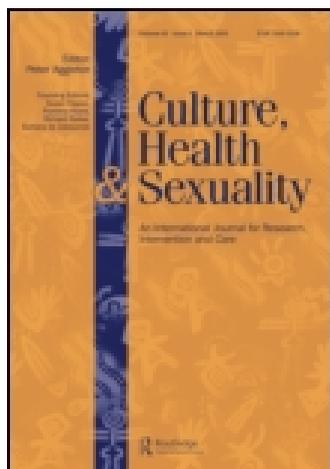


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Men who have sex with men in Southeastern Europe: Underground and at increased risk for HIV/STIs

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Abstract

This paper reports on research that aimed to identify risk factors and preventive behaviours for HIV/STIs among men who have sex with men in Bulgaria, Kosovo, Macedonia and Romania. Twelve peer researchers conducted interviews on sexual behaviour, condom use and HIV/STI awareness. Data analysis revealed common themes across countries. Sexual activity takes place both in public spaces and private homes. Many men believe that careful partner selection and closing sexual networks to outsiders mitigate risk. Risk behaviours include unprotected sex within multiple partnerships, inconsistent condom use and the use of oil-based lubricants that compromise the integrity of condoms. Perceived susceptibility for infection is low and misconceptions exist about modes of transmission. Stigma and discrimination force men into clandestine settings and relationships where safer sexual behaviour is difficult. HIV prevention programmes should convey messages through the internet and peer networks, improve access to condoms and water-based lubricant, raise awareness about STIs, link men who have sex with men to appropriate services and reduce stigma to enable safer behaviour.

Résumé

Cet article rend compte d'une recherche qui avait pour objectif d'identifier les facteurs de risque et les comportements préventifs du VIH et des IST chez les hommes qui ont des rapports sexuels avec des hommes en Bulgarie, au Kosovo, en Macédoine et en Roumanie. Douze pairs chercheurs ont mené des entretiens centrés sur les comportements sexuels, l'usage du préservatif et les connaissances sur le VIH et les IST. L'analyse des données révèle des problématiques communes à ces pays. L'activité sexuelle a lieu à la fois dans les espaces publics et au domicile de ces hommes. Beaucoup d'hommes sont persuadés qu'on peut réduire les risques de contamination grâce à une sélection méticuleuse des partenaires et à une fermeture de l'accès aux réseaux sexuels à ceux qui ne font pas partie. Les comportements à risques incluent les rapports sexuels non protégés dans les partenariats multiples, l'usage irrégulier du préservatif et l'usage de gels lubrifiants à base d'huile qui compromettent la qualité des préservatifs. La perception de la vulnérabilité à la contamination est faible et il existe des idées fausses sur les modes de transmission. La stigmatisation et la discrimination forcent les hommes à se réfugier dans des environnements et dans des relations clandestins, non favorables aux comportements sexuels sans risques. Les programmes de prévention du VIH devraient communiquer des messages via Internet et les réseaux de pairs, améliorer l'accès aux préservatifs et aux gels lubrifiants à base d'eau, augmenter la sensibilisation aux IST, mettre les hommes qui ont des rapports avec des hommes en relation avec des services adéquats et réduire la stigmatisation pour favoriser les comportements sans risques.

