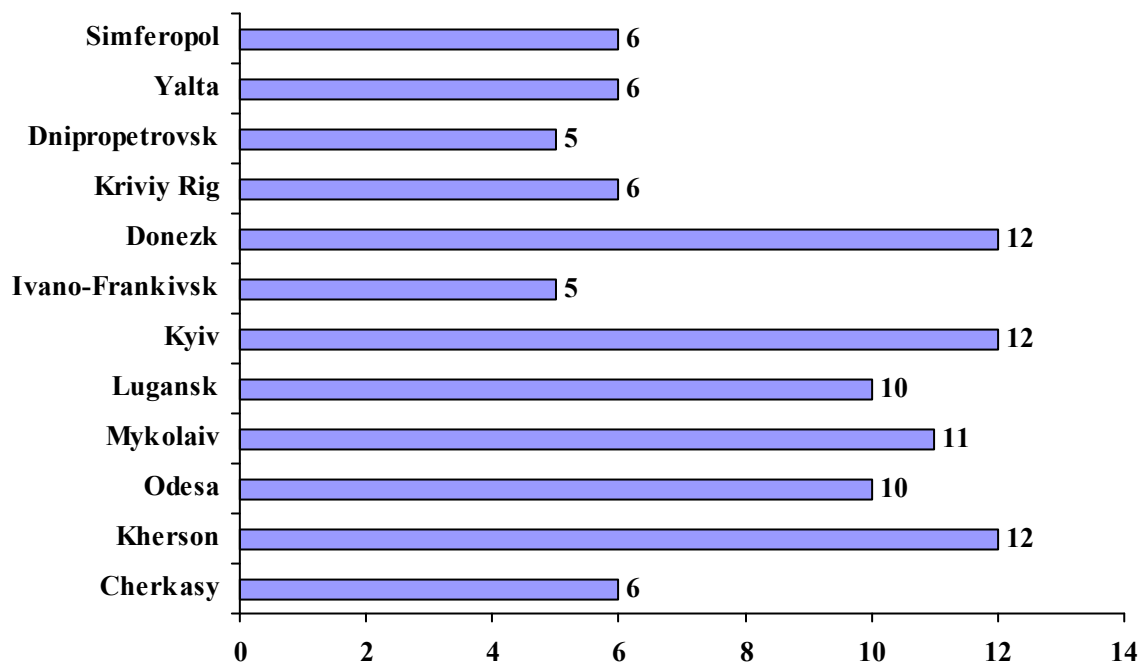
Among all respondents, 0,4 % do not recall alcohol abuse one month before the survey. Possible differences can be observed in the groups differentiated according to frequency of alcohol abuse.



Pic. 4.1.1. Distribution of respondents' answers on the question: **“Have you abused alcohol drinks during last 30 days and how often?”**, %

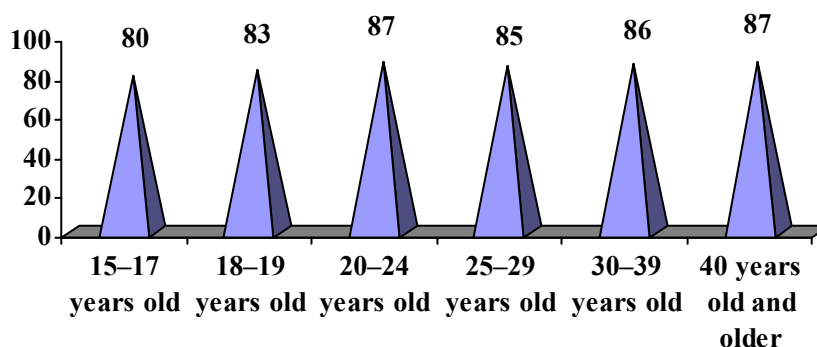
8 % of all respondents abused alcohol every day, 42 % – 1–2 times per week, almost a third – 33 % – abused alcohol 1–2 times per month. Hypothetically, mostly risky is the group which abuse alcohol every day. Although this group is small (8 %), it might be dangerous in terms of HIV and STI spread.

Picture 4.1.2 demonstrates distribution in terms of alcohol abuse during a month before the survey in different cities.



Pic. 4.1.2. Distribution of MSM who abused alcohol during last 30 days before the survey, according to different cities, %

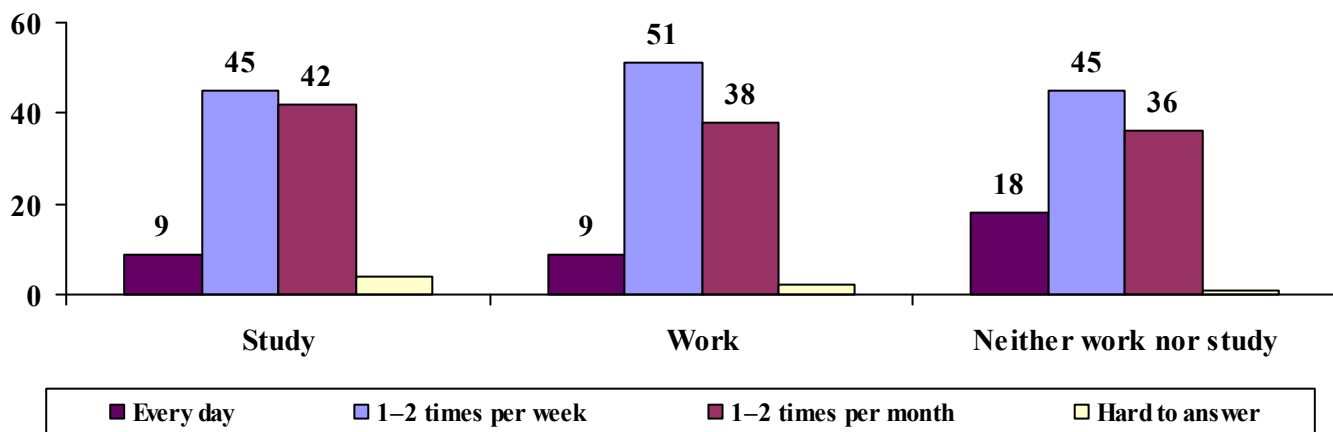
Picture 4.1.3. demonstrates almost the same number of those who abused alcohol during last month in all age groups.



Pic. 4.1.3. Distribution of affirmative answers of MSM who during 30 days before the survey abused alcohol, in different MSM age groups, %

Part of respondents who abuse alcohol every day is biggest in the group of unemployed and those who do not study - 18 %. The number of those who work or study, however, abuse alcohol every day is twice smaller –9% in each group (see pic. 4.1.4).

Similar tendency, however, much higher, is observed with the frequency of “1-2 times per week”. We, possibly, have the picture with general tendencies of alcohol abuse among MSM as well as other social groups.



Pic. 4.1.4. MSM distribution according to frequency of alcohol abuse during 30 days before the survey, according to respondents' occupation, %

4.2. Drug abuse, including injecting drugs

Drug abuse is one of the factors which leads to risky sexual behaviour depending on sex in hetero- and homosexual contacts.

11% of interviewed MSM have experience of different drugs use (see table 4.2.1). Majority of respondents have never used drugs (89 %).

Looking at age distribution, the biggest number of those who use or have used drugs before is respondents of 20–24 years old (see table 4.2.1).

Table 4.2.1

Distribution of respondents' answers on the question: "Do you use drugs?", %

	Among all	Age of respondents					
		15–17 years old	18–19 years old	20–24 years old	25–29 years old	30–39 years old	40 years old and older
Yes	5,1	3	2	8	6	4	1
Have used before, now do not use	5,6	3	5	7	5	5	7
No	88,8	93	93	84	88	91	92
<i>Hard to answer</i>	<i>0,5</i>	<i>0</i>	<i>0</i>	<i>1</i>	<i>1</i>	<i>0,4</i>	<i>0</i>

The number of those who used injecting drugs during year before the survey makes up to 1,3 % (see table 4.2.2) among all interviewed MSM. According to the survey conducted in 2004, this indicator made up 6 %.

