



**Romania (2005): HIV/AIDS TraC Study  
among Men who have Sex with Men**

**First Round**

**The P S I D a s h b o a r d**

**Bucharest, Romania  
January, 2006**

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## Summary

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**Background & Research Objectives** The objective of this study was to gather quantitative information regarding sexuality-related behaviors and determinants among men who have sex with men in Romania, from a wide sample of men. The primary areas of interest were sexual relationships, condom use and related determinants, and health service utilization for HIV and STI testing. The findings will be critical for PSI in both improving its current internet-based MSM programming, as well as providing insight for a new intervention it will conduct which borrows heavily from the Popular Opinion Leader (POL) intervention designed by the University of Wisconsin's Center for AIDS Intervention Research.

**Methodology** The survey was designed to be implemented on the internet. This method was chosen given the difficulty of reaching a sizeable sample of men who have sex with men in Romania, and was based on a review on the use of this methodology and on the positive experience with such research conducted among MSM in the United Kingdom by Sigma Research (further details are provided in the Methodology section, Annex 2). Due to the obvious self-selection bias of the respondents (i.e., men who have access to the internet and who chose to respond to the survey), the findings cannot be generalized to all men who have sex with men in Romania. Nevertheless, it is important to note that this method has been used with success elsewhere in gathering important information among MSM. Responses in this survey came from over 21 Romanian cities (with the largest share from Bucharest); this is the first study of its kind (including a sample size of over 400) among this population in Romania.

**Main Findings** The research revealed that condom use in this population varies greatly depending on the type of relationship (monogamous partner, casual partner, main partner, as well as female partners), and that it is overall quite low (highest at 56.7%). Availability of condoms and lubricants does not seem to be an important determinant for this population, although less than one half reported buying condoms in the past month. The most significant determinant of condom use was self-efficacy to negotiate the use of a condom with different partners. In addition, only about one half of respondents had ever been tested for an STI or for HIV; however,

of those tested for an STI, nearly one quarter had tested positive, and among those tested for HIV, 2.2% reported being HIV positive. At the same time, risk perception for both STI and HIV is quite low in this population.

A sub-population of interest was men who bought or sold sex. The survey findings revealed that men who sell sex are at a greater risk for experiencing both sexual and physical violence, and are therefore also at greater vulnerability for STI and HIV.

**Programmatic Recommendations** The results of this survey have several programmatic implications:

- The differentiation of various types of sexual relationship and different rates of condom use according to the type of partner can allow PSI programmers to better shape and target messages ensuring they resonate with different sub-groups of men. The program should also address condom use with female partners.
- Regular testing for STI and HIV clearly needs to be actively encouraged with this population. However, as there were few significant determinants of testing behavior, PSI Romania may need to investigate this further before being able to design an appropriate intervention.
- Men who sell sex were identified as a particularly vulnerable group due to higher experience with physical and sexual violence; however, further research is needed into specific risks, behaviors and determinants among this population before an intervention can be designed for this population.
- PSI Romania interpersonal communication programs (IPC) should include a strong focus on improvement of self-efficacy in negotiating condom use in different situations and with different types of partners. In addition, such programs (as well as other interventions, focusing on knowledge and beliefs) must address low risk perception for both STI and HIV infection among this population.
- PSI internet campaigns have a fairly high level of recall, suggesting that the internet can be an effective medium to transmit certain types of messages. PSI could make further use of the various forums to focus on selected determinants of both condom use and health service use.

**Results regarding condom use with various partners and related determinants, and use of health services for STI testing and treatment and related determinants, among men who have sex with men who answered the on-line survey, Romania, 2005.**

**Risk Group: Men who have sex with men in Romania, who answered the on-line survey (N=426).**

**Behaviors: Condom use at last sex with a regular partner, condom use at last sex with an occasional partner, frequency of condom use with any partner in the past 3 months; STI testing and HIV testing.**

MONITORING TABLE 1	
INDICATORS	
KEY SEXUAL AND RELATIONSHIP CHARACTERISTICS	% or mean
In past year, sexual partners have been all men (vs. men and women)	71.6
Is currently in a sexually monogamous relationship with no casual partners (vs. all others)	28.2
Among those in a monogamous relationship, has been with partner for 1 year or more	50.0
Currently has one main sexual partner as well as other casual partners (vs. all others)	32.4
Among those with one main and other casual partners, has been with main partner for 1 year or more	58.8
Among those with one main and other casual partners, has had more than 3 casual partners in the last 3 months	34.4
Currently has only casual partners with no main partner (vs. all others)	17.8
Among those with only casual partners, has had more than 3 casual partners in the last 3 months	51.4
Currently has multiple partners in any combination (vs. monogamous or no partner)	54.0
Ever received money or other compensation for sex <sup>1</sup>	15.2
Ever given money or other compensation for sex <sup>2</sup>	20.2
RISK	
Has used heroin in the past 2 months	1.5
Has injected other drugs in the past 2 months	2.0
Has injected any drugs in the past 2 months (heroin, others, or both)	2.3
Has ever been sexually assaulted	7.3
Has been assaulted more than once (vs. once only), of all those that have ever been assaulted	33.3 (n=27)
Has been physically assaulted within the past 12 months	16.9
Has been physically assaulted more than once (vs. once only), of all those that have been assaulted in the past 12 months	47.8
Has past experience with violence (ever been sexually assaulted, and/or has been physically assaulted in past 12 months)	21.1
BEHAVIOR/USE	
<i>Sexual behaviors</i>	
Of those that are in monogamous relationship, used a condom at last anal sex with a stable partner	45.7 (n=105)
Of those that are in a monogamous relationship, used water-based lubricant at last anal sex	82.7 (n=104)
Of those that have main partner and other partners, used a condom at last anal sex with main partner	24.2 (n=128)
Of those that have main partner and other partners, used water-based lubricant at last anal sex with main partner	64.2 (n=106)
Of those that have main partner and casual partners, used a condom at last anal sex with casual partner	56.7 (n=129)
Of those that have main partner and casual partners, used water-based lubricant at last anal sex with casual partner	61.7 (n=102)
Of those that have main partner and casual partners, did not use a condom with either partner	40.2 (n=127)
Of those that have casual partners only, used a condom at last anal sex	54.2 (n=72)
Of those that have casual partners only, used water-based lubricant at last anal sex	59.0 (n=61)

<sup>1</sup> Note: a separate table is constructed for the determinants of this sub-group (see pg. 13)

<sup>2</sup> Ibid.

