



Bulgarian MSM – HIV testing, knowledge, coverage with prevention activities. EMIS data.

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BACKGROUND

Bulgaria is a mid-sized South-Eastern European country. The HIV epidemic is concentrated mainly among IDUs. The total number of HIV registered cases is 1333 (up to the end of April 2011). Around ¾ of them are male but only 10-11% are reported as MSM.

OBJECTIVES

To compare respondents' knowledge, HIV testing pattern and coverage with prevention activities in different Bulgarian districts.

RESULTS

A total of 1036 men, living in Bulgaria, participated in the survey. Almost half of them (46.8%) live in the capital – the city of Sofia, 10.2% live in Varna, 7.5% – in Plovdiv, 4.3% – in Burgas and 22% in the other 24 districts of the country; 9.1% gave no responses (Map 1).

Targeted HIV prevention activities among MSM are implemented through the Program "Prevention and control of HIV/AIDS", financed by Global Fund Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) in Sofia, Plovdiv and Varna since the end of 2009 and in Burgas and Blagoevgrad since July 2010.

Around 2/3 of the respondents (62.7%) reported ever receiving an HIV test result. This proportion significantly varied among the districts (p<0.001): their share in Sofia, Varna and Burgas is much higher (69-70.5%) than in Plovdiv and the other districts of the country – 48-56.4% (Fig. 1). The average rate of HIV positive test results was 1.4% (15 persons).

Less than half of the participants (40.9%) were tested for HIV and received the result in the last 12 months. Their proportion was significantly higher in Sofia, Varna, Burgas and Plovdiv (39.7-46.4%) compared to the rest 24 districts (34.1%), p<0.05.

Less than 1/3 of the participants (32%) have met EMIS knowledge indicator's criteria. Almost all participants (94.5%) accepted the statement that they cannot be confident about whether someone has HIV or not from their appearance. Less than a half of all respondents (40.7%) knew that the effective treatment of HIV infection reduces the risk of HIV transmission. There was no significant difference among the districts. Almost all of the participants (90.6%) knew they could be infected through their penis while being "active" in unprotected anal or vaginal sex with an infected partner, even if they don't ejaculate. Almost all of the respondents (94.8%) knew that one could be infected through their rectum while being "passive" in unprotected anal sex with an infected partner. There were no significant differences among the districts.

More than ¼ of the participants (78.1%) knew that the infection cannot be transmitted during kissing, including deep kissing, because saliva does not transmit HIV. The opinion of the respondents varied among the districts (p<0.05): the proportion of true answers in Varna is lower (73.6%) and the share of persons who don't believe in that statement is higher in Burgas – 13.6% (Fig. 2).

More than a half of the respondents (54.5%) have been reached with HIV prevention activities during the last year. This proportion varied among the districts (p<0.001): their share in Sofia, Varna, Plovdiv and Burgas is significantly higher (57.8-61.3%) than in the rest 24 districts (40.5%).

More than 4/5 of the respondents (83.8%), who have ever received an HIV test result reported satisfaction of keeping their confidentiality. There is no significant difference among the districts.

Less than a half of the respondents (47.5%) reported condom use during the last anal intercourse. This indication does not vary significantly among the districts.

CONCLUSIONS

Substantial cultural and ethnical diversities exist among the Bulgarian participants. Data analyses indicate much higher coverage rate of HIV testing and prevention activities among MSM in Sofia, Plovdiv, Varna and Burgas, where the Program "Prevention and control of HIV/AIDS" is implemented with a grant from the GFATM. However, the insignificant variance of condom use among the districts that targeted HIV prevention programmes are still young, there is a need to continue and expand their implementation to show a potential for impact on the disease. Behavioural changes are difficult and take more time to happen.

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METHODS

The data used is taken from the European MSM internet survey (EMIS), conducted from June to August 2010. Bulgarian data set was split into 6 subsets, depending on the size of the districts and the number of respondents in each district, as follows: the district of Sofia, the district of Varna, the district of Plovdiv, the district of Burgas, the rest of the country (24 districts) and no responses (unknown district). Chi-square analyses were used to assess the relation between the variables, describing men's knowledge, HIV testing pattern and coverage with prevention activities in different districts.

Map 1. Distribution of the participants

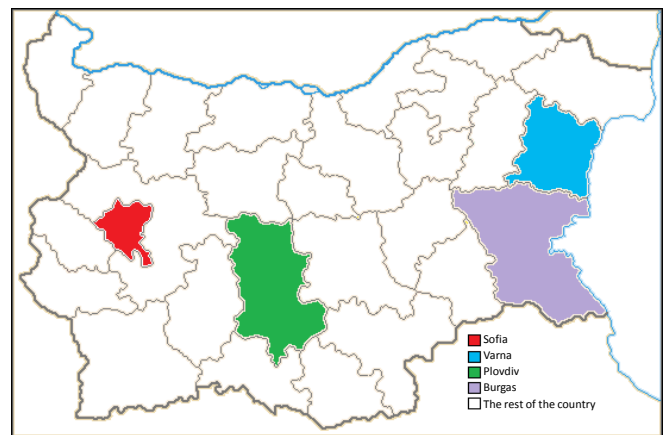


Fig. 1. HIV testing and coverage with prevention activities

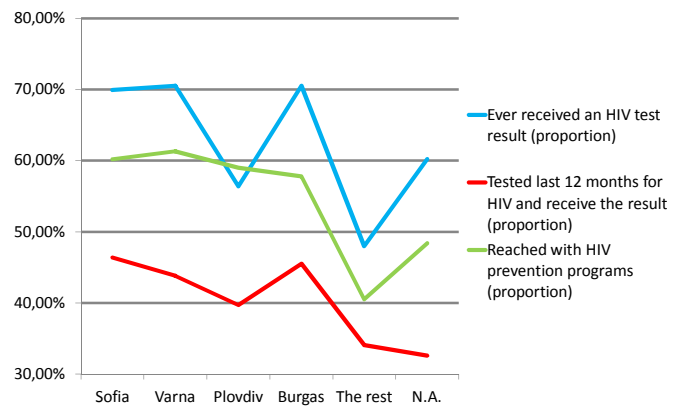


Fig. 2. HIV-related knowledge: HIV cannot be passed during kissing, including deep kissing, because saliva does not transmit HIV (proportion)