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Resumen

En este ensayo informamos sobre los estudios realizados para identificar los factores de riesgo y las conductas de prevención del virus del sida y de las infecciones de transmisión sexual entre hombres que tienen relaciones sexuales con personas de su mismo sexo en Bulgaria, Kosovo, Macedonia y Rumania. Doce investigadores llevaron a cabo entrevistas paritarias sobre el comportamiento sexual, el uso de preservativos y los conocimientos sobre el sida y las infecciones de transmisión sexual. Los análisis de los datos indicaron temas comunes en todos estos países. La actividad sexual tiene lugar en espacios públicos y privados. Muchos hombres creen que al elegir cuidadosamente a sus parejas y cerrar las redes sexuales para extraños evitan el riesgo de infectarse. Entre las conductas de riesgo se incluyen tener relaciones sexuales sin protección con varios compañeros, no usar siempre preservativos y el uso de lubricantes basados en aceite que afectan a la calidad de los condones. El nivel de vulnerabilidad percibida es bajo y existen conocimientos erróneos sobre los modos de transmisión. El estigma y la discriminación obligan a los hombres a buscar lugares clandestinos y relaciones en los que es difícil tener un comportamiento sexual más seguro. Los programas de prevención del sida deberían transmitir mensajes a través de Internet y redes de compañeros, mejorar el acceso a los preservativos y lubricantes a base de agua, incrementar el conocimiento sobre las infecciones de transmisión sexual, enseñar a los hombres que tienen relaciones sexuales con personas de su mismo sexo a buscar los servicios adecuados y reducir el estigma para conseguir que exista una conducta sexual más segura.

Keywords: *MSM, gay/bisexual men, HIV prevention, peer ethnographic research, Southeastern Europe*

Introduction

HIV is spreading rapidly in the Southeastern Europe. Although reported prevalence is low in Bulgaria, Macedonia and Romania¹, rates across the region are increasing and concern exists that hidden epidemics are occurring among men who have sex with men (MSM) (UNAIDS 2003). High rates of sexually transmitted infections (STIs), especially gonorrhoea and syphilis, could accelerate the spread of HIV throughout the region (UNDP 2004).

Men involved in male-to-male sex are often victims of violence, discrimination and social exclusion, which increase their vulnerability to HIV and STIs. Romania is the only Southeastern European country to enforce an antidiscrimination law that protects those who are the targets of discrimination based on sexual orientation. However, the law has not changed the social status or public perception of lesbian, gay, bisexual and transgendered individuals (ACCEPT 2003). Human rights organisations report that job loss, police harassment, physical attacks and verbal abuse are common but men are reluctant to report incidents out of fear of media coverage and public disclosure of their sexual activities (HERA 2003).

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

Individual factors — such as low levels of knowledge, erroneous beliefs and risky sexual behaviour — may also contribute to the transmission of HIV and STIs among MSM in Eastern and Central Europe. Kelly *et al.* (2001) report that 56% of men in a Russian study

believed that washing after sex could protect them from acquiring HIV and 53% did not know that oil-based lubricants promote condom breakage. Respondents in recent Russian and Bulgarian studies reported unprotected intercourse with men and women as well as buying and selling sex for money (Kelly *et al.* 2001, Kabakchieva *et al.* 2002). Somali *et al.* (2001) demonstrated that risk behaviour among MSM in public sex environments is common and, rather than deterring risky behaviour, the presence of police and the threat of arrest prompted MSM to increase their covert activities and cruise for partners in secrecy.

In addition to cruising areas, bars, and social networks², the internet has emerged as an important medium for social and sexual contact among MSM in Southeastern Europe. Studies conducted in Western Europe and North America find that men who meet sex partners online report having more male partners and a higher incidence of unprotected intercourse than do men who meet partners offline (Kim *et al.* 2001, Benotsch *et al.* 2002). Researchers suggest that partner-seeking on the internet has created an opportunity to access men who may not be 'out' or who would not be likely to access HIV/STI preventive information in traditional health settings (Bull and McFarlane 2000, Kim *et al.* 2001, Benotsch *et al.* 2002, Tikkanen and Ross 2003, Rhodes 2004).

The study upon which this paper is based was conducted as part of a regional initiative to reduce the transmission of the HIV among groups at increased risk for infection. Data were collected to create appropriate programmes for MSM in Southeastern Europe and to build capacity among local non-governmental organisations to conduct research and design evidence-based intervention strategies.