<b>MONITORING TABLE 1</b>	
<b>INDICATORS</b>	
Usually uses water-based sexual lubricant for anal sex (vs. all other types of lubricant)	68.4
Last time had sex with a woman, used a condom <sup>3</sup>	42.3 (n=111)
<b>Health service use behaviors</b>	
Has ever had an STI test	55.1
Has gotten an STI test in the past 12 months (of those that have ever had an STI test)	69.4
Of those that have gotten STI test in the past 12 months, have gotten more than 1 test	51.3
Has ever tested positive for an STI (of those that have ever had an STI test)	23.9
Last time tested positive for STI, received treatment (n=50)	96.0
Last time tested positive for STI, finished treatment as prescribed (n=51)	88.2
Last time tested positive for STI, notified any sexual partner (n=50)	64.0
Ever "self-treated" because thought had an STI	15.0
Has experienced at least one of the 4 common symptoms of STI <sup>4</sup>	33.9
Has ever had an HIV test	47.4
Has had an HIV test in the past 12 months (of those that have ever had an HIV test)	62.8
Has had more than one HIV test in lifetime (of those that have ever had an HIV test)	56.1
Found out the result of last HIV test (of those that have ever had an HIV test)	97.9
Tested positive at last HIV test (of those that found out the result of last HIV test)	2.2 (n=185)
<b>OPPORTUNITY</b>	
<b>Availability of lubricant and condoms</b>	
Ever bought lubricant especially designed for sex	63.7
Would prefer to buy lubricant in large, multi-use bottles <sup>5</sup>	45.6
Has received free condoms in the last month	27.2
Of those that received free condoms: they were Love Plus	52.2
Of those that received free condoms: they were from Accept	49.1
Has bought any condoms in the last month	43.9
Has ever received free condoms from Accept by mail	5.3
<b>Social norms</b>	
Strongly agrees that friends think it's important to use condoms with every anal sex act	43.8
<b>ABILITY</b>	
<b>Self-efficacy, negotiation</b>	
Disagrees it is difficult to insist on safe sex with someone known for a long time	56.2
Disagrees it is difficult to insist on safe sex with someone with whom had unprotected sex before	54.5
Disagrees it is difficult to have safe sex with someone for whom have strong feelings	54.9
States that if had an STI, would be able to tell partner that he might be infected as well (incl. those who said they could do it, although with difficulty)	95.2
<b>MOTIVATION</b>	
<b>Beliefs</b>	
Disagrees/strongly disagrees with statement "if someone I knew had an STI, I would think badly of him"	70.5
Agrees/strongly agrees with statement "only people with a lot of sexual partners get STIs"	24.5
It is possible to tell if a person has an STI by looking at him on the street	2.8
It is possible to tell if a person has HIV by looking at him	4.0
States HIV is the only STI which is not curable	50.3
States that untreated STIs are a serious health risk	94.9
<b>Perceived risk/threat</b>	
Agrees/strongly agrees that HIV is a problem for men who have sex with men in Romania	35.7
Agrees/strongly agrees that STI are a problem for men who have sex with men in Romania	39.5
Agrees/strongly agrees that the potential risk of contracting an STI is offset by the immediate	40.1

<sup>3</sup> Type of relationship with woman with whom had sex last: just met/acquaintance=20.0%; friend=27.3%; stable girlfriend=27.3%; wife=20.0%; prostitute/other=5.5%.

<sup>4</sup> Symptoms listed: Genital sores or ulcers=7.7%; genital rash=15.8%; genital discharge=8.8%; burning sensation when urinating=17.2%.

<sup>5</sup> 23.2% stated they preferred a single-use package, and 31.2% stated they did not care

<b>MONITORING TABLE 1</b>	
<b>INDICATORS</b>	
pleasure of having sex without a condom	
Perceives self to be at no or low risk for HIV	70.1
Perceives self to be at no or low risk for an STI	69.6
<b>EXPOSURE</b>	
Has ever seen the kaMANsutra campaign	51.4
Has ever seen the Total Gay electronic magazine	25.9
Has read the Kama Chameleon advice column on the internet	32.3
Has attended an educational event for MSM in the past year	11.0
Of those that attended event: it was organized by PSI	62.2 (n=45)
Of those that attended event: it was organized by Accept	55.6 (n=45)
Uses the internet daily	75.4
Has visited the Gay Romania chat room	85.9
Ever been in the Gay Romania chat room when Kama Chameleon was present	25.4
Ever been contacted by Accept volunteers in the Gay Romania chat room with safe sex messages	11.4
Has received a private message about safe sex from Accept on own profile on gay websites	12.6
Ever talks with friends about STI or safer sex	75.9
Of those that talk with friends about STI or safer sex, talked about this once a week or more in the last month	30.1
<b>POPULATION CHARACTERISTICS</b>	
<i>Mean age (range 13-78)</i>	28.4
<i>Lives in Bucharest (vs. other)</i>	24.4
<i>Ethnic Romanian (vs. other)</i>	80.5
<i>Completed post- high school or college (vs. no more than high school)</i>	57.1
<i>Average monthly after-tax income is more than 1,051 RON (vs. less)</i>	38.4

(m) = mean score

### Monitoring Analysis 1

The preceding monitoring table was prepared in accordance with PSI's behavior change framework, PERForM<sup>6</sup>, and presents cross-sectional indicators. These indicators may be monitored over time to detect trends in behavior and opportunity, ability, and motivation related to safe sexual practices.

The examination of population characteristics of the sample of males who answered the questionnaire reveals that the mean age of the group was 28.4 (range 13 – 78), and that 24.4% live in Bucharest (whereas national statistics state that 11.4% of the overall Romanian population lives in Bucharest (as per last national census conducted in 2002<sup>7</sup>). The majority of the respondents (80.5%) considered themselves to be ethnic Romanian, which is in fact lower than the statistics reported by WHO, which state that 90% of the population is Romanian<sup>8</sup>. In this sample, 57.1% had more than a high-school education. National statistics put the average monthly income in Romania at 830 RON (for the beginning of 2005); the questionnaire asked about income in certain ranges, and only 38.4% of respondents in this sample had a monthly income in the range which included the average (i.e., between 701-1,051 RON) or more.

Regarding key sexual and relationship characteristics, the monitoring table shows that 71.6% of respondents had only male partners in the last year – signifying that nearly 30% have both male and female sexual partners. To understand risk profiles, respondents were queried about the type of sexual relationship they were in at the time of the survey: 28.2% were currently in a sexually monogamous relationship with no other sexual partners, 32.4% reported having one main sexual partner and also casual partners, and 17.8% reported having casual partners only (the remaining 21.6% either did not have any type of sexual partner at the time of the survey, or had not yet had sex). Among those in a monogamous relationship, 50.0% had been with the current partner for a year or more. Interesting to note that among those with both main and casual partners, 58.8% report having been with their main partner for a year or more. In this group of men, 34.4% reported having more than 3 casual partners in the last 3 month, while in the group of men who reported having casual partners only, 51.4% had 3 partners or more in the past 3 months. In terms of risk profile, it is important to note that over one half of all respondents reported having more

<sup>6</sup> See Annex 4 for diagrammatic presentation of PSI's behavior change framework.

<sup>7</sup> Romanian National Census 2002: [www.recensamant.ro](http://www.recensamant.ro)

<sup>8</sup> [www.euro.who.int/InformationSources/Publications/Catalogue/20060301\\_8?language=french](http://www.euro.who.int/InformationSources/Publications/Catalogue/20060301_8?language=french)

than one sexual partner at the time of the survey. Furthermore, 15.2% of respondents reported ever receiving money or other compensation for sex, while 20.2% of respondents reported ever giving money or other compensation for sex. Further analysis of these two sub-groups is presented in Monitoring Table 2.

Respondents were also questioned about exposure to two other risk factors: injection drug use, and experience with violence. Drug use was reported low: only 2.3% of respondents injected any drugs in the past two months. Having experience with violence was higher: 7.3% reported ever having been sexually abused, while 16.9% reported experiencing physical violence in the last 12 months. Overall, 21.1% of respondents reported experiencing any kind of violence.

As the survey aimed to understand risk behavior according to type of relationship, condom use and lubricant use were analyzed separately by relationship type sub-groups. The findings indeed suggest that condom use changes depending on the definition of the relationship. Among respondents with only casual partners, condom use was reported highest – but it was still at only 54.2%. Of respondents who were in a monogamous relationship, 45.7% reported using a condom at last anal sex. Particularly interesting is the reported use of a condom among men who have both main and casual partners: condom use was considerably lower for the main partner (reported at only 24.2%), than for casual partners (reported at 56.7%). In fact, 40.2% of these respondents reported not using a condom with either partner. Regarding lubricant use, the proportion of respondents who reported using lubricant at last anal sex also differed across partner categories: it was the highest among men with monogamous partners (82.7%). Among those with both main and casual partners the use of lubricant was at 64.2% for main partner and 61.7% for casual partners; among men with casual partners only, the use of lubricant at last anal sex was reported at only 59.0%.

Finally, condom use with female partners was also examined. Among respondents who reported having sex with female partners (n=111), 42.3% reported using a condom the last time. It is important to note that nearly 50% of these men reported that this female partner was either a stable girlfriend or a wife (other responses were friend (27.3%), acquaintance or someone just met (20.0%), and prostitute (5.5%)).

