



КМПА
Казахстанская Ассоциация
по половому и репродуктивному
здоровью (КМПА)

REPORT

**CAP (Knowledge-Attitude-Practice) Survey among MSM group in
selected regions of the Republic of Kazakhstan**

**The survey was performed within the framework of multi-year
Project «To be safe»**

KAZAKHSTAN

2010

**KAZAKHSTAN ASSOCIATION ON SEXUAL AND REPRODUCTIVE HEALTH
(KMHA)**

Overall Project Goal: Men who have sex with men from pilot cities of the Republic of Kazakhstan are aware of protection means against HIV/STIs and use safe sex practices, as well as have improved access to HIV/AIDS counseling and voluntary testing services (VCT).

Project duration: 4 years

Within the framework of multi-year Project «To be safe» the CAP survey has been carried out among MSM sub-population in 4 large cities of Kazakhstan: Almaty, Astana, Pavlodar and Shymkent. That survey was undertaken to study knowledge, attitude and practice among MSM group, review actual access of MSM community to AIDS-service friendly facilities and respect of human rights aspects in respect to MSM sub-population.

That study is the first Project implementation stage and was carried out as the base-line assessment of knowledge, attitude and practice among MSM target group, and review of stigma/discrimination/attitude within society to persons with non-traditional sexual orientation. The results of study will obtain relevant data and information for further outline of prevention initiatives among MSM group.

The study was performed in close collaboration with representatives of NGO “Adali”, formally registered in Almaty city, and under financial assistance of IPPF.

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Rationale

In 1990 the General WHO Assembly has excluded homosexuality from the list of mental diseases. One of achievements of sovereign Kazakhstan is an equality of all citizens of the state regardless of sexual orientation and cancellation of criminal clause for homosexuality. However, in spite of over twenty years history of HIV/AIDS epidemic in RK, MSM community is still remained the least studied sub-population and most isolated risk group among other HIV vulnerable population groups.

Until now main efforts of healthcare facilities, social services and international agencies were focused on HIV prevention and control among injecting drug users (IDUs), sex workers (SWs) and pregnant women. The MSM community is left without owing attention. Partly, it was justified by national statistics on HIV/AIDS and STI morbidity and mortality and sentinel surveillance results. For example, according to sentinel surveillance findings for 2007-2008 the HIV prevalence among MSM sub-population in Kazakhstan was 0% in 2007 and 0.2% in 2008.¹ Relevant sentinel surveillance findings on HIV prevalence among MSM cohort in the Republic of Kyrgyzstan showed significant difference with figures from Kazakhstan: 2007 – 3.9%, 2008 – 1.2%. Lack of required attention to MSM community and limited funding of targeted prevention initiatives, presumably, have taken place due to a lack of sound, large-scale studies on assessment of population size, knowledge, attitude and practices among MSM sub-population, reluctance of MSM representatives to freely disclose their status, as well as vague society acceptance of people with homosexual bent. The problem is aggravated by apparent absence of visible gay-community in Kazakhstan, impeding access to prevention initiatives aimed at raising awareness, promotion of knowledge on HIV risk factors and predominant mode of HIV/STI infection transmission. Besides, the contributing factor of hidden problem could be an existing passivity of MSM representatives in protection of their civil rights.

According to expressed opinion of gay-community in Kazakhstan, overall society treatment of sexual minorities is tolerant. However, that tolerance is mainly observed in large cities of the country, such as Astana, Almaty, Karaganda, Aktau, Atyrau, Usk-Kamenogorsk and Pavlodar. In rural areas and province cities the treatment of people with non-traditional sexual orientation is extremely negative². Mr. Skakunov Sergey, leader of public fund «Адали» commentes an overall country context: “Almaty city is informal center of gay-community in Kazakhstan since it was traditionally the cultural capital of Kazakhstan with a high density of educated people. It is well known that the tolerance to minorities such as MSM depends on the level of culture and education of society”.

Moderately tolerant acceptance of MSM community were outlined by formal opinion of Mr. Telibekov Murat, leader of RK Council of Mussulmans, who thinks that «victimization of sexual minorities and infringement of civil rights is unacceptable in Kazakhstan», and comments of Mr. Ertysbaev Ermukhamet, ex-minister of culture and information RK, currently advisor of

¹ Ismailova A.D., Situation analysis among MSM in Central Asia, 2010

² GIK-Gays in Kazakhstan

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President RK: his response to the question «what you will do if you get the information that one of your subordinates is homosexual?» was «I do not interfere to private life of my employees»³.

Though the treatment of people with homosexual orientation in Kazakhstan is tolerant, the most active representatives of gay-community views that “the state do not support them financially”. They comment that in general an attitude towards them is interesting: “as if we exist and do not exist. The state recalls us when there is a need to show democracy to foreigners. The state immediately takes us from a dusty shelf to demonstrate the NGO and declare compliance with democratic norms! Sometimes MSM representatives are invited to participate in the project. In 2008 I⁴ was a member of expert group for development of state program on HIV/AIDS up to 2010”⁵.

As of today, in spite of free internet sites and press for gays, special clubs and bars, entertaining centers for people with non-traditional orientation, “the number of targeted prevention and education programs for MSM group support is limited, local NGOs do not have suffice capacity and funding for their activities”⁶. Currently, the number of NGOs dealing with MSM aspects is limited: Almaty – 1, Karaganda – 2, Astana – 1, Shimkent – 1, Pavlodar – 1.

It is assumed by professionals that the MSM population size in Kazakhstan is about 240 thousand⁷. The study performed by the leader of civil fund “Adali” Mr.Skakunov S. in 2005 revealed that 112 thousand males in Kazakhstan were homosexual. The study of Republican AIDS Center conducted in 2009 identified 209 thousand people with homosexual orientation. Both studies targeted MSM group (men having sex with men). According to Mr.Telibekov M., the leader of RK Council of Mussulmans “the number of people with homosexual orientation in Kazakhstan has the tendency for elevation, and sooner or later that problem should be worked out”.

Taking into account that MSM community has not been studied suffice yet, isolated and hard-to-reach group for prevention programs whereas the sexual mode of HIV transmission is predominant in Kazakhstan, Kazakhstan Association of sexual and reproductive health (KMPA) has initiated the Program «To be safe» for MSM sub-population.

Methods

At inception stage of study a formal approval and required funding from IPPF were received for performance of CAP base-line assessment among MSM in four pilot regions of Kazakhstan. To meet a specific criteria for key implementers⁸, the contacts with local NGO “Adali”, the leading

³ Ruslan Bakhtigereev, June 21, 2008r.

⁴ Sergei Skakunob

⁵ ca-news.org

⁶ UNAIDS, 2009

⁷ Local newspaper «Vremia», 12.11.2009

⁸ a) Members of MSM community, б) experience of work on outreach and research activities, в) broad access to MSM groups in Kazakhstan

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non-governmental organizations working with MSM community in Kazakhstan, has been established.

An anonymous questionnaire has been developed by representatives of NGO "Adali" for studying of the following main aspects among MSM group:

- a) general features (age, nationality, education, occupation)
- b) existing knowledge on HIV/AIDS, STI (mode of transmission, prevention actions and treatment)
- c) risk practice behavior (condom use, number of sexual partners, injecting drug use)
- d) access to quality medical services (counseling, voluntary HIV-testing, treatment, friendly medical services)
- e) needs in STI prevention and treatment
- f) barriers to information on HIV/AIDS/STI and medical services
- g) stigma, discrimination and attitude in the society, including medical and social workers layers.

After completion of the final version of questionnaire, two representatives of NGO "Adali" have launched the field work on information gathering from MSM community of 4 selected cities of Kazakhstan. Expected coverage was 200-250 questionnaire forms. For representative study coverage the sampling was organized by MSM group members (respondent driven sample). The organizers of study have envisaged limited funding for motivation of participants to be interviewed during the study (refreshments in the site of interview).

Final sample size was 247 questionnaire forms, filled out during the field work in 4 regions of Kazakhstan.

All questionnaire forms were entered to the electronic database of EPI Info program, designed for medical and biological studies.

