

# **HIV RISKY BEHAVIOURS OF MEN WHO HAVE SEX WITH MEN IN TIRANA**

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## **Abstract**

HIV infection remains to be of major public health importance in Europe, with evidence of increasing transmission among MSMs. The article presents the findings of the Behavioral and Biological Surveillance Study conducted in Tirana with 198 MSMs, utilizing a respondent-driven sampling. 40.6% of MSM have tried drugs. The overwhelming MSM respondents (90.5%) had anal sex in the past 6 months. Less than half of MSM 45.5% had anal sex with a commercial partner in the 6 months preceding the study. Only half of MSM who have had a commercial sex partner, used a condom with that partner during the last anal sex. On the other hand, even fewer MSM 20.3% used a condom consistently during every anal sex act with a commercial sex partner. Multiple partnerships are frequent, with an estimated 65.2% of MSM who have had sex with a non-commercial partner in the past 6 months having had 2-4 partners. 75.5% in the Tirana MSM network have had sex with a female. Condom use with females at last sex was 40.6 % and only 12% reporting consistent condom use with all female partners in the past 6 months. The majority of MSM (70%) are estimated to know that confidential HIV testing is available in Tirana. The sample characteristics indicate that of those MSM who had been tested, the majority 86.7% taken the HIV test voluntarily. The findings call for development of interventions to target MSMs for improved healthy behaviors.

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**Keywords:** MSM, HIV, Risky Behaviors

## **Introduction**

Literature uses the term MSM to refer to all men who engage in sex with other men (Hickson, 2011). The term intends to be inclusive, referring not only to gay and bisexual, but also to those men who do not identify themselves as such.

Generally, despite the relatively low absolute number of cases diagnosed, MSM are disproportionately affected by the HIV epidemic compared with the heterosexual population because of the relatively small size of the population and the high levels of HIV in this group.

There is accumulating evidence that the number of newly diagnosed HIV cases among MSM in western Europe has been increasing in recent years, including recently acquired and acute infection (Sullivan et al, 2009; Sasse and Defraye 2009; Semaille et al. 2009, Diaz et al. 2009). In Eastern European, regardless of lower numbers of HIV cases among MSM, it is reported a high level of risk behavior and lower frequency of HIV test seeking behaviour, suggesting that there is a clear potential for increased HIV transmission (Mirandola et al., 2009).

The overall increase in proportion of MSM who engage in sexual risk behavior such as unprotected sex with casual partners is of concern and is confirmed by a number of studies (Velter et al. 2009; Cowan et al., 2006; Elford et al., 2004; Cuevas et al., 2009). Other authors (Folch et al., 2009) demonstrate also the circumstances in which unprotected anal intercourse is more likely to happen with casual partners. Some sources confirm its association with the use of different drugs, a large number of sexual partners, the use of the internet to meet sexual partners, and low self-esteem .

HIV cases in Albania among MSM count approximately 10% of the total in 2015 (IPH, 2014). Research around MSM in Albania is limited. Behavioral and Biological Surveillance Studies (Bio-BSS) represent an important resource for data on HIV risky behaviours of MSMs. The article presents the elaboration of data of Bio-BSS 2011 by comparing these findings with those of Bio-BSS 2008 (IPH, 2008), to conclude regarding the future needed intervention for prevention of HIV transmission among MSM in Albania.

## **Methodology**

Respondent-driven sampling (RDS) was used to sample the MSM population in Tirana, having advantages for hard-to-reach populations at risk of discrimination and stigmatization if openly identified. As a start, a non-randomly selected MSM (seeds) were identified, to further recruit other MSM members (first-wave participants) of their social network. First-wave participants then received recruitment coupons to recruit members of their social network (second-wave participants). This recruitment process continued for numerous waves, until sample size was reached. The seeds were selected from different locations in Tirana and included married and unmarried men, of different self-identified types (homosexual, gay, bisexual)

and of different socio-economic levels. All data were collected from the end of June through July 2011.

The indicator variable used to determine sample size was the percentage of those who had used condoms in the last twelve months. Sample sizes were calculated to detect a change of ten percent in the proportion of those who used a condom over this period. The design effect was estimated at 1.3 for MSM populations based on the RDS design. The level of precision was set at 0.05 for a one-sided test with 90 percent power. Sample sizes were increased by 10–15 percent to account for potential non-responses. The sample sizes required, according to these calculations was 200, and the sample sizes actually achieved was 198 MSMs.

