

**Intuition, Secrecy, and Denial among MSM in the South Eastern Europe:
Risks for HIV/AIDS and STIs**

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Executive Summary

Objectives: This study examines levels of knowledge about HIV/AIDS and STIs and personal risk perception among men-who-have-sex-with-men (MSM) in South Eastern Europe. Patterns of sexual networking, risk behaviors, and factors that influence risk-taking are also explored. Study findings are used to suggest appropriate intervention strategies for promoting safer sexual behavior among MSM in the region.

Methods: Twelve peer researchers (PR) conducted interviews with MSM in Bulgaria, Kosovo, Macedonia, and Romania. Each PR completed interviews with four peers on sexual behavior, condom use, and HIV/STI awareness. Interviews were conversational and results reported to field supervisors. A synthesis workshop and data analysis in Ethnograph 5.0 revealed common and divergent themes across countries.

Results: Although participants demonstrated some HIV/AIDS knowledge, STI knowledge is low. Personal risk perception is low and some men think that selecting partners carefully and keeping sexual networks closed to outsiders mitigates risk. Sexual partners are found in cruising areas, in bars, through friends, or on the internet, and chosen according to physical attributes, mannerisms, money, and preferred sexual position. Risk behaviors include multiple partnerships, inconsistent condom use, group sex, and use of oil-based and household products as lubricants. Locales for sexual activity differ by country, but include parks, public toilets, clubs, private homes, hotels, and cars. Participants are reluctant to access health services and HIV/STI information for fear of discrimination and disclosure of their sexual activity.

Conclusions: Factors influencing MSM's risk for infection include low levels of knowledge and risk perception, high rates of partner change, inconsistent condom use, sexual networking within small circles of men, and reluctance to access services. Safer sexual behavior is compromised when sex occurs in clandestine areas and when oil-based lubricants are used. Programmatic strategies include conveying messages through the internet and peer networks, improving access to condoms and water-based lubricant, and training providers to offer appropriate services to MSM. Prevention messages should challenge misconceptions about HIV/AIDS and STIs, including men's belief that they can avoid infection by choosing partners carefully. Outreach efforts should target areas where high-risk behavior occurs, and messages should stress partner reduction and consistent condom use, even with trusted partners.

Introduction

In the Eastern and Central European region, HIV is spreading faster than anywhere else in the world (UNAIDS 2003). Although prevalence is low in Bulgaria, Macedonia, and Romania,¹ rates across the region are increasing and concern exists that hidden epidemics are occurring among men-who-have-sex-with-men (MSM) (UNAIDS 2003). High rates of sexually transmitted infections (STIs), especially gonorrhea and syphilis, could accelerate the spread of HIV/AIDS throughout the region (UNDP 2004). Environmental conditions such as poverty, migration, social exclusion, discrimination, and repressive legislation are concentrated among high-risk groups and contribute to the spread HIV/AIDS and STIs. Averting a large-scale epidemic in the region will require accelerated, targeted responses (UNDP 2004, Barrett 2003). The purpose of this study is to explore levels of knowledge of HIV/AIDS and STIs, personal risk perception for infection, patterns of sexual networking, risk behaviors, and factors that influence risk-taking among MSM in Bulgaria, Kosovo, Macedonia, and Romania.

Levels of HIV/AIDS knowledge are low among MSM in the region and misconceptions about safer sex are common. For example, Kelly et al. (2001) report that 56 percent of men in their Russian study believed that washing after sex could protect them from contracting HIV and 53 percent did not know that oil-based lubricants promote condom breakage. High-risk behavior among MSM is also common. Respondents in Russian and Bulgarian studies reported unprotected intercourse with men and women as well as buying and selling sex for money (Kabakchieva et al. 2002, Kelly et al. 2001). Another Russian study revealed that 32 percent of men reported receiving treatment for STIs and that high-risk behavior among MSM was predicted by poor safer sex attitudes, weak behavior change intentions, low HIV/AIDS knowledge, perceived social norms that did not support safer sex, and having a boyfriend (Amirkhanian et al. 2001). A similar study in Hungary found that, among other things, high-risk behavior was predicted by not having condoms available when needed, negative attitudes toward safer sex, and being in a steady relationship (Csepe et al. 2002). Additionally, Somali et al. (2001) demonstrated that risk behavior among MSM in public sex environments is common and, rather than deter risk behavior, the presence of police and the threat of arrest prompted MSM to increase their “covert” activities and cruise² for partners in secrecy.

In addition to cruising areas, bars, and through social networks,³ the internet has emerged as an important medium of MSM social and sexual contact in South Eastern Europe. The privacy and anonymity of the internet facilitates the search for sexual encounters, which may contribute to the transmission of HIV/AIDS and STIs (Bull and McFarlane 2000). Studies conducted in Western Europe and North America find that men who meet sex partners online report having more male partners, and higher

¹ According to UNAIDS, HIV prevalence is less than 0.1 percent in Bulgaria, Macedonia, and Romania. No reliable information is currently available for Kosovo due to the lack of a national epidemiological reporting system (UNDP 2002).

² To “cruise” is to visit a place, usually public, that is known to be where MSM go for the purpose of having sex. “Cruisers” are MSM who habitually visit these locations.

³ For the purposes of this report, the terms “network” and “social network” are used to refer to an individual’s group of friends and acquaintances, with whom work and leisure time are spent. “Sexual network” refers to people with whom an individual has had at least one sexual encounter in the recent past.

incidences of unprotected anal insertive and receptive intercourse than men who meet partners off-line (Benotsch et al. 2002). Likewise, MSM with online sex partners report more casual partners than MSM with only offline partners and they tend to be younger (Kim et al. 2001). Researchers suggest that MSM's partner seeking on the internet has created an opportunity to access men who may not be "out"⁴ or who would not otherwise access HIV/STI preventive information in traditional health settings (Tikkanen and Ross 2003, Benotsch et al. 2002, Kim et al. 2001, Bull and McFarlane 2000).

Men who are involved in male-to-male sex are often victims of violence, discrimination, and social exclusion, which increase their vulnerability to HIV/AIDS and STIs. A study by Goodwin et al. (2003) reported that businesspeople and health professionals in the region attributed increasing rates of HIV/AIDS to a moral decline and social breakdown in their countries, and point to marginalized groups like MSM as vectors of transmission. Romania is the only South Eastern European country to enforce an anti-discrimination law that protects the rights of individuals who are targets of discrimination based on sexual orientation. While the law is in place it has not changed the social status or public perception of lesbian, gay, bisexual, and transgendered individuals (ACCEPT 2003). Human rights organizations report that job loss, police harassment, physical attacks, and verbal abuse are common, but men are reluctant to report incidences out of fear of media coverage and public disclosure of their sexual activities (HERA 2003). A common cultural perception is that men who deviate from customary roles as husbands and fathers bring shame upon their families and communities. Although technically not illegal, homosexual relationships have been a matter of shame and taboo in Kosovo (IWPR 2003). In the region, MSM feel pressure to marry and keep their sexual attraction to men hidden; many lead double-lives in which they marry women and have male sex partners in secret (COC 2003). Many MSM are reluctant to seek public services, including health care for fear their confidentiality will be compromised and providers will treat them as if they are mentally ill (ACCEPT 2003).

Methods

This study is part of the RiskNet project, a regional initiative to reduce the transmission of the HIV/AIDS by reaching high-risk groups. Data were collected to 1) create appropriate interventions for MSM in Southeastern Europe; and 2) build capacity among local non-governmental organizations (NGOs) to conduct research and design evidence-based intervention strategies.

This study adapted Hawkins and Price's Peer Ethnographic Research (PER) methodology (2002; 2000a; 2000b). The PER method is designed to enable social service agencies and programs to collect data on sensitive issues or with hard-to-reach populations, and to develop appropriate interventions. By training local researchers who are already linguistically and culturally fluent, PER hopes to capture nuances of meaning that are often inaccessible to quantitative approaches, and to avoid reflecting dominant values and normative behavior patterns within social groups, as focus

⁴ The authors use the term "out" to describe personal or public disclosure of sexual preference for members of the same sex; however, interviewees sometimes use "out" to refer to self-admission of same-sex sexual orientation.

groups sometimes do. In-depth, conversational interviews with a relatively small number of interviewees are conducted to produce insight into how members of a target community understand the social behavior of “people like themselves.” For this study, Population Services International (PSI) offices in Kosovo and Romania recruited peer researchers (PRs) from local organizations in Bulgaria, Kosovo, Macedonia, and Romania that work with MSM or on gay and lesbian advocacy issues.