Statistical analysis was done by application of programs EPI Info, version 3.4.3 and SAS, version 8.02, with archiving of data in ACCESS program.

MAIN FINDINGS

Sample size by pilot regions of Kazakhstan

The number of respondents was 247 persons. Of them the majority was from Almaty city – 92 MSM representatives (37.2%) and Astana city – 87 persons (35.2%). The number of respondents from Shimkent city was 36 persons (14.6%) and Pavlodar city - 32 persons (13.0%).

Social and demographic characteristics of MSM

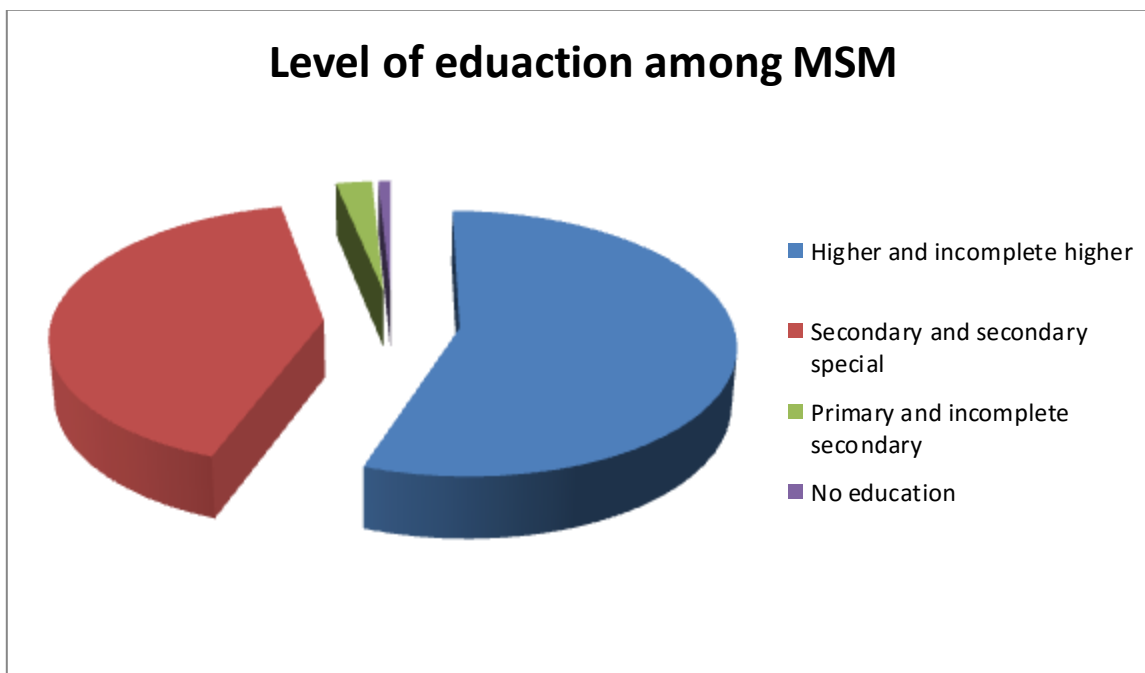
An average age of respondents was 28 years old (ranges from 18 to 60 years old). MSM group from Almaty city was older than in other selected cities: mean age in Almaty was 30.6 years, Astana – 26.4 years, Shimkent – 26.9 years, Pavlodar – 26.4 years.

Nationality

By nationality MSM group had the following distribution: Russians - 43.1%, Kazakhs - 35.0%, Tatars - 4.1%, Ukrainians - 3.3%, Uigurs - 1.6%. The share of other nationalities made in total 13% (including Koreans, Turks, Uzbeks, Jews, Greeks, Chinesees, Georgians and other).

Education

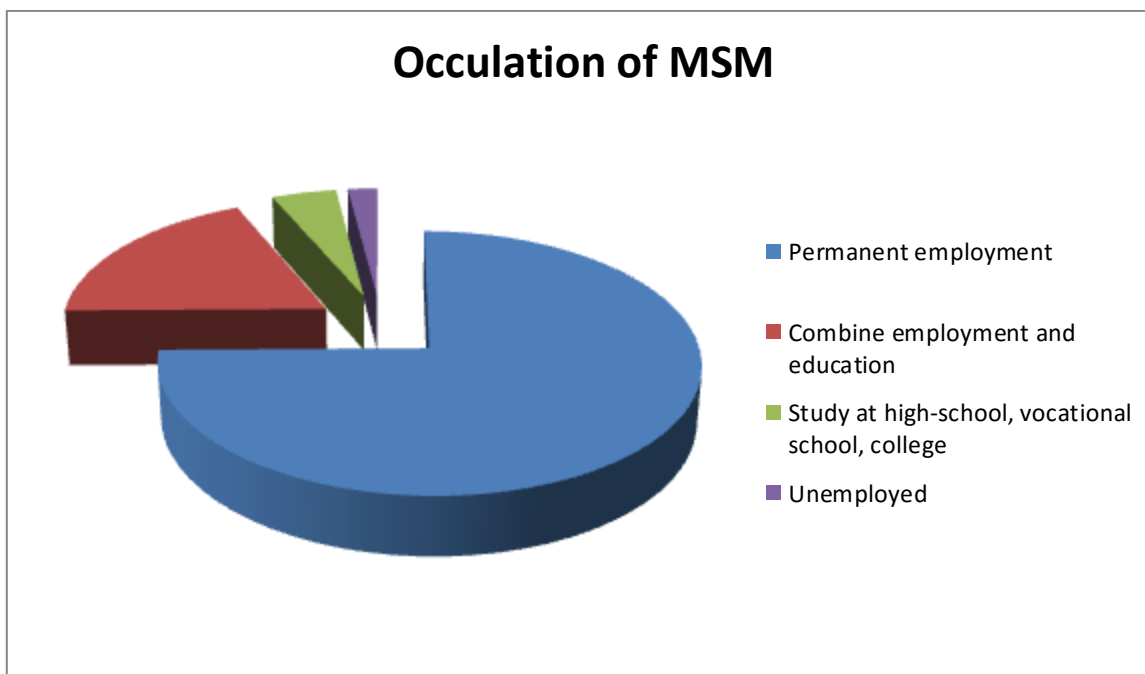
The majority of MSM had higher and incomplete higher education – 55.5%. The share of MSM with secondary and secondary special education composed 41.2%. Indicated as having primary and incomplete secondary education - 2.4% respondents and only 0.8% (2 persons) indicated no education in their background.



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Occupation

Majority of respondents has permanent employment - 74.8%, 18.7% combines work and education, 4.5% do not work yet, but receiving education at high school, vocational school, colleges and primary school. Only 2% MSM (5 persons) do not work or studied, or didn't respond.