The questionnaire, data collection tool, included questions on the following issues: socio-demographic characteristics, sexual history and partner types, drug injection behaviours, condom use, STI knowledge, STI symptoms, HIV and AIDS knowledge, attitudes, beliefs, HIV testing, HIV-related stigma and discrimination, health status, and health-seeking behaviours.

Trained interviewers administered the questionnaires after obtaining the written consent of the participants, who had the option of providing witnessed verbal consent if they preferred. The interviewers conducted one-to-one interviews with each respondent in a private setting.

Compliance with ethical requirements for the research was monitored during data collection.

Data was double-entered into SPSS version 13 software. Any discrepancies in data entry were resolved by examining frequencies and cross-tabs for inconsistencies.

## **Results**

### **Socio-demographic characteristics of MSMs**

The median age of MSM participants was 31 years, with 30 percent of MSM in Tirana are estimated to be younger than 24 years of age. Population estimates indicate that more than one fifth (22.4 %) of MSM never received any formal education, 28% of MSM completed the compulsory education of 8 classes, and 26.5% completed 12 classes. The majority of respondents referred to themselves as Muslim, an estimated 26% have been married to a female, and 12% are currently married and live with a female sexual partner.

### **Alcohol and Drug Use**

*Data indicate that one-quarter of the MSM population consumes alcohol daily, while 42 % consume alcohol at least once a week.*

**Table 1. Alcohol and Drug Use**

<b>Characteristic</b>	<b>Sample (n=200)%</b>	<b>Estimated Population Proportion % (95% CI)</b>
<b>Frequency of alcohol use in past 4 weeks</b>		
Every day	25.5	27 (20.5-35.9)
At least once a week	37.8	42 (35.1-51.3)
Less than once a week or never	27.1	29 (21.8-36.8)
Have ever used drugs (injected or non-injected)	38.7	40.6 (31.3-49.6)
Have ever injected drugs	20.2	21 (12.9-33.3)

In terms of drug use, an estimated 40.6% of MSM have tried drugs (injected or non-injected), with marijuana being the most used drug. Population estimates indicate that more than one-fifth of MSM inject drugs (21%), with heroin being the most frequently injected drug among MSM.

### **Sexual Behaviors and Condom Use**

The MSM population is sexually active, with 88.7% estimated to have had sex in the past 6 months. The remainder of this section presents data on MSM sexual behaviors by type of sex (i.e., oral or anal) and by type of partner (i.e., commercial or other non-commercial partners).

#### ***Oral Sex***

In the 6 months preceding the survey, population estimates indicate that half of MSM (84% in 2008) of MSM had oral sex with a man, and almost 76% either ejaculated into his partner's mouth or his partner ejaculated into his mouth (Table 2). In comparison with the first Bio BSS, only one quarter of MSM (80.2% in 2008) had more than four sexual partner during this period; the median number of partners was three. Almost one third of MSM used condom at last oral sex, while population estimates reveal that more only 12.4% of MSM used condoms consistently during oral sex. More than one fifth (23%) are estimated to never use condoms during oral sex.

**Table 2. Sexual History: Oral Sex and Condom Use**

<b>Characteristic</b>	<b>Sample (n=198) %</b>	<b>Estimated Population Proportion % (95% CI)</b>
<b>Ever had sexual contact with a man in past 6 months</b>	92.8	88.7 (80.6-96.8)
Had oral sex in past 6 months	50.9	50 (41.9-60.8)
<b>Number of men with whom respondent had oral sex in past 6 months</b>		
Median	3	--

1	23.6	26 (16-33.3)
2-4	47.2	46.2 (35-51.3)
≥ 5	24.7	25 (18.9.6-32.38)
Used condom at last time having oral sex	30	32.3 (24.5-40.2)
Frequency of condom use during oral sex in past 6 months		
Every time	11.2	12.4 (7.7-20.3)
Almost all the time	18	21.2 (15.6-29.5)
Some of the time	42.5	40.5 (31.46.2)
Never	25.8	23 (16.5-28.4)
Ejaculated in mouth (his or his partner's) during oral sex in past 6 months	77.5	75.4 (61.5-82.3)

### Anal Sex

The overwhelming MSM respondents (90.5%) had anal sex in the past 6 months (Table 3). The questionnaire included questions related to the type of anal intercourse in which the respondent was involved: insertive or receptive. It is estimated that MSM who are involved in sexual activities seems to be almost equally insertive and receptive partner. One quarter of MSM who are the insertive partner had more than four partners, while it goes up to one third (34%) with MSM who are the receptive partner.