Distribution of respondents' answers on the question: **“Have you used injecting drugs during last 12 months?” %**

Yes	1,3
Have used before, now do not use	1,4
No	8,2
<i>Hard to answer</i>	<i>0,3</i>
<i>Do not use drugs</i>	<i>88,8</i>

To conclude, persons who used injecting drugs during 12 months before the survey or earlier, makes up a small number of all respondents – 3 %. However, among respondents who use or have used different types of drugs (N=198), the number of those who use or have used *injecting* drugs makes up approximately a quarter (24 %). Biggest number of respondents from this group live in Odesa, Dnipropetrovsk and Donezk (11%, 10% and 5% respectively) and belong to the age group of 20–24 years old (4 %). In other age groups there are 3% of such respondents, except for the age group of 18–19 years old (2%) and 15–17 years old (0%). As well as respondents with basic (incomplete) education (6%) or complete secondary, professional-vocational or incomplete higher education (4%), as well as those who neither work nor study (11%).

2% of interviewed MSM indicated that used injecting drugs at least once during one month before the survey. Frequency of injecting drug use by respondents varies from one to three times per week.

Conclusions to chapter 4

- 85,5% of respondents abused alcohol during 30 days before the survey, 42% of them have done so 1–2 times per week. Distribution of answers according to age groups varies on the scale of 80%–87%.
- 11% of MSM use or have used different types of drugs.
- 12 % of those who used drugs had experience of injecting drug use at the time of the survey.
- Biggest number of those who use or have used drugs is among respondents of 20–24 years old (15%).

Chapter 5. Voluntary HIV counselling and testing among MSM

HIV testing is one of the most important measures of prevention and response to the epidemic. HIV testing should not only provide person with information about the status, but also broaden knowledge about epidemic and in case of positive test result – to provide clear perspectives of further life as well as provide preliminary psychological support.

Majority (82 %) of interviewed MSM indicated that know where to test for HIV (in 2004 73 % of interviewed MSM knew this information). The same number have opportunity to test for HIV anonymously (81 %). 82 % of respondents consider HIV testing accessible. For 9 % testing for HIV is not accessible and another 9% are hesitant about the answer. Main reasons of inaccessibility among those who consider testing inaccessible are the following: “lack of knowledge whom to adress” (49,5 %), “fear of status divulgation” (26 %), “lack of knowledge about testing point/instituion/centre” (25 %). 14% answered that do not have funds for testing, which demonstrates lack of knowledge that testing is free. The following reasons have been named as well: “not satisfied with attitudes of personnel”, “inconvenient schedule of work of testing point/institution/centre” (see table 5.1).

Table 5.1

Distribution of answers on the question: **“Why testing is inaccessible personally for you?”**,
Among those for whom HIV testing is not accessible, (N=319), %
(The sum of answers exceeds 100 %, because respondent could choose all relevant answers)

Do not know whom to address	49,5
Afraid of status divulgation	26
Do not know where testing institution/point/centre is situated	25
No funds for testing	14
Not satisfied with attitudes of personnel	9
There is no testing institution/point/centre in our city	7
Inconvenient schedule of work of testing institution/point/centre	5
Inconvenient location of testing institution/point/centre	4
Other	7,5

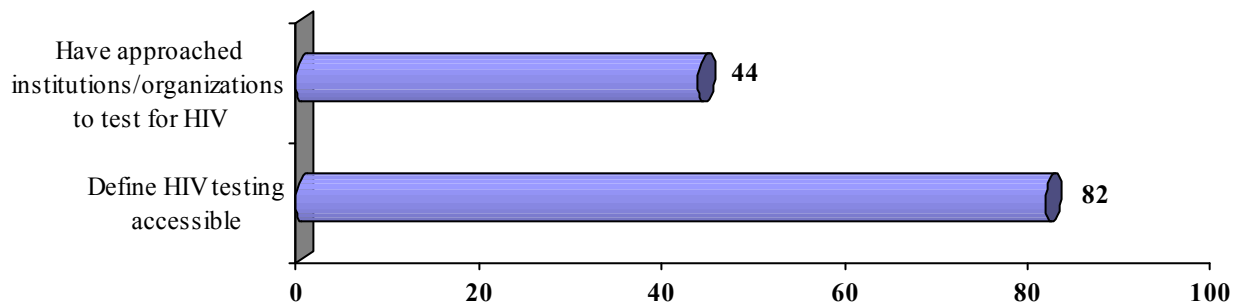
To conclude, according to answers the main reasons of inaccessibility are lack of knowledge about testing centres (82 %)¹³ and problems connected with personnel of testing centres (35 %)¹⁴.

13 Sum of answers: “Do not know whom to address”, “Do not know where testing institution/point/centre is situated” and “There is no testing institution/point/centre in our city” (it is important to indicate that the survey has been conducted in big cities where there are several testing points, including oblast and city AIDS centres).

14 Sum of answers: “Not satisfied with attitudes of personnel” and “Afraid of status divulgation”.

Looking at lack of knowledge about the location, it is possible to conclude that it is the indicator for the lack of social activeness of respondents (information about the address of the nearest AIDS-centre can be easily and anonymously found from telephone books and information centres of each city as well as from personnel of medical institutions) or lack of interest to problems of AIDS among a certain group of respondents.

Less than a half (44 %) of all respondents indicated that have addressed relevant institutions and organizations for HIV testing (see pic. 5.1). It is important to indicate that among respondents of 2004, there have been a half of those who have ever tested for HIV.



Pic. 5.1. Accessibility of HIV testing according to MSM answers, %

Among those who approached institutions/organizations to test for HIV (N=772), a three fourth indicated that have received pre-test counselling. Almost all who addressed (98 % or 759 persons) tested for HIV.

A two third of respondents who tested for HIV have done so during 12 months before the survey.

**Comparison of MSM answers about the testing in the period of 2004 and 2007,
among those who tested for HIV, %**

	2004, N=443	2007, N=759
Yes, it has been done during last 12 months	52	66
No, it was earlier than 12 months ago	48	33

A positive tendency is observed in this year survey – overall increase in the percentage of MSM who tested during last 12 months (see table 5.2).

Results of last HIV test have been received by 97 % of those who have done it, only 2 % of respondents have not received it, 0,3 % are waiting for the result, the rest – do not remember or refuse to answer. Post-test counselling has been conducted only with 60 % of those who tested for HIV.

Among those who tested for HIV during a year before the survey, 78 % agreed to inform interviewer about their HIV-status¹⁵. 2,3 % among all respondents are HIV positive (6,7% – among those who informed their HIV status). In past survey part of MSM who tested for HIV and informed about their HIV-status made up to 3 % of all respondents.

Among those who informed about HIV-positive status, 80 % informed that have been registered in AIDS centre, 15 % have not been registered and 5 % refused to answer. Only 1,8 % of respondents are registered in AIDS centre as HIV-positive in the general sample of this research.

Distribution of answers about the status and the number registered in AIDS centres according to cities is presented in table 5.3.

¹⁵ However, 22 % of those who tested for HIV have not informed interviewer about their HIV-status. Taking into consideration psychological particularities of communicating HIV-status as well as construction of the sample (RDS), which significantly increases the probability that interviewer and respondent are acquainted, it is possible to presume that the number of HIV-positive among respondents who have not informed about their status is higher than among those who informed about the status.