Income level

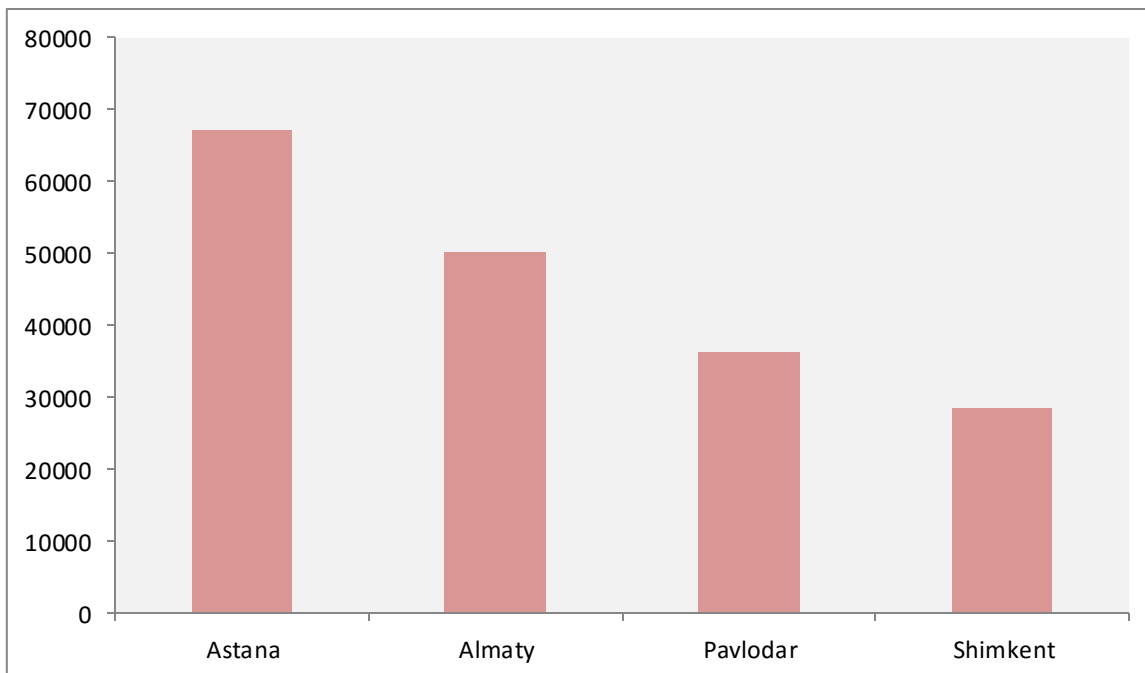
An average monthly income among MSM composed 51 148 tenge (approximately USD350*)⁹. The highest income level was observed among MSM representatives from Astana city – 67 058 tenge (USD459), the lowest average monthly earnings observed among MSM from Shimkent city – 28 556 tenge (approximately USD195). The difference in monthly income level between MSM from Astana and Shimkent cities was 38 502 tenge (USD 264), demonstrating that MSM from the capital city are wealthier 2.3 times than MSM representatives from Shimkent city.

In Almaty city an average monthly income was 50 326 tenge (about USD345), in Pavlodar city an average income was 36 172 tenge (about USD248).

⁹ 1 USD=146 tenge

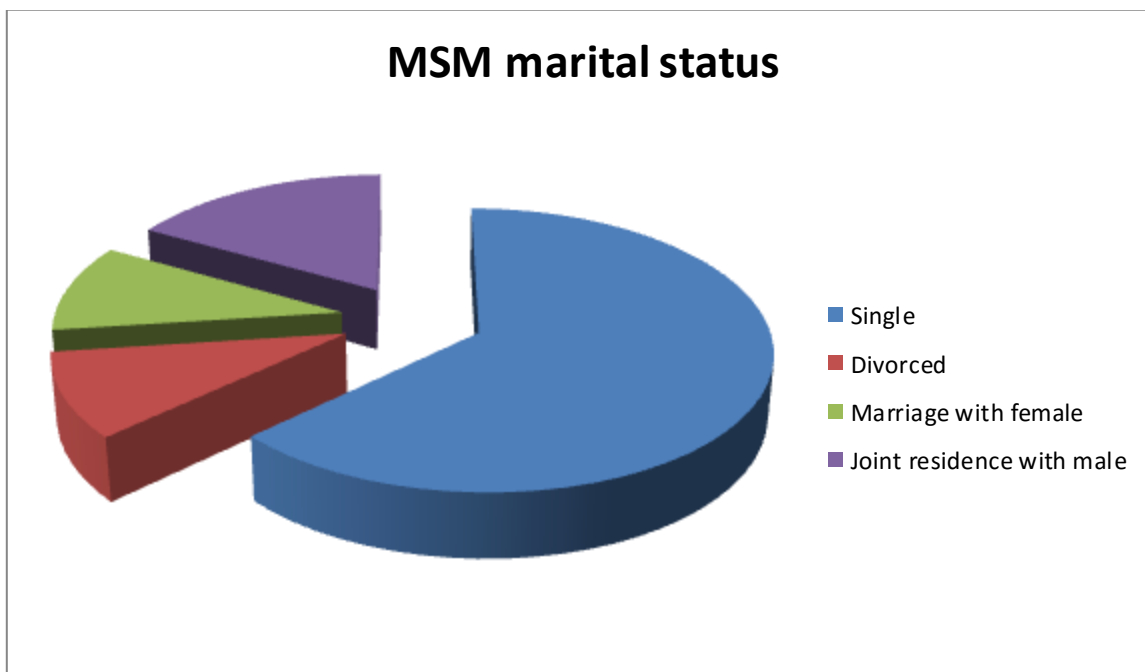
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MSM monthly income by pilot regions of Kazakhstan



Marital status

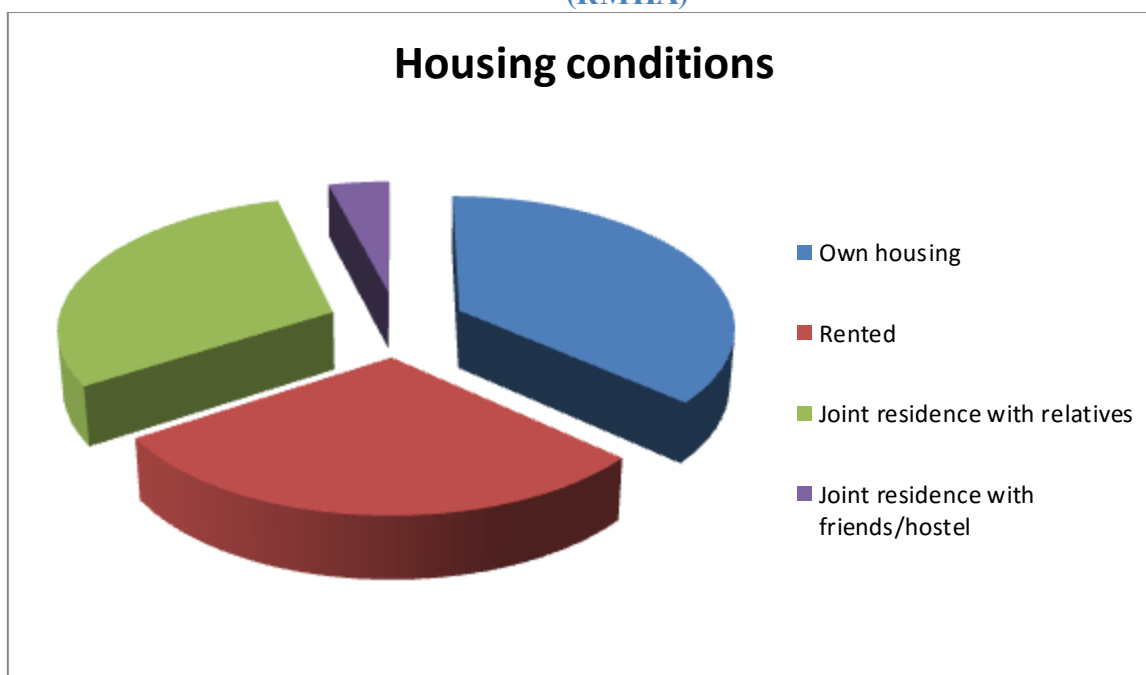
Majority of MSM representatives was not married (traditional marital relations): 62.6% were single, 16.7% lived with male partner, 9.8% divorced. However, 10.2% respondents indicated their marriage with female (traditional marriage relations).



Housing conditions

Out of the whole cohort over third respondents have their own accommodation - 36.6%. Third respondents do not have their own housing and stay with relatives - 30.1%, and almost third respondents rent housing 29.3%. Only 4.1% MSM live with friends or in a hostel.

Authors and implementers: Sinyavskaya L.A., Alimbekova B.I., Skakunov S., Vinogradov V.



Travels outside cities during the last year

Almost 70% (69.2%) of respondents indicated travels outside their own cities to other regions and countries during the last 12 month due to commercial, business and relaxation trips. Of them, equal share had single and multiple trips during the last 12 month – 34.6%. The remaining third part didn't travel outside their cities or didn't respond to the question – 30.8%.

Free time activity

Vast majority of MSM spend their free time in communication with friends – 80.6%. Besides, among frequent activities are: visits of café and restaurants, viewing TV, nature sites trips, rest without any activities and household. Also, there are sport activities, visits of theatre and concerts, books and literature reading.

