



**Romania (2006): HIV/AIDS TraC Study
Evaluating the Effect of a POL-type
Program among Men who have Sex with
Men in Bucharest**

Second Round

T h e P S I D a s h b o a r d

**Bucharest, Romania
October, 2006**

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Research Division
Population Services International
1120 Nineteenth Street NW, Suite 600
Washington, D.C. 20036

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Contact Information:

Clayton Davis, Country Representative
Str. George Calinescu
Nr. 13, et. 3-4
Sector 1, Bucharest
Romania
Phone +4021 230.72.25
Fax +4021 230.72.33
Email cdavis@psi.ro

Varja Lipovsek, Regional Research Advisor
Bristol, UK
Phone: +44 78 2432 5458
Email: varjalipovsek@yahoo.com

Summary

Acknowledgements Thanks go to the management and staff of the bars Queens and Impact, the women of Gringo, the Below the Line and Special Events agency.

Background & Research Objectives This study is part of the men who have sex with men (MSM) program portfolio of PSI Romania. The primary objective of the study was to evaluate the effect of the Popular Opinion Leader (POL) intervention piloted in an MSM club in Bucharest, Romania. Research objectives included measuring the implementation of the POL intervention, measuring exposure to the intervention, and correlating exposure with desired changes in health behaviors (primarily protected sexual intercourse, and use of health services for STI and HIV testing) and selected determinants of these behaviors.

Description of Intervention The intervention leverages the dynamic of social diffusion by recruiting POLs, or informal leaders, to advocate for sexually responsible behavior with their peers during normal everyday conversations. POLs attend a series of four two-hour trainings where they learn how to reduce their own risk and how to engage at-risk friends in persuasive conversations regarding condom use and STI/HIV testing. This model has been implemented in other countries with various target groups and usually aims to recruit and train 10-15% of the total target population. This percent roughly corresponds the expected percent of the general population that is considered to be “innovators” or “early adopters” of new behavior.

PSI Romania trained 61 MSM POLs, recruited from the Queens bar in Bucharest, between December 2005 and the end of May 2006. There was also one two-hour “maintenance” or reunion meeting of 15 POLs during this period. In addition to the POL activities, the intervention also included a series of five brochures focusing on sexual health topics.

Methodology As there was only one location available for the research, the study employed a take-all approach without sampling. At both baseline and follow-up, all eligible patrons of the club being surveyed were invited to participate in the survey. The data collection during both rounds took place over a period of 5 weekends, capturing the majority of eligible and willing respondents. At follow-up, the club Queens had closed, and the clientele had moved on to a new club, Impact. In an effort to capture respondents who had been sampled at baseline and could

have been exposed to the intervention in Queens, the eligibility criteria included only those individuals who had frequented the club Queens in the previous six months.

Main Findings The POL intervention is shown to significantly increase the number of conversations about safer sex and STI and HIV testing which occur naturally in the targeted population. In addition, the intervention clearly resulted in a significantly higher proportion of individuals being tested for STI in the previous two months. However, it is not clear if the intervention also resulted in a decreased number of unprotected sexual acts or increased use of condoms.

Programmatic Recommendations Given the evidence of increased natural conversations related to sexual health and the positive evidence related to STI testing, it is recommended that the POL intervention is continued through 2006. The findings of this evaluation can help to fine-tune the intervention (i.e., promote more discussions about condom use, which appeared to be a harder topic to address as compared to STI testing). Furthermore, a third wave of the research should be conducted, allowing sufficient time to elapse between the completion of the POL trainings and the implementation of the study (as one of the more plausible reasons for not detecting a stronger effect on condom use is that the follow-up survey was conducted too soon after the completion of the POL trainings, thereby not allowing sufficient time for the intervention to disperse in the social circles).

Baseline and follow-up results regarding condom use for anal sex, risky oral sex, health service utilization, and related determinants, among men who have sex with men, Romania, 2005.