Regional distribution of MSM according to HIV-status, %
(among those who informed about HIV-status, N=593)

	Among all	Simferopol	Yalta	Dnipropetrovsk	Kriviy Rig	Donezk	Ivano-Frankivsk	Kyiv	Lugansk	Mykolaiv	Odesa	Kherson	Cherkasy
Informed about HIV-positive status	2,3	0,0	5,0	1,0	3,0	3,5	2,0	3,8	0,0	1,0	3,0	3,0	0,0
<i>Registered in AIDS centre</i>	1,8	0,0	5,0	1,0	2,0	2,0	0,0	3,8	0,0	1,0	2,0	3,0	0,0

National indicator “**Percentage of MSM who tested for HIV during last 12 months and know the result**” makes up to 28 % of all interviewed MSM, 25 % – for respondents from 15 to 24 years old, and respondents who at the time of the survey have been 25 years old and older – 29 % (calculation method of this indicator is presented in table 5.4).

Table 5.4

Calculation of the indicator about requests for HIV testing and receipt of the result, %

<i>Numerator: the number of persons from the groups of the highest risk at the age 15–49 years old who tested for HIV during last 12 months and know test results</i>	N=485		Among all respondents, %	Among respondents of 15–24 years old, %	Among respondents from 25 years old, %
<i>Denominator: the number of persons at the higher risks included in the sample</i>	N=1764				
Value of the indicator, %			28	25	29

Conclusions to chapter 5

- Interviewed MSM show high awareness about institutions where it is possible to test for HIV anonymously. 82% know where it is possible to receive HIV counselling.
- For 9% of respondents HIV testing is not accessible. Analysis of refusals has indicated lack of knowledge whom to address and lack of knowledge about places where testing can be done as well as fear of status divulgations are the main reasons to refuse the testing.

- 44% of respondents have addressed relevant institutions or organizations to test for HIV.
- Institutions which conduct HIV testing do not pay appropriate attention to consultations provision (particularly, post-test counselling) during testing: from 75% who requested testing, pre-test counselling and post-test counselling have been conducted for 60% of interviewed MSM.
- 2,3% are respondents who informed about their HIV-positive status and, thus, the number of those who tested for HIV makes up to 6%.

Thus, relevant health care institutions should significantly strengthen information and educational support of HIV-testing as well as try to overcome fears of a part of MSM group related to HIV and confidentiality of the testing.

Situation with counselling could be significantly improved through closer cooperation with civil society organizations. This could also increase trust of MSM to institutions which conduct testing. For MSM as well as other hardly accessible communities, it is important to provide NGOs with the possibility to conduct testing independently, particularly with rapid tests.

Chapter 6. Prevention programmes coverage of MSM

6.1. Awareness about prevention programmes implemented by NGOs

Men having sex with men is a hard to reach group for state medical and social services because of social stigmatization as well as spread geographical location of this group.

Cities covered by the research differ from each and from Kyiv in particular in terms of levels of development of the network of non-governmental MSM-service and LGBT organizations.

Table 6.1.1 clearly demonstrates that almost a two third of interviewed MSM (63 %) have never requested assistance from non-governmental organizations which work with MSM. Overall, 35 % of respondents have requested assistance from civil society organizations during lifetime, a little less (33 %) have used relevant educational programmes during last 12 months and only 12 % of respondents have requested assistance from civil society organizations which work with MSM during last *30 days* before the survey. These results are confirmed by answers on the questions about peer education – 62 % are those who refuse participation in peer education programmes during 12 months.¹⁶

Part of those who requested assistance from civil society organizations during lifetime makes up to 35 % of all respondents. Almost the same number (32%) have been attending programmes of civil society organizations which work with MSM during the year before the survey and 12% have requested assistance from civil society organizations during last months prior to the survey.

Table 6.1.1

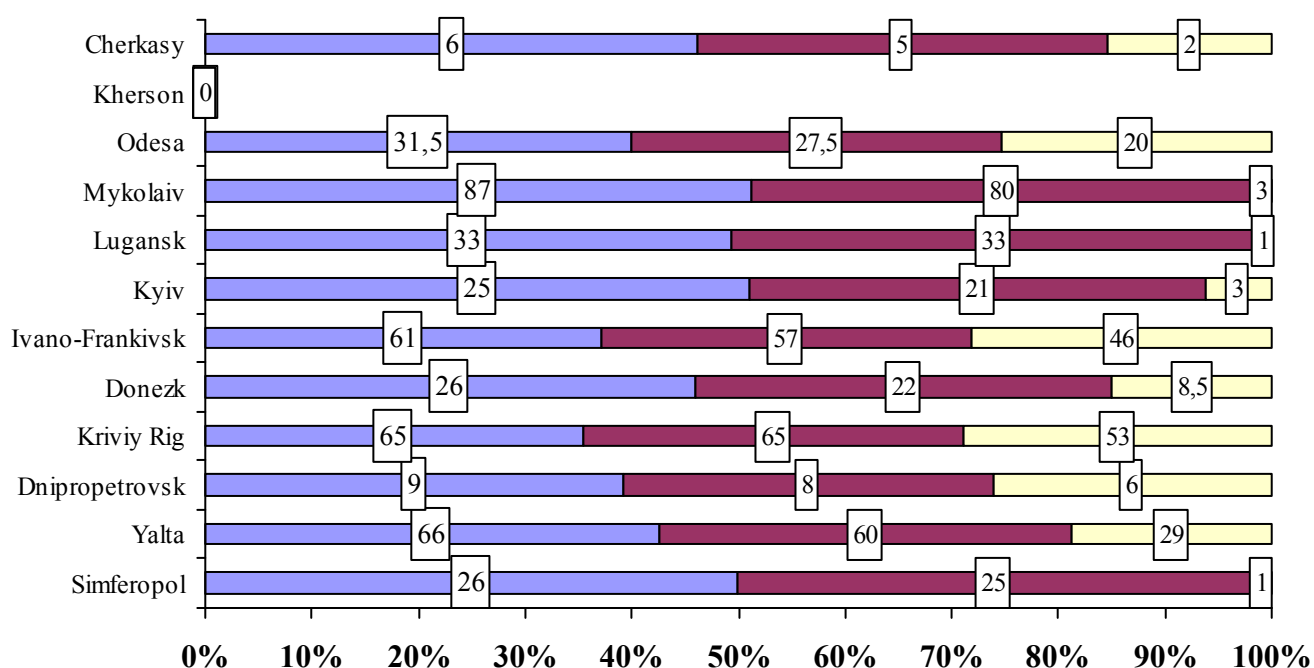
Distribution of respondents' answers on the question: **“Have your requested assistance from civil society organizations which work with men having sex with men?”**, %

	During lifetime	During last 12 months	During last 30 days
Yes	35	33	12
No	63	2	6
No answer	1	1	18
<i>Have not requested assistance from civil society organizations during lifetime</i>		65	65

¹⁶Peer education is based on the principle that the person receives consultations and advice from the person who have been or is in the similar to another person's situation and have a similar social characteristic: adolescent – from adolescent, man having sex with man – from another MSM, injecting drug user – from injecting drug user, person living with HIV – from person living with HIV, etc.

Among those who requested assistance from civil society organizations (N=624), majority (80 %) considers that during last request for assistance all necessary services have been provided and another 14 % indicated that services have been provided, however, not to a sufficient extent. 2 % of respondents who requested assistance from civil society organizations have not received any services. Such, almost similar, confirmation of high quality of services provided by civil society organizations can be explained by the fact that MSM who approach the organizations are in advance informed about the services to be received and expected quality of services from the organizations.

Distribution of answers about requests for assistance from civil society organizations in geographical dimension is presented on the pic. 6.1.1.



Pic. 6.1.1. Distribution of affirmative answers on the question: “Have you requested assistance from civil society organizations which work with MSM?”, in different cities, %

More than a half of interviewed MSM (56 %) indicated that have been receiving free condoms from civil society organization representative, medical worker, volunteer, in needle exchange points, during peer education session during last twelve months.

Information materials distribution is another methodology of HIV/AIDS and STI prevention.