Alcohol consumption

Among respondents 82.9% indicated alcohol consumption in their questionnaire forms. Of them, over half consume alcohol twice a month or more often – 54.7%, once a month or less 28.2% MSM. Among those who consume alcohol, 92.4% respondents indicated moderate consumption 50-200 ml or over 200 ml of strong alcohol beverages. MSM who do not consume alcohols at all or who didn't respond the question made in total 17.1%. By regions, the distribution was the following: more frequently alcohol is consumed in Almaty and Shimkent cities – 57.6% and 55.6%, respectively. A little less alcohol is used in Astana – 44.8%, and least popular alcohol is in Pavlodar – 31.3%.

Drug use experience

Majority of MSM didn't have any experience of drug use – 63.2%. Of them, the highest proportion of MSM never used drugs was in Almaty – 85.9%. In other regions that criteria has the following figures in descending order: Pavlodar – 62.5%, Astana – 47.1%, Shimkent – 44.4%. Among drug use cohort, 13% had an experience of marijuana use (anasha), 2.4% -
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amylnitritis (popperse) and 0.8% indicated club drugs like “ecstasy”. The use of strong narcotics, such as opiates and heroin, was not found. **Taking into account that nobody indicated the use of injecting drugs, it could be concluded that in Kazakhstan the risk of HIV infection by that transmission mode among MSM group should be viewed as low.**

Drug use in Kazakhstan has the regional specificity. For example, if amylnitritis is used almost in equal shares among MSM representatives from capital cities Astana and Almaty (3.4% and 3.3%, respectively), 0 cases (0%) of that narcotic use was found in Shimkent and Pavlodar cities.

On the contrary, if in Shimkent city marijuana use among MSM group composed – 27.8%, in Almaty city it was only 8.7%. In Astana and Pavlodar cities marijuana was used by 11.5% and 12.5% respondents, respectively.

Among all studied regions the club drug “ecstasy” was used only by MSM from Shimkent city.

Risk practice behavior among MSM

Number of sexual partners during the last 12 month

Average number of sexual partners-males among the whole sample size was 11.9 persons during the last year. Maximum value was – over 50 during the year, minimal value – 1 (permanent) partner.

Average number of sexual partners-females among the whole sample size was 0.9 persons.

It is noted that only 11.98% respondents had one permanent partner during the last 12 month, 2-3 partners had 18.6% respondents. The analysis revealed that 69.42% MSM had over 4 partners a year: 4-10 partners – 30.99%, 10-50 partners – 36.36%, over 50 partners – 2.07%.

*It was also found that for sexual intercourse with male partner condoms were always used by 26.7% respondents, for sexual intercourse with female partner condoms were always used by 29.6% respondents. For sexual intercourse with male partner condoms were used almost every time by 37.7% respondents and by 18.3% respondents in case of heterosexual contact. For homosexual intercourse condoms were used sometimes by 23.1% respondents, for heterosexual contacts condoms were used sometimes 21.1% respondents. **Of the whole sample size 13% MSM never used condoms for homosexual contacts and 23.9% respondents never used condoms for heterosexual intercourse.***

The following reasons were detected for condom use refusal (in descending order):

- Don't like – 28.3%
- condom was not available – 39.3%
- unwillingness of partner – 21.1%
- don't think that it is necessary – 13.8%
- no money to buy – 0.8%
- no place to buy – 0.4%

A poor quality of condom was not indicated as a reason for condom use refusal (0%). Several respondents indicated multiple reasons for condom use refusal.

The analysis revealed regional differences in reasons of risk practice behavior among MSM. For example, MSM from Pavlodar and Astana cities more often don't think that condoms should be used (31.3% and 21.8%, respectively), than MSM from Almaty and Shimkent cities (4.3% and 2.8%, respectively). That particularly can be an evidence of better awareness about safe sex protection means among MSM group from Almaty and Shimkent cities.

However, it should be highlighted the following: more frequently condom use refusal due to unwillingness of sexual partner is observed among MSM from Almaty city – 28.3% and Shimkent city – 30.6%. Contrariwise, that indicator in Astana and Pavlodar cities is 2.5 fold lower than in other selected cities (12.6% and 12.5%, respectively).

As lubricant for sex with males most frequently was used water-based means: in 74.9% cases used with condoms, in 72.1% cases used without condoms. Less popular is saliva with

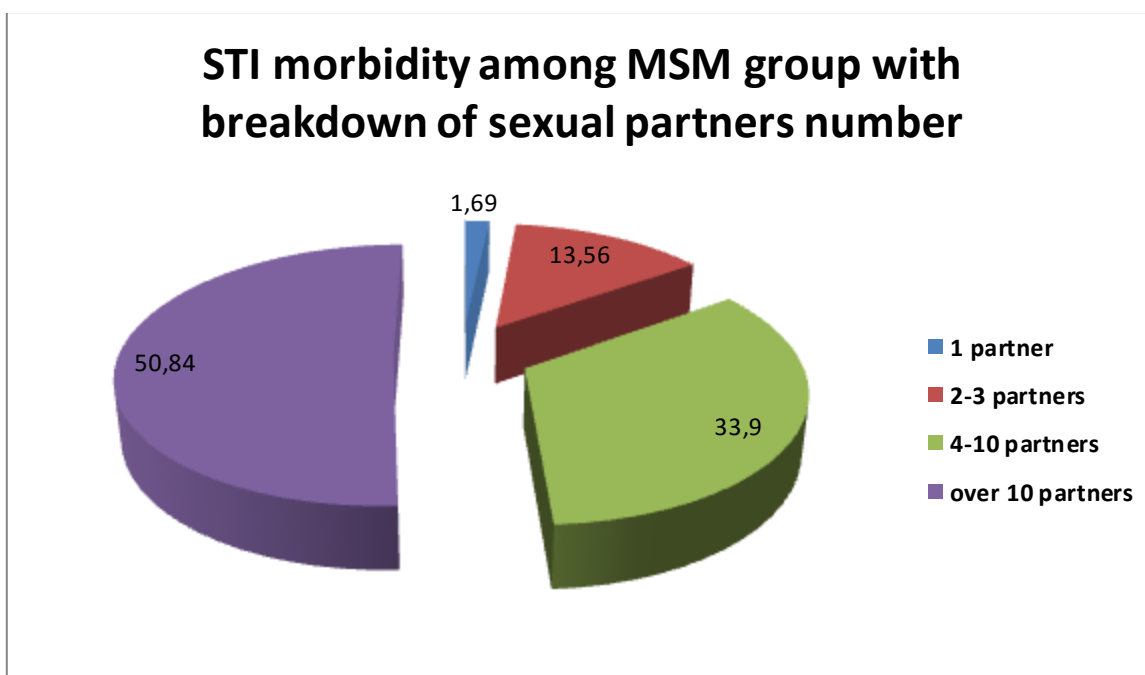
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condom – 15.8%, or without condom – 15.0%. It was also used a vaseline as lubricant: with condoms - 7.7%, without condom – 8.5%. In rare cases MSM use baby-oil with condom -3.6% and in 3.2% without condom, hand cream – 2.8% with condom and in 1.2% without condom, as well as dairy butter or vegetable oil – 2.0% with condom and without condom.