**Table 3. Sexual History: Anal Sex and Partner Type**

Characteristic	Sample (n=200) %	Est. Pop. Prop. % (95% CI)
Had anal sex with a man in past 6 months	92.4	90.5 (81.6-97.6)
Number of men respondent had anal sex with in past 6 months where respondent was receptive partner		
Median (mean)	1 (6.77)	
0	19.8	20.8 (12.4-33.6)
1	24.1	25 (18.7-33.8)
2-4	33.3	34 (23.8-40.5)
≥ 5	19.8	17.2 (11.4-25.2)
Number of men respondent had anal sex with in past 6 months where respondent was insertive partner		
Median (mean)	2(8.73)	
0	34.1	30.2 (24.1-40.3)
1	25	27.2 (19.9-34.9)
2-4	25	25.5 (17-34.5)
≥ 5	12.8	14.4 (6.5-21.8)

### Commercial Sex Partners

It is estimated that less than half of MSM 45.5% (74.2 % in 2008) of MSM had anal sex with a commercial partner in the 6 months preceding the survey (Table 4). Only half of MSM who have had a commercial sex partner, used a condom with that partner during the last anal sex. On the other hand, even fewer MSM 20.3% used a condom consistently during every anal sex act with a commercial sex partner. Among those not using

condoms, the main reasons cited for not using a condom were (“not necessary” or “did not think of it”) and to access (“not available”). Only small percentage among MSM has discussed the risk of HIV, AIDS, and other STIs with all of their commercial sex partners (8.2%). Another 30.6% had discussed it with their commercial sex worker partner in some cases.

**Table 4. Anal Sex and Condom Use with Commercial Sex Partners**

<b>Characteristic</b>	<b>Sample (n=200)%</b>	<b>Est.Pop. Prop. % (95% CI)</b>
Had anal sex with commercial sex partner in past 6 months	43.1	45.5 (37.5-53.2)
Number of commercial sex partners in past 6 months		
1	14.3	14.8 ( 7.5-21.7)
2-4	37.1	40.3 (34-47.6)
≥ 5	44.3	41.2 (35.4-47.8)
Median (and mean) number of times have had anal sex with most recent commercial sex partner in past 30 days	4 (11.5)	--
Condom used during last anal sex with commercial sex partner	48.5	50.2 (44.8-57.5)
Reasons for not using condoms at last sex with last commercial partner*		
Not available	37.5	--
Too expensive	2.3	-
Partner objected	13	-
Didn't think it necessary	22.2	-
Didn't think of it	36.4	-
Other	5.3	
Consistent (100%) condom use with all commercial sex partners in past 6 months	18.2	20.3 (14.5-27.1)
Ever discussed HIV/AIDS or STIs with any commercial sex partners		
With all	6.1	8.2 (2-15.7)
With some	28.8	30.6 (24.9-37.4)
With none	65.2	61.1 (55.4-67.1)

Note: The small sample size meant that the RDS software was unable to calculate population estimates and corresponding confidence intervals.

### **Other Non-Commercial Sex Partners**

The majority of the MSM population in Tirana 71.2% have had sex with a non-commercial sex partner in the past 6 months (Table 5). A non-commercial sex partner is defined as a person with whom the respondents have had sexual relationships without paying or being paid for it. Multiple partnerships are frequent, with an estimated 65.2% of MSM who have had sex with a non-commercial partner in the past 6 months having had 2-4 partners. Two third (66%) used a condom at last sex (compared with 60% in 2008), but only 14.4% reported consistent condom use with non-commercial

partners. Reasons for not using condoms are diverse; some responses were “not liking them,” others were “did not think it was necessary” or “did not think of it” or “not available at the moment.”

**Table 5. Sexual History: Anal Sex and Condom Use with Non-Commercial Sex Partners**

Characteristic	Sample (n=200)%	Est.Pop. Prop. % (95% CI)
Had anal sex with non-commercial sex partner in past 6 months	73	71.2 (62.1-80.3)
Number of non-commercial sex partners in last 6 months		
1	16.1	15.5 (8.5-21.4)
2-4	67.9	65.2 (56.2-72.7)
≥ 5	12.5	16.2 (10.5-23.4)
Median (mean) number of times have had anal sex with most recent non-commercial sex partner in the past 30 days	2 (6)	--
Condom used during last anal sex with non-commercial sex partner	64.9	66.6 (57.2-77.3)
<b>Reasons for not using condoms at last sex with last non-commercial partner</b>		
Not available	24.1	22.1 (11.5-31.2)
Too expensive	1.5	NC
Partner objected	13.6	12.2 (7.5-20.8)
Don't like condoms	34.1	35 (28.2-43.1)
Didn't think it necessary	10.7	12 (6-19.7)
Didn't think of it	25	26.2 (17.4-35.2.)
Consistent (100%) condom use with all non-commercial sex partners in past 6 months	12.5	14.4 (7.6.5-23.2)

### Condom and Lubricant Knowledge

The majority of MSM in Tirana know where to get condoms (85.7%), with pharmacies and NGO as the most frequently known sources.

