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**Knowledge, Attitudes and sexual Behaviour  
with regards to HIV/STIs among MSM in 4 EU countries**

A BORDERNET cross-country KAB Survey

**February 2007**

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## **ACKNOWLEDGEMENTS**

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Elfriede Steffan and Samanta Sokolowski

## **Knowledge, Attitudes and Behaviour in regard to HIV and STI among MSM in Austria, Slovak Republic, Italy and Slovenia – A BORDERNET Cross Border Survey**

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**Objectives:** BORDERNET (EU funded) aims to enhance HIV/AIDS and STI-prevention, diagnostic and therapy in regions across the old and the current EC-outer borders. BORDERNET was initiated on the background of the Eastern EU Enlargement taking into consideration the specific differences in cultural, legal and social aspects and the regional distinctions of border regions including cross border mobility. In Western Europe in general over one third (35%) of the HIV infection diagnosed in 2005 occurred through sex between men. The epidemics range in Central Europe remain still small in comparison, but also here sexual contacts between MSMs are an important source of infection.

**Methods:** Two BORDERNET model regions (MR 3 – Austria/Slovakia, MR 4 – Italy/Slovenia) decided to make MSM to one of their target groups for a BORDERNET KAB survey with additional questions on mobility. Based on preliminary defined selection criteria of gay friendly venues (gay clubs/ bars; gay parade; saunas; HIV Test/ counselling centre) a total number of 371 MSM was questioned with a self-administration questionnaire.

**Results:** In regard to cross border mobility, the MSM respondents (age range 16 to 64; median: 32 years) from Slovenia and Slovakia are the most frequent travellers to the neighbouring countries, whereas the Austrian men are moderate travellers and the Italian travel even more seldom. Leisure time is the most important reason for travelling across the border.

Even though the respondents showed a very high basic knowledge of HIV/AIDS, there are also many insecurities as well as fears to get infected with HIV. A high percentage of MSM have been tested for HIV (Austria: more than 90%), and a high proportion of them stated to have received pre- and post test counselling.

Concerning condom use, different patterns of risk management, such as consequent safe sex, being faithful, decrease of number of partners, serosorting, seropositioning and avoidance of risky venues could be identified in all countries. More risky behaviour was stated with steady partners than with casual ones.

Almost 20% of the men reported an STI diagnoses in the last two years, Italian MSM showed the highest incidence here.

**Discussion:** A main challenge of the combined HIV and STI prevention among MSM is to handle the consequences of the “normalisation” process of HIV. Cross border prevention strategies for MSM might be a possibility to reach synergetic effects and should particularly focus on irrational fears and risk management strategies and help to overcome still existing prejudices and misconceptions.

## Table of Contents

<b>1</b>	<b>Introduction.....</b>	<b>1</b>
<b>2</b>	<b>Composition criteria of the sample and method description.....</b>	<b>2</b>
<b>3</b>	<b>Demographic Data.....</b>	<b>2</b>
3.1	Age .....	3
3.2	Education.....	3
3.3	Work Situation/ Insurance .....	4
3.4	Living situation/partners/children .....	5
<b>4</b>	<b>Mobility .....</b>	<b>5</b>
4.1	Summary of Mobility .....	9
<b>5</b>	<b>HIV/AIDS and STIs .....</b>	<b>9</b>
5.1	HIV/AIDS .....	9
5.1.1	Summary of knowledge of HIV/AIDS .....	13
5.2	HIV-Test .....	13
5.2.1	Summary of HIV Testing.....	15
5.3	Sexual transmitted Infections (STIs).....	15
5.3.1	Summary STIs .....	17
<b>6</b>	<b>Sexual Behaviour .....</b>	<b>17</b>
6.1	Sexual experience, partnership patterns .....	17
6.2	Condom use .....	19
6.3	Individual risk management and susceptibility.....	25
6.3.1	Summary of risk management.....	27
<b>7</b>	<b>Nightlife and drug consumption .....</b>	<b>27</b>
7.1	Nightlife and (sexual) mobility.....	27
7.2	Drug use .....	29
7.3	Summary of nightlife and drug consumption .....	33
<b>8</b>	<b>Summary and Conclusions .....</b>	<b>33</b>
<b>9</b>	<b>Literature .....</b>	<b>36</b>

## Table of Illustrations

Table 1: Planned and achieved number of interviews according to the regions .....	2
Graph 1: Age of the respondents according to the regions.....	3
Graph 2: Education level according to the regions.....	4
Graph 3: Partner status according to the region .....	5
Graph 4: How often do you travel to a neighbouring country? .....	6
Graph 5: How often do you travel to a neighbouring country, according to region .....	7
Graph 6: How often do you travel to other countries.....	8
Graph 7: Purpose of the crossing-border travel .....	8
Graph 8: How much do you know about HIV/AIDS?.....	10
Graph 9: How can one get infected with HIV/AIDS .....	11
Graph 10: Knowledge of HIV/AIDS infection ways according to the countries .....	12
Graph 11: Knowledge of other STIs according to the countries of origin .....	16
Table 2: Adopted sexual practices in the last 6 months with the steady partner.....	19
Graph 12: How often do you use condoms during anal sex with your steady male partner? .....	20
Graph 13: Adopted sexual practices in the last 6 months with casual partners .....	22
Graph 14: Comparison between adopted sexual practices with the steady and the casual partners .....	23
Graph 15: Comparison between condom use with the steady and the casual partner .....	24
Graph 16: How do you react to HIV and AIDS in your sexual behaviour? .....	26
Graph 17: Drug consumption in the last 12 months .....	30
Graph 18: Poppers consumption in the last 12 months .....	31
Graph 19: How often do you forget about safer sex when you are under the influence of drugs? .....	32

## **1 Introduction**

Even though in general a relatively steady number of new HIV infections in Western Europe has been registered since 2002, an increase of newly diagnosed HIV infections is stated especially among men who have sex with men (MSM). Over one third (35%) of HIV infections diagnosed in Europe in 2005 occurred during sex between men, while more than half (56%) took place during heterosexual intercourse (UNAIDS 2006). Several studies among specific populations of MSM show a prevalence of 10% - 20% in Western Europe and additionally several studies in France, Spain, Switzerland and the United Kingdom have delivered data about increases in the proportion of men who have sex with men who report having recently engaged in higher risk sexual practices (Balthasar et al. 2004).

The epidemics in Central Europe remain small in comparison with countries in Western and Eastern Europe, but also here sexual contacts between MSM are an important source of infection (UNAIDS 2006). As for Eastern Europe, in 1998 almost the half of the number of reported sexually transmitted AIDS cases in the Newly Independent States (NIS) are related to homosexual transmission (WHO 1998).

Even though the half of all HIV-infections in Austria are caused by sex between men but there are only studies about MSM in Austria about the period before the medicine innovation of the ART- therapy. In Slovakia HIV is predominantly transmitted by MSM and in Slovenia two third of all HIV positive men are infected by male-to-male sex. In Italy, 20% of the new HIV-infections is due to the same transmission way (Nielsen, S./ Lazarus, J.V. 2006). This facts reinforce the need to collect more data in knowledge, attitude and behaviour of MSM to support the further development especially on counselling skills in prevention, treatment and care services in contact to this particular target group.

The wish to fulfil sexual desires, unconstrained by social and family supervision in regions and countries where social repression of same-sex relationships is (still) very strong leads to mobility towards regions and cities where gay bars, discotheques, bath houses and a wide range of gay community organisations make it easier for MSM to seek and find sexual partners (Marcus et- al. 2006). In this context a possibly interaction between mobility and risk exposure can be assumed and therefore one of the main focus of the BORDERNET survey of MSM. To shed light in the situation of the MSM in their respective countries, two BORDERNET Model regions (MR 3 – Austria and Slovakia, MR 4 – Italy and Slovenia) decided in the frame of WP6 to make this sector of the population their target group for a Knowledge, Attitudes and Behaviour (KAB) study.

## 2 Composition criteria of the sample and method description

The survey was carried out as a KAB study with additional questions on cross-border mobility patterns. The questionnaire, containing 45 questions is divided into various theme blocks with the purpose of gathering information on the sociodemographic variables of the participants, their sexual behaviour with stable and casual sex partners as well as their risk assessment. The questionnaire was self-administrated and the time frame of the survey was between May and October 2006. It is important to bear in mind that the study sample is not representative for the MSM population in the participating countries.

The statistical analysis was carried out with SPSS software, mainly concentrating in descriptive statistics. A total of 371 men were recruited in two of the BORDERNET Model Regions. This total number corresponds to the planned total number, but the distribution among the countries was somewhat different as initially intended, as the following table shows:

**Table 1: Planned and achieved number of interviews according to the regions**

Model Region	Planned	Achieved
MR 3: Austria	90	136
MR 3: Slovakia	90	68
MR 4: Italy	90	84
MR 4: Slovenia	90	83
<b>Total</b>	<b>360</b>	<b>371</b>

A preliminary identification of gay friendly venues took place in the participating cities, and thus the respondents were recruited in various locations, such as gay clubs and bars in Austria, Italy in Slovenia. In Austria, the gay parade “Regenbogenparade” was used as a recruitment site as well. The Slovakian partners used the HIV Test/counselling centre as a place of contact and Slovenia counted with the help of an NGO for MSM to reach interview partners. Gay saunas were used as contact site in Italy.

## 3 Demographic Data

In every country in which the survey took place, the respondents were asked in which country were they born. Among the respondents in Austria, only 83,8% men are actually Austrian, which makes it the most international group in this MSM-KAB survey, with 22 men

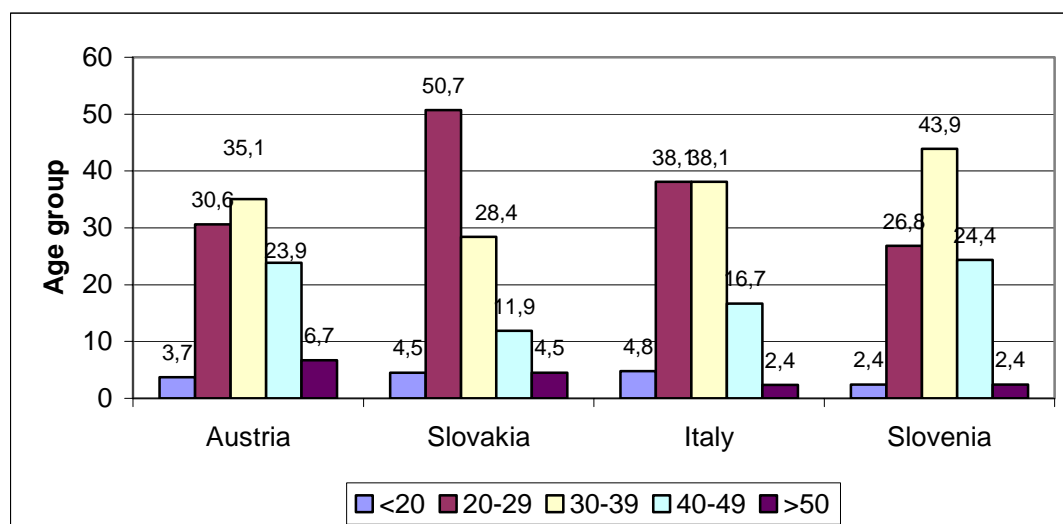
from Latin America, Europe, Eastern Europe, Asia and Africa. In the other pilot regions almost all of the respondents were born in the country they were questioned.

### 3.1 Age

The age of the respondents reaches from 16 to 63 years old. The biggest group is formed by the men who are between 30 and 39 years old (36,5%), followed by the group between 20 to 29 years old (35,1%).

As it can be seen in the next graph, the biggest group in Austria, Italy and Slovenia is formed by the men between 30 and 39 years old, whereas in Slovakia over the half of the interviewed men are between 20 and 29 years old.

**Graph 1: Age of the respondents according to the regions**



(%) N=367

### 3.2 Education

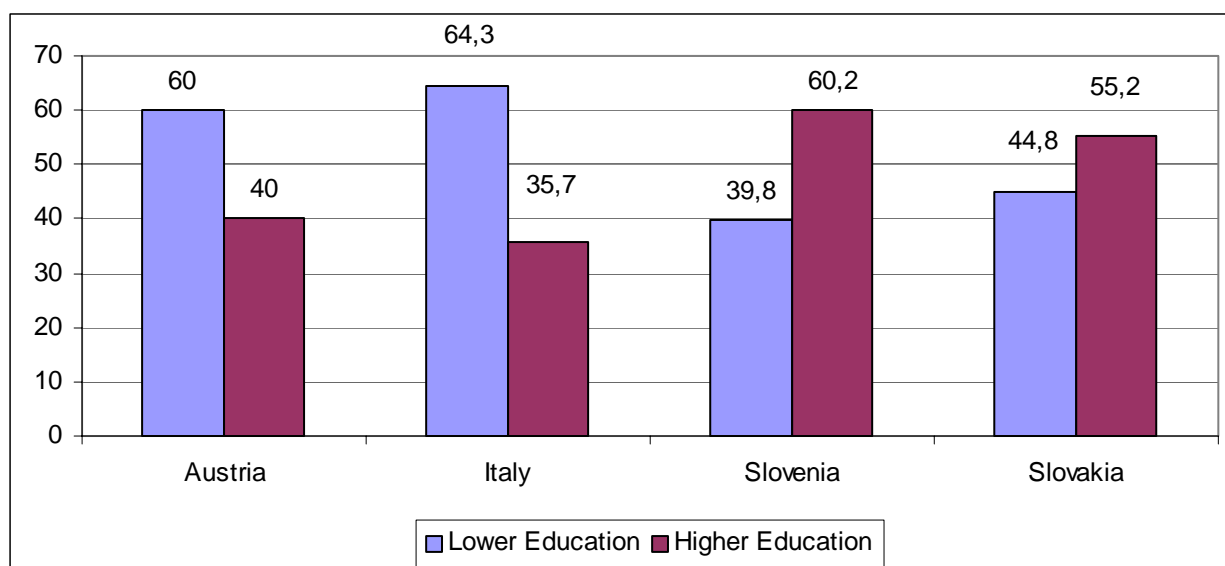
In general, it can be said that the interviewed men are well educated. More than one third (35,7%) have a university degree, followed by another third (30,8%) who have secondary school degrees. 15,7% have vocational qualifications. 10,5% of the men are still students and 5,9% (22) of the respondents have a middle school degree.