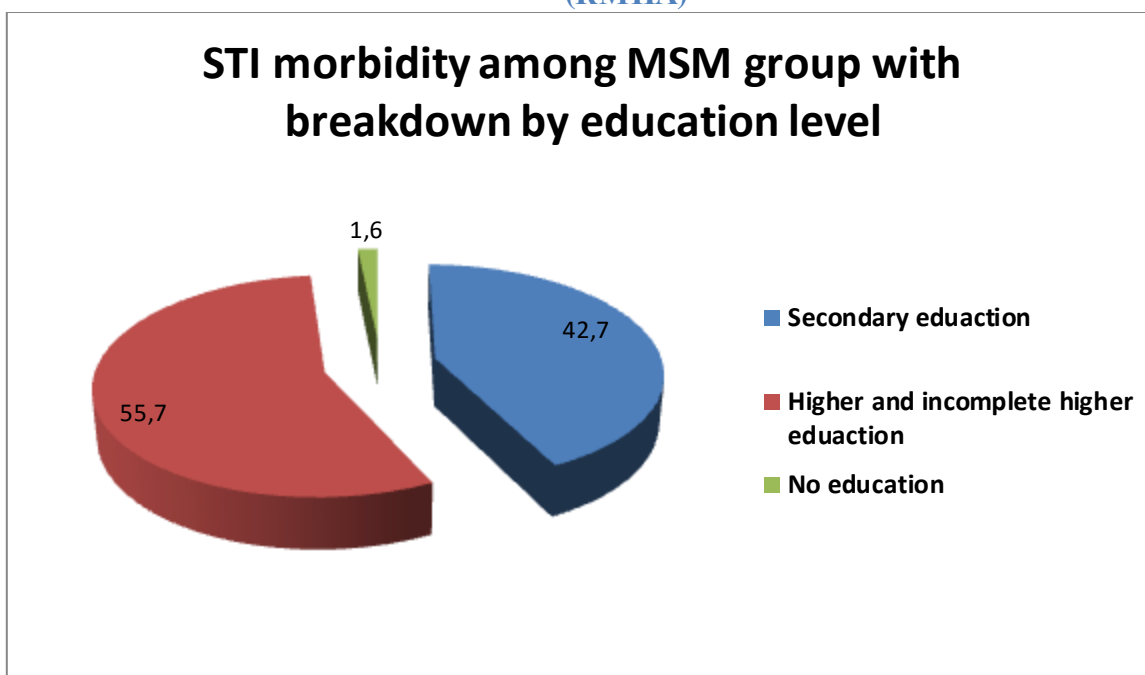
Needs in STI prevention and treatment among MSM

Only 25.2% respondents indicated experience of STI treatment. *The main share of STI patients among MSM, were referred and treated in STI dispensaries - 38.7%. Remaining group of STI patients referred for care and treated in out-patient clinics and local healthcare facilities – 14.3%, purchased medicines in pharmacy and self-treated – 12.9%, consulted with friend – 9.7%, received care and treatment from familiar doctor – 6.5%. Of STI patients, only 9.7% interrupted sexual contacts; started constantly use condoms – 4.8%, informed sexual partner about STI - 3.2%.*

The study showed that out of STI patients, 50.84% had an active sexual life with over 10 partners, 33.9% had 4-10 partners during the last 12 month. However, MSM with STI status who had 1-3 partners during the last year made in total only 15.25% (1 permanent partner – 1.69%, 2-3 partners – 13.56%), which indicated the direct correlation between STI infection and the number of sexual partners (see the diagram below) .



Among MSM with STI status the cohort of persons with higher and incomplete higher education was prevalent – 55.7%, as well as with secondary and special secondary education – 42.7%. Only 1.6% of STI patients didn't have any education level.



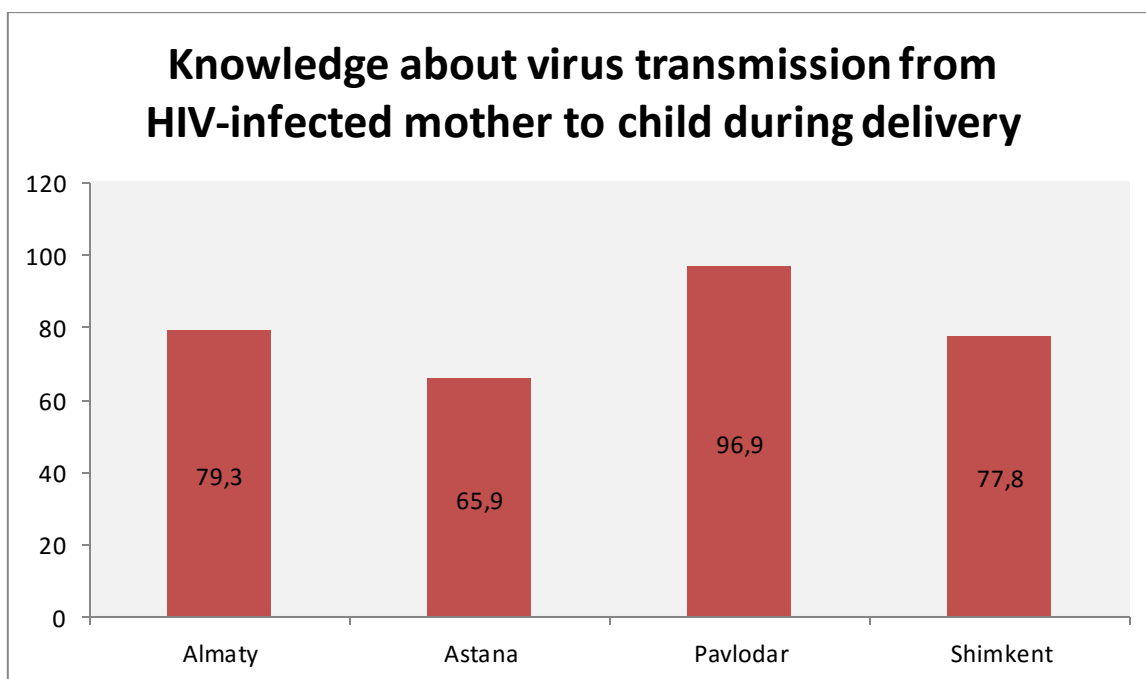
The analysis revealed that 69% STI patients were satisfied by the quality of STI testing and treatment services, 10.3% - neutrally assessed the quality of healthcare services, 10.0% of STI patients were not satisfied with the quality of services.

Knowledge about HIV/AIDS (mode of transmission, prevention measures)

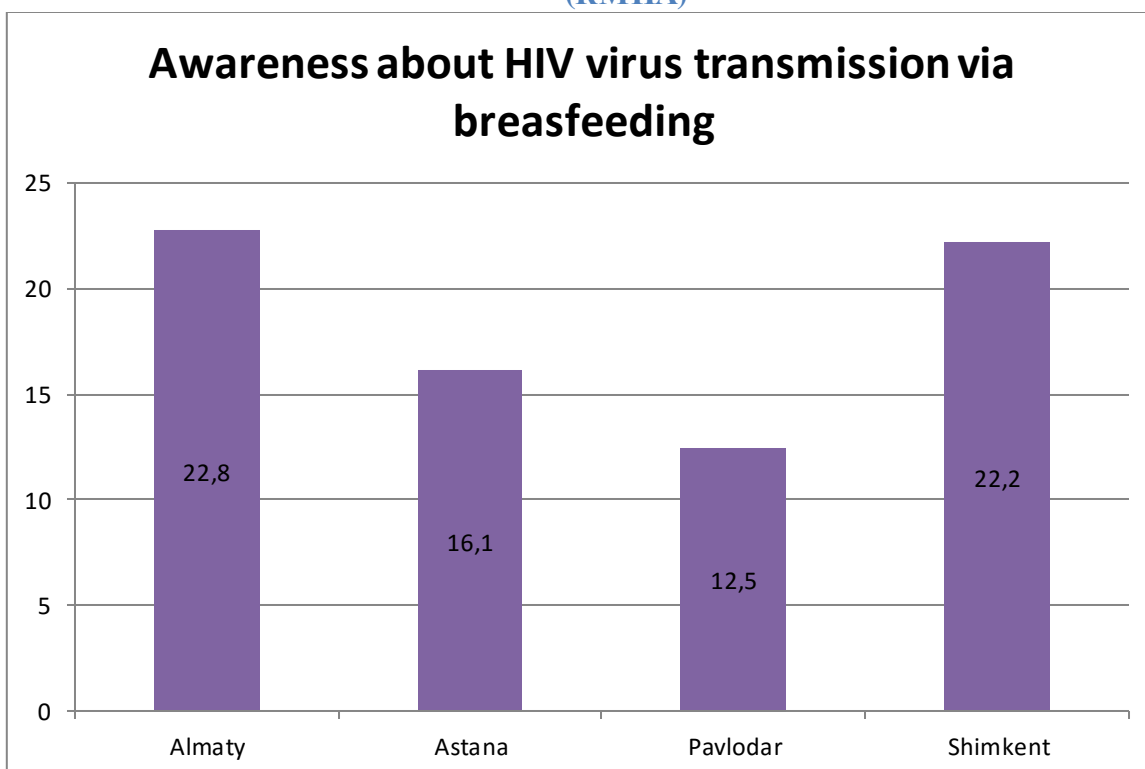
The results of study demonstrated an overall high level of awareness among MSM group about HIV prevention measures: 83.6% respondents marked a correct answer to the question: “whether people can be protected from HIV infection by proper use of condoms during each sexual intercourse?” In Almaty and Astana cities the proportion of correct answers was equal - 85.9% and higher than in Pavlodar and Shymkent - 78.1% and 77.1%, respectively.

