

**SUMMARY OF OPERATIONAL RESEARCH FINDINGS
ETHNOGRAPHIC STUDY OF THE LIFESTYLE
AND KEY BEHAVIOR MODELS OF MSM
IN THREE CITIES OF UKRAINE:
KIEV, DONETSK, AND CHERNOVTSY**

AUTHORS:
A. TROFIMENKO
M. VARBAN, PHD IN PSYCHOLOGY
M. DEBELYUK

Kiev-2013

LIST OF ABBREVIATIONS

- HIV** — Human Immunodeficiency Virus
- FSW** — Female Sex Workers
- STI** — Sexually Transmitted Infections
- LGBT** — Lesbian, Gay, Bisexual and Transgender Community
- ICF** — International Charitable Foundation
- NGO** — Non-Governmental Organization
- AIDS** — Acquired Immunodeficiency Syndrome (the terminal stage of HIV infection)
- MSM** — Men Who Have Sex with Men

RESEARCH METHODOLOGY

Personified records show that as of 1 January 2013, there has been the total of 223,530 cases of HIV infection registered in Ukraine, including 56,373 cases of AIDS and 28,498 of AIDS-related deaths. Sentinel surveillance data demonstrate that as of June 2012 there were 76,105 cases of sexual HIV transmission in the total number of registered HIV cases (heterosexual contacts — 75,482 cases and homosexual contacts — 623 cases).

The results of epidemiological surveillance clearly show that the new wave of sexual HIV transmission is closely related to risky sexual behavior. Today Ukraine is still one of the countries with concentrated HIV epidemic, which is mostly found in certain most at-risk populations, such as injection drug users (IDUs), female sex workers (FSW), and men who have sex with men (MSM).

According to the results of behavioral and epidemiological studies, MSM remain a group at high risk of HIV, first of all due to unprotected sex practices, i.e. their failure to use condoms. The level of regular condom use, with all types of sexual partners and for all types of sexual practices, is still not sufficient. In the recent years the level of alcohol abuse as the most widespread factor determining the risky sexual behavior among MSM remains stable.

This ethnographic study is aimed at determining the links among the negative influence of the family, individual experiences of MSM (relations with other MSM, violence, unsettled life, etc.), representation of a certain style of behavior and risky behavior (unprotected sex, alcohol and drug abuse). Sex, alcohol and drugs may act as markers of potential addictive behavior (addictions), which is characteristic for various negative emotional states.

It should be pointed out that there have almost been no such studies held in Ukraine. Thus, the ethnographic study “Assessment of Men Who Have Sex with Men in Kiev and Donetsk Region” was held in 2004. The main accent in this study was on studying of the cruising areas: “pleshki”, specialized LGBT locations, as well as LGBT Internet sites. Apart from that, there have been no ethnographic studies related to the LGBT community in Ukraine.

This study has an exploratory nature and is aimed at determination of the lifestyle and the key behavior models spread among MSM to define the specific strategies and programs aimed at HIV prevention in this population.

The goal of this study is to analyze and describe MSM lifestyle and the key models of behavior in three separate cities (regions) of Ukraine using qualitative methods.

Research objectives:

1. Study and describe the lifestyle of MSM.
2. Study and describe the nature of relations between MSM and their social environment (relatives, friends, acquaintances, partners, and other MSM).
3. Study and describe the process of initiation of homosexual relations.
4. Define the factors which determine vulnerability of MSM.
5. Study and describe alcohol and drug-using practices of MSM.
6. Study and describe the nature of relations of MSM with healthcare institutions, clinics, counseling facilities, and NGOs.

Research Methods

The following methods were selected to achieve the objectives listed above:

1. Interviews with MSM using sociometric techniques (reference metric) to study the closest social environment of MSM, the nature of their relations with relatives, friends and other close people.
2. Semi-structured interviews with the closest social environment (parents, siblings, etc.) of MSM.
3. Participant (involved) observation in MSM-specific locations (outreach routes, cruising areas, and night clubs) with data recording using protocols.
4. Focused group discussions with MSM.

Sample Population

The research was carried out in three cities of Ukraine: Kiev, Donetsk, and Chernovtsy.

To ensure the validity of research data, the sample was defined separately for every city and for every research method.

Table 1

| Research Method | City | | | Total |
|---|------|------------|---------|-------|
| | Kiev | Chernovtsy | Donetsk | |
| Poll of MSM using the method of flexible biographical interview with psychological techniques | 16 | 16 | 16 | 48 |
| Participant observations of MSM | 2 | 2 | 2 | 6 |
| In-depth interviews with the relatives of MSM | 4 | 4 | 4 | 12 |
| Focus group interviews with MSM | 1 | 1 | 1 | 3 |

KEY FINDINGS

MSM from within

Social Portrait of MSM

Below we are presenting the key social and demographic characteristics of the interviewed MSM such as their age, education, occupation, city of residence and sexual orientation.

Age

In this study there was a pre-defined quota for the age factor, so that at least one respondent from each of the following categories was to be interviewed: under 20 years of age, 21–30 years of age, 31–35 years of age, and above 35 years of age.

Education

The study also had a pre-defined objective to select MSM according to their education level, so that the total sample is represented with the respondents of various level of education: secondary, vocational secondary, incomplete and complete higher education. At the same time, it should be noted that representation of the sample was different in every city as in Donetsk there were more respondents with vocational secondary education, while in Kiev — with higher education. Fewer respondents with higher education were interviewed in Chernovtsy. In general, it should be noted that the sample is represented mostly by respondents with higher education. Results of other studies show that among MSM the share of people with complete or incomplete higher education

is higher than in society in general. In this study the share of MSM having complete or incomplete higher education is rather high and equals to 61% of all MSM who took part in the study¹.

Occupation

The sample mostly included employed MSM with only three of them being unemployed. Donetsk-based MSM may be differentiated from those based in other cities as they mostly have technical professions and work in construction, transport, and mining.

Income

The range of income of the MSM interviewed is rather wide starting from UAH 500 a month (Chernovtsy-based MSM) up to UAH 5,000 (Donetsk, Kiev), which is first of all related to the level of salaries in the relevant region. The study showed that most MSM based in Chernovtsy have income not exceeding UAH 2,000, while in Kiev and Donetsk MSM said that their monthly income starts from UAH 2,000. In general, our sample by income complies with the official statistics. Thus, according to the data of the State Statistics Service of Ukraine², the average monthly salary in Chernovtsy region in January-May 2012 was UAH 2,170, in Donetsk region — UAH 3,352, and in Kiev — UAH 4,423.