In accordance with PSI Romania MSM program project objectives, in addition to sexual behaviors, health service utilization behaviors were also explored. Regarding STI testing, just

over a half (55.1%) of all respondents reported having ever gotten an STI test, with 69.4% of these men reporting they had been tested in the past 12 months (additionally, of these men, 51.3% reported being tested more than once in the past 12 months). Nearly one quarter (23.9%) of those respondents who had ever been tested report having tested positive for an STI. Among respondents who have had an STI, the majority received treatment for the infection (96.0%), and finished the treatment as prescribed (88.2%). A substantially lower proportion also notified any sexual partner at the time (64.0%). The analysis also revealed that 33.9% reported ever experiencing common STI symptoms, suggesting that not everyone who has an infection is getting treated. Furthermore, a small but worrying proportion (15.0%) of respondents has ever self-treated (i.e., taken medicines for a suspected STI without going to the doctor).

Regarding HIV testing, 47.4% of respondents reported ever having an HIV test, with 62.8% of these respondents reporting having been tested in the past 12 months; 56.1% also reported having more than one test in their lifetime. The vast majority of those who had been tested found out their result (97.9%). An interesting finding is that 2.2% of those who have ever been tested reported that they are HIV positive. Although there is no direct comparison group and no conclusions should be made on the basis of this finding, it is nevertheless instructive to note that UNAIDS estimates that Romania's overall HIV prevalence is 0.1-0.2%.<sup>9</sup> If nothing else, this finding suggests that the MSM population in Romania is indeed at a greater risk of HIV than the general population.

Determinants of sexual behavior and service utilization were measured through indicators relating to opportunity, ability and motivation. Opportunity factors included availability of lubricants and condoms, and social norms about condom use. Nearly two-thirds of respondents (63.7%) reported ever buying lubricant especially designed for sex, and the preferred size of lubricant was a large, multi-use bottle (45.6%). Less than one-third (27.2%) of respondents had received free condoms in the past month (of these, 52.2% reported receiving PSI's LovePlus condoms, while 49.1% reported receiving condoms from the NGO Accept; 5.3% reported receiving free condoms from Accept by mail). Surprisingly, only 43.9% of respondents reported buying any condoms in the last month. Similarly, only 43.8% of respondents strongly agreed with the statement that their friends think it's important to use condoms with every anal sexual act, suggesting there is much room for improvement in this social norm.

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<sup>9</sup> <http://www.unaids.org/en/Regions/Countries/Countries/romania.asp>

Ability was measured through questions pertaining to self-efficacy and negotiation between partners. Overall, respondents did not report very high self-efficacy. Just over half of respondents did not believe it would be difficult to insist on safe sex with someone they had known for a long time (56.2%), or with someone with whom they had unprotected sex before (54.5%), or with someone for whom they have strong feelings (54.9%). On the other hand, 95.2% respondents reported feeling able to tell a partner about a possible STI infection (although this finding, which is a perception of a hypothetical situation, should be interpreted with caution, as only 64% of those who had ever had an STI reported actually notifying a partner).

Motivation was measured through items pertaining to beliefs about STI and HIV and perceived risk or threat of becoming infected. Respondents did not stigmatize STIs, with 70.5% reporting that they disagree with the statement “if someone I knew had an STI, I would think badly of him,” and only 24.5% agreeing with the statement “only people with a lot of sexual partners get STIs.” Concurrently, incorrect beliefs about detecting an STI were low (2.8% believed that it is possible to tell if a person has an STI by looking at him on the street, and 4.0% believed it is possible to tell by looking if a person has HIV). However, while a large majority (94.9%) stated that untreated STIs pose a serious health risk, 50.3% of respondents incorrectly believed that HIV is the only STI which is not curable.

Only about a third of respondents perceived HIV as a serious threat to men who have sex with men in Romania (35.7%), and a similar proportion perceived STIs to be a threat (39.5%). Furthermore, a high number of respondents (40.1%) agreed with the statement that the potential risk of contracting an STI is offset by the immediate pleasure of having sex without a condom. This finding, together with very low risk perception – 70.1% of respondents felt at no or low risk for HIV, and 69.6% felt at no or low risk for STIs – is cause for concern: while these men clearly engage in risky sexual behaviors, they do not see themselves at risk.

In the last section exposure to PSI and other programs was also measured. Three-quarters (75.4%) of the respondents reported using the internet daily. Just over one half (51.4%) had ever seen PSI’s kaMANsutra campaign, 25.9% reported reading the Total Gay electronic magazine, and 32.3% reported having read the Kama Chameleon advice column on the internet. The highest reported exposure was to the Gay Romania chat room, which is a website that exists independently of PSI, but where PSI does health-related internet outreach via an internet

character named Kama Chameleon. In this sample, 85.9% of men reporting they had visited this particular site, and 25.4% reported being there while the Kama Chameleon character was giving advice. Another 11.4% reported having been contacted by Accept volunteers (a collaborating MSM NGO) in the Gay Romania chat room with safe sex messages, and 12.4% reported having received a private message on safe sex from Accept on their own profile on gay websites. Only 11.0% of all respondents reported having attended at least one educational event for MSM in the past year, and of these, 62.2% reported attending events organized by PSI, and 55.6% reported attending events organized by Accept. Finally, the survey also asked about the frequency of natural or spontaneous discussions related to safe sex, and 75.9% of respondents reported having ever talked with friends about STI or safe sex, and of these, 30.1% reported talking about such topics with friends once a week or more in the past month.

Note that two additional monitoring tables for young men were also constructed, and are included in Appendix 1. The group “young men” was defined as aged 24 years and younger, which in this sample included individuals from 13 to 24. The tables include a general monitoring table, and one specific to young men who have ever sold or bought sex. The tables were constructed specifically for a collaborative dialogue between PSI Romania and UNICEF Romania; young MSM per se were not the focus of this research, however, in the future, PSI Romania may work with this population as well.

**Results of data related to buying and selling sex among men who have sex with men who answered the on-line survey, Romania, 2005.**

**Risk Group: Men who have sex with men in Romania, who answered the on-line survey, and who reported ever buying or selling sex.**

<b>MONITORING TABLE 2: THOSE WHO HAVE EVER SOLD OR BOUGHT (EXCHANGED) SEX</b>	
<b>INDICATORS</b>	
<b>Has ever sold sex (N=61)</b>	<b>% (n)</b>
How often received money or compensation in the past year (n=57)	
Almost every day	5.3 (3)
About once or twice per week	8.8 (5)
About once or twice per month	24.6 (14)
Less than once per month	14.0 (8)
Not in the past year	47.4 (27)
Where are clients usually found (multiple responses possible)	
Clubs/bars	14.8 (9)
Parks/public toilets	4.9 (3)
Public spaces/streets	0
Personal recommendations	14.8 (9)
Agency/massage parlor	6.6 (4)
Internet	37.7 (23)
Graffiti on phone boxes	1.6 (1)
Classified ads	11.5 (7)
Is able to keep all the money from selling sex for himself (not sharing with pimp)	79.3 (29)
Has been physically assaulted in the last 12 months	34.4 (21)
Has ever been sexually assaulted	21.3 (61)
Has been assaulted more than once (of those that have ever been assaulted)	23.1 (13)
Last time was sexually assaulted, the assailant involved in buying/selling sex	38.5 (13)
Self efficacy: Agrees with statement that it is difficult to insist on using a condom with someone who threatens to withhold payment	58.6 (32)
Self-efficacy: Agrees with statement that it is difficult to insist on safer sex if the client offers more money or other compensation	60.7 (33)
Responses expected from a client if condom use suggested (multiple responses)	
Will accept	24.6 (15)
Will refuse	6.6 (4)
Will become violent	1.6 (1)
Will withhold payment	8.2 (5)
Will think I am sick	21.3 (13)
Will think I am trying to protect myself	29.5 (18)
Will think I am trying to protect him	18.0 (11)
Other	1.6 (1)
<b>Has ever bought sex (N=80)</b>	
How often given money or compensation in the past year (n=78)	
Almost every day	0
About once or twice per week	5.1 (4)
About once or twice per month	24.4 (19)
Less than once per month	34.6 (27)
Not in the past year	35.9 (28)
Where are paid partners usually found (multiple responses possible)	
Clubs/bars	33.7 (27)
Parks/public toilets	11.3 (9)
Public spaces/streets	11.3 (9)
Personal recommendations	38.7 (31)
Agency/massage parlor	5.0 (4)
Internet	62.5 (50)
Graffiti on phone boxes	8.8 (7)
Classified ads	25.0 (20)

## Monitoring Analysis 2

In attempting to understand better the behavior and risk incurred by MSM who sell sex, as well as the patterns of behavior and risk among those who buy sex, a series of questions were asked specifically of men who fell into these two groups. Overall, more men reported having ever bought sex (20.5% of all respondents), as having sold sex (15.2%).