However, assessment of knowledge about routes of HIV transmission revealed lack of awareness on some aspects. For example, 54.7% respondents think that one can be HIV infected by common use of shaving set; in Shymkent the proportion of respondents who marked a positive answer to that question was 61.1%.

The level of knowledge about virus transmission from HIV-infected mother to child during delivery made up to 76.7%. The highest awareness level about that mode of virus transmission was observed among MSM from Pavlodar city – 96.9%, the lowest level was detected among MSM from Astana city - 65.9%.



Of the whole MSM cohort, 64.5% know that HIV is transmitted via breastfeeding. The highest level of awareness about that route of HIV virus transmission is observed in Almaty city - 81.5%, the lowest level of knowledge showed MSM from Astana city – 44.7%.



Vast majority of respondents are aware that one couldn't be HIV infected in the swimming pool – 91.8%.

MSM representatives showed a very high level of knowledge about risk of HIV-infection via injecting drug use: 99.2% (all respondents except 2 persons from Astana and Shimkent).

Almost similar high level of awareness was found with regard to risk of HIV infection via vaginal sex without condom – 98.4% (only 2 persons from Almaty and 2 persons from Shimkent didn't respond to that question).

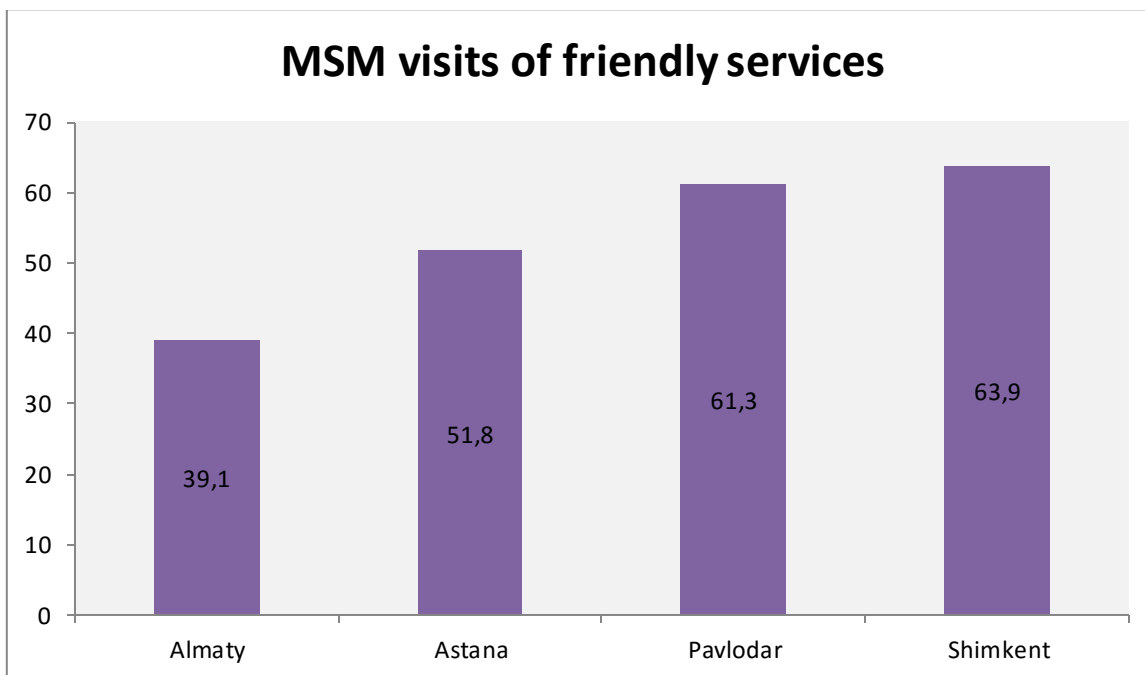
Of those who answered the question regarding risk of HIV infection by oral sex without condom - 78.4% respondents gave a positive answer. In Almaty the proportion of positive responses was 96.7%, while in Pavlodar it was 53.1%.

Vast majority of MSM know about risk of HIV infection via anal sex without condom – 98%. Only 5 respondents out of 245 who responded that questions the answer was: «don't know» or negative.

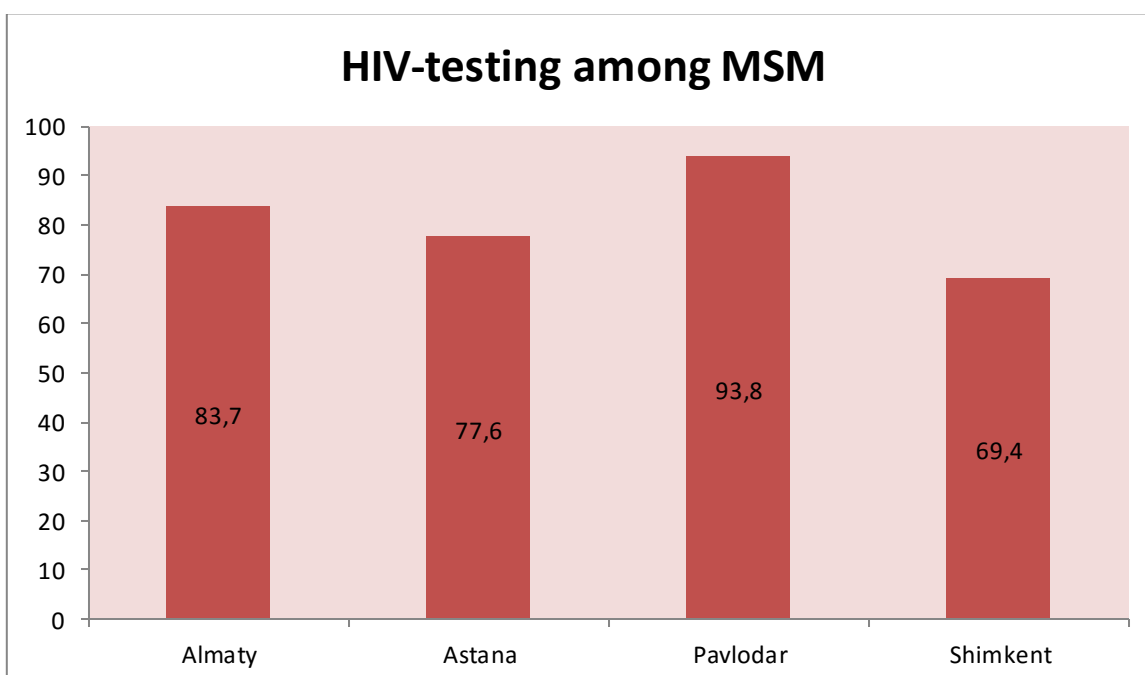
Though 89% respondents think that HIV status could not be identified by only healthy appearance of individual, 9% respondents selected the answer «don't know», and 2% view that healthy appearance means HIV negative status.

Access to quality medical services (counseling, voluntary HIV-testing, treatment, friendly healthcare services)

In various periods 50% respondents referred to friendly medical services for HIV counseling and testing. However, the distribution of friendly services visits varied across the regions. More frequently visits were observed in Shimkent – 63.9%, Pavlodar – 61.3% and Astana – 51.8%. *The least number of friendly clinics visits was revealed in Almaty city – 39.1%.*



Of the whole sample size, 80.8% respondents have undergone voluntary HIV testing: 19.2% - a month ago, 35.5% - several month ago, 26.1% - a year ago. The share of HIV-testing among MSM across the regions had the following distribution: **Almaty – 83.7%, Astana – 77.6%, Pavlodar – 93.8%, Shimkent – 69.4%.**



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Overall, 80.7% respondents know their HIV status.