Booklets, brochures, information cards and other information materials about prevention of STI (except for HIV/AIDS), have been received by 56 % of respondents during last year, 63 %

have received information materials about HIV/AIDS. Information materials about challenges faced by men having sex with men have been received by almost a half (46 %) of respondents.

Respondents most often have received information about HIV/AIDS (71 %) from mass media – TV, radio, newspapers and magazines. On the second place is the volume of information received by respondents about drug use (42 %). A little less respondents (40 %) have received information about STI prevention through mass media. 21 % of interviewed MSM indicated that have received information from mass media about challenges faced by MSM during last twelve months before the survey.

National indicator “**Percentage of MSM covered by prevention programmes**” makes up to 50 % of all interviewed MSM. 51 % – for respondents from 15 to 24 years old, 49,5 % – for respondents from 25 years old. Calculation of this indicator is presented in the table 6.1.2.

Table 6.1.2

Calculation of the indicator “Percentage of MSM covered by HIV/AIDS prevention programmes”, %

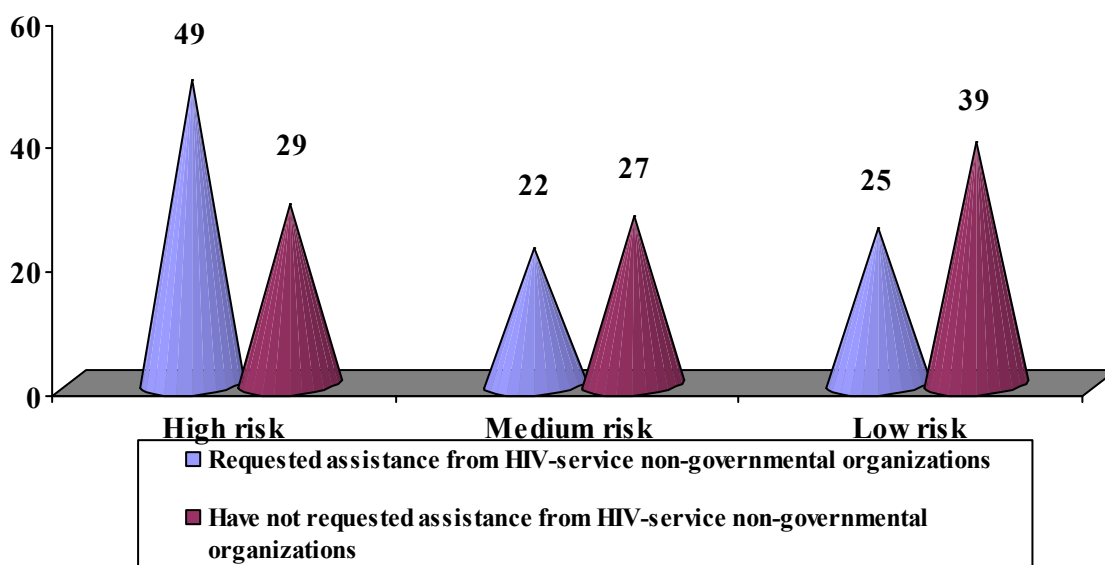
<i>Numerator: respondents who have affirmative answers on both questions</i>	N=881	Among all interviewed, %	Among interviewed of 15–24 years old, %	Among interviewed from 25 years old, %
<i>Denominator: number of interviewed respondents</i>	N=1764			
Value of the indicator, %		50	51	49,5
<i>Affirmative answer on question 1: “Do you know where to go if you want to test for HIV?”</i>		82	78	85
<i>Affirmative answer on question 2: “Have your received condoms during last 12 months?”</i>		55	58	50

6.2. Evaluation of prevention programmes influence on awareness and behaviour of MSM

Among those interviewed who have requested assistance during lifetime from civil society organizations which work with MSM (35 %, N=624), 17 % have used condom during last oral contact. Almost a quarter (24%) of MSM who had sexual relations with stable partner during last 30 days – have not used condom during last anal contact. Only 7,5 % of respondents have not used condom during last anal contact. Only 0,5 % of those who had commercial partner have not used condom during anal contact. These results indicate a fairly high level of individual health protection in this MSM group.

49 % of interviewed MSM among those who requested assistance from civil society organizations during lifetime evaluate individual HIV infection risk as high (sum of answers “quite realistic” and “very realistic”). 22 % evaluate infection risk as unprobable and 3 % have chosen the answer “this does not threaten me at all”. 22 % of respondents evaluate probability of HIV infection as “fifty fifty”.

Among those who *have not requested assistance* (63 %, N= 1118) from civil society organizations during lifetime, almost a third (39 %) evaluate individual infection risk as unprobable. More than a quarter (27 %) evaluate individual risk as “fifty fifty”, and 29 % define personal infection risk as “quite” and “very realistic” (see pic. 6.2.1).



Pic. 6.2.1. Evaluation of personal HIV infection risk by respondents-MSM, depending on whether they have requested assistance from civil society organizations or not, %

To conclude, MSM covered by prevention programmes, understand HIV infection risk to a higher extent than those not covered by prevention programmes.

As it can be seen from the table 6.2.1, general awereness is quite high, however, it does not depend on request for assistance from civil society organizaitons which work with MSM. Awereness is almost similar in both groups except for the statement that HIV infection can be avoided if to have sex with only one faithful non-infected partner: the number of those who have requested assistance from civil society organizations makes up to 78%, whereas among those who have not requested assistance – 47%.

Distribution of correct answers about requests for assistance from NGOs and awareness about HIV/AIDS

	Among those who <u>requested assistance</u> from NGOs during last 12 months	Among those who <u>have not requested</u> assistance from NGOs during last 12 months
<i>About correct statments</i>		
The risk of HIV transmission can be reduced when having sexual contacts with only one faithful non-infected partner.	78	47
The risk of HIV transmission can be reduced if to use condom correctly during each sexual contact.	94	94
Person, who looks healthy can have HIV.	92	92
HIV can be transmitted during use of the needle which have been used by another person.	96	96
HIV-infection can be transmitted from HIV-positive mother to child during pregnancy.	61	72,5
HIV-infection can be transmitted from HIV-positive mother to child during labour.	64	72,5
HIV-infection can be transmitted from HIV-positive mother to child during breast feeding.	44	41
<i>About false statements</i>		
HIV-infection can be transmitted through mosquito bite.	88	84
A person can get HIV when drinking in turn from the same glass with HIV-positive person.	92	88
A person can get HIV during common use of toilet, swimming pool and sauna with HIV-positive person.	88	88

Conclusions to chapter 6

- 63 % of interviewed MSM have never requested assistance in the lifetime from civil society organizaitons which work with MSM. Among those who have ever requested assistance, 12% have done so during one month before the survey.

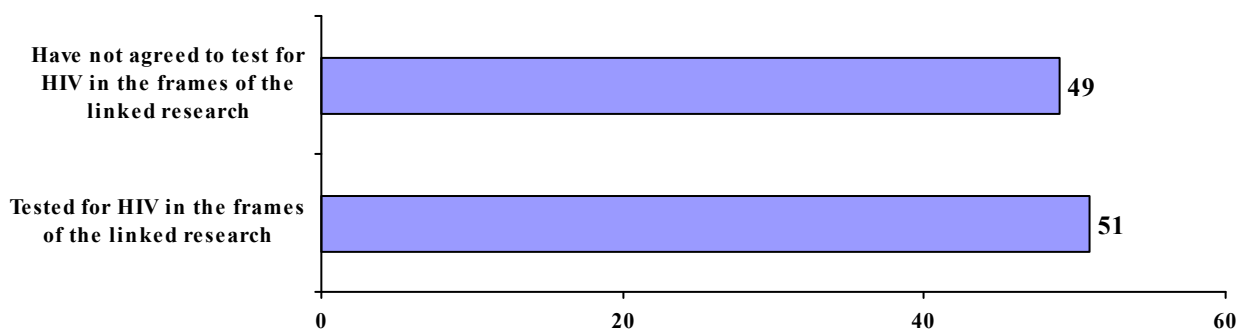
- 49% of respondents evaluate individual HIV infection risk as “high” among those who requested assistance from civil society organizations. 25% evaluate infection risk as “unprobable”. 22% evaluate the risk as “fifty fifty”.
- Majority among those who requested assistance from civil society organizations which work with MSM indicate that all necessary services have been provided to them during the last request for assistance.
- Awareness about HIV/AIDS does not depend on whether the respondent have requested assistance from civil society organizations which work with MSM or not.

