HIV PREVALENCE AND RISKS AMONG MEN HAVING SEX WITH MEN IN MOSCOW AND SAINT PETERSBURG

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SUMMARY

Key concepts: men having sex with men (MSM), homosexuals, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), risk groups, risks, behavioral surveys, sero-epidemiological surveys.

This report presents the results of the surveys conducted within the framework of the project "Sentinel surveys of HIV prevalence and behavioral risks among men having sex with men in Moscow and St Petersburg". The project was implemented in 2006. It formed part of the initiative aimed at introducing second-generation HIV surveillance in the Russian Federation (RF) and Commonwealth of Independent States (CIS) which was started in 2002 and supported by WHO EURO.

The project was implemented jointly by a state organization (North-West District Centre for AIDS Prevention and Control) and three non-governmental organizations (NGOs) (Stellit Organization for Social Projects, Accent Centre for Health Care Support and Development, and Info-Plus Educational Centre).

The survey covered MSM attending gay clubs and gay saunas in Moscow (321 respondents) and St Petersburg (237 respondents) and included behavioral analysis of the target group and biological specimen testing (blood).

In the group studied, the prevalence of HIV sero-positivity was 3.8% in St Petersburg and 0.93% in Moscow; of hepatitis C antibodies was 3% (St Petersburg) and 1.9% (Moscow); and of syphilis antibodies was 4.2% (St Petersburg) and 0% (Moscow).

According to the survey, the primary risks of HIV infection in the sexual behaviour of MSM included a wide variety of male sexual partners (regular, non-regular, commercial partners) and some heterosexual contacts; oral and anal homosexual sex, sex with HIV-infected partners, sex when intoxicated by alcohol or drugs, and the non-use of condoms during oral and anal sex.

MSM in Moscow and St Petersburg are fairly well informed about HIV/AIDS and sexually transmitted infections (STI) as well as preventive programmes and targeted socio-medical services in their cities.

The high level of risky behavior among MSM and information about existing HIV cases in this group and its social environment show it to be a high-risk group. It would be advisable to expand monitoring surveys in this group to control the situation and improve prevention programmes.

The survey findings will be of use to specialists at the regional Centres for Prevention and Control of AIDS and Infectious Diseases, non-governmental organizations planning and implementing preventive programmes among MSM, HIV Control Department of Russian Federal Service for Surveillance in Consumer Rights Protection and Human Welfare, and international organizations initiating public health programmes in Russia.

CONTENTS

ABBREVIATIONS AND EXPLANATORY NOTES

AIDS	acquired immunodeficiency syndrome
ART	antiretroviral therapy
CIS	Commonwealth of Independent States
CSW	commercial sex workers – women or men paid to provide sexual services
Fisting	hand penetration into the sexual partner's anus
HCV	hepatitis C virus
High-risk groups	IDUs, CSWs, MSM
HIV	human immunodeficiency virus
IDU	injecting drug users
Lower-risk groups	sexual partners of IDUs, CSWs' clients, female partners of MSM, prisoners
MSM	men having sex with men; men engaging in penetrative sex with other men. This term is often used in the context of HIV prevention where sexual orientation is of less consequence than behavioral characteristics. In this report MSM means men aged 18 or older attending entertainment facilities for the gay community, with experience of sexual contact with homosexual partners in the year preceding the survey.
NGO	non-governmental organization
Non-regular sexual partners	partners not married nor living together; sex with non-regular partners who are not paid with money, drugs, etc.
Regular sexual partners	spouses or cohabiters, married and/or living together
Rimming	tongue penetration into the sexual partner's anus
RF	Russian Federation
RSFSR	Russian Soviet Federative Socialist Republic
Risk groups / vulnerable groups, Persons with risky behavior	groups at high risk of contracting HIV due to their behavior or for socio-economic reasons
Sexual HIV transmission	HIV transmission through heterosexual or homosexual contact
STI	sexually transmitted infection
USA	United States of America
Vertical HIV transmission	HIV transmission from an HIV-positive pregnant woman to her fetus/baby during pregnancy, delivery and/or breastfeeding

INTRODUCTION

Twenty five years ago the first cases of a new disease called acquired human immunodeficiency syndrome were identified and registered in the USA, first among MSM, later among injecting drug users (IDUs) and blood recipients [1 – see bibliography, at end of Report]. The disease caused a strong response from the public health sector and gay communities in the USA, Western Europe and Australia. Preventive efforts undertaken in the first decade of the epidemic significantly reduced risky behavior and HIV prevalence among MSM.

However, new generations of gay people were considerably less interested in prevention, which led to an upsurge in the virus spread among MSM in high-income countries, reaching peak rates in the early 1980s [2]. In addition, primary outbreaks of HIV were registered among MSM in medium- and low-income countries (mainly in Asia) [3, 4].

In the USA, 71% of the 157,252 HIV cases registered between 2001 and 2003 were among men, with 61% of them infected through homosexual contact [5]. White men still accounted for the majority of HIV cases; but the epidemic quickly spread among African and Latin American peoples [5]. At present, sex between men is also a leading route of HIV transmission in other developed countries. An increase in the number of HIV cases among MSM has been registered in Belgium, Denmark, Italy, Portugal, Germany [6, 7].

The data on HIV prevalence among MSM in developing countries are mainly available for Latin America and South-East Asia. The data for the Middle East and Sub-Saharan Africa are very limited. The available global data show that HIV prevalence among MSM widely varies from region to region – from 0% in the Middle East to 36.5% in Latin America [3, 8, 9].

The spread of the HIV epidemic among MSM in developed and developing countries has been caused by a combination of biological, behavioral and socio-cultural factors.

The biological factors include injury to highly sensitive mucous tissue of the rectum during anal sex. It has been proved that the risk of HIV infection for the receiving partner during an unprotected anal contact is ten times higher than during unprotected vaginal contact. The high prevalence of untreated STI in this group may also contribute to the high vulnerability to HIV infection [10, 11, 12].

The behavioral risks for MSM include insufficient knowledge about infection risk factors, multiple sexual partners, unsafe sex and non-regular condom use. Alcohol and drugs can also contribute to the risk of infection [13]. The Internet has made it possible to find sexual partners quickly and easily. According to some surveys, men using the Internet to search for partners are more likely to have STI and more often engage in HIV risky behavior [14, 15, 16, 17].

Socio-cultural factors such as stigma, discrimination, homophobia and persecution may increase the risk of HIV infection for MSM. These factors discourage young people from identifying them-

selves as homo/bisexual, which results in their non-participation in HIV prevention programmes [18].

Optimism caused by accessibility to effective antiretroviral therapy (ART) resulted in lack of interest in preventive programmes and individual health protection [19].

The RF and CIS, including the Baltic countries, have failed to prioritize surveys among MSM, firstly because the main spread has been among IDUs, and, secondly, due to limited access to the closed MSM community. The same applies to official statistics on HIV, where this group is clearly underrepresented.

The available published data on surveys among MSM [20, 21] mainly refer to subculture behavior in this group and do not mirror its role in the epidemic.

There have been isolated sentinel surveys based on anonymous linked testing which focused on studying HIV prevalence, viral hepatitis and syphilis among MSM in the context of behavioral risks. These include surveys carried out in Kazakhstan, Russia, and Moldova [22, 23]. Information about the role of bisexuals in HIV spread among women is minimal.

Surveys of HIV prevalence and behavioral risk factors HIV infection among MSM are highly relevant to the RF, especially the large cities.

This project is aimed at studying the MSM contribution to the HIV epidemic in Moscow and St Petersburg.

Survey objectives:

1. Obtain background knowledge about the culture of the MSM-community in Moscow and St Petersburg; conduct spatial mapping; select MSM cohorts for the surveys and identify data collection sites.
2. Conduct sentinel sero-epidemiological surveys to estimate the prevalence of HIV, HCV and syphilis in the selected MSM cohorts in Moscow and St Petersburg.
3. Based on the sociological survey findings, identify risk factors in the behavior of MSM which contribute to the spread of the infections listed above.
4. Ascertain what knowledge MSM have of preventive programmes, the coverage of these programmes, and outline priorities for HIV prevention among MSM.

1. IMPORTANCE OF HIV EPIDEMIC SURVEYS AMONG MSM

MSM are men engaging in penetrative anal and oral sex with male partners – men having sex with men. As seen from the definition, behavioral characteristics are the most important criteria. For the purposes of epidemiological HIV surveillance, the MSM group includes both men identifying themselves as homosexuals and engaging in sex with homosexual partners and men identifying themselves as bi- or heterosexual and engaging in sex with male or female partners.

The proportion of MSM in the general population is still open to debate. Most sources quote the data obtained by Kinsey (1948) in which 3–6% of men are exclusively homosexual.

The Russian mass media often claim that MSM account for 7–10% of the male population. According to some estimates, the proportion of MSM is somewhere between 2–5% or at least 4% of the male population [24].

Doubtless, the MSM group is closely linked to the gay community, has similar norms and values, shares the same leisure activity patterns and sexual practices. This is why investigating gay culture is so important for planning and implementing sentinel sero-epidemiological and behavioral surveys among MSM as well as for the interpretation of survey findings.

1.1 MSM SUBCULTURE

The modern Russian gay subculture (and, consequently, MSM subculture) was largely influenced by the official policy of persecution of this community during the Soviet period. This determined the public attitude towards these people and the group is closed and "hard-to-reach".

The RSFSR Criminal Code Article 121.1 legislated for the persecution of men engaging in sex with members of their own sex; this forced the gay community in that period to move underground, while homosexual practices were officially claimed to be almost non-existent. This article was repealed only in the post-Soviet period (1993), followed by the growth of a "public" gay subculture and increasing tolerance to homosexuals among Russians, especially young adults. In the early 1990s, a large number of entertainment facilities (discos, bars, clubs, saunas) targeting the gay community opened in Moscow and St Petersburg, and later in other major Russian cities. Simultaneously, an active gay-rights protection movement started in Moscow, St Petersburg, Barnaul, Rostov-on-Don, Nizhny Tagil, Kaluga, Murmansk, Omsk, Tomsk, Yaroslavl, etc.

There are several types of gay subculture existing in present-day Russia, first and foremost in Moscow and St Petersburg.

"Virtual" gay subculture. The active development of this gay subculture resulted from public pressure on homosexuals: they have become familiar with cyber space and the opportunities offered by the Internet. Contacts and communication are made on specialized gay websites[1], chat rooms or by e-mail. There are specialized sites providing information on homosexual commercial sexual servic-

es ("Internet mix"). A section of the gay community prefer to communicate exclusively in cyber space, while the majority use the Internet to make the first contact, after which actual meeting and direct communication take place. Internet cafes are becoming increasingly popular with the gay community for communication, meeting and sexual contact (in toilets, etc.).

Gay club subculture. Club culture is also reasonably well-developed. There are gay clubs catering predominantly to homosexuals[2] as well as other clubs which organize gay parties (some of them "closed") or are simply popular with the gay community (mix-clubs). A gay club normally has a "dark room" intended for sex (a practice borrowed from the West). Gay clubs have a circle of regulars which has formed over years. Every club has some visitors offering commercial sex services.

Gay sauna subculture. Saunas (both the usual sort and also those specially catering to the gay community[3]) that have separate rooms are another place for meeting partners and spending time together. Saunas provide a place for communication and sex with regular, non-regular, and commercial homosexual partners. First acquaintance may be made in the sauna or elsewhere (including the Internet). Like gay clubs, gay saunas have dark rooms.

Gay beach subculture. Gay beaches[4] are another important place for homosexual meeting and communication especially in spring and summer. As a rule, they are located close to or on nudist beaches.

Gay cruising subculture. Gay cruising sites[5] are places for meeting new non-regular or commercial partners and exist in every major city. As a rule, they attract many visitors who do not permanently reside in this city, as well as homosexuals offering commercial sex services.

At the time of the survey planning, no previous estimation of MSM group size had been made either in Moscow or St Petersburg. However, given the considerable number of entertainment facilities (clubs, saunas, cafes) catering to MSM, it appears that this group is highly concentrated and includes both a transient population and long-term residents.

MSM in Moscow visiting specialized clubs, saunas and bars form a relatively homogeneous social group. Most have received higher education and are in stable employment. MSM aged 30 and under tend to prefer clubs, bars and discos; those over 30 visit saunas more often. Substances used in the MSM group are limited to non-injected drugs (mainly cocaine and marijuana).

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[1] Some of the most popular gay sites where user profiles can be placed and new contacts made include the following: http://love.gay.ru, http://facelink.ru, http://gay.ru, http://gayly.ru, http://www.qguys.ru, http://xs.gay.ru, http://bbs.gay.ru.

[2] Major gay clubs in Moscow: Baza, Propaganda, Samovolka, Tri Obezyany, Tsentralnaya Stantsiya. Major gay clubs in St Petersburg: Greshniki, Cabaret, Mono Club, Tsentralnaya Stantsiya.

[3] Major gay saunas in Moscow: Voda, Nemo. Major gay saunas in St Petersburg: 158B, Narcissus, Yamskiye Bani.

[4] Major gay beaches in Moscow: Lebyazhka, Serebryany Bor. Major gay beach in St Petersburg: Sestroretsky Kurort.

[5] Major cruising site in Moscow – Pushkin Square. Major cruising site in St Petersburg – Catherine's Garden.

The MSM group is clearly motivated to get pleasure from sexual relations. This explains the wide range of sexual practices in this group, including those that imply frequent change of sexual partners and group sex.

Some experts (among them MSM) have claimed that frequent change of sexual partners has no significant impact on HIV prevalence due to the high level of awareness of STI, HIV/AIDS and sexual health among MSM and the consequent wide use of barrier protection. However, a 2001 survey[6] among MSM attending gay facilities in Moscow clearly showed that MSM, including those engaging in both homo- and heterosexual sex, are highly vulnerable to STI and HIV infection.

Despite the high level of STI and HIV/AIDS awareness among MSM, including knowledge of STI, HIV/AIDS prevention, sexual behavior in this group was fairly risky. Nearly every third respondent (28.8%) has had STI, with every second of them (14.4%) having STI at the time of the survey. Most respondents had multiple sexual contacts with numerous different sexual partners (78.3% of respondents aged 20-29 years had had over 15 sexual partners in the previous six months). Most respondents took psychoactive substances during their last sexual contact, one quarter did not use condoms – often because the partners did not have a condom or one of them objected. The most high-risk behavior, i.e. dangerous sexual practices, non-use of condoms, commercial sex and sex while intoxicated with alcohol or drugs, was more typical in the younger (under 20 years) and older (over 35 years) MSM subgroups.

Between 2000 and 2004, a number of surveys among MSM have been conducted by the International Research Group in St Petersburg [25, 26]. The surveys included analysis of risk behavior among visitors to gay nightclubs as well as among social networks (friends). It was shown that 81% of respondents had had anal sex within the three months preceding the survey, and less than a half of them (46%) regularly used protection. The mean number of male partners in the three months totalled 2.5, with the number of anal contacts averaging 7.9 times. The mean number of male partners during lifetime (at the time of the survey) totalled 61.9. Importantly, bisexual behavior was quite widespread, with 37% of MSM having had sex with women in the previous three months, and 79% having had such experience during their lifetime. An alarming proportion of MSM practiced commercial sex, with 23% having been paid for sex and 21% having bought sexual services.

According to the 2004 pilot survey conducted among MSM selling sexual services in St Petersburg[7], this group predominantly consists of single young men aged about 20, including minors. A high proportion of them do not reside in St Petersburg permanently; most of them came from the North-West Region of Russia to improve their living conditions (job search, etc.).