Lubricants are used by an increasing number of MSM 50.7% compared with 40.7% in the 2008 Bio BSS. Among those who used lubricants, almost all used oil-based products, including butter and cooking oil.

**Table 6. Condom and Lubricant Knowledge**

Characteristic	Sample (n=200) %	Est.Pop. Prop. % (95% CI)
<b>Male condoms</b>		
Out of those who have not used condoms in the past 12 months the % who have heard of the male condom	95.7	93.2 85.7-98.2)
Knew where to obtain male condoms	89.9	85.7 (73.5-92.6)
Store/market	14.9	12.5 (5.8-20.2)
Pharmacy	95.8	93 (82.4-98.6)
Health clinic/hospital	13.3	16.5 (12.6-24.2)
Family planning center	4.3	5.4 (0.6-17.2)
Bar, guest house, hotel	4.4	5 (0.5-18.9)

NGO	50.3	49.5 (42.2-60.8)
Friend	64.2	65 (52.4-78.6)
<b>Lubricants</b>		
Use lubricants during anal sex with men	52.4	50.7 (39.6-61.6)
Type of lubricants used		
Water based	12	15.5 (7.4-36.5)
Vaseline	26.3	25 (17.8-35.3)
Butter	23.8	22.7(15.1-31.5)
Cooking oil	10.5	10(2.5-18.5)
Reasons for not using lubricants during anal sex with men		
Partner objects	15.1	12.6 (5.7-22.3)
Can't get it	3.9	NC
Don't like lubricants	9.6	13.6 (7-19.5))
Other	7.7	NC
Don't know	30.2	28.2 (19.5-37.6)

### HIV Counseling and Testing

The majority of MSM are estimated to know that confidential HIV testing is available in Tirana with 70% (Table 7). Despite the knowledge, only 23,5% report to ever have had and HIV test. The sample characteristics indicate that of those MSM who had been tested, the majority 86.7% taken the HIV test voluntarily, and that the majority of those tested had received their test results. Only one fifth of those tested have taken the test in the last 12 months.

**Table 7. HIV Counseling and Testing**

Characteristic	Sample (n=198) %	Est.Pop. Prop. % (95% CI)
Knowledge about availability of confidential HIV testing in Tirana	70.9	70 (65.6-89.6)
Respondents who have ever had an HIV test	20.4	23.5 (12.5-33.8)
Voluntarily took HIV test	90	86.7 (77.5-93.2)
Required to take HIV test	8.7	10 (4.7-20.3)
Respondents who voluntarily took HIV test AND found out their test results	76.7	80.4 (70.5-92.3)
Time of last HIV test		
Within past 12 months	20	20.5 (10.1-31.6)
> 12 months	77.3	76.6 (64.9-85.3)

### Conclusion

Based on the findings presented, MSMs in the country practice HIV risky behaviors. Unprotected sex being one the key dimension of the risky behavior is very prevalent among sexual active MSMs. Low HIV testing and counselling among them signals of the low prevention measures undertaken.



In comparison with 2008 the prevalence of risky behaviors does not change significantly, however in terms of comparison there is evidence of a slight decrease of risky practices, and increase in knowledge and testing.

The findings of the Bio-BSS among MSMs of 2011 have been published for the first time in this article, also attempting to provide a time series comparison of data with the findings of 2008. The findings are considered very important in informing policy making, considering the existing gap in data in the field and the increasing number of diagnosed MSMs with HIV.

A number of policy orientations might be formulated considering the findings presented in this article. It is paramount to plan and implement information, education and communication campaigns and ensure they reach the portion of the population who have limited exposure to the formal educational system. Specific messages need to address the prevailing misconceptions surrounding HIV, as well as the stigmatizing and discriminatory beliefs and behaviors. Cross-cutting interventions, including harm-reduction and sexual behavior change need to target MSMs. The focus has to be strengthening of condom-use and lubricant-use service delivery, aiming not only at availability and access, but also at consistent use for the three types of sex (oral, vaginal, and anal)

All these needs to be supportive by continues qualitative studies to gain a more in-depth understanding of risk behaviors among MSM, especially in the context of the denial from society and stigma and discrimination.

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