Risk Group: Men who have sex with men frequenting the bar “Queens” in Bucharest, Romania

Behaviors: Condom use in anal sexual acts in past 60 days; non-risky oral sexual acts in the past 60 days; getting STI test in the past 12 months, and ever tested for HIV

MONITORING TABLE	Baseline (n=117)	Follow-up (n=147)	Sign.
SEXUAL CHARACTERISTICS and RISK	% or mean	% or mean	
In the past year, sexual partners were only men (vs. both men and women)	60.7	70.7	
Proportion respondents who had multiple partners in the last 60 days (vs. one or no partners)	66.0	60.7	
Mean number of different partners (anal sex) in the last 60 days; range 0-30	3.6 (m)	4.3 (m)	
Within the last year, has received money or other compensation for sex	7.3	6.3	
SEXUAL BEHAVIORS			
Mean number of anal sexual acts in the last 2 months; range 0-60	10.9 (m)	9.6 (m)	
Mean number of <i>unprotected</i> anal sexual acts in the last 60 days; range 0-60	4.5 (m)	2.3 (m)	†
The proportion of of all sexual anal acts that were protected with a condom in the last 2 months	74.9	74.9	
Proportion respondents who reported using a condom at all anal sex acts in the last 60 days (consistent condom use)	61.1	64.2	
Mean number of oral sex acts in the last 60 days; range 0-60	11.3 (m)	13.5 (m)	
Of the number of oral sex acts in the last 60 days, the estimated mean number that were risky (i.e., ejaculation in either partner’s mouth); range 0-50	3.6 (m)	3.9 (m)	
Proportion of unprotected oral sex acts, of all oral sex acts	33.1	27.7	
Proportion respondents who report engaging in <i>no</i> risky oral sex acts in the last 60 days	49.5	44.7	
BEHAVIORS: USE OF HEALTH SERVICES			
Has ever gone to a health service to get an STI test	76.8	72.7	
Has had one or more STI test in the past 2 months (of those who have ever had an STI test)	39.7	60.8	*
If ever had an STI infection, notified any relevant sexual partner	90.6 (n=19)	95.4 (n=28)	
Has ever gotten an HIV test	73.7	73.3	
OPPORTUNITY			
Peer norms			
Strongly agrees that friends think it’s important to use a condom with every anal sex act	67.8	65.6	
Indicators below relate to peer norms and peer influences and are also proxy indicators for being exposed to the POL intervention			
In a typical 2-month period, talks to friends about safe sex once a week or more (vs. less frequently)	45.6	55.6	
In the past 2 months, friends have started a conversation about safer sex	56.2	66.9	†
Mean number of times friends have started a conversation about safer sex in the past 2 months (of those who have had any such conversation); range 1-27	4.2 (m)	5.1(m)	
In a typical 2-monh period, talks to friends about getting tested for STI or HIV once a week or more (vs. less frequently)	46.1	59.3	†
In the past 2 months, friends have started a conversation about getting tested for STI/HIV	53.0	56.2	

MONITORING TABLE	Baseline (n=117)	Follow-up (n=147)	Sign.
Mean number of times friends have started a conversation about getting tested for STI/HIV in the past 2 months (of those who have had any such conversation); range 1-20	3.5 (m)	3.4(m)	
In the past 2 months, friends have started a conversation about both safer sex and getting tested for STI or HIV	39.5	47.5	
ABILITY			
<i>Self-efficacy</i>			
Agrees it is difficult to insist on safer sex with someone he has known for a long time §	--	36.6	--
Agrees it is difficult to insist on safer sex with someone with whom he has had unprotected sex before §	--	31.7	--
Agrees it is difficult to insist on safer sex with someone for whom he has strong feelings §	--	37.5	--
MOTIVATION			
<i>Perceived threat/risk</i>			
Agrees that the potential risk of future infection is offset by the immediate pleasure of having sex without a condom §	--	36.6	--
Perceives self at some or high risk for an STI	55.9	49.3	
Perceives self at some or high risk for HIV	42.1	35.4	
EXPOSURE			
Has attended 3 or 4 of the 4 "Popular Opinion Leader" trainings	--	9.5	--
Has read the MSM-targeted health brochure distributed in Queens	--	46.4	--
POPULATION CHARACTERISTICS			
<i>Mean age (range 18-42)</i>	24.4 (m)	25.3 (m)	
<i>Completed university or more (vs. lower levels)</i>	53.8	53.8	
<i>Average monthly after-tax income is more than 1,051 RON (vs. less)</i>	39.1	60.0	***
<i>Visited the club Queens most or every weekend in the past 3 months</i>	46.1	39.5	