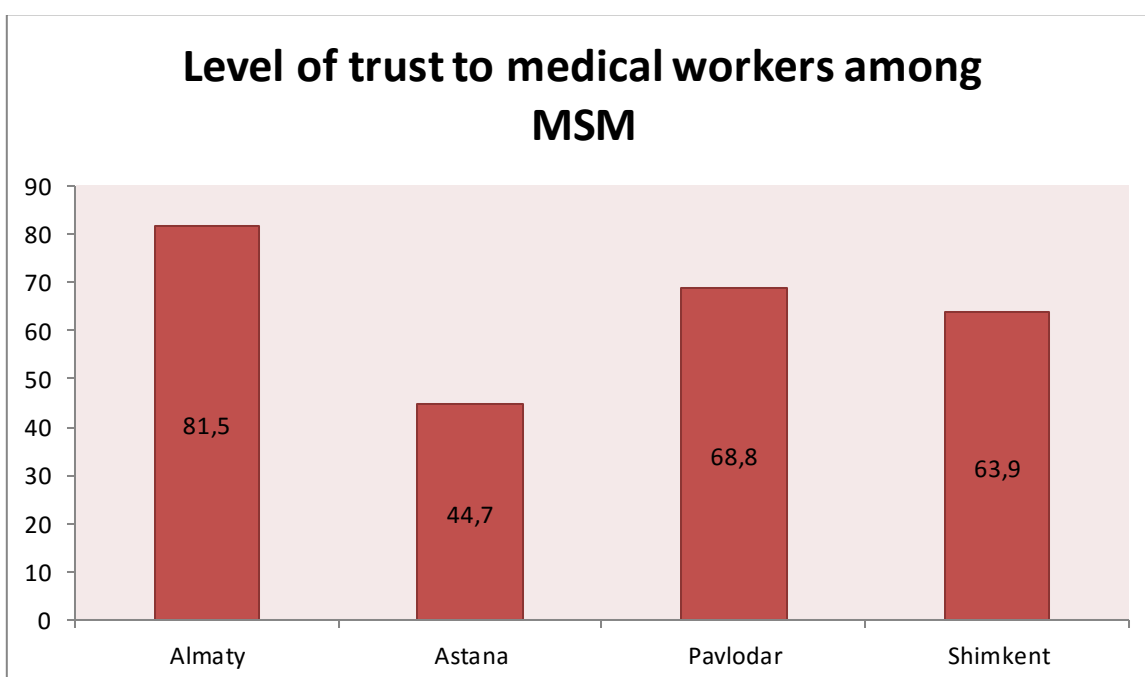
Only 51.3% respondents indicated in their questionnaire forms that during HIV testing they received counseling services as well. In Almaty city counseling service received 42.2% MSM, while in Shimkent this indicator was higher - 62.9%.

Of those who received counseling services on HIV/AIDS aspects, 24.1% respondents assessed the quality of services as “very satisfactory”, 29.9% - “satisfactory”, 15.0% - “neutral”, and 9% - “unsatisfactory”.

Stigma, discrimination and attitude in the society

It was found that 26.6% respondents prefer to keep their sexual orientation confidential. In this regard, **MSM members most of all trust friend/friends and can share about the sexual orientation with him/them – 64.1%**. Only 20.6% respondents informed their relatives/family about sexual orientation. *The level of trust and willingness to share their sexual orientation with medical doctor or social worker is low - 7.3% and 6.0%, respectively.*

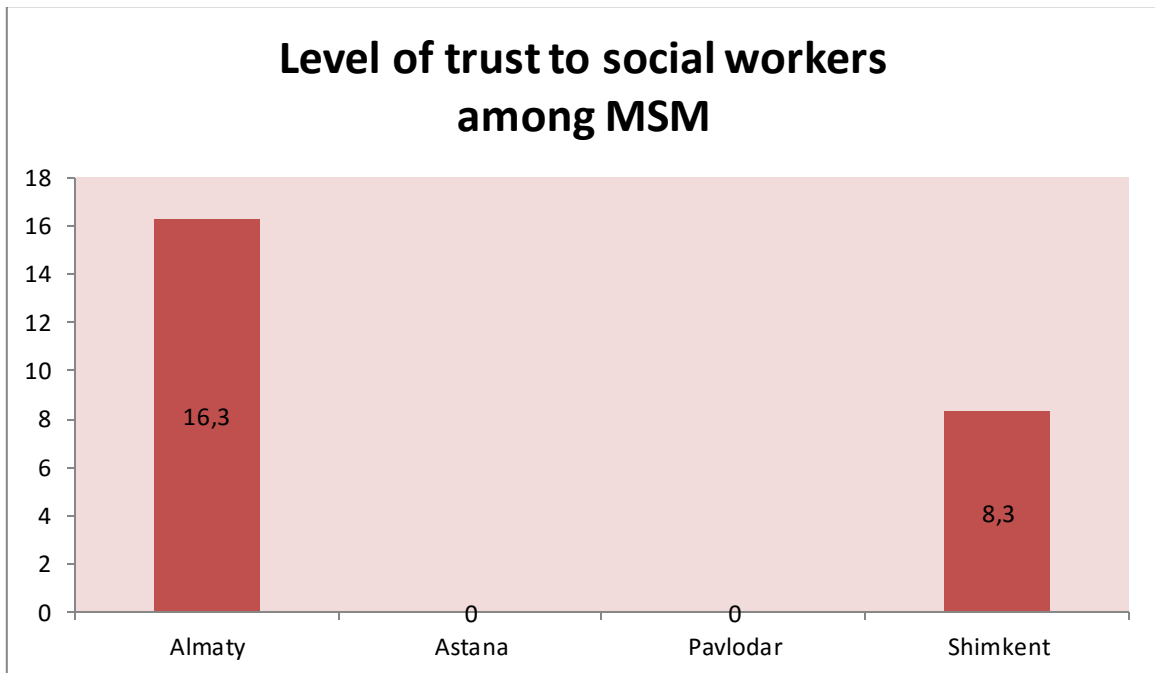
Out of the whole cohort 50.2% respondents could share their HIV status with partner/partners – 50.2%. One third of respondents could share the results of HIV tests with friends and family (32.0% and 28.3%, respectively). Only 19.0% respondents could share that information with medical workers. It was found regional differentiation in the level of trust to medical workers: in Almaty and Shimkent medical workers have more confidence from MSM community, in Almaty – 22.8%, in Shimkent – 22.2%. Least confidence to medical staff is observed among MSM in Pavlodar – 12.5% and Astana – 16.1%.



*Trust level to social workers among MSM is low – only 7.3% respondents were willing to disclose their HIV status to government social servants. **Notable that in Almaty and Pavlodar cities that indicator was at zero level (Almaty – 16.3%, Shimkent – 8.3%),** that could signal*