In June 2003, two social scientists and two field supervisors from PSI conducted a workshop in Macedonia to train PRs on the PER methodology and interviewing techniques. Participants also identified study topics, and drafted, pretested, and finalized discussion guides during the workshop. Fieldwork took place from June to August, 2003, immediately followed by a workshop in Bulgaria where PRs identified key issues that emerged from interviews, synthesized study findings, and discussed programmatic strategies for working with MSM.

Twelve PRs conducted interviews with MSM in Sofia (Bulgaria), Pristina (Kosovo), Skopje (Macedonia), and Bucharest (Romania). Peer researchers selected a convenience sample of men within their social networks who agreed to participate in interviews. Study guides provided simple discussion prompts and three separate interviews were conducted on sexual behavior, condom use, and HIV/STI awareness. The PRs each completed the series of interviews with four peers – the Macedonian PRs each conducted interviews with five men. A total of 51 MSM participated in the study and 151 interviews were completed. Interviews were conducted in local languages, with PRs noting key terms and phrases during discussions. Peer researchers prepared more elaborate field notes after each interview and translated them into English.

The two supervisors in Kosovo and Romania managed data collection and debriefed PRs after each series of interviews. Supervisors conducted debriefing sessions face-to-face or over the phone and prepared summary notes of their findings. The two social scientists also interviewed select PRs to identify study themes and clarify findings. Field notes from PRs, notes from their debriefing sessions with supervisors, and summaries from social scientists were entered into the text-based software Ethnograph 5.0 for coding and analysis.

Description of peer researchers, interviewees, and their social networks

Peer researchers are from a variety of backgrounds and most have at least some university-level education. While all are affiliated with non-governmental organizations (NGOs) that work with gay, lesbian, bisexual, and transgender communities, most are volunteers and hold full-time jobs in other industries. In Bulgaria, PRs range in age from 22 to 26 years and work in the travel industry or for a human rights organization. Kosovar PRs are in their 30s and are students, instructors, and translators. Macedonian PRs are in their 20s and work for either human rights organizations or in the commercial sector. In Romania, all three PRs are students and range in age from 21 to 25 years.

Bulgarian interviewees range in age from 19 to 36; the majority are in their late 20s and early 30s. Most are university educated and hold professional jobs as web designers, computer engineers, lawyers, and directors or employees of NGOs, including one HIV/AIDS prevention organization. One interviewee is a police officer, three are students, and one works as a stripper in a nightclub. One interviewee identified himself as an AIDS activist who works with the Roma community. The size of Bulgarian interviewees' social networks varies: some have small networks of 10 to 15 MSM; others have larger networks of 30 or more men; and three men reported that their networks are made up of 100 or more MSM. Approximately one-third of interviewees live with immediate family members and half live alone. Only two men reported living with a boyfriend. Half of the interviewees said that they are in a steady relationship with another man.

Kosovar interviewees range in age from 19 to 37; most are in their late 20s and early 30s. Interviewees from Kosovo generally have lower levels of education than interviewees from other countries: most men have a secondary level or below. In terms of employment, a few interviewees work for NGOs while others work in retail, fashion design, or as translators. Network sizes are split among interviewees: approximately one third said that their networks are comprised of 10 to 20 MSM; another third described their networks as larger, somewhere between 20 and 50; and the last third said that they socialize with more than 50 men. The majority of interviewees live with their parents or immediate family members, two live with their wives and children, and one lives alone. Only one interviewee said that he currently has a boyfriend.

Macedonian interviewees range in age from 17 to 37; the majority are in their 20s. Three interviewees are students and two work in restaurants; the rest hold professional positions in advertising agencies, cosmetics companies, journalism, translation, and the arts. Half of the interviewees said that their social networks are small with approximately 10 MSM. Men with larger social networks said that they socialize with 20 to 30 men on a regular basis. One interviewee described himself as an activist at the Center for Civil and Human Rights. Nearly half of the interviewees live with their parents or other immediate family members, while one lives with his boyfriend. The others live alone. Macedonian interviewees were split on relationship status; half said that they have a boyfriend while the other half said they are not currently in a relationship with another man.

Romanian interviewees range in age from 19 to 50, the majority in their late 20s and early 30s. Three of the interviewees are students and one is a doctor; the rest work as computer technicians, civil servants, translators, or in advertising agencies and the theatre. Interviewees' social networks are relatively large: most estimate that they know 30 or more MSM. The networks are comprised mainly of men who identify as gay, but also include men who consider themselves bisexual. Some men in the networks are married and have children; their wives are usually unaware of their MSM activity. Approximately half of the men live alone and the other half live either with their parents or wives.

Sexual Networking

The most commonly reported criteria for choosing sexual partners are physical attractiveness, cleanliness, wealth, age, and sexual position preference. Many interviewees reported relying on “intuition” to choose healthy partners. Although formal prostitution is rare, some younger men reported exchanging sex with older men for money or other goods. The locations where men meet sexual partners plays a large role in how quickly sex occurs as well as the type of relationship that ensues. Men generally believe that MSM who meet sexual partners in cruising areas are younger, and have already made the decision to have sex, while men who meet prospective partners through friends are older, looking for longer relationships, and have large social networks. In some networks, MSM cited bars as the most common locale for meeting sexual partners, but interviewees were reluctant to talk about the role that alcohol and drugs play in sexual decision-making. Many men described the internet, where sex is often negotiated in advance, as an important place to meet sexual partners.

Selecting a sex partner

Interviewees reported varied criteria for choosing sex partners. Physical attractiveness, personal presentation, wealth, age, and sexual position preference (active/passive)⁵ are among the most frequently sought attributes. The importance of particular traits varied moderately across networks by age and economic status, but was similar across countries.

Many interviewees rely on a sort of “intuition” to choose partners they think are “clean” and “healthy.” Men believe that an intuitive feeling about a partner’s health is an important method of partner selection. This sense, linked to other desirable factors such as beauty, not being Albanian or Roma, and wealth, is reported to be an indicator of health, specifically the absence of HIV and STIs. The connection between cleanliness and health is strong enough for one PR to posit that HIV positive men, by maintaining an especially clean appearance, are resorting to a kind of duplicity.

“HIV positive people are tidier, because they know they’re HIV [positive] but still want to be attractive, so they take better care of their looks” (Romanian PR, speaking about 24-year-old interviewee).

Many interviewees said that effeminate appearance and behavior are undesirable characteristics. Many view manliness as an important criterion of attractiveness and said that they prefer partners who look and act masculine. Across countries, the predisposition against effeminacy was strongest in the networks of working class MSM and less common among students, artists, and men in professional positions.

⁵ In anal sex, “active” refers to the insertive partner and “passive” to the receptive partner. However, in Kosovo, PRs used “top” to describe men who are exclusively the insertive partner in anal sex and the receptive partner in oral sex, and “bottom” to refer to the receptive partner in anal sex and the giver of oral sex. In the other regions, interviewees did not specify whether or how active or passive roles translate to oral sex.

“Gay guys don’t like guys who look gay. They actually prefer straight looking and acting men” (Romanian PR speaking about 24-year-old interviewee).

Though few interviewees reported that men in their networks participate in explicit commercial sex, having money is one of the most attractive characteristics of potential sex partners. Several interviewees reported that they are “turned on” by the idea of getting money or other goods in exchange for sex. Several expressed the opinion that while perceptions of beauty differ, money is important to everyone. Some interviewees reported looking for partners among specific professions, such as doctors and lawyers. Other interviewees emphasized purchased markers of wealth such as clothes, jewelry, cars, and cell phones as measures of attractiveness.

“Money is very important. No one wants to be with anyone who can’t pay for things” (Romanian PR speaking about 23-year-old interviewee).

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

“Everybody [online] says they’re students because it makes them good looking, or it indicates that they don’t have money. People who communicate with students want someone young and know that money might be involved” (Romanian PR speaking about 24-year-old interviewee).

Meeting partners and negotiating sex

Interviewees reported that the place where they meet potential partners plays a large role in whether or not sex occurs. Interviewees described four principal venues where they encounter prospective partners: in public cruising areas; bars, cafes, and clubs; through friends, particularly at parties; and on the internet.

Cruising

In general, cruisers tend to be younger than MSM who meet sex partners in bars or through mutual friends. Some PRs believe that behavior is divided along comfort lines: those who are most out and comfortable with their sexuality may be less likely to go to cruising areas and, as a result, less likely to engage in risky sexual behavior.