(m) = mean

*=p<0.05; **=p<0.01; ***=p<0.001; † = p<0.10

All behavior, risk and determinant variables are adjusted by age, education, income, primary type of sexual partners (all males or males and females), and frequency of attending the club Queens. Population characteristics are unadjusted.

§ Question asked at follow-up only; proportions are unadjusted.

Monitoring Analysis

The preceding monitoring table was prepared in accordance with PSI's behavior change framework, PERForM¹, and presents change over time in risk variables, key behaviors, and in opportunity, ability, and motivation factors related to safe sexual practices.

Population characteristics show that the baseline and follow-up sample were not different in terms of age composition, completed education, and being a frequent visitor of the club Queens. On the other hand, the follow-up population does appear to be significantly wealthier: at follow-up, 60% of the sample reported earning more than 1,051 RON per month (as compared to 39.1% at baseline).

Regarding the risk variables measured, the results suggests that the population surveyed did not significantly differ from baseline to follow-up. In both waves, about two-thirds of respondents reported that their sexual partners were only men, approximately two-thirds also reported they had multiple partners in the past 2 months, the mean number of partners in the last 2 months was approximately 4, and approximately 7% reported having engaged in transactional sex in the past year.

Analysis of change over time of sexual behaviors shows that the number of overall sexual acts reported for the past two months did not change; however, the mean number of *unprotected* sexual acts decreased, from 4.5 to 2.3 (although significant only at $p < 0.100$). When proportion of protected sexual acts to all sexual acts is examined, there is no change over time (reported at 74.9% at both waves); similarly, the proportion of respondents who report they always (i.e., consistently) used condoms in the last 2 months remains at approximately 60% at both waves.

Also examined were changes over time in health service utilization: the data shows that while the proportion of respondents who have ever had an STI and HIV tested did not change, there was a marked and significant increase in the proportion of respondents who got an STI test in the past two months (from 39.7 to 60.8%). This result suggests that the POL intervention was successful in motivating individuals to get tested, albeit those individuals who have been tested at some

¹ See Annex 4 for diagrammatic presentation of PSI's behavior change framework.

previous point (as shown by the non-changing proportion of those who have ever been tested). Finally, the proportion of respondents who have had an STI and notified a sexual partner remained high (with no significant change) at both survey rounds.

Opportunity was measured through items relating to peer norms. In both waves, approximately 66% reported that their friends believed it is important to use a condom at every anal sexual act. In addition, peer norms and peer influences were also measured through a series of questions which also act as proxy indicators for the reach of the POL intervention, since the POL model hinges on conversations occurring naturally in social groups. There was no significant change in the proportion of respondents reporting that they talk to friends about safe sex once a week or more frequently; however, there was a significant increase (from 56.2% to 66.9%, $p < 0.100$) in the proportion responding that in the past 2 months, friends have started a conversation about safer sex. The mean number of times such conversations occurred did not change significantly. There was also a significant increase in talking about getting tested for STI or HIV: 59.3% at follow-up reported having these conversations (vs. 46.1% at baseline, $p < 0.100$), although the proportion reporting that friends have started such conversations in the past 2 months did not change, nor did the mean number of times of such conversations. When talking about safer sex and talking about testing are combined into one indicator, there is no significant change over time in respondents who reported having had both conversations in the past 2 months.