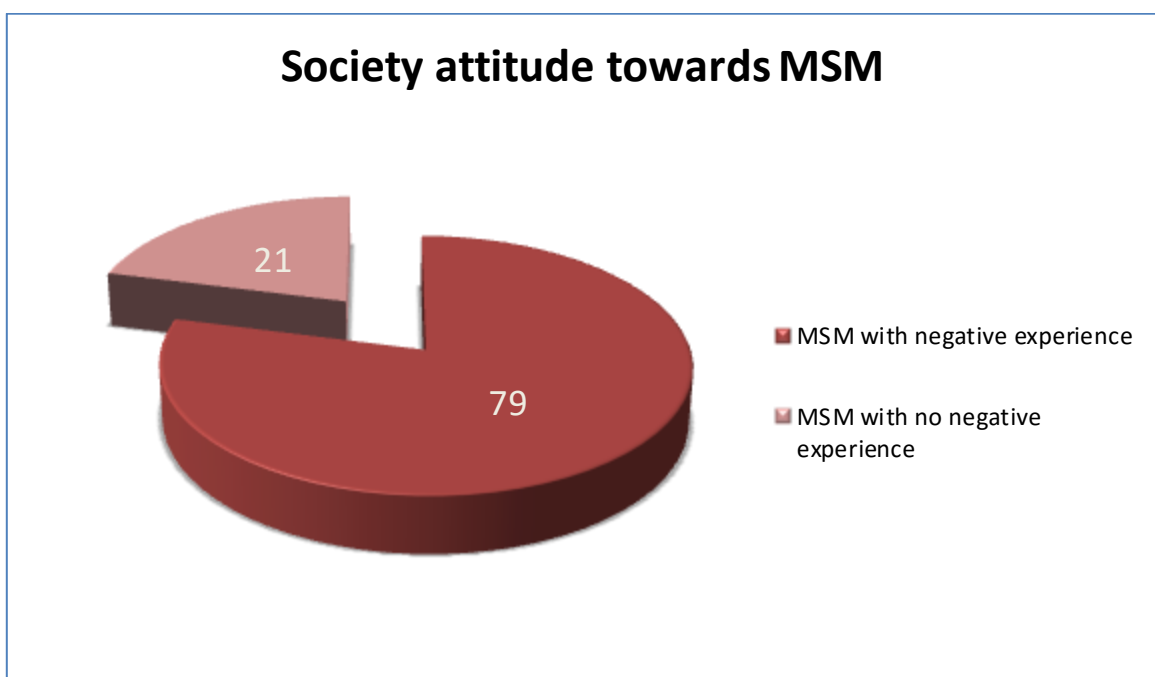
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about lack of prevention initiatives and lack of social system participation in social support and assistance of MSM group in these regional centers.



The analysis revealed that 13.4% respondents would not share results of HIV test with anybody, moreover, it was not found respondents who would ever share the results of HIV test in Pavlodar.

Only 21% respondents indicated lack of negative experience from society due to their non-traditional sexual orientation, whereas 79% MSM representatives had a negative pressure from various layers of population.



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The analysis showed that 16.9% respondents faced with negative pressure from family members and relatives. More often it was observed in Shimkent city – 22.2%, whereas in Pavlodar the proportion of incidents was two times lower – 12.5% (in Almaty – 16.3%, in Astana – 17.2%).

MSM members suffer noticeable negative victimization from police officers – 15.7%. The highest police pressure is observed in Shimkent – 25.0% and Astana – 23.0%. On the contrary, MSM group in Pavlodar do not face with any police persecution – 0.0% and in Almaty an attitude of police to MSM representatives is loyal compared to Shimkent and Astana - 10.9%.

The share of negative treatment of MSM by friends and neighbours was similar – 14.9%.

Indication on negative admittance of MSM by medical workers and social workers was found in 3.6% and 3.4% questionnaire forms, respectively.

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CONCLUSION

Taking into account that MSM community is not studied comprehensively, isolated and hard-to-reach group for prevention initiatives whereas the sexual mode of HIV transmission is predominant in Kazakhstan, Kazakhstan Association of sexual and reproductive health (KMPA) has initiated the Program «To be safe» for MSM sub-population.

That study is the first Project implementation stage and was carried out as base-line assessment of knowledge, attitude and practice among this target group, and review of stigma/discrimination/attitude within society to persons with non-traditional sexual orientation. The results of study will obtain useful data and information for further outline of relevant prevention initiatives among MSM group.

Within the framework of the Project an anonymous CAP survey has been carried out among MSM sub-population in 4 large cities of Kazakhstan: Almaty, Astana, Pavlodar and Shymkent. That survey was undertaken to study knowledge, attitude and practice among MSM group, review actual access of MSM community to AIDS-service friendly facilities and observance of human rights aspects in respect to MSM sub-population.

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The following main findings were received:

1. An average age of respondents was 28 years (ranges from 18 to 60 years old).
2. By nationality MSM group had the following distribution: Russians - 43.1%, Kazakhs - 35.0%, Tatars - 4.1%, Ukrainians - 3.3%, Uigurs - 1.6%. The share of other nationalities made in total 13% (including representatives of Koreans, Turks, Uzbeks, Jews, Greeks, Chinese, Georgians and other).
3. **The majority of MSM had higher and incomplete higher education – 55.5%.** The share of MSM with secondary and secondary special education composed 41.2%.
4. **Majority of respondents has permanent employment - 74.8%**, 18.7% combines work and education, 4.5% do not work yet, but receiving education at high school, vocational school, colleges and primary school.
5. An average monthly income among MSM composed 51 148 tenge (approximately USD350*)¹⁰. The highest income level was observed among MSM representatives from Astana city – 67 058 tenge (USD459), the lowest average monthly earnings observed among MSM from Shymkent city – 28 556 tenge (approximately USD195).
6. 10.2% respondents indicated their marriage with female (traditional marriage relations).
7. Over third respondents have their own accommodation - 36.6%.

¹⁰ 1 USD=146 tenge

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8. Majority of MSM representatives have active and dynamic life. Almost 70% (69.2%) of respondents indicated travels outside their own cities to other regions and countries during the last 12 month due to commercial, business and relaxation trips.
9. Vast majority of MSM spend their free time in communication with friends – 80.6%.
10. Among respondents 82.9% indicated alcohol consumption in their questionnaire forms.
11. **Majority of MSM didn't have any experience of drug use – 63.2%.** The use of strong narcotics, such as opiates and heroin, was not found. **Taking into account that nobody indicated the use of injecting drugs, it could be concluded that in Kazakhstan the risk of HIV infection among MSM by that transmission mode should be viewed as low.**
12. Average number of sexual partners-males among the whole sample size was 11.9 persons during the last year (maximum value was – over 50 during the year). **The analysis revealed that 69.42% MSM had over 4 partners a year and only 11.98% respondents had one permanent partner during the last 12 month.**
13. **13% MSM never used condoms for homosexual contacts and 23.9% respondents never used condoms for heterosexual intercourse.**
14. **The study showed that out of STI patients, 50.84% had an active sexual life with over 10 partners, 33.9% had 4-10 partners during the last 12 month.**
15. The analysis revealed that from MSM who received STI testing and treatment services, 10.0% were not satisfied with the quality of medical assistance.
16. The results of study demonstrated an overall high level of awareness among MSM group about HIV prevention measures: 83.6% respondents marked a correct answer to the question: “whether people can be protected from HIV infection by proper use of condoms during each sexual intercourse?”
17. The level of knowledge about virus transmission from HIV-infected mother to child during delivery made up to 76.7%.
18. **MSM representatives showed a very high level of knowledge about risk of HIV-infection via injecting drug use - 99.2%.**
19. **Almost same high level of awareness was found with regard to risk of HIV infection via vaginal sex without condom – 98.4%**
20. **Vast majority of MSM know about risk of HIV infection via anal sex without condom – 98%.**
21. In various periods 50% respondents referred to friendly medical services for HIV counseling and testing. However, the distribution of friendly services visits varied across the regions. More frequent visits were detected in Shimkent – 63.9%, Pavlodar – 61.3% and Astana – 51.8%. **The least number of friendly clinics visits was revealed in Almaty city – 39.1%.**
22. **Overall, 80.7% respondents know their HIV status.**
23. Only 51.3% respondents indicated that during HIV testing they received counseling services as well. Of those who received counseling services on HIV/AIDS aspects, 9% respondents assessed the quality of services as “unsatisfactory”.
24. 26.6% MSM prefer to keep their sexual orientation confidential. **The level of trust and willingness to share their sexual orientation with medical doctor or social worker is low (7.3% and 6.0%, respectively).**

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25. 50.2% respondents could share their HIV status with partner/partners – 50.2%. **Only 19.0% respondents could share that information with medical workers.**
26. *Trust level to social workers among MSM is very low – only 7.3% respondents were willing to disclose their HIV status to government social servants. **Notable that in Almaty and Pavlodar cities that indicator was at zero level (Almaty – 16.3%, Shymkent – 8.3%),*** that could be an evidence of lack of prevention initiatives and lack of social system participation in social support and assistance of MSM group in these regional centers.
27. Only 21% respondents indicated lack of negative experience within society due to their non-traditional sexual orientation, **whereas 79% MSM representatives had a negative pressure from various level of population.**
28. **MSM members suffer noticeable negative victimization from police officers – 15.7%.** The highest police pressure is observed in Shymkent – 25.0% and Astana – 23.0%.