Methods

The study adapted Hawkins and Price's Peer Ethnographic Research (PER) methodology (Hawkins and Price 2000, Price and Hawkins 2002). The PER method was designed to enable social service agencies and programmes to collect data on sensitive issues or with hard-to-reach populations and to develop appropriate interventions. By training local researchers who are already linguistically and culturally fluent, PER hopes to capture nuances of meaning that are often inaccessible to other approaches and to avoid reflecting dominant values and normative behavior patterns within social groups, as focus groups sometimes do. In-depth, conversational interviews with a relatively small number of interviewees are conducted to produce insight into how members of a target community understand the social behaviour of people like themselves. In this study, peer researchers (PRs) were recruited from local organisations that work with men who have sex with men or on gay and lesbian advocacy issues.

In June 2003, two social scientists and two field supervisors conducted a participatory workshop to identify study objectives and train PRs on the PER methodology and interviewing techniques. Fieldwork took place from June to August 2003, immediately followed by another workshop at which PRs identified key issues that emerged from interviews, synthesized study findings and discussed programmatic strategies for working with MSM.

Twelve PRs conducted interviews with MSM in their social networks in Sofia, Bulgaria; Pristina, Kosovo; Skopje, Macedonia and Bucharest, Romania. Study guides provided simple discussion prompts; three separate interviews were conducted on sexual behaviour, condom use and HIV/STI awareness. Each PR completed the series of interviews with at least four peers. A total of 51 men participated in the study and 151 interviews were completed. Interviews were conducted in local languages, with PRs noting key terms and

phrases used during discussions. Peer researchers prepared more elaborate field notes after each interview and translated them into English.

The two supervisors managed data collection, debriefed PRs after each series of interviews and prepared summary notes of their findings. The two social scientists also interviewed select PRs to identify study themes and clarify findings. Field notes from PRs, notes from their debriefing sessions with supervisors, and summaries from social scientists were entered into the text-based software Ethnograph 5.0. The programme was used to highlight similarities and distinctions in participants' comments as well as to identify differences across study sites. The social scientists assigned individual codes to common discussion themes and plotted codes on a 'family tree' in order to identify recurring themes and their relationship to one another.

Results

Data are presented on sexual networking; sexual norms and practices; perceived threat of HIV/STIs; beliefs about HIV/AIDS, STIs, and condoms; and preventive behaviours, namely condom use, HIV/STI testing and STI treatment.

Sexual networking

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

Many interviewees view manliness as an important criterion of attractiveness and said that they prefer partners who look and act masculine to those who have a more effeminate self-presentation. The predisposition against effeminacy was strongest in networks of working-class men and less common among students, artists and men in professional positions.

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

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

Meeting partners

Cruising. Cruising areas across the four study sites include parks, hotels, bus and train stations, shopping arcades, riverbanks, public toilets, beaches, construction sites and abandoned buildings. Frequenting cruising areas seems to vary by age and how men self-identify. Interviewees and PRs generally believe that men who meet sexual partners in cruising locales are younger than those who meet prospective partners through friends or in bars. Further, there was a belief that these men would be less likely to disclose their

behaviour to others than those who self-identify as gay and/or meet in bars and through friends.

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

Through friends. In a few (predominately older) networks, interviewees follow a dating pattern in which initial contact with a partner occurs through mutual friends, either in bars or at parties. Most interviewees in their 30s said that parties are one of the places they meet prospective partners. Some interviewees reported that most men in their networks are looking for relationships rather than one-night-stands, so they prefer to meet partners through social connections rather than in cruising areas. Interviewees who are ‘out’ tend to have larger social networks than those who do not self-identify as gay or MSM and are more likely to report meeting prospective partners through friends and at gay community parties.

In bars. In Bulgaria, Macedonia and Romania, most interviewees cited gay or gay-friendly bars or cafés as locations where men can go to meet prospective partners. The number of bars is sometimes small and interviewees tended to mention the same one or two establishments. Several interviewees described the social interaction in bars as more conversation-oriented than it is in cruising places.