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6 The survey was conducted by MOO Accent Centre, together with the PSI Fund for Social Development and Information as a part of the Take Care programme.

7 The project was implemented by Stellit upon the initiative of the PSI Foundation for Social Development and Information. This pilot project was aimed at assessing the possibility of preventive work with this group. 30 MSM selling sexual services mainly at cruising sites, were interviewed.

However, some of these young people come specially to provide sexual services; in most cases, they have had no prior experience of sex work in their respective regions. For many MSM in this group, selling sexual services is the principal source of income. Generally, young people become involved in the sex trade because of poor living conditions. However, cases of forced involvement were also registered. Most MSM work independently and have many ways of attracting new clients ("traditional" places of homosexual business, regular client base, and Internet advertisements). The range of services provided is quite wide – from oral and anal sex to non-traditional and group sex, striptease shows and role-plays. Condoms are known to be an effective means of protection against STI and HIV but are not always used by MSM: they are more frequently used during anal sex, seldom during oral sex or vaginal sex with women. Young people tend to deal with the problem of HIV-infection mainly through acquaintances with HIV-positive people. They are more aware of HIV transmission routes than means of prevention.

1.2. SELECTED DATA ON HIV PREVALENCE AMONG MSM IN THE RUSSIAN FEDERATION

The first HIV case in the RF was registered in 1987. Until 1996, only isolated cases were identified, with the virus being transmitted hetero- or homosexually, mainly among the male population.

In 1996–1997, several regions saw an explosive spread of HIV among IDUs, increasing each year. Within the concentrated epidemic, the IDU group was the main object of sentinel sero-epidemiological and behavioral surveys. Commercial sex workers have been the second most important group in terms of spread in the past years, as proven by sero-epidemiological and behavioral surveys in this group in a number of regions [23].

The epidemiological relevance of men having sex with men in the current HIV epidemic in Russia has not been studied sufficiently, despite the fact that this group has been included in the list for mandatory population screening surveys (Code 103, Statistical Form No. 4). According to the Russian Federal Centre for AIDS Prevention and Control, six to ten thousand persons from this group have been annually screened between 1991 and 2005 (reaching the maximum of 16,000 in 1999 and 12,000 in 2000). Sero-positive persons identified among MSM tested were 0–0.06% in 1987–1999 and 0.2–0.6% in 2000–2005. Thus, despite a very low number of persons tested under Code 103, there has been a nearly tenfold increase in the proportion of registered HIV cases in this group.

There have been only two sentinel surveys studying HIV prevalence among MSM in the RF carried out in Yekaterinburg and Tomsk in 2003 [23]. Yekaterinburg is among the areas with the highest HIV prevalence in the RF due to the spread among IDUs and their sexual partners. At the time of the survey Tomsk ranked as a region with low HIV prevalence. One of the characteristic features of these surveys was the use of an identical code to mark the biological specimen and the interview questionnaire obtained from the same respondent, while adhering to the principle of anonymity. This made it possible to compare risk factors in each participant's behavior with syphilis and HIV

markers in blood serum. No HIV cases were identified among 114 MSM participating in the survey in Tomsk, and syphilis antibodies were found in 1.8%.

At the same time, out of 124 members of the MSM group in Yekaterinburg, 6 were sero-positive to HIV (4.6%) and 19 were sero-positive to syphilis (15.3%). Interview data suggested that those HIV cases were indirectly linked to drug injection (some MSM had IDUs among their sexual partners).

The prevalence of high-risk sexual behavior made it possible to predict fast HIV infiltration into the MSM community in both cities.

The information above is evidence of the need for in-depth surveys among MSM in the largest Russian cities, Moscow and St Petersburg, especially in view of the fact that earlier surveys in these cities revealed the presence of high-risk behavior in these communities.

2. SURVEY METHODOLOGY

The survey is based on the methodology applied to sentinel behavioral surveys in various regions of the world recommended by leading international public health organizations[8], as well as on the findings of pilot projects in Russia [23, 27, 28].

2.1 SURVEY SAMPLE

The survey's target group included men aged 15 to 60 engaging in sex with homosexual partners during the previous year.

At the planning stage, localities with the highest concentration of target group members were identified, including gay clubs, saunas and cruising sites. Based on the results of preliminary mapping and evaluation within the localities popular with MSM, the following sentinel sites were selected (Table 1).

Table 1

Sentinel survey sites for MSM

	Moscow	St Petersburg
Gay clubs	Tri Obezyany	Cabaret, Tsentralnaya Stantsiya
Gay saunas	Voda, Nemo	–

[8] The methodology is recommended for use by leading international public health organizations: World Health Organization (WHO), Family Health International (FHI), US Agency for International Development (USAID), UK Department for International Development (DFID), etc. A full description of the methodology is available in: Investigating behavioral patterns: Guidelines for periodical behavioral surveys among populations at risk of HIV. – Family Health International, 2004.

The gay clubs were selected as sentinel sites due to their potential to meet the sample size requirements. "Cruising sites" were not included in the survey due to the difficulty of organizing data collection, especially blood sampling. Gay saunas were covered by the survey only in Moscow, where it was possible to recruit qualified medical staff from the gay community to perform blood sampling.

Respondents were selected from among the visitors to gay leisure centres by cluster sampling. They were recruited for the survey every 15 minutes (to ensure random sampling). A total of 558 MSM were interviewed: 321 in Moscow, 237 in St Petersburg. Table 2 represents the total sample size by city and by sentinel site.

Table 2

MSM sample by city and by sentinel site

		Moscow	St Petersburg
Gay clubs	Tri Obezyany	249	–
	Cabaret	–	120
	Tsentralnaya Stantsiya	–	117
Gay saunas	Voda	14	–
	Nemo	58	–
Total	**321**	**237**	

2.2. SURVEY TOOLS

The behavioral part of the survey is based on a questionnaire developed according to international recommendations for sentinel surveys among MSM[9] and adapted by the organizations participating in the project on the basis of their previous experience of surveys and preventive work in this group (including experts from the gay community).

The questionnaire included the following sets of questions (a total of 136 indicators):

Section 0. Questionnaire identification data (6 indicators);

Section 1. Basic social-demographic information (14 indicators);

Section 2. Use of psychoactive substances (10 indicators);

[9] See: Investigating behavioral patterns: Guidelines for periodical behavioral surveys among populations at risk of HIV. – Family Health International, 2004.

Section 3. Use of injection equipment (5 indicators);

Section 4. Sexual behavior (36 indicators);

Section 5. Knowledge about STI and related behavior (7 indicators);

Section 6. Leisure activities and search for sexual partners (28 indicators);

Section 7. Knowledge about HIV (15 indicators);

Section 8. HIV-linked behavior (8 indicators);

Section 9. Preventive programmes coverage (7 indicators).

Every questionnaire was marked with the same number as the corresponding blood testing record card.

2.3. DATA COLLECTION PROCEDURE

Data for the survey was collected during eight weeks in Moscow (June-July 2006) and during four weeks in St Petersburg (April-May 2006).

The consent of leisure centre owners was obtained through personal contacts. They were informed of the reasons why such surveys among their clients are necessary. Special rooms were designated in the clubs and saunas for interviews and specimen collection.

Prior to data collection, all staff recruited for this task received special training. Recruiters and interviewers attended individual consulting sessions where they were informed of the project goals and objectives and their own role in the project. In addition, there was a 4-hour training session which provided basic information on the survey and the questionnaire (using role-plays), covered the ethical issues of data collection, and taught interviewing techniques.

2.3.1. INTERVIEWING TECHNIQUES

Respondents were recruited for the survey by trained recruiters (social and medical workers, some of them from the gay community themselves). Interviews were conducted face-to-face. Informed consent was obtained in each case. An interview took 10–15 minutes. After completion, the questionnaires were checked for accuracy by the survey supervisor. After the interview, the interviewer accompanied the respondent to the blood sampling site.

Blood sampling and processing were conducted on the basis of voluntary anonymous linked testing with pre-test counselling. Linked testing means that the interview and the biological specimen from the same participant had the same number. In St Petersburg, capillary blood was sampled by fingerstick and collected by gravity flow into a mini-tube (1–1.5 ml); in Moscow, capillary scar-

ifiers were used (2–3 ml). Every blood specimen was coded, with a sentinel survey card attached. Biological specimens and questionnaires had identical code numbers.

Every participant underwent both an interview and blood sampling. All of them were informed that they could contact the trusted anonymous reception room for test results and post-test counselling (a card with the reception address and the specimen number was given to each participant).

Participation in the survey was rewarded with small gifts (Internet cards, condoms, CD with the animated film "Blue Puppy").

2.3.2. LABORATORY ANALYSIS

In Moscow, analysis of blood specimens was performed by the Central Infectious Disease & Immunology Laboratory, while in St Petersburg, it was conducted by the North-West District AIDS Centre Laboratory.

At the laboratories the minitubes with blood were centrifuged to collect sera. Serum specimens were tested for antibodies to HIV (Jenscreen Plus AG/AT, immunoblotting of positive samples), HCV (Immunocomb II) and syphilis (Lewis RPGA).

The statistical analysis of the behavioral data was performed by Stellit Public Organization for Social Projects. Data from completed questionnaires were entered in electronic files with subsequent data entry quality control (electronic files were compared with every tenth original questionnaire).

Processing of preliminary (primary) statistical data by survey indicators scales included calculation of value percentage distributions for every characteristic. For ordinal and interval scales, central trend measures were estimated: mean value (M) for grouped data or the median (Me). Comparative analysis was performed by Student T-criterion (by city and by sentinel site in St Petersburg).

3. SURVEY FINDINGS

The findings are described separately for Moscow and St Petersburg and include the following (Appendix 1):

- Data on prevalence of antibodies to HIV-infection, HCV and syphilis among MSM (blood testing results)
- Data on the basic social-demographic characteristics of the MSM group, including marital status, employment and migratory patterns
- Data on the use of alcohol and substances, including drug injection

- Data on the sexual behavior of MSM, including condom use with various sexual partners; sexual practices and patterns of search for partners
- Data on their knowledge about STI as well as data on STI diagnoses and treatment
- Data on their knowledge about HIV/AIDS as well as behavior linked to HIV testing
- Coverage of MSM with targeted preventive programmes

3.1. SURVEY FINDINGS IN MOSCOW

A total of 303 questionnaires and 321 blood specimens obtained in one gay club and two gay saunas in Moscow were processed and analysed.

3.1.1. PREVALENCE OF HIV AND INFECTIONS WITH SIMILAR TRANSMISSION ROUTES

Out of the tested blood specimens, 0.93% contained antibodies to HIV, 1.9% had antibodies to HCV. No antibodies to syphilis were detected in the specimens.

3.1.2. BASIC SOCIO-DEMOGRAPHIC CHARACTERISTICS

Age and education

The mean age of MSM in the Moscow cohort was 26. 36.6% were aged 25–29, 29.4% were aged 20–24, 16.2% were aged 30–34, and 8.9% belonged to the younger (under 20) or older age group (over 34).

They are a highly educated group: 58.4% had received higher education, 22.8% had incomplete higher education, 6.6% had completed a postgraduate course and/or have an advanced degree; the number with secondary specialized, vocational, primary or incomplete secondary education is very low (10% in total). The mean number of years of education is 15.9.

Migratory patterns

The mean duration of residence in Moscow for members of the MSM group was 21.3 years; the proportion of non-residents was quite high. 52.1% had lived in Moscow for 21-30 years, 14.2% for 11 to 20, 12.6% for over 30 years; every fifth had moved to Moscow less than 11 years before the survey. Some of the interviewees came from various regions of the RF excluding the Far East and Siberia. Most non-residents lived in the Central Federal District. 9.9% refused to name their place of permanent residence, which may be due to the existing migration policies in Moscow.

85.5% have a permanent Moscow residential permit, with 4.6% having a temporary permit and 7.6% having no Moscow residential permit.

Employment

At the time of the survey, 81.2% were in employment. Most (65%) work for commercial enterprises; every fourth for state-run institutions, and 5.7% for public organizations.

40.7% were employed as highly-skilled workers. 22% were in middle management, 12.6% in top management, and 10.6% in lower management. 1.6% had their own businesses. Less than 10% of the MSM were office workers. None were engaged in manual labour.

The average monthly income was quite high: 43.1% earned 20-30,000 rubles, 25.6% from 10-20,000 rubles, 24.8% over 30,000 rubles, about 4% less than 10,000 rubles.

Marital status

88.4% are not in registered or common-law marriage and live alone. 2.6% of the MSM are in registered heterosexual marriage, but most of them (2.3%) live separately from their wives; 3.6% were divorced. 3.6% of the MSM live in unregistered homosexual marriage.

Sexual orientation

87.1% identified themselves as homosexual; 10.6% as bisexual; about 2% as heterosexual; 2.3% of the MSM were transgender.

3.1.3. USE OF PSYCHOACTIVE SUBSTANCES

Alcohol use

Alcohol use was quite typical for Moscow MSM: during the month preceding the survey, over 80% used alcohol once or several times a week, 2.3% daily. Only 9.6% used alcohol 2–3 times during this period, and 5.3% abstained from alcohol completely.

Only 22.1% during the month preceding the survey had never had sex when inebriated; 52.2% in about half the instances had had sex while intoxicated by alcohol.

Drug use

Out of the total number of MSM covered by the survey, 18.2% are active drug users, i.e. used drugs in the month preceding the survey. Over half of them (62.6%) had had sex while intoxicated with drugs.

The most typical non-injection drugs used were cannabis preparations (marijuana – 87.5%), less often cocaine (33.9%); in isolated cases: stimulants in tablet form, heroin (pure or mixed with cocaine), and household chemicals.

Only 18.5% respondents in Moscow answered the question about injecting drugs during the preceding 12 months. 89.3% of them did not use drugs, 10.7% did. 2% of the MSM admitted to injecting drugs during the year preceding the survey (mainly opioids and cocaine).

3.1.4. SEXUAL BEHAVIOR

Basic information

The mean age at the first sexual intercourse among the MSM in Moscow was 16.5 years. 57.4% first had sex at the age of 15–17, 22.4% at 18–19, 13.2% at the age of under 14, 4.3% over 19.

In the year preceding the survey, 78.5% had had only male sexual partners; 16.5% had also had sex with female partners. Although male partners predominated, 3.3% had had sexual contacts with men and women equally. Only 1.7% reported that most of their sexual partners had been women, while contacts with men had been relatively few.

9.2% during the year preceding the survey had experienced condom breaks in the course of sex.

53.1% did not know if any of their sexual partners during the year preceding the survey were HIV-positive; 34.7% admitted to having had such sexual partners. 5.6% refused to answer this question. 6.6% of the MSM had had sexual contacts with HIV-positive partners during the year preceding the survey.

Homosexual contacts

During the year preceding the survey, 99.3% had had oral sex with homosexual partners. The number of oral-sex partners was remarkably high: 57.1% – 10–19 partners, 15% – 20–39, 12.3% – 5–9, 8.6% – 2–4, 3.3% only one, 1.7% – 40 or more.

93.1% did not use condoms during their last oral sexual contact as 90.1% did not think it was necessary.

96.4% during the year preceding the survey had had anal sex with homosexual partners. The number of anal-sex partners was also high: 57.9% – 10–19, 14.4% – 20-39, 11.3% – 5–9, 7.2% only one, 5.1% had 2–4.

53.8% of the MSM acted as penetrators and recipients equally often during anal sex with homosexual partners; 27.1% preferred the penetrator role always or in most cases; 18.8% preferred the recipient role always or in most cases.

