

**Russia (2008): HIV/AIDS TRaC Study of
Risk, Health-seeking Behaviors, and
Their Determinants, Among Men Who
Have Sex with Men in Eight Regions of
the Russian Federation. Second Round.**

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

**Moscow, Russian Federation
November, 2008**

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Summary

Background & Research Objectives The purpose of this study is to provide an assessment of the key health behaviors, determinants, and exposure to PSI programming among men who have sex with men (MSM) in eight regions of the Russian Federation, where PSI is implementing a Global Fund-funded project (*Globus*) targeting MSM. The survey was conducted in the capitals of the following regions: Vologda, Kazan, Krasnoyarsk, Nizhny Novgorod, Orenburg, Pskov, St Petersburg and Tomsk.

Description of Intervention PSI's LaSky program targeting MSM combines the distribution of informational and motivational materials to the target group with outreach activities, "edutainment" group sessions and inter-personal communications delivered by trained peer educators and opinion leaders. LaSky also supports an internet site with information, and a counseling telephone hotline.

Methodology The baseline survey in 2006 used time-location sampling; due to low response rates the follow-up in 2008 used respondent-driven sampling (RDS). Sample size was calculated for all the regions together. The baseline was a single-stage cluster sample, with locations where MSM congregate defined as clusters. The number of respondents to be selected was proportionate to cluster size. In every region the estimates of the number of MSM per cluster were calculated as a part of mapping exercise conducted prior to data collection. The follow-up in 2008 used the clusters defined in 2006 to select seeds (initial respondents). In large metropolitan centers (where the estimated number of total MSM in more than 20,000) four recruitment waves were completed. In smaller locations the estimated number of MSM is below 10,000, and three recruitment waves were completed. A total of 539 and 1113 interviews respectively were completed for the baseline and follow-up studies. Analyses consisted of logistic regression and anovas to examine trends over time, to ascertain which determinants are correlated with key behaviors, and to examine the association between program exposure and changes in health behaviors and determinants. Socio-demographic characteristics and geographic location were controlled for in the analyses.¹

Main Findings

The monitoring table highlights that:

- The share of respondents who report having relationships with a permanent partner has reached 82.0%, up from 68.3% two years ago ($p < .001$). Yet the number of respondents reporting having casual partners has also increased ($p < .05$), which suggests that MSM tend to maintain multiple sexual relationships at any given time.
- Condom use is far from being universal and varies by type of partner. In 2008, condom use at last sex with casual partners was 66.8%, and it was only 44.1% with permanent partners. The findings show a significant improvement in condom use among casual partners over time, but no change in condom use with permanent partners.

The results of segmentation analysis indicate that the probability of MSM using condom during last contact with male partner increases with

- *Availability of free condoms.* Almost 85% of those practicing safe sex report having received condoms for free, the respective figure for non-users is 77% ($p < .01$). Thus, the availability of free condoms encourages MSM to use condoms.

¹ For more details about the methodology and data collection, please contact the first author for a copy of the study design document.

- *Self-efficacy to discuss condom use.* MSM who are confident in their ability to discuss condom use with different types of partners are more likely to use condoms at last sex with a male partner. The respective means are 2.86 for users and 2.58 for non-users ($p < .001$).
- *Perception of condoms making sex less pleasant.* Predictably, respondents who disagree with the statement “condoms make sex less pleasant” are more likely to use condoms than those who subscribe to this notion (45% vs. 30.2%, respectively, $p < .001$).

The results of evaluation analysis reveal that PSI program exposure is associated with:

- An increase in condom use with casual partners as well as commercial partners ($p < .05$).
- A greater likelihood of being tested for STIs ($p < .05$).
- Increased confidence to negotiate condom use with different types of partners, being better informed about the requirement for HIV test being accompanied by pre-and post-test counseling, and knowing that it is not possible to tell by looking if a person has an STI ($p < .05$).
- A higher perception of being at risk for HIV ($p < .05$).
- There was no effect on the perception that condoms make sex less pleasant.

