



NEEDS ASSESSMENT
OF MEN WHO HAVE SEX WITH MEN
IN THE REPUBLIC OF
NORTH MACEDONIA

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Abstract

HIV incidence is increasing among men who have sex with men in the Republic of North Macedonia and there is a need for strengthening of the national services for prevention and testing. This study presents an analysis of data from three focus groups (n=21) collected in December in 2018 in Skopje, Republic of North Macedonia. The data were coded and analysed using grounded theory methods. The findings present the experience of the different sub-groups of men who have sex with men in North Macedonia in accessing and utilizing preventative and sexual health services and identifies areas for strengthening of these services which could serve as a basis for increasing the coverage with these services of men who have sex with men in Macedonia.

Introduction

Men who have sex with men are particularly vulnerable to HIV and the latest data suggest that the greatest number of HIV cases in Europe is diagnosed in this population (ECDC, 2018). The Republic of North Macedonia, a country of roughly 2 million inhabitants, has a low-level HIV epidemic concentrated among men who have sex with men (The World Bank, 2015). The bio-behavioural study (2018) that was conducted in the country demonstrated that **the prevalence of HIV among men who have sex with men is increasing** and that the **current prevalence is at 5.4%**. Furthermore, according to the bio-behavioural study conducted among men who have sex with men in 2014 the prevalence of hepatitis B among MSM is 4.5% and 47% of MSM used a condom during their last sexual contact with a random partner. In addition, the risky sexual behaviour and the possibility of HIV and STI transmission is not an isolated problem only among men who have sex with men, because the data suggests that 65% of MSM had also female sexual partners in the last 12 months which poses a risk of increasing the HIV incidence in the general population as well. In addition, the study for assessment of the national cascade of HIV services for MSM (2018) demonstrated that **45% of people living with HIV** in the Republic of North Macedonia **are not aware of their HIV-positive status**.

In order to achieve the UNAIDS 90-90-90 target and when recent evidence showed that treatment is prevention i.e. one having HIV who is on antiretroviral treatment and has undetectable levels of HIV in their blood cannot transmit the virus when having condomless sex, **it is important for the country to address the first pillar of the treatment cascade and to increase the percentage of diagnosed people living with HIV**. The national HIV program's activities implemented by 15 civil society organizations, managed and funded by the Ministry of Health since the support of the Global Fund to Fight AIDS, Tuberculosis and Malaria has phased out at the end of 2017, is organized around the activities for prevention and treatment of HIV with a focus on people who inject drugs, sex workers and men who have sex with men and could serve as an effective approach to reaching this vulnerable population and **sustaining the low HIV prevalence in the country**. This approach of having a national HIV program and partnership between governmental institutions and civil society organizations is particularly important since there are documented cases over the past years that men who have sex with men are oftentimes stigmatized in the health system and therefore, the regular access to preventative services in the health system are not effective in reaching this population.

In order to increase the percent of diagnosed people living with HIV which as discussed above is at 45%, a priority recognized in the National Strategy for HIV as well, there is a **need to increase the coverage** of this key population with the regular but also **with new, complementary services** for prevention and especially with the services for HIV testing. This study aims to contribute towards generating evidence that could inform the civil society organizations about the different subgroups of men who have sex with men in the Republic of North Macedonia and their current challenges in utilizing the preventative and health services and this evidence could serve and contribute to strengthening and improving the services provided in the community.

Methods

This paper presents a Grounded Theory analysis (Charmaz, 2006) of focus groups conducted with gay and other men who have sex in Republic of North Macedonia that were conducted during December 2018. The protocol of the study used extensive, open-ended, semi-structured protocol developed by the author. Informed, verbal consent was obtained and a few brief sociodemographic questions were posed to each participant at the beginning of the focus groups. Demographic variables collected included: ethnicity, gender, age, employment, hobby, to name a few.

To ground the study in the community, a community-based meeting was convened before data collection began made up of men who have sex with men. This group provided input into the development of study materials, assisted with recruitment, and offered suggestions for interpreting preliminary findings. The focus group protocol was tested within this group and the final protocol consisted of 15 questions (not including probes and sub-questions) were divided in four domains: access to services for men who have sex with men, perception of biomedical preventative methods for HIV, stigma and discrimination and civil society organizations' services provision.

Data collection

"Snowball" sampling was used to identify men who have sex with men who were target of this study with the help of regional outreach workers and civil society organizations working on LGBTI and/or in the field of HIV. In addition, efforts were made to achieve variability along lines of ethnicity, age, engagement in activities of the civil society organizations, as these characteristics were theorized to affect both discrimination and access to services. Focus groups were conducted during December of 2018 in Skopje, the Republic of North Macedonia. The focus groups were audio-recorded and transcribed verbatim. Men who have sex with men were recruited by outreach organizations that provide services to the men who have sex with men in the country.