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

Interviewees stated that visiting an accepted cruising area indicates that the decision about whether or not to have sex has already been made: presence in a cruising area

indicates sexual availability. Cruising areas across the four countries include: parks, hotels, bus and train stations, shopping arcades, river banks, public toilets, beaches, construction sites, and abandoned buildings. Interviewees explained that, in cruising areas, whether one has sex hinges on finding an acceptable partner rather than on one's desire to engage in sexual activity.

“The decision to have sex has already been made. The only thing is filtering people out that you don't want” (Romanian PR speaking about 25-year-old interviewee).

Friends

In a few, predominately older networks, interviewees follow a dating pattern, whereby initial contact with a partner occurs through mutual friends, either in bars or at parties. Most interviewees in their 30s said that parties are one of the ways they meet prospective partners. Some interviewees reported that most men in their networks are looking for relationships rather than one-night stands so they prefer to meet partners through social connections rather than in cruising areas. Interviewees who are “out” tend to have larger social networks and are more likely to report meeting prospective partners through friends and at gay “community parties.”

Bars

In Bulgaria, Macedonia, and Romania, most interviewees cited gay or gay-friendly bars or cafes as locations where MSM meet prospective partners. The number of bars is small and interviewees tended to mention the same one or two establishments. Some interviewees report that, similar to cruising areas, MSM in their networks go to bars having already decided to have sex.

“In a bar or a club, they exchange looks and if the ‘the look’ is returned, they start a conversation, touching, hugging, which will of course lead to having sex” (Bulgarian PR speaking about 27-year-old interviewee).

Several interviewees described the social interaction in bars as more conversation-oriented than in cruising places, regardless of whether or not the decision to have sex has already been made.

“At a bar, [they] start a conversation, a really big conversation. They talk a lot, and the decision to have sex is based on personal attraction. If there's a strong desire to have sex in the moment for both sides, they'll have sex” (Bulgarian PR speaking about 27-year-old interviewee).

The influence of alcohol and drugs on sexual decision-making

While most interviewees denied that alcohol use plays a role in sexual decision-making, approximately half of PRs disagreed and reported that drinking diminishes men's sexual inhibitions, increases their sex drive, or “lowers their standards” enough to have sex with men they might not otherwise consider. Most interviewees described men in their networks as “social drinkers” and argued that alcohol does not, or only slightly, affects decisions about whether, with whom, where, and how to have sex.

However, interviewees also reported that, in bars, buying a prospective sex partner a drink is one of the most frequent methods of approach. It appears there is reluctance on the part of MSM to discuss the role alcohol plays in partner selection and sexual decision-making. This reluctance produced defensiveness in one interviewee:

“They can have sex without needing either drugs or alcohol” (Romanian PR speaking about 23-year-old interviewee).

Two interviewees stated that drugs play an important role in their networks. Marijuana and ecstasy are considered aids to arousal, which greatly increase the likelihood of sex. In other networks where interviewees reported drug use, its effects on behavior were downplayed.

Meeting online

Interviewees from all countries reported that the internet is an important vehicle for meeting sex partners. Only two interviewees, one a police officer, the other Roma, stated that they do not use the internet. A few PRs also reported that some MSM they know, particularly those who cruise for sex in public, are computer illiterate and never use the internet to look for partners.

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

Many interviewees from Bulgaria, Macedonia, and Romania described the internet as a tool for finding and meeting sex partners quickly. Numerous interviewees had the web addresses of dating websites and chat rooms committed to memory. Many believe that if someone is browsing dating sites or chatting online, he has already made the decision to have sex. Several interviewees depicted the browse-chat-meet-sex arrangement as straightforward and rapid.

“[It goes like this]:
‘Hi how are you?’
‘ASL,P (age sex location, please)’
‘Active or passive?’ or ‘What do you prefer?’
‘Where do you live?’
‘Do you have your own place?’

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

Many interviewees reported that the parameters for sex are negotiated during online chats. Interviewees described the tenor of online conversations as “even more direct” than in face-to-face encounters.

“On the internet, you pick a nickname and the common questions are concerning job, age, active/passive, phone number. Usually these meetings end in sex” (Romanian, 23-year-old interviewee).

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

“The first thing [they do] is have a nice chat. The person must be intelligent, have a brain, then they exchange pictures. It all begins with a nice talk and finding common points. Very fast meeting after this. Then they go to cinemas or bars, but sex isn’t immediate” (Bulgarian PR speaking about 25-year-old interviewee).

Types of Partners

Interviewees described a variety of sexual partner types. In most networks, interviewees said that one-night stands and other relationships of sexual convenience are most common. In general, most said that having a boyfriend is preferable to one-night stands or irregular partnerships. Many men characterized boyfriend relationships as lasting a few months to a year. While a few interviewees described long-term partnerships that occur within their networks, they added that these sorts of relationships are considered uncommon. Some men said that younger men often exchange sex with older men for money or other goods. Most networks also contain MSM who are married, and who use marriage as a disguise to conform to social norms.

One-night stands

One-night stands⁶ are common across most networks in the study. Nearly half of the interviewees ranked one-night stands as the most common type of partners among men in their networks. For some interviewees, one-night stands appear to take the place of having a boyfriend, either because they do not wish to make a longer-term commitment to a partner, or because they have yet to find a desirable and compatible boyfriend. Interviewees described meeting one-night stand partners in cruising areas, in bars, at parties, and on the internet.

⁶ Peer Researchers report that men in their networks use the term “one-night stand” to describe all sexual encounters of short duration.

F-Buddies

Many interviewees in Bulgaria, Macedonia, and Romania reported that having a F_ck Buddy⁷ is common in their networks. An F-Buddy is a sexual partner seen on a regular basis, but with whom men share no romantic relationship. Interviewees reported that a man could have the same F-Buddy for a period of months or a year, but if he finds someone more interesting, he will move on to a different F-Buddy or a more emotionally involved relationship. Several interviewees, who have open relationships, reported that F-Buddies are frequently shared with boyfriends. Several also said that F-Buddies are a sexual outlet when there is no “fresh meat” available.

Irregular partners

Irregular partners are men with whom MSM have sex multiple times, but not as regularly as F-Buddies. Interviewees reported that while men in their networks have such partners, they are not as common as one-night stands or F-buddies. One Romanian network, mainly men in their 20s, was an exception. In this network, irregular partners are reported to be the most common type of partner, along with one-night stands.

Boyfriends

Overall, boyfriends are considered the optimal partner type; however, the terms of partnership vary and men appear to have different expectations of sexual fidelity and relationship length. Some interviewees reported that it is common for men in their networks to have boyfriends. Several noted that “safety” from HIV/AIDS and STIs is an important component of boyfriend relationships, but very few described such partnerships in terms of emotional support or companionship. In Bulgaria, Macedonia, and Romania, interviewees said that boyfriend relationships are usually short-lived and non-monogamous. Some described ostensibly monogamous relationships as actually non-monogamous.

“Most of the people in this network have boyfriends and they’re faithful to them. If they do have a fling, it’s usually anonymous (and they always use condoms)”(Macedonian PR speaking about 37-year-old interviewee).

Likewise, some interviewees described a serially monogamous relationship pattern in which the time between first sexual encounter and developing “trust” in a partner could be as little as one week. In these situations, “trust” in a partner is usually defined as mutual monogamy and sharing some level of emotional commitment. Interviewees reported that the vast majority of these serially monogamous relationships last fewer than three months.

Many interviewees reported that open relationships, where sex outside the boyfriend pairing is allowed or encouraged, are common. For such relationships, the idea of “trust” includes the expectation that partners use condoms with outside partners to prevent HIV/AIDS and STIs from entering the relationship. Some interviewees explained that while some men in committed relationships may have separate sexual

⁷ The expletive f_ck is hereafter shortened to F.

encounters with outsiders, some couples also share a third partner. Romanian interviewees reported that open relationships are the norm among men in their networks, but nearly all Kosovars said that they believe in sexual fidelity, and would end a relationship if it were violated.

Exchanging sex for money

Interviewees reported receiving money and other goods for sex much more commonly than paying for it. Being paid for sex enhances one's status in the opinion of many participants, while several noted that paying for sexual activity is behavior typical of foreigners, "older people" and "ugly people." An exception to this status system, according to interviewees in Macedonia and Romania, is that Roma and Albanians are more likely to receive money for sex because they are "poor" and "need money." Several interviewees report that some MSM who take money for sex deny any sexual attraction to men. Interviewees disagreed as to whether this is a justification for having sex with other men or "pure prostitution." By far the most common arrangement is younger men receiving money or, more commonly, gifts from older men in exchange for sex. Among the things interviewees reported receiving are: drinks, rent money, clothes, books, meals, cell phones, music, and "a place to stay for a few days."