Programmatic Recommendations

- The program was very successful in increasing HIV awareness and condom negotiation skills. On the other hand, condom use among MSM remains low, but increasing. The results of segmentation analysis suggest that programmatic activities should focus on promoting condom availability, increasing MSM’s confidence in their ability to convince partners to use condoms and reducing the perception that condoms make sex less pleasant.
- Program messages should continue to focus on the importance of condom use with all partners at every sexual contact.
- Taking into account the positive influence of the availability of free condoms on use among MSM, it should be noted that upcoming closure of *Globus*-sponsored activities including condom distribution may result in the increase of incidence of unprotected sex among the target population.
- While the positive finding of this study is that HIV prevention programs have been effective in promoting HIV testing among MSM, it needs to be emphasized that testing alone does not reduce the risk of HIV infection. Moreover, there is an increase in MSM who perceive themselves to be at no or limited risk for contracting HIV. While this perception could be related to their practicing safer modes of behavior (i.e., more consistent condom use with different types of partners), it could still promote risk-taking on their part. The respective information materials and counseling sessions to be developed by La Sky program should emphasize those practicing unprotected sex even with permanent partners put themselves at risk for HIV.
- Continued emphasis should be placed on changing the perception of condoms making sex less pleasant. In this respect, the protective qualities of condoms should be highlighted to clients. In addition, a survey soliciting MSM opinions about the condoms being distributed can be conducted. The study can also be focused on the appearance, flavor and other consumer qualities of the FAVORITE and other brands of condoms with results of this study serving as a basis for possible changes in procurement and distribution policies.

The above recommendations will be implemented throughout the LaSky program’s main activities: development and distribution of IEC materials and web-based information;

interpersonal communication through outreach and counseling; group edutainment activities; and influencing peer norms through training of popular opinion leaders.

Results regarding condom use with different partners, the use of health services, and related determinants among men who have sex with men, Russian Federation, 2006 and 2008.

Risk Group: Men who have sex with men in the Russian Federation

Behaviors: Condom use at last sex with a regular partner, condom use at last sex with a casual partner, frequency of condom use with any partner in the past 3 months; STI testing and HIV testing; contacts with HIV prevention projects (2006 N=539; 2008 N=1113).

MONITORING TABLE	2006	2008	
INDICATORS	Globus ² Regions (N=539)	Globus Regions (N=1113)	Sig
	%	%	
SEXUAL AND RELATIONSHIP CHARACTERISTICS			
In past year, all sexual partners have been men only	64.9	73.9	**
Maintained relationship with permanent male partner	68.3	82.0	***
Has sexual contacts with casual male partners in the last 3 months	61.3	67.4	*
Had sexual contacts with male commercial partner	15.3	13.8	NS
RISK			
Has ever used drugs intravenously	3.9	4.3	NS
SEXUAL BEHAVIORS AND USE OF MEDICAL SERVICES			
<i>Sexual behaviors</i>			
-Used a condom at last anal sex with male partner ☺	58.3	57.6	NS
-Used a condom at last sex with a permanent partner (among respondents with a permanent male partner) ³	49.6	44.1	NS
-Used a condom at last sex with casual partners_ (among respondents with casual male partners) ⁴	59.1	66.8	*
-Used a condom at last sex with commercial partners_(among respondents with commercial male partners) ⁵	53.8	90.9	***
<i>Health service use behaviors</i>			
-Has had STI test in the past 12 months	50.3	43.9	*
-Has had an HIV test in the past 12 months	60.1	62.6	NS
OPPORTUNITY			
<i>Availability</i>			
-Has received condoms for free in the last 6 months	54.8	82.0	***
ABILITY			
<i>Self-efficacy, negotiation</i>			
-Condom self-efficacy scale (range 1-4; higher score means higher self-efficacy) ⁶	Mean 2.52	Mean 2.75	***
<i>Knowledge</i>			
-Knows it is <i>not</i> possible to tell by looking if a person has an STI	84.3	78.0	**

² Globus = Global Fund, Round 3 project being implemented by Consortium of six NGOs in Russia. Included regions are Vologda, Kazan, Krasnoyarsk, Nizhni Novgorod, Pskov, St Petersburg, Tomsk. Orenburg (in Round 1), Tver and Ulan-Ude (in Round 2) were omitted due to the lack of activities among MSM there.

³ N= 337 (baseline); N=907 (follow-up)

⁴ N=372 (baseline); N=738 (follow-up)

⁵ N=52 (baseline); N=151 (follow-up)

⁶ Mean score ranges from 1= strongly disagree, 2= disagree 3= agree 4= strongly agree. Scale items included listed in the Annex.