Among men who reported having ever received money or compensation in exchange for sex, the largest share of respondents reported not having done so in the past year (47.7%). Most other men engaged in paid sex only occasionally, with just 3 respondents reported that they sold sex almost every day in the past year. In response to the question where clients are most usually found, the most common response, perhaps not surprisingly given the medium of the survey, was internet (37.7%), followed by personal recommendation and clubs/bars, both with 14.8%. The majority (79.3%) of respondents said they are able to keep all the money they earn this way for themselves.

One of the concerns regarding this sub-group of men is that they are exposed to more violence. This was borne out by the data: as compared to the general population's 16.9%, among these men, 34.4% reported having been physically assaulted in the past 12 months. Furthermore, about one-fifth (21.3%) of respondents who have ever sold sex reported ever having been sexually assaulted (as compared to 7.3% of the general population). Of this group, 23.1% reported having been sexually assaulted more than once, and in 38.5% of these cases, the last time the assault occurred the assailant was involved in buying or selling sex.

Self-efficacy regarding condom use was also examined among this sub-population, with 58.6% reporting they would find it difficult to insist on using a condom with someone who threatens to withhold payment, and 60.7% reporting they would find it difficult to insist on using a condom if a client offered more money or other compensation. On the other hand, when asked what type of response they would expect from a client if condom use is suggested, the most frequently chosen response was "he will think I am trying to protect myself" (29.5%), followed by "he will accept" (24.6%). Not so encouragingly, another 21.3% reported that the client would think the respondent is sick.

Among men who reported having ever bought sex, the largest proportion (35.9%) reported not doing so in the past year, with 34.6% reporting "less than once per month" in the past year and 24.4% reporting "about once or twice per month" in the past year. When asked where paid partners are most frequently found, the most common response was the internet (62.5%), followed by personal recommendations (38.7%), and clubs/bars (33.7%).

**Segmentation Table 1: Condom use at last anal sex with monogamous partner and related determinants, among men who have sex with men and who answered the online survey, Romania, 2005.**

**Risk Group: Monogamous men with monogamous sexual partners (n=79).**

**Behavior: Used condom at last sex with monogamous partner**

SEGMENTATION TABLE	Non-users (55.3%)	Users (45.7%)	Sign.
<b>RISK</b>	% or mean	% or mean	
Ever had an STI test	64.4	61.9	
<b>OPPORTUNITY</b>			
Agrees friends think it is important to use a condom with every sex act	48.7	61.1	
<b>ABILITY</b>			
Disagrees it is difficult to insist on safer sex with someone known for a long time	29.3	70.4	*
Disagrees it is difficult to insist on safer sex with someone for whom have strong feelings	53.1	84.7	*
<b>POPULATION CHARACTERISTICS</b>			
Mean age	26.2 (m)	31.7 (m)	*
Is ethnically Romanian (versus any other ethnicity)	72.5	73.3	
Earns 1051 RON or more (versus less)	27.9	32.3	

(m) = mean

\*=p<0.05; \*\*=p<0.01; \*\*\*p<0.001

†=p<0.10

Proportions or means for each variable are adjusted for all other variables in the model.

### Segmentation Analysis 1

#### Condom use with monogamous partner

Segmentation is the process of dividing a heterogeneous population into a homogenous audience; in other words, the population is divided into those who practice the desired behaviour and those who do not, e.g., condom users and non-users. Then each group is profiled according to the barriers to behavior change that were captured in the surveys, which, in turn, can allow programmer to design and implement behaviour change interventions.

Among all men who answered the survey, 28.2% reported being in a sexually monogamous relationship. The use of a condom at last anal sex among these men was reported at 45.7% (see monitoring table). Given the small overall sample size of this sub-population (n=79), few variables were retained in the final model.

The risk of ever having had an STI was retained, although it was not significantly different between condom users and non-users: over 60% of both groups reported ever having had an STI.

Regarding determinants, a factor related to opportunity (peer norms about condom use) was retained in the model, although was not statistically significant. In addition, two factors related to ability were retained in the final model, and both were statistically significant: condom users were more likely than condom non-users to disagree with the statement that it is difficult to insist on safer sex with someone known for a long time (70.4% vs. 29.3%), and condom users were also more likely to disagree with the statement that it is difficult to insist on safer sex with someone for whom the respondent has strong feelings (84.7% vs. 53.1%). These two items suggest that men who use condoms have higher self-efficacy associated with condom use than non-users.

Among population characteristics age was significantly associated with condom use: users were older than non-users (mean age 31.7, vs. 26.2). Being ethnically Romanian and earning a higher monthly wage was not significantly associated with condom use for this sub-population.

**Segmentation Table 2: Condom use at last anal sex with main partner and related determinants, among men who have sex with men and who answered the online survey, Romania, 2005.**

**Risk Group: Men who have both main and casual sexual partners (n=106).**

**Behavior: Used condom at last sex with main partner**

SEGMENTATION TABLE	Non-users (75.8%)	Users (24.2%)	Sign.
<b>ABILITY</b>	% or mean	% or mean	
Disagrees that it is difficult to insist on safer sex with someone for whom one has strong feelings	46.4	74.3	†
<b>MOTIVATION</b>			
Believes the potential future risk of contracting an STI is offset by the immediate pleasure of having sex without a condom	45.5	16.9	†
Believes HIV is a health problem for men who have sex with men in Romania	44.9	35.2	
Believes that friends think it is important to use a condom with every anal sex act	32.7	47.6	
Believes self to be at some or high risk of getting infected with an STI	29.8	24.9	
<b>POPULATION CHARACTERISTICS</b>			
Mean age	29.3 (m)	26.6 (m)	
Lives in Bucharest (versus any other city)	25.9	22.3	
Is ethnically Romanian (versus any other ethnicity)	86.1	82.8	
Graduated high school or higher level (versus less education)	76.8	44.8	*

(m) = mean

\*=p<0.05; \*\*=p<0.01; \*\*\*p<0.001

†=p<0.10

Proportions or means for each variable are adjusted for all other variables in the model.

**Segmentation Analysis 2****Condom use with main partner among men who have both main and casual partners**

As reported in the segmentation table, 32.4% of all respondents stated they had both main and casual partners; of these, 75.8% reported using a condom the last time they had sex with their main partner.

A factor related to ability – specifically, to self-efficacy – was borderline significant in the model: 74.3% of users disagreed that it is difficult to insist on safer sex with someone for whom strong feelings are felt, vs. 46.6% of non-users. A number of motivation-related variables were retained in the final model predicting condom use among this sub-population, although only one achieved borderline significance. This item was related to risk perception: users were less likely to believe that the risk of potentially contracting an STI is offset by the immediate pleasure of having sex without a condom (16.9% vs. 45.5%). Three other items relating to risk and threat were kept in the model, but were not significant.

Among population characteristics, only education level was significantly associated with the outcome. Somewhat surprisingly, users were less likely to have higher education than non-users (44.8% vs. 76.8%).