Women

Numerous interviewees reported that at least some men in their networks have sex with women. Some believe that these relationships serve as disguises for MSM behavior and allow men to conform to cultural norms. The pressure to adhere to dominant heterosexual relationship models appears to be particularly strong in Kosovo, where PRs agreed that high rates of marriage and the level of "closeted-ness" make relationships between MSM especially difficult to maintain.

"All gay Kosovars over 30 are married, and the younger people are just as resigned to getting married as the older people" (Kosovar PR speaking about 32-year-old interviewee).

Several Romanian interviewees also reported having married MSM in their networks:

"Many in this network have boyfriends and wives at the same time. The boyfriend is the best friend of the man, and is always over at the house as part of the family, and the wife may or may not know [about his MSM activity]" (Romanian PR).

Sexual Norms and Practices

Men reported changing sexual partners at varied rates. There is broad belief that young men change partners more frequently than do older men, though this was not strongly evident across the region. Half of the interviewees said their networks change partners four or more times per month. Sexual practices are similar across networks in the study: oral sex predominates in cruising areas and anal sex is common between boyfriends and when sex occurs in private. Threesomes and group

sex vary in frequency but are considered part of normal MSM sexuality while fisting and sadomasochism occur but fall outside most networks' common practice. Danger plays an important role in the variety of locations where MSM have sex and most men consider a private home their first choice.

Rates of Partner Change

Interviewees and PRs described varied rates of sex partner change among MSM. Interviewees explained that, in general, younger men change partners more often than older men. They described a pattern of early frenetic sexual activity gradually tapering as MSM mature:

“Early on, after many people come out to themselves, they can engage in lots of sex and often indiscriminately. It’s a reaction to years of being sexually repressed. [Most] people tend to mellow out a bit and begin to select partners in the same manner straight people do” (Kosovar PR speaking about 34-year-old interviewee).

Several of the interviewees in their mid-30s or older reported partner change rates as high as those among men in younger networks. These older men have very large social networks from which to choose partners. Half of the interviewees reported that in their networks, having four or more different partners per month is the norm. In Romania, it appears that the sex partner change rate is elevated within networks where money or other goods is exchanged for sex.

Sexual Practices and Locations for Sex

Considerably uniform norms govern the sexual practices of the men in the study. Across age and countries, interviewees described similar sets of activities and most described their list of sexual practices as “nothing exotic.” Oral sex is the most commonly reported sexual practice, and the easiest to access; it predominates in cruising areas. Interviewees report that anal sex is routinely practiced in relationships, and when sex occurs in private places. Threesomes and group sex vary in frequency, but PRs and interviewees view them as ordinary components of MSM sexual practice. Some men in the study reported using glory holes⁸ and going to dark rooms.⁹ A few interviewees, particularly those who reported exchanging sex for money or other goods, said that they have participated in fisting and “light” sadomasochism, but for most interviewees and their networks, these activities fall outside of common practice.

Many interviewees reported the significance of the passive/active distinction among MSM. Several described younger men, “princes,” playing only the active role, particularly when having sex with older men. Most interviewees appear to view preferences for sexual positions as fixed, but a few reported playing both roles.

“If they’re man enough, they’ll do anything...Being passive doesn’t compromise your masculinity. [It means] you’re brave enough to try anything” (Macedonian PR).

⁸ Glory holes are openings in walls through which men engage in anonymous sex.

⁹ Dark rooms are dim or unlit rooms where men go to engage in anonymous sex.

When money is involved in the sexual encounter, interviewees reported that prescribed active/passive roles no longer pertain. The paying partner “buys the right” to control the terms of the encounter.

“For money, they’ll do anything” (Romanian PR speaking about 24-year-old interviewee).

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

“[At] someone’s house and motels, hotels, parks, everywhere you can have sex they have sex. Bars, clubs, public toilets, cars, dark rooms, anywhere. On the beach, in the woods” (Bulgarian PR speaking about 34-year-old interviewee).

The quest to find a safe place for sexual activity is a concern for men. Interviewees link the struggle to find a safe place for sex to the variety of places where sex occurs. Several men stated that they fear taking someone home and being “set up and robbed or beaten.”

“It depends, sometimes parks, cruising areas, dark places outside, everywhere they can find that is hidden, out of sight; his own apartment, but not very often because he is afraid” (Macedonian PR speaking about 28-year-old interviewee).

Danger, in the form of the police and social sanction, also affects the range of sexual practices in which men engage. Several MSM who cruise indicated that oral sex is overwhelmingly the most common public sex act.

“Anal sex is too complicated and too risky in public places (Macedonian PR speaking about 28-year-old interviewee).”

Awareness of HIV/AIDS and STIs, Testing, and STI Treatment

All interviewees had heard of HIV and are aware of the fatality of AIDS, but misconceptions about transmission are common and knowledge about STIs is low. The most commonly cited mode of transmission for infection was unprotected anal sex, but men disagreed about the risk associated with oral sex. Although many MSM believe that STIs are “serious,” they are unable to identify specific STIs, their signs and symptoms, or the consequences of untreated infections. The stigma surrounding STIs and male-to-male sexual activity prevents many men from seeking prevention information and needed treatment for STIs. Routine and voluntary testing for HIV and STIs is rare and being in “steady” relationships can decrease men’s likelihood of

getting tested. Many men dismiss the severity of STIs and rely on self-treatment, learn to live with the discomfort, or hope that infections will go away on their own.

General awareness of HIV/AIDS

All interviewees had heard of HIV/AIDS and are aware of the fatal nature of AIDS, some even calling HIV the “silent killer.” Several could identify symptoms of AIDS and all could identify at least one mode of transmission. Some interviewees, however, were confused about the difference between HIV and AIDS, speaking about them as if they are the same thing.

Most interviewees identified unprotected anal sex as the most risky sexual activity, but some believe that anal sex is only risky when a man ejaculates into his partner. Several noted that anal sex is most risky for the passive partner and one interviewee in Bulgaria pointed out that the risk for HIV infection increases when partners have STIs. One interviewee was under the impression that HIV can be easily transmitted during vaginal sex, but that the risk during anal sex is nonexistent. A few others believe that anal sex is risky only when blood is present.

Interviewees split on the subject of HIV transmission through oral sex. Some pointed out that transmission occurs when individuals have open sores in or around their mouths and penises. Several others thought that individuals are only at risk when swallowing sperm. One interviewee even specified how much sperm would have to be swallowed in order for infection to occur:

“You can get AIDS through oral sex if you ingest at least 3 liters of sperm; therefore it’s a very low possibility [of transmission]” (Bulgarian PR speaking about 25-year-old interviewee).

Several interviewees said that HIV is transmitted through contact with bodily fluids and blood, including infected transfusions in hospitals. Some also said that “open wounds” are a mode of transmission, but only a few explained that an infected and uninfected person must have direct contact between wounds in order for transmission to occur. Some interviewees recognized the risk sharing contaminated objects presents. However, while they listed items like instruments used for medical procedures and pedicures and manicures, few mentioned razor blades. Others spoke about the risk injecting drug users face when using dirty needles. A few men harbored misconceptions about HIV being transmitted via mosquitoes, simple touching, and kissing. Others thought that sharing bed linens, toilet seats, clothing, or swimming pools with infected individuals could present a risk.

Awareness of STIs and sources of information

While interviewees demonstrated a relatively high level of awareness about HIV/AIDS, they know little about STIs. Several said that they know STIs are “serious,” but are unable to identify specific STIs. Some explained that their lack of STI awareness is due to inexperience with infection.

“I don’t know [about STIs] because I’ve never had anything” (Bulgarian PR speaking about 25-year-old interviewee).

Many said that men in their network refuse to discuss STIs because of the stigma associated with infection; they are sometimes afraid to discuss STIs because others might assume that they are infected themselves. Within some networks, STIs are known as “shame diseases.” Despite this reluctance, many interviewees cited friends as their preferred source of information; however, many recognized that friends could also be ill informed about STIs.

“They’ll ask their friends [for information], but they can find very little information since their friends don’t know very much” (Macedonian PR speaking about 25-year-old interviewee).