MONITORING TABLE	2006	2008	
INDICATORS	Globus ² Regions (N=539)	Globus Regions (N=1113)	Sig
	%	%	
-Knows that an HIV test must be accompanied by pre and post counseling	55.2	89.5	***
MOTIVATION			
<i>Beliefs</i>			
-Agrees that condoms make sex less pleasant	52.8	40.1	***
-Perceives self to be somewhat or at high risk for HIV	65.6	47.8	***
EXPOSURE			
-Received referrals to medical and social institutions from outreach worker	39.9	66.4	***
-Received promotional materials on HIV prevention from outreach worker	70.5	92.2	***
-Received individual consultation in HIV prevention in the past 6 months	27.8	23.9	NS
-Used telephone services to obtain info about HIV prevention	10.6	29.2	***
-Visited website on HIV-related issues	28.0	46.4	***
POPULATION CHARACTERISTICS			
-Mean age (total range 16-46)	25.5	24.3	NS
-Completed education higher than secondary special	49.5	67.0	**
-Income in the last month was 20,000 Rubles or more	18.5	27.9	**

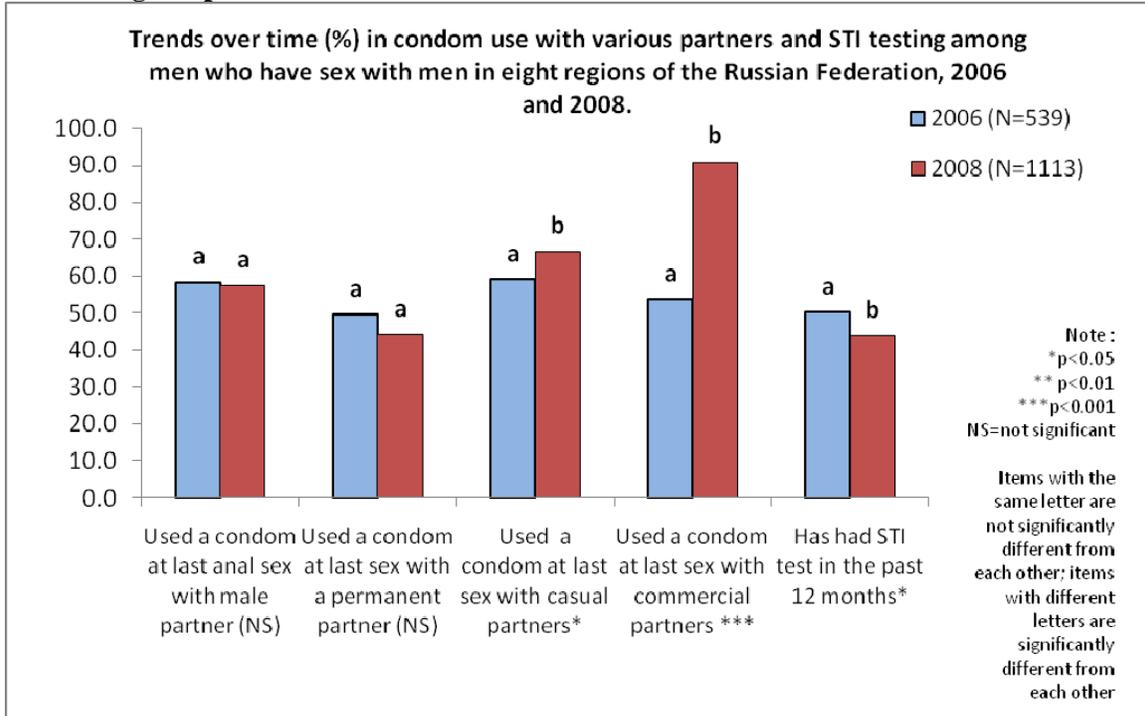
* $p < .05$, ** $p < .01$, *** $p < .001$

Note: The respective entries are the results of UNIANOVA analysis with socio-demographic variables age, education, marital status, income, and region used as controls