Looking at the regions, some differences come to the light. In Austria, university degrees and vocational qualification are the most represented school degrees (35,3% and 36% respectively). In Italy, the most represented education degrees are the secondary school degree, with 46,4%, followed by university degrees (23,8%). Even though in the group of Slovenian men almost half of them hold university degrees (49,4%), it is also in this group that three men have a primary school degree or none at all.

In the group of Slovaks, the same quantity of men have a secondary school degree and/or a university degree (34,3%). It is also the Slovakian group that has the most students, which was to be expected, taking into account the fact that in this group the highest concentration of young people is found. Out of the 39 men that stated to be still students, 35,9% come from Slovakia, followed by 25,6% from Italy, 23,1% from Slovenia and 15,4% from Austria.

To make an overview of the education degrees, the different education levels were divided into two groups: the first one, “lower education” is formed by no education, primary, middle and secondary school as well as vocational education. The second group, “higher education” is formed by university degrees holders and students. According to this distribution, 53,7% of the men have a lower education and 46,3% a higher one. The following graph shows these new variables divided into the countries of the MSM.

**Graph 2: Education level according to the regions**



(%)(N=369)

Looking at this direct comparison, it becomes clear, that the Slovenian and the Slovakian men are the best educated.

### 3.3 Work Situation/ Insurance

More than  $\frac{3}{4}$  of the men have an occupation, out of whom 50,8% are full time employed, 19,5% are self-employed and 9,1% work part-time. In the whole sample only 4,1% (15) are unemployed ( 4,6% in Austria, 6% in Italy, 3,6% in Slovenia and 1,5% in Slovakia). In all the regions the results are somewhat similar, being the men who are full-time employed and self employed the biggest groups. According to the level of education, there is no particular difference in the work situation, apart from the men that stated to be unemployed. Here, out

of the 15 men that are unemployed, 11 have a low education (73,3%) and four belong to the group of the higher educated (26,7%).

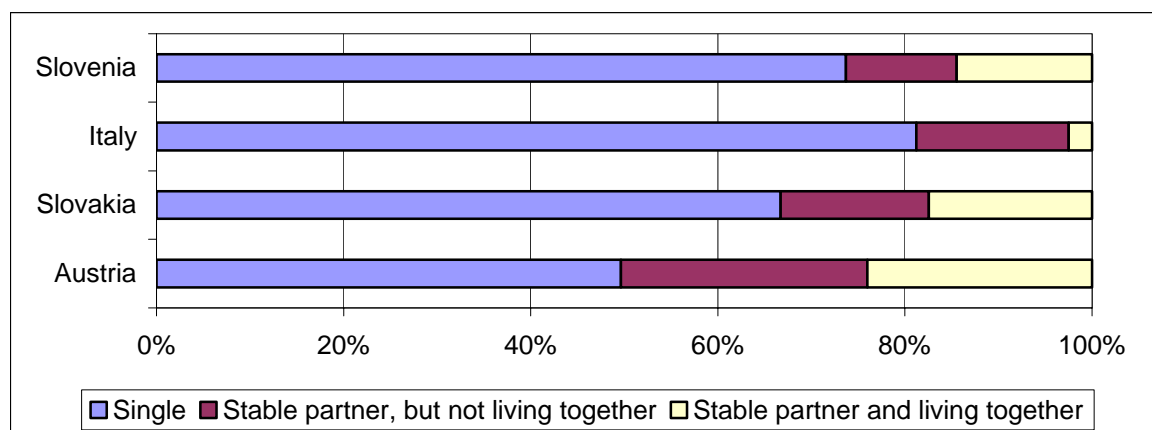
The vast majority of the respondents are health insured (97,3%). Only eight men do not have a health insurance: two in Austria, two in Italy and four in Slovenia.

### 3.4 Living situation/partners/children

Over forty percent of the men live alone (40,5%), followed by the group that lives still with their parents (23,8%). Half of the men that live with their parents are Italian men and nearly the half (45,3%) of men that live alone are Austrians. Almost 1/5 of the respondents live with their partner.

Concerning relationships, the majority of the men (61,7%) is single, followed by the group of those who have a stable partner but do not live together (17,9%) and the ones who have a stable partner and live together (14,9%). In the next graph a comparison between the countries can be seen:

**Graph 3: Partner status according to the region**



(%) N=368

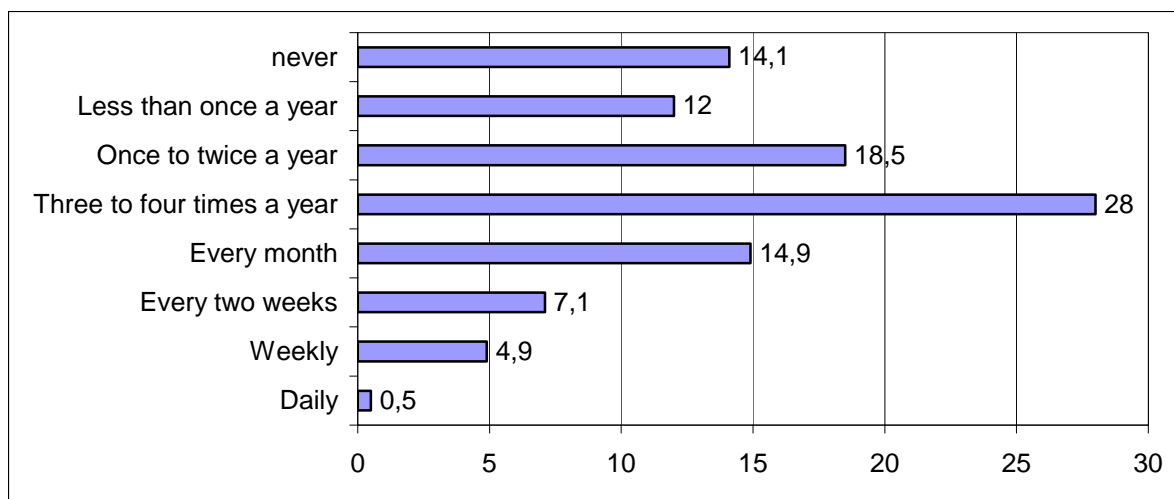
According to the graph the Italians scored highest as being singles, followed by the Slovenians and Slovakian men. Reciprocally the Austrians stated to have more often steady partners in comparison to the other countries. Twenty seven men (7,3%) stated to have children. The age of these children range from babies to 36 years old. Over the half (51,9%) of the men that have children live in Austria.

## 4 Mobility

The respondents were asked how often did they travel across the border to the neighbouring countries. We included here all the respective neighbour countries, named by the

respondents (Italy, Slovenia, Croatia, Austria, Slovakia, Hungary, Czech republic, Germany). As it can be seen in the following graph, almost 28% of the respondents travel three to four times per year, followed by the ones who travel one to two times per year. Almost 15% travel every month, but 14% state never to travel to the neighbouring countries.

**Graph 4: How often do you travel to a neighbouring country?**

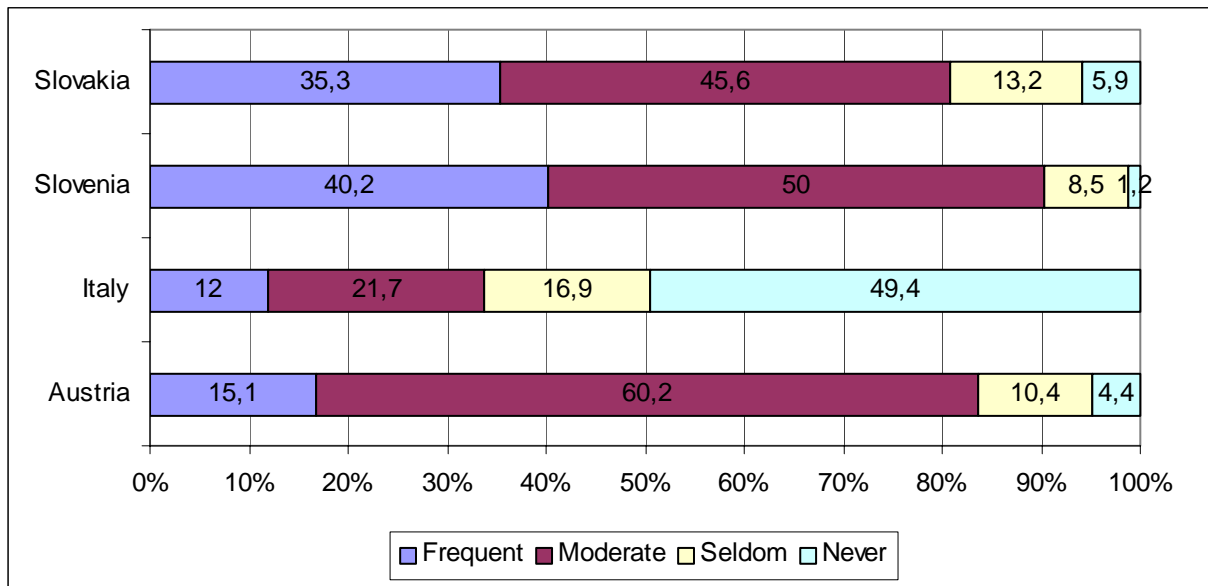


**(%) N=368**

To show a comparison between the countries, the frequency options were divided into four groups: the first one, “frequent travellers” includes the options “daily”, “weekly”, “every two weeks” and “monthly”. The second option, “moderate travellers” includes “once to twice a year” and “three to four times a year”, the option is “seldom” includes the men that travel less than once a year and “ and the last option, “never” explains itself.

Comparing the different national groups, the men from Slovenia are the men who travel the most to neighbouring countries, followed by the men from Slovakia. It is remarkable how little the Italians travel at all: Nearly half of them stated that they never travel to a neighbouring country at all. The Austrian men have the highest rate of moderate travelling: 60,2% say that they travel 1 to 4 times a year to a neighbouring country.

**Graph 5: How often do you travel to a neighbouring country, according to region**

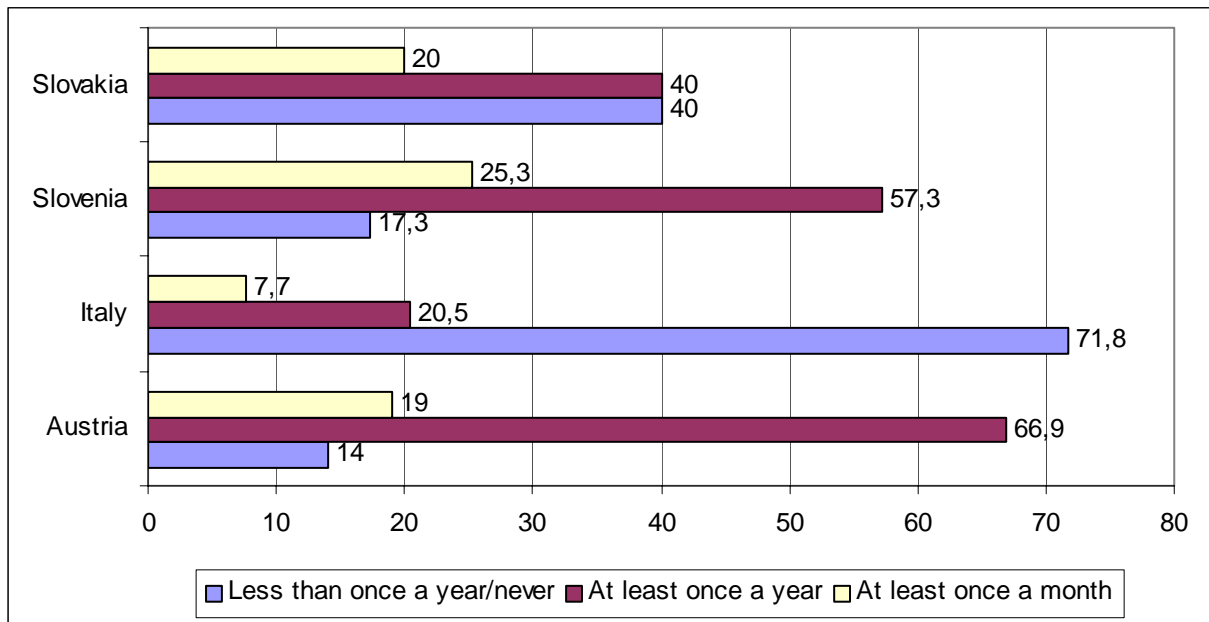


(%), N=368

Looking at the other countries to which the questioned men travel in general (not only EU-countries) and which do not belong to the BORDERNET region, a similar answer pattern comes to the light, as it can be seen in the next graph.