Place of Residence

The results of in-depth interviews allowed making a conclusion that most MSM change their place of residence at least once throughout their lives. In half of the cases MSM moved to a new place when their families moved to a new location due to various life circumstances: studies or

jobs of their parents, their divorce or improvement of living standards. In most cases it happened in the childhood or in the early teens of MSM (before they turned 14-15 years old). Some MSM changed their place of residence while they were 16–18 years old. This period of their lives is characterized with the start of MSM studies in another city as well as the start of their independent lives, job search and the need to make their own living. Apart from the reasons mentioned above, some MSM told about the cases when they had to leave their home due to difficulties in their family relations. It should also be noted that MSM move to new places rather easily if it is related to serious relations with their partners. Thus, some MSM told that they moved to live with their partners, sometimes even to another city.

Sexual Orientation

Our findings show that most MSM interviewed identify themselves as homosexual, and only one third of them consider themselves bisexual. Those findings comply with the results of the Behavior Monitoring of Men Having Sex with Men as a Component of Second Generation Surveillance carried out in 2011 by the Center of Social Expertizes of the Institute of Sociology at the National Academy of Science of Ukraine (hereinafter referred to as “Monitoring 2011”). According to the data of Monitoring 2011, 66% of the MSM interviewed were homosexual and 31% were bisexual, which shows that the sample of the in-depth interview respondents is representative.

Family and Marital Status of MSM

A significant part of MSM stated that they grew up in a single-parent family (with no father). Rather often MSM told that their parents got a divorce or separated when they were

¹ Analytical Report of Survey “Behavior Monitoring of Men Having Sex with Men as a Component of Second Generation Surveillance” / International HIV/AIDS Alliance in Ukraine. – Kiev: 2011. – P. 20.

² See: http://www.ukrstat.gov.ua/operativ/operativ2012/gdn/reg_zp_p/reg_zpp12_u.htm.

still children (under 12 years of age). In such cases they were most frequently raised by their mothers, less often — by their grandfathers and grandmothers. Some MSM have the experience of official marriage, and others were even married several times (thus, an MSM from Chernovtsy was married three times). Several MSM pointed out that currently they live with their wives who were aware or intuitively aware of their sexual orientation from the very beginning of their relations. Some MSM told that even when married they had sexual contacts with men. Sometimes MSM said that their marriages were pro forma. They used their status of a “married man” to hide their orientation from their relatives, colleagues and other people they knew. Though most MSM currently live with their parents, brothers, sisters or on their own, a significant part of MSM said that they currently live with their male partner. At the same time MSM do not always view having a male partner (i.e. living together as a household) as having a traditional family and, among other things, MSM can have sexual contacts with other male partners.

Social Portrait of the Environment of MSM

Apart from the interviews with MSM, we also held in-depth interviews with people close to them, which allowed us to consider their family relations from both sides. Thus, among 12 respondents most relatives were mothers (7 respondents) and sisters of MSM (3 respondents). Besides, there was one interview held with a brother and one interview held with a wife of MSM.

Social Portrait of the Close Environment of MSM

On the other hand, it should be noted that it was easier for the researchers to get access to the females from among the environment of MSM that is to their mothers and sisters. Access to their fathers and brothers is restricted due to the following reasons:

- 1) tension and often conflicts with them;
- 2) parents (fathers) do not live with (as they are divorced) and do not have any links with their families.

Most women interviewed were mothers of MSM. They were senior women (53 to 74 years of age), with MSM in most cases being their late children who were born when they were 30 plus years of age.

Most mothers of MSM who were interviewed have complete secondary education, with only two of them having higher education. The women interviewed still work, with some of them being retired. Those who still work have a higher income (up to UAH 5,000) than those who are retired: their income usually does not exceed UAH 1,000.

Most of the mothers interviewed had to raise their children without fathers due to a divorce or due to the death of their husbands. In such cases mothers assumed the main duties of their husbands: earning money and raising children. That is why rather often women had to work long hours and as a result their interaction with their sons was occasional and the boys were mainly raised by other relatives: grandmothers and grandfathers. Besides, mothers tried to arrange their own family life, which caused further decrease in their contacts

with their sons. As for fathers, their attitude to their sons was extremely negative. It was this attitude that made one of the women leave her husband.

It should be pointed out that the brother and the sisters of MSM who were interviewed represent younger generation that is why they were more open-minded than say mothers of MSM. It was easier for them to perceive the information about the orientation of their brothers and they were more positive about the LGBT/MSM community in general. That is why siblings often think that the private sexual life of their brothers is their own business. They are ready to accept their MSM brothers as they are notwithstanding their homosexual orientation.

MSM as Viewed by Their Families

Relations of MSM with their Social Environment: Family

We can point out the following trend in the relations of MSM with their close social environment: their orientation was always a reason of significant pressure inside the family. Sometimes it led to isolation of MSM, their alienation and detachment from other family members, though in other cases the negative impact of this factor was low.

The key role here belonged to the fact what were the family relations like before the family members learned about the homosexual contacts of the respondent. Often the relations were bad in single-parent families, and it was caused by the divorce of parents. As a rule, when MSM were left with

their mothers and lost any links with their fathers who only existed formally, they could not reach understanding with the latter after they disclosed their sexual orientation. Besides, in such families step-fathers often felt negative and hostile towards MSM (sometimes demonstrating physical violence), distancing themselves and in such a way disabling close trust-based relations among family members, in particular relations of MSM with their mothers.

Example of relations of MSM with their step-fathers from the interview with a 45-year-old MSM from Donetsk:

“Once he beat me up really hard, so hard that I had convulsions, so when my mother came and saw me like this, she started yelling at him, crying: you disabled my kid, you broke him! I was all bruised then. But I saw that when he was beating me up, he had an erection”.

Apart from the physical violence, there were also cases of sexual violence towards MSM from the side of their relatives. Thus, one MSM reported being raped by his cousin when he was five years old.

The situation is different when MSM have wives and children. Sometimes these relations are strictly formal, when MSM does not even live in the same household with his wife, though in other cases the interviewed MSM and their wives live together and make efforts so than no one from the external social

environment finds out about the sexual orientation of the MSM. As for children and relations with them, even when MSM come out to their wives, they still maintain contact with their children.

Relations of MSM with their Wider Social Environment: Friends, Classmates, Colleagues

In general, the relations of MSM with their social environment (classmates, friends, colleagues) progress in the same way as those of people with heterosexual orientation. Some friends remain “for life”, others — change depending on the stage of an individual’s life (entering a school, changing schools or changing locations, entering a college or a university, getting a job and so on). More often MSM lose friendly relations with their male friends (who are heterosexual) when those learn about their sexual orientation. But instead MSM start having closer contacts with their female friends who do not change their attitude after MSM come out.

On the one hand, the relations of MSM with their social environment (classmates, friends, acquaintances) progress the same way as those of people with heterosexual orientation. On the other hand, their homosexual orientation is an important determinant. This determinant influences the friendly relations of respondents when their “real friends” (e.g. childhood friends) remain with them, while MSM stop any contacts with others.