**Segmentation Table 3: Condom use at last anal sex with casual partner and related determinants, among men who have sex with men and who answered the online survey, Romania, 2005.**

**Risk Group: Men who have both main and casual sexual partners (n=100).**

**Behavior: Used condom at last sex with casual partner**

SEGMENTATION TABLE	Non-users (43.4%)	Users (56.6%)	Sign.
<b>RISK and SEXUAL BEHAVIORS</b>	% or mean	% or mean	
Ever had an STI	41.9	62.9	†
<b>ABILITY</b>			
Disagrees that it is difficult to insist on safer sex with someone respondent has known for a long time.	40.1	54.8	
Disagrees that it is difficult to insist on safer sex with someone with whom respondent has had unprotected sex before.	21.5	63.4	**
<b>MOTIVATION</b>			
Agrees with statement: the potential future risk of contracting an STI is offset by the immediate pleasure of having sex without a condom	41.2	31.7	
Agrees with statement: only people with many sexual partners get STIs	19.6	13.4	
<b>POPULATION CHARACTERISTICS</b>			
Lives in Bucharest (versus any other city)	21.9	12.4	
Is ethnically Romanian (versus any other ethnicity)	83.2	87.9	
Earns 1051 RON or more (versus less)	32.7	44.8	
Graduated high school or higher level (versus less education)	64.8	74.6	

(m) = mean

\*=p<0.05; \*\*=p<0.01; \*\*\*p<0.001

†=p<0.10

Proportions or means for each variable are adjusted for all other variables in the model.

**Segmentation Analysis 3****Condom use with casual partner among men who have both main and casual partners**

In the entire sample, 32.4% of men reported having both main and casual partners; of these, 56.6% reported using a condom the last time they had sex with their casual partner. It is interesting to note that this rate of condom use is actually lower than reported condom use with the main partner, among these same men (see Segmentation Table 2).

Ever having had an STI was borderline significantly associated with the outcome ( $p < 0.10$ ); however, it is surprising that users were more likely to have ever had an STI infection as compared to non-users (62.9% vs. 41.9%). Several items corresponding to ability and motivation (and specifically related to self-efficacy and risk perception), were also retained in the final model. Of these, only one item was statistically significant: users were more likely than non-users to disagree that it is difficult to insist on safer sex with someone with whom respondent has had unprotected sex before (63.4% vs. 21.5%). None of the population characteristics were significantly associated with the outcome for this population sub-group.

**Segmentation Table 4: Condom use at last anal sex and related determinants, among men who have sex with men who answered the online survey, Romania, 2005.**

**Risk Group: Men who have casual sexual partners only (n=63).**

**Behavior: Used condom at last sex with casual partner**

SEGMENTATION TABLE	Non-users (45.8%)	Users (54.2%)	Sign.
<b>RISK and SEXUAL BEHAVIORS</b>	% or mean	% or mean	
Has been physically assaulted within the past 12 months	30.8	5.6	**
Ever had an STI test	52.2	64.7	
<b>MOTIVATION</b>			
Believes that untreated STIs are a serious health risk	87.5	97.8	
<b>ABILITY</b>			
Disagrees that it is difficult to insist on safer sex with someone for whom one has strong feelings.	32.6	56.3	†

\*=p<0.05; \*\*=p<0.01; \*\*\*p<0.001

† = p<0.10

(m) = mean

Proportions or means for each variable are adjusted for all other variables in the model.

**Segmentation Analysis 4****Condom use with casual partner among men who have only casual partners**

Of all the respondents, 18.7% reported having only casual sexual partners. Among these men, 54.2% reported having used a condom at last sex. There are only 63 respondents who fall into this sub-population, therefore very limited multivariate analysis is possible. The final model includes just four variables, two of which are statistically significant.

Regarding risk factors, non-users were significantly more likely to have been physically assaulted within the past 12 months as compared to non-users (30.8% vs. 5.6%). In part, this finding may be due to the fact that 26.2% of men in this sub-population reported having ever sold sex (as compared to 15.2% of the overall sample), and the monitoring analysis has shown that men who have sold sex have experienced more physical and sexual violence as compared to men who have not sold sex. One other variable was (borderline) significant in this model: condom users were more likely than non-users to disagree with the statement that it is difficult to insist on safer sex with someone for whom the respondent has strong feelings (56.3% vs. 32.6%). This finding corroborates results from other segmentation tables, suggesting that users have a higher self-efficacy to negotiate the use of a condom in different situations and with different partners.

**Segmentation Table 5: Ever having been tested for an STI or HIV and related determinants, among men who have sex with men and who answered the online survey, Romania, 2005.**

**Risk Group: Men who have sex with men, Romania (N=307).**

**Behavior: Ever got STI or HIV test**

SEGMENTATION TABLE	Never tested (40.3%)	Ever tested (59.8%)	Sign.
<b>RISK</b>			
Has ever bought sex	11.4	26.3	†
Has ever sold sex	6.9	14.9	*
<b>ABILITY</b>			
Disagrees that it is difficult to insist on safer sex with someone I have known for a long time	56.9	58.3	
Disagrees with statement it is difficult to insist on safer sex with someone with whom I have had unprotected sex before	47.2	63.5	*
<b>MOTIVATION</b>			
Agrees that only people with a lot of sexual partners get STIs	27.3	18.5	†
<b>POPULATION CHARACTERISTICS</b>			
Mean age	26.5	30.1	
Lives in Bucharest (vs. other)	10.7	24.3	**
Ethnic Romanian (vs. other)	87.5	81.3	
Completed more than high school (vs. no more than high school)	62.9	59.3	
Average monthly after-tax income is more than 1,051 RON (vs. less)	34.1	39.3	

(m) = mean

\*=p<0.05; \*\*=p<0.01; \*\*\*p<0.001

†=p<0.10

Proportions or means for each variable are adjusted for all other variables in the model.

**Segmentation Analysis 5****Ever having been tested for an STI or HIV**

Among all respondents, 55.1% reported having ever been tested for an STI, and 47.4% reported having ever been tested for HIV; together, 59.8% of respondents reported having ever gotten an STI *or* an HIV test.

Among respondents who have ever been tested, there were more men who reported having ever bought sex (borderline significant; 26.3% vs. 11.4%); also, there were significantly more men who reported ever having sold sex (14.9% vs. 6.9%). This could be interpreted in a cautiously optimistic manner that those who engage in higher risk behavior (selling or buying sex), also practice more health-seeking behavior. However, from cross-sectional data one is clearly not able to discern whether the testing is routine and therefore preventive, or a result of having had an infection.

Two factors relating to ability were retained in the final model, of which one was significantly associated with the outcome. Respondents who had ever been tested were more likely to disagree that it is difficult to insist on safer sex with someone with whom the respondent has had unprotected sex before (63.5% vs. 47.2%). In addition, one factor related to motivation was borderline significant: those who have ever been tested were less likely to hold the belief that only people with many sexual partners get STI (18.5% vs. 27.3%).

Regarding population characteristics, it is perhaps not surprising to observe that respondents who had ever been tested were more likely to live in Bucharest – the capital – than elsewhere (24.3% vs. 10.7%). None of the other population characteristics were significantly associated with the outcome.

**Segmentation Table 6: Having been exposed to PSI internet-based programming (internet information and outreach), and behaviors and determinants of interest, among men who have sex with men and who answered the online survey, Romania, 2005.**

**Risk group: Men who have sex with men, Romania (N=351)**

SEGMENTATION TABLE	Not exposed (52.9%)	Exposed (47.1%)	Sign.
<b>BEHAVIOR/USE</b>			
Of those who have a main partner and casual partners, used a condom at last anal sex with casual partner	45.9	68.5	*
Has ever "self treated" because thought had an STI	10.5	20.4	*
<b>OPPORTUNITY</b>			
<i>Availability of condoms and lubricant</i>			
Has bought lubricant especially designed for sex	60.4	73.8	*
<b>MOTIVATION</b>			
<i>Perceived risk/threat</i>			
Perceives self to be at no or low risk for HIV	34.9	21.1	**
<b>POPULATION CHARACTERISTICS</b>			
Ethnic Romanian (vs. other)	71.5	87.3	***

Exposed = reports having been exposed to any of the three: (1) has seen the Total Gay e-magazine, (2) has read the advice column by Kama Chameleon, (3) has been in the Gay Romania chat room when the Kama Chameleon character was present & giving advice; Not-exposed: has not been exposed to any of the three.