About 87.7% used condoms during their last anal sexual contact. The reasons for not using condoms included unavailability ("no condom on hand" – 30.6%), misconceptions about the necessity for condoms ("did not think it was necessary" – 19.4%) and subjective aversion to condoms ("dislike condoms" – 13.9%).

Chemical protection against STI was used by 17.1% of the MSM during their last anal sexual contact with a homosexual partner: Miramistin (78.0%) and Nonoxynol-9 (12.0%).

During sex with homosexual partners 71% engage in rimming (tongue penetration in the partner's anus); 29.4% use dildos; 5.6% engage in fisting (hand penetration in the partner's anus).

Sexual contacts with regular partners

Out of the total number of MSM covered by the survey, 13.2% did not have regular homosexual partners during the year preceding the survey; 51.5% had one such partner, 31.7% had 2–4 partners. The length of the relationship with the last regular sexual partner in 39.2% of cases totalled 1–6 months, in 38.1% cases 6–12 months, in 11.9% over 2 years, in 7.3% cases 2–3 years, in 3.5% cases less than 1 month.

69% used condoms during the last sexual contact with their regular partners. In other cases, condoms were not used because of misconceptions about the necessity of using condoms during sex with their regular partners (58.0%). 96.2% of the MSM used lubricants during the last sexual contact with their regular partners, 98.8% of them preferred special creams for anal sex.

Sexual contacts with non-regular partners

92.8% had had sex with non-regular homosexual partners during the year preceding the survey: 52.2% had 10–19 such partners, 14.9% had 5–9, 13.5% over 20, 9.2% had 2–4 non-regular partners.

During the last sexual contact with a non-regular partner, 90.3% used condoms. In other cases, condoms were not used because respondents "did not think about it" (42.3%) or "did not have a condom on hand" (30.8%). At the same time 93.5% of the MSM used lubricants (mainly special creams for anal sex).

Sexual contacts with commercial partners

11.6% had had sex with commercial homosexual partners during the year preceding the survey, with the number of such partners not exceeding 4 in most cases.

Most MSM who admitted to having commercial sex partners engaged in buying sexual services (78.4%). During the year preceding the survey 21.6% of the MSM bought sexual services from one partner, 43.2% from 2–4.

About 13.5% of the MSM engaged in selling sexual services in the year preceding the survey. In the majority of cases they sold their sexual services to as many as 19 partners.

97.2% used condoms during the last sexual contact with a commercial partner. About 91.7% of the MSM used lubricants; all of them preferred special creams for anal sex.

Heterosexual contacts

During the year preceding the survey, 17.2% had had heterosexual contacts. Of these, 46.2% had had sexual relations with 2–4 female partners; 34.6% with one partner; about 10% with 5–9; 5.7% with ten or more.

About 15.4% did not use condoms during the last heterosexual contact, often because they did not think condoms were necessary during such contacts (37.5%) or because condoms were not immediately available (25%).

Search for sexual partners

98.7% had attended gay clubs during the year preceding the survey. Of these, 49.8% visited gay clubs two or more times a week; 25.8% about once a week; 16.4% – once or twice a month; 8% – once or twice every 3 months or less.

During the year preceding the survey 75.6% of the MSM had had sexual contacts in gay clubs: of these, 56.2% in about half of the visits to gay clubs, 23.5% in less than half the visits, 10.6% practically every time, 9.3% very seldom. 96.5% had had sex with non-regular homosexual partners in gay clubs, 71.7% with regular partners. 24.3% engaged in sex in gay clubs with several homosexual partners simultaneously. Around 1.3% of the MSM habitually bought and 0.4% sold sexual services.

9.3% did not use a condom during the last sexual contact in a gay club. The reasons for non-use of condoms included “absence of penetrative contact” (31.8%), “no condom available” (27.3%) and “condom unnecessary in this situation” (18.2%).

88.8% had visited gay saunas during the year preceding the survey. Of these, 44.2% attended gay saunas about once a week; 22.7% – once or twice a month; 19.7% – once or twice a week; 5.2% once every 6 months; 4.1% – once or twice every 3 months; another 4.1% – about once a year.

During the year preceding the survey, 84% of those who attend gay saunas had had sex there, with 60.0% doing so in the course of about half the visits; 19.9% practically every time; 19.9% – very seldom or less than half the visits. 92.9% had had sex with non-regular partners in gay saunas; 69.5% with regular partners. 40.7% engaged in sex with several homosexual partners simultaneously in gay saunas. 2.7% of the MSM habitually bought and 0.9% of the MSM sold sexual services.

During the last sexual contact in gay saunas, 8.8% did not use condoms. The reasons for ignoring condoms included: “absence of penetrative contact” (40.0%), “no condom available” (15.0%), “dislike of condoms” (15.0%).

During the year preceding the survey, 17.8% of the MSM had visited gay beaches over the summer period. 40.7% attended gay beaches twice or more times a week, 20.4% once or twice a month, 16.7% – once or twice a season or less.

24.1% had had sex with homosexual partners on gay beaches; 50% at less than half the visits to gay beaches; 28.6% very seldom. For 85.7%, gay beaches acted as a place for sex with non-regular partners; for 57.1% with regular sexual partners. 7.1% of the MSM engaged in sex with several homosexual partners simultaneously on gay beaches.

During the last sexual contact on a gay beach, every fifth MSM did not use a condom. The reasons for non-use were: "did not think it necessary" and "dislike condoms".

During the year preceding the survey, 77.2% had found potential sexual partners through the Internet. 51.7% used this search tool about once a month; 31.1% – 2–3 times a month, 16.4% less than once a month. 91.2% had used the Internet to find non-regular sexual partners; 70.2% to find regular sexual partners; 15.5% to find several partners for group sex, and 3.8% to find commercial partners to buy sexual services from.

90.8% during the year preceding the survey had not attended cruising sites; another 9.2% had visited cruising sites on a non-regular basis.

53.6% attended cruising sites to find potential homosexual partners. Thus, 60% had found non-regular partners and 6.7% had found several non-regular partners for group sex. Over half the MSM (53.3%) had used cruising sites to buy and 6.7% to sell sexual services.

Sexual violence

During the year preceding the survey, 3% of the MSM had experienced sexual violence; 2% were not sure. About 2.3% of the MSM had forced their partners to have sex with them. 1.7% refused to answer this question.

3.1.5. KNOWLEDGE ABOUT STI AND RELATED BEHAVIOR

Knowledge about STI

99.0% knew about STI. Over 90.0% of the MSM were aware of syphilis, gonorrhoea, hepatitis B and C; 89.4% of trichomoniasis; 40.9% of chlamydiosis; 38.3% of genital herpes; 31.7% of papilloma virus; 19.8% of mycotic infections (candidiasis); 15.8% of mycoplasmosis; 17.5% of ureaplasmosis.

STI symptoms, diagnosis and treatment

Some MSM had experienced STI symptoms at least once during their lifetime: 5.9% had had genital itching, 3% burning, 3.3% unusual genital discharge, 3.6% reddening of genitals and anus, 2.6% frequent painful urination.

During the year preceding the survey, 5% had been diagnosed with STI: gonorrhoea (40.0%), syphilis (20.0%), trichomoniasis (13.3%), and papilloma virus (13.3%). 80.0% of those who had been diagnosed with STI had received treatment, half of them in private (commercial) outpatient clinics, every sixth in state-run inpatient or outpatient clinics or NGOs.

3.1.6. HIV AWARENESS AND RELATED BEHAVIOR

Knowledge about HIV

All had heard of HIV. 14.5% had HIV-positive relatives or friends.

The MSM had good knowledge of HIV prevention methods. Most of them knew that it was possible to prevent HIV infection by correctly using condoms during every sexual contact (92.7%), having only one reliable non-infected sexual partner (87.5%), and abstaining from sexual contacts (64.0%). Nearly all knew that the risk of HIV increased if one engaged in multiple sexual contacts (94.4%), had genital ulcers or inflammation (95.7%), or shared equipment for drug injection (97.0%).

However, some MSM had misconceptions about HIV transmission routes: 5.3% were sure that one could get HIV through a mosquito bite, 7.3% believed it was possible to be infected by eating with an HIV-positive person and using the same dishes. 9.2% were sure unprotected oral sexual contacts did not pose even a minimal risk of HIV, while 5.6% thought that changing from injecting to non-injecting drugs would not reduce HIV risk.

About 14.5% of the MSM considered that HIV could not be transmitted to a baby through breast-feeding, and 27.4% were not sure if it was possible. Only 1.7% believed the infected mother could not pass HIV to her unborn baby. 11.6% were not sure how to answer this question.

About 90.8% of the MSM knew about the existence of medication which can suspend the development of HIV (ART).

HIV testing

Out of the total number of MSM covered by the survey, 73.3% had been tested for HIV during the year preceding the survey.

3.1.7. PREVENTIVE PROGRAMMES COVERAGE

Knowledge about preventive programmes

Only 33% knew about STI and HIV/AIDS prevention programmes operating in Moscow and targeted specifically at MSM. The most well known programmes were LaSkay (56%) and Stop-spid.ru (23%); less well known were “MSM sentinel” (6%), and programmes implemented by Info+ (5%),

Wisconsin College (4%), and annual World AIDS Day activities (2%). Only a few respondents mentioned “Action against AIDS”, “AntiAIDS Hotline”, “Ogonyok AntiAIDS”.

35.3% had learned about preventive programmes from friends or acquaintances. 46.1% had taken part in preventive programmes as a client; 13.7% as a worker or volunteer.

Preventive programmes coverage

During the year preceding the survey, 36.3% of the MSM took part in preventive activities. About 32.7% had participated in such arrangements only once; 34.5% twice; 11.8% once every few months; and 8.2% about once a month. Some participated in preventive activities regularly: 4.5% used the services of prevention programmes about once a week or more.

30% of preventive programme participants had obtained information brochures and condoms; 25.8% had been given lubricants; 22.7% had received counselling about STI and HIV/AIDS. Only 9.2% had received medical counselling; 8.5% had been referred to anonymous testing for HIV, 7.1% for hepatitis, 6.4% for STI; 5.8% had been referred to medical examination; 4.4% had taken part in training workshops or meetings.

Knowledge of socio-medical services

34.7% of the MSM in Moscow knew where one could apply for free anonymous HIV testing; 25.7% for STI testing. Also 29% knew where one could undergo a free course of STI treatment.

26.4% knew where to get condoms, and 25.1% information materials about STI and HIV/AIDS.

18.5% knew where he could get medical care for HIV and AIDS; 8.9% knew where to apply for free psychological support in such situations. Only 8.3% had information about mutual help groups for HIV-positive people.

Service and information needs

A considerable proportion of the MSM in Moscow were sceptical about the necessity to obtain information on HIV/AIDS. Only 5.6% were interested in getting such information. Questions of interest for respondents included HIV transmission routes, individual HIV prevention, availability of various types of HIV care, information on HIV medication and treatment methods, the results of HIV prevalence surveys, and the possibility of participating in specialized seminars on HIV issues.

3.2. SURVEY FINDINGS IN ST PETERSBURG

A total of 217 questionnaires and 237 blood specimens collected in two gay clubs were processed in the course of the survey in St Petersburg.

3.2.1. PREVALENCE OF HIV AND INFECTIONS WITH SIMILAR TRANSMISSION ROUTS

3.8% of the blood specimens tested had antibodies to HIV, 3% had antibodies to HCV, 4.2% antibodies to syphilis.

3.2.2. BASIC SOCIO-DEMOGRAPHIC CHARACTERISTICS

Age and education

The mean age of the MSM in St Petersburg was 24. 44.2% were aged 20–24, 23.5% were 25–29, 14.7% under 20, 10.6% were 30–34; very few belonged to the older age group (34–59).

MSM are a highly educated group: over 40% had received higher education, 23% had incomplete higher education. In addition, 18.4% of the MSM had secondary specialized education, 8.3% general secondary, 3.2% vocational education. Persons with advanced degrees or primary/incomplete secondary education accounted for about 2% of the group. The mean number of years of education within the group was 14.4 years.

Migratory patterns

The mean duration of residence in St Petersburg was 17.8 years, i.e. the proportion of non-residents was fairly high. About 40% of the MSM had resided in St Petersburg for 21–30 years; 26.7% for 12–30 years; 27.2% for less than 11 years; 5% for over 30 years. A significant proportion of the interviewees permanently resided in the North-West Federal District (mainly in Leningrad Oblast), 3.7% in the Central District (Moscow), Urals (Yekaterinburg), Privolzhsky District (Balakovo), Siberian District (Novokuznetsk); other RF districts were represented insignificantly. 2.3% of the MSM interviewed in St Petersburg reside outside Russia.

Over 80% of the MSM had permanent St Petersburg residence permits; 10% had temporary permits. About 8% had no St Petersburg permit.

Employment

At the time of the survey, 75.1% were employed. 84% worked in commercial enterprises; a small number in state-run institutions (14.1%) or NGOs (1.8%).

24.5% were highly qualified workers: skilled employees with (21.5%) or without (23.3%) higher education. 11.7% were top managers; 6.1% were in middle management; 3.7% in lower management. 6.1% had their own businesses. Very few MSM were manual workers (2.5%).

The average monthly income was fairly high: 44.2% earned 10-20,000 rubles; 24% over 30,000 rubles; 16% earned 20-30,000 rubles; 9.8% – 5-10,000 rubles; 3.7% under five thousand rubles.

Marital status

82.5% of the MSM were not in registered or common-law marriage and lived alone; 3.2% were in registered heterosexual marriage, most of them living separately from their wives; 2.8% were divorced. 8.3% lived in unregistered marriage, mainly homosexual.

Sexual orientation

64% described their sexual orientation as homosexual; 35% as bisexual; 1% as heterosexual. None of the MSM in St Petersburg were transgender.

3.2.3. USE OF PSYCHOACTIVE SUBSTANCES

Alcohol use

The MSM in St Petersburg used alcohol on a rather frequent basis: during the month preceding the survey, 41.5% used alcohol several times a week, 32.3% about once a week, 6.5% daily. Only 12.9% of the MSM used alcohol 2–3 times in this period. Only 6.9% abstained from alcohol completely.

35% during the month preceding the survey had not had sex while intoxicated by alcohol; 28.6% were intoxicated during less than half their sexual contacts; 16.6% in about half the cases.

Drug use

About 12.9% of the MSM were active drug users; i.e had used drugs during the month preceding the survey. Most of them (78.6%) had had sex while intoxicated by drugs.

The most frequently used non-injecting drugs were cannabis preparations (marijuana) – 85.7%, much less cocaine (17.9%) and stimulant tablets (17.9%), in rare instances – atropine-like medicines (dimedrol, cyclodol, and romparquine), anabolics and household chemicals.

About 12.9% of respondents in St Petersburg answered the question about injecting drugs in the 12 months prior to the survey. Of these, 96.4% did not inject drugs and 3.6% did.

3.2.4. SEXUAL BEHAVIOR

Basic information

The mean age at first sexual contact among the MSM in St Petersburg was 16.0 years. 55.8% first had sex at the age of 15–17; 14.3% at 18–19; 16.1% at under 15; 5.5% at over 19 years old.

60.4% of the MSM had had only male sexual partner during the year preceding the survey; 39.6% had predominantly male sexual partners. 8.3% had had sexual contacts both with men and women.

9.2% reported that most of their sexual partners were women, with only occasional contacts with men.

16.6% of the MSM during the year preceding the survey had experienced condoms breaking during sex.

77.9% claimed none of their sexual partners during the year preceding the survey were HIV-positive; 16.1% were not sure; 5.5% did not respond.