As for the relations of MSM with their colleagues at work, such relations may be called more “equal”, so the fact that MSM have homosexual contacts does not have such a significant impact on the attitude of colleagues towards MSM. After a temporary interest towards an individual who comes out, those relations come back to normal, stabilize and go

back to what they were before. Besides, in those relations the gender role is less important, so that if we speak about the colleagues of MSM, the attitude to them is not so different from the side of heterosexual male and female colleagues.

Finally, the relations of MSM with their social contacts who also belong to the LGBT community are the most open and sincere. After coming out and identifying themselves with the LGBT community, MSM start to fill in their social environment with other MSM. Our findings show that almost every respondent maintains contacts with MSM and other representatives of the LGBT community. Sometimes the social environment of MSM only includes those belonging to the LGBT community. But much more often the social environment of MSM is “combined”: they have rather close relations with their family members, friends, and colleagues as well as with representatives of the LGBT community.

Interaction and Climate in the Family

As well as the relations of heterosexual individuals, relations of MSM with their parents and relatives are based on their direct interaction after work, on weekends and over the telephone. The duration and the frequency of such interactions depend on the work schedule (how much free time they have got) and on where MSM live. If they live with their families, they have more interactions: from half an hour to two hours every day. If they live separately, they mostly interact with their families on the weekends and during holidays. Telephone (mobile) connection plays an important role in maintaining contacts with family members.

Such interaction includes discussion of current affairs, family issues, relations with friends. The interaction takes place while having meals, watching TV, celebrating family holidays. For married MSM, the interaction is also built around sexual contacts (as told by the wife of an MSM).

In the families interviewed there is a high level of trust and understanding between the sons (MSM) and their mothers as well as sisters. The lowest level of trust and openness is between MSM and their fathers and brothers.

Relatives of MSM representing the older generation or those who go to church (most often grandmothers) do not understand the sexual orientation of MSM. They consider it as a big sin and associate homosexuals with pedophiles.

Taking into account their age, we can point out that they all went through the stage of their socialization and formation of their identity in the USSR where the public opinion about homosexual behavior was greatly influenced by the communist ideology, which defined it not only as a mental deviation but also as an amoral phenomenon improper for the working class. There was even an article (article 122 of the Criminal Code of the Ukrainian Soviet Socialist Republic (“pederasty”)), and thousands of Soviet citizens were convicted under this article. Moreover, the cases of pederasty with physical violence resulted in stricter punishment than the cases when women were raped by men. Though in 1991 Ukraine was one of the first ex-Soviet republics cancelling criminal prosecution for the voluntary sexual relations between mature men, changes in ideology and the relevant changes in the minds of country citizens require longer period of time to occur.

Inclusion of Parents and Relatives into the Life of MSM: Key Trends and Peculiarities

The responses of the close relatives of MSM show their considerable inclusion into the lives of MSM. It is most vividly demonstrated in their attention to the contacts, relations with friends and partners and to the issues of health care and prevention of sexually transmitted infections. Thus, most relatives, despite their attitude to the sexual orientation of MSM, strive to preserve good and humane family relations with them.

Inclusion of parents and relatives into the life of MSM is manifested through their awareness about the health, affairs, friends, partners, and through their interaction with them. In most cases family members know friends and partners of MSM. When MSM live together with their families, their family members become witness of their meetings with sexual partners more often. When MSM share their room with other family members, they do not have an opportunity to meet their partners at home. Those MSM who own or rent a separate apartment, have a bigger chance to hide their relations from their family members. In those cases their relatives know about the partners of MSM from what MSM tell them. Some respondents — mothers and sisters of MSM — are tolerant to the fact that MSM meet their partners at home.

Nevertheless, MSM often introduce their sexual partners to their family members as friends. It demonstrates certain detachment of MSM and their desire to hide their relations from other people, including their parents, possibly in order not to make them worry.

Those relatives who have close trust-based relations with MSM know where the latter meet their friends and partners: in parks, bars, clubs, on the Internet sites, in specialized organizations (such as Gay Alliance) as well as cruising areas — special places for MSM to meet, get acquainted and interact with each other.

The psychological tension in families is caused by the fact that the relatives of MSM worry that MSM will not be able to have a traditional family and children of their own. Such reflections make their family members ask themselves a question why the heterosexual orientation of MSM “changed” into homosexual and what could be the reasons of those changes, which shows the lack of any necessary, even basic knowledge of sexual orientation, sexual identification and sexual behavior of individuals.

Coming Out Versus Outing

The Experience of Coming Out

First of all, we would like to define the notion of coming out which is described in this section. **Coming out** (brief for “coming out of the closet”) is the process of voluntary and open self-disclosure of one’s gender identity or the result of such process³. Among those interviewed, a significant part of respondents have already come out to their close social environment (friends, acquaintances, colleagues) and/or close relatives, parents or spouses. As a rule, MSM come out spontaneously, sometimes under the influence of alcohol, even if MSM were thinking over coming out and it was planned. The key reason of this is that MSM have to overcome their restraints and barriers. Our findings show that the

experience of coming out among MSM may be structured into and described through several schemes:

1) Coming out to the close social environment takes place gradually and is planned in advance. First MSM come out to their friends and acquaintances, later on to their close relatives (brothers, sisters) and only then to their parents (or separately to their mother and to their father — in this very consequence). It should be pointed out that in the situation of gradual coming out MSM often find support among their friends and relatives (brothers, sisters), who help them to come out to their mother or father.

Actually the trust-based, open and friendly relations with one of the parents or other relatives are the reason that this person becomes the first in the environment of MSM to whom he comes out.

2) MSM come out to his close social environment spontaneously (even if it was planned in advance) due to different circumstances, including family arguments, when MSM disclose their homosexual orientation; under the influence of alcohol; in the situation when outing occurs (when the relatives of MSM learn about their homosexual behavior from other people) or if people from the close social environment suspect or assume homosexual orientation of MSM.

3) A different situation is when MSM come out to their wives because as a rule wives have suspicions about the sexual orientation of their husbands. In most cases this kind of coming out results in building partner relations between the husband and the wife with the priorities of saving the “reputation” of the family and well-being as well as “protection” of children from rumors.

³ http://uk.wikipedia.org/wiki/%D0%9A%D0%B0%D0%BC%D1%96%D0%BD%D0%B3-%D0%B0%D1%83%D1%82#cite_note-1

For the 32-year-old Kiev resident his marriage was an attempt to “get rid” of his homosexual orientation. He got married when he was 21:

✓ *“I thought that if I finally listen to what wise people say, if I get married, have children and so on and so forth, then my orientation will be back to normal. That’s all crap, it doesn’t help. Those people were lying”.*

He came out to his wife after 2-3 years:

✓ *“I was interested in how she would react, and actually I had to understand how I was going to live my life. From her side everything was quiet, she was okay about it. The only thing she asked for is not to bring anybody to our bed. As she had a homosexual husband before me, she was fine with it”.*

Later they separated, but the respondent still takes an active role in bringing up their son.