The Slovenians are the ones who travel more often, the Austrians are stronger represented in the middle term travels, and Italians travel very seldom (half of the Italian men stated never to travel to other countries).

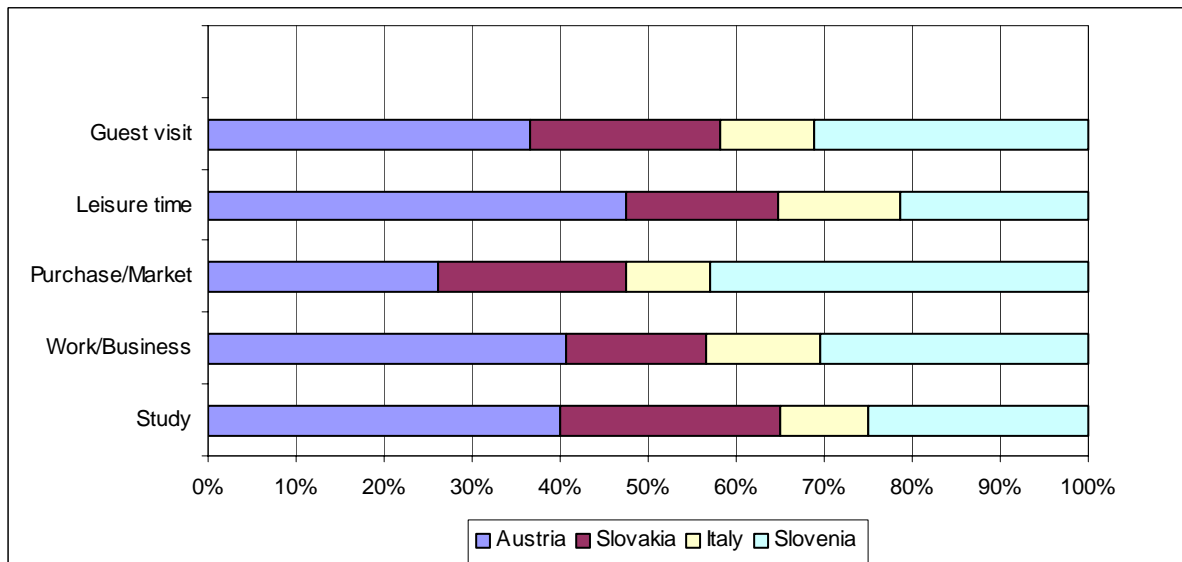
**Graph 6: How often do you travel to other countries**



(%), N=319

The following graph shows the purpose of the crossing-border travels according to the different countries:

**Graph 7: Purpose of the crossing-border travel**



N= 371

The main reasons for the travelling across the border are leisure time, especially for the Austrians and Italians, followed by work/earning money/ business and guest visit. Work/ Business option was given mostly by Slovenians and Austrians. For the Slovenian men,

purchases or market visits are an important reason for travelling. Guest visits are mostly named by Slovenians and Austrians.

Not surprisingly there is a significant correlation between the education level and some reasons for travelling: High educated men travel more often for work/ business (25,7% vs. 12,6%)<sup>1</sup> and purchase/ shopping (18,1% vs. 5,6%)<sup>2</sup> reasons than lower educated men. There is no significant difference between high and low educated men in regard to leisure time as reason for travelling.

However leisure time as reason for travelling depends significantly on the age of the MSM<sup>3</sup> : For 41,8 % (92) of the 30-39 years old men is leisure time one of the mainly reason for crossing-border travels, but only for 2,7% (6) of the men in the youngest age group (<20 years) and for 3,6% (8) of MSM who are older than 50 years old.

#### **4.1 Summary of Mobility**

The men from Slovenia and Slovakia are the most frequent travellers to the BORDERNET neighbouring region, whereas the Austrian men are the main important moderate travellers. It is very interesting to note that the Italian men are very seldom travellers in general. Leisure time is the most important reason for travelling across the border, followed by work/earning money reasons. In certain respect the education level and age of the MSM influence the purpose of travel significantly.

## **5 HIV/AIDS and STIs**

### **5.1 HIV/AIDS**

This part of the questionnaire is related to the topics of HIV/AIDS and other sexually transmitted infections, as well as prevailing knowledge, believes and practices. Asked about how much the men know about HIV/AIDS, most of them are very confident about their knowledge. The vast majority (62,4%) stated to know fairly much, followed by 28,9% of the men who stated to know very much. 8,2% said to know not so much and one man does not know anything about HIV/AIDS. Looking at how this question was regionally answered, the Austrian and Slovenian men composed the group that answered the most that they know very much about HIV/AIDS. The group that considers to know less on the topic are the

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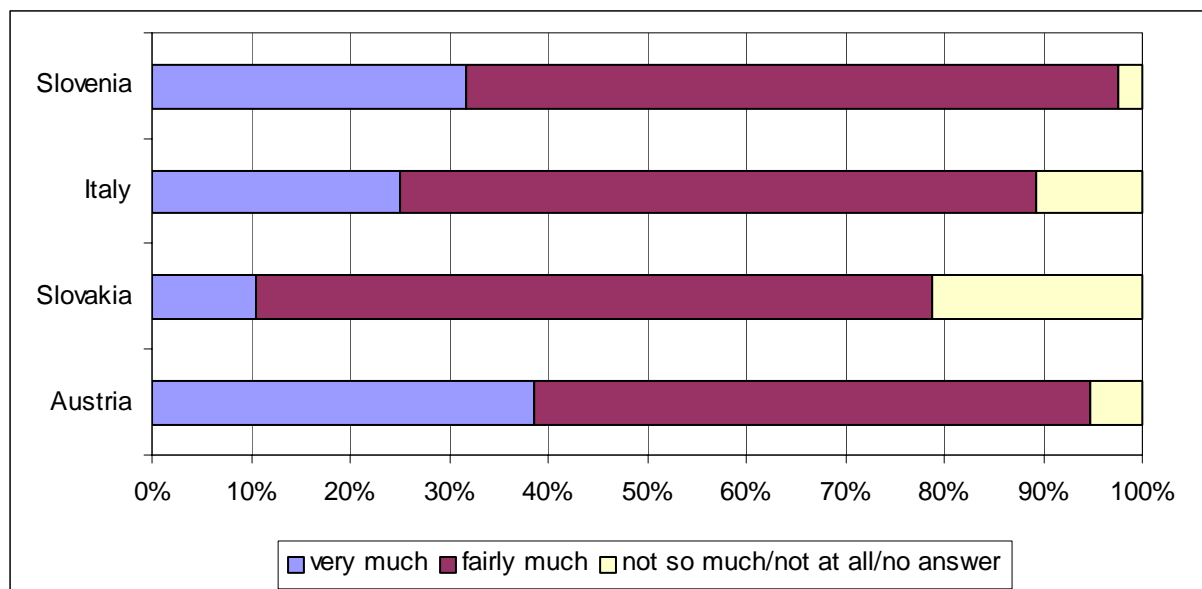
<sup>1</sup> Chi<sup>2</sup> 10,37\*\* Level of significance: p<0.05\*; p<0.01\*\*

<sup>2</sup> Chi<sup>2</sup> 14.38\*\*

<sup>3</sup> Chi<sup>2</sup> 9,56\*

Slovakians and Italians, where 21,2% and respectively 10,7% of the Italians answered not to know much on the subject, as seen on the next graph:

**Graph 8: How much do you know about HIV/AIDS?**



(N=367)

Rearranging the answer options of the HIV/AIDS knowledge into two categories – the first one being to know “very much” and “fairly much” and the second one “not so much” and “not at all”, the age group that is best informed about the topic are the men between 40 and 49 years old where only 4,1% (3) stated not to know much/not at all. It is important to remark that only 31 (8,6%) men in total are in the category of not knowing much or not at all. This group of the 40- 49 years old men is closely followed by the 30-39 years old, with 6% (8) who do not know much, respectively nothing. The men over 50 years old showed the poorest knowledge, where more than one fourth (26,7%- 4 men) said not to know much about HIV/AIDS, followed by the group below 20 years old: here, 14,3% (2 men) stated not to know much about HIV/AIDS.

Looking at the age groups considering the country where the respondents were interviewed, a different picture defines itself. In Austria as well as in Slovenia, all the men younger than 20 years answered to know very/fairly much about HIV/AIDS. This answer was given by 75% of this young group in Italy and by 66,7% in Slovakia. In Austria and Italy the least informed group is the group over 50 years old (75% in Austria and 50% in Italy). In Slovenia all of the men in this group answered to know very much on the subject, an answer given by 66,7% of the Slovaks in this age group.

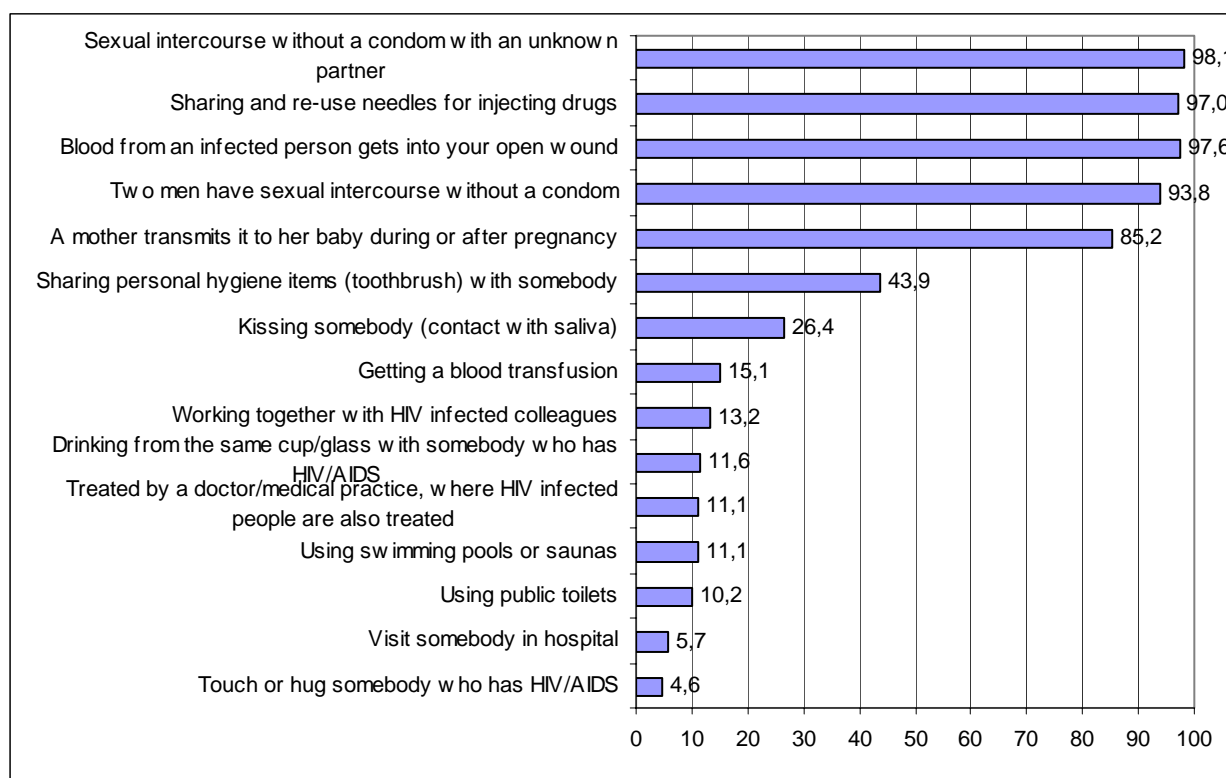
The knowledge whether HIV can be treated and under which circumstances a therapy is possible, can influence the decision whether to take a test or not. To the question whether

one can be cured from AIDS when one gets ill, over three quarters (75,9%) of the men answered that AIDS can be treated, but not cured.

This answer was given by 96,3% of the Austrians, 72,1% of the Slovaks, 70,7% of the Slovenians and only 51,2% of the Italians. Nevertheless 17 (16%) men who stated to know “very much” about HIV/AIDS, answered wrongly that “AIDS can not be treated at all”. From the 62 men (16,8% from the total) that answered that AIDS cannot be treated, more than the half (51,6%) are Italians, 27,4% are Slovenians and 21% are Slovaks.

In the next graph the knowledge of the HIV/AIDS infection ways are represented.