Chapter 7. Results of linked research among MSM

7.1. Evaluation of HIV prevalence among MSM

It has been identified as feasible to complement behavioural survey with HIV testing in cities with high HIV prevalence. This makes it possible to investigate link between MSM behaviour practices and HIV-status of respondents on the empirical level.

All respondents have been proposed to test for HIV with relevant counselling in Kyiv, Kriviy Rig (Dnipropetrovska oblast), Mykolaiv and Odesa. Each respondent who has agreed to participate in the research had pre-test counselling, had the opportunity (upon request) to receive information about test result as well as to participate in the interview without receiving test result. In case if the respondent has been receiving test result, post-test counselling has been conducted. Around a half of respondents (from all four cities) have agreed to participate and tested for HIV (see pic. 7.1.1): 361 of interviewed MSM tested for HIV which makes up to 51 % of all interviewed MSM in these cities.



Pic. 7.1.1. The number of MSM who have agreed to participate in HIV testing in the frames of linked research in four cities after the survey, %

Among 200 interviewed MSM in Odesa only 70 have agreed to test. In Kyiv from 212 of respondents, 91 persons tested. In Mykolaiv – 100 from 201 respondents have tested. “Lack of will or fear to know the status” have been major reasons for refusal to test among respondents in Kyiv, Odesa and Mykolaiv. In Kriviy Rig (Dnipropetrovska oblast) all MSM respondents have agreed to test for HIV (see table 7.1.1).

Pre-test counselling has been conducted in 357 of cases (98,8%). In four cases it has not been done because of the lack of respondents’ willingness to spend time of this. In 67 % of cases pre-test counselling has been conducted by medical workers, in 30 % by representative of civil society organization and in 3 % of cases by psychologist. Testing and result identification has been done by the trained medical worker.

Results of MSM testing for HIV in the frames of the linked research in city dimension is presented in the table 7.1.1. In two cases test result have not been identified. The biggest number of HIV-positive respondents have been identified in Odesa (16 cases from 69 outcome tests or 23 %), significantly less among respondents of Mykolaiv (10 cases from 100 outcome tests) and Kriviy Rig (8 cases from 100 outcome tests). Lowest indicator of positive test results is found among respondents-MSM in Kyiv (4 cases from 90 outcome tests, or 4,4 %). In sum of all cities where the research has been conducted - from 359 MSM who tested for HIV in the frames of the research, 38 positive cases have been found (or 10,5%).

The use of RDS AT programme which makes it possible to reach general sample implementation according to RDS methodology, provides edited results which theoretically can be applied to the whole general sample of MSM community in the cities where research has been conducted (see table 7.1.1). In Kyiv, HIV infection rate among MSM is identified on the level of 2,0% with interval margins from 1,1% to 4,5%. In Kriviy Rig – 10% of HIV-positive with the interval from 2,0% to 19,6%. In Mykolaiv – 12,2% of positive results with interval margins from 5,2% to 18,9%. In Odesa – 31,2% of positive results with the interval from 22,4% to 59,3%.

Table 7.1.1

Results of MSM HIV testing in the frames of the linked research

Oblast, city	Quantity						According to results of the research in SPSS programme: % of HIV positive among outcome tests	According to results of the analysis, RDS AT among outcome tests			
	All respondents	All tests	Unclear tests	Outcome tests	Negative tests	Positive tests		% of HIV-positive	Lower limit	Higher limit	Haemophilia
Kyiv	212	91	1	90	4	86	4,4	2,0	1,1	4,5	-1,0
Kriviy Rig (Dnipropetrovska oblast)	100	100	0	100	8	92	8,0	10,0	2,0	19,6	0,166
Mykolaiv	201	100	0	100	10	90	10,0	12,2	5,2	18,9	0,241
Odesa	200	70	1	69	16	53	23,2	31,2	22,4	59,3	0,092
Among all	713	361	2	359	38	321	10,5				

Received data indicate that MSM group in Ukraine has HIV prevalence of higher than 5%, thus is a risk group, in which HIV-infection cases which influence the epidemic are situated.

38,5 % of respondents among those who tested for HIV in the frames of the research wanted to know their test results. All of them have received post-test counselling.

From 361 MSM who tested in the frames of the survey, 189 have tested before and have agreed to inform about their result. Comparative analysis of answers about the status and test results in the frames of the survey showed that: 5% have informed about their positive status during the main interview and the testing has shown the same result. 1 person has informed about the positive status, however, test result has appeared to be negative. 9 persons before had a negative result, however, have received a positive result with the rapid test. The number of “new cases” (percentage of positive results among those who earlier had a negative result) makes up to 6,2%.

7.2. Link between HIV test results and behaviour

Almost a two third of interviewed MSM (63 %), who tested for HIV in the frames of the survey and appeared to be HIV-positive, defined individual infection risk as “quite realistic” (39%) and “very realistic” (24%). Around a quarter (24 %) evaluated infection probability as “fifty fifty”, 8 % defined risk as “unprobable”; 5 % indicated that this “does not threaten them at all” (see table 7.2.1). Among MSM whose test result was negative, individual evaluation of HIV-infection risk differs significantly: 45% evaluated risk as “quite realistic” and “very realistic” (30% and 15% respectively); 34% evaluated as “fifty fifty”; 18 % – “unprobably”; 3 % - “does not threaten me at all”. Thus definition of individual HIV-infection as “realistic” and test results are closely linked (Pearson correlation is equal to 0,09).

Table 7.2.1

Comparison of individual evaluations of HIV infection risk among groups of MSM with positive and negative HIV test results, %

MSM groups with:	Quite realistic	Very realistic	Fifty fifty	Not very probable	This does not threaten me at all
Positive rapid test result	39	24	24	8	5
Negative rapid test result	30	15	34	18	3

It is possible to state that individual evaluation of HIV infection risk, similarly to test results, is connected with real behavioural practices of respondents.

To search links between HIV test results and behavioural practices, analysis of a number of variables, which characterize behaviour of IDUs, has been undertaken. This is one of the first research conducted in Ukraine which makes it possible to undertake such analysis, that is why we

consider it necessary to present received results on links found and on behavioural indicators which have not shown in this research links between behaviour and test results on statistically significant level.

Condom use is one of the main components of safe sexual behaviour among MSM is not practiced in a systematic way. Statistically significant link between condom use during last penetrative act with a stable partner and test results is not observed (chi-square significance is equal to 0,774). Data analysis indicated presence of the link between test results and condom use with occasional and commercial partners.

Among interviewed MSM who according to test results have appeared to be HIV-positive, 52 % have not been using condom during last anal contact with occasional non-commercial partner and 48% have used it. Among MSM whose test result appeared to be negative – 21% did not use it, and 79% – used condom during last penetrative contact with occasional partner (see table 7.2.2). Thus, data indicated the link between test results, HIV and condom use practice with occasional partner: among HIV-positive respondents the bigger number are those who have not used condom during last penetrative contact with occasional partner (significance of chi-square criteria is equal to 0,002; Pearson correlation coefficient is equal to 0,22).

The link between test result and condom use during last penetrative contact with commercial partner is also found (see table 7.2.3): those who was identified as HIV-positive, in 100% of cases have not used condom last time during anal contact with commercial partner (significance of chi-square criteria is equal to 0,087; Pearson correlation coefficient is equal to 0,26).