In most cases coming out is a stressful situation, in particular when MSM come out to their mothers or other close relatives. At the same time, some MSM make their best to postpone their coming out or the sexual orientation of MSM which is clear for his family members is not spoken about, not discussed and concealed. When MSM come out to their relatives and other people from their close environment, their first reaction includes strong emotions, kind of shock and surprise. The attitude of the close environment of MSM to their homosexual orientation varies, though their relatives, neighbors, and colleagues often do not demonstrate open aggression, they treat MSM with understanding and tolerance.

The process of adaptation to the sexual orientation of MSM leads to the formation of several forms of relations:

1) friendly and positive; 2) neutral (non-involvement, isolation); 3) negative and conflict (with the attempts to bring MSM down, demonstrate their contempt, etc.). Most

relatives and people from the environment of MSM realize that it is not possible to change their sexual orientation and it is necessary to develop tolerant attitude to them, to their choice, their lifestyle, their rights and dignity.

One of the factors helping to form a tolerant attitude towards MSM in their families is the information about the growth of homosexual culture in society, experience of interaction with the representatives of LGBT community as well as the activities of non-governmental organizations supporting LGBT. Those organizations employ MSM as their workers, which helps not only to raise their self-esteem, promote contraceptives and lower the risks, but also to build more open relations between MSM and their families.

Preservation of the further close relations after coming out with at least some family members mainly depends on the fact if those family relations used to be sincere and based

on trust before MSM came out to his family. Sometimes disclosure of the gender identity leads to scandals and significant cooling in the relations, but it rarely breaks the bonds with families.

Outing Experience

Outing is a forced disclosure of the details of one's private life and is not considered to be coming out. Outing is a public disclosure of personal information about a person's sexual orientation or gender identity without his consent or will, which may be interpreted as breaking the law⁴. Such act may result in the attitude of people to an individual's homosexual behavior being expanded to the social and professional sphere. This effect may be used to discredit a person, spatter his good name or cast a slur on his reputation as well as question his professional competences.

Some respondents faced or had the experience of outing. Below are several examples of such experience:

- 1) Outing of a 31-year-old MSM from Donetsk was initiated out of jealousy by his ex-partner who told his friends and acquaintances about his sexual orientation and made an attempt to take his job position.
- 2) Sometimes MSM disclose their sexual orientation to one of their classmates or group mates (e.g. when talking about their feelings), and then such person discloses the information received to all other acquaintances of MSM:

"I had this outing experience in school... well, not in school, but when I already graduated — it happened when I fell in love with one of my classmates and told him about my feelings through my own stupidity and so he told it to everybody else".

But even after outing happens, MSM usually have a feeling of relief.

Usually outing happens from the side of wider social environment to the closer social environment. It occurs "with the help of" classmates and other representatives of social environment, ex-sexual partners, in particular out of jealousy. Sometimes outing to an individual/a group of individuals resulted in MSM coming out to others (family members and social environment). In some cases it was a tough psychological test for those MSM who were not ready for it.

Life Style and Everyday Practices of Ukrainian MSM

Risk Practices of MSM. Risk Reduction Strategies

To reduce their risks related to HIV and STI, the interviewed MSM most often follow the strategy of condom use for every sexual contact. Even when speaking about this strategy, the respondents mostly mean anal sexual contacts with men as well as sexual contacts (anal and vaginal) with women and not oral sexual contacts, for which almost none of the respondents use condoms.

⁴ Constitution of Ukraine, Article 32 "No one shall be subject to interference in his or her personal and family life, except in cases envisaged by the Constitution of Ukraine". "Collection, storage, use and distribution of confidential information about a person without his or her consent is prohibited, except for the cases envisaged by law and only in the interests of national safety, economic welfare and human rights".

Some respondents chose another risk reduction strategy — sexual contacts with a regular sexual partner. Thus, some interviewees said that keeping out of casual sexual contacts and giving preference to “family-type relations” with one regular partner can be an effective strategy to reduce risks. As the probability of a sexual partner being open and telling the truth about his health state is rather low according to the MSM interviewed, they offered their partners with whom they have unprotected sexual contacts to take tests together. According to a 31-year-old MSM from Kiev, such behavior is the “best prevention”.

MSM, Kiev (24 years old):

“When we got acquainted, I was not even twenty-one. And we were together for two years. So at some point we just took our tests together with this partner. We did everything right, waiting for the window period to pass. And then we had unprotected sex”.

Meanwhile other MSM demonstrate risky sexual behavior. The main examples of such behavior among MSM are as described below:

1. “Thrill-seeking”, when MSM justify unprotected sex even when they fully understand the related risk of infection.

25-year-old MSM, Donetsk:

“There were cases when, in surge of passion, let’s put it like this, someone said “uh, forget them”, something like that”.

2. Having unprotected sex with partners who are perceived as “reliable” and “responsible” as they meet certain subjective criteria of “reliability” for MSM. Thus, a bisexual MSM (24 years old) from Chernovtsy has unprotected sex with partners who have wives and children as well as “good” social status as, in his opinion, they are more “responsible” which demonstrates lack of knowledge among MSM about the issues of HIV and STI prevention and widespread stereotypes about the risky sexual contacts:

“I can only have unprotected sex with those people who have wives, children, because I realize that they are more responsible and I know that they won’t do it with anyone and anywhere. I have sex with such people from time to time, we meet once every 2-3 months, we go to his place, for example, and there... Actually I feel confident about those people as they’ve got a good job, good social status”.

3. Unprotected sex under the influence of alcohol or drugs.

According to an MSM from Chernovtsy (31 years old), *“back then we didn’t really think about it all. We were 14, 15, 16 years old, bubbleheaded, boozing it up and knocking ourselves out”.*

4. Self-stigmatization when MSM are considered to be a risk group, so condoms are used only for sexual contacts with men but not with women:

- ✓ According to the respondent, when he was 18-19 years old, he had three regular female partners. He never used condoms with them, while almost always

had protected sex with his male partners. He still uses the same strategy of behavior, though now his contacts with women are “spontaneous”.

5. Conscious risk of infection to share the “fate” of the HIV+ partner.

Here’s an example of a 35-year-old MSM from Chernovtsy:

“I had an experience of living together with an HIV+ partner... I wanted to get infected with HIV. Yeah. But then I got really scared. It just swept me down all of a sudden. I just thought that I was going to grow old with this person, so I didn’t want him to feel lonely and scared... I wanted to share his fate”.