**Graph 9: How can one get infected with HIV/AIDS**

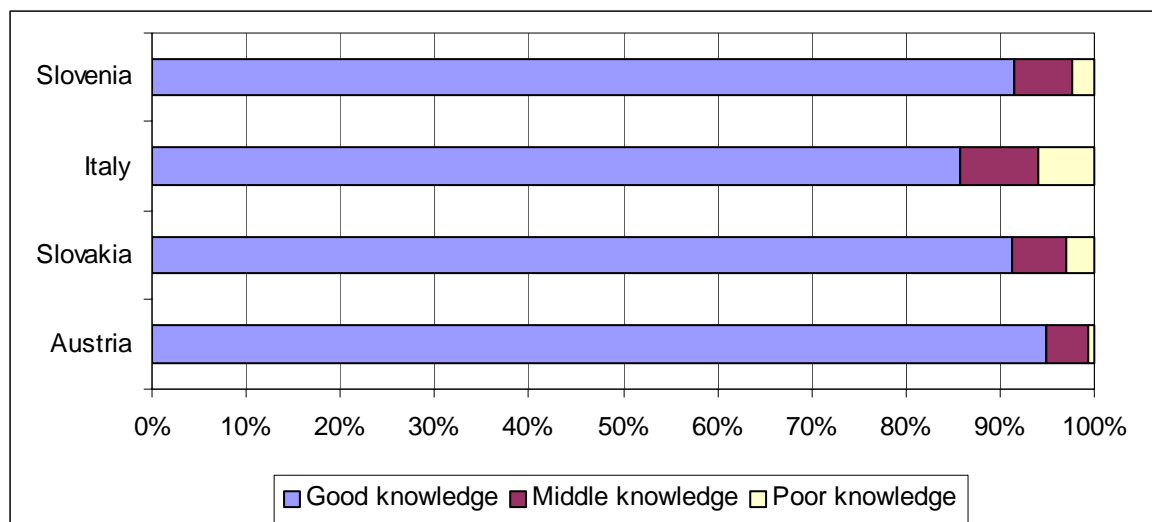


(%, more than one answer possible), N=371

As a way to illustrate better the knowledge of the men concerning the HIV/AIDS transmission routes, a new scale was built, with three levels: good (if the respondent answered 11 to 15 options right), middle (6 to 10 answers right) and poor (0 to 5 answers right) knowledge, depending on the right answers given to the question concerning the possible infection ways. The men are very well informed about the possible transmission ways: 91,4% have a good knowledge, 5,9% a middle and only 2,7% a poor knowledge. Thereby subjective and objective knowledge are mainly coherent; 89,6% (95) of the MSM who stated to know very much about HIV/ AIDS have also good objective knowledge.

Looking closer at the different countries where the men were questioned, it is in Italy where more of the men who showed a poor knowledge, as the next graph shows:

**Graph 10: Knowledge of HIV/AIDS infection ways according to the countries**



(%), N=371

The education level does not influence the level of knowledge in this particular group of men. The knowledge on transmission ways of HIV/AIDS is influenced by the age of the respondents in a significant way<sup>4</sup>; 97,3% (72) of the 40-49 years old and 94,8% (127) of the 30-39 years old MSM are in the category “good knowledge”. This result is quite congruent in comparison to the subjective knowledge, where the 40 to 49 years old are the best informed MSM.

The interviewed men are well informed about the ways of protection against HIV/AIDS. Still, 5,3% of the men believe in the existence and the protection of a vaccine against HIV/AIDS. 98,6% know that using condoms during sexual intercourse is a protection way. Almost 70% (69,6%) believe that one can protect oneself by having sexual intercourse only with one person who is not HIV positive. Having no sexual intercourse at all is a protection way given by over 3/4 of the respondents (76,9%). However, more than 1/5 (22%) believe that there is no way of protecting oneself against HIV/AIDS.

Almost two thirds (65,2%) know someone who is HIV positive or has AIDS. Particularly many Austrian men know such a person. (79,3%), followed by Slovenian men (64,6%) and Italians (63,1%). In comparison with these numbers, “only” 39,1% of the Slovaks answered this.

<sup>4</sup> r = 0,096\*

Even though the knowledge of HIV/AIDS transmission ways is high among the interviewed men, there is a high level of insecurity concerning the disease. When asked whether the respondent is worried that he or a friend might get HIV/AIDS, over 80% (80,2%) said to be afraid or very afraid of becoming infected with HIV. Only 10,7% answered that they are not afraid, 7,7% say to never think about it. It is also important not to forget that around one fifth have a fatalistic view and think that there is no way to protect oneself. The Italians are the ones that answered most to be “very afraid” (39,3%), followed by Slovenians (32,9%), Austrians (30,4%) and Slovaks (26,6%). Taking into account that the Italians were the ones that scored the least knowledge concerning HIV/AIDS, this shows the fears and insecurity that these men have.

### **5.1.1 Summary of knowledge of HIV/AIDS**

The knowledge of the men concerning HIV/AIDS is very good, especially the knowledge of possible infection ways. However, the Italian men showed a slightly worse knowledge than the other groups, and they were the ones that are most afraid of becoming infected. The education level of the respondents has no influence whatsoever on their level of knowledge whereas there is a connection between age and knowledge; the 30-50 years old men have the best knowledge in the context of HIV/ AIDS.

Even though the knowledge level is very high, the men are very insecure concerning an infection with HIV. 80% of the men answered to be very afraid or afraid of becoming infected with the virus, a fact that questions the actual safer sex behaviour of these MSM who are frightened about getting an infection.

### **5.2 HIV-Test**

Almost every man (99,2%) knows that there is a reliable HIV Test. Most of them (88,8%) stated that there is a free of charge and anonymous HIV Test in their countries. 5,7% stated that one could only get a free of charge and anonymous HIV Test with a health insurance (9% of the Slovaks, n=6 and 8,5% of the Slovenians, n=7)

A high percentage of the interviewed men have been tested on HIV/AIDS (83,5%). Austrian men are the ones that have been tested the most (90,4%), followed by Italians (82,1%), Slovenians (78,3%) and Slovaks (77,9%). Almost the half of these HIV tests (45,7%) were done not longer than one year ago. Another 33,7% of the tests were done in the years before that. Here, a difference between the countries can be observed. Over the half of the tests that were made by the Austrians and the Italians took place in the last year, while the men in Slovenia and Slovakia undertook more tests the years before that. This is striking

considering that most of the Slovakian men have been reached through an HIV Test/Counselling Centre.

Most of these tests were made by institutions or professional that are specialised on HIV/AIDS, such as a GP or a doctor, specialised on HIV (26,8%), followed by a hospital with this specialisation (15,4%) and a public health institute or a public health care centre (12,2%).

The first choice for the Austrians as where to be tested is a doctor specialised on HIV/AIDS (19,9%) followed by a specialised NGO (18,4%) and a private laboratory (16,9%). These two last testing facilities were hardly named in the other countries, because of different infrastructures in this perspective. For the Italians, the first choice for testing was a specialised doctor as well (29,8%), followed by a specialised hospital (20,2%) and a specialised NGO (9,5%). The specialised doctor was the choice for 41% of the Slovenians, followed by a specialised hospital (19,3%) and a public health institute (7,2%). A public health institute was the first choice for Slovaks (23,9%), followed by a specialised hospital (22,4%) and a specialised doctor with 19,4%. The high percentage of MSM that have made an HIV test is concordant to the findings of the study of Bochow et. al, carried out in Germany in 2003 (Bochow et. al. 2004).

Issue of special consideration by the HIV test is it's accompaniment by counselling according to the Voluntary Counselling and Testing Concept, recommended by UNAIDS/WHO<sup>5</sup> as an intrinsic component of each HIV test. Some previous surveys<sup>6</sup> have already shown that it is difficult to detect the availability of pre- and post-test counselling when asking the clients directly, due to the variations in the subjective perceptions of counselling. Therefore, the BORDERNET respondents were asked in a descriptive manner whether they had enough time to discuss the HIV test and get information on the meaning of the test and of the result before (pre-test counselling) and after (post-test counselling). The men were asked whether they had had counselling before and after having been tested. 71,8% of the interviewed men stated to having received counselling before the test and 73,4% after receiving the results of the test. Slovakian men are the ones that received more often counselling, before and after the test (86,5% and 81,6% respectively), followed by the Slovenians (75% and 80%), the Italians (73,9% and 75%) and the Austrians (62,5% and 65,3%). In this respect it can be

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<sup>5</sup> UNAIDS/WHO Policy Statement on HIV Testing, June 2004

<sup>6</sup> HIV/AIDS und Migranten/innen. Gesundheitsrisiken, soziale Lage und Angebote einschlägiger Dienste. Bundesministerium für Gesundheit und Soziale Sicherung. Forschungsbericht 342, Juli 2005.

noted that the Slovakian men were predominantly recruited in a specialised national HIV testing counselling centre which applies high counselling standards.<sup>7</sup>

### **5.2.1 Summary of HIV Testing**

The vast majority of the men know about the existence of an HIV test, and most of them know about the possibility of a free of charge and anonymous HIV test in their country as well. A very high percentage of men has been tested, and most of these tests were carried out in a specialised institution.

Over seventy percent of the men that were tested received pre- and post HIV Test counselling.

### **5.3 Sexual transmitted Infections (STIs)**

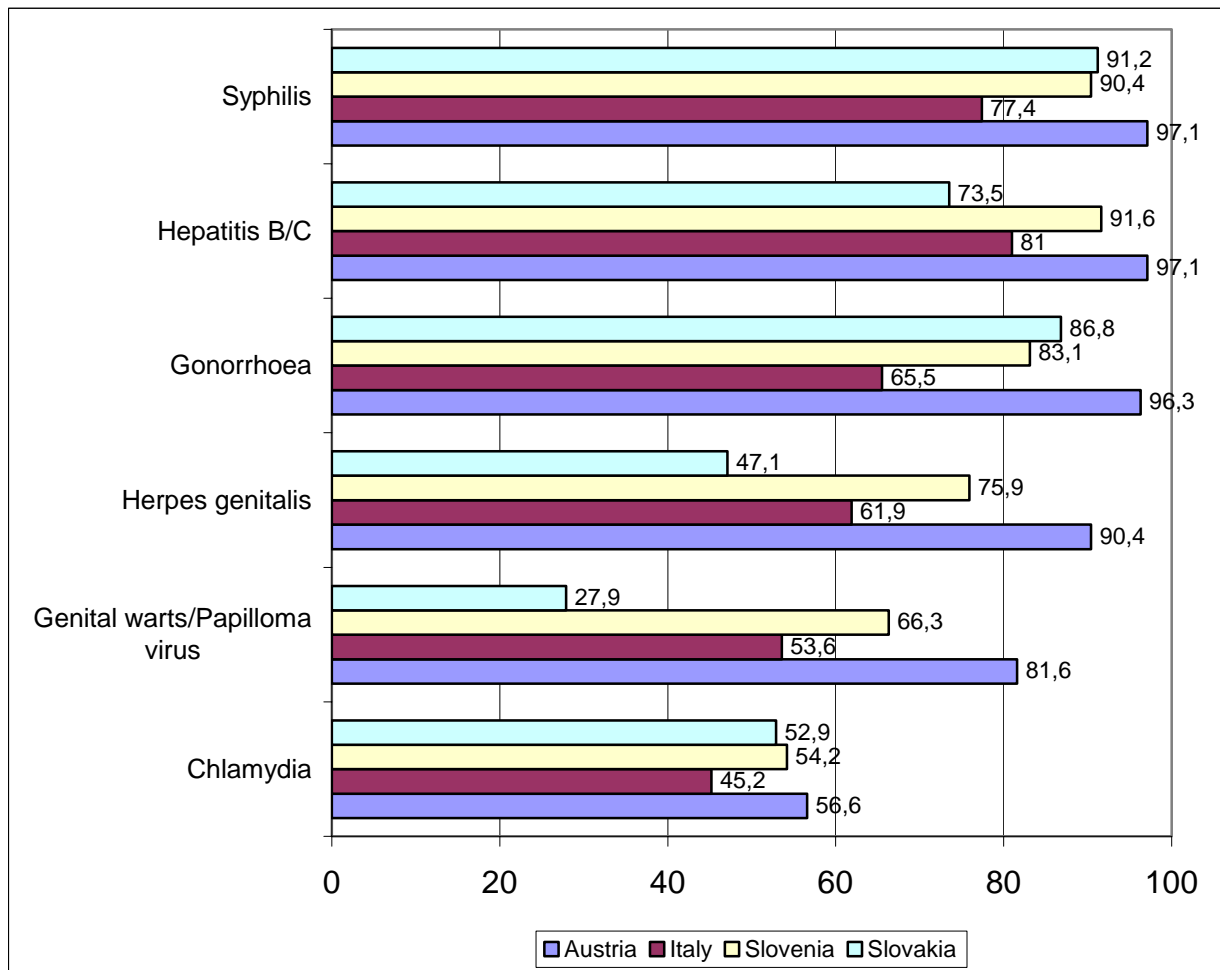
Sexually transmitted infections have not had the attention of the public awareness that AIDS has had in the last decade. Because of the higher prevalence of STI in the general population and the higher biological transmission risk it is still more probable in a risk situation to become infected with an STI than with HIV. Apart from this, STIs are seen as “*risk markers*” for an HIV risk: a high incidence of STIs indicates a possible HIV risk, existent ST infections enhance the possibility of an infection through a contact with HIV (Steffan et. al. 2005).