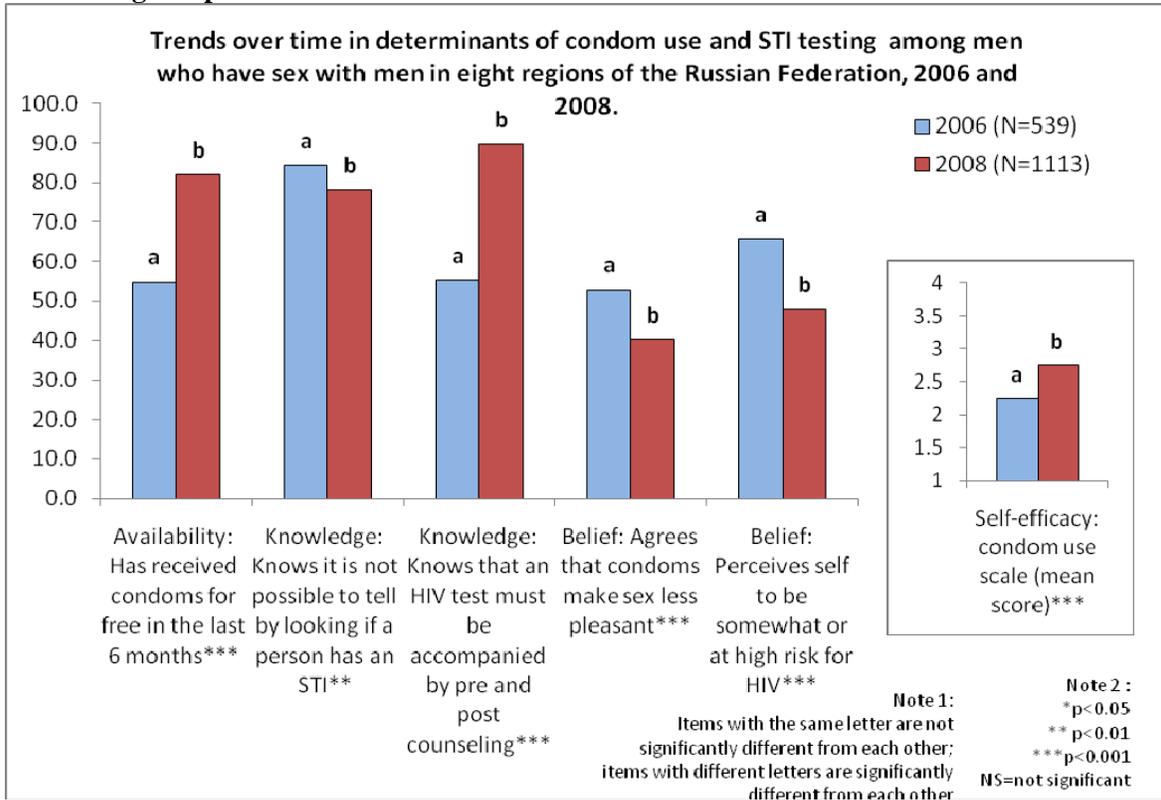
⊗ Logframe indicator

(m) = mean score

Monitoring Graph 1:



Monitoring Graph 2:



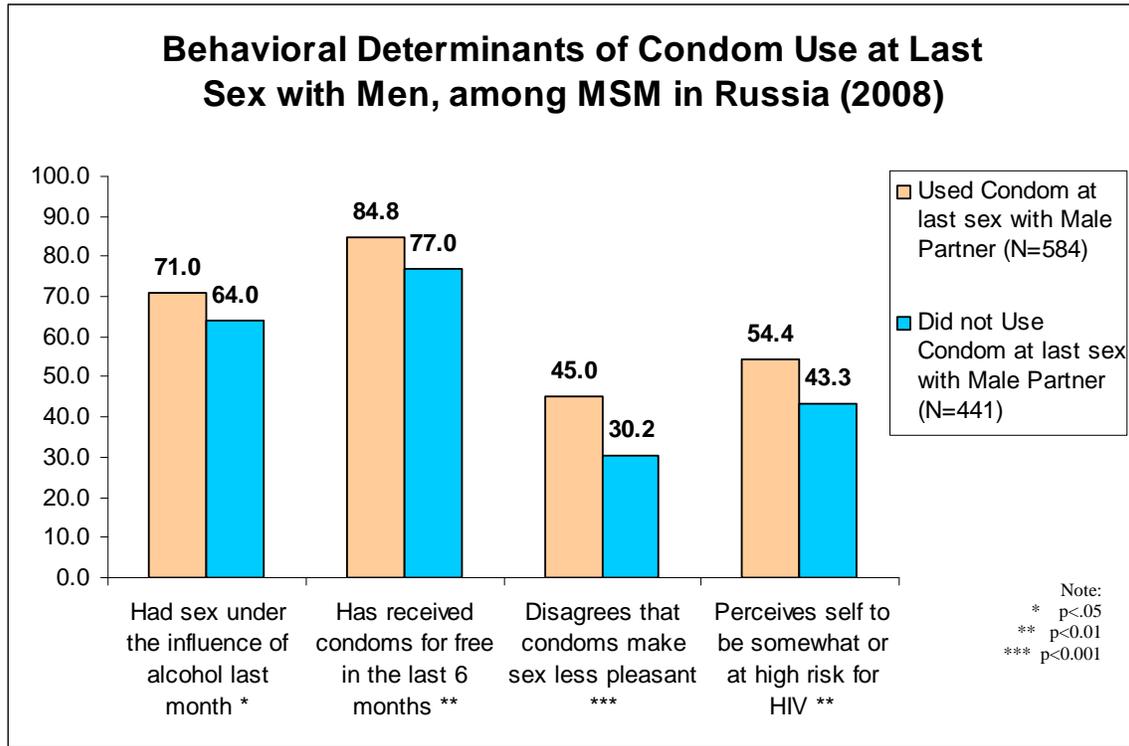
Results regarding condom use with male partner at last sex**Risk Group:** Men who have sex with men in the Russian Federation**Behaviors:** Condom use with male partner at last sex (N=1045)