(m) = mean

\*=p<0.05; \*\*=p<0.01; \*\*\*p<0.001

†=p<0.10

Proportions and means shown for behaviors, risk, and OAM factors are adjusted for population characteristics (age, living in Bucharest, being ethnic Romanian, education level, and income). Proportions and means shown for population characteristics are unadjusted.

**Segmentation Analysis 6****Correlations between having been exposed to PSI programming and behaviors and determinants**

PSI has been conducting internet-based programming targeting MSM for two years. The primary components of the program are a website, outreach in internet chat rooms and the direct emailing of sexual health information. Although the current survey was not designed specifically to evaluate the effect of PSI programs, the opportunity was taken to segment the population into those exposed and not exposed to PSI internet interventions and to examine the correlations between the exposure and behaviors and determinants of interest. As this is a cross-sectional sample, causality cannot be inferred: that is, the results likely suggest the characteristics of an individual who recalls being exposed to PSI interventions, rather than the effect of the PSI interventions upon that individual.

The exposure variable was constructed from three different items, all specific to PSI interventions (exposure to other NGO programs was not included in this variable). A respondent was considered “exposed” if he reported any of the following: 1) had read the Total Gay e-magazine, 2) had read the advice column by Kama Chameleon, and 3) had been in the Gay Romania chat room while the Kama Chameleon character was present and giving advice.

All behaviors and determinants were tested for correlation with exposure; those significant at the bivariate level were included in the table. However, once the correlations were adjusted for socio-demographic characteristics, the majority of factors lost statistical significance. Only significant findings are presented in the table.

Having been exposed to the PSI interventions was associated with two behaviors. Those exposed were more likely than non-exposed to have used a condom at last anal sex with casual partner (among those who had both main and casual partner; 68.5% vs. 45.9%). Somewhat surprisingly, those exposed were also more likely to have “self-treated” for an STI (meaning, had taken medicine without consulting a doctor first; 20.4% vs. 10.5%). Further examination of what drives the self-treatment may be warranted, but whatever the association may be, it is an important point for PSI internet programs to address: not only educating MSM about STI symptoms, but emphasizing that one must get diagnosed by a professional doctor and prescribed the accurate medicine, not self-treat.

Few determinants were significantly associated with exposure. Regarding opportunity factors, exposure to PSI was associated with availability of lubricants. Respondents exposed to PSI programs were more likely to have bought lubricant than the non-exposed (73.8% vs. 60.4%). There were no items relating to ability factors that were significantly correlated with PSI exposure. One item relating to motivation was significantly associated with exposure: individuals exposed to PSI programs were less likely to perceive themselves to be at risk for HIV as compared to non-exposed respondents (21.1% vs. 34.9%). Among population characteristics, only ethnicity was significantly associated with exposure: those exposed were more likely to consider themselves ethnic Romanian than those not exposed (87.3% vs. 71.5%).

**Programmatic Recommendations**

- This is the first study capturing a wide population of MSM in Romania. While the methods of the study (internet-based survey) do not allow for statistical generalization to all MSM in Romania, this study nevertheless provides a wealth of information previously unknown about this population group, and the findings should be used, as appropriate, in informing programming decisions.
- Perhaps the most important data revealed in this survey is the differentiation of various types of sexual relationship, and condom use according to the type of partner. The largest share of respondents has both a main sexual partner as well as casual partners. Interestingly, both highest and lowest proportions of condom use were reported among this same group of men: highest proportion was reported for condom use with a casual partner (although only at 56.7%), and lowest proportion was condom use with main partner among these same men (at 24.2%). Given that it is known from other research that consistent condom use is always lower than condom use at last sex (although consistent use was not asked in the present survey), one may assume that an even lower proportion of men are using condoms consistently with either type of partner. Furthermore, only about half of men in other types of relationships (monogamous, and casual partners only) reported using condoms at last sex. This is critical information for PSI, as it allows programmers focus on sub-groups of MSM who may be at greater risk, as well as to explore further how condom use changes with relationship type, and therefore better target messages ensuring they resonate with different sub-groups of men.
- Regarding safe sex messages, it is also important to note that nearly 30% of the respondents reported having female sexual partners as well, and that of these, less than one half used a condom the last time they had sex with the female partner. A program addressing the needs of men who have sex with men must take into account that a fair proportion of these men are also having sex with women, and that this sexual contact is as risky (if unprotected) for both partners as sexual contact between male partners.
- Lubricant use was fairly high, though it was lowest for sex with a casual partner, and highest for sex with a monogamous partner. This may suggest that lubricant is generally used more frequently in stable relationships than casual ones, and therefore the promotion of lubricant use in all types of sexual relationships may be an important health message to promote.

- Regular testing for STI and HIV clearly needs to be actively encouraged with this population. Only about one half of the respondents had *ever* been tested. Of those who had ever had and STI test, nearly a quarter had tested positive. Furthermore, of those who had ever been tested for HIV, 2.2% reported being HIV positive: a proportion much higher than the Romanian national rate of 0.1-0.2% (as per UNAIDS estimates).
- A sub-population of interest was men who have engaged in transactional sex (i.e., bought or sold sex); of greater interest are those who sell sex, as they are considered to be both a more vulnerable group and at a greater risk for HIV and other STI. Although the sample size was small, the analysis revealed that these men are indeed more vulnerable, as they experience more sexual and physical violence as compared to the general population. These data may be used as the springboard for PSI to conduct further research with this sub-population in order to design an intervention appropriate to their needs.
- Availability of condoms and lubricants does not seem to be a barrier for the MSM population overall, although it is important to note that only 43% of all respondents reported buying any type of condoms in the past month.
- Self-efficacy in negotiating condom use in different situations and different types of partners was a determinant strongly and consistently associated with condom use. That is, nearly half of respondents thought it would be difficult to negotiate the use of a condom with a partner with whom they had had unprotected sex before, with a partner for whom they had strong feelings, and with a partner they had known for a long time. Understood in the context of different sexual relationships, this finding suggests that both the perception of a partner as the type with which a condom should be used, plus the actual ability to negotiate the use of the condom, are both critical determinants influencing this behavior. PSI can use these findings in particular in designing interpersonal communication (IPC) type programs, which aim, among others, to increase individuals' skills to practice safe behavior in different situations.
- Although risk perception was not significantly associated with condom use, it must be noted that perception of risk of STI as well as HIV is quite low in this population. Clearly, there is a disconnect between the behaviors (low condom use), the health outcomes (high STI and HIV rates) and the perception of being at risk. It is imperative for PSI to address these perceptions in all aspects of programming targeting MSM.
- There were few significant and insightful determinants associated with HIV and STI testing behavior. The findings to suggest that men who have either bought or sold sex are more likely to have been tested, however, it is not possible to discern whether this is routine testing and

therefore part of preventive behavior, or whether it is due to a higher incidence of STI and HIV (or fear of such infections) among this sub-group of men. Nevertheless, this is a critical behavior to address, although more information is needed about what determines this behavior – and PSI Romania is well-placed to investigate this either through IPC-type interventions, or through further research.

- Recall of different PSI internet-based interventions varied, and was highest at 51.4% for recall of the kaMANsutra campaign. This is encouraging for the ability of PSI to reach its intended population with memorable messages, although it also leaves room for improvement. Perhaps more interesting is the question whether an internet-based campaign can positively influence determinants and even behaviors and if so, which ones. It could be that internet-based interventions can address certain determinants of condom use as well as health service utilization – such as addressing risky beliefs about the “type” of partner or situation in which it is not necessary to use condoms, or informing MSM about the availability and affordability of STI and HIV testing. The current data may be used as a baseline if PSI Romania decides to evaluate the effects of the internet-based programming through such research.