To assess the knowledge about STIs, the men were asked which of them did they know or had heard about. The results of this question can be seen in the next graph:

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<sup>7</sup> NRC: National Reference Centre. Slovakian medical university.

Graph 11: Knowledge of other STIs according to the countries of origin



(%, more than one answer possible), N=371

Austrian men are well informed about other STIs, except maybe about Chlamydia, where only 56,6% knew this disease. Italian men showed a much poorer knowledge than the Austrians, particularly concerning Herpes, Genital Warts and Chlamydia. Slovenian men have almost the same level of knowledge as the Austrians do. Only 27,9% of the Slovakian men knew about Genital Warts, and 47,1% about Herpes Genitalis, but they scored higher in their knowledge about Chlamydia.

Over half of the men (53,4%) have had an STI test in the last two years. This was an answer given by 66,4% of the Austrians, 60% of the Italians, 50,6% of the Slovenians and only 26,2% of the Slovaks. This shows that members of old EU countries have done more often an STI test than MSM from new EU countries.

Altogether 24,5% (91) have been diagnosed with a STI in the last two years. Taking into consideration only the men that had had an STI test in the past two years, these men were asked whether an STI was diagnosed in the same period of time. Almost the half (40,9%/ 74)

of all MSM who had made an STI test in the last two years (n=181) had also an STI diagnose in the same period. Furthermore they have been asked about the specific STIs: 40,3% stated to have had syphilis. This answer was given by 41,4% of the Italians, 27,6% of the Slovenians, 17,2% of the Slovaks and 13,8% of the Austrians. 41,4% of the men have had Gonorrhoea (34,5% of the Italians, 24,1% of the Slovenians, 13,8% of the Slovaks and 27,6% of the Austrians). Only 32,9% of the men have had Genital Warts, and here the Slovenians, the Austrians and the Italians were equally affected, with 30,4%, followed by the Slovaks (8,7%). 26,2% of the men have had Chlamydia. In the case of Chlamydia, the relation between the countries changes significantly. Here, 47,1% of the Slovakian men stated to have had Chlamydia, but only 23,5% of the Austrians, 17,6% of the Italians and 11,8% of the Slovenians. As the infection with Chlamydia trachomatis is asymptomatic in the most cases, this could be explained by the fact that Chlamydia testing is offered more often in Slovakia (Robert-Koch-Institut 2007). 23,5% of the men stated to have had Hepatitis B/C, 16,9% Herpes Genitalis and 8,8% had other STIs.

The influence of the knowledge of an STI can be seen through the fact that the Italian men are the ones who showed the least knowledge on STIs, and are also the ones who were most affected by STIs in the last two years. Following the same train of thought, the Austrian men are the ones who showed the best knowledge on STIs, and are the ones that were the least affected by them in the last two years.

### **5.3.1 Summary STIs**

Herpes genitalis, Genital warts and Chlamydia were the STIs that were the least known to the interviewed men. In general, almost one quarter (24,5%) of the men had an STI in the last two years. Looking at these men, it is remarkable that the Italians lead the list in having had Syphilis and Gonorrhoea, the two diseases where they scored the lowest in knowledge. In the case of Chlamydia, many more Slovaks have had this disease, a fact that could point that chlamydia trachomatis tests are not offered to MSM in the frame of a STI Check up in most of the BORDERNET countries on a regular basis.

## **6 Sexual Behaviour**

### **6.1 Sexual experience, partnership patterns**

Over three quarters of the men (80,6%) prefer to have sexual relationships only with men. 10,5% say to especially prefer men. 5,7% have sexual relationships with both men and women. The rest of the men either prefer to have sexual relationships with women or especially women (1,6%/ 6) or haven't currently an interest in any relationship at all (1,1%/ 6)

4). These percentages do not vary significantly among the countries, except for the answer option of preferring sexual relationships to both men and women. This was answered by 13,3% of the Slovenians, a much higher percentage than in the other countries- only 3,7% of the Austrians answered this, as well as 1,2% of the Italians and 5,3% of the Slovaks.

Over the half of the respondents (51%) do not have a steady sexual partner at the moment, followed by the ones that have a male sexual partner (45,7%). Seven men (1,9%) have a female steady sexual partner and one has a steady sexual relationship with a transgender person.

While 57,1% of the Slovaks have a steady male sexual partner at the moment, it is an answer that 54,1% of the Austrians and only 34,6% of the Slovenians and 34,1% of the Italians give. Italians have the highest percentage of single men (63,4%), followed by Slovenians (56,8%), Austrians (44,4%) and Slovaks (41,3%). There is no difference in this aspect according to the age groups.

The average length of the relationship with a man is 3 years and 2 months. Analysing this answer according to the different countries, the Slovenians have the longest relationships, with an average of 4,2 years, followed by the Austrians with 3,4 years, the Slovaks 2,9 and the Italians, who have the shortest relationships, with 1,8 years in average. The average duration of the steady sexual relationships with women is 11,7 years.

The participants of the survey were asked very intimate questions about their sexual behaviour to try to identify risky behaviours. Asked about which sexual practices were adopted by the men in the last six months, oral sex and mutual masturbation were the most given answers, as it can be observed in the following table. These results comply with the ones presented by the survey made by Bochow et. al (Bochow et. al. 2004).

Another remarkable point is the observation that active and passive practices are quite balanced within steady partnerships.

**Table 2: Adopted sexual practices in the last 6 months with the steady partner**

	<b>Always/very often</b>	<b>Often</b>	<b>Sometimes</b>	<b>Never</b>	<b>No answer</b>	<b>N=100%</b>
Oral sex to my partner	44,9	31,7	19,8	3	0,6	177
Oral sex from my partner	43,6	36,2	15,3	4,3	0,6	163
Hand job to my partner	40,2	31,7	25,6	2,4		164
Hand job from my partner	40	34,5	21,8	3	0,6	165
Anal sex to my partner	27,3	23	27,9	20	1,8	165
Anal sex from my partner	23,8	23,8	26,8	24,4	1,2	164
Giving a fist to my partner	4,4	1,9	15,8	73,4	4,4	158
Getting a fist from my partner	4,4	4,4	12,6	76,1	2,5	159

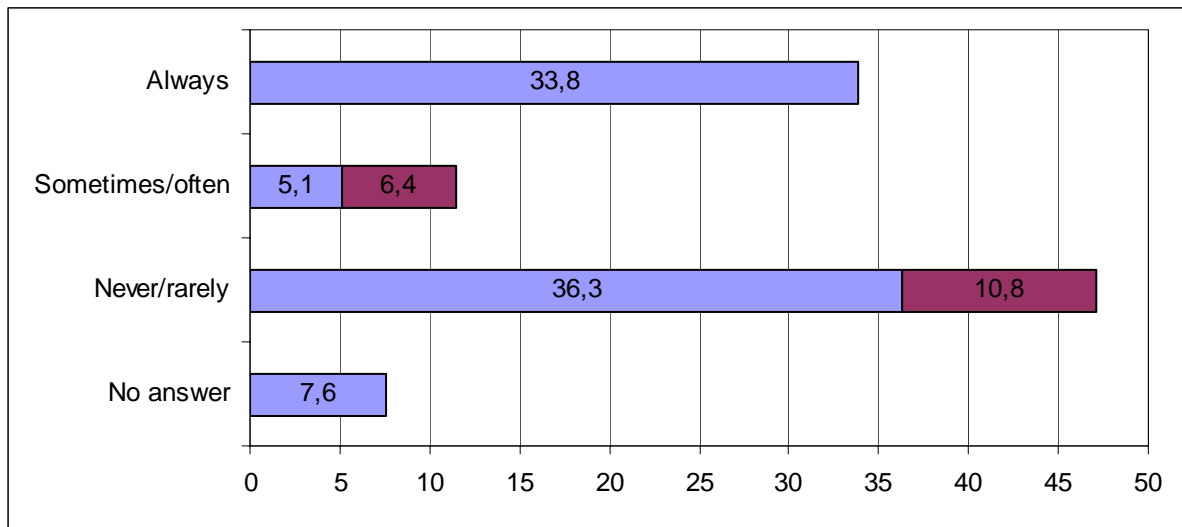
(%)

## 6.2 Condom use

Even though the importance of the use of condom is always stressed in the context of HIV/AIDS protection, it is seldom mentioned that they also reduce the risk of getting infected with an STI (Markus 2006). The men were asked whether they had used a condom the last time they had anal sex with their steady partner. Out of the 171 men that answered this question, 39,8% stated having used one, but 51,5% - that means more than the half - did not use a condom the last time they had anal sex with their steady partner. Looking at this answer divided into countries, 51,5% of the Slovenian men used condoms, as well as 40,5% of the Austrian, but only 34,6% of the Italians and 31,6% of the Slovaks. There is no significant relationship between this answer and age, but there is a tendency that men between 20 and 30 years old are the ones that used less a condom the last time they had anal sex with their partner. The background hereby is possibly that this generation was growing up in the “normalisation” era concerning HIV/AIDS that leads somewhat to more careless safer sex behaviour.

The next question relates to the regular use of condoms during anal sex with the steady partner. The following graph shows how often condoms are used during anal sex with the steady partner.

**Graph 12: How often do you use condoms during anal sex with your steady male partner?**



(%) N=165

As the graph shows, the most common answer is not to use any condoms with the steady sexual partner. This finding is of particular interest because it highlights the link between risky sexual behaviour with a stable partner and the risk of infection. These results are in line with the literature regarding a recent increase in the incidence of HIV infection, which is also related to stable partnerships (Mirandola et. al). Evidence has shown that MSM are less likely to use condoms with their steady partner than with a casual partner, which will be seen below also for the BORDERNET sample. In general, MSM believe that not using a condom with their steady partner is a sign of intimacy, faithfulness and loyalty. Unfortunately, this may increase the risk of acquiring HIV (idem). Following the study made by Bochow et. al., the third most important reason in his MSM survey for taking an HIV test was to confirm the serostatus concordance with the steady partner to abandon the use of condoms. The authors come to the conclusion that this fact shows as well how many men feel their intimacy with their steady partner disturbed through the use of condoms (Bochow et. al. 2004). According to Bochow et. al. the habitualisation of the condom use with a stable partner depends on the length of the partnership: the longer the relationship is, the higher the tendency to refuse using a condom. Although there is the same tendency in the BORDERNET sample, no significant correlation between the duration of relationships and the frequency of condom use could be found.

Looking at the age groups, 61,1% of the men between 20 and 30 years old did not use a condom with the stable partner, followed by 50% of the 17-19 years old, 46,9% of the men between 31 and 40 years old and 40% of the men over 50.

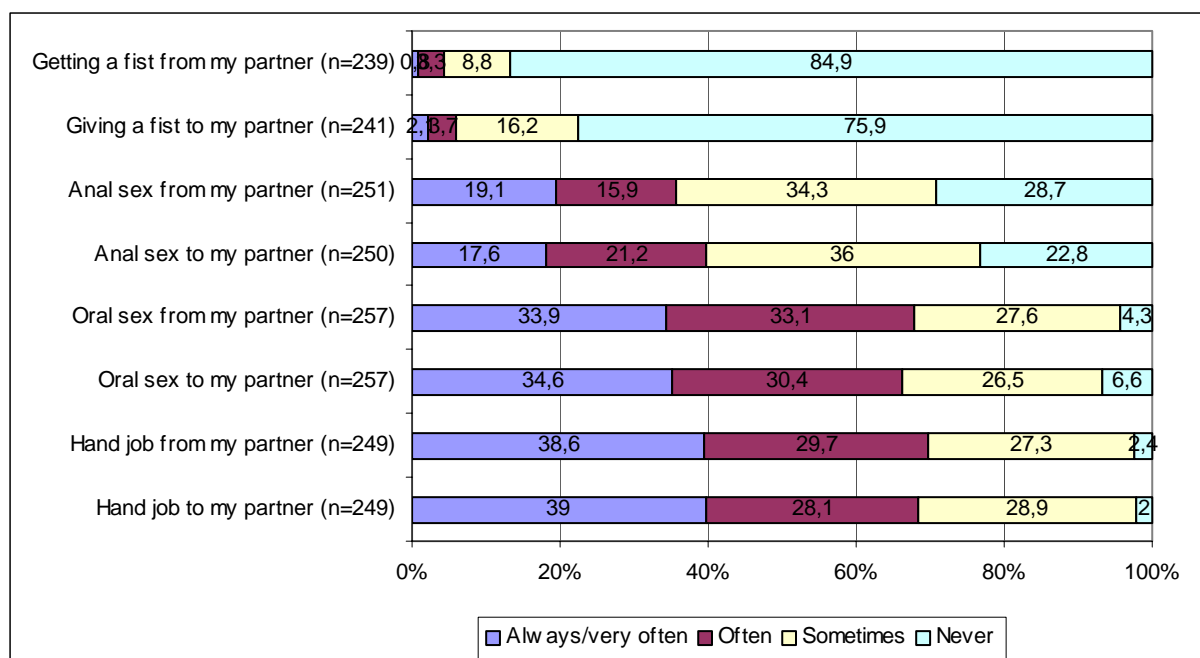
Summing up the answers from “always” using a condom and “often” using one and dividing these answers according to the countries, 40% of the Austrian use always/often a condom with the steady partner during anal sex, as well as 46,1% of the Slovenians, 38,4% of the Italians and 37,2% of the Slovakiens. Apparently there is no evident divergence between the regions in general and between old and new EU members in the question of condom use with the steady partners. Out of the 57 men that stated to never use a condom with the steady partner, 47,4% are Austrian, 26,3% are Slovakiens, 17,5% are Slovenians and 8,8% are Italians.