Homosexual contacts

82.9% had had oral sex with homosexual partners during the year preceding the survey. The number of oral sex partners was quite high: 30% from 2–4; 25.1% from 5–9; 16.4% from 10–19; 14.8% only one; 3% had 20 or more (up to 99); 10.9% were not sure.

87.4% did not use condoms during their last oral sexual contact with a homosexual partner. The reasons for non-use included subjective dislike of condoms (50.0%), failure to recognize the necessity of using condoms during such sexual contacts (20%), and the fact that MSM did not think about using condoms (16.9%).

94% had had anal sex with homosexual partners during the year preceding the survey. The number of anal sex partners was also high: 29.8% from 2–4; 26.3% from 5–9; 19% only one; 15% from 10–19; 3.4% from 20–40; 6.4% of the MSM could not answer this question.

33.2% equally often performed penetrator and recipient roles during anal sex with homosexual partners; 30.2% always or in most cases preferred the penetrator role; 25.4% always or nearly always acted as recipients.

About 68.3% of the MSM used condoms during the last anal sexual contact. The reasons for non-use of condoms in the course of anal sex included unavailability (“no condom on hand” 28.6%), and dislike of condoms (14.3%).

About 12.4% had used chemical STI prevention methods during their last anal sexual contact with a homosexual partner; in 60% of cases Miramistin was used.

During sex with homosexual partners, 22.1% of the MSM engaged in rimming, 18.9% used dildos, 13.4% engaged in fisting.

Sexual contacts with regular partners

About 15% of the MSM had not had regular homosexual partners during the year preceding the survey; 42.9% had had only one such partner; 37.3% – 2–4 partners; less than 5% had more than 4 partners. The relationship with the last regular sexual partner lasted 1-6 months for 40% of respondents; 6-12 months for every fifth respondent; 2–3 years for 11.9%; and over 2 years for 17.8%. 10.3% had had a relationship with a regular sexual partner that lasted less than a month.

58.4% had not used condoms during the last sexual contact with a regular partner. The main reason for not using condoms was the misconception about such necessity during sexual contacts with regular partners (59.1%), then the absence of condoms when necessary (13.6%) and dislike of condoms (12.7%). About 81.6% of the MSM had used lubricants during the last sexual contact with a regular partner; most of them had used special creams for anal sex; 8.0% had used lotions or vaseline.

Sexual contacts with non-regular partners

65.4% during the year preceding the survey had had sexual contacts with non-regular homosexual partners: 28.6% had 2–4 such partners; 15.2% had 5–9; 8.8% had 10–19; 8.8% only one; 1.8% had 20 or more. The mean number of non-regular sexual partners was 4.

During the last sexual contact with a non-regular partner, 76.1% used condoms. The main reasons for not using condoms were the immediate unavailability of condoms (40.6%), dislike of condoms (25%), partner's objections (12.5%) and the absence of penetrative contact (15.6%). About 60.6% used lubricants (in most cases, a special cream for anal sex).

Sexual contacts with commercial partners

About 10% had had sexual contacts with commercial homosexual partners during the year preceding the survey; the number of such partners did not exceed 4.

66.7% of those who had commercial sexual partners habitually sold sexual services. 47.6% sold sexual services to 1–4 partners; in every fifth case he sold to 10–39 partners.

About 33.7% of the MSM had bought sexual services during the year preceding the survey. In most cases, they bought sexual services from 2–4 partners.

19% did not use a condom during the last sexual contact with a commercial partner, in most cases, because condoms were unavailable when needed or because sexual partners objected. 66.7% used lubricants, mainly special creams for anal sex.

Heterosexual contacts

About 39.6% of the MSM had had heterosexual contacts during the year preceding the survey. 41.1% had had sexual contacts with 2–4 female partners; 32.9% with one; 19.2% with 5–9; 4.1% with 10–39.

About 36% of the MSM did not use condoms during their last heterosexual contact, in most cases because they believed it was not necessary to use condoms during such contacts (35.5%), some used other prevention methods (32.3%) or did not have condoms available (19.4%).

Search for sexual partners

98.2% had visited gay clubs during the year preceding the survey, with 1.8% doing this for the first time. 26.3% visit gay clubs once or twice a month; 23.9% about once a week; 20.2% 2–3 times every 3 months; 16.4% more than once a week; 11.7% about once in 6 months.

In the year preceding the survey, 32.3% had had sex in gay clubs. Half of them (51.4%) seldom had sex in gay clubs; 21.4% in less than half of the instances; 15.7% in about half of the instances; 8.6% in over a half of the instances; 2.9% practically every time. 68.1% of the MSM had had sex with non-regular partners in gay clubs; 42.9% with regular partners. 11.6% of the MSM had had sex with several homosexual partners simultaneously in gay clubs, and 1.4% had been engaged in buying and 5.8% in selling sexual services.

During the last sexual contact in a gay club, 25.7% did not use condoms because: "I do not think it is necessary (38.9%), "dislike condoms" (33.3%) and "no condom on hand" (16.7%).

During the year preceding the survey, 53% of the MSM attended gay saunas. Of these, 33.9% went about once in 6 months; 31.3% – once or twice in 3 months; 15.7% about once a year; 11.3% – once or twice a month; 6.9% once a week or more.

During the year preceding the survey, 79.1% of those who had attended gay saunas had had sex there: 46.2% during less than half of the visits; 31.9% every time; 22% in about half or more of the visits. 62.6% of them had had sex with non-regular partners in gay saunas; 42.9% with regular partners. 40.7% engaged in sex with several homosexual partners simultaneously in gay saunas, with 1.1% having bought and 5.5% having sold sexual services.

37.4% of the MSM did not use condoms during the last sexual contact in a gay sauna. The main reasons included "no condom on hand" (62.9%), "I do not think it is necessary" and "I dislike condoms".

About 30.9% visited gay beaches during the summer preceding the survey. 57.1% visited gay beaches once or twice; 21.4% – once or twice a month; 8.6% – twice or more times a week.

20.6% of the MSM had had sex with homosexual partners on gay beaches: 57.1% very seldom; 20.6% in less than half of the instances. On gay beaches 92.9% engaged in sex with non-regular partners, and 35.7% with regular partners. About 7.1% of the MSM engaged in selling sexual services on gay beaches.

During the last sexual contact on a gay beach, about half the MSM did not use condoms, in most cases because they did not think it was necessary.

During the year preceding the survey 37.8% had found potential sex partners through the Internet. 53.7% used the Internet to find partners less than once a month; 24.4% about once a month; 8.5% 2–3 times a month; 11% every week. 57.3% of the MSM used the Internet to find regular sexual partners; 59.8% to find non-regular partners; 9.8% to find several partners for group sex; 4.9% to find commercial partners to buy sexual services from.

92.6% during the year preceding the survey did not visit cruising sites. Others attended cruising sites with varying frequency: 37.5% once every 6 months or less, 50.1% several times in every 1-3 months, 12.5% once a week or more. 75% visited cruising sites to meet potential new homosexual partners. Thus, 41.7% of them found non-regular sexual partners, 25% found several partners for group sex. 33.3% bought sexual services; 16.7% sold sexual services at the cruising sites.

Sexual violence

During the year preceding the survey 4.8% of the MSM had experienced sexual violence; another 4.8% could not give a simple answer to this question.

None of the MSM interviewed had forced their partners to have sex with them.

3.2.5. KNOWLEDGE ABOUT STI AND RELATED BEHAVIOR

Knowledge about STI

Practically all the MSM knew about STI. 77.9% were aware of syphilis; 67.9% of gonorrhoea; 47.9% of chlamydiosis; 49.8% of trichomoniasis; 45.2% of hepatitis C; 40.6% of hepatitis B; 39.6% of genital herpes; 31.8% of mycoplasmosis; 27.6% of ureaplasmosis; 27.6% of fungal infections (candidiasis); and 12.4% of the papilloma virus.

STI symptoms, diagnosis and treatment

Every tenth MSM at least once during his lifetime had experienced STI symptoms: 14.3% had had genital itching; 13.4% genital burning; 12.9% unusual genital discharge; 11.5% reddening of the genitals and anus; 11.1% frequent painful urination.

During the year preceding the survey, 9.2% of the MSM had been diagnosed with STI: gonorrhoea (60%); trichomoniasis (30%); ureaplasmosis (30%); mycoplasmosis (20%); and chlamydiosis (20%). Half of them (55%) had received outpatient treatment at state-run medical services, 40% at private (commercial) institutions.

3.2.6. HIV AWARENESS AND RELATED BEHAVIOR

Knowledge of HIV

99.5% of the MSM had heard of HIV; 21.3% had close relatives or friends who were HIV-positive.

62.5% knew it was possible to prevent HIV by using condoms correctly during every sexual contact; 57.9% – by having only one reliable uninfected sexual partner; and 51.4% – by abstaining from sex.

Some of them had misconceptions about HIV transmission routes: 23.6% believed HIV transmission was possible through a mosquito bite; 27.3% thought one could get HIV by eating with and sharing the same dishes with an HIV-positive person; 16.7% were sure that sharing injection equipment did not present risk of HIV infection; 17.1% believed there was no danger in multiple sexual partners; 11.6% assumed there was no HIV threat in genital ulcers or inflammation; 14.8% were sure there was absolutely no risk of HIV infection during unprotected oral sex; 34.7% thought that changing from injection to non-injection drugs would not reduce the risk of HIV.

63.4% of the MSM believed HIV could not be transmitted from mother to child; 21.3% were not sure. 16.2% did not know that HIV could be transmitted to the baby through breastfeeding; 33.8% were not sure. 23.6% were not sure if there were medicines that could suspend the development of HIV; 20.8% were sure no such medicines existed.

HIV testing

During the year preceding the survey, 35.9% of the MSM had been tested for HIV.

3.2.7. PREVENTIVE PROGRAMMES COVERAGE

Knowledge about preventive programmes

43.8% knew about STI and HIV/AIDS prevention programmes implemented in St Petersburg and oriented specifically to MSM. The most widely known was LaSkay (67.4%); others (Protect yourself: Action against AIDS and Wisconsin College programmes) were mentioned by very few.

30.2% had learned about prevention programmes from friends or acquaintances. 57.3% had participated in prevention programmes as clients; 12.5% as workers or volunteers.

Participation in preventive programmes

During the year preceding the survey 58.1% of the MSM had participated in preventive activities at least once. About 40.5% had taken part in such arrangements only once; 15.1% twice; 23.8% once every few several months; 8.7% about once a month. Some MSM take part in preventive activities regularly, with 9.5% using programme services about once a week or more.

56% of the MSM attending preventive programmes had been given condoms; 44.9% had received lubricants; 36.6% had been provided with information brochures. About 20% had received counselling on STI and HIV/AIDS issues. 14% had been referred for anonymous testing for HIV; 12% for hepatitis; 7.4% for STI. 6.9% had received medical counselling. 6.3% had taken part in training seminars or meetings. 2.8% had been referred for medical examination.

Knowledge about socio-medical services in St Petersburg

38.2% of the MSM knew where in St Petersburg free anonymous testing for STI was available; 29.5% knew where one could be tested anonymously for HIV.

38.2% knew where to obtain free condoms. 27.2% knew where to get information about STI and HIV/AIDS.

18.4% knew where to get free STI treatment. 14.7% knew where to apply for medical HIV and AIDS care. 24.9% knew where to obtain free psychological support. 16.6% of the MSM knew of mutual help groups for HIV-positive people.

Service and information needs

66.4% of the MSM were sceptical about the need for information on STI and HIV/AIDS issues. 16.6% were interested in such information. Issues of interest included the availability of free care and treatment (9.7%) and methods of individual HIV prevention (4.6%).

4. COMPARATIVE SURVEY RESULTS

4.1. COMPARATIVE ANALYSIS OF MSM GROUPS IN MOSCOW AND ST PETERSBURG

Comparative analysis of survey findings among MSM in Moscow and St Petersburg included only those indicators that showed statistically significant differences (Appendix 1).

4.1.1. PREVALENCE OF HIV AND INFECTIONS WITH SIMILAR TRANSMISSION ROUTES

Biological blood testing has shown that there were more MSM with antibodies to HCV, syphilis and HIV in St Petersburg than in Moscow.

4.1.2. BASIC SOCIO-DEMOGRAPHIC CHARACTERISTICS

Age and education

The MSM groups in Moscow and St Petersburg had significant socio-demographic differences. The MSM in Moscow were generally older, had more years of education and thus had a higher educational level.

Migratory patterns

The Moscow MSM had lived in Moscow comparatively longer than their St Petersburg counterparts. This is due to the fact that the Moscow mean age was higher, and that more MSM in St Petersburg were not native residents (which is indirectly confirmed by a higher proportion of persons with a temporary St Petersburg residence permit and a wider variety of regions of origin).

Employment

The MSM in Moscow more often work in state-run institutions and NGOs, while those in St Petersburg more often work in commercial organizations. However, the incomes in Moscow were higher than in St Petersburg: the average monthly income in Moscow was 20-30,000 rubles, as compared to 10-20,000 rubles in St Petersburg. This mirrors the labour market structure in Moscow and St Petersburg.

At the same time the MSM in Moscow were more often employed as highly skilled specialists as well as middle or lower managers, while most MSM in St Petersburg were office workers with or without higher education. This correlates with the level of education.

Sexual orientation

More MSM in Moscow tended to identify themselves as homosexual, while more MSM in St Petersburg identified themselves as bisexual. This accounts for the differences in sexual partner characteristics: more MSM in St Petersburg had had sex with women; there was also a higher percentage of cases where women were the sexual partners of at least half the sexual contacts during the year preceding the survey. There were some transgenders among MSM in Moscow, while there were none in the St Petersburg group.

4.1.3. USE OF PSYCHOACTIVE SUBSTANCES

There were no significant differences between MSM in Moscow and St Petersburg in terms of substance use (alcohol and drugs). However, MSM in St Petersburg used a wider range of non-injected drugs including atropine-like drugs (dimedrol, cyclodol, romparquine), anabolics and household chemicals.

4.1.4. SEXUAL BEHAVIOR

Basic information

MSM in Moscow first had sex at a slightly older age.

MSM in St Petersburg more frequently than in Moscow had sex when intoxicated with alcohol or drugs.

Notably more MSM in Moscow were not sure if any of their sexual partners during the year preceding the survey were HIV-positive.

Homosexual contacts

During the year preceding the survey MSM in Moscow typically had had more homosexual partners (both for oral and anal sex) as well as more non-regular sexual partners. However, oral sex was more common among MSM in St Petersburg.

Sex with commercial partners was more frequent among MSM in St Petersburg; MSM in Moscow more often bought sexual services whilst MSM in St Petersburg more often sold them.

MSM in St Petersburg had had more regular homosexual partners during the year preceding the survey and thus the relationships with them were short and lasted not less than six months (although the proportion of MSM having stable relationships with regular sexual partners for one year or longer was also high). A proportion of MSM in Moscow had had relationships with regular homosexual partners for 6-12 months.

MSM in Moscow more often used condoms (question about the last sexual contact), with heterosexual, homosexual, non-regular, regular and commercial partners. The principal reasons for non-use of condoms during the last sexual contact with regular homosexual partners among MSM in Moscow included the unavailability of condoms when necessary; with non-regular partners condoms were not used because the partners objected or because the interviewees disliked condoms.

The proportion of MSM that used condoms during the last oral sexual contact is equally low among MSM in Moscow and in St Petersburg. However, the reasons for ignoring condoms were different: most MSM in St Petersburg disliked condoms, whilst MSM in Moscow underestimated the necessity of using condoms during oral sex.