Ability was measured through items relating to self-efficacy in using condoms in different situations. These items were measured only at follow-up, so no comparisons with baseline are possible. The items were included because they were found to be significantly associated with condom use in an online survey conducted among MSM population in the end of 2005. At follow-up in the present survey, approximately a third of the sample agreed that it would be difficult to insist on safe sex with a person the respondent has known for a long time (36.6%), with a person with whom he has had unprotected sex before (31.7%), and with a person for whom he has strong feelings (37.5%).

Motivation was measured through items relating to perceived risk. One item was added at follow-up: 36.6% of respondents believed that the potential risk of future infection is offset by the immediate pleasure of having sex without a condom. Perceiving oneself to be at risk for STI and HIV was asked at both waves, but there was no change over time (with half or less of the sample feeling at some or high risk).

Exposure to POL was also captured through attendance of POL trainings (9.5% of the sample at follow-up reported attending at least 3 of the 4 trainings). Finally, 46.6% of the follow-up sample also reported having read the MSM health brochure which was produced by the PSI MSM program (though not directly related to the POL model).

Segmentation Table 1: Consistent condom use for anal sex among men who have sex with men, follow-up survey, Romania, 2006.

Risk Group: Men who have sex with men, and who frequented the bar “Queens” in Bucharest, Romania

Behavior: Used condom for all anal sex acts in last 60 days (n=121)

SEGMENTATION TABLE	Non-users (38.4%)	Users (61.5%)	Sign.
OPPORTUNITY	% or mean	% or mean	
<i>Peer norms</i>			
Strongly agrees that friends think it's important to use a condom with every anal sex act	42.9	74.1	**
ABILITY			
<i>Social support</i>			
In a typical 2-month period, talks to friends about safe sex once a week or more (vs. less frequently)	35.4	59.7	*
MOTIVATION			
<i>Perceived threat/risk</i>			
Agrees that the potential risk of an infection is offset by the immediate pleasure of having sex without a condom	44.7	28.7	†

*=p<0.05; **=p<0.01; ***=p<0.001; † = p<0.10

Each variable is adjusted for all other variables in the model.

Segmentation Analysis 1**Consistent condom use**

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. The segmentation tables shown in this report pertain to the follow-up sample only, as the baseline did not include a number of relevant determinants (which came to light during an internet-based survey among the MSM population after the baseline for this project had been conducted).

As Segmentation table 1 shows, consistent condom users were different from non-consistent users in regard to opportunity, ability and motivational factors. As pertaining to positive peer norms, more consistent condom users than non-users reported their friends believe it is important to use a condom for every anal sexual act (74.1% vs. 42.9%). Consistent condom users also reported more social support, measured by the frequency of talking to their friends about safer sex in a typical two-month period (59.7% vs. 35.4%). Finally, consistent users reported higher perception of risk, as a lower proportion than non-consistent users agreed with the statement that immediate pleasure of sex without a condom is worth the risk of an infection (28.7% vs. 48.7%).

Segmentation Table 2: Risky oral sex[§] among men who have sex with men, follow-up survey, Romania, 2006.

Risk Group: Men who have sex with men, and who frequented the bar “Queens” in Bucharest, Romania

Behavior: Engaged in any risky oral sex acts in last 60 days (n=130)

SEGMENTATION TABLE	No risky oral sex (52.1%)	Risky oral sex (47.9%)	Sign.
RISK	% or mean	% or mean	
Sexual partners were only men (vs. men and women)	80.2	62.8	*
ABILITY			
<i>Social support</i>			
In a typical two month period, talks with friends once a week or more about sex	60.6	44.3	†
In the past 2 months, friends gave advice about safer sex	58.5	78.2	†
MOTIVATION			
<i>Perceived threat/risk</i>			
Agrees that the potential risk of an infection is offset by the immediate pleasure of having sex without a condom	24.7	48.4	*
Believes self at a somewhat or high risk for HIV	42.4	19.4	*

[§] Oral sex is termed “risky” when it ends in ejaculation in either partner’s mouth

*=p<0.05; **=p<0.01; ***=p<0.001; † = p<0.10

Each variable is adjusted for all other variables in the model.