It is very important to know whether the men have sexual contacts with other men in order to be able to analyse better their risk management. We asked this question, but referring only to the last six months. Almost three quarters of all men (72,8%/270) - independent from having a steady partner or not - had sexual contacts with other men, in average with 10 men. More than the half (58,3%/ 102) of all men with a steady relationship answered, that they had additionally to their partner sexual contact with another man (respectively other men) in the last six months.

Almost 80% (79,5%) of the Slovenian men had sexual contacts with other men, followed by the Austrians (74,3%), the Italians (67,9%) and the Slovakiens (67,6%). Analysing the average number of men with which the respondents had sexual contacts besides their steady sexual partner in the last six months according to the countries, the Slovenian lead the list with 13 men, followed by the Italians, with 12 men. The Austrian had in average contacts with 9 men and the Slovakiens with 7 men.

The respondents were asked about the adopted sexual practices with casual partners as well. The answers to this question are seen in the following graph: Here, once more, the two most adopted sexual practices are mutual masturbation and oral sex.

**Graph 13: Adopted sexual practices in the last 6 months with casual partners**



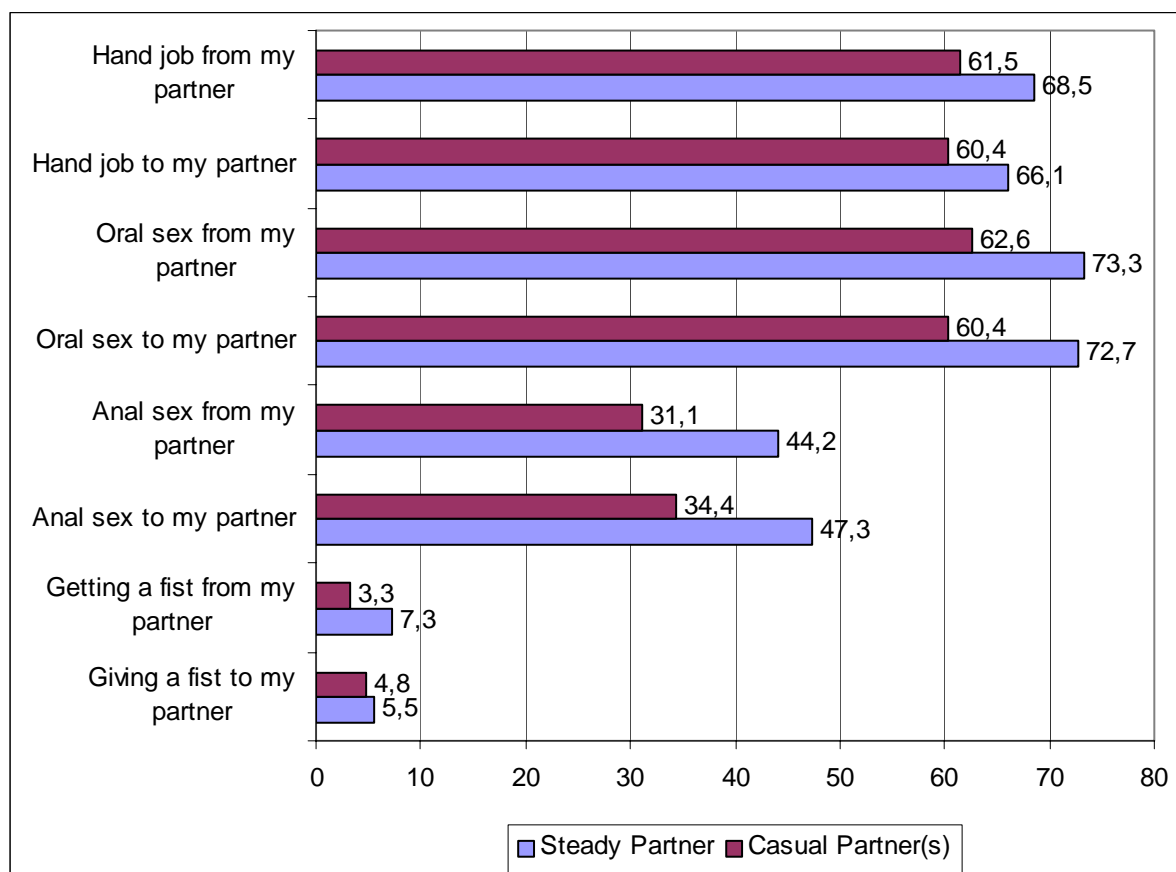
To make a more direct comparison between the sexual practices that are adopted with a steady and a casual partner, in the next graph (graph 14) only the answers “always/very often” and “often” are considered. On the one hand only the respondents who stated to have had sexual contacts with other men are considered, whether they have a steady partner or not, and on the other, the respondents that stated to have a steady partner. It is very interesting to see that all the sexual practices are more adopted with a steady partner rather than with casual partners. According to graph 14 it can be seen that men in a steady relationship have in general more sexual contacts than men who have casual partners. This is especially the case by the more risky sexual practice of anal sex (and slightly by fist-fucking), which is a sign of risk management among the men. In Bochow’s survey these results are corroborated as 47% of the questioned men with a steady partner had anal intercourse more than once a month, compared to 18% of the men without a steady partner (Bochow et. al. 2004).

There is also a difference between receptive and insertive anal intercourse, where insertive intercourse is more practised than receptive one<sup>8</sup>. (Unprotected) receptive anal intercourse is thought to impart a higher HIV acquisition risk compared to insertive intercourse, and the eventual choice of being the insertive partner may reflect a further risk management strategy (Truong et.al. 2006). This assumption of a smaller risk is based on the one hand on published data and on the other on a certain “sperm fixation”: Usually, only sperm and vaginal secretion are named as bodily fluids that contain the HIV virus, but not the secretion

<sup>8</sup> Chi<sup>2</sup> 87,4\*\*

of the intestinal mucosa. However, it is this mucosa that represents the biggest HIV-reservoir in the body (Marcus 2006).

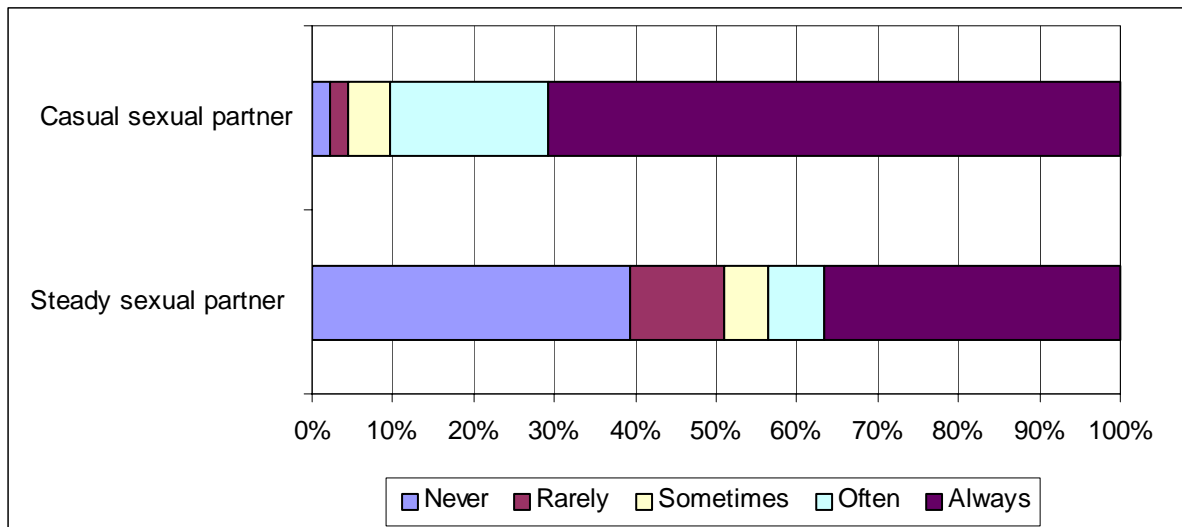
**Graph 14: Comparison between adopted sexual practices with the steady and the casual partners**



**steady partner (N=165), casual partner(s) N=270 (%)**

The vast majority of the men (79,3%) that have had sexual contacts with other men, whether they have a stable partner or not stated to have used a condom the last time they had anal sex with another man (39,8% of the men with a steady sexual partner answered this). There is almost no difference in the different age groups. Asked about their condom behaviour during anal sex in general, the obtained answers differ from the answers regarding the condom behaviour with the stable partner. To make this difference more visible, in the next graph the condom behaviour during anal sex with steady and casual partners will be depicted.

**Graph 15: Comparison between condom use with the steady and the casual partner**



**steady partner (N=157)casual partner N=253; Missing: 7,6% steady partner and 9,5 % casual partner**

As it can be appreciated in the graph, the most given answer of condom use during anal sex with casual partners is to „always“ use a condom. Again, here is another evidence of risk management. This is corroborated by a study recently carried out in San Francisco, in which HIV seronegative concordant partners in a regular relationship agree to have unprotected anal intercourse, while negotiating condom use outside the relationship (Truong et. al. 2006). However, it is important to bear in mind, that the habitualised use of a condom does not exclude casual risk contacts: Also men that say to “always” use a condom stated to have had risk contacts in the survey made by Bochow et.al. (2004). The habitualisation of the use of condoms with a casual partner is higher than with the steady partner.

Even though the general intention of the MSM is to avoid using condoms only when the partner has the same serostatus, it is difficult to judge, especially in the case of meetings arranged through the internet or of anonymous sexual contacts, if this information is accurate. An important source of misunderstanding could be, according to Marcus, that for HIV positive men the partner’s willingness of refusing the use of a condom might be interpreted as a sign that the partner is HIV positive as well, and the other way round in the case of an HIV negative MSM (Marcus 2006).

Looking closer at the answers given in the different countries, as it was done before with the use of condoms with the stable partner, the answers “always” and “often” were added. Over 90% (90,8%) of the Austrian men, followed by 82,8% of the Slovenian men, 72,6% of the Italian and 71,8% of the Slovakian men say to always or often use condoms with casual

partners during anal sex. Only 10 men stated to never or rarely use condoms with casual partners.

Taking into account the knowledge about HIV/AIDS transmission routes, all the men that said to never or seldom use condoms with a casual partner score very high on the knowledge scale.

31 men (8,5%) had sexual contacts with a woman in the last 6 months. The most adopted (very often/often) sexual practices during sexual contacts with women are petting (92%), fellatio (75%) and vaginal sex (72%). Asked about the condom use during these sexual practices, 46,2% of the men stated to use very often/often a condom, 30% use very often/often a condom during anal sex, 14,8% during petting, 12% during fellatio and only 7,6% during cunnilingus.