**Results regarding condom use with various partners and related determinants, and use of health services for STI testing and treatment and related determinants, among young (24 years and younger) men who have sex with men who answered the on-line survey, Romania, 2005.**

**Risk Group: Young (24 years and younger) men who have sex with men in Romania, who answered the on-line survey (N=170)**

**Behaviors: Condom use at last sex with a regular partner, condom use at last sex with an occasional partner, frequency of condom use with any partner in the past 3 months; STI testing and HIV testing.**

MONITORING TABLE 1 (13-24 year old subset)	
INDICATORS	
KEY SEXUAL AND RELATIONSHIP CHARACTERISTICS	% or mean
In past year, sexual partners have been all men (vs. men and women)	74.7
Is currently in a sexually monogamous relationship with no casual partners (vs. all others)	29.7
Among those in a monogamous relationship, has been with partner for 1 year or more	30.4
Currently has one main sexual partner as well as other casual partners (vs. all others)	29.0
Among those with one main and other casual partners, has been with main partner for 1 year or more	44.4
Among those with one main and other casual partners, has had more than 3 casual partners in the last 3 months	25.6
Currently has only casual partners with no main partner (vs. all others)	18.7
Among those with only casual partners, has had more than 3 casual partners in the last 3 months	51.7
Currently has one main partner or no partner (vs. having multiple partners in any combination)	52.3
Ever received money or other compensation for sex <sup>10</sup>	20.0
Ever given money or other compensation for sex <sup>11</sup>	11.0
RISK	
Has used heroin in the past 2 months	0.7 (n=1)
Has injected other drugs in the past 2 months	2.6 (n=4)
Has injected any drugs in the past 2 months (heroin, others, or both)	3.2 (n=5)
Has ever been sexually assaulted	9.1 (n=14)
Has been assaulted more than once (vs. once only), of all those that have ever been assaulted	28.6 (n=14)
Has been physically assaulted within the past 12 months	24.0
Has been physically assaulted more than once (vs. once only), of all those that have been assaulted in the past 12 months	52.8
Has past experience with violence (combination of ever been sexually assaulted, and/or has been physically assaulted in past 12 months)	28.1
BEHAVIOR/USE	
<i>Sexual behaviors</i>	
Of those that are in monogamous relationship, used a condom at last anal sex with a stable partner	36.4
Of those that are in a monogamous relationship, used water-based lubricant at last anal sex	86.4
Of those that have main partner and other partners, used a condom at last anal sex with main partner	26.7
Of those that have main partner and other partners, used water-based lubricant at last anal sex with main partner	75.0
Of those that have main partner and casual partners, used a condom at last anal sex with casual partner	50.0
Of those that have main partner and casual partners, used water-based lubricant at last anal sex with casual partner	56.7
Of those that have main partner and casual partners, did not use a condom with either partner	43.2
Of those that have casual partners only, used a condom at last anal sex	44.8

<sup>10</sup> Note: a separate monitoring table is constructed for the determinants of this sub-group

<sup>11</sup> Ibid.

<b>MONITORING TABLE 1 (13-24 year old subset)</b>	
<b>INDICATORS</b>	
Of those that have casual partners only, used water-based lubricant at last anal sex	52.4
Usually uses water-based sexual lubricant for anal sex (vs. all other types of lubricant)	64.1
Last time had sex with a woman, used a condom <sup>12</sup>	55.0
<b>Health service use behaviors</b>	
Has ever had an STI test	51.3
Has gotten an STI test in the past 12 months (of those that have ever had an STI test)	81.0
Of those that have gotten STI test in the past 12 months, have gotten more than 1 test	51.6
Has ever tested positive for an STI (of those that have ever had an STI test)	12.7
Last time tested positive for STI, received treatment	100 (n=9)
Last time tested positive for STI, finished treatment as prescribed	100 (n=9)
Last time tested positive for STI, notified any sexual partner	77.8 (n=9)
Ever "self-treated" because thought had an STI	7.2
Has experienced at least one of the 4 common symptoms of STI <sup>13</sup>	25.9
Has ever had an HIV test	39.6
Has had an HIV test in the past 12 months (of those that have ever had an HIV test)	81.7
Has had more than one HIV test in lifetime (of those that have ever had an HIV test)	55.7
Found out the result of last HIV test (of those that have ever had an HIV test)	95.1
Tested positive at last HIV test (of those that found out the result of last HIV test)	0
<b>OPPORTUNITY</b>	
<b>Availability of lubricant and condoms</b>	
Ever bought lubricant especially designed for sex	59.1
Would prefer to buy lubricant in large, multi-use bottles <sup>14</sup>	42.8
Has received free condoms in the last month	32.9
Of those that received free condoms: they were Love Plus	53.7
Of those that received free condoms: they were from Accept	39.6
Has bought any condoms in the last month	37.7
Has ever received free condoms from Accept by mail	5.4
<b>Social norms</b>	
Strongly agrees that friends think it's important to use condoms with every anal sex act	42.3
<b>ABILITY</b>	
<b>Self-efficacy, negotiation</b>	
Scale of self-efficacy regarding insisting on safer sex (range 1-4; higher score=higher self-efficacy)	2.6 (m)
Scale item: Disagrees it is difficult to insist on safe sex with someone known for a long time	54.5
Scale item: Disagrees it is difficult to insist on safe sex with someone with whom had unprotected sex before	54.2
Scale item: Disagrees it is difficult to have safe sex with someone for whom have strong feelings	57.8
States that if had an STI, would be able to tell partner that he might be infected as well (incl. those who said they could do it, although with difficulty)	98.0
<b>MOTIVATION</b>	
<b>Beliefs</b>	
Disagrees/strongly disagrees with statement "if someone I knew had an STI, I would think badly of him"	34.9
Agrees/strongly agrees with statement "only people with a lot of sexual partners get STIs"	21.9
It is possible to tell if a person has an STI by looking at him on the street	3.9
It is possible to tell if a person has HIV by looking at him	3.3

<sup>12</sup> Type of relationship with woman with whom had sex last: just met/acquaintance=25.0%; friend=40.0%; stable girlfriend=25.0%; wife=2.5%; prostitute/other=7.5%.

<sup>13</sup> Symptoms listed: Genital sores or ulcers=6.5%; genital rash=10.6%; genital discharge=6.5%; burning sensation when urinating=11.2%.

<sup>14</sup> 27.5% stated they preferred a single-use package, and 29.8% stated they did not care

<b>MONITORING TABLE 1 (13-24 year old subset)</b>	
<b>INDICATORS</b>	
States HIV is the only STI which is not curable	52.9
States that untreated STIs are a serious health risk	94.7
<b>Perceived risk/threat</b>	
Agrees/strongly agrees that HIV is a problem for men who have sex with men in Romania	34.0
Agrees/strongly agrees that STI are a problem for men who have sex with men in Romania	41.5
Agrees/strongly agrees that the potential risk of contracting an STI is offset by the immediate pleasure of having sex without a condom	43.3
Perceives self to be at no or low risk for HIV	71.6
Perceives self to be at no or low risk for an STI	69.9
<b>EXPOSURE</b>	
Has ever seen the kaMANsutra campaign	49.4
Has ever seen the Total Gay electronic magazine	28.9
Has read the Kama Chameleon advice column on the internet	30.3
Has attended an educational event for MSM in the past year	13.1
Of those that attended event: it was organized by PSI	63.6
Of those that attended event: it was organized by Accept	61.9
Uses the internet daily	75.6
Has visited the Gay Romania chat room	90.5
Ever been in the Gay Romania chat room when Kama Chameleon was present	27.6
Ever been contacted by Accept volunteers in the Gay Romania chat room with safe sex messages	10.9
Has received a private message about safe sex from Accept on own profile on gay websites	9.3
Ever talks with friends about STI or safer sex	77.1
Of those that talk with friends about STI or safer sex, talked about this once a week or more in the last month	36.0
<b>POPULATION CHARACTERISTICS</b>	
Mean age (range 13-24)	20.5
Lives in Bucharest (vs. other)	20.4
Ethnic Romanian (vs. other)	84.5
Completed post- high school or college (vs. no more than high school) (Proportion of those that completed only primary: 15.3%)	37.2
Average monthly after-tax income is more than 1,051 RON (vs. less) (Proportion of those that earn no more than 700 RON: 64.5%)	17.5