Segmentation Analysis 2

Risky oral sex

Respondents who had engaged in risky oral sex were more likely to have both male and female sexual partners than respondents who had no risky oral sex (62.8% vs. 80.2). Regarding social support, a higher proportion of respondents who did not engage in any risky oral sex acts reported talking to their friends about sex (60.6% vs. 44.3%). Surprisingly however, respondents who did not have risky oral sex were less likely to report that their friends gave them advice about safer sex in the past two months (58.5% vs. 78.2%). This could perhaps be interpreted in the light that giving advice about safer sex was, in context of the PSI POL program, targeted at higher risk individuals. Regarding perceived risk, respondents who did not engage in risky oral sex were less likely to agree with the statement that the pleasure of unprotected sex is worth the risk of an infection (24.7% vs. 48.4%). At the same time, respondents who did not engage in risky oral sex were more likely to perceive themselves to be at risk for HIV (42.4% vs. 19.4%). Again, this could be due to the fact that high-risk individuals often do not perceive themselves to be at risk.

Segmentation Table 3: STI testing in the past 2 months among men who have sex with men, follow-up survey, Romania, 2006.

Risk Group: Men who have sex with men, and who frequented the bar “Queens” in Bucharest, Romania

Behavior: Has had one or more STI tests in the past 2 months (n= 104)

SEGMENTATION TABLE	No tests (44.8%)	1 + tests (55.2%)	Sign.
RISK	% or mean	% or mean	
In the past 2 months, has had more than 2 sexual male partners	43.5	62.8	†
ABILITY			
<i>Social support</i>			
In the past 2 months, friends talked about getting tested for STI or HIV	51.4	70.4	†
MOTIVATION			
<i>Perceived threat/risk</i>			
Believes self at a somewhat or high risk for STI	36.7	59.9	*
POPULATION CHARACTERISTICS			
<i>Mean age</i>	27.1	24.7	*
<i>Visited the club Queens most or every weekend in the months December '05 – April '06 (vs. less frequently)</i>	27.2	47.4	†

*=p<0.05; **=p<0.01; ***=p<0.001; † = p<0.10

Each variable is adjusted for all other variables in the model.

Segmentation Analysis 3 STI testing in the previous 2 months

Respondents who had one or more STI tests in the previous 2 months were also more likely to have more than 2 sexual partners in that period of time (62.8% vs. 43.5%). In terms of social support, respondents who had an STI test in the previous 2 months were more likely to report that their friends talked to them about getting tested in that time period (70.4% vs. 51.4%). Regarding perceived risk, respondents who had an STI test in the previous two months were more likely to perceive themselves at risk for an STI (59.9% vs. 36.7%). Finally, regarding population characteristics, respondents who had an STI test in the previous 2 months were younger than those who had not been tested (mean age 24.7 years vs. 27.1 years), and were also more frequent visitors to the club Queens, with 47.4% (vs. 27.2%) visiting the club most or every weekend in the months between December 2005 and April 2006.

Evaluation results of the POL intervention among men who have sex with men, Romania, 2005.

Risk Group: Men who have sex with men frequenting the bar “Queens” in Bucharest, Romania (excepting those who had been trained as “peer leaders”).

Exposure has 4 levels:

0 = Baseline: All respondents

1 = Follow-up non-exposed: Those who did not report their friends giving them advice in the past 2 months about safe sex *and* getting tested for STI & HIV

2 = Follow-up exposed: Those who report that in the past 2 months friends gave advice about safe sex *and* getting tested for STI & HIV (except those trained as peer leaders)

3 = Follow-up Leaders: Those trained as peer leaders

Behaviors: Condom use in anal sexual acts in past 60 days; non-risky oral sexual acts in the past 60 days; getting STI test in the past 12 months, and ever tested for HIV