### **6.3 Individual risk management and susceptibility**

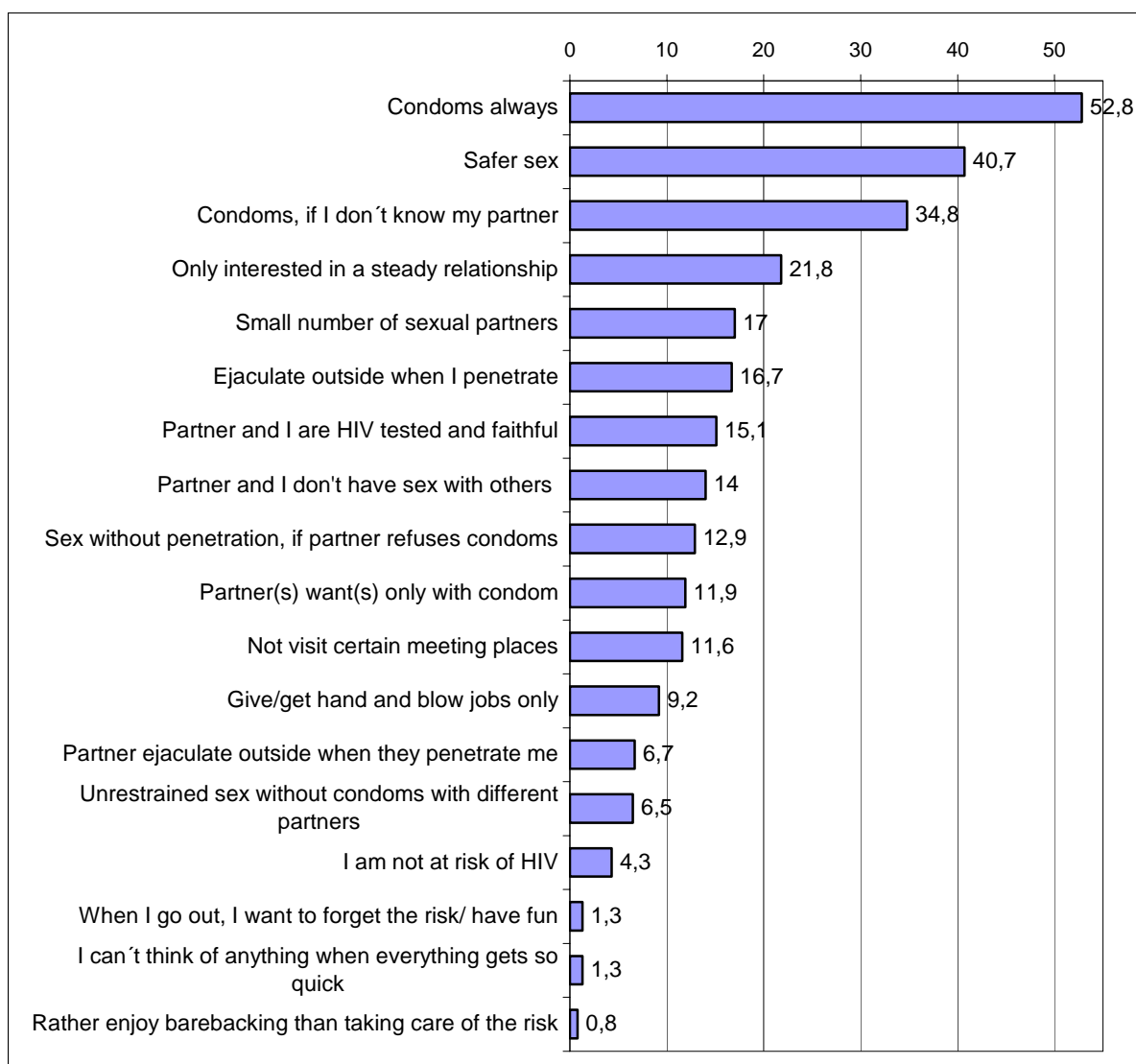
The existing surveys among MSM in Europe elicit three main patterns of risk management behaviour (Bochow et. al. 2004):

- Selective Strategies: this strategy consists of reducing the number of sexual partners or selecting the sexual partners according to the grade of acquaintance or the way they look. However, this leads to the false conclusion (by whom?) that this strategy can actually protect.
- Support in a steady relationship: here, the partners are monogamous or have safer sex with other sexual partners. Even though this “partner oriented” strategy is more adequate as the “selective” ones, an illusion of protection may occur if the serostatus of the sexual partners is not precisely cleared.
- The third protection strategy is to practice safer sex. This means only having sexual contacts with seroconcordant partners or reduce the sexual contacts to mutual masturbation. However, the men that use this strategy probably do not always avoid risk contacts, it can be doubted whether the knowledge of the serostatus of the sexual partner is always right and whether only safer sex is practiced.

As earlier mentioned, also in the frame of the BORDERNET MSM sample, different risk management techniques have come so far to the light, in line with other European studies to the same subject: more risky sexual techniques are mostly practised with the stable partner and the condom use is higher with a casual partner.

It is very important to assess how the men react to HIV/AIDS in their sexual behaviour. In the next graph, the answers given to this question are shown:

**Graph 16: How do you react to HIV and AIDS in your sexual behaviour?**



**(%) N=371, multiple answer**

As it can be seen in the graph, for more than half of the men, a way of reacting to the threat of HIV/AIDS is always using a condom and for 40,7% is having safe sex. The third strategy is to use condoms if he does not know well his sexual partner. Having a steady relationship or reducing the number of sexual partners is an option for many of the men as well.

Looking closer at high risk sexual practices, only 1,3% (5) of the men “want to forget the risk and just have fun when they go out”. 6,5% (24) said to sometimes have unrestrained sex without a condom.

Analysing the risk management answers according to the countries, the three most given answers in the Austrian group are to always use condoms (59,6%), to have safer sex (55,1%) and to use condoms if the man does not know well the sexual partner (33,1%). The same order of answers was given by the Slovenians, but with a slightly different percentage

(61,4%, 39,8% and 38,6%). For the Italian men, the first given answer is to always use condoms (54,8%), followed by using condoms when the sexual partner is not well known (31%). Safer sex is on the third place, with 27,4% of answers. The most given answer by the Slovaks is to have a steady relationship (41, 2%), followed by using condoms with partners that they don't know well (38,2%) and to have safe sex (29,4%).

### **6.3.1 Summary of risk management**

As it has been mentioned, different risk management techniques that are used by the questioned MSM have come to the light, in line with the available literature on the subject. It is of most interest, that the behaviour patterns of risk management we found in our sample seems almost independent from cultural and regional influence. Additional it can be questioned, whether the development of such kind of risk management techniques are solely found in MSM. Studies on the heterosexual populations, such as on "Women and AIDS"(Steffan at al 2004) and on "Heterosexual Transmission on AIDS (Kraus et al 2003) identified similar behaviour patterns. Is the development of risk management techniques part of a kind of basic inventory of sexual behaviour? And if yes, has this finding any influence on prevention strategies?

We have seen that the MSM respondent of the BORDERNET study possesses excellent knowledge both in HIV transmission routes and prevention possibilities. They may in some countries know less than in others, especially when it comes to STI, but in general most of the respondents know very well their own risk situation, this is shown by their risk perception and the developed risk management.

## **7 Nightlife and drug consumption**

### **7.1 Nightlife and (sexual) mobility**

An association between recreational participation in the hegemonic recreational nightlife context (to go clubbing) and health risk is stated by several studies (IREFREA 2001/98). In this context prevalence, patterns and determinants of "clubbing", mainly related to sexual behaviour and drug consumption, are on the focus.<sup>9</sup> Nevertheless it's important to emphasize that not nightlife in general is an risk factor; the possibility of health risks depend on the interaction between personal vulnerability, physical and socio-cultural context.

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<sup>9</sup> At the moment the SPI Forschung is working out a study in cooperation with IREFREA where the main aim is to explore the risk and protective factors related to night life.

In the BORDERNET survey the men were asked about their nightlife behaviour. Almost half of the men (45,4%) go at least once a month to gay clubs/discos. The vast majority (73,9%) never goes to sex parties and over one third (36,5%) changes from time to time several gay clubs during one night. Over the half (60,3%) never have several sex partners during one night, 28,3% do from time to time. 6,6% (23) say to have several sexual partners at least once a month.

The Austrian and the Slovenian men are the ones that go out the most to gay clubs/discos at least once a month (54% of the Austrians and 52,6% of the Slovenians). This is same thing that 34,5% of the Italians and 32,9% of the Slovaks do. 81,3% of the Slovenians never go to sex parties, followed by 76,8% of the Austrians, 72% of the Italians and 61,9% of the Slovaks. It is remarkable that 38,1% (24) of the Slovaks say to attend a sex party at least once a month or from time to time.

“Clubhopping” is something that the Austrian men do more than the men from the other countries, but this can be easily explained by the variety and size of the gay nightlife offer in Austria, compared to the other countries.

Changing several sex partners during one night is something that 13,1% of the Austrians do at least once a month, as well as 8,1% of the Slovaks, 7,9% of the Slovenians and 4,9% of the Italians. From time to time this is done by 38,2% of the Slovenians, 25,9% of the Italians, 25,8% of the Slovaks and 25,2% of the Austrians.

Going abroad to have sex with other men seems to be something that only few (5,7%) of the men do on a regular basis. As it was the case with travelling in general, the Austrians are the ones who travel the most to attend gay events and parades. 43,8% of the Austrians said to do it from time to time, followed by the Slovenians (23,6%), the Slovaks (18%) and the Italians (14,6%).

## **7.2 Drug use**

We asked our respondents about their alcohol and drug consumption. On the one side, because the sharing of syringes is an important risk factor for the infection with HIV, but on the other side, regular alcohol or/and (party-)drug consumption can influence the safer sex behaviour in a negative way and therefore enhance the vulnerability concerning HIV and STIs (Rogala et al. 2004).

One of the few drugs that are taken on a regular daily basis is alcohol. 8,1% (30) of the men drink alcohol everyday, 23,7% do it at least once a week and 20,8% at least once a month. Only 16,2% (60) of the men said never to drink alcohol. The men who drink at least once per week are more likely to go to a gay clubs/discos, as well as do scene hopping and change several sex partners during one night.

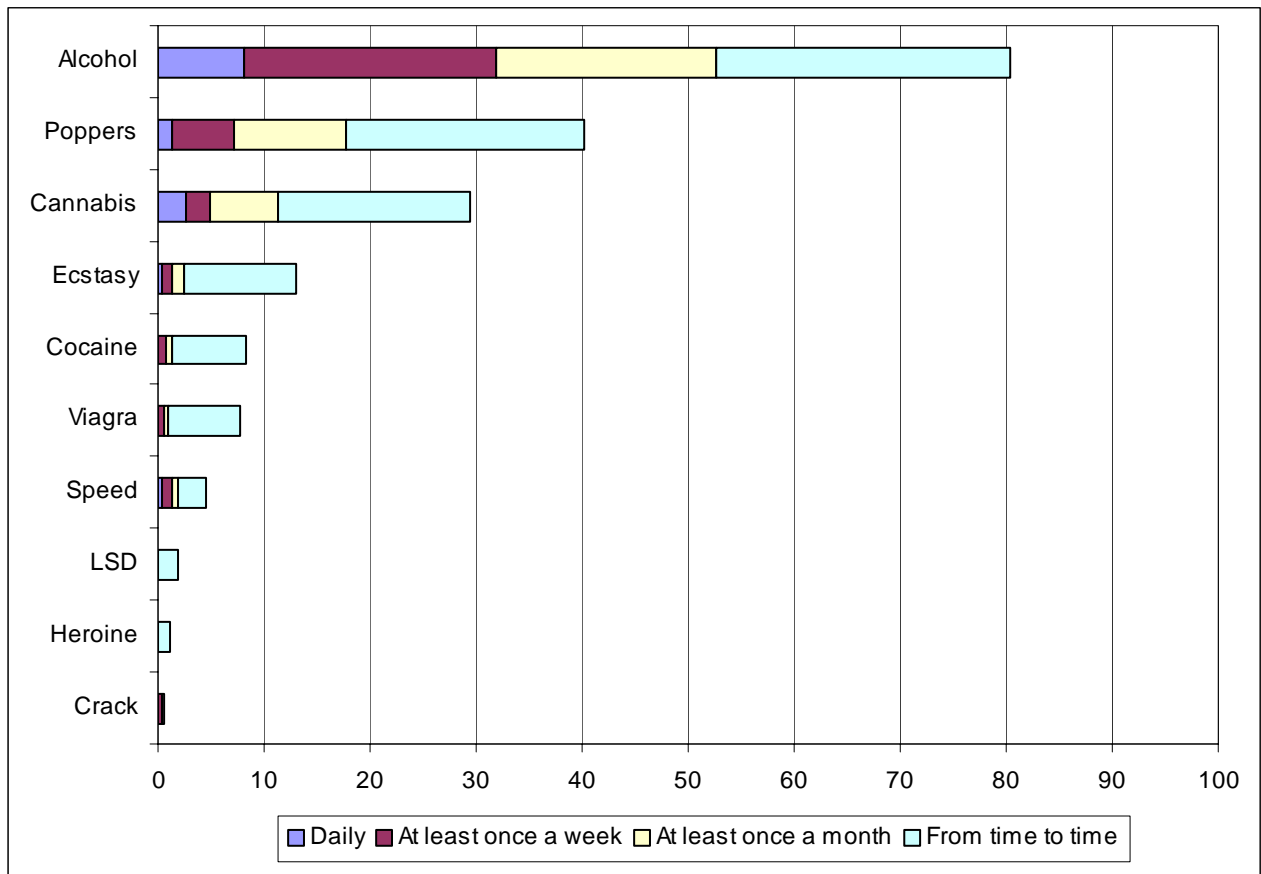
In regard to the daily consume the second most taken drug is cannabis, where 2,7% (10) use it on a daily basis. Looking at the general drug consume it's a striking result that the drug "poppers" is consumed more often than all other illegal drugs. Some authors stated poppers as a "gay sex drug"<sup>10</sup> and in the context of the high prevalence of this drug in the BORDERNET sample the connection between poppers, clubbing and sexual behaviour could be a relevant subject for further surveys.

The next graph shows the drug consume in general, dividing it in daily basis, at least once a week, at least once a month, from time to time.

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<sup>10</sup> There will be a presentation on the subject "Poppers-the gay sex drug" on the drug symposium in Mainz, 14-15. May by Scheuß, Ch. (Agentur Queer Communications).