In our study we tried to find out the ways to promote safer behavior among MSM. Thus, some respondents started practicing safer behavior after reading publications and information related to the risk of getting infected with HIV and with other sexually transmitted diseases. For other the trigger was their friends, acquaintances or sexual partners.

Another factor promoting the use of condoms is the “inclusion”, the feeling of belonging to the gay community, interaction with the representatives of NGOs implementing projects aimed at MSM, taking part in the relevant training sessions or working in such organizations as social workers.

Besides, the safety of sexual behavior sometimes influences the activity or, let’s better put it this way, the variety of sexual life of MSM, in particular the number of sexual partners. In this case there is a direct correlation: the more variety in the sexual life, i.e. the more sexual partners, the more often condoms are used.

Generally speaking, we can differentiate two most-at-risk groups of MSM: very young MSM (teenagers of 13-15 years old), who only start to get their sexual experience and MSM aged 35+, who formed their sexual identities and started their sexual lives in the times of USSR, when one could be convicted for his homosexual contacts. Thus, the elder of our respondents (45-year-old MSM, Donetsk) told that at the end of 1980s — beginning of 1990s he rarely used condoms. One of the reasons was the general lack of access to condoms, moreover to good-quality ones:

“At that time not everyone had condoms, and the ones that were available were not of very good quality. Let’s say, there were no condoms for anal sex and if we remember the Soviet times, it was ridiculous”.

Besides, the general attitude to condoms in society, in particular in the local gay community, was neglectful. Even the AIDS-related death of a “well-known” Donetsk-based MSM (one of the first AIDS-related deaths in the region) did not make the community think over the need to use condoms. A 33-year-old MSM from Kiev, who used to have sexual relations with a female sex worker when he was 15, commented on why he didn’t use condoms:

“My first sexual partner was, as they say, a sex business girl. I didn’t use condoms and did nothing to reduce the risk of infections. I did not know much about it at that time. Besides, it was not cool, you know. Apart from that, some guys I used to know had the same kind of relations with this girl from time to time, and they were all healthy”.

Thus, a 28-year-old MSM from Kiev told that when he was 13–15 years old and he had sexual relations with a girl and a man, the word “condom” made him “laugh out loud”. Now he is ashamed remembering the way he used to react to it.

On the other hand, the neglectful attitude to condoms is rather widespread not only among those respondents who started their sexual lives in the Soviet times, but generally among all the respondents aged 13-16 years old, which is the time of their psychological formation and first sexual experience. This attitude is often changed thanks to a senior partner, when MSM use condoms even not realizing their protective qualities but just due to the fact that their (senior) partners insist on their use.

MSM believe that they generally practice safer sexual behavior as compared to heterosexuals, taking into account the frequency of condom use. MSM think that heterosexual partners have a higher share of unprotected sexual intercourses (as compared to the representatives of MSM community). That is why, according to the respondents, bisexuals have protected sex more rarely than homosexuals. Nevertheless, the practices of unprotected sex, sexual relations of MSM without condom use, exist.

It is a common knowledge that a separate group at risk of HIV and other STI includes the victims of sexual violence (irrespective of their gender and sexual orientation). First, in the situation of sexual abuse the victim has no say and is not able to insist on using any means of protection. Second, forced sex is more traumatic by its nature, which brings the risk of infections up.

According to our findings, only two respondents from those interviewed told that they were victims of sexual violence. Thus, for example, one respondent was forced to long-term sexual contacts (for six months) with the use of violence by the husband of his sister, when the respondent was 14 years old. Thus, no condom was used for those sexual contacts.

Alcohol and Drug Abuse among MSM and Its Influence on the Safer Behavior

Alcohol

MSM say that they mostly use alcohol “in a company”. The choice of alcohol drinks selected by MSM according to them is determined by the social situation and the location. Most MSM do not think that their practices of alcohol use are different from those of other people (with heterosexual orientation). Some MSM say that they drink casually or moderately, having alcohol one to four times a month. But, taking into account the frequency and the quantity parameters of alcohol use given by focus group participants, we may assume that most MSM drink regularly (from 200 ml to 500 ml once or twice a week, from 300 ml to 500 ml and more two or three times a week).

MSM are sure that using alcohol before sex helps them relax, overcome their shyness, and enhances their libido. MSM view alcohol as a means to attract potential sexual partners. They confess that alcohol provokes sexual relations as after its use the chances to have sexual contacts considerably rise. Our findings show that for MSM using alcohol is kind of a ritual preceding sex games as well as good sex itself.

Drugs

That being said, the participants of focus groups agree that in their social environment there are MSM who use narcotic drugs. Among the focus group (FG) participants (in Kiev and Donetsk) there are those who have the experience of using narcotic drugs and those who currently use them. At the same time, FG participants in Chernovtsy deny the fact that there is a widespread practice of drug use among MSM. According to the study participants, if MSM are drug users, they mostly use light narcotic drugs. Most respondents who took part in FG deny the use of injection drugs by MSM. FG participants said that in their opinion the use of narcotic drugs lowers the quality of sexual relations.

MSM inside the LGBT Community

Internet and Virtual Dates

According to MSM, today Internet is a popular platform to find new partners and meet new people: "In the 21st century it's done in the Internet". First of all, MSM use dating sites and social networks. They view World Wide Web as a place to find social contacts and sexual partners. At the same time, they differentiate the use of various domains; have experience of using different Internet platforms and their own preferences. Besides, MSM actively use other means to

maintain virtual contacts, such as Skype, ICQ, and wap portals for mobile phones. Most respondents have experience of placing their personal ads. Besides, the teletext of the Inter TV channel is very popular among MSM.

When MSM get acquainted through web sites, it is not always a guarantee of further sexual contacts. Younger MSM prefer to make decisions about further relations (sexual relations in particular) when they meet their contacts in person.

The locations where MSM have their sexual contacts may be different. It all depends on the situation, duration of interaction, status of MSM, presence/lack of the relevant infrastructure for MSM in the relevant residential area.

MSM are rather active in building their social contacts. It should be noted that MSM who are clients of and receive services from LGBT/MSM service organizations have a much wider circle of contacts among MSM.

This research included observations in gay clubs based in Kiev (Pomada Club) and Donetsk (California Night Club) to study the behavior of MSM in night clubs, the nature of meetings and dates in the community as well as sexual contacts of MSM taking place in night clubs. The observations were carried out for several hours (mostly from 11 PM till 2 AM). For the purpose of research, the observers were located in the said night clubs to fix the processes which took place there: the relations of MSM, their meetings, acquaintances, interactions, and sexual contacts that they had.