EVALUATION TABLE	Baseline (n=117)	Follow-up: not exposed (n= 64)	Follow- up: exposed (n=47)	Follow- up: Leaders (n=35)	Sign.
SEXUAL CHARACTERISTICS and RISK	% or mean	% or mean	% or mean	% or mean	
Mean number of different partners (anal sex) in the last 60 days; range 0-30	4.3 (m) a	5.5 (m) a	9.2 (m) b	4.1 (m) a	*
SEXUAL BEHAVIORS					
The mean number of <i>unprotected</i> anal sexual acts in the last 2 months; range 0-60	4.5 (m) a	1.9 (m) a	3.4 (m) a	1.2 (m) b	*
The proportion of all sexual acts that were protected with a condom in the last 2 months	74.5	71.9	73.9	81.9	
Proportion respondents who reported using a condom at <i>all</i> anal sex acts in the last 60 days (consistent condom use)	60.7	60.6	67.2	66.8	
The mean number of risky oral sex acts in the last 2 months (i.e., which ended with ejaculation in either partner’s mouth); range 0- 50	3.6(m) a,b	3.8 (m) a,b	5.7 (m) a	1.9 (m) b	†
The proportion of all oral sex acts that were risky, in the last 2 months	33.1	22.4	34.2	29.1	
Proportion respondents who report engaging in <i>no</i> risky oral sex acts in the last 60 days	49.7	38.6	56.3	40.2	
BEHAVIOR: USE OF HEALTH SERVICES					
Has ever gone to a health service to get an STI test	77.1 a	59.3 b	79.8 a	84.5 a	*
Has had one or more STI test in the past 2 months (of those who have ever had an STI test)	40.1 a	48.2 a	62.4 b	75.9 b	*
Has ever gotten an HIV test	73.9	65.4	84.6	71.1	
OPPORTUNITY					
<i>Peer norms</i>					
Strongly agrees that friends think it’s important to use a condom with every anal sex act	67.1	62.7	74.6	52.2	
ABILITY					
<i>Self-efficacy</i>					
Agrees it is difficult to insist on safer sex with someone he has known for a long time §	--	33.9	33.6	41.3	
Agrees it is difficult to insist on safer sex with someone with whom he has had unprotected sex before §	--	25.3	37.4	29.8	

Evaluation Table

Romania, 2006

EVALUATION TABLE	Baseline (n=117)	Follow-up: not exposed (n= 64)	Follow- up: exposed (n=47)	Follow- up: Leaders (n=35)	Sign.
Agrees it is difficult to insist on safer sex with someone for whom he has strong feelings §	--	32.3	46.1	33.9	
MOTIVATION					
<i>Perceived threat/risk</i>					
Agrees that the potential risk of future infection is offset by the immediate pleasure of having sex without a condom §	--	29.1	43.2	40.3	
Perceives self at somewhat or high risk for an STI	55.9	46.4	46.3	57.2	
Perceives self at somewhat or high risk for HIV	41.9 a	33.5 a,b	24.3 b	52.1 a	*

a,b,c = Means or proportions marked by the same letter are not different from each other; means and proportions marked by different letters are different from each other.

(m) = mean

*=p<0.05; **=p<0.01; ***=p<0.001; † = p<0.10

All behavior, risk and determinant variables are adjusted by age, education, income, primary type of sexual partners (all males or males and females), and frequency of attending the club Queens.

¥ There were no cases in some cells (i.e., at follow-up, everyone reported having notified their partners); therefore analysis is not possible.

§ Question asked at follow-up only; proportions are unadjusted.

Evaluation Analysis

The evaluation table shows key behaviors and determinants by different exposure categories. The variable which measures exposure to the POL intervention is composed of two items: conversations among peers on safe sexuality and getting tested, and being a “leader” (i.e., individuals who were trained as part of the Popular Opinion Leader intervention). In addition, the variable also includes the baseline data. The categories of the variable are: 0 = baseline (all respondents); 1 = follow-up, not exposed to POL (i.e., respondents who did not report having conversations with their friends about safe sex and testing in the past two months); 2 = follow-up, exposed (i.e., respondents who reported having conversations with their friends about safe sex and testing in the past two months); 3 = follow-up, leader (i.e., respondents who participated in any of the POL trainings).