Some interviewees discussed their reluctance to seek medical advice for STIs or ask doctors for information. They fear that doctors will disclose MSM activity to others, and most men are uncomfortable with the idea that their physician will know that they have sex with other men.

“They don’t want to talk to doctors about being gay” (Macedonian PR speaking about 27-year-old interviewee).

Interviewees reported medical personnel being insensitive to patients who are MSM. As a result, several said they would seek advice from a doctor only as a last resort, when they think they might be infected with an STI; they would never seek prevention information from a doctor or clinic. Interviewees who are friends with doctors said that they feel comfortable obtaining prevention information from them and explained that a personal connection to doctors makes them trusted sources for advice. These interviewees were generally better informed than their peers about STIs.

Some interviewees said that they obtain information about STIs online while others rely on print materials, such as magazines, books, and brochures. A few interviewees from Bulgaria, Kosovo, and Macedonia mentioned television as a source of STI information.

Interviewees who are familiar with STIs could usually cite syphilis as a common infection. In Romania, interviewees said that they knew about syphilis because the famous poet, Eminescu, had died from the disease. They commonly described syphilis chancres, saying that they are known as “crosses in the blood.” The next most commonly cited infection was gonorrhea. Colloquial terms used to describe gonorrhea are “the drip,” “clap,” and *sculament*.¹⁰ In some cases, men use the term “tripper” to refer to gonorrhea, but many also use it as a general term for all STIs.

Some interviewees cited “warts” (human papilloma virus) and herpes as STIs. Even though interviewees in Kosovo could describe herpes blisters, they did not recognize that such blisters are associated with herpes or that herpes is sexually transmitted. Some interviewees said they had heard that hepatitis can be sexually transmitted, but could not specify which form of hepatitis, or common symptoms. Only a few men

¹⁰ In Romanian, *sculament* means “to rise,” but men use the term to refer to the inability to maintain an erection.

from Macedonia and Romania, one a doctor, were familiar with chlamydia and trichomonous. A few interviewees were able to identify thrush (candidiasis) as an STI that is contracted orally; Bulgarian and Macedonian interviewees commonly refer to thrush as “mushrooms.”

Many interviewees listed ailments that could be contracted from sexual contact or close contact with other men, but are technically not STIs. The most common were pubic lice, fleas, and urinary tract infections. Some men also cited maladies like hemorrhoids, eczema, and yeast infections.

When asked how STIs are transmitted, nearly all interviewees said that STIs are transmitted through unprotected anal sex. Although some men recognized that STIs could also be contracted from unprotected oral sex, a few thought that infection is likely only when semen is swallowed. A few men in Romania noted that even when partners use condoms, they remain exposed to open sores or lice and fleas, which can be passed from skin-to-skin contact. One participant noted that STIs are usually transmitted in “the dark,” recognizing men’s inability to notice partners’ STI symptoms when sex occurs in dark or dimly lit places.

Some interviewees generalized modes of transmission for HIV to those for STIs and said that transmission routes include contaminated blood products and needles.

“[Men] try to avoid getting shots from doctors because you can get STIs from needles” (Romanian PR speaking about 33-year-old interviewee).

Some interviewees mistakenly cited contaminated items such as towels, toothbrushes, clothing, bed linens, and unwashed hands as sources for STIs. A few participants in Bulgaria, Macedonia, and Romania also said that kissing presents a risk.

With the exception of interviewees who had some medical training or had attended workshops on STIs, most men could not cite symptoms specific to particular STIs. Instead, they generalized symptoms to all infections. The most commonly cited symptoms were: a foul-smelling white or yellowish discharge; pain in the genitals; a burning sensation during urination; itching; swelling; blood in urine; and skin irritations, including rashes, sores, blisters, and warts. A few interviewees cited other symptoms like fever, redness of the penis, a lowered libido, and an inability to have bowel movements when warts block the anus. Only one interviewee recognized that STIs could be asymptomatic.

When asked about the consequences of untreated STIs, many interviewees confused HIV/AIDS with other infections and said that all STIs are deadly. Many said they did not know what the consequences are, but assume that they are “bad.” On the other hand, several interviewees discredited the seriousness of STIs because they are “common,” “not a big deal,” and, unlike HIV, treatable.

“They feel like [STIs] are no big deal and they can cure them on their own. It’s like getting a cold, you treat it and it’s gone” (Macedonian PR speaking about 27-year-old interviewee).

Among men who could cite consequences of untreated STIs, a couple mentioned impotency as an outcome. A few said that untreated STIs could result in sterility, but since they are gay and not planning to have children, this does not bother them. Perhaps because of the poet Eminescu's legend, interviewees in Romania cited insanity as a consequence of untreated STIs. Finally, two interviewees mentioned social consequences: one said that if someone forgoes STI treatment, he could infect his partners and spread infections throughout the network. The other said that men known to have chronic STIs could have trouble finding sexual partners in the future.

Testing for HIV/AIDS and STIs

Testing for HIV/AIDS appears to be rare among interviewees and men they know. Some said that they had never considered getting tested for HIV because they do not believe that it is a problem in their country or within their networks. In addition to low perceived need, barriers to HIV testing include the fear of a positive test result and the fear of being labeled a homosexual. Kosovar interviewees pointed out that high cost (approximately 15 Euros), also prevents some men from getting tested for HIV. While most men do not seek testing services, some rely on blood donations for routine screening. Some interviewees in Bulgaria said that they donate blood regularly and assume that blood banks will tell them if they are infected with HIV.

Even though there is little HIV screening within their networks, a few men thought that getting tested could encourage men to be more careful in the future. Some argued the contrary and said that negative test results could reinforce risky behavior, giving men a "license to practice unsafe sex." One Kosovar said that he would find a negative test result reassuring because it would mean that he had chosen his partners wisely and avoided infection. Another interviewee in Romania echoed this sentiment:

"Knowing that you're negative reassures you ... you can sleep at night and it gives you confidence in picking partners. You can develop a skill for picking the right, healthy partners" (Romania, 19-year-old interviewee).

In some countries, civil servants, including police officers, are required to undergo routine physical exams, including screening for HIV and STIs. For the most part, however, men do not voluntarily seek screening for either category of infection. Only a few networks of men in Bulgaria, Kosovo, and Romania appear to seek HIV and STI testing. In Kosovo, the men in interviewees' networks who have been screened for HIV are usually those who have spent time abroad. In Romania, those most likely to have been tested are men who participate in commercial sex. In Bulgaria, several men said that they get screened for HIV and STIs because they have high rates of partner change or have friends who are doctors.

"They're more likely to get tested for an STI than HIV. They're overly paranoid about STIs and get tested often, once every other month, or even as much as one time every six weeks" (Bulgarian PR speaking about 19-year-old interviewee).

When asked how being in a relationship affects HIV and STI testing, the majority of interviewees said that couple-hood does not increase men's likelihood of seeking tests. For some men, in fact, being in a relationship can reduce their perceived need to get tested.

“It's good to test for STIs and HIV on a regular basis, but they don't see themselves [to be at risk] if they're in a long-term relationship. They have trust with long-term partners” (Bulgarian PR speaking about 27-year-old interviewee).

Some interviewees said that a few couples seek testing when a relationship becomes “serious” and partners wish to stop using condoms with each other. Others said that if men obtain screening, they usually do so alone and without telling partners so they “avoid suspicion” and their partners do not assume that they have been unfaithful. Others added that they would prefer to get tested for HIV and STIs alone because they do not want to tell their partners about a positive test result:

“They would never go with a partner to get tested, because the result might be [positive for HIV] and they wouldn't want to disclose this” (Romanian PR speaking about 24-year-old interviewee).

Only a few men in Kosovo and Romania said that couple-hood has a positive influence on HIV testing, but added that partners rarely go for screening together. Some Romanian interviewees argued that HIV testing is an individual responsibility, while a Kosovar interviewee said that couples are reluctant to obtain testing together for fear of being “outed” as MSM.

“[Couples] never go hand-in-hand to the doctor. Testing isn't a couples thing at all, it's up to the individual...The relationship gives you a reason for testing, but it's still an individual experience, not a couples thing” (Romania, 25-year-old interviewee).

Interviewees said that men rarely receive STI screening and only get tested if “there is an obvious problem.” Many believe that STI symptoms will be “obvious” and assume that screening is unnecessary because they will know immediately if they have an STI.

“We don't get tested for STIs because you can see the signs of an STI quickly and go and get treatment, but that's not the case for HIV” (Bulgaria, 32-year-old interviewee).

Some added that STI screening is less important than testing for HIV because in addition to their obvious signs, STIs are not chronic like HIV/AIDS.