Inclusion criteria for the participants in the focus groups included being age of 18 years or older at inclusion who disclosed having had at least one sexual intercourse with another man and living in the Republic of North Macedonia.

We conducted a total of 3 focus groups each having 7 participants and each focus group discussion lasted between 97-189 minutes.

Data Analysis

The analysis plan comprised several processes to identify the most salient themes emerging from the data. The focus groups were audio recorded and transcribed verbatim for an in-depth analysis. We

developed a multidimensional qualitative data analysis plan. The analysis approach proceeded through the six core phases of data inventory, written reflection, reflective diagrams, categorization, bridging, and data presentation. The analysis plan began with data inventory in which each response was renamed with a descriptive moniker that captures the essence and summary of the response. Reflective diagrams were created, by ethnic background, highlighting responses to the question for each participant and by subtopics that emerged within each of these diagrams. Finally, in the categorization process, codes were generated and reviewed for each emergent thread, subsequent themes and related subthemes within the data.

Findings/Results

Among the 21 participants, even though the largest proportion of participants self-identified as ethnic Macedonians (n=11), the sample was ethnically diverse with eight of participants identifying as Roma men, one as Albanian and one as Serbian. All of them identified as men and the age ranged from 18-40 years old. Additional demographic details of the respondents are shown in Table 1. The unique, multi-step analysis plan was organized around four main themes: access to services for men who have sex with men, perception of biomedical preventative methods for HIV, stigma and discrimination and civil society organizations' services provision.

Category	Demographics	Focus Group 1 (N=7)	Focus Group 2 (N=7)	Focus Group 3 (N=7)
Gender	Male	7	7	7
	Female	0	0	0
Ethnicity	Macedonian	0	6	5
	Roma	7	0	1
	Albanian	0	1	0
	Serbian	0	0	1
Age range	18-24	4	4	1
	25-29	0	0	2
	30-34	0	1	2
	35-40	2	2	1
	Unknown	1	0	1
Residence	Skopje	7	3	1
	Outside of Skopje	0	1	2
	Not stated	0	3	4
Employment status	Employed	0	4	5

	Unemployed	5	1	2
	Student	0	2	0
	Unknown	2	0	0
Marital status	Married	5	0	0
	Divorced	2	0	0
	Not stated	0	7	7

Access to services for men who have sex with men

In general, **there is awareness** among the participants **about the services** that are offered to men who have sex with men, except for the **Roma** focus group where the **awareness** about the availability of these services **is limited** to activities for provision of condoms and lubricants. Among the services that are available for men who have sex with men that the participants listed are: free of charge provision of condoms and lubricants, screening for sexually transmitted diseases and HIV, psychosocial support for LGBTI, legal support, shelters and safe houses, HIV counselling, peer education, social events such as movie nights, the film festival Dzunica, field and stationary HIV testing, youth centres for dermatological examination and education. There is mixed awareness about the support groups for LGBTI, except one participant was aware of Stronger Together's support group for people living with HIV.

Among the participants there is a prevailing experience for having faced an obstacle or a challenge in the access to some of these services. Being able to **access** and **receive** the **service in timely manner** is important as being pointed out by one of the participants:

"Two-three years ago, I was in need of psychological counselling and I went to the LGBTI centre where I filled out a form and I was told that I need to wait for one month to obtain an approval... This should not be happening, if someone is in need of psychologist and it is an emergency he should not wait for one month... bad things can happen in meanwhile... this situation frustrated me..."

The participants agree that most of the services for MSM are available in Skopje, but **that there is a need for services for MSM in the rest of the country.**

"I think that the outreach van for HIV testing should offer dermatological and other tests for STIs, because these tests are only available in the youth centre in Skopje for free and some MSM who do not live in the capital cannot afford to come and get tested..."

Furthermore, **there is a challenge in accessing services for other sexually transmitted infections:**

"For anus and throat swab I got referred to go to my GP to obtain a referral, because in the center where I went they were able to only do a urine test. For this reason, I did only the urine test... and this is a problem."

In line with this discussion, for the **Roma** participants the major obstacle is that, according to their knowledge, **these kind of services are not available in Shuto Orizari** and they agree that if services are available, they would get tested for STI's more regularly. Furthermore, one of the participants in this group argued that people in the Roma community **do not get tested because of fear** that the community members will find out that they are having sex with other men or that if they get screened in a health facility the physician will disclose the test results or their sexual activities to their wives.