Graph 17: Drug consumption in the last 12 months

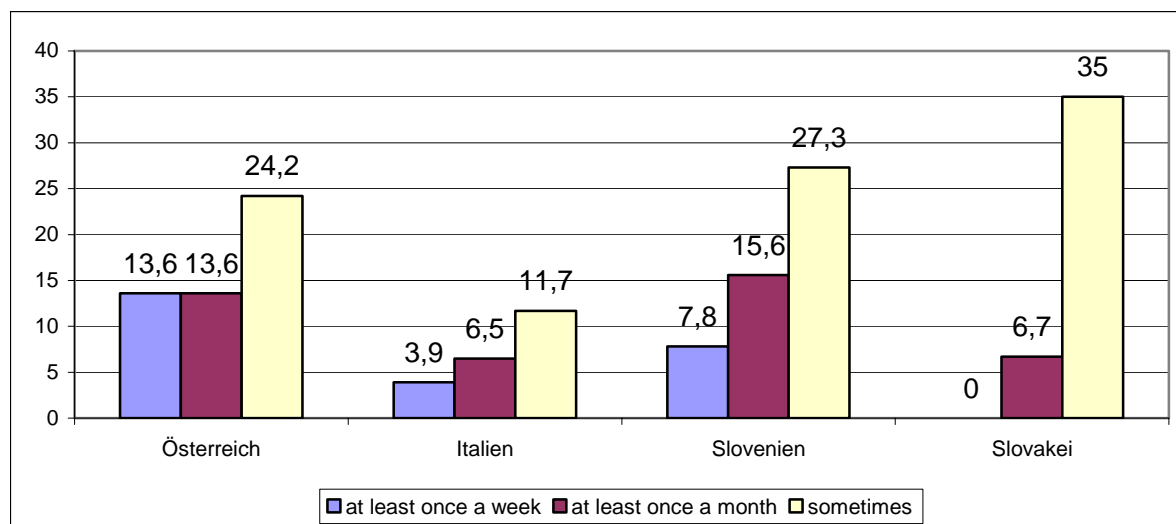


(%) n=371

According to the European Monitoring Centre for Drugs and Drug Addiction, the country variation of different drug consumption in the last year in the general adult population is as follows: Cannabis ranges from 0,8% to 11,3%, Ecstasy ranges from 0% to 3,5%, Cocaine ranges from 0,1% to 2,7% and Amphetamines (Speed) ranges from 0% to 1,1% (European Monitoring Centre for Drugs and Drug Addiction 2006). In comparison with this data, the MSM of the BORDERNET sample stated a relatively high drug consume.

Adding the options “daily” and “at least once a week” and looking at the countries of origin, 50,8% of the Austrians drink at least once a week alcohol, 13,6% use at least once a week poppers and 6,6% consume at least once a week cannabis. 23,9% of the Italians, 22% of the Slovaks and 16,9% of the Slovenians drink alcohol at least once a week. Cannabis is consumed at least once a week by 4,8% of the Italians, 3,4% of the Slovaks and 2,4% of the Slovenians. 7,8% of the Slovenians and 3,9% of the Italians consume poppers at least once a week.

Graph 18: Poppers consumption in the last 12 months



% (n=346)

Because of the small number of men who consume heroine and crack, they were left out of a new formed variable, the variable of (party) drug consumption<sup>11</sup>. Looking closer at this new variable, the findings of Bochow et al. can be not confirmed, that the men that consume drugs have more sexual partners than the ones that do not consume, there was no significant correlation found.

The result of Bochow that the men who consume drugs engage more often in anal intercourse than the men who do not consume drugs can be confirmed only in one specific case: MSM take the more drugs the more frequent they have receptive anal sex with casual partners<sup>12</sup>. There is no significant correlation either between insertive anal sex and drug consume with causal partners nor between anal sex in general and drug consume within steady partnerships.

The men who consume drugs are slightly more active in the nightlife: 58,9% of the men who go in a frequency from daily to monthly to gay clubs/ discos consume drugs at least once a week, compared to 45% of the men that do not consume anything<sup>13</sup>.

There is a significant positive correlation between (party-)drug consumption and sex parties: The more the men take drugs, the more often they go to sex parties<sup>14</sup>. Furthermore the men who consume (party-)drugs change significant more often the sex partners during one

<sup>11</sup> For this variable, alcohol was left out as well.

<sup>12</sup>  $P < 0,01^{**}$  Regarding the different drugs the statistic analysis show an high significant correlation between receptive anal sex and the illegal drugs cannabis and ecstasy ( $p < 0,01^{**}$ ) and still a significant correlation between receptive anal sex and alcohol and speed ( $p < 0,05^*$ ). There is no connection with cocaine or viagra.

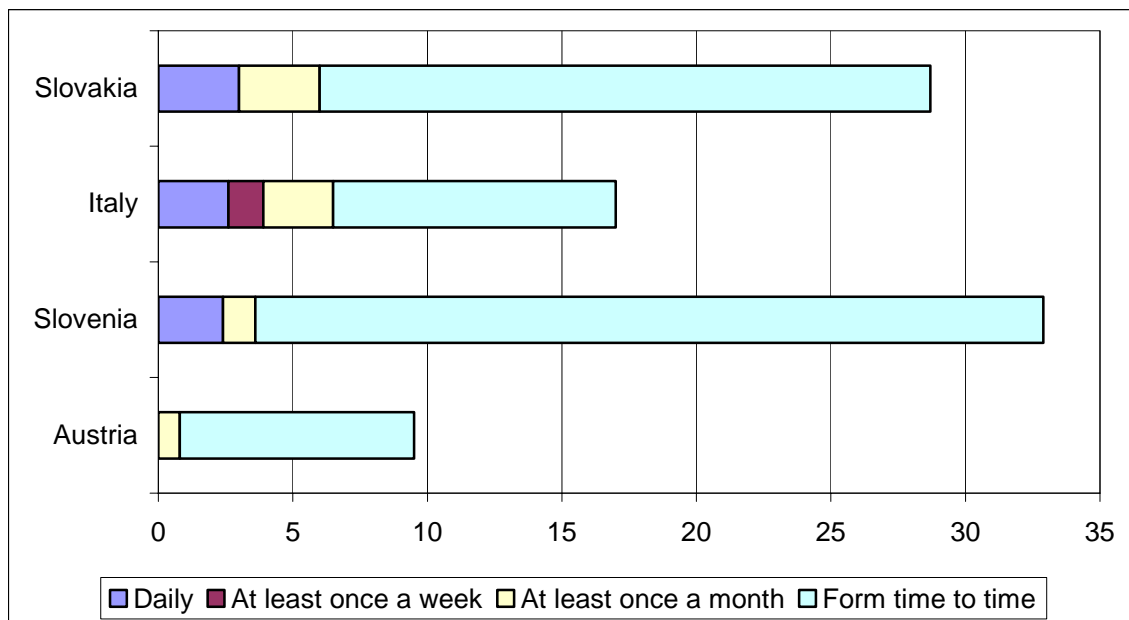
<sup>13</sup> but there is no significant correlation

<sup>14</sup>  $r = 0,15^{**}$

night<sup>15</sup>. E.g. 18% of all MSM who change several male sex partners during one night in a frequency from daily to monthly, consume drugs at least once a week compared to 7,7% of the men that do not consume anything. Particularly interesting for our survey is the fact that the men who consume these type of drugs (at least once a week) are the ones who travel significant more often abroad to have sex with other men (20,9% compared to 4,2%)<sup>16</sup>.

The profile of the MSM that consume drugs (partly more frequent anal intercourse, more activities in the gay scene) points out to a more hedonic lifestyle. This lifestyle includes the fact that more often risky sexual contacts take place (Bochow et. al 2004) which can be confirmed by our survey: The men who stated “sometimes I have unrestrained sex without condoms with different partners” consume significant more often (party-)drugs than men who negate this question<sup>17</sup>. Concerning this question there is a divergence between that objective measured indicator for risky behaviour and the subjective assessment of the men: Asked about whether the drug consume influences the use of condoms, in the sense that the men could forget to use them while intoxicated, so the majority (71,7%) stated to never forget to use condoms under drug influence. 16,6% say to forget to use condoms from time to time. 3,7% forget it at least once a month. In the next graph, the answers according to the countries are shown, in which it becomes visible that Slovenia and Slovakia are the two countries in which condoms are more forgotten due to drug consume.

**Graph 19: How often do you forget about safer sex when you are under the influence of drugs?**



(%)N=350

<sup>15</sup> r = 0,12\*

<sup>16</sup> r = 0,14\*\*

<sup>17</sup> p<0,05\*

### **7.3 Summary of nightlife and drug consumption**

As it has been lightened, the consume of party drugs influence the nightlife respectively sexual behaviour of the men: Men who consume party drugs are more likely to go to sex parties, to change several sex partners during one night and to travel more often abroad to have sex with other men. In respect to health risk and prevention affords this connection becomes just a problem, if drug consume leads also to neglected safer sex behaviour. As we have seen there is the result that “unrestrained sex without a condom” was more answered by men who take drugs but that they have contradictory the subjective impression to be able to control their safer sex behaviour under the influence of drug consume. Nevertheless it must be stressed out that only few men show this unsafe sex behaviour in general (independent from drug consumption).

The legal drug alcohol is the most taken drug and poppers is more consumed than cannabis or any other illegal drug. In regard to the cultural differences it come to the light that the Austrians are the ones who consume drugs (alcohol, cannabis, poppers) the most, while Slovenians take alcohol and cannabis at the least, whereas the Slovaks consume poppers the least. The Austrian men also go most often to clubs/ discos and gay parades and do the most “clubhopping”, but this could be the result of different variety on size of (gay) nightlife offers.

## **8 Summary and Conclusions**

The interviewed MSM have relative high educational degrees and they also have a high basic knowledge of HIV/AIDS transmission and protection but unfortunately not in the same extend on high frequent STIs. The respondents are very afraid of getting infected with HIV/AIDS, this is especially the case for Slovakian and Italian MSM. Italian MSM were also the MSM that scored the lowest in the question concerning the infection ways of HIV/AIDS and on STIs. Even though the knowledge of HIV/AIDS is very high, there are many insecurities as well as fears, and this knowledge seems to not be properly internalised. This high level of knowledge among the men corroborates Bochow in his statement, that MSM do not practice safer sex not *because* they are not informed, but *even though* they are informed (Bochow et. al 2004)

Therefore, prevention strategies for MSM should particularly focus on STIs and on tackling fears and promotion of risk management strategies. A continuous mass media and scene-specific focus on HIV/AIDS and STIs remains very important.

An extremely high percentage of MSM have been tested for HIV/AIDS, and a high proportion of them stated to have received pre- and post test counselling. But because of our findings it can be doubted whether this fact influences also the sexual behaviour of the respondents. Pre- and post test counselling for MSM should be evaluated and improved according to the findings of this and other studies.

Around one quarter of the men had an STI diagnosed in the last two years. Italian MSM showed the highest incidence in general, and they were also the ones that scored less in the knowledge of syphilis, herpes and gonorrhoea.

Concerning condom use, more than 1/3 never use a condom during anal sex with the steady partners, and that must be seriously taken into account due to the fact that around 60% of the men with steady partners have also sex with other men, thus increasing the risk for the steady partner by possibly having had unprotected sex.

Italian and Slovakian MSM are the ones, compared with the other countries, that used less condoms with both the steady and the casual partners. This shows that the situation of men in steady relationships needs a special attention in the prevention work. Even though these men are not exposed to more risky contacts than the rest of the men, the exposition to risk in steady relationships is higher, because in these cases anal intercourse is more frequently practised and the longer the relationship is, the less a condom is used.

As it has been mentioned, different risk management techniques that are used by the questioned MSM have come to the light, in line with the available literature on the subject. It is of most interest, that the behaviour patterns of risk management we found in our sample seems almost independent from cultural and regional influence. Additionally it can be questioned, whether the development of such kind of risk management techniques are solely found in MSM. Studies on the heterosexual populations, such as on "Women and AIDS"(Steffan et al 2004) and on "Heterosexual Transmission on AIDS (Kraus et al 2003) identified similar behaviour patterns. Are the development of risk management techniques part of a kind of basic inventory of sexual behaviour? And if yes, has this finding any influence on prevention strategies?

We have seen that the MSM respondent of the BORDERNET study possesses excellent knowledge both in HIV transmission routes and prevention possibilities. They may in some countries know less than in others, especially when it comes to STI, but in general most of

the respondents know very well their own risk situation, this is shown by their risk perception and the developed risk management.

MSM respond to different risk management strategies, such as avoiding high risk sexual practices with casual partners, choosing to be the insertive partner during anal intercourse and practising of safer sex. It is very important to correct the misconceptions about the allegedly “safer” insertive anal intercourse as well as pointing out the relationships between condom use, STI incidence and HIV transmission probability through the presence of an STI.

As it was shown in relation to the drug consumption, the club and party scene has a very special need of promotion and stabilisation of the protection offers because of their enhanced vulnerability concerning HIV/STI as a result of the correlation between unsafe sex behaviour and drug consume.

The challenge of HIV/AIDS prevention among MSM is to meet the consequences of the “normalisation” process of this infection. It is particularly difficult in the development of prevention strategies to set reachable and realistic aims. Even though it is still an important priority to reach (and keep) a high information knowledge of HIV/AIDS to lead to consequent preventive behaviour and that special information offers are needed for the MSM in the different regions.

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