“[We don't get STI exams] because it's something you can see. It's not like HIV where you can't see it and it can stay in your body for a long time” (Romania, 24-year-old interviewee).

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

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

STI treatment

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

Similar to their reluctance to seek prevention information and STI screening from doctors, many men delay treatment because they are afraid that doctors will “out” them to others or discriminate against them because they have sex with men. Some Romanian interviewees mentioned a lack of health insurance as a barrier to seeking medical treatment. For some men, a common strategy is to forgo treatment and hope that an STI will “go away on its own.” Others employ the same strategies used to fight a common cold or the flu, giving the infection a week or so to pass. A PR from Kosovo added that herpes appears to be common within certain networks, so common that men think it is normal to be infected.

“Men seem to think of it as normal or as common as a cold sore. It's something that just happens and will go away on its own” (Kosovar PR).

Some interviewees said that men also learn to live with the discomfort of STIs.

“As long as the acute phase of the illness passes and only a small secretion or itching remains, it's fine with them” (Romanian PR speaking about 33-year-old interviewee).

When asked if they or their friends would notify sexual partners if they were to contract an STI, some interviewees said that they would while others said they would not. Men appear more likely to notify regular sexual partners or boyfriends than one-night stands or irregular partners:

“First of all, you go and get treatment from a doctor. Then partners are notified, at least those you can reach” (Bulgarian PR speaking about 28-year-old interviewee).

A few interviewees argued that it is only important to notify partners about HIV infection, since STIs can be treated and “aren't that serious.”

“Usually the STI screenings are done because [STIs] aren’t dangerous and if there are some problems, they don’t have to tell the partner” (Romanian PR speaking about 24-year-old interviewee).

Interviewees who sell sex to other men said that disclosing STIs to clients could result in lost revenue.

“They won’t tell partners because partners pay [for sex] and they need the money. There’s no advantage to telling partners...if they admit they’re sick, they can’t get money” (Romanian PR speaking about 33-year-old interviewee).

Men’s preparedness for safer sexual behavior

Overall, interviewees’ personal risk perception for HIV/AIDS and STIs is low. Risk is generally assessed according to partner type, sexual behavior, and places where partners are found. Most men believe that regular partners and men they know well present less risk for infection than one-night stands and occasional partners. Denial is common; some men create excuses for unsafe behavior or justify risky behavior. When men perceive some risk for infection, they appear preoccupied with the seriousness of HIV/AIDS and fail to take their risk for STIs seriously. Condoms are regarded as a “necessary evil”; even though men dislike them, they recognize the importance of using them to prevent infection but make exceptions for partners they feel present little or no risk. Some men use condoms to keep sex “clean” and prevent fecal matter from getting on their penises. While many men believe that they are prepared to protect themselves, some carry and use condoms improperly, compromising their effectiveness. Men are less prepared to use water-based lubricant than condoms because proper lube is unavailable, expensive, or packaged in containers that prohibit discrete transport.

Risk Perception for HIV/AIDS and STIs

Overall, interviewees’ personal risk perception for HIV/AIDS and STIs is low. They appear to calculate risk according to the types of sexual partners they have, the sexual behaviors in which they engage, and places where partners are found. A common perception is that boyfriends and people one knows well pose little to no risk while strangers, one-night stands, and partners found in cruising areas are risky.

“[Risk] perception varies according to the pick-up place. It’s higher in cruising places or on the internet and when you don’t know the person. [Risk perception is] lower in the club and when someone introduced you to the guy” (Romania, 25-year-old interviewee).

Peer researchers in Macedonia spoke about the “calculated risk” interviewees take during sexual activity: when men perceive their risk for infection to be low, they often weigh the cost of protecting themselves against sacrificing pleasure. This is especially the case for activities considered low risk, like oral sex.

“They’re self aware and they know that they’re exposed [to HIV], but they still take risks sometimes” (Romanian PR speaking about 23-year-old interviewee).

A few men said that their risk for contracting HIV/AIDS and STIs is low because they use condoms and minimize their number of sexual partners. The majority, however, believe that if they choose their sexual partners carefully, they can avoid infection. They believe that they benefit from an “intuition” that enables them to judge the risk potential partners pose, relying on outward appearances, reputation, and men’s behavior to assess risk.

“The network believes that they’re at low risk for STIs and HIV because of careful partner selecting and their use of condoms always for anal sex” (Bulgarian PR speaking about 28-year-old interviewee).

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

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

Denial was a recurring theme in interviews. Interviewees appeared to create excuses for unsafe behavior or justify risky behavior by claiming that they are inadequately informed about the potential risk for HIV/AIDS. A peer interviewer in Romania summarized this misplaced confidence well:

“There’s a strong desire to have an active sex life. If they think they can get something, it’ll diminish their sex life. They need to believe that it can’t happen to them” (Romanian PR speaking about 19-year-old interviewee).

Some interviewees, especially younger men, feel that they are invincible and can escape infection. The majority of men also believe that by engaging only in oral sex they are minimizing risk. Others continue to engage in unprotected anal sex and hope that they avoid infection.

“They know that AIDS can be fatal and they know that there’s no treatment [in Macedonia], and they know that there’s a possibility to get it, but they hope their chances are small” (Macedonian PR speaking about 24-year-old interviewee).

Some men denied that HIV/AIDS and STIs are problems in their country and often blame outsiders and people who travel abroad for introducing infection into communities. This perspective is prevalent in Bulgaria, Kosovo, and Macedonia.

“They feel that HIV for sure, and even STIs simply aren’t existent in Kosovo, or if they are, they don’t affect people with whom they’d have sexual relations” (Kosovar PR speaking about 25-year-old interviewee).

Interviewees in Romania seemed to recognize that HIV/AIDS and STIs are problems in their country, but since they do not know anyone who is infected, they believe that infections are not a problem in their networks.

Many men pointed to others as vectors for infection, especially “gypsies” (Roma) or other people they consider “dirty.” Some Macedonian interviewees also said that STIs are a bigger problem for heterosexuals than MSM.

“Hepatitis A and lice are common [among the network], but other STIs are for heteros, not gays” (Macedonia, 37-year-old interviewee).

When men perceive some risk for infection, many appear preoccupied with the seriousness of HIV/AIDS, failing to take their risk for STIs seriously.

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

Despite such low risk perception, interviewees from every country admitted that STIs exist within their networks and some cited cases of gonorrhea within their circle of friends. Some interviewees who change partners frequently recognize the rapidity with which STIs can spread within a network.

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

Some men, especially those who have been infected with STIs in the past, assume that they cannot acquire the same infection again. As a result, their risk perception for subsequent infection is low.

“They think, ‘So I had it once, I can’t get it again’” (Romanian PR speaking about 33-year-old interviewee).

Perception of condoms

When asked how men feel about condoms, the most common response was that they are a “necessary evil,” especially for anal sex. The majority of interviewees recognize that even though they dislike using condoms, they should use them because condoms provide protection from HIV/AIDS and STIs. Some men mentioned the importance of using condoms with one-night stands and partners one does not know well because condom use can prevent infection from entering one’s network.

“He sees the need to use condoms, especially with one-night stands and occasional partners. It protects the ‘inner core’ of the network” (Bulgarian PR speaking about 26-year-old interviewee).

A common perception is that condoms promote “hygiene” and are “clean” because they prevent fecal matter from adhering to one’s penis. For some men from Bulgaria, cleanliness is the main reason they use condoms.

“I don’t like sh_t on my dick!” (Bulgaria, 28-year-old interviewee).

Several men pointed to a reduction in sexual pleasure as the major obstacle to using condoms consistently. Some interviewees said that it is “unnatural” to have a physical barrier like condoms between two people and others added that there is nothing “exciting” about condoms. Some men firmly believe that sex is “no good” when condoms are used.

“He doesn’t like condoms. They’re uncomfortable and an obstacle for having good sex. An erection is softer with a condom and the condom kills the sensation of sex” (Bulgarian PR speaking about 32-year-old interviewee).

Some men have translated their dislike for condoms into a “no condom policy” and refuse to use them altogether.

“I’d say that 10% [of guys I know] totally hate condoms and don’t use them under any circumstances” (Romania, 19-year-old interviewee).

Only two interviewees from Bulgaria said that condom use could actually increase sexual pleasure by allowing them to maintain an erection longer and creating suspense when sex is interrupted to apply condoms. Two interviewees from Bulgaria and Romania also noted that condom use could reduce pain during anal sex, especially for passive partners.