During the last anal contact with a homosexual partner, more MSM in Moscow used condoms as well as chemical STI prevention (mainly Miramistin) and lubricants (mainly special creams for anal sex) both with regular and non-regular partners.

More MSM in St Petersburg could not name any STI prevention methods or lubricants used during the last sexual contact with a homosexual partner. Also, more MSM in St Petersburg could not remember any cases of condom breaks during the year preceding the survey.

The typical sexual practices among MSM in Moscow included rimming and the use of dildos, while in St Petersburg fisting was more frequent.

Search for sexual partners

The MSM in Moscow and St Petersburg regularly visited gay clubs. However, MSM in Moscow visited more often; they were also more likely to have sex in gay clubs (both with regular and non-regular homosexual partners and with several partners simultaneously). More MSM in St Petersburg sold their sexual services in gay clubs during the year preceding the survey.

Gay saunas were more popular among MSM in Moscow and they visit this type of leisure centre with ever increasing frequency. Most had about half their instances of sexual contact in gay saunas, while the MSM in St Petersburg were categorised as either more seldom or more frequent. MSM in Moscow more often had sexual contacts in gay saunas with regular and non-regular homosexual partners, while the St Petersburg MSM more often sold their sexual services.

More MSM in Moscow had used condoms during the last sexual contact in gay clubs and gay saunas. MSM in Moscow did not use condoms where no penetrative sex took place; MSM in St Petersburg did not have condoms available when necessary.

Gay beaches were more popular in St Petersburg; however, the frequency of visits to gay beaches in Moscow was higher.

Quite a few MSM in Moscow and St Petersburg visited cruising sites. In St Petersburg they more often found regular homosexual partners there.

More MSM in Moscow found sexual partners through the Internet. MSM in Moscow used the Internet to find partners 1-3 times per month, MSM in St Petersburg did it less than once a month; however, St Petersburg had more MSM who used this search tool almost daily. More MSM in Moscow used the Internet to find non-regular and regular homosexual partners.

Sexual violence

During the year preceding the survey more MSM in St Petersburg had experienced sexual violence.

4.1.5. KNOWLEDGE ABOUT STI AND RELATED BEHAVIOR

Knowledge about STI

More MSM in Moscow were aware of such STIs as hepatitis B and C, trichomoniasis, gonorrhea, syphilis and the papilloma virus, while in St Petersburg more MSM knew about mycoplasmosis, ureaplasmosis and mycotic infections.

STI symptoms, diagnosis and treatment

More MSM in St Petersburg had experienced various STI symptoms during their lifetime, including genital itching and burning, unusual genital discharge, frequent painful urination, reddening of the genitals and anus.

There were no differences in the frequency of STI between Moscow and St Petersburg during the year preceding the survey; however, MSM in Moscow less often sought STI treatment or attended state-run medical inpatient clinics.

4.1.6. HIV AWARENESS AND RELATED BEHAVIOR

Knowledge about HIV

The MSM in Moscow were better informed of risk factors and routes of HIV transmission. For example, a large proportion knew that one could reduce HIV risk by using condoms during every sexual contact, having only one partner, abstaining from sex and shifting from injecting to non-injecting drugs. They were also better informed of the factors increasing the risk of HIV such as multiple sexual contacts, unprotected oral sex, genital ulcers or inflammation, and sharing injection equipment. MSM in Moscow were also better informed of mother-to-child HIV transmission and ART capable of suspending the development of HIV.

The MSM in St Petersburg were more likely to have misconceptions about HIV transmission through mosquito bites, and eating with and sharing the same dishes with an HIV-positive person.

HIV testing

More MSM in Moscow had been tested for HIV during the year preceding the survey.

4.1.7. PREVENTIVE PROGRAMMES COVERAGE

Knowledge about preventive programmes

The MSM in St Petersburg were better informed about specialized preventive programmes in their city; however, they did not know the names of these programmes or the organizations that implement them.

The list of MSM programmes reflect the actual initiatives undertaken in both cities: the Moscow MSM were aware of such Moscow programmes as “Stop-spid.ru”, “MSM sentinel”, “Hotline AntiAIDS”, “Ogonyok AntiAIDS”, as well as “Info+” and Wisconsin College programmes, whilst MSM from St Petersburg knew about the LaSkay programme.

Preventive programmes coverage

The MSM in St Petersburg more often took part in specialized preventive initiatives during the year preceding the survey as compared with their Moscow counterparts. As a rule, these included the distribution of condoms, lubricants and information brochures, as well as referral for anonymous HIV testing.

Knowledge about socio-medical services in the city

The MSM in St Petersburg were better informed about the availability of free psychological help, condoms and self-help groups for HIV-positive people. MSM in Moscow knew more about organizations providing free STI treatment.

Service and information needs

The demand for information on STI and HIV/AIDS is higher among MSM in St Petersburg.

4.2. COMPARATIVE ANALYSIS OF MSM SUBGROUPS IN TWO CLUBS IN ST PETERSBURG

In the description of gay clubs, "Cabaret" is referred to as "the first club", "Tsentralnaya Stantsiya" as "the second club". The comparative analysis of MSM subgroups in St Petersburg was made because of the blood testing results and includes only those indicators that display statistically significant differences (Appendix 2).

4.2.1. PREVALENCE OF HIV AND INFECTIONS WITH SIMILAR TRANSMISSION ROUTES

According to blood test results, 7.5% of the MSM in the first club had antibodies to HIV, while none at the second club had. The proportion of positive tests for antibodies to HCV and syphilis was also higher in the first club. Antibodies to HCV were discovered in 4.2% of the MSM at the first club and in 1.7% at the second club; 6.6% had antibodies to syphilis at the first club, and 0.9% at the second club.

4.2.2. BASIC SOCIO-DEMOGRAPHIC CHARACTERISTICS

Age and education

There was a higher number of persons aged 20–24 in the second club.

Migratory patterns

More MSM in the second club came from outside St Petersburg (they had not lived in the city since birth) and, consequently, had temporary St Petersburg residence permits or no residence permits at all.

Employment

More MSM in the first club were employed in state-run institutions as office workers with or without higher education, while in the second club more worked in commercial organizations as highly qualified specialists or top-managers. However, the monthly income of more MSM in the first club was over 30,000 rubles, while that of MSM in the second club was mainly around 10–20,000 rubles.

Marital status

Significantly more MSM in the second club were in common-law (unregistered) marriage with a male partner.

4.2.3. USE OF PSYCHOACTIVE SUBSTANCES

Alcohol use

MSM in the second club used alcohol more often (several times a week) than in the first club (about once a week), and, consequently, were more likely to have sex when inebriated.

Drug use

Significantly more MSM in the second club used drugs.

4.2.4. SEXUAL BEHAVIOR

Basic information

Fewer MSM in the first club could remember the age they were when they had their first sexual contact.

MSM in the second club were less sure that none of the sexual partners they had during the year preceding the survey were HIV-positive.

Homosexual contacts

MSM in the second club displayed a higher level of homosexual activity. During the year preceding the survey they had had more partners for oral and anal sex, playing both penetrator and recipient

roles. They had sex with non-regular partners and sold commercial sexual services more often. They also used dildos and engaged in rimming more. The length of relationships with regular partners for most MSM in the second club averaged six months to one year.

There were no marked differences in condom use with the various types of sexual partner. More MSM in the second club used condoms during the last sexual contact with a heterosexual partner, while more MSM in the first club used condoms during oral sex with homosexual partners. The reasons for non-use of condoms differed: the reason given most in the first subgroup was "Do not think it is necessary", while the second group blamed dislike of or forgetting about condoms. MSM in the second club typically used lubricants during anal sex with homosexual.

Search for sexual partners

MSM in the first club visited gay clubs more frequently (about once a week) than MSM in the second (once or twice a month). However, more MSM in the second group had sex in gay clubs (mainly with non-regular partners).

More MSM in the second club visited gay saunas and had sex there (practically always with non-regular partners).

MSM in the second club more often used the Internet to find sexual partners (mainly non-regular). They were also more likely to visit cruising sites.

4.2.5. KNOWLEDGE ABOUT STI AND RELATED BEHAVIOR

Knowledge about STI

MSM in the second club were better informed about STI such as trichomoniasis, gonorrhoea, papilloma virus, chlamydiosis, genital herpes, mycoplasmosis, ureaplasmosis, hepatitis B and C, and mycotic infections (candidiasis). MSM from the first club more often named syphilis, as well as infections not included in the list (i.e. gave inappropriate answers).

STI symptoms, diagnosis, and treatment

Most MSM from the second club had been diagnosed with STI in the year preceding the survey.

4.2.6. HIV AWARENESS AND RELATED BEHAVIOR

Knowledge of HIV

MSM from the first club were better informed about such HIV risks as multiple sexual contacts, genital ulcers or inflammation, and sharing injection equipment. They were also better informed of vertical HIV transmission (mother-to-child in utero or through breastfeeding). In addition, this

subgroup had less misconceptions about HIV transmission routes: through mosquito bite and eating with and sharing the same dishes with an HIV-positive person.

At the same time MSM in the second club were better informed about individual HIV prevention such as having only one partner, abstinence from sex, correct use of condoms during every sexual contact, and changing from injection to non-injection drugs.

More MSM in the second group had HIV-positive relatives or friends.

4.2.7. PREVENTIVE PROGRAMMES COVERAGE

Knowledge about preventive programmes

Interviewees in the first club were better informed of STI and HIV/AIDS prevention programmes for MSM in St Petersburg. Most of them were aware of such programmes because they had taken part in them as clients or volunteers/workers, while those in the second club learned about such programmes from friends and relatives.

Participation in preventive programmes

MSM in the first group more often took part in preventive activities (most of them about once a week). However, members of the second group were more likely to get information brochures and referrals for anonymous HIV, hepatitis and STI testing.

Knowledge about socio-medical services in the city

MSM from the first club knew more about the opportunities for obtaining condoms, free STI diagnosis and treatment, and free HIV testing.

CONCLUSION

Presented below are summaries of the survey findings for Moscow and St Petersburg, as well as the comparative data analysis by city and by subgroup (for St Petersburg).

SUMMARY OF SURVEY FINDINGS FOR MOSCOW

MSM in Moscow are young people about 26 years of age, mainly with higher or incomplete higher education, predominantly born and permanently residing in Moscow; however, the proportion of non-residents is also high (about every tenth). The majority is employed as highly qualified specialists and managers in commercial companies and has high monthly income (20,000 rubles or more). Most of them identified themselves as homosexual; however, very few lived in common-law marriage with homosexual partners.

Members of the group quite often used alcohol (several times a week), reflected in the high incidence of sexual contacts when inebriated. In addition, about every fourth MSM was an active drug user (mainly "light" drugs such as cannabis, cocaine or stimulants); however, injection was not typical.

Most MSM engage in sex mainly with male partners, while only every fifth had contacts with both male and female partners. Every seventh MSM did not use condoms with heterosexual partners. MSM in Moscow actively engage in both oral and anal sex with homosexual partners. 9 out of 10 MSM did not use condoms during oral sex, and every fifth during anal sex.

Practically all (nine out of ten) had sex with regular homosexual partners; every second with more than one partner during the year preceding the survey. The use of condoms during sex with regular partners was fairly typical (two-thirds of cases).

All MSM have sex with non-regular homosexual partners, who they meet and have sex with in gay clubs and gay saunas. About 9 out of 10 MSM used condoms during contacts with such partners.

Every tenth MSM in Moscow has sex with commercial homosexual partners (mainly buying sexual services from them). Condoms were used during nearly all such contacts.

About 7% had had sex with partners known to be HIV-positive during the year preceding the survey. About 10% of the MSMs had experienced condom breaks during sex.

MSM in Moscow used gay clubs, gay saunas and the Internet to find sexual partners.

In Moscow they were quite well informed about STI and HIV/AIDS; only every fourteenth MSM had misconceptions about HIV transmission routes. However, about every tenth underestimated

the significance of some risks (e.g. possible transmission of the infection through unprotected oral sex), and was relatively poorly informed of vertical HIV transmission and ART.

Coverage by HIV testing in Moscow was fairly high – about 7 out of 10 MSM had been tested during the year preceding the survey.

However, only every third knew of specialized STI and HIV prevention programmes for MSM and only half of them had participated in related activities. The number with knowledge of the socio-medical services in the city was poor (about every third or fourth person).

According to this sero-epidemiological survey, HIV has not spread in the studied group (except for isolated cases); the same applies to the hepatitis C virus.

SUMMARY OF SURVEY FINDINGS FOR ST PETERSBURG

MSM in St Petersburg are young people about 25 years of age, mainly with a higher or incomplete higher education, predominantly born and permanently residing in St Petersburg; however, about every sixth came from elsewhere. A large proportion are employed as office workers in commercial companies with monthly income averaging 10,000 rubles or higher. 2 out of 3 identified themselves as homosexuals; the rest claimed to be bisexual. About every tenth MSM lived with a homosexual partner.

Every second MSM in St Petersburg used alcohol one to several times a week, about two thirds had sex when intoxicated with alcohol. About every tenth MSM was an active drug user (mainly "light" drugs – cannabis or stimulants), while there were only isolated cases of drug injection.

About two thirds of the MSM in St Petersburg engage in sex mainly with homosexual partners; others with both male and female partners. About every third MSM did not use condoms with heterosexual partners. The MSM in St Petersburg engaged both in anal and oral (to a slightly lesser extent) sex with homosexual partners. About 3 out of 4 MSM did not use condoms during oral sex; about 1 out of 3 did not use condoms during anal sex.

About 6 out of 7 MSM in St Petersburg had regular homosexual partners (half had had more than one partner during the year preceding the survey). Condoms were used on average only in half of the instances of sexual contact with regular partners. Two thirds of the MSM in St Petersburg engage in sex with non-regular homosexual partners, with condoms being used in a large proportion of such contacts (2 out of 3 cases).

About every tenth MSM engaged in sex with commercial partners; two-thirds of them sold commercial sexual services. Condoms were used only during every fifth sexual contact with a commercial partner.

To find partners, all the MSM in St Petersburg used gay clubs, about every second used gay saunas, every third used gay beaches. Very few visited cruising sites. About one third found their partners through the Internet.

The MSM in St Petersburg were relatively well informed about STI and HIV/AIDS. However, approximately a quarter had some misconception about HIV transmission routes.

MSM coverage by HIV testing is lower in St Petersburg than in Moscow – only every third MSM had been tested during the year preceding the survey.

Nearly every second MSM knew about STI and HIV prevention programmes implemented in St Petersburg, and nearly two thirds took part in these programmes. The level of knowledge concerning the socio-medical services existing in the city is insufficient (less than a third knew about the various types of service).

About every sixth MSM during the year preceding the survey had experienced condom breaks during sex. About every third was not sure if any of their partners were HIV-positive.

HIV antibodies among MSM in St Petersburg in two sentinel sites (Cabaret and Tsentralnaya Stantsiya clubs) were found in 3.8%, antibodies to HCV in 3%, antibodies to syphilis in 4.2%. It should be noted that antibodies to HIV were identified in only one of the two sentinel sites (Cabaret). Comparative analysis of behavioral characteristics in two MSM subgroups in St Petersburg indicates that this difference may be accidental as the subgroup where no-one tested positive (the second club) practiced more risky behavior. Besides, social workers and survey workers noticed that respondents who visited the first club also attended the second.