Regarding the access to services in health institutions there has been a positive experience in the Polyclinic Bit Pazar with a dermatologist regarding an HPV infection. **Stigmatizing experience** has had one participant regarding diagnosis and treatment of a rectal infection at one of the **university clinics** in Skopje (not stated specifically) but also with his GP. Another participant has had a similar **stigmatizing experience** at a **psychologist** and in the clinic for dermatology. These experiences are mentioned as instances in the discussion, but the depth of the data is limited to be able to draw any further inferences.

However, the group notes that there are significant differences in the experience between services provided by the **civil society organizations** which are provided **for free**, the service **providers are professional and confidential** and by those provided in the **health institutions** where the participants felt **stigmatized, uncomfortable** and **inappropriate** questions are being posed to them regarding their sexual orientation.

Key findings:

- * **Limited awareness among the Roma participants about the availability of the services for men who have sex with men compared to the non-Roma participants.***
- * **In general there is mixed awareness about the support groups for LGBTI including the support groups for people living with HIV.***
- * **In terms of access to the services it is important for the participants to be able to access and receive the service in timely manner.***
- * **Even though the scope of services is limited, in Skopje they are generally available compared to the areas outside of Skopje.***
- * **There are significant differences in the experience between services provided by the civil society organizations which are provided for free, the service providers are professional and confidential and by those provided in the health institutions where the participants felt stigmatized, uncomfortable and inappropriate questions are being posed to them regarding their sexual orientation.***

Perception of biomedical preventative methods for HIV

Regarding the awareness of PrEP and PEP as biomedical preventative methods for HIV, **there is a difference in awareness in Roma vs. non-Roma participants**, where the **Roma** participants in general **have not heard** of **PrEP** and **PEP** prior to the focus group and the **rest of the participants** had **some to advanced knowledge** and **awareness**.

Pre-exposure prophylaxis (PrEP)

There are mixed perceptions about the advantages of taking PrEP. The general perception is that it provides protection from HIV but it **puts** one **in danger of other STIs**. From the participants who are aware about PrEP, some of them stated that they would **prefer to learn more about it before** deciding

to **use it**, when available in Republic of North Macedonia. In order to make a final decision about using PrEP they would appreciate **talking to someone who is already taking it**, to do own **research** on the **internet** and to have **access to health professionals** who will inform them about the advantages and disadvantages of taking PrEP. One of the concerns is that relying on PrEP for HIV prevention **required a lot of planning** around the sexual activities, especially when not taking the pill daily. One of the participants is aware of a person that is buying PrEP online but is taking it **with no medical follow up**. The focus group where this case is discussed agrees that one taking PrEP should **be informed and monitored** by a **health professional**, a medical nurse or a counsellor.

Among the **Roma** participants, they **were all aware** about the **condoms**, as traditional means of HIV prevention. However, **none of the participants had heard about PrEP**. After being informed about PrEP, they disclose that condoms decrease their sexual pleasure and **express readiness to use PrEP** but only **if they can financially afford it**. The mentioned price of **50 euro per month** for PrEP **is not affordable** for the participants in this group.

Post-exposure prophylaxis (PEP)

In general, the participants **feel more comfortable** regarding the idea of **taking PEP**. While for **PrEP they feel** they need **more information** and **time** to think about it, for **PEP they feel more confident**. However, the depth of the data is limited regarding their perception and concerns related to PEP and therefore, we cannot make any further inferences about the possible reasons for this noted difference in perceptions and readiness to use between PrEP and PEP.

Finally, there seems to be general agreement **that both PrEP and PEP should be available** in the country and to have them as options to choose from **besides the condoms and lubricants**.

Key findings:

- * Regarding the awareness of PrEP and PEP, there is a difference in awareness in Roma vs. non-Roma participants, where the Roma participants in general have not heard of PrEP and PEP and the rest of the participants had some to advanced knowledge and awareness.*
- * The participants recognize the potential of PrEP in HIV prevention, but share some concerns regarding potential side effects, the risk of other STIs and the affordability.*
- * Compared to PrEP, the participants expressed greater confidence in taking PEP.*
- * In general there is an agreement that both PrEP and PEP should be available in the country and should have them as options to choose from besides the condoms and lubricants.*

Stigma and discrimination

The majority of the participants in the group **have not discussed** their sexual orientation or attraction **with their family members** or with “too many” people. One participant described:

“All of my friends know, but I haven’t had this discussion at home, once I mentioned to my parents that I have a lesbian friend and they told me that she needs to get treatment, that she should visit a psychiatrist and that she has trauma from the childhood...”