General Portrait of the Visitors of Night Clubs and Cruising Areas: Habits and Discourses

Night Clubs

The results of observations show that the nature of the night club and the specifics of its visitors greatly contribute to the possibility of sexual contacts among MSM in the club. If there are multiple options for leisure activities in a gay club (areas for socialization, disco floors and show programs, bar and kitchen menus), it is rather a place where MSM can meet each other and socialize rather than a place for sexual

contacts. Availability of isolated areas, dark rooms and toilets encourage sexual contacts of MSM.

The Pomada Club is located at Khreshatik in the downtown of the capital city, close to the shopping gallery and the Ivan Franko National Academic Drama Theater. The Pomada Club is considered to be a top-level location of Kiev night life. Despite the fact that this club is positioned as a gay club, it is open for the wide public. The observer pointed out that in the club apart from MSM there were “many girls” who “are regular visitors” of this place. The Pomada Club is positioned as a gay night club with “superior” and “positive” atmosphere⁵.

The observer described the Pomada Club as a “stylish and cozy place”:

“I felt interested and comfortable. I got positive emotions. It’s a pity that I was alone, I’d love to visit this place with a company of my friends”. The Pomada Club has a well-planned functional structure and interior design. There is a bar (with a wide wine list) and a kitchen menu (Ukrainian, Japanese, European cuisine). The Pomada Club has three halls: white hall — *“non-smoking area, with a bar, cushioned furniture and a plasma screen — for those who feel a bit bored while waiting for their friends. This hall is perfect for a heart talk as here the disco music will not disturb your conversation”*⁶, red hall — the hall *“overwhelmed with erotic... here there are three cozy cabins allowing... to curtain yourself away from the direct and express looks”*⁷, and a mirror hall where the discos take place — it is *“decorated with a mosaic from whole mirrors... Waiting for the show time, visitors get together at the bar counter to nip up, have a cocktail, cheer up and have a dance. In the left corner you may find some couches where you can relax having your favorite drink and enjoying the sight of those dancing on the floor”*⁸. The Pomada Club offers its visitors show programs. The residents constantly performing at the stage of the club are Frida Bucks, Bella and Isadora — *“sweethearts of the audience well known all over Ukraine. Bright, talented, flamboyant”*, and among the guests of the club there are such performers as Dana National, Tais, Shura, Priscilla. The club is open from 6 PM till 6 AM (on the day of observation there was no show in the night club).

⁵ <http://www.pomada-club.com.ua/rus/index/>.

⁶ Ibid.

⁷ Ibid.

⁸ Ibid.

The California Night Club (Donetsk) is located in the Kalininsky district of Donetsk. The level of California is lower than that of the capital-based Pomada Club. It is a *“small club of about 100 sq. meters, with subdued lightning, with fabric-decorated ceiling, red-color walls, round tables with chairs, each for two visitors, with sofas located in special niches which may be curtained if needed. There is an area for the DJ to play and a bar. The premise is decorated with mirrors, a pole (a vertical rod for strip dancers), mannequins of male torsos, and wreaths”*. In California club there is a lot of *“smoke”* and *“the music is very loud”*. The observers pointed out the need to renovate the club – *“mould and fungus”*, mess in the toilets – *“the locks on the doors are broken”*.

On the night of observation there were about eighty visitors in the Pomada Club and eighteen visitors in the California Night Club, with the majority of visitors being MSM. The visitors of both clubs were MSM of different age and social groups aged 17 to 50 years old.

Most MSM visiting night clubs go there to enjoy and have fun, meet their friends, show themselves, relax, have a good time, dance and drink alcohol. They act in an open manner, demonstrate their feelings to their partners as well as their sexual mood/appetite. MSM often behave in a stiff and sluggish manner, sometimes they are playful and show off. Some MSM use too many gestures and demonstrate themselves in every possible way. Most MSM are not hiding their sexual orientation. The way MSM dress is more bodacious than that of heterosexuals. MSM make efforts to demonstrate their body, its beauty and sexual appeal, with the elements of youth image.

“You get the feeling that those present are trying to appear more respectable than they really are, more restraint in demonstrating their true emotions. The feeling of a grandstand play. Airs and graces” (Donetsk).

During the observations the MSM who attended the Pomada Club and the California Night Club were mostly socializing in their own circle, with those with whom they came to the club or with their friends and acquaintances whom they met in the club, drank alcohol and danced.

Our findings show that love relations, sex imitation, affection as well as sex intercourses are an integral part of the night life of MSM.

“Slow music, people caressing and kissing each other everywhere: on the couches, on the floor, with some couples going towards the exit — the WC” (Donetsk).

“The atmosphere feels like luxurious brothels you can see in movies” (Donetsk).

The observers saw that visitors of the Pomada Club did not openly initiate new contacts to find sexual partners and visitors of the California Night Club presumably had couple and group sex (three partners) in the toilet of the night club.

Thanks to the activities of prevention projects, gay clubs promote the culture of protected sex (in the clubs there are special places for condoms). Though the observations showed

that the MSM who presumably had sexual contacts in the night clubs did not demonstrate a particular interest in those condoms, maybe due to the fact that they were going to use their own condoms which they brought with them.

In both night clubs where the observations were taking place there were free condoms (with a social support campaign being on the run in the Pomada Club and free condoms easy to access in the California Night Club). However, our observers noted that MSM were not particularly interested in them. It is difficult to estimate if condoms were used for sexual contacts which took place in the night club.

“At the entrance social workers handed out packages with the One of Us magazine, informational booklets, condoms, femidoms and lubricants. Not many MSM took those packages — I saw about three of them who did, but the night only started” (Kiev).

“Condoms were in a floor standing vase next to the sound columns. During the time of observation nobody approached the vase” (Donetsk).

Sexual contacts more often occur after drinking alcohol or taking drugs. MSM pointed out that the cases when visitors come to the night club under the influence of alcohol and drugs are not rare.

“When they come to the club, they are under drugs already” (Donetsk).

“I go there to relax and to do so I’ve got to have some booze as they say” (Kiev).

But all those things are not always interrelated.

One can buy drugs in many night clubs where MSM spend their leisure time. At the same time, no observers have noticed MSM taking drugs in the Pomada Club or California Night Club.

Cruising Areas

Cruising areas are more spacious than the night clubs. The key role of cruising areas is providing space where MSM can meet and socialize. There is no definite function of those locations. In the cruising areas MSM hang out, drink alcohol, meet new people, and have sex. Our research included a participant observation of MSM behavior in cruising areas in all the three cities: Kiev, Donetsk, and Chernovtsy.