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

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

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

‘(It goes like this:)’

‘Hi, how are you?’

‘ASL, P (age sex location, please)’

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

‘Where do you live?’

‘Do you have your own place?’

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

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

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

One-night-stands and ‘fuck-buddies’ are common in most networks. Nearly half of the interviewees ranked one-night-stands as the most common type of partner among men in their networks. Fuck-buddies are sexual partners men see on a regular basis but with whom they share no romantic relationship.

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

Numerous interviewees reported that at least some men in their networks have sex with women. Some believe that these relationships may serve as disguises and allow men to conform to cultural norms. The pressure to adhere to dominant heterosexual relationship models appears to be particularly strong in Kosovo, where PRs agreed that high rates of marriage, the stigma attached to male-to-male sex and a reluctance to disclose male-to-male sexual activity make relationships between men especially difficult to maintain.

Sexual norms and practices

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

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

Sexual practices and locations for sex. Fairly uniform norms govern the sexual practices of the men in the study. Across ages and study sites, interviewees described similar sets of activities and most described their list of sexual practices as 'nothing exotic'. Oral sex is the most commonly reported sexual practice and the easiest to access; it predominates in cruising areas. Interviewees report that anal sex is routinely practiced in relationships and when sex occurs in private places. The frequency of threesomes and group sex varies, but PRs and interviewees view them as ordinary components of male-to-male sexual practice. Some men in the study reported using 'glory holes'³, and going to 'dark rooms'⁴. A few interviewees, particularly those who reported exchanging sex for money or other goods, said that they have participated in fisting and 'light' sadomasochism but for most interviewees and their networks, these activities fall outside common practice.

Many interviewees reported the significance of the passive/active distinction among MSM. Most appear to view preferences for sexual positions as fixed but a few reported playing both roles. When money is involved in the sexual encounter, interviewees reported that prescribed active/passive roles no longer pertain. The paying partner buys the right to control the terms of the encounter.

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

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

Perceived threat of HIV/AIDS and STIs

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

Perceived severity for HIV/AIDS and STIs also differs by type of infection. Many men appear preoccupied with the seriousness of HIV to the exclusion of other STIs. All interviewees are aware of the fatal nature of AIDS. Many said that STIs are 'serious', but some discredited their severity because they are 'common', 'not a big deal' and, unlike HIV, treatable:

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

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

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

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

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

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

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

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

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

Beliefs about HIV/AIDS, STIs, and condoms

Modes of transmission. Overall, interviewees recognised the risk that unprotected intercourse presents for HIV and STI transmission. Nearly all identified unprotected

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

Interviewees were split on the subject of HIV/STI transmission through oral sex. The majority believed that by engaging only in oral sex, one can minimise the risk of infection. Some said that transmission occurs when individuals have open sores in or around their mouths and penises. Several others thought that individuals are at risk only when swallowing sperm.

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

Condoms. Interviewees reported both positive and negative beliefs about condoms. In general, condoms are regarded as a 'necessary evil', especially for anal sex. The majority of interviewees recognise that even though they dislike using condoms, they should use them because condoms provide protection from HIV and STIs. Some men mentioned the importance of using condoms with one-night-stands and partners one does not know well, because condom use can prevent infection from entering one's network. A common perception is that condoms promote 'hygiene' and are 'clean', because they prevent faecal matter from adhering to one's penis.

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

Preventive behaviours

Condom and lubricant preparedness. Many interviewees said that men regularly carry condoms, especially when they expect to have anal sex. Situations in which men do not carry condoms are when they plan to have sex at home where they already have condoms, when they expect to have oral sex only or when they know condoms are available at the bars where they find partners. Some interviewees noted that passive partners are expected to be prepared with condoms, while active partners are not.