Table 7.2.2

Condom use during last contact with occasional partner among MSM groups with different HIV test results, %

	Among MSM who had positive test result	Among MSM who had negative test result	Among all MSM who tested
Have not used condom	52	21	25
Used condom	48	79	75

Table 7.2.3

Condom use during last contact with commercial partner among MSM groups with different HIV test results, %

	Among MSM who had positive test	Among MSM who had negative test	Among all MSM who

	result	result	tested
Have not used condom	100	49	52
Used condom	0	51	48

Despite small group of MSM with positive result, received data makes it possible to presume that among HIV-positive there are MSM who provide commercial services. On average, MSM with positive test result who have such relations had around 29 commercial partners during last 30 days.

Majority among respondents with positive as well as with negative HIV test result have practiced oral sex during last 6 months. Statistically significant link between the answer on this question and test result is not identified (significance of hi-square criteria is 0,192). Difference in the number of partners with whom respondent had penetrative contacts in active role is statistically insignificant among groups of HIV-positive and negative respondents – 2,3 against 4,5. It is important to indicate that in the group of HIV-negative respondents the average number of partners is higher. The difference in the number of partners with whom respondents had penetrative contacts in a passive role is also statistically insignificant in the groups of HIV-positive and negative respondents – 3,25 against 3,30.

Received data indicate the presence of the link between injecting drug use experience and HIV test result. Among those whose test has appeared to be positive, 40% indicated injecting drug use during last year, 20% are those who have used drugs earlier, however have not used them during last year and 40% have answered that have never used injecting drugs. Among MSM with negative test result 82% have never used injecting drugs, 12% have used before and 6% have indicated current use (see table 7.2.4). Significance of hi-square criteria is equal to 0,033, Pearson correlation coefficient is equal to 0,35.

Table 7.2.4

Injecting drug use during last 12 months, %

	Positive	Negative	Overall
Yes	40%	6%	9%
Have used before, now do not use	20%	12%	13%
No	40%	82%	78%

Despite quite high awareness of respondents-MSM about the risk of HIV infection during use of shared injecting instruments, the link between HIV-status and awareness about this question is found (see table 7.2.5; significance of hi-square criteria is equal to 0,002; Pearson correlation coefficient is equal to 0,16).

Table 7.2.5

Correlation of questions and answers on the statement: „HIV-infection can be transmitted during use of the needle which has been used by another person”, %

	Positive	Negative	Overall
Yes	82%	95%	93%
No	18%	5%	7%

Conclusions to chapter 7

- Among respondents-MSM in four cities (Kyiv, Kriviy Rig of Dnipropetrovska oblast, Mykolaiv and Odesa) 361 persons have agreed to participate in the linked research (survey+testing). This makes up to 51% of all interviewed in these cities. 359 outcome tests are received.
- In 98,8% of cases pre-test counselling has been conducted, others have refused because of the lack of time.
- 38,5% wanted to receive test result.
- Biggest number of HIV-positive respondents are among respondents in Odesa (16 cases from 69 outcome tests, or 23 %), significantly less among respondents of Mykolaiv (10 cases from 100 outcome tests) and Kriviy Rig (8 cases from 100 outcome tests). Lowest indicator of positive test results is found among respondents-MSM in Kyiv (4 cases from 90 outcome tests, or 4,4 %). In sum of all cities where the research has been conducted, from 359 MSM who tested for HIV in the frames of the research, 38 positive cases have been found (or 10,5%).
- Data indicates the link between HIV test result and condom use with occasional partner: among HIV-positive respondents the bigger number are those who did not use condom during last penetrative contact with occasional partner.
- Data makes it possible to state that among HIV-positive there are MSM who provide commercial services.
- Received data shows presence of the link between experience of injecting drug use and HIV test result: experience of drug use and current drug use significantly increase the risk of being HIV-infected.

Conclusions

- Survey results show the following socio-demographic characteristics of interviewed MSM: average age of respondents is 28 years old. Majority of interviewed MSM have never been married. Almost a quarter have experience of being married to a woman. At the time of the survey 12 % of respondents have been officially in a heterosexual marriage. 46% of MSM have complete secondary and vocational-technical education. The indicator of pendulum migration makes up to 10% - those who live in one place and travel often to another place. Majority (67%) of respondents are inhabitants in the city where the survey has been conducted. A three quarter of respondents (74%) work, 17% study (in school, vocational-technical school, higher educational institution) and another 9% neither work nor study.
- Received data shows high awareness of MSM about HIV transmission. For 82 % of respondents appearance is not sufficient for identifying whether the person is HIV-infected. 78 % of respondents believe that sexual relations with only one faithful non-infected partner is a guarantee of safety in terms of HIV infection. 93 % of respondents have correctly indicated that “it is possible to get infected during needle use which has been used by another person”. 26% do not know whether HIV-infection can be transferred from HIV-infected mother to child during the labour and 39% do not know whether HIV-infection can be transferred from HIV-infected mother to child during breast-feeding. National indicator **“Percentage of persons who correctly identify sexual HIV prevention and know how it is not transferred”** makes up 47 % for all interviewed MSM.
- 35% of respondents have done STI diagnostics during last year before the survey. According to respondents the most widespread infections transferred in a sexual mode among men and women are “genital/vaginal discharge” (51% and 74% respectively).
- Oral contacts with men during half a year before the survey had 92 % of MSM. Among them 80 % had two and more sexual partners, a fifth part (20 %) had one partner.
- 79% of MSM have practiced insertive (active) role during anal sex, 68% had receptive (passive) role in anal sex.
- The average number of partners, either with stable or with occasional (non-paid) or with commercial partner makes up to 4–5 sexual partners, not depending on the role of the respondent (active or passive), during six months before the survey.
- 65% of respondents during six months before the survey had relations at least with one stable partner. 37% indicated that had one stable partner, 14% had two stable partners, 14% had three

and more partners. During last half a year 42% of MSM had at least one sexual contact with a woman.

- During thirty days before the survey, 54 % of MSM had anal contact with a stable partner at least once. 47,5 % of MSM had at least once sexual contact with occasional non-commercial partner, 8 % of respondents had at least one anal contact with commercial partner from whom financial remuneration has been received.
- 37% of respondents have always used condom disregarding the category of the sexual partner with whom respondent had relations during last half a year – either a stable, occasional, commercial partner or relations with women. Among those who practices anal contacts during last month– 47% indicated that last contact with a stable partner has happened without a condom. With an occasional (non-commercial) partner last anal contact without condom use has happened among 21% of MSM. More than a third (37%) of those who practiced anal sex with commercial partners have not used condom during last sexual contact. During last sexual contact with a woman in 47% of cases the condom has not been used. National indicator **“Percentage of men who used condom during last contact with male partner”** makes up to 39 % for all interviewed MSM. One of the main reasons to refuse condom use during anal sex with different categories of partners was decrease of sensitivity.
- 23 % of respondents evaluate individual HIV infection risk as “quite realistic”, 28 % of interviewed MSM evaluate it as “unprobable”. HIV infection risk is identified as “realistic” by a big number of respondents at the age from 25-29 years old (41%) as well as among 15–17 years old (22 %).
- 85,5% of respondents have abused alcohol during last 30 days before the survey, 42% among them have used it 1–2 times per week.
- 11% of MSM use or have used different types of drugs. 12 % of those who at all had experience of drug use, have used injecting drugs. The biggest number of those who use drugs now or have used drugs before are respondents of 20–24 years old (15%).
- 82 % of interviewed MSM demonstrate high awereness about institutions where anonymous HIV testing can be done. For 9% of MSM testing is not accessible. The main reasons for this include lack of knowledge whom to address, lack of knowledge about the places where testing points ae situated as well as status divulgation. 44% of respondents have addressed relevant institutions or organizations in order to test for HIV. National indicator **“Percentage of MSM who during last 12 months have requested to test for HIV and have received test results”** makes up to 28 % of all interviewed MSM .