But most of them have **friends, co-workers** or other close people **in whom they confide** and **were comfortable** disclosing their sexual orientation or attraction to other men. The younger participants in the focus groups are also optimistic about the progress in the society's values especially among young people and expect that that would lead to greater acceptance of men who have sex with men in the society.

Regarding their or other men who have sex with men experience with violence, harassment and blackmail there have been cases that they are aware about in the form of **verbal assault** in the schools, in student dormitories, local cafes but also **blackmailing** from **partners** and the **police enforcement**. One of the participants has been **bullied** in school by being called "peder" ("faggot") by the classmates.

The participants also noted that **stigma exists within the community** itself:

"In our community the macho looking men are stigmatizing the fem men and vice versa... instead of uniting and fighting for our rights we judge each other."

"We discriminate the fem-looking men because we want them to be discreet and I don't want them to say hi to me in public spaces, because I do not want anyone to see that they know me."

"I had a similar situation with my boyfriend we were shopping, and he met colleagues from university and he got worried that they saw him with me... and I was like, it is not written on my forehead!"

In this context one of the participants noted that for these reasons he tries to always be aware of the way he is sitting.

There was one participant that has had experience physical violence by his uncles:

"I had serious problems, when I disclosed to my family my uncles attempted to kill me... my parents know that I am gay, but they never accepted it... my mom forced me to take hormones and to have a girlfriend... she believed that if I bring a girlfriend home and have sex with here I will get "cured"..."

Furthermore, the participants are aware of cases within the gay community and other men who have sex with men, where other ethnicities such as Roma people were stigmatized.

"I have been dating a Roma person, the stereotypes around Roma people are about their personal hygiene, and oftentimes it has been said that they are not clean, this is the only reason why they are being discriminated... otherwise I have had great experience."

Among the Roma participants, there have been two cases of blackmailing noted in the conversation, both related to other people publicly revealing that they are dating men and in both cases they stopped dating their partners because of these threats.

"I was dating someone for 7 months, and one of my neighbours started to threaten me that he will tell my parents, so I stopped seeing my boyfriend."

"I was in a relationship with a gay person and then some people from Shuto Orizari found out that I am dating him... then I wanted to stop seeing him and then he started blackmailing me that he will post the videos online."

In terms of stigma and discrimination there are instances of fear in the Roma community that people would laugh at them when finding out they are dating other men. In general, the Roma participants are not openly gay, or they have not disclosed to their families and wives that they are having sex with other men.

Key findings:

- * Men who have sex with men opt not to disclose or discuss their sexual orientation and/or same sex attraction with other people and in addition most of them fear that their closest families will find out about this it.**
- * Regarding their or other men who have sex with men experience with violence, harassment and blackmail there have been cases that they are aware about in the form of verbal assault in the schools, in student dormitories, local cafes but also blackmailing from partners and the police enforcement.**

Civil society organizations' services provision

Out of the civil society organizations that provide services for MSM or are working in the field of HIV and/or LGBTI the participants **are aware of the work** of EGAL, Subversive Front, Stronger Together and HERA.

In the **Roma** focus group, the participants were **aware of the field vehicles** that provide **HIV testing**, but they **could not recall a name of an organization** providing the service or any other services that are provided besides HIV testing. Some of the participants are members of some of these organizations, some are volunteers and a few of them have been involved in outreach activities. They recognize that role of the civil society organizations in **advancing the rights** of men who have sex with men in the country and in **providing support** for the community.

In terms of improving the access to services for men who have sex with men the participants argue that these kinds of services need to be introduced in the rest of the country and for the services provided in Skopje there is noted need for increasing the scope of services that are provided. Regarding the **availability of these services in smaller towns** there is concern that the rest of the community might find out their sexual orientation if they are using the service in such a small community.

As being discussed above, in general there is perception and appreciation that the **services provided by the civil society organizations** are **confidential**. However, the participants share their concerns about potential breach of confidentiality. They agree that such concerns should be addressed because they might discourage them from using these services.

Suggestions for improvement offered by the group include **increasing the availability of lubricants, providing information and education, education and service promotion on TV and social media** because according to the participants the men who have sex with men who are not part of

the gay community are not aware of these services. In addition, they pointed to the importance to also think about how to reach men who have sex with men who **do not want to be seen using this kind of service or being part** of the civil society organizations, to introduce more social events such as **picnics** where the services could be promoted and **opening gay gathering places** by the civil society organizations.