Men are less prepared with water-based lubricant than with condoms. Water-based lubricant is expensive in most sites and packaged in large containers that prohibit discreet transport. Kosovar PRs said that 'proper lubricant' cannot be found locally, so only internationals or locals who travel have it. Some interviewees added that men are unaware

of the importance of using water-based lubricant or may not have heard about it, further impeding their preparedness. When water-based lubricant is unavailable, men use a variety of oil-based and household products to make anal sex more comfortable, many of which can increase the likelihood of condom breakage. In addition to oil-based products like baby oil, cooking oil, suntan lotion, hand cream, lip balm, butter and Vaseline, interviewees reported using household products like soap, shampoo, cosmetics and body wash that might cause condom breakage if they contain oils. Saliva, lidocaine⁵, yogurt, ice cream and fruit were also reported. By far the three most common substitutes were lotions, oils and saliva.

Condom use. Condom use is the most common strategy men employ to avoid HIV and STIs. However, while interviewees agreed that condoms may be used during anal sex, no one reported using them for oral sex. Several men said that condoms are 'absolutely required' for anal sex but use during oral sex was considered 'unpleasant', 'unnatural', 'paranoid' and 'stupid'.

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

Even though several interviewees claimed that they use condoms every time they have anal sex, they noted exceptions. The most common exception is trust in one's partner: the perception that condom use is unnecessary with boyfriends, especially long-term partners. The majority of interviewees described trusting relationships as those in which both partners are monogamous or those in which partners have agreed to use condoms with outside partners. Some interviewees said that asking a steady partner to use condoms could indicate a breach of trust and suggest that one partner has been unfaithful or broken the agreement to protect himself outside the relationship.

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

Desire, being 'too horny' and getting caught up in the 'heat of the moment' were perceived as having a negative influence on condom use. Many interviewees spoke about men's reluctance to 'interrupt the momentum' of sex, sacrifice pleasure, stop when 'things get out of control' or 'spoil the moment' by suggesting condom use. One Kosovar PR pointed out that condoms ruin the momentum of sex when their use is not discussed before sexual activity begins; many men delay discussion and then feel that it is too late to insist on condom use. Other factors that may impede condom use are men's unwillingness to miss an opportunity to have sex or their unwillingness to insult a desirable partner, 'Mr. Perfect', by proposing condom use.

Several other situations can negatively influence condom use. Some interviewees explained that men who have sex with both men and women rarely use condoms with female partners, either because they believe that women do not present a risk for infection or because they do not want to arouse suspicion among female partners and reveal their

male-to-male activity. Romanian interviewees who exchange sex for money said that if clients do not wish to use condoms or are willing to pay more for unprotected sex, they will forgo use.

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

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

When partners refuse to use condoms or condoms are unavailable, the most common strategy appears to be to negotiate 'less risky' behaviour, such as oral sex or mutual masturbation, rather than engaging in unprotected anal sex. Some men said that in order to mitigate risk, they close their network to outsiders and have sex only with men who are known to members of the network or who have a good reputation.

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

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

Testing for HIV and STIs

Testing for HIV appears to be rare. In addition to a low perceived need, barriers to testing include the fear of a positive test result and the fear of being labelled a homosexual. Some men rely on making blood donations for routine screening: interviewees in Bulgaria said that they donate blood regularly and assume that blood banks will tell them if they are HIV-positive. Only a few networks of men in Bulgaria, Kosovo and Romania appear to seek HIV and STI testing. In Kosovo, the men in interviewees' networks who have been tested for HIV were usually those who have spent time abroad. In Romania, those most likely to have been tested were sex workers. In Bulgaria, several men said that they get tested for HIV and STIs because they have many partners or because they have friends who are doctors.

Most interviewees said that men rarely receive STI screening and get tested only 'if there is an obvious problem'. Many believe that STI symptoms will be obvious and assume that screening is unnecessary because they will know immediately if they have an STI. Some said that STI screening is less important than testing for HIV because, in addition to their obvious signs, STIs are not chronic like HIV/AIDS. Finally, some

interviewees, especially those in Kosovo and Romania, thought that in addition to a low perceived need for testing, unprofessional clinic staff contribute to men's reluctance to get tested for STIs.