“Even in [cruising areas] guys use condoms because [anal sex] is painful without them” (Romanian PR speaking about 33-year-old interviewee).

Only one participant from Macedonia raised the issue of condom quality. He said that condom breakage can be a problem, but added that cheap condoms are more likely to break than higher quality condoms. The same interviewee added that condoms are expensive and price could contribute to men’s reluctance to carry and use condoms.

Condom and lube preparedness

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

“If you want me to use a condom, then you have to provide it” (Macedonia, 24-year-old interviewee).

Interviewees revealed several poor practices men demonstrate when keeping and carrying condoms. Some said that men never check the expiration date on packages

to ensure that condoms are fit for use. Two interviewees, one from Kosovo and one from Macedonia, described methods for carrying condoms that can promote damage. The Kosovar said that he always keeps condoms in his car, but he did not realize that sunlight can weaken latex and result in breakage. The Macedonian described how he carries condoms all of the time, sometimes for too long; when he pulls them out, they are damaged and unusable.

Interviewees also described men's improper use of condoms. Common practices are: opening packages with one's teeth, failing to remove air from the tip of the condom before application, and unrolling the condom and putting it on the penis like a sock. Some men also wear two or more condoms at a time, adding to the perception that condoms are uncomfortable. One interviewee from Macedonia added that some men remove condoms just before ejaculation.

Men are less prepared with water-based lubricant than condoms. Water-based lube is expensive in most countries and packaged in large containers that prohibit discrete transport. Some interviewees also complained that water-based lubricant is difficult to find. Kosovar PRs said that "proper lubricant" cannot be found locally, so only internationals or locals who travel have it. Some interviewees added that men are unaware of the importance of using water-based lube or may have never heard about it, further impeding their preparedness. When water-based lube is unavailable to interviewees, they reported using a variety of oil-based and household products to make anal sex more comfortable. Interviewees listed: saliva, body oil, cooking oil, baby oil, sun tan oil, hand cream, face cream, sun screen, lip balm, lidocaine¹¹, Vaseline, soap, shampoo, cosmetics, body wash, yogurt, butter, margarine, ice cream, milk cream, and fruit. By far the three most common substitutes were lotions, oils, and saliva.

Men's strategies for reducing risk

Condom use is the most common strategy men employ to avoid HIV/AIDS and STIs. While condoms are often used during anal sex, men fail to use them during oral sex. The majority of interviewees appear to have adopted a personal "condom policy" following which they use condoms fairly consistently or not at all. Even though some men claim to use condoms at all times, they make exceptions for "trusted" partners, men they know well, those who appear "clean," and paying partners. Desire and an unwillingness to sacrifice pleasure or lose the opportunity to have sex are also impediments to consistent condom use, especially when condoms are not discussed before sexual activity begins. Additional protective strategies are negotiating less risky behavior like oral sex or mutual masturbation rather than participating in unprotected anal sex. Relying on one's "intuition" to choose partners carefully and closing networks to outsiders are also common methods for curtailing infection. Some men believe that remaining the penetrative partner, failing to ejaculate during anal and oral sex, and not swallowing semen during oral sex are effective preventive strategies. Finally, some men practice good "hygiene" by showering or using enemas after sex while others hope and pray that risky behavior does not lead to infection.

¹¹ Lidocaine is a topical numbing agent that many men use on their anus to make receiving anal sex less painful.

Condom use

Interviewees agreed that while condoms may be used during anal sex, no one uses them for oral sex. Several men noted that condoms are “absolutely required” for anal sex, but use during oral sex is considered “unpleasant,” “unnatural,” “paranoid,” and “stupid.”

“Guys are reluctant to use condoms during oral sex. They think in terms of pleasure and safety – this is a dual way of thinking. Oral sex is thought of as pleasurable while anal sex requires being safe” (Romanian PR speaking about 25-year-old interviewee).

A recurring theme throughout interviewees was that men have a personal “condom policy” and have chosen to use them fairly consistently or not at all. A few participants spoke about “barebackers” who have a no-condom policy and other men who use condoms “no matter what.”

“It depends on the person. If they use [condoms], they use them. If they’re used to risky behavior, they continue. People are habituated to their behavior whether it’s risky or safe” (Macedonian PR speaking about 24-year-old interviewee).

Several interviewees claimed that they use condoms every time they have anal sex, but later noted exceptions to consistent use.

“Nobody likes condoms, but they have the idea that they must use condoms every time they have sex. But the reality is that there are exceptions” (Bulgarian PR speaking about 25-year-old interviewee).

The most common exception to consistent use is “trust” in one’s partner. The perception is that condom use is unnecessary with boyfriends and partners one “knows well”: the longer the relationship, the less likely men are to use condoms. The majority of interviewees described trusting relationships as those in which both partners are monogamous or those in which partners have agreed to use condoms with “outside” partners.

“If they’re in a relationship, they don’t use condoms because there’s trust. If there’s sex outside of the relationship, they use condoms” (Macedonian PR speaking about 37-year-old interviewee).

Some interviewees said that asking a steady partner to use condoms could demonstrate a breach of trust and suggest that one partner has been unfaithful or broken the agreement to protect himself outside of the relationship.

“The person who introduces the idea [of condom use] may be perceived as having broken the relationship’s trust or [insinuating] that his partner has broken his trust. This could be perceived as an outright insult” (Kosovar PR speaking about 32-year-old interviewee).

Men who have short-lived relationships and follow a pattern of serial monogamy also use “trust” as a justification for not using condoms.

“Old friends are safe, the new ones aren’t safe. An old friend is a guy that you’ve had sex with at least three times, so you don’t need to use condoms, but with new friends [ones with whom you’ve never had sex], you use condoms” (Romania, 26-year-old interviewee).

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

“For anal sex, the guys coming into bars and discos are most likely to use [condoms]. The guys who are frequenting cruising areas aren’t using [them]” (Romania, 33-year-old interviewee).

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

Several interviewees explained that if two men have had unprotected sex in the past, they are unlikely to use condoms during future sexual encounters.

“Some people think they’ve already done something risky, so they do it again. It’s like if you’re on a diet and you eat ice cream, you’ll continue eating bad things that day because you already broke your diet” (Macedonian PR speaking about 25-year-old interviewee).

Some interviewees admitted that alcohol and drug use could compromise condom use.

“Under the influence of [alcohol and drugs], guys forget, get caught up in the moment. Sometimes they wake up and don’t remember if they used [a condom]” (Romanian PR speaking about 19-year-old interviewee).

When asked if a partner’s HIV status influences men’s decision to use condoms, most interviewees pointed out that regular testing is rare and men do not usually discuss their HIV status. The majority said they would assume that partners do not know their status and, even if they had tested positive, they would inevitably lie and say that

they are HIV negative. Some interviewees explained that testing can influence condom use within regular partnerships, but does not affect encounters with one-night stands, F-Buddies, or irregular partners.

Several other situations can negatively influence condom use. Some interviewees explained that men who have sex with both men and women rarely use condoms with female partners because they either believe that women do not present a risk for infection, or they do not want to “arouse suspicion” among female partners and reveal their MSM activity. Some men, especially inserters, expect partners to provide condoms and if receptive partners do not request condom use, anal sex is unprotected. Romanian interviewees who exchange sex for money added that if clients do not wish to use condoms, or pay more for unprotected sex, they would forgo use.

Other prevention strategies

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

When partners refuse to use condoms or condoms are unavailable, the most common strategy appears to be to negotiate “less risky” behavior, such as oral sex or mutual masturbation, rather than engaging in unprotected anal sex.

“If they’re in a sexual situation and don’t have a condom, they’ll limit their sex acts to something safe like oral sex or jerking off, nothing risky”
(Macedonian PR speaking about 28-year-old interviewee).

Some men said that they “close their network” to outsiders and have sex only with men who are known to members of the network or who have a good reputation.

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

Some men believe that they can avoid infection by remaining the active partner during anal sex. Others believe that failure to ejaculate during anal sex and oral sex can prevent the transmission of HIV and STIs. A few also said that they avoid infection by not swallowing semen during oral sex.

A few interviewees said that they practice good “hygiene” to avoid infection. Some inspect partners’ bodies for sores and signs of STIs before sexual activity. Others bathe or use enemas after anal sex to prevent infection.

“There was one cruiser who thought that rinsing with water was enough to get rid of ‘stuff,’ so he always rinses off between sex with different people”
(Kosovar PR speaking about 37-year-old interviewee).