GENERAL CONCLUSIONS

1. The surveyed MSM cohorts in Moscow and St Petersburg included young men with a mean age of 24-26. 2.3% of respondents in Moscow were transgender. MSM in both cities were socially integrated urban residents, with a higher or incomplete higher education, employed as highly skilled specialists or managers, with advanced university degrees (mainly in Moscow), with an average monthly income which was adequate for the living standard in their respective places of residence. 87.1% of the MSM in Moscow and 64% in St Petersburg identified themselves as homosexual. 35% in St Petersburg identified themselves as bisexual. Every fourth respondent in Moscow and every tenth in St Petersburg reported having used non-injected "soft" drugs. Drug injection represented only a few isolated cases.

2. According to this survey, the major HIV risk factors in sexual behavior among MSM include:

- Little motivation for monogamous sexual relations;
- A wide range of male partners – regular, non-regular, commercial, partners for group sex at leisure centres: the mean number of sexual partners for oral sex during the last 12 months was 10 in Moscow and 5 in St Petersburg; for anal sex – 10 in Moscow and 4 in St Petersburg;
- In St Petersburg, two thirds of the respondents sold their commercial sex services; MSM respondents in Moscow mainly bought sexual services;
- Oral and anal homosexual sex involving various practices (rimming, fisting, dildo use);
- A considerable number of bisexual contacts, especially in St Petersburg (39.6%);
- Having HIV-infected sexual partners (6.6% in Moscow, 0.5% in St Petersburg);
- Sex while intoxicated with alcohol or drugs. Only every third MSM in St Petersburg and every fifth in Moscow had not had sex when inebriated within the last four weeks;
- Irregular use of condoms during anal sex and almost complete non-use during oral sex (87.4% in Moscow and 90.1% in St Petersburg);
- Condom breaks (reported by 9.2% of respondents in Moscow and 16.6% in St Petersburg).

3. HIV has not yet widely spread among the surveyed MSM group which is composed of regular clients of gay clubs and saunas in Moscow and St Petersburg. Prevalence of HIV sero-positivity among respondents was 3.8% in St Petersburg, 0.93% in Moscow. Only isolated cases of STI with transmission routes similar to HIV were identified: the prevalence of antibodies to hepatitis C was 3% in St Petersburg and 1.9% in Moscow; prevalence of antibodies to syphilis was 4.2% in St Petersburg and 0% in Moscow. Due to specific MSM characteristics and behavior the most like-

ly transmission route could not be identified with certainty; however, the multiple risks associated with sex indicate that sexual transmission is the most probable. The presence of hepatitis C cases doesn't allow the complete exclusion of injecting drug use as a risk within this group.

4. MSM in Moscow and St Petersburg are quite well informed about HIV/AIDS and are interested in their HIV status (73.3% in Moscow had been tested in the course of the last 12 months). 21.3% in Moscow and 14.5% in St Petersburg had relatives who had HIV or had died of AIDS. Respondents had quite good knowledge about STI and actively sought medical care. A significantly greater proportion of MSM in Moscow had used chemical STI prevention (mainly Miramistin) and lubricants for anal sex.

5. MSM in Moscow (considerably more) and St Petersburg were aware of preventive programmes implemented in their respective cities, although, MSM in St Petersburg more often took part in preventive activities during the year preceding the survey (distribution of condoms, lubricants, information brochures).

6. The surveyed MSM groups were fairly well-informed of targeted socio-medical services in their respective cities. MSM in St Petersburg were better informed of the availability of free psychological help and condoms, as well as self-help groups for HIV-positive people. MSM in Moscow knew more about the organizations providing free STI treatment.

7. STI and HIV prevention among MSM should focus on the necessity of using condoms during all sexual contacts with any type of partner, on increasing the availability of condoms by distributing to leisure centres, and on using the Internet to disseminate preventive information, as well as information about the existing socio-medical services.

8. The prevalence of high-risk behavior among men having sex with men, and HIV cases in this group and its social environment indicate that MSM are a group highly vulnerable to HIV. It is advisable to continue using sentinel sero-epidemiological and behavioral surveys within this group to monitor the epidemic and improve the effectiveness of prevention programmes.

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ANNEX

ANNEX 1

PREVALENCE OF SEROLOGICAL HIV, HCV AND SYPHILIS MARKERS AMONG MSM ATTENDING GAY CLUBS AND SAUNAS IN MOSCOW AND SAINT PETERSBURG (2006)

City	Studied group	Number of biological specimens tested	Positive tests					
			HIV		Hepatitis C		Syphilis	
			abs	%	abs	%	abs	%
Moscow	Visitors of Tri Obeziany gay club, Voda and Nemo gay saunas	321	3	0,93%	6	1,9%	0	0%
Saint Petersburg	Visitors of Cabaret and Tsentralnaya Stantsia gay clubs	237	9	3,8%	7	3,0%	10	4,2%

ANNEX 2

SURVEY FINDINGS AMONG MSM GROUPS IN MOSCOW AND SAINT PETERSBURG

Table 2.A.2. Substance use, %

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Alcohol use in the past 4 weeks				
Percentage of responses	100,0	100,0	0,0	n/sign.
Daily	6,5	2,3	4,1	
Several times a week	41,5	42,2	–0,8	
About once a week	32,3	40,3	–8,0	
2–3 times a month	12,9	9,6	3,3	
Never	6,9	5,3	1,6	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,3	–0,3	
Total:	100,0	100,0	0,0	
Sex under alcohol in the past 4 weeks				
Percentage of responses	100,0	100,0	0,0	0,001
Never	35,0	22,1	12,9	
Less than in half of the cases	28,6	19,8	8,8	
In about half the cases	16,6	52,5	–35,9	
In over half of the cases	11,5	4,3	7,2	
Practically every time	6,0	0,7	5,3	
Not sure	0,9	0,0	0,9	
No response	1,4	0,7	0,7	
Total:	100,0	100,0	0,0	
Drug use in the past 4 weeks				
Percentage of responses	100,0	100,0	0,0	n/sign.
Yes	12,9	18,2	–5,2	
No	87,1	81,5	5,6	
Not sure	0,0	0,0	0,0	
No response	0,0	0,3	–0,3	
Total:	100,0	100,0	0,0	

Table 2.A.2. Substance use, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Substances used in the past month (non-injecting)				
Percentage of responses	12,9	18,5	–5,6	
Heroin (not mixed with cocaine)	0,0	1,8	–1,8	n/sign.
Cocaine (not mixed with heroin)	17,9	33,9	–16,1	n/sign.
Heroin mixed with cocaine	0,0	3,6	–3,6	n/sign.
Marijuana (hash, plan, anasha)	85,7	87,5	–1,8	n/sign.
Household chemicals	3,6	3,6	0,0	n/sign.
Stimulants in tablets (PCP, MDMA)	17,9	3,6	14,3	0,05
Dimedrol, cyclodol, romparquine	3,6	0,0	3,6	n/sign.
Barbiturates (barbamil, nembutal, etc.)	0,0	0,0	0,0	–
Anabolics	3,6	0,0	3,6	n/sign.
Other	17,9	1,8	16,1	0,01
Sex on drugs in the past 4 weeks				
Percentage of responses	12,9	18,5	–5,6	0,001
Never or very seldom	21,4	37,5	–16,1	
Less than in half of the cases	21,4	30,4	–8,9	
In about half the cases	17,9	28,6	–10,7	
In over half of the cases	17,9	3,6	14,3	
Practically every time	21,4	0,0	21,4	
Not sure	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Drug injection in the past 12 months				
Percentage of responses	12,9	18,5	–5,6	n/sign.
Yes	3,6	10,7	–7,1	
No	96,4	89,3	7,1	
Not sure	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 2.A.2. Substance use, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Duration of drug injection (in years)				
Percentage of responses	0,5	2,0	–1,5	0,05
1–3 years	0,0	83,3	–83,3	
3–9 years	0,0	16,7	–16,7	
10–19 years	100,0	0,0	0,0	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Median duration of drug injection (in years)				
Percentage of responses	0,5	2,0	–1,5	0,001
Median	10,0	2,1	7,9	
Age at first drug injection				
Percentage of responses	0,5	2,0	–1,5	n/sign.
20–24 years	100,0	66,7	33,3	
25–29 years	0,0	33,3	–33,3	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Median age at first drug injection				
Percentage of responses	0,5	2,0	–1,5	n/sign.
Median	24,0	22,5	1,5	
Substances injected in the past month				
Percentage of responses	0,5	2,0	–1,5	
Heroin (not mixed with cocaine)	100,0	83,3	16,7	n/sign.
Cocaine (not mixed with heroin)	0,0	16,7	–16,7	n/sign.
Heroin mixed with cocaine	0,0	0,0	0,0	–
Crack	0,0	0,0	0,0	–
Self-prepared opiates (khanka, shirka, black)	100,0	16,7	0,0	n/sign.
Medical opiates (morphine, promedol, omnopon)	0,0	33,3	–16,7	n/sign.
Ephedron	0,0	0,0	–16,7	–
Other	0,0	0,0	–33,3	–

Table 2.A.2. Substance use, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Drug injection in the past month				
Percentage of responses	0,5	2,0	–1,5	n/sign.
Once	100,0	16,7	83,3	
2–3 times	0,0	50,0	–50,0	
About once a week	0,0	16,7	–16,7	
2–3 times a week	0,0	16,7	–16,7	
4–6 times a week	0,0	0,0	0,0	
Practically daily	0,0	0,0	0,0	
2–3 times a day	0,0	0,0	0,0	
4 or more times a day	0,0	0,0	0,0	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Sharing injection equipment (needles or syringes) in the past month				
Percentage of responses	0,5	2,0	–1,5	n/sign.
Always	0,0	0,0	0,0	
Most times	0,0	0,0	0,0	
In about half the cases	0,0	0,0	0,0	
Sometimes	0,0	33,3	–33,3	
Never	100,0	50,0	50,0	
Do not remember	0,0	16,7	–16,7	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 2.A.2. Substance use, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Sharing injection equipment (needles or syringes) in the past month				
Percentage of responses	0,5	2,0	–1,5	
Regular sexual partner	0,0	33,3	0,0	n/sign.
Non-regular sexual partner	0,0	0,0	0,0	–
Friend	0,0	33,3	0,0	n/sign.
Drug dealer	0,0	0,0	0,0	–
Someone from the shooting gallery	0,0	0,0	0,0	–
Fellow-prisoner	0,0	0,0	0,0	–
Other	0,0	0,0	0,0	–
Opportunity to buy new needles and syringes				
Percentage of responses	0,5	2,0	–1,5	–
Yes	100,0	100,0	0,0	
No	0,0	0,0	0,0	
Not sure	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 2.A.2. Substance use, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Persons or places to buy new unused syringes from				
Percentage of responses	0,5	2,0	–1,5	
Pharmacy	100,0	100,0	0,0	–
Medical worker	0,0	16,7	–16,7	n/sign.
Shop, sales outlet	0,0	16,7	–16,7	n/sign.
Hospital	0,0	0,0	0,0	–
Pharmaceutical company worker	0,0	16,7	–16,7	n/sign.
Relative or family member	0,0	16,7	–16,7	n/sign.
Sexual partner	0,0	33,3	–33,3	n/sign.
Friends	0,0	33,3	–33,3	n/sign.
Other drug users	0,0	16,7	–16,7	n/sign.
Drug dealer	0,0	0,0	0,0	–
Syringe exchange programme	0,0	0,0	0,0	–
Steal from places where injection equipment is available for work	0,0	0,0	0,0	–
Injection “doctor”	0,0	0,0	0,0	–
In the street	0,0	0,0	0,0	–
Other	0,0	0,0	0,0	–
Injecting drugs to other persons with the syringe previously used by the respondent				
Percentage of responses	0,5	2,0	–1,5	n/sign.
Yes	0,0	16,7	–16,7	
No	0,0	33,3	–33,3	
Do not remember	100,0	50,0	50,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, %