SEGMENTATION TABLE				
INDICATORS	USERS (57%) N=584	NON-USERS (43%) N=441	OR	Sig
	%	%		
RISK				
Had sex under the influence of alcohol last month	71.0	64.0	1.42	*
OPPORTUNITY				
<i>Availability of lubricant and condoms</i>				
-Has received condoms for free in the last 6 months	84.8	77.0	1.49	**
ABILITY				
<i>Self-efficacy, negotiation</i>	MEAN	MEAN		
-Condom self-efficacy scale (range 1-4; higher score means higher self-efficacy)	2.86	2.58	1.72	***
MOTIVATION	%	%		
<i>Attitudes</i>				
-Disagrees that condoms make sex less pleasant	45.0	30.2	1.71	***
-Perceives self to be somewhat or at high risk for HIV	54.4	43.3	1.51	**

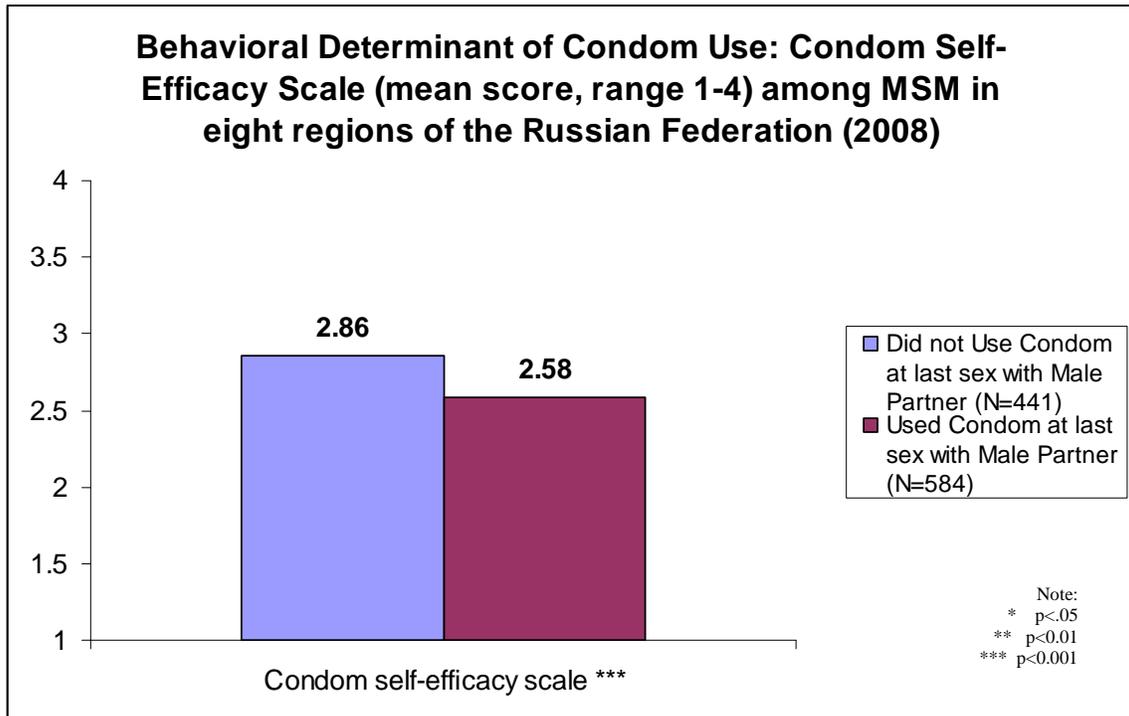
*=p<0.05; **=p<0.01; ***=p<0.001. Hosmer and Lemeshow Test: Chi-square=4.209, df=8, Sig=0.838; Omnibus Test: Chi-square=74.23, df=7, p<0.001; R squares: Cox & Snell R-square=0.100, Nagelkerke R-square=0.135

Each variable is adjusted for all other variables in the model; geographic locations are also controlled for.