(m) = mean score

<b>MONITORING TABLE 2: THOSE WHO HAVE EVER SOLD OR BOUGHT (EXCHANGED) SEX, among 13-24 year old men who have sex with men who answered the PSI online survey, Romania.</b>	
<b>INDICATORS</b>	
<b>Has ever sold sex (N=31)</b>	<b>N</b>
How often received money or compensation in the past year (n=27)	
Almost every day	1
About once or twice per week	3
About once or twice per month	10
Less than once per month	5
Not in the past year	8
Where are clients usually found (multiple responses possible)	
Clubs/bars	5
Parks/public toilets	2
Public spaces/streets	0
Personal recommendations	6
Agency/massage parlor	1
Internet	17
Graffiti on phone boxes	1
Classified ads	5
Is able to keep all the money from selling sex for himself (not sharing with pimp)	17
Has ever been sexually assaulted	8
Has been assaulted more than once (of those that have ever been assaulted; n=8)	2
Last time was sexually assaulted, the assailant involved in buying/selling sex (n=8)	3
Self efficacy: Disagrees with statement that it is difficult to insist on using a condom with someone who threatens to withhold payment (n=19)	7
Self-efficacy: Disagrees with statement that it is difficult to insist on safer sex if the client offers more money or other compensation (n=18)	6
Responses expected from a client if condom use suggested (multiple responses possible)	
Will accept	12
Will refuse	2
Will become violent	0
Will withhold payment	2
Will think I am sick	7
Will think I am trying to protect myself	13
Will think I am trying to protect him	8
Other	0
Within the past 12 months, traveled within Romania to stay overnight in a different city (n=19)	16
Within the past 12 months, traveled outside Romania (n=19)	7
<b>Has ever bought sex (N=17)</b>	
How often given money or compensation in the past year	
Almost every day	0
About once or twice per week	1
About once or twice per month	3
Less than once per month	6
Not in the past year	7
Where are paid partners usually found (multiple responses possible)	
Clubs/bars	5
Parks/public toilets	2
Public spaces/streets	2
Personal recommendations	7
Agency/massage parlor	0
Internet	9
Graffiti on phone boxes	2
Classified ads	3

## Methodology

**Sample Characteristics** The sample was composed of self-selected men who chose to answer the online survey. There were no restrictions on age, location of residence, or any other characteristic, with two exceptions: 1) respondent had to be male, 2) respondent had to have at least some male sexual partners in the past year.

**Sampling Methodology: Internet-based sample** Although internet-based surveys clearly include a selection bias in that they reach only self-selected respondents who may be different from those who did not choose to (or did not have a chance) to answer a web-based survey, a review of internet-based methods nevertheless suggests that in terms of validity, internet surveys can indeed be comparable to other surveys, provided the survey is implemented among a defined, knowable group.<sup>15</sup> In the population surveyed here – Romanian MSM – it was not stipulated that the overall Romania MSM population would be captured equally through an internet survey; nor that the MSM Romania population is either defined or known. Rather, the choice of method was taken given that this population is largely hidden in Romania. Even in the capital, Bucharest, there was, at the time of the study, only one MSM club (and two smaller bars). It was deemed that this population would in any case not be representative of the Romanian MSM population, and that an internet-based survey, with all its shortcomings, might capture a wider group of Romanian MSM. (Note that the Bucharest club-going population was also sampled in context of an evaluation of a POL-type intervention, currently being piloted among this target group.)

Furthermore, advice about using internet-based surveys to gather information on MSM was sought from a United Kingdom Social Research Group “Sigma Research” which conducts large-scale annual surveys with MSM in that country since 1995; since 2001, they have included the internet as one form of gathering responses. When comparing the socio-demographic characteristics of respondents recruited through MSM events, a mail-in booklet and through the internet, Sigma Research found that the internet-based surveys were in fact better at recruiting groups which were under-recruited in time-location studies (such as Gay Pride parades): internet-based surveys captured a larger share of MSM under 16 years old, over 50 years old, bisexual

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<sup>15</sup> Gunn, Holly. 2002. “Web-based surveys: Changing the Survey Process.” First Monday, volume 7, no 12 (December 2002). [http://firstmonday.org/issues/issue7\\_12/gunn/index.html](http://firstmonday.org/issues/issue7_12/gunn/index.html)

men, and those belonging to minority groups.<sup>16 17</sup> For Sigma Research, these characteristics argued for the internet sample as being more representative of the cross-section of all gay men in the UK than any other method alone.

**Data Collection Procedure** The survey was posted on a neutral web-space on the Romanian internet (i.e., not associated with PSI Romania). Various gay and gay-friendly Romanian websites posted the link to the survey, promoting it as an online questionnaire about the gay community in Romania, which takes only 15 minute to fill in, and where people's opinions make a difference. No incentives were given for completing the survey. However, respondents could ask for a summary of selected data after they had completed the questionnaire. An option was also given for the respondents to leave their email address if they were interested in receiving a copy of the subsequent report. In total, 364 respondents chose this option, and this report, once finalized, will be emailed to them. No incentives or prizes were given for completing the survey. Respondents were asked to complete the survey only once; an item at the end asked if the respondent had completed this survey before, and if "yes" was checked, the second survey responses were automatically deleted from the database. There was a peak in responses when the survey was first posted, with a steady decline over time. Once the rate slowed to 5 per day and a total of 509 completed surveys had been reached, the instrument was removed from the internet (approximately after 21 days).

The program used to create the survey was an open-source program called PHPSurveyor, which was found to be appropriate regarding the technical demands of the survey (i.e., skip patterns, etc). Completed data were translated into Excell files, and from there, into Stata version 8.2.

**Survey instrument** The survey was designed based on available data regarding key behaviors of interest among MSM in Romania, as well as other international tools used with MSM populations. It included a total of 102 items covering the following topics: socio-demographics, type of sexual partner in the last year, condom and lubricant use at last sex by type of partner, experiences regarding selling or exchanging sex for money or gifts and experiences in buying

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<sup>16</sup> Weatherburn, Peter, David Read, Ford Hickson, Gary Hammond and Michael Stephens. 2004. "Risk and Reflection: Findings from the United Kingdom Gay Men's Sex Survey 2004." Sigma Research, UK.

<http://www.sigmaresearch.org.uk/downloads/report05c.pdf>

<sup>17</sup> Hickson, Ford, Peter Weatherburn, David Read and Michael Stephens. 2002. "Out and About: Findings from the United Kingdom Gay Men's Sex Survey 2002." Sigma Research, UK.

<http://www.sigmaresearch.org.uk/downloads/report03f.pdf>

sex, drug use, physical and sexual assault experience, health service utilization for STI and HIV testing, completion of treatment for STI and partner notification, self-reported STI and HIV infection, self-efficacy regarding condom use, risk perception and personal threat regarding STI and HIV, exposure to PSI and other NGO internet-based programming.

**Analytic technique** The data were analyzed using Stata 8.2 statistical package. Data was examined through univariate statistics (frequencies, distribution). There were no scales. The monitoring tables present adjusted proportions (adjusting for available socio-demographics: age, living in Bucharest vs. other locations, education level and level of income). For segmentation tables, correlation matrices were examined first; then logistic regression for survey data was used to obtain final models, and the proportions presented in the tables were calculated using the adjusted proportions command, (adjusting for all other variables in the model, including socio-demographic characteristics).

**Improvements for the next round**

- Coding of the questions into variables (and creation of codebooks) should be created before the survey is put on the web, to minimize the post-facto work of recoding variables
- Skip patterns on the web-based versions must be tested thoroughly
- Promotion of the survey on relevant websites and among the target population must be invested in
- Allowing respondents to see a quick “snapshot” of selected results as they finish the survey is both an incentive for them to finish the survey, as well as a good way to provide some immediate feedback on relevant health issues to the target audience
- The format of the final dataset, as well as the program in which it will be required (e.g., SPSS, Excell) should be decided as quickly as possible, to facilitate its conversion from the web-based program

Performance Framework for Social Marketing