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Age at first sex				
Percentage of responses	100,0	100,0	0,0	0,05
Under 14 years	16,1	13,2	2,9	
15–17 years	55,8	57,4	–1,7	
18–19 years	14,3	22,4	–8,2	
20–29 years	5,5	4,3	1,2	
Do not remember	3,7	1,0	2,7	
Not sure	4,6	1,7	3,0	
Total:	100,0	100,0	0,0	
Median age at first sex				
Percentage of responses	91,7	97,4	–5,7	0,05
Median	16,0	17,0	–1,0	
Sexual contacts with women in the past 12 months				
Percentage of responses	100,0	100,0	0,0	0,001
Yes	39,6	17,2	22,5	
No	60,4	82,8	–22,5	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Total number of female sexual partners in the past 12 months				
Percentage of responses	73,0	52,0	21,0	n/sign.
1 partner	32,9	34,6	–1,7	
2–4 partners	41,1	46,2	–5,1	
5–9 partners	19,2	11,5	7,6	
10–19 partners	2,7	3,8	–1,1	
20–39 partners	1,4	1,9	–0,6	
Do not remember	2,7	1,9	0,8	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Median number of female sexual partners in the past 12 months				
Percentage of responses	38,7	16,8	21,9	n/sign.
Median	2,0	2,0	0,0	
Condom use during the last sexual contact with a female partner				
Percentage of responses	39,6	17,2	22,5	0,05
Yes	61,6	82,7	–21,1	
No	36,0	15,4	20,7	
Do not remember	2,3	1,9	0,4	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Reasons for not using condoms during the last sexual contact with a female partner				
Percentage of responses	14,3	2,6	11,6	n/sign.
No condom handy	19,4	25,0	–5,6	
Condoms too expensive	0,0	0,0	0,0	
Partner objected	0,0	0,0	0,0	
Dislike condoms	3,2	0,0	3,2	
Used another method of contraception	32,3	12,5	19,8	
No penetrative contact	0,0	0,0	0,0	
Do not think it was necessary	35,5	37,5	–2,0	
Did not think about it	0,0	12,5	–12,5	
Other	6,5	12,5	–6,0	
Do not remember	0,0	0,0	0,0	
No response	3,2	0,0	3,2	
Total :	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Sexual contacts with men in the past 12 months				
Percentage of responses	100,0	100,0	0,0	n/sign.
Yes	99,1	99,3	–0,3	
No	0,9	0,3	0,6	
No response	0,0	0,3	–0,3	
Total:	100,0	100,0	0,0	
Oral sexual contacts with men in the past 12 months				
Percentage of responses	100,0	100,0	0,0	0,001
Yes	82,9	99,3	–16,4	
No	17,1	0,7	16,4	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Total number of male partners in oral sexual contacts in the past 12 months				
Percentage of responses	84,3	99,3	–15,0	0,001
1 partner	14,8	3,3	11,4	
2–4 partners	29,5	8,6	20,9	
5–9 partners	25,1	12,3	12,8	
10–19 partners	16,4	57,1	–40,7	
20–39 partners	2,2	15,0	–12,8	
40–99 partners	1,1	1,7	–0,6	
Do not remember	9,3	1,3	8,0	
No response	1,6	0,7	1,0	
Total:	100,0	100,0	0,0	
Median number of male partners in oral sexual contacts in the past 12 months				
Percentage of responses	75,1	97,4	–22,2	0,001
Median	5,0	10,0	–5,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Condom use during the last oral sexual contact with a male partner				
Percentage of responses	84,3	99,3	–15,0	n/sign.
Yes	12,6	7,3	5,3	
No	87,4	91,4	–3,9	
Do not remember	0,0	0,7	–0,7	
No response	0,0	0,7	–0,7	
Total:	100,0	100,0	0,0	
Reasons for not using condoms during the last oral sexual contact with a male partner				
Percentage of responses	73,7	93,1	–19,3	0,001
No condom handy	5,6	1,1	4,6	
Condoms too expensive	0,6	0,0	0,6	
Partner objected	3,1	0,4	2,8	
Dislike condoms	50,0	1,8	48,2	
Used another method of contraception	0,6	0,4	0,3	
Do not think it was necessary	20,6	90,1	–69,4	
Did not think about it	16,9	1,4	15,5	
Other	2,5	3,5	–1,0	
Do not remember	0,0	0,0	0,0	
No response	0,0	1,4	–1,4	
Total:	100,0	100,0	0,0	
Anal sexual contacts with men in the past 12 months				
Percentage of responses	100,0	100,0	0,0	n/sign.
Yes	94,0	96,4	–2,4	
No	6,0	3,0	3,0	
No response	0,0	0,7	–0,7	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Total number of male partners in anal sexual contacts in the past 12 months				
Percentage of responses	94,5	96,4	–1,9	0,001
1 partner	19,0	5,1	13,9	
2–4 partners	29,8	7,2	22,6	
5–9 partners	26,3	11,3	15,0	
10–19 partners	15,1	57,9	–42,8	
20–39 partners	3,4	14,4	–11,0	
40–99 partners	0,0	1,4	–1,4	
Over 100 partners	0,0	0,7	–0,7	
Do not remember	5,4	1,7	3,7	
No response	1,0	0,3	0,6	
Total:	100,0	100,0	0,0	
Median number of male partners in anal sexual contacts in the past 12 months				
Percentage of responses	88,5	94,4	–5,9	0,001
Median	4,0	10,0	–6,0	
Penetrator and recipient roles during anal sexual contacts in the past 12 months				
Percentage of responses	94,5	96,4	–1,9	0,001
Always penetrator	18,0	13,4	4,7	
Mostly penetrator	12,2	13,7	–1,5	
Half penetrator, half recipient	33,2	53,8	–20,6	
Mostly recipient	13,7	5,8	7,8	
Always recipient	11,7	13,0	–1,3	
Do not remember	1,5	0,0	1,5	
No response	9,8	0,3	9,4	
Total:	100,0	100,0	0,0	
Condom use during the last anal sexual contact with a male partner				
Percentage of responses	94,5	96,4	–1,9	0,001
Yes	68,3	87,7	–19,4	
No	30,7	12,3	18,4	
Do not remember	1,0	0,0	1,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Reasons for not using condoms during the last anal sexual contact with a male partner				
Percentage of responses	29,0	11,9	17,2	n/sign.
No condom handy	28,6	30,6	–2,0	
Condoms too expensive	0,0	0,0	0,0	
Partner objected	6,3	2,8	3,6	
Dislike condoms	14,3	13,9	0,4	
Used another method of contraception	0,0	0,0	0,0	
Do not think it was necessary	33,3	19,4	13,9	
Did not think about it	0,0	5,6	–5,6	
Other	14,3	22,2	–7,9	
Do not remember	0,0	0,0	0,0	
No response	3,2	5,6	–2,4	
Total:	100,0	100,0	0,0	
Using chemical methods of HIV/STI prevention before and after the last anal sexual contact with a male partner				
Percentage of responses	96,8	96,7	0,1	0,05
Yes	12,4	17,1	–4,7	
No	85,2	82,9	2,3	
Do not remember	1,9	0,0	1,9	
No response	0,5	0,0	0,5	
Total:	100,0	100,0	0,0	
Chemical prevention used during the last anal sexual contact with a male partner				
Percentage of responses	12,0	16,5	–4,5	0,05
Miramistin	61,5	78,0	–16,5	
Nonoxynol-9	7,7	12,0	–4,3	
Other	3,8	6,0	–2,2	
Do not remember	19,2	0,0	19,2	
No response	7,7	4,0	3,7	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Number of regular male sexual partners in the past 12 months				
Percentage of responses	100,0	100,0	0,0	n/sign.
None	14,7	13,2	1,5	
1 partner	42,9	51,5	–8,6	
2–4 partners	37,3	31,7	5,6	
5–9 partners	3,7	0,7	3,0	
10–19 partners	0,9	0,7	0,3	
Do not remember	0,0	0,7	–0,7	
No response	0,5	1,7	–1,2	
Total:	100,0	100,0	0,0	
Median number of regular male sexual partners in the past 12 months				
Percentage of responses	84,8	84,5	0,3	0,01
Median	1,0	1,0	0,0	
Number of non-regular male sexual partners in the past 12 months				
Percentage of responses	100,0	100,0	0,0	0,001
None	34,6	6,9	27,6	
1 partner	8,3	0,3	8,0	
2–4 partners	28,6	9,2	19,3	
5–9 partners	15,2	14,9	0,4	
10–19 partners	8,8	52,1	–43,4	
20–39 partners	0,9	11,9	–11,0	
40–99 partners	0,9	1,3	–0,4	
Over 100 partners	0,0	0,3	–0,3	
Do not remember	1,8	1,7	0,2	
No response	0,9	1,3	–0,4	
Total:	100,0	100,0	0,0	
Median number of non-regular male sexual partners in the past 12 months				
Percentage of responses	62,7	90,1	–27,4	0,001
Median	4,0	10,0	–6,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Number of commercial male sexual partners in the past 12 months				
Percentage of responses	100,0	100,0	0,0	n/sign.
None	89,4	86,1	3,3	
1 partner	3,2	3,0	0,3	
2–4 partners	3,7	6,3	–2,6	
5–9 partners	0,5	1,0	–0,5	
10–19 partners	1,4	1,0	0,4	
20–39 partners	0,5	0,0	0,5	
40–99 partners	0,0	0,3	–0,3	
Do not remember	0,0	0,0	0,0	
No response	1,4	2,3	–0,9	
Total:	100,0	100,0	0,0	
Median number of commercial male sexual partners in the past 12 months				
Percentage of responses	9,2	11,6	–2,3	n/sign.
Median	2,0	2,0	0,0	
Condom use during the last sexual contact with the last regular sexual partner				
Percentage of responses	85,3	86,1	–0,9	0,001
Yes	41,1	69,0	–27,9	
No	58,4	29,9	28,5	
Do not remember	0,0	0,0	0,0	
No response	0,5	1,1	–0,6	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Reasons for not using condoms during the last anal sexual contact with a male partner				
Percentage of responses	50,7	26,7	24,0	0,01
No condom handy	13,6	2,5	11,2	
Condoms too expensive	0,0	0,0	0,0	
Partner objected	1,8	1,2	0,6	
Dislike condoms	12,7	7,4	5,3	
Used another method of contraception	0,0	0,0	0,0	
No penetrative contact	0,0	4,9	–4,9	
Do not think it was necessary	59,1	58,0	1,1	
Did not think about it	1,8	1,2	0,6	
Other	10,0	21,0	–11,0	
Do not remember	0,0	0,0	0,0	
No response	0,9	3,7	–2,8	
Total:	100,0	100,0	0,0	
Use of lubricants during the last sexual contact with the last regular sexual partner				
Percentage of responses	85,3	86,1	–0,9	0,001
Yes	81,6	96,2	–14,5	
No	18,4	3,8	14,5	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Type of lubricant used during the last sexual contact with the last regular sexual partner				
Percentage of responses	69,6	82,8	–13,3	0,001
Cream for anal sex	87,4	98,8	–11,4	
Vaselin	2,0	0,8	1,2	
Lotion	6,0	0,0	6,0	
Oil	0,0	0,0	0,0	
Other	2,0	0,4	1,6	
Do not remember	2,6	0,0	2,6	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Length of relationship with the last regular sexual partner				
Percentage of responses	85,3	85,8	–0,6	0,001
Less than one month	10,3	3,5	6,8	
1–6 months	38,4	31,9	6,5	
Over 6 months but less than 1 year	19,5	38,1	–18,6	
1–2 years	11,9	7,3	4,6	
Over 2 years	17,8	11,9	5,9	
Do not remember	2,2	0,0	2,2	
No response	0,0	7,3	–7,3	
Total:	100,0	100,0	0,0	
Condom use during the last sexual contact with the last non-regular sexual partner				
Percentage of responses	65,4	92,1	–26,6	0,001
Yes	76,1	90,3	–14,3	
No	22,5	9,3	13,2	
Do not remember	1,4	0,4	1,1	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Reasons for not using condoms during the last sexual contact with the last non-regular sexual partner				
Percentage of responses	14,7	8,6	6,2	0,01
No condom handy	40,6	30,8	9,9	
Condoms too expensive	0,0	0,0	0,0	
Partner objected	12,5	0,0	12,5	
Dislike condoms	25,0	11,5	13,5	
Used another method of contraception	0,0	0,0	0,0	
No penetrative contact	0,0	0,0	0,0	
Do not think it was necessary	15,6	3,8	11,8	
Did not think about it	0,0	3,8	–3,8	
Other	3,1	42,3	–39,2	
Do not remember	0,0	0,0	0,0	
No response	3,1	7,7	–4,6	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Use of lubricant during the last sexual contact with the last non-regular sexual partner				
Percentage of responses	65,4	92,1	–26,6	0,001
Yes	60,6	93,5	–33,0	
No	37,3	5,0	32,3	
Do not remember	2,1	0,0	2,1	
No response	0,0	1,4	–1,4	
Total:	100,0	100,0	0,0	
Type of lubricant used during the last sexual contact with the last non-regular sexual partner				
Percentage of responses	39,2	87,8	–48,6	0,001
Cream for anal sex	89,4	98,5	–9,1	
Vaselin	4,7	1,1	3,6	
Lotion	1,2	0,0	1,2	
Oil	0,0	0,4	–0,4	
Other	0,0	0,0	0,0	
Do not remember	4,7	0,0	4,7	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Number of commercial sexual partners buying sexual services from respondents in the past 12 months				
Percentage of responses	9,7	12,2	–2,5	0,01
None	33,3	75,7	–42,3	
1 partner	28,6	5,4	23,2	
2–4 partners	19,0	2,7	16,3	
5–9 partners	0,0	2,7	–2,7	
10–19 partners	14,3	2,7	11,6	
20–39 partners	4,8	0,0	4,8	
Do not remember	0,0	0,0	0,0	
No response	0,0	10,8	–10,8	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Median number of commercial sexual partners buying sexual services from respondents in the past 12 months				
Percentage of responses	6,5	1,7	4,8	n/sign.
Median	2,0	2,0	0,0	
Number of commercial sexual partners selling sexual services to respondents in the past 12 months				
Percentage of responses	9,7	12,2	–2,5	0,01
None	66,7	13,5	53,2	
1 partner	9,5	21,6	–12,1	
2–4 partners	19,0	43,2	–24,2	
5–9 partners	4,8	5,4	–0,6	
10–19 partners	0,0	5,4	–5,4	
40–99 partners	0,0	2,7	–2,7	
Do not remember	0,0	0,0	0,0	
No response	0,0	8,1	–8,1	
Total:	100,0	100,0	0,0	
Median number of commercial sexual partners selling sexual services to respondents in the past 12 months				
Percentage of responses	3,2	9,6	–6,3	n/sign.
Median	2,0	2,0	0,0	
Condom use during the last sexual contact with the last commercial sexual partner				
Percentage of responses	9,7	11,9	–2,2	0,05
Yes	81,0	97,2	–16,3	
No	19,0	0,0	19,0	
Do not remember	0,0	0,0	0,0	
No response	0,0	2,8	–2,8	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Reasons for not using condoms during the last sexual contact with the last commercial sexual partner				
Percentage of responses	2,3	–	–	–
No condom handy	60,0	–	–	
Condoms too expensive	0,0	–	–	
Partner objected	40,0	–	–	
Dislike condoms	0,0	–	–	
Used another method of contraception	0,0	–	–	
No penetrative contact	0,0	–	–	
Do not think it was necessary	0,0	–	–	
Did not think about it	0,0	–	–	
Other	0,0	–	–	
Do not remember	0,0	–	–	
No response	0,0	–	–	
Total:	100,0	–	–	
Use of lubricant during the last sexual contact with the last commercial sexual partner				
Percentage of responses	9,7	11,9	–2,2	0,05
Yes	66,7	91,7	–25,0	
No	33,3	5,6	27,8	
Do not remember	0,0	0,0	0,0	
No response	0,0	2,8	–2,8	
Total:	100,0	100,0	0,0	
Type of lubricant used during the last sexual contact with the last commercial sexual partner				
Percentage of responses	6,5	10,9	–4,4	0,01
Cream for anal sex	78,6	100,0	–21,4	
Vaselin	0,0	0,0	0,0	
Lotion	0,0	0,0	0,0	
Oil	0,0	0,0	0,0	
Other	0,0	0,0	0,0	
Do not remember	21,4	0,0	21,4	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Cases of condom breaks during sexual contacts in the past 12 months				
Percentage of responses	100,0	100,0	0,0	0,001
Yes	16,6	9,2	7,3	
No	70,5	73,3	–2,8	
Do not remember	9,2	2,0	7,2	
No response	3,7	15,5	–11,8	
Total:	100,0	100,0	0,0	
Sexual practices during sexual contacts with male partners				
Percentage of responses	100,0	100,0	0,0	
Fisting	13,4	5,6	7,8	0,01
Rimming	22,1	71,0	–48,8	0,001
Dildo use	18,9	29,4	–10,5	0,05
Number of cases when respondents experienced sexual violence and were forced to have a sexual contact with a male partner in the past 12 months				
Percentage of responses	100,0	100,0	0,0	0,05
None	90,3	95,0	–4,7	
1 case	3,7	0,7	3,0	
2 cases	0,5	1,7	–1,2	
3 cases	0,9	0,3	0,6	
4 cases	0,0	0,3	–0,3	
Do not remember	3,2	0,3	2,9	
No response	1,4	1,7	–0,3	
Total :	100,0	100,0	0,0	
Median number of cases when respondents experienced sexual violence and were forced to have a sexual contact with a male partner in the past 12 months				
Percentage of responses	5,1	3,0	2,1	n/sign.
Median	1,0	2,0	–1,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Number of cases when respondents forced their partners to have a sexual contact with them in the past 12 months				
Percentage of responses	100,0	100,0	0,0	n/sign.
None	95,9	96,0	–0,2	
1 case	0,9	0,7	0,3	
2 cases	0,0	1,3	–1,3	
3 cases	0,0	0,3	–0,3	
Do not remember	1,8	0,0	1,8	
No response	1,4	1,7	–0,3	
Total:	100,0	100,0	0,0	
Median number of cases when respondents forced their partners to have a sexual contact with them in the past 12 months				
Percentage of responses	0,9	2,3	–1,4	n/sign.
Median	1,0	2,0	–1,0	
Contacts with HIV-infected partners in the past 12 months				
Percentage of responses	100,0	100,0	0,0	0,001
Yes	0,5	6,6	–6,1	
No	77,9	34,7	43,2	
Not sure	16,1	53,1	–37,0	
Do not remember	0,0	0,0	0,0	
No response	5,5	5,6	–0,1	
Total:	100,0	100,0	0,0	
Visits to gay clubs in the past 12 months				
Percentage of responses	100,0	100,0	0,0	n/sign.
Yes	98,2	98,7	–0,5	
No	1,8	1,3	0,5	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Frequency of visits to gay clubs in the past 12 months				
Percentage of responses	98,2	98,7	–0,5	0,001
Once a year	0,9	0,0	0,9	
Once in 6 months	11,7	2,0	9,7	
1–2 times in 3 months	20,2	6,0	14,2	
1–2 times a month	26,3	16,4	9,9	
1 time a week	23,9	25,8	–1,8	
2 or more times a week	16,4	49,8	–33,4	
Not sure	0,5	0,0	0,5	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Sex in gay clubs in the past 12 months				
Percentage of responses	96,8	98,7	–1,9	0,001
Yes	32,9	75,6	–42,7	
No	66,7	24,1	42,6	
Not sure	0,0	0,0	0,0	
No response	0,5	0,3	0,1	
Total:	100,0	100,0	0,0	
Frequency of sexual contacts in gay clubs in the past 12 months				
Percentage of responses	32,3	74,6	–42,3	0,001
Very seldom	51,4	9,3	42,1	
During less than half of the visits to clubs	21,4	23,5	–2,0	
During about half of the visits to clubs	15,7	56,2	–40,5	
During over half of the visits to clubs	8,6	7,5	1,0	
Practically during every visit to clubs	2,9	3,1	–0,2	
Not sure	0,0	0,0	0,0	
No response	0,0	0,4	–0,4	
Total :	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Types of sexual contacts taking place in gay clubs in the past 12 months				
Percentage of responses	32,3	74,6	–42,3	
Sex with a regular partner	42,9	71,7	–28,8	0,001
Sex with multiple partners	11,6	24,3	–12,7	0,05
Sex with a non-regular partner	68,1	96,5	–28,3	0,001
Sex with a commercial partner selling sexual services to respondent	1,4	1,3	0,1	n/sign.
Sex with a commercial partner buying sexual services from respondent	5,8	0,4	5,4	0,01
Condom use during the last sexual contact in the gay club				
Percentage of responses	32,3	74,9	–42,7	0,001
Yes	72,9	90,7	–17,9	
No	25,7	9,3	16,5	
Do not remember	0,0	0,0	0,0	
No response	1,4	0,0	1,4	
Total:	100,0	100,0	0,0	
Reasons for not using condoms during the last sexual contact in the gay club				
Percentage of responses	8,3	7,3	1,0	n/sign.
No condom handy	16,7	27,3	–10,6	
Condoms too expensive	0,0	0,0	0,0	
Partner objected	5,6	0,0	5,6	
Dislike condoms	33,3	9,1	24,2	
Used another method of contraception	0,0	0,0	0,0	
No penetrative contact	5,6	31,8	–26,3	
Do not think it was necessary	38,9	18,2	20,7	
Did not think about it	0,0	4,5	–4,5	
Other	0,0	9,1	–9,1	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Visits to gay saunas in the past 12 months				
Percentage of responses	100,0	100,0	0,0	0,001
Yes	53,0	88,8	–35,8	
No	47,0	11,2	35,8	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Frequency of visits to gay saunas in the past 12 months				
Percentage of responses	53,0	88,8	–35,8	0,001
Once a year	15,7	4,1	11,6	
Once in 6 months	33,9	5,2	28,7	
1–2 times in 3 months	31,3	4,1	27,2	
1–2 times a month	11,3	22,7	–11,4	
1 time a week	4,3	44,2	–39,9	
2 or more times a week	2,6	19,7	–17,1	
Not sure	0,9	0,0	0,9	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Sex in gay saunas in the past 12 months				
Percentage of responses	53,0	88,8	–35,8	n/sign.
Yes	79,1	84,0	–4,9	
No	20,9	15,6	5,3	
Not sure	0,0	0,0	0,0	
No response	0,0	0,4	–0,4	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Frequency of sexual contacts in gay saunas in the past 12 months				
Percentage of responses	41,9	74,6	–32,7	0,001
Very seldom	24,2	10,2	14,0	
During less than half of the visits to saunas	22,0	9,7	12,2	
During about half of the visits to saunas	11,0	60,2	–49,2	
During over half of the visits to saunas	9,9	8,8	1,0	
Practically during every visit to saunas	31,9	11,1	20,8	
Not sure	0,0	0,0	0,0	
No response	1,1	0,0	1,1	
Total:	100,0	100,0	0,0	
Types of sexual contacts taking place in gay saunas in the past 12 months				
Percentage of responses	41,9	74,6	–32,7	
Sex with a regular partner	36,3	69,5	–33,2	0,001
Sex with multiple partners	40,7	39,8	0,8	n/sign.
Sex with a non-regular partner	62,6	92,9	–30,3	0,001
Sex with a commercial partner selling sexual services to respondent	1,1	2,7	–1,6	n/sign.
Sex with a commercial partner buying sexual services from respondent	5,5	0,9	4,6	0,05
Condom use during the last sexual contact in gay saunas				
Percentage of responses	41,9	74,6	–32,7	0,001
Yes	61,5	90,7	–29,2	
No	37,4	8,8	28,5	
Do not remember	0,0	0,4	–0,4	
No response	1,1	0,0	1,1	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Reasons for not using condoms during the last sexual contact in gay saunas				
Percentage of responses	16,1	6,6	9,5	0,001
No condom handy	62,9	15,0	47,9	
Condoms too expensive	0,0	0,0	0,0	
Partner objected	2,9	0,0	2,9	
Dislike condoms	11,4	15,0	–3,6	
Used another method of contraception	2,9	0,0	2,9	
No penetrative contact	0,0	40,0	–40,0	
Do not think it was necessary	14,3	5,0	9,3	
Did not think about it	2,9	5,0	–2,1	
Other	0,0	15,0	–15,0	
Do not remember	0,0	0,0	0,0	
No response	2,9	5,0	–2,1	
Total:	100,0	100,0	0,0	
Visits to gay beaches in the past 12 months				
Percentage of responses	100,0	100,0	0,0	0,001
Yes	30,9	17,8	13,1	
No	69,1	82,2	–13,1	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Frequency of visits to gay beaches in the past 12 months				
Percentage of responses	32,3	17,8	14,4	0,001
1–2 times a season	57,1	16,7	40,5	
1–2 times a month	21,4	20,4	1,1	
2 or more times a week	8,6	40,7	–32,2	
Not sure	11,4	22,2	–10,8	
No response	1,4	0,0	1,4	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Sex on gay beaches in the past 12 months				
Percentage of responses	31,3	17,8	13,5	n/sign.
Yes	20,6	24,1	–3,5	
No	79,4	75,9	3,5	
Not sure	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Frequency of sexual contacts on gay beaches in the past 12 months				
Percentage of responses	6,5	4,6	1,8	n/sign.
Very seldom	57,1	28,6	28,6	
During less than half of the visits to gay beaches	28,6	50,0	–21,4	
During about half of the visits to gay beaches	7,1	14,3	–7,1	
During over half of the visits to gay beaches	7,1	7,1	0,0	
Practically during every visit to gay beaches	0,0	0,0	0,0	
Not sure	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Types of sexual contacts taking place on gay beaches in the past 12 months				
Percentage of responses	6,5	4,6	1,8	
Sex with a regular partner	35,7	57,1	–21,4	n/sign.
Sex with multiple partners	0,0	7,1	–7,1	n/sign.
Sex with a non-regular partner	92,9	85,7	7,1	n/sign.
Sex with a commercial partner selling sexual services to respondent	0,0	0,0	0,0	–
Sex with a commercial partner buying sexual services from respondent	7,1	0,0	7,1	n/sign.