Segmentation Graph 1:



Segmentation Graph 2:



Association between exposure⁷ to the PSI-sponsored intervention and condom use with Male partners, STI testing, and related determinants among men who have sex with men, Russian Federation, 2006 and 2008.

Risk Group: MSM, 17-45 years of age

Behavior: Condom Use and STI Testing

INDICATORS	Baseline (N=539)	Follow-up (No contact) (N=174)	Follow-up (Low Exposure) (N=308)	Follow-up (High exposure) (N=612)	Sig.
SEXUAL BEHAVIORS AND STI TESTING					
<i>Sexual behaviors</i>					
-Used a condom at last sex with casual male partners	58.9 ^a	61.4 ^a	55.7 ^a	74.3 ^b	***
-Used a condom at last sex with commercial male partners	53.7 ^a	81.9 ^a	86.7 ^b	93.4 ^b	***
<i>Health service use behaviors</i>					
-Has had STI test in the past 12 months	50.2 ^a	30.3 ^b	38.8 ^b	51.5 ^a	***
OPPORTUNITY					
<i>Availability of lubricant and condoms</i>					
-Has received condoms for free in the last 6 months	56.2 ^a	20.2 ^b	91.0 ^c	95.2 ^c	***
ABILITY					
<i>Self-efficacy, negotiation</i>					
-Condom self-efficacy scale (range 1-4; higher score means higher self-efficacy)	2.52 ^a	2.57 ^a	2.57 ^a	2.91 ^b	***
<i>Knowledge</i>					
-Knows it is <i>not</i> possible to tell by looking if a person has an STI	84.2 ^a	74.1 ^b	74.6 ^b	80.8 ^a	***
-Knows that an HIV test must be accompanied by pre and post counseling	55.4 ^a	76.9 ^b	90.6 ^c	92.1 ^c	***
MOTIVATION					
<i>Beliefs</i>					
-Agrees that condoms make sex less pleasant	52.9 ^a	36.1 ^b	41.1 ^b	41.3 ^b	***
-Perceives self to be somewhat or at high risk for HIV	66.0 ^a	31.5 ^b	52.0 ^c	50.9 ^c	***

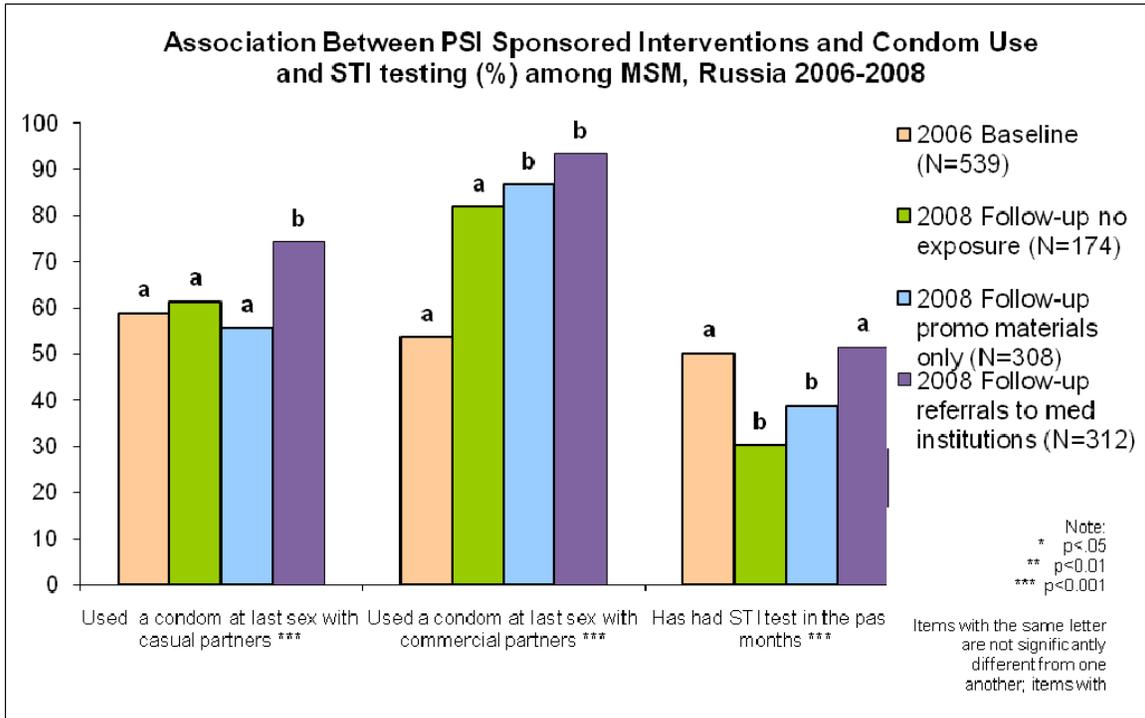
a,b,c: Proportions and means with different superscripts are significantly different at $p < 0.05$ or better; proportions and means with the same superscript are not significantly different.