- 63 % of respondents have never requested assistance from civil society organization during lifetime. 12 % have requested assistance from civil society organizations which work with MSM during thirty days before the survey. 49% of respondents evaluate individual HIV infection risk as “high” among those who requested assistance from civil society organizations. 25% evaluate infection risk as “unprobable”. 22% evaluate the risk “fifty fifty”. National indicator “**Percentage of MSM covered by prevention programmes**” makes up to 50 % for all interviewed MSM.
- Among respondents-MSM in four cities (Kyiv, Kriviy Rig of Dnipropetrovska oblast, Mykolaiv, Odesa) 361 persons have agreed to participate in the linked research (survey+testing). This makes up 51% of all interviewed in these cities. 359 of outcome tests are received. In 98,8% of cases pre-test counselling has been conducted, others have refused to have it because of the lack of time. 38,5% of respondents wanted to receive test results. Biggest number of HIV-positive respondents have been found in Odesa (16 cases of 69 outcome tests or 23 %), significantly less among respondents of Mykolaiv (10 cases from 100 outcome tests) and Kriviy Rig (8 of cases from 100 outcome tests). Lowest indicator of positive test results is found among respondents-MSM in Kyiv (4 cases from 90 outcome tests or 4,4 %). Overall in all cities where the research has been conducted from 359 of MSM who tested for HIV in the frames of the research, 38 positive cases are found (or 10,5%). Data indicates the link between HIV test result and condom use with occasional partner: among positive respondents the biggest number are those who did not use condom during last penetrative contact with occasional partner. Received data indicates presence of the link between experience of injecting drug use and HIV test result: experience of drug use and current drug use significantly increase the risk of being HIV-infected.

RECOMMENDATIONS

To state authorities and institutions

- Ministry of Health of Ukraine to take measures in order to provide civil society with the opportunity to conduct HIV testing among most vulnerable populations, including men having sex with men. This will make it possible to increase the number of MSM who test for HIV. It is as well necessary to ensure regularity of MSM testing for HIV as well as to conduct more efficient monitoring of HIV situation in MSM communities.
- Ministry of Health of Ukraine to ensure location of information corners targeted at MSM about HIV/AIDS and STI prevention in medical institutions of different kinds.
- Health care institutions which conduct HIV voluntary counselling and testing (VCT):
 - to strengthen informational and educational support of testing as well as to support the process of overcoming lack of trust among MSM in terms of confidentiality as well as fear for receive the result;
 - when conducting VCT to take into consideration particularities of MSM sexual life;
 - to take into consideration that VCT can be significantly improved as a result of closer co-operation with civil society organizations which work with this target group. This will make it possible to increase trust of MSM to institutions which conduct the testing;
 - to organize and ensure participation of medical personnel in trainings, seminars and other activities about sexual health and medical needs of groups vulnerable to HIV, including MSM.
- Ministry of culture and tourism of Ukraine to oblige cultural and leisure time civil society organizations which conduct work targeted at MSM, to provide information to the audience about feasibility and necessity to do VCT in particular cities. As well as to create conditions for spreading information about HIV-service civil society organizations, particularly among MSM.
- Ministry of family, youth and sport of Ukraine and to local state administration to provide financial support to civil society organizations which work with groups vulnerable to HIV, including MSM.
- Ministry of education and science of Ukraine to support location of information booths about HIV/AIDS, pre- and post-test HIV voluntary counselling (VCT), prevention and

treatment of STI as well as information about different kind of institutions and organizations which provide services for risk groups, including MSM.

- Committee on counteraction of HIV/AIDS and other socially dangerous diseases of the Ministry of Health of Ukraine together with ICF “International HIV/AIDS Alliance in Ukraine” to include to methodological recommendations about monitoring behaviour of MSM the norm about presentation in the sample the age group younger than 19 years old (as a minimum from 15 to 19 years old) to enable secondary HIV risk analysis among young adults from risk groups.

To HIV-service civil society organizations

- To support development of comprehensive standards of social services provision for MSM and implementation of the unified coding system of clients of the social projects.
- To organize trainings for medical personnel on health care services provision for MSM.
- To create efficient mechanism for coordination of activities, exchange of experience and implementation of projects with other organizations which work with risk groups, including MSM, mutual support and evaluation of outputs and efficiency of the activities.
- To develop and improve on-going co-operation with local coordinaton councils on prevention of HIV/AIDS.
- Regularly publish reports about results of projects implementation targeted at MSM, including preparation and publication of research reports.
- To take measures in order increase awereness of local communities of MSM about peer education services of civil society organizations, including outreach work.
- To develop projects and programmes aimed at health promotion among MSM, taking into consideration widespread alcohol and drug use as well as smoking among MSM, particularly promoting active leasure time and sports.
- When developing information materials to take as a basis lowest level of MSM awereness about HIV/AIDS and STI as well as take into consideration that a certain number of MSM have a low educational level.
- To develop clear mechanism for search of new clients among MSM as well as their motivation to regular participation in the projects, taking into consideration low awereness of MSM about such projects.

- In the work with MSM to motivate them to participate in education programmes, independent search for information and change of risky behaviour to less risky.
- To develop co-operation with culture and leisure organizations which target MSM to conduct social work on their basis as well as involve their resources.
- To inform MSM about the level of HIV infection risk during sexual contacts and depending on different kinds of sexual practices in order to motivate those MSM who have a more risky role (for example, in passive role during genital-anal contact) as well as insist on the use of condom and lubricant.
- To provide MSM with information about certain strategies to avoid or decrease the risk of HIV infection (virtual sex, sexual relations with one stable partner, anal relations with only one partner, condom use with all occasional partners, avoiding unprotected anal contacts, practicing oral sex exclusively without the sperm getting in the mouth, particularities of personal hygiene, etc).
- To improve MSM referral system to AIDS centers and other institutions and organizations which deliver HIV prevention and treatment services.
- To develop strategy of HIV-service work development in small cities and villages taking into consideration that in such locations outreach work is mostly not feasible and possible. As a consequence, the search for innovative forms of work with MSM, inhabitants of such locations, is necessary.
- To implement and legalize work with underage (before 18 years old) in the frames of the current work, to inform them about HIV/AIDS and STI.

To international organizations, which support projects for vulnerable groups, including MSM

- To support comprehensive and on-going financing of HIV/AIDS prevention projects among MSM.
- To support exchange of experience between organizations which implement prevention programmes aimed at forming adequate evaluation of STI and HIV/AIDS transmission risk among MSM.
- To support qualitative research of MSM environment to identify particular motivations, needs, behaviour norms, etc.

- To support regular evaluation of the effectiveness of existing HIV/AIDS prevention programmes among MSM to identify the most appropriate methods, types and forms of prevention work among MSM.
- To involve experts who have insight knowledge of MSM issues to the development of technical tasks and application forms for new MSM-service projects as well as to the decision-making process about support to different organizations which plan to implement particular projects.

To academic, research and other organizations which conduct studies on MSM

- To publish research results:
 - by publishing reports and obligatory mailings to libraries and specialized academic institutions of Ukraine;
 - by publicizing results in Internet with the possibility to leave comments and discuss information;
 - by publishing academic articles on particular aspects of relevant research in specialized academic publications or preparations of chapters for academic publications on a particular topic;
 - by participation in conferences, „round tables”, seminars etc., aimed at prevention of HIV infection.
- Together with NGOs which work with MSM to agree unified terminology and specialized wordings for use in the research papers.
- To intensify academic dialogue *with* and *among* representatives of academic science on MSM in all the aspects – sociological, legislative, psychological, medical and policy, etc.
- To improve methodology for identification of the sample to reach higher level of representation, particularly:
 - To conduct mapping in order to construct the sample, which reflects the picture of territorial location of MSM in Ukraine.
- Continue work on research of characteristics of the MSM sample in Ukraine. To incorporate into methodology the study of MSM sample in Ukraine:
 - Nomination method (named and individual inclusion of MSM).