Other strategies include “hope” and “prayer” that risky behavior does not result in infection and two interviewees in Bulgaria and Romania have resigned themselves to the idea that there is nothing they can do to prevent the spread of HIV and STIs, so they continue to engage in risky behavior. Finally, one man believes that he can avoid infection by refusing to kiss partners he does not know well.

Conclusions

As with all research, this study faced certain limitations that must be taken into account when interpreting results. While the PER method is appropriate for conducting research with hidden groups, study samples are limited to men within PRs’ networks, usually men who share a similar profile. Peer researchers were recruited from NGOs active in HIV prevention and gay and lesbian issues. These men, as well as their networks, may be better informed or more active in their communities than other MSM. Likewise, most interviewees in this study are young, well-educated and benefit from a high socioeconomic status; their experiences may not reflect those of men from different backgrounds. One PR appeared to have a limited network of MSM, prompting him to recruit men from a local HIV-prevention NGO, suggesting they might engage in riskier behavior than other men in the community. While PRs demonstrated an impressive commitment to collecting study data, one interviewee in Macedonia completed one of three interviews.

The potential for information bias exists when interviewees underreport risk behavior or exaggerate their sexual exploits to impress PRs. Some interviewees provided contradictory responses, especially about the consistency with which they use condoms. Underreporting of alcohol and drug use is also a possibility as is discounting the role substance use plays in sexual risk-taking. Though the study relies on PRs to elicit narratives from interviewees, field notes from some interviews resembled check-lists of personal traits and sexual practices, yielding data that did not capture the complexity of lived experience. Additional training on interviewing may be required to prepare PRs for fieldwork and more pretesting of the discussion guide could identify redundant questions. Translating study findings into English was also sometimes difficult and some nuances of language and meaning may have been lost.

Despite these challenges, this study provides insight into men’s sexual behavior and risk for HIV/AIDS and STIs. In general, MSM rely on their “intuition” to choose partners who look clean and healthy, and whom they believe to be free from HIV/AIDS and STIs. Visiting cruising locations indicates that an MSM has already made the decision to have sex, and will likely participate in sexual activity accompanied by minimal verbal interaction. Bars occupy a middle ground between cruising and mutual-friend introductions: the decision to have sex has often already been made, but the tenor of the social interaction is more conversational, and open to negotiation, than in cruising locales. The internet has also emerged as a popular place to meet sex partners since it provides an anonymous place for MSM to interact: chat rooms and personal ads allow men to find desirable partners and prearrange sexual encounters.

Men's most commonly reported partners are one-night stands and F-Buddies, though most men would prefer to have a boyfriend. Boyfriend relationships are generally short-lived and marked by sexual openness or infidelity. Having an irregular sex partner, someone with whom sex is repeated but purely for physical pleasure, is a common way for men to negotiate the gaps between steadier partners. Men commonly report exchanging sex for money and other goods, though formal prostitution is rare. Some MSM have sex with women, though none of the men in this study reported doing it for pleasure. Social pressure to marry, and to avoid being labeled homosexual, is intense, and appears to contribute to MSM seeking clandestine, hastily arranged sex.

More than half of the men in the study reported that changing partners four or more times per month is the norm in their networks. Despite the commonly held perception that young men have more partners than older men, there were few distinctions by age, financial independence, or degree of "out-ness." Particularly in cruising areas, oral sex is by far the most common practice. Anal sex is reportedly common with F-Buddies, boyfriends, and when money or gifts are exchanged for sex. Other activities, such as threesomes and group sex are common among men who attend parties and have established MSM networks.

Men's awareness of HIV/AIDS is relatively high, but misconceptions about transmission and prevention persist. Many men are uninformed or unconcerned about the risk of HIV transmission through oral sex. The shame associated with STIs and the stigma attached to MSM activity prevents men from seeking information from friends and medical personnel, perpetuates misconceptions, and increases men's risk for infection. Important obstacles that prevent men from seeking services include fear of being labeled an MSM and unprofessional staff that jeopardize men's confidentiality. Many men dismiss the severity of STIs and rely on self-treatment or hope that infections will disappear on their own. Many fail to notify partners of infection, potentially promoting the rapid spread of HIV and STIs throughout networks.

Overall, personal risk perception for HIV/AIDS is low. While current HIV infection rates might explain men's low risk perception, men's ideas about their susceptibility, as well as high levels of risky behavior, create the conditions for a widening epidemic. Most men believe that having unprotected sex with "clean" men, boyfriends, and men they know well can protect them from infection. Denial is common, with some men creating excuses for unsafe behavior and justifying risky behavior. When men do perceive some risk for infection, they appear preoccupied with the seriousness of HIV/AIDS and fail to take their risk for STIs seriously, assuming that STIs can be easily treated. Condoms are considered a "necessary evil," with men recognizing that they should use them to prevent infection, despite their distaste for them. A motivating factor for use is the idea that condoms prevent the transfer of fecal matter between partners. "Trust" between partners interferes with consistent condom use when men believe that boyfriends do not present a risk for infection, and when suggesting condom use within a relationship would raise the suspicion of infidelity. When men do wish to use condoms, incorrect storage and the use of oil-based lubricants compromises their effectiveness.

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

Programmatic Implications

Findings from this study reveal a combination of factors that have the potential to spread HIV/AIDS and STIs rapidly throughout MSM networks. These include: low levels of knowledge and risk perception; high rates of partner change; inconsistent condom use; and sexual networking within small and exclusive circles of men. Several research and programmatic implications are suggested. Topics for additional research include: particular risks of men from different backgrounds and minority groups, such as the Roma community; the role of alcohol and drugs in risk behavior; and meanings of relationship categories for MSM and their influence on sexual risk-taking. Additional data could provide a broader perspective on MSM’s sexual activity and their risks for HIV/AIDS and STIs in the region.

Many opportunities exist for targeting MSM and relaying accurate information about HIV/STI prevention. Programs should first dispel common misconceptions about HIV/AIDS and STIs by disseminating information about modes of transmission and correct methods of prevention. Campaigns should challenge the myth that MSM benefit from “gay intuition.” In addition, the idea that known and trusted partners are exempt from HIV/STI risk must be challenged and programs should encourage men to reduce their number of sexual partners.

Messages about condom and lube preparedness are needed: although many men carry condoms when they plan to have anal sex, unplanned sexual activity is common. Prevention messages should urge men to always be prepared with condoms and water-based lubricant, not only when they plan to have anal sex. Condoms can be promoted as products that “keep sex clean”: campaigns could combine the benefit men already find appealing about condoms (preventing the transfer of fecal matter between partners) with their long-term benefit of HIV/AIDS and STI prevention. Campaigns should also address the danger of using oil-based lubricants, lidocaine, and common household products during anal sex. Men appear unaware of these products’ role in condom breakage and the potential for introducing physical trauma and infection. Finally, men should be encouraged to seek medical treatment for STIs rather than relying on self-treatment or simply ignoring symptoms.

Men would benefit from improved access to quality condoms, water-based lubricant, and confidential voluntary, counseling, and testing (VCT) services. Condoms should be made available near cruising areas and places where high-risk activity occurs. Water-based lubricant should also be available in small, discreet packages that can easily be carried in a pocket. Product extensions such as flavored condoms and

lubricant could increase the likelihood of condom use during oral sex and challenge the perception that safer sex compromises pleasure. Programs should increase the availability and promotion of VCT services that offer confidential HIV testing and counseling sessions appropriate for MSM. Likewise, programs should work with local medical personnel to provide HIV/AIDS and STI services in a confidential and non-judgmental manner.

Other channels for communicating prevention messages are the internet, anonymous hotlines, peer educators, and men's personal networks. Internet campaigns should include banner ads, enticing messages, and links to reliable information and services on cruising sites. Some local NGOs have created hotlines to answer men's questions about HIV/AIDS and STIs, but awareness of such services appears low. Additional promotion may be needed for these programs and hotlines should be made available in countries where they do not exist. Existing peer education programs could be improved by ensuring that peers are prepared to answer questions about STIs as well as HIV/AIDS. Likewise, programs could tap into men's existing social networks to disseminate information and create a social expectation of safer sexual behavior. Interventions that focus on personal contact with MSM also offer opportunities to teach men to carry and use condoms correctly.

Finally, advocacy groups should work with community leaders to decrease stigma around MSM activity and promote compassion for alternative sexualities. Societies must understand that opportunities for prevention are lost when risk behavior is hidden and men are reluctant to seek information and services that could keep them safe from infection.

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