* $p < .05$, ** $p < .01$, *** $p < .001$

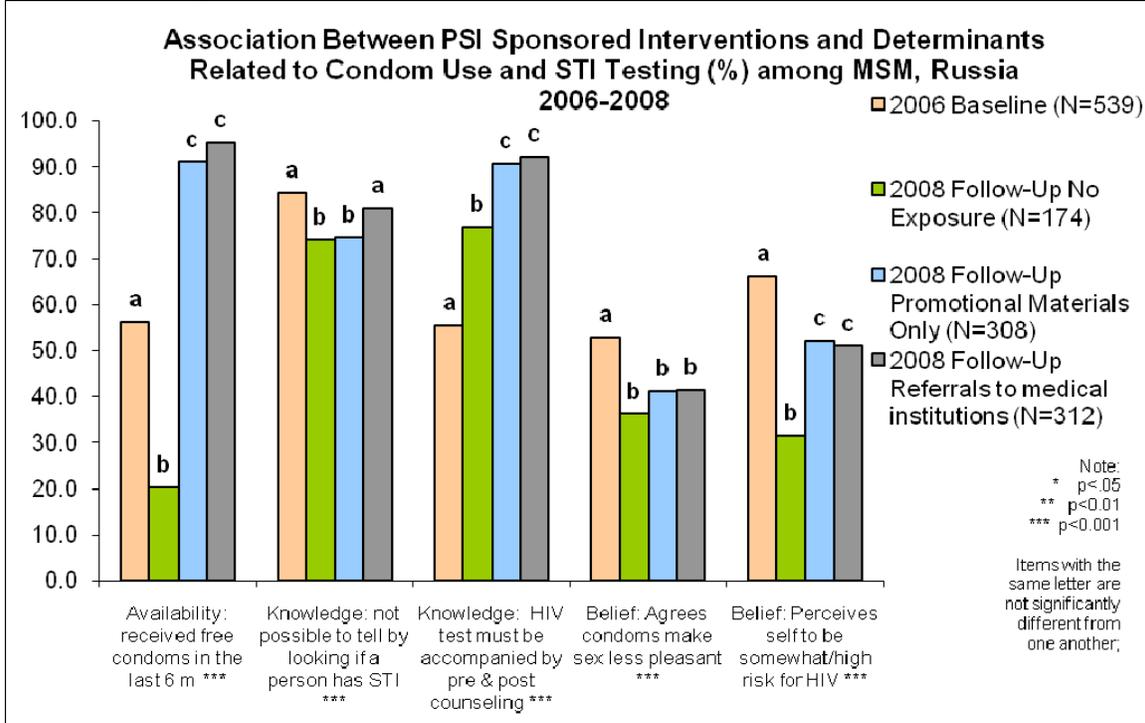
Note: Results of UNIANOVA analysis are shown, with controls including socio-demographic variables age, education, marital status, income, and region.

⁷ Exposure was measured as follows: (1) the reference group consisting of respondents of the baseline study; (2) the "no-exposure" group includes respondents who reported no contacts with PSI-sponsored projects during the follow-up study; (3) the "low exposure" group are those who received promotional materials on HIV from outreach workers, a "low-intensity" type of contact (4) the "high exposure group" includes respondents who received referrals to medical and social services (could have also received promotional materials).