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Condom use during the last sexual contact on the gay beach				
Percentage of responses	6,5	4,6	1,8	n/sign.
Yes	50,0	78,6	–28,6	
No	50,0	21,4	28,6	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Reasons for not using condoms during the last last sexual contact on the gay beach				
Percentage of responses	3,2	1,0	2,2	n/sign.
No condom handy	14,3	0,0	14,3	
Condoms too expensive	0,0	0,0	0,0	
Partner objected	0,0	0,0	0,0	
Dislike condoms	14,3	33,3	–19,0	
Used another method of contraception	0,0	0,0	0,0	
No penetrative contact	0,0	0,0	0,0	
Do not think it was necessary	42,9	33,3	9,5	
Did not think about it	28,6	0,0	28,6	
Other	0,0	33,3	–33,3	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Visits to cruising sites in the past 12 months				
Percentage of responses	100,0	100,0	0,0	n/sign.
Yes	7,4	9,2	–1,9	
No	92,6	90,8	1,9	
Do not remember	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Frequency of visits to cruising sites in the past 12 months				
Percentage of responses	7,4	9,2	–1,9	n/sign.
Once a year	25,0	7,1	17,9	
Once in 6 months	12,5	14,3	–1,8	
1–2 times in 3 months	31,3	14,3	17,0	
1–2 times a month	18,8	32,1	–13,4	
1 time a week	0,0	10,7	–10,7	
2 or more times a week	12,5	14,3	–1,8	
Not sure	0,0	7,1	–7,1	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Found sexual partners at the cruising sites in the past 12 months				
Percentage of responses	7,4	9,2	–1,9	n/sign.
Yes	75,0	53,6	21,4	
No	25,0	46,4	–21,4	
Not sure	0,0	0,0	0,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Types of sexual partners found at the cruising sites in the past 12 months				
Percentage of responses	5,5	5,0	0,6	
Regular partner	25,0	0,0	25,0	0,05
Several partners for group sex	25,0	6,7	18,3	n/sign.
Non-regular partner	41,7	60,0	–18,3	n/sign.
Commercial partner selling sexual services to respondent	33,3	53,3	–20,0	n/sign.
Commercial partner buying sexual services from respondent	16,7	6,7	10,0	n/sign.

Table 3.A.2. Sexual behaviours, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Finding sexual partners through the Internet in the past 12 months				
Percentage of responses	100,0	100,0	0,0	0,001
Yes	37,8	77,2	–39,4	
No	62,2	22,4	39,8	
Not sure	0,0	0,0	0,0	
No response	0,0	0,3	–0,3	
Total:	100,0	100,0	0,0	
Frequency of finding sexual partners through the Internet in the past 12 months				
Percentage of responses	37,8	78,5	–40,8	0,001
Less than once a month	53,7	16,4	37,3	
Once a month	24,4	51,7	–27,3	
2–3 times a month	8,5	31,1	–22,6	
Practically every week	11,0	0,4	10,6	
Not sure	1,2	0,0	1,2	
No response	1,2	0,4	0,8	
Total:	100,0	100,0	0,0	
Types of sexual partners found through the Internet in the past 12 months				
Percentage of responses	37,8	78,5	–40,8	
Regular partner	57,3	70,2	–12,9	0,05
Several partners for group sex	9,8	15,5	–5,8	n/sign.
Non-regular partner	59,8	91,2	–31,4	0,001
Commercial partner selling sexual services to respondent	4,9	3,8	1,1	n/sign.
Commercial partner buying sexual services from respondent	1,2	0,8	0,4	n/sign.

Table 5.A.2. Knowledge and behaviours related to HIV, %

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Knew of HIV or AIDS				
Percentage of responses	100,0	100,0	0,0	n/sign.
Yes	99,5	100,0	–0,5	
No	0,5	0,0	0,5	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Had relatives that were infected with HIV or died of AIDS				
Percentage of responses	99,5	100,0	–0,5	n/sign.
Yes	21,3	14,5	6,8	
No	77,8	84,8	–7,0	
No response	0,9	0,7	0,3	
Total:	100,0	100,0	0,0	
Believed one could protect oneself from HIV by correctly using condoms during every sexual contact				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes	62,5	92,7	–30,2	
No	31,5	6,3	25,2	
Not sure	5,6	0,7	4,9	
No response	0,5	0,3	0,1	
Total:	100,0	100,0	0,0	
Believed one could get HIV through a mosquito bite				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes	23,6	5,3	18,3	
No	68,1	92,4	–24,4	
Not sure	8,3	2,3	6,0	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 5.A.2. Knowledge and behaviours related to HIV, %

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Believed one could protect oneself from HIV by having only one uninfected sexual partner who one could rely on				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes	57,9	87,5	–29,6	
No	36,6	10,6	26,0	
Not sure	5,1	1,7	3,4	
No response	0,5	0,3	0,1	
Total:	100,0	100,0	0,0	
Believed one could reduce the risk of HIV by abstaining from sex				
Percentage of responses	99,5	100,0	–0,5	0,01
Yes	51,4	64,0	–12,6	
No	42,6	30,7	11,9	
Not sure	4,6	5,3	–0,7	
No response	1,4	0,0	1,4	
Total:	100,0	100,0	0,0	
Believed one could get HIV by using the same dishes with an HIV-infected person				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes	27,3	7,3	20,1	
No	66,2	91,7	–25,5	
Not sure	6,5	1,0	5,5	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Believed one could get HIV by injecting with needles previously used by someone else				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes	81,9	97,0	–15,1	
No	16,7	2,3	14,4	
Not sure	1,4	0,7	0,7	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	

Table 5.A.2. Knowledge and behaviours related to HIV, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Believed one could reduce the risk of HIV by shifting from injecting to non-injecting drugs				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes	56,9	89,1	–32,2	
No	34,7	5,6	29,1	
Not sure	8,3	5,3	3,1	
No response	0,0	0,0	0,0	
Total :	100,0	100,0	0,0	
HIV risk during unprotected oral contacts				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes, there is	63,4	86,1	–22,7	
No	14,8	9,2	5,6	
Not sure	21,8	4,6	17,1	
No response	0,0	0,0	0,0	
Total :	100,0	100,0	0,0	
HIV risk during multiple sexual sexual contacts				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes, there is	75,9	94,4	–18,5	
No	17,1	3,0	14,2	
Not sure	6,5	1,0	5,5	
No response	0,5	1,7	–1,2	
Total :	100,0	100,0	0,0	
Increased HIV risk in the presence of genital ulcers or inflammations				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes, there is	78,2	95,7	–17,5	
No	11,6	0,7	10,9	
Not sure	9,7	3,6	6,1	
No response	0,5	0,0	0,5	
Total :	100,0	100,0	0,0	

Table 5.A.2. Knowledge and behaviours related to HIV, % (contd.)

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Believed HIV could be transmitted from an HIV-positive mother to her child				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes	63,4	85,5	–22,1	
No	13,9	1,7	12,2	
Not sure	21,3	11,6	9,7	
No response	1,4	1,3	0,1	
Total:	100,0	100,0	0,0	
Believed there existed antiviral medicines which can suspend HIV progression				
Percentage of responses	99,5	100,0	–0,5	0,001
Yes	55,6	90,8	–35,2	
No	20,8	3,3	17,5	
Not sure	23,6	5,9	17,7	
No response	0,0	0,0	0,0	
Total:	100,0	100,0	0,0	
Believed an HIV-positive mother could transmit HIV to her child through breastfeeding				
Percentage of responses	99,5	100,0	–0,5	n/sign.
Yes	50,0	57,4	–7,4	
No	16,2	14,5	1,7	
Not sure	33,8	27,4	6,4	
No response	0,0	0,7	–0,7	
Total:	100,0	100,0	0,0	
Tested for HIV in the past 12 months				
Percentage of responses	100,0	100,0	0,0	0,001
Yes	35,9	73,3	–37,3	
No	63,6	26,1	37,5	
Not sure	0,0	0,0	0,0	
No response	0,5	0,7	–0,2	
Total:	100,0	100,0	0,0	

Table 7.A.2. Antibodies to HIV and infections with similar transmission routes, %

Categories	Cities		Δ	Statistical reliability, p ≤
	Saint Petersburg	Moscow		
Antibodies to HIV				
Percentage of respondents tested	100,0	100,0	0,0	0,05
Yes	3.8	0.93	2,9	
No	96,2	99,1	–2,9	
Total:	100,0	100,0	0,0	
Antibodies to HCV				
Percentage of respondents tested	100,0	100,0	0,0	0,01
Yes	3,0	1,9	1,1	
No	96,8	100,0	–3,2	
Total:	100,0	100,0	0,0	
Antibodies to syphilis				
Percentage of respondents tested	100,0	100,0	0,0	0,01
Yes	4,2	0	4,2	
No	96,8	99,0	–2,8	
Total:	100,0	100,0	0,0	

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