In Kiev the observation was carried out in Hydropark: “The left bank. Hydropark recreational area. To the left from the Venetian Bridge there is an alley leading to the beach. Next to it there is a café. In 10 meters there is a toilet”. In Donetsk it was the “Gendelyk” cruising area: “Voroshilov district. Next to the underground crosswalk leading to the Sherbakov Park, from the side of Pushkin Blvd”. In Chernovtsy the observers worked at the potential locations where MSM could be found, at the MSM outreach routes (Gagarin Street, next to the old bridge at the Prut river (suburbs), in the “U Petrovicha” bar (near the railway station), on the Galitsky Shlyakh Street, next to the bus station, in a café (suburbs), on the Glavnaya

Street (next to the Greek Catholic Church), cruising area “Blokharnya” next to the supermarket, on the Russkaya Street (downtown), next to the Beer Platz Bar and next to the building # 3 “Shakhta” (“Mine”), where a public toilet is located).

The observations were mainly carried out in the afternoon, from 4 PM or 6 PM for several hours.

“Three men aged 40–45 years old, scrubby, dressed in cheap clothes, drinking beer, one bottle for every of them. After a while one of them left and a woman came to them with a nickname “Baba Yaga” with a bottle of Shake. Then they bought a half-liter bottle of Khlebniy Dar vodka, each of them drinking half a plastic glass of vodka and then having some beer and the lady — some Shake (Donetsk).”

“All four of them were talking to each other sitting on the bench. They did not behave themselves (picking on strangers, using four-letter words). MSM #2 was hitting on the men passing by: “Hey you, don’t pass by, I’ll go with you with no pay, I’m such a naughty boy...” His friends were constantly telling him: “Here you go again! Can you have enough...” (Kiev).”

The frequency of interactions among MSM in the cruising areas is rather high. The observations show that those MSM who attend cruising areas know each other well. Besides, as opposite to the night clubs, cruising areas are intended for MSM with low social and financial status. In cruising areas one can often meet “newcomers”, young MSM, and sometimes — MSM from other towns and cities.

“At my age, considering that I’m almost thirty, going there is just beneath my dignity” (Kiev).”

Cruising areas are divided into different zones, with some spots hidden from other people’s eyes where MSM can be isolated and have sex. As a rule, MSM attending cruising areas use alcohol. In most cases they drink beer and vodka. The amount of alcohol they drink is rather big — after attending cruising areas most MSM are in the state of alcoholic intoxication (light, moderate or strong).

MSM often attend cruising areas to find a partner or to have sexual contacts. Sexual contacts that MSM have in the cruising areas do not imply any obligations. In most cases they are casual and spontaneous. Young MSM had sexual contacts in cruising areas in the state of moderate alcoholic intoxication (a bottle of beer or up to 150 grams of vodka), that is why probably they did not use condoms when having sex.

Our observations show that night clubs and cruising areas have a number of common features:

- ✓ The intensiveness of establishing new contacts among MSM as demonstrated by the observations held both in the night clubs and in the cruising areas was not very high — the majority of MSM were socializing within the existing networks and groups of friends. The level of social expansiveness among MSM related to establishing new contacts was very low.
- ✓ We can’t deny the fact that sexual contacts in night clubs and cruising areas are widespread. During the observations, about one third of MSM (both in night clubs and in cruising areas) demonstrated their eagerness to find sexual partners (showing their love relations, affection and sexual desire) and to have

sexual contacts. The sexual contacts among MSM in night clubs and cruising areas are often casual and spontaneous.

- ✓ In most cases sexual contacts among MSM in night clubs and cruising areas take place after the use of alcohol and drugs. Our observations showed that those MSM who presumably had sexual contacts in night clubs and cruising areas were under the influence of alcohol.

MSM on “Stage” (Night Clubs, Cruising Areas): Locations and Nature of Establishing New Contacts, Peculiarities of Behavior

The most widespread locations where MSM establish new contacts are:

- ✓ Cruising areas:

“This place is called a cruising area. As you know, it is located under the bridge at the pond. The person who wants to find a sexual partner goes there and starts cruising until he sees his target. Then they pass by each other back and forth and realize they have something in common. So then they find a way to get acquainted, go to a nearby shop to have a drink, or with no drink, and then they go...”

- ✓ Night clubs
- ✓ Special events such as parties or picnics in the country
- ✓ Specialized organizations such as Gay Alliance

MSM in Society

MSM and various social institutes (healthcare institutions, church, NGOs) and their impact on reducing risks

Our research also studied the potential influence of various social institutes on MSM from the viewpoint of finding a driver to facilitate formation of safer behavior related to the risks of HIV and other STI among MSM.

Our findings show that MSM interact with non-governmental organizations and healthcare institutions more often. Besides, when talking about contacts with NGOs, MSM told that their experience was almost always positive. MSM over 30 years old often expressed their disappointment with the fact that when they started their sexual life, there were no LGBT and MSM service organizations and they could not get the necessary information about their sexual orientation, the risks of unprotected sex and so on. Almost all the respondents said that they got the following services in NGOs: various consultations and information (psychological and legal support, data about HIV and STI prevention, and so on), means of protection, useful publications, with HIV testing offered.

Sometimes coming to an NGO and getting acquainted with its members made MSM start practicing safer sexual behavior. For many respondents LGBT or MSM service organizations, in particular those which bring together MSM, are an important psychological factor, a club of a kind, where they can go if they have a need. Most often MSM go to NGOs to get:

- psychological and legal counseling and support;
- information/publications on HIV and STI prevention;
- means of protection (including condoms);
- testing for HIV and other STI.

Most often MSM go to healthcare institutions when they are aware of the risk of exposure to HIV and STI. Some of the MSM interviewed go through medical examinations on a regular basis.

The experience of interaction with the representatives of faith-based organizations is rather rare and partly negative.

At the same time, church and faith provided the important psychological support to some MSM when they had difficult life circumstances. As a rule, such experience was caused by the circumstances not directly related to their sexual orientation (e.g., injection drug use):

“I was an active member of the Orthodox Church for about three years and it helped me a lot. That’s when I got off drugs and that’s when I realized that it filled in this spiritual vacuum very well. I mean, there should always be some inner discipline”.

For some MSM the “homophobic” attitude of the Orthodox Church to MSM is the factor which makes going to its representatives useless, especially when talking about their sexual life.

GENERAL CONCLUSIONS

Inside the Family

- ✓ The research showed that homosexual contacts are an important determinant of the relations between MSM and their close social environment. Disclosure of their homosexual orientation to the close social environment of MSM often results in cooling of the relations among family members, influences the relations of MSM with their friends, colleagues and is often the indicator of the strength and sincerity of friendly relations between MSM and their close social environment. Rejection of the sexual orientation of MSM by their friends and acquaintances often leads to the social environment being restricted only with other MSM.

Coming Out and Outing

- ✓ Most of the respondents, irrespective of their age, have already come out to their close social environment (friends, acquaintances, colleagues) and/or parents, close relatives, and spouses. It was difficult for MSM to come out to their parents. Usually they first come out

to their friends, brothers/sisters and then with their support come out to other relatives, in particular to parents.