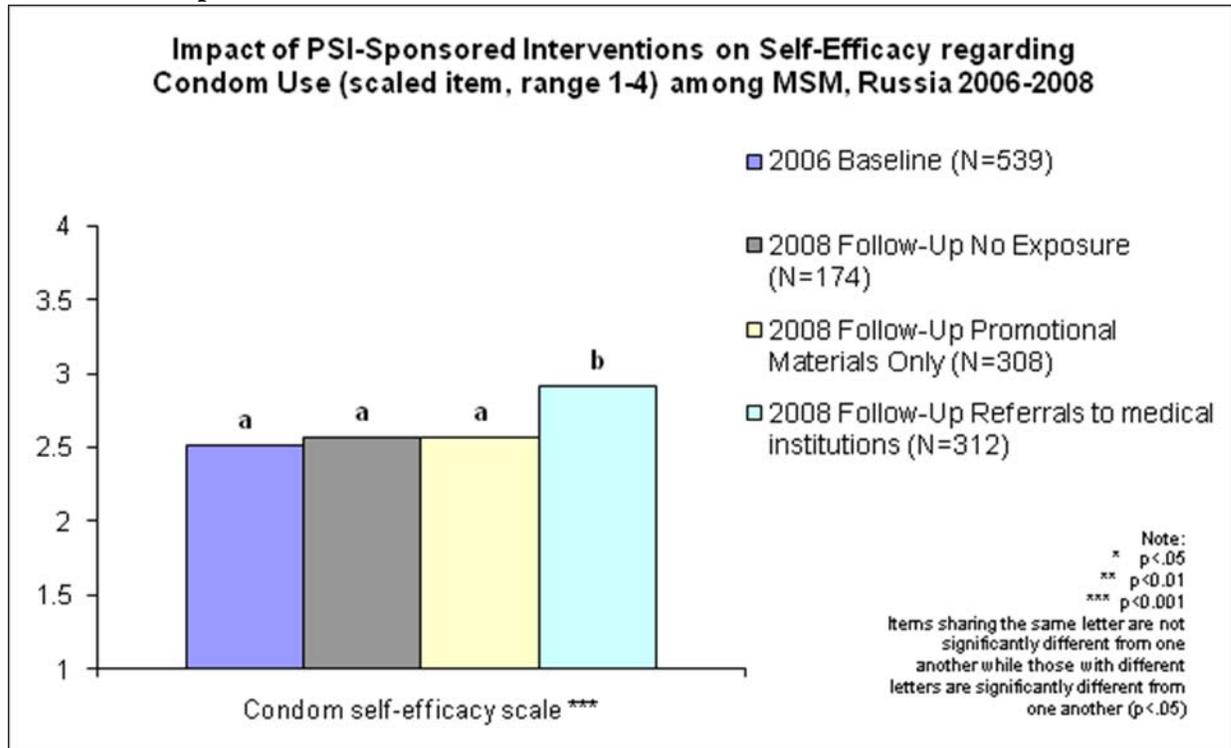
Evaluation Graph 1:



Evaluation Graph 2:



Evaluation Graph 3:



Summary table of program effect

The summary table combines the results from the monitoring and evaluation tables to aid in the interpretation of possible program effect. The monitoring column shows the direction of the indicator as observed on the monitoring table. The evaluation column shows the difference between follow-up not exposed and follow-up high exposure categories, as shown in the Evaluation table.

	Change over time (Monitoring)	Association with program exposure (Evaluation)	Programmatic effect
SEXUAL BEHAVIORS AND USE OF MEDICAL SERVICES	Trend	Trend	
<i>Sexual behaviors</i>			
-Used a condom at last sex with casual partners	+	+	Positive
-Used a condom at last sex with commercial partners	+	+	Positive
<i>Health service use behaviors</i>			
-Has had STI test in the past 12 months	-	+	Positive
OPPORTUNITY			
<i>Availability of lubricant and condoms</i>			
-Has received condoms for free in the last 6 months	+	+	Positive
ABILITY			
<i>Self-efficacy, negotiation</i>			
-Condom self-efficacy	+	+	Positive
<i>Knowledge</i>			
-Knows it is <i>not</i> possible to tell by looking if a person has an STI	-	+	Positive
-Knows that an HIV test must be accompanied by pre and post counseling	+	+	Positive
MOTIVATION			
<i>Beliefs</i>			
-Agrees that condoms make sex less pleasant	-	NS ⁸	No impact
-Perceives self to be somewhat or at high risk for HIV	-	+	Positive

⁸ Not significant.

Reliability Analysis

Behavior Change Determinants	Study	
	Cronbach's Alpha	Items
- Condom self-efficacy / negotiation	0.86	<ol style="list-style-type: none"> 1. It is difficult for me to insist on condom use with someone I have known for a long time 2. It is difficult for me to insist on condom use with someone with whom I have had unprotected sex before 3. It is difficult for me to insist on condom use with someone for whom I have strong feelings