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

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

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

Conclusions

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

Although awareness of HIV and AIDS is high and men have some awareness of STIs, perceived severity and susceptibility for infection is relatively low. While current HIV infection rates might explain men's low risk perception, their erroneous beliefs about transmission and high levels of risky behaviour create the conditions for a widening epidemic. Most men believe that having unprotected sex with 'clean' men, boyfriends and men they know well can protect them from infection. When men do perceive some risk of infection, they appear preoccupied with the seriousness of HIV and AIDS and fail to take their risk for STIs seriously, assuming that STIs can be easily treated. The shame associated with STIs and the stigma attached to male-to-male sex also prevent men from seeking information and treatment that could decrease their risk for infection. Important obstacles include the fear of being labelled as gay and unprofessional staff at clinics, who are not trusted to maintain confidentiality. Many men dismiss the severity of STIs and rely on self-treatment or hope that infections will disappear on their own.

Men reported carrying condoms regularly and discussed difficulties associated with obtaining water-based lubricant. Although condoms are considered a 'necessary evil' and are sometimes used during anal sex, men fail to use them during oral sex. Many men have

'condom policies': they use condoms fairly consistently or not at all. Although men say they use condoms consistently for anal sex, they make exceptions for certain types of partners, especially boyfriends, paying partners who object to condoms and individuals whom they think they know well. Failure to discuss condoms before sex starts impedes use. Additional protective strategies men employ are negotiating oral sex or masturbation in lieu of unprotected anal intercourse, closing networks to outsiders, avoiding receptive sex and failing to ejaculate or to swallow semen.

As with all research, this study faced certain limitations that must be taken into account in interpreting the results. Though the PER method is appropriate for conducting research with hidden groups, study samples are limited to men within the PRs' networks, usually men who share a similar profile. Gay-identified PRs were recruited from NGOs active in HIV prevention and gay and lesbian issues. These men, as well as their networks, may be better informed or more active in their communities than non-gay-identified MSM. Their behaviour may also differ from that of non-gay-identified men. Likewise, most interviewees in this study are young and well educated and benefit from a high socioeconomic status; their experiences may not reflect those of men from different backgrounds.

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

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

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

choosing partners carefully and relying on one's intuition are effective strategies for minimising risk. The idea that known and trusted sexual partners, including women, are exempt from HIV/STI risk must be addressed. Messages about condom and lubrication preparedness are needed as well as the danger of using oil-based lubricants and other substances during anal sex. Men's complacency about STIs other than HIV should be addressed and they should be encouraged to seek timely medical treatment. Their access to good quality condoms, lubricant and confidential health services should be improved. Potential channels for communicating prevention messages include the internet, hotlines, peer educators, men's personal networks and advocacy organisations. Finally, prevention programmes should be developed from a rights-based perspective and approach, working with organisations that develop informed policies to protect the rights of sexual minorities. The success of HIV/STI prevention will be enhanced when issues surrounding stigma and discrimination are addressed and men feel enabled to reduce their risk and obtain needed services.

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Notes

1. According to UNAIDS, HIV prevalence is less than 0.1% in Bulgaria and Macedonia and 0.1% in Romania. No reliable information is currently available for Kosovo because of the lack of a national epidemiological reporting system (UNDP 2004).
2. For the purposes of this article, the terms 'network' and 'social network' are used to refer to an individual's group of friends and acquaintances, the people with whom he works and spends leisure time. 'Sexual network' refers to people with whom an individual has had at least one sexual encounter in the recent past.
3. 'Glory holes' are openings in walls through which men engage in anonymous sex.
4. 'Dark rooms' are dim or unlit rooms where men go to engage in anonymous sex.
5. Lidocaine is a topical anaesthetic that some men use to make anal sex less painful.

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