- Research of MSM based on social acquaintances web-sites (such as Mamba, Qgyus.ru, blyesystem.ru and others), communication with MSM in chats (bizarre.com.ua, chat.gala.net and other) as well as sms;
- Monitoring and analysis of announces about acquaintances published in national, regional and local mass media.
- When formulating surveys for sociological research:
 - To discuss and agree formulation of questions with experts from MSM-service organizations;
 - To pay attention about personal identification of MSM, use and accessibility of lubricants, particular sexual practices of MSM, sexual relations of MSM with women in order to incorporate these particularities during development and implementation of HIV/AIDS and STI prevention programmes among MSM.

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National indicators on monitoring and evaluation of effectiveness of measures which control HIV/AIDS among MSM

Number of the indicator ¹⁷	Name of the indicator	Among all respondents, %	Among respondents 15–24 years old, %	Among respondents from 25 years old, %
8	Percentage of MSM who tested for HIV during last 12 months and know the result	28	25	29
9	Percentage of MSM covered by prevention programmes	50	51	49,5
14	Percentage of MSM who correctly identify how to prevent sexual HIV transmission and know how HIV is not transmitted	47	43	49
19	Percentage of MSM who used condom during last sexual intercourse with male partner	39	39	39

Indicators have been calculated based on answers to the following questions:	
Indicator № 8	“Have you tested for HIV during last 12 months?” (the number of those who said “yes”) and “I do not want to know the results, however, have you received results of this test?”
Indicator № 9	“Do you know where to address if you want to test for HIV?” and “Have you received condoms during last 12 months?”
Indicator № 14	<p><i>Correct answers on statements:</i></p> <ul style="list-style-type: none"> • “HIV infection can be avoided if to have sex only with one faithful not-infected partner” • “The risk of HIV infection can be decreased if to use condom correctly during each sexual intercourse” • “Person who looks healthy can have HIV” • “Person can get HIV during common use of toilet, swimming pool, sauna with HIV-positive person” • “Person can get HIV if drinking in turn with HIV-positive person from the same glass”
Indicator № 19	About sexual partner relations during last 6 months, about anal sex in the frames of such relations and about condom use during anal sex.

¹⁷ The number of indicators are presented in accordance to the Ministry of Health of Ukraine order № 280 from 17.05.2006 “Approval of national indicators for monitoring and evaluation of effectiveness of measures which control HIV/AIDS epidemic and Instruction on calculation of these indicators”.

National indicators of monitoring and evaluation of effectiveness of measures which control HIV/AIDS among MSM, estimated according to RDS AT methodology at city levels

Percentage of MSM who during last 12 months requested HIV testing and have received the result

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	100	22,0	17,8	10,5	25,6	– 0,1
Yalta	100	25,0	18,0	11,1	27,2	0,159
Dnipropetrovsk	100	9,0	14,1	1,7	33,3	0,051
Kriviy Rig	100	16,0	15,8	9,3	24,1	– 0,449
Donezk	200	29,0	23,6	17,4	30,5	0,092
Ivano-Frankivsk	100	29,00	19,2	12,4	27,0	0,189
Kyiv	213	31,0	25,6	19,1	32,6	0,023
Lugansk	149	18,8	20,8	13,5	28,6	– 0,314
Mykolaiv	201	80,1	75,8	68,5	82,7	0,259
Odesa	200	23,5	23,5	15,0	32,7	0,082
Kherson	201	7,0	7,2	4,2	10,3	– 1.0
Cherkasy	100	10,0	3,1	0,9	6,4	0,071

Percentage of MSM covered by HIV/AIDS prevention programmes

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	100	35,0	25,2	15,5	36,8	0,406
Yalta	100	87,0	86,9	82,7	96,4	0,283
Dnipropetrovsk	100	37,0	37,4	23,7	53,7	0,109
Kriviy Rig	100	60,0	40,5	30,8	50,0	0,34
Donezk	200	30,5	18,9	15,1	27,2	0,169
Ivano-Frankivsk	100	58,0	43,1	32,9	53,8	0,268
Kyiv	213	62,0	50,7	42,1	59,7	0,239
Lugansk	149	58,4	55,8	46,7	64,8	0,065
Mykolaiv	201	89,6	85,5	80,1	90,2	0,237
Odesa	200	33,5	33,3	23,2	43,2	0,048
Kherson	201	6,5	7,4	3,5	11,4	– 0,094
Cherkasy	100	64,0	35,9	27,0	51,8	0,473

Percentage of MSM who correctly identify ways to prevent sexual HIV transmission and know how HIV is not transmitted

("HIV can be transmitted through mosquito bite" is included to the list of statements)

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	100	51,0	49,7	40,1	60,5	- 0,19
Yalta	100	52,0	47,4	34,4	59,7	0,105
Dnipropetrovsk	100	51,0	53,7	40,2	66,9	0,125
Kriviy Rig	100	63,0	63,6	52,2	73,1	0,067
Donezk	200	41,5	44,3	35,9	52,6	- 0,025
Ivano-Frankivsk	100	56,0	55,2	44,6	66,1	- 0,024
Kyiv	213	31,9	33,7	23,3	42,6	0,088
Lugansk	149	67,1	62,9	53,9	69,3	0,039
Mykolaiv	201	61,7	61,3	53,8	69,4	0,1
Odesa	200	33,5	37,6	27,8	47,9	0,028
Kherson	201	32,8	34,6	28,7	41,3	- 0,144
Cherkasy	100	62,0	68,2	54,9	79,0	-0,108

Percentage of MSM who correctly identify ways to prevent sexual HIV transmission and know how HIV is not transmitted

(Instead of the statement that "HIV can be transmitted through mosquito bite" the statement about possibility of HIV transmission in household conditions is included to the list of statements)

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	100	51,0	50,3	40,9	61,3	- 0,079
Yalta	100	47,0	43,2	30,0	55,1	0,119
Dnipropetrovsk	100	52,0	53,0	39,9	67,0	0,095
Kriviy Rig	100	69,0	73,5	65,7	81,0	- 0,1
Donezk	200	42,5	44,2	36,1	52,3	-0,022
Ivano-Frankivsk	100	55,0	55,0	43,6	66,8	0,066
Kyiv	213	37,1	36,3	26,8	45,5	0,158
Lugansk	149	64,4	66,5	55,2	71,3	0,019
Mykolaiv	201	67,7	66,0	58,6	73,4	0,074
Odesa	200	33,5	34,1	25,0	43,3	0,064
Kherson	201	14,9	13,2	9,8	17,3	-0,748
Cherkasy	100	61,0	68,1	54,6	79,0	- 0,119

Percentage of MSM who used condom during last sexual contact

City	All respondents, quantity	Indicator, %	RDS indicator	Lower limit	Higher limit	Hemophilia
Simferopol	100	47,0	45,9	36,9	54,8	– 0,177
Yalta	100	46,0	51,4	39,3	63,2	– 0,158
Dnipropetrovsk	100	44,0	38,8	27,9	51,2	0,02
Kriviy Rig	100	44,0	47,3	35,7	59,6	0,026
Donezk	200	21,0	18,1	12,7	24,0	– 0,447
Ivano-Frankivsk	100	37,0	38,8	29,1	19,0	– 0,142
Kyiv	213	42,3	31,0	23,8	39,1	0,246
Lugansk	149	20,1	16,1	11,2	21,8	0,032
Mykolaiv	201	56,7	52,7	44,9	60,8	0,18
Odesa	200	35,5	34,2	24,1	43,6	0,072
Kherson	201	16,4	14,5	10,6	18,3	– 0,713
Cherkasy	100	42,0	44,6	28,7	63,5	0,298