The table shows that in terms of sexual risk, there are significant changes across exposure categories: those who were exposed at follow-up had significantly more sexual partners in the last 2 months than any of the other groups (mean 9.2 partners). This is an important finding, as it suggests that the intervention did indeed target the high-risk individuals, i.e., those who have the most partners and are therefore potentially most “in need” of conversations about safe sex and testing.

When considering sexual behaviors, the table shows that the mean number of unprotected anal sexual acts in the last two months was lowest among those who were trained as peer leaders (mean of 1.2 unprotected acts; the difference is statistically significant). This could suggest that either the individuals who were trained as leaders changed their behavior (given the more “intense” nature of the intervention they were exposed to), or, alternately, that those who were selected as leaders were already predisposed to less risky behavior. As there was no difference between the baseline and the follow up-exposed category, there a effect of the POL intervention is not possible to discern from this indicator. When the proportion of all sexual acts that were protected is examined, there is no significant change across exposure categories; also, there is no change in the proportion of respondents who reported consistently using condoms in the past two months.

The results for unprotected oral sex are similar to those for unprotected anal sex: those trained as popular opinion leaders report the lowest mean number of unprotected oral sexual acts in the past

two months (mean of 1.9). This mean is significantly different from the mean reported by those who were exposed to the POL intervention, but is not significantly different from the mean reported at baseline, and among those who were not exposed to the intervention. This finding could again suggest that those trained as leaders changed their behavior, or that those trained as leaders were somehow predisposed to healthier behavior. In addition, the fact that the highest mean number of unprotected oral sex is reported among those exposed to the POL intervention again suggests that the intervention is indeed targeting the most at-risk individuals. As with the results regarding anal sex, there were no significant differences across exposure categories in the proportion of unprotected oral sex acts, and in the proportion of respondents who reported never engaging in risky oral sex.

The evaluation table shows some interesting results regarding STI testing behaviors. Those who were not exposed to the POL intervention at follow-up reported the lowest proportions of ever being tested, but otherwise there were no differences among other exposure categories. However, having been tested in the past two months shows a clear effect of the POL intervention: there is no difference between the baseline and those not exposed at follow-up, but those exposed at follow-up, as well as those trained as leaders, do show a marked (and significant) increase in being tested. There were no differences across exposure categories regarding having ever been tested for HIV.

Regarding opportunity factors as measured through friends' opinions on importance of condom use, there were no significant differences across exposure categories. Likewise, there were no differences in ability factors (although these were asked at follow-up only). Among motivation-related factors, one variable was significant: those who were exposed at follow-up reported the lowest proportion of perceiving oneself to be at risk for HIV. It is not uncommon that people who engage in risky behavior do not perceive themselves to be at risk; furthermore, this finding should be interpreted in light of the earlier results which suggest that those exposed to the intervention were in fact the most risky individuals.

Programmatic Recommendations

- The intervention appears to be reaching high-risk individuals (as shown in the evaluation table, where those exposed had the most partners); it is plausible to assume that it might take a considerable effort and amount of time to change behavior among this population. Therefore, it is recommended that the intervention continue through the 4th quarter of 2006, targeting the same social networks, and that a third wave of evaluation is conducted after the completion of the project.
- The program demonstrated an effect on increasing conversations about testing, and concurrently also testing behavior. It appears that those who had been tested previously were the ones to get tested again; i.e., not too many people got tested for the first time. The program can focus on those who had never been tested before to help overcome barriers to first-time testing.
- A similar effect was, however, not seen regarding condom use conversations, nor condom use behaviors. Possibly this is because it is easier to motivate someone to take a one-off action (getting tested), versus a long-term behavior change (consistently using condoms). The program is well-placed, however, to continue the intervention among these social networks and focus more on this particular behavior.
- As a result, the POL intervention should put more emphasis on further building POL skills and confidence to engage in conversations about condom use.
- Given the low levels of perception of risk for STI and HIV, the program should also focus on POL's skills to encourage conversations about the seriousness of STI and HIV and the risk such an infection carries.
- The low awareness of the seriousness of STI and HIV infections could also be addressed through targeted media, which the MSM program plans to develop.