- ✓ Often MSM come out spontaneously (even if they plan it beforehand): in an argument or under the influence of alcohol. Though after they come out MSM usually feel a relief.
- ✓ Our research showed that coming out is easier perceived by the female relatives of MSM, in particular their mothers and sisters. They demonstrate less aggression towards MSM as compared to their male relatives (fathers, brothers) and after a while they develop close trust-based relations with MSM. Meanwhile the relations with fathers and brothers do not improve as time passes and the conflicts and tension in those relations often do not disappear.
- ✓ The cases of outing that is disclosure of the sexual orientation of MSM without their consent are not rare. People who can disclose this information may include both classmates or acquaintances and friends or even ex-sexual partners who disclose sexual orientation of MSM out of jealousy. Though outing may help MSM to come out to their family members faster, often it leads to the changes in the close social environment of MSM (when MSM stop contacts with their friends and acquaintances and narrow their social network only to the representatives of LGBT community).

Close Environment

- ✓ Most family members strive to preserve good family relations with MSM, despite their sexual orientation. Notwithstanding their homosexual contacts, the close environment of MSM demonstrates rather high level of involvement into the life of MSM. It may be seen in the attention of family members to the contacts of MSM, their relations with friends and partners, healthcare issues related to HIV and STI prevention.
- ✓ In most cases close environment of MSM does not show open aggression towards MSM, demonstrating tolerance and understanding. It should be noted that as a rule distant relatives and neighbors are not aware of the homosexual orientation of MSM. That is why MSM often have good friendly relations with them.

Social Institutes

- ✓ An important factor of the social adaptation of MSM and reduction of the risks of their sexual life is their involvement into the activities of governmental and non-governmental organizations engaging in various forms of social work with vulnerable groups, in particular MSM.
- ✓ Most respondents have an experience of interaction with non-governmental organizations. This experience is mostly positive for MSM. In NGOs MSM can receive

moral, psychological and medical (HIV and STI prevention, testing) as well as informational support (awareness-raising materials for the LGBT community, information on HIV and STI prevention, trainings and seminars).

- ✓ The most controversial issue is the experience of interaction with faith-based organizations. On the one hand, some MSM received moral and psychological support from those organizations. On the other hand, most church clerks have “homophobic” attitude towards MSM and if MSM go to them opening up, they may face disrespect and condemnation.

Sexual Contacts

- ✓ Though most MSM make attempts to reduce the risk of infection using condoms for sexual contacts, the practice of unprotected sex among MSM is rather widespread. Our study showed that the majority of MSM are aware of the risks related to unprotected sexual contacts. Thus, many MSM try to constantly monitor the state of their health (taking tests). Besides, MSM consider it necessary to discuss the issues of HIV and other STI with their regular sexual partners. But most often they raise the question of sexually transmitted diseases after the sexual contact already takes place. When sexual contacts are spontaneous and casual, MSM do not discuss the issues of HIV and other STI with

their partners. Partially it may be explained by the fact that, in the opinion of MSM, it is not very probable that their sexual partners will tell them the truth about their health state.

- ✓ Though the majority of MSM pointed out that they try to practice protected sexual contacts, the research defined a number of stereotypes and myths that prevail among MSM. Thus, according to the respondents, condoms should be used for sexual contacts with male partners and are not a must when speaking about female partners. This myth is first of all related to the awareness of MSM that they are a risk group. At the same time, some MSM are sure that sexual contacts with “reliable” and “responsible” partners or those partners who comply with their personal criteria of “reliability” (e.g., married men having high social status) reduce the risks of HIV and other STI. The wide spread of such myths and stereotypes among MSM may be the reason of exposure to HIV and other STI, so it requires further attention from the side of NGOs.
- ✓ Our study showed that MSM often use condoms selectively: depending on the type of partners (rarer with regular partners) and type of sexual contacts (more often for anal sex than for oral sex). At the same time, most MSM are aware of the fact that oral sex without prevention means is a risky sexual practice.
- ✓ Key reasons why MSM do not use condoms: being in the state of alcohol intoxication; reluctance of the partner to lose the intensive sensations when having sex; the need to demonstrate trust to the partner; lack

of protection means; unawareness of the potential risk; having sex in the heat of passion; deliberate sexual contact of an infected individual with other MSM with no condoms.

Alcohol and Drugs

- ✓ Often MSM use alcohol. Most of them drink alcohol on a regular basis. Usually MSM use alcohol to relax, relieve restraints and psychological tension. The practices of having sexual contacts under the influence of alcohol are rather widespread among MSM, who consider alcohol to be a means to attract the attention of potential sexual partners. For MSM using alcohol is kind of a ritual preceding sex games and good sex. At the same time, alcohol intoxication is a driver of unprotected sexual contacts. The use of condoms goes out of control and becomes irregular. The practice of using narcotic drugs is not so widespread among MSM as compared to the use of alcohol. In most cases MSM use light narcotic drugs.

Inside the Community

- ✓ Cruising areas and night clubs are the main locations where MSM spend their leisure time and look for sexual partners. Here they can relax, meet their friends and acquaintances, establish contacts with other MSM and potential sexual partners, have sexual contacts.

Cruising areas unlike night clubs are intended for the MSM with low social status. Our observations showed that the visitors of cruising areas know each other well, often MSM are divided into sub-groups according to their age and social status.

- ✓ Sexual contacts in night clubs and cruising areas are rather widespread. About one third of those MSM who attend night clubs or cruising areas search for potential sexual partners, with sexual contacts often being casual and spontaneous. Usually those MSM who have sex in night clubs and in cruising areas think less about the issues of safety and risks of exposure to HIV and other

STI. Group sex (three sexual partners) is rather common as well as sexual contacts under the influence of drugs.

- ✓ Though MSM actively engage in finding new contacts in night clubs and cruising areas, the most popular place to search for potential sexual partners and new contacts is the World Wide Web (specialized dating sites, social networks, virtual contacts through Skype, ICQ, wap-portals of mobile phones, virtual contact ads, teletext of TV channels). However, Internet-based contacts of MSM are not always a guarantee of further sexual relations.

RECOMMENDATIONS

According to our findings, the NGOs implementing prevention projects and programs should take into consideration and focus on the following aspects:

- ✓ Additional awareness-raising efforts among MSM to overcome the stereotypes about the need to use condoms with different types of partners and in different circumstances. A special attention should be given to those MSM who have regular sexual partners and live together with their partners as well as those who have sexual contacts with female partners.
- ✓ Providing informational and psychological support to MSM when they plan coming out and when they come out to their close social environment.
- ✓ Providing informational and psychological support to friends and relatives of MSM after they come out in order to smooth and stabilize relations quickly and effectively.
- ✓ Drawing the attention of MSM to the prevention programs implemented by NGOs, in particular to distribution of condoms in night clubs and cruising areas as well as motivating MSM to use those condoms.