Methodology

Sample Characteristics The sample was composed of men at the Queens club (at baseline) and club Impact (at follow-up) who met the following criteria: (1) had at least some male sexual partners in the past year; (2) frequented the club Queens at least some of the weekends in the previous 3 months at baseline; and at least some of the weekends in the period between December 2005 and April 2006 at follow-up; (3) was at least 18 years old; (4) lived in Bucharest for the previous 6 months or longer.

Sampling Methodology: A take-all approach The universe from which the sample could be drawn was restricted to one club (club Queens at baseline, and club Impact at follow-up), as currently there are no other suitable MSM venues in Bucharest where the program as well as the research could be implemented. Therefore, a take-all approach was used. That is, all eligible and willing respondents were asked to participate in the study over a period of 5 weekends at both baseline and follow-up. The weekends (Friday and Saturday evening) were chosen since those were the busier days in the clubs.

Interviews with key informants at the club suggested that in the span of one month, there are on average 460 unique individuals present at Queens. Discounting for over-estimation of this figure (10%) and presence of female and heterosexual patrons (10%), this yields approximately 386 individuals who could potentially be interviewed. Furthermore, the maximum number of interviews which could be conducted was estimated at between 10-20 per weekend night. Given these restrictions, a desired sample size of 120 was set at baseline; a desired sample of 140 was set at follow-up. At the end of the allocated fieldwork period (5 weekends) the number of eligible respondents had greatly diminished, suggesting that the majority individuals in the target audience who were willing to participate in the study had done so. A table detailing the total number of contacts, refusals and non-eligible contacts is shown below.

Table 1: Refusals and non-eligible contacts

	Baseline	Follow-up
Total contacted persons	303	355
Reasons		
Refusal to participate from the beginning	25	49
Foreigners	14	19
Already participated in the survey	60	42
Does not pass age filter	4	2
Does not pass living in Bucharest filter	26	30
Does not pass the Queens visit frequency filter	39	54
Does not pass the sexual partners' filter	8	10
Refusals at the end of recruitment questionnaire	0	2
Other refusals	10	0
Self-completed questionnaires	117	147

An unforeseen complication arose before the follow-up survey took place: a new club – Impact – opened, and the club Queens, where the baseline and the intervention were implemented, suffered a great loss of patrons and was due to close down. For this reason, the follow-up was implemented in club Impact, as key informants confirmed that most of the Queens clientele could now be found at club Impact. To ensure that the same social networks could be captured at follow-up, the inclusion criteria at follow-up excluded anyone who had not frequented the club Queens in the period December 2005 – April 2006.

Data Collection Procedure Data was collected over a period of 5 weekends at both baseline and follow-up. The method used for selecting respondents was the same in both cases: two interviewers were positioned at the entrance of the club on Friday and Saturday night (club Queens at baseline and club Impact at follow-up), and every male entering the club from 23.30hrs to 02.30hrs was asked to participate. Each willing respondent was first given a brief questionnaire to establish if he was eligible to participate; those who passed the filter and were willing to take part in the study were invited to a small room off the entrance where they could complete the survey.

Survey instrument The survey was a self-completed quantitative questionnaire with approximately 30 items, covering the following topics: population characteristics; communication with friends about safe sex and testing; items relating to self-efficacy to use condoms in various

situations; personal risk perception for HIV and STI; sexual behaviors, including anal sex and oral sex, the use of condoms and practicing non-risky oral sex; use of health services for HIV and STI testing; and exposure to the PSI POL program. The survey took about 10-15 minutes to complete. In addition, there was a brief, 5 question screening questionnaire which determined the respondent's eligibility to participate in the study, and included items relating to the criteria as described in the section on Sample Characteristics, above.

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).