Key findings:

- * They recognize that role of the civil society organizations in advancing the rights of men who have sex with men in the country and in providing support for the community.*
- * Suggestions for improvement include increasing the availability of lubricants, providing information and education, education and service promotion on TV and social media.*
- * Addressing the gap of availability and awareness of services that are free of charge and confidential could potentially increase the utilization of services by this population.*

Discussion

In the Republic of North Macedonia, **the civil society organizations** working in the area of LGBTI and/or HIV are perceived as the predominant stakeholders in providing services for men who have sex with men. The services that the men who have sex with men have benefited from a range of services for HIV and other STIs prevention, testing and counseling, support for people living with HIV, legal and social support and protection and events for social gathering and awareness raising. These services, with few exceptions, are described as **user friendly, confidential** and the men who have sex with men who have used them **experienced no stigma or discrimination**. For these reasons men who have sex with men **would rather use these services than going through the health system**, whenever possible. In addition, these services are provided **for free** regardless of whether one has health insurance and there is evidence suggesting that men who have sex with men appreciate this aspect of the services provided by the civil society organizations, compared to the health institutions where they **need to pay a certain fee** even if they have health insurance or full price if they do not have health insurance.

However, it is important to note from the discussion that it seems that these services **are not equally distributed throughout the country** and there is a variety in the scope of services. The data is suggesting that men who have sex with men **who live outside of Skopje could not afford to travel to the capital for STIs screening** and could benefit from this service if it would be available in outreach vans. Therefore, addressing the potential **stigma and discrimination** on the basis of sexual orientation and/or same sex attraction **by health professionals** in the health institutions in addition to increasing the scope of services provided by the civil society organizations such as STI testing in the outreach vans, could **increase the availability of services** for men who have sex with men and strengthen the linkage to health care of the people in need of additional diagnostic tools and/or treatment.

Roma men who have sex with men have **limited awareness about the services** provided specifically for men who have sex with men that they could benefit from even though H.E.R.A runs the Youth Friendly Center in Shuto Orizari and EGAL has an office there. Compared to the rest of the men who have sex with men, for whom evidence suggests to have more proactive approach to seeking support and services from the civil society organization, the Roma men who have sex with men rely on an organization recruiting them for certain services such as HIV and other STIs testing and counseling. However, when

these **services** would be more regularly **available in Shuto Orizari**, the evidence suggests that the Roma men who have sex with men would **utilize** them more often, especially since they fear discussing their sexual health in health facilities where they believe there is a risk that the health professional would disclose their sexual activities with other men to their wives. Furthermore, the concern related to their wives finding out about their sexual activities with other men is discouraging Roma men who have sex with men from using sexual and reproductive health services and this aspect is important to be addressed because as data suggest the majority of the Roma participants in this study were married or recently divorced or have female partners. In addition, it seems that there is limited availability of the sexual and reproductive health services provided by the civil society organizations in the Roma community and awareness in this community about these services. **Addressing the gap of availability and awareness of services that are free of charge and confidential could potentially increase the utilization of services by this population.**

The data suggested that men who have sex with men opt not to disclose or discuss their sexual orientation and/or same sex attraction with other people and in addition most of them fear that their closest families will find out about this. This is especially highlighted among the Roma men who have sex with men out of whom the majority are married, but also among the rest of men who have sex with men who are younger and may live with their parents. At the same time, it is shown that their awareness about the availability of peer support groups provided by the civil society organizations such as EGAL and Stronger Together, Association for Support of People Living with HIV are limited regardless of whether a participant has been affiliated with an organization or has used some service. In this regard, it is important to bring this kind of **services closer to the community** as they can serve as a platform where in a safe environment the community could share and get support for concerns that otherwise men who have sex with men have a limited network to discuss it with. This kind of service could also become of crucial importance for the men who have sex with men who experience blackmailing, threats and physical and verbal violence, as being documented by this study, where the community could **come, talk and seek support about these issues**. In addition such services could serve **for empowering** men who have sex with men and as a link to the legal services provided by the same organization or other organizations in cases when the person would like to **obtain legal protection** or **to shelter houses** and other social support services that are being available.

Previous evidence from the bio-behavioural study among MSM conducted in 2014 suggested that only 47% of MSM used a condom during their last sexual contact with a random partner. The **low rate of using condoms** is found in this study as well, where it is noted that condoms could decrease sexual pleasure. In addition, there is a consensus around the need for introducing **PrEP** and **PEP** in the country as alternative preventive methods for HIV. This process is suggested to begin sooner rather than later, especially since there is evidence suggesting that men who have sex with men are already being able to procure PrEP on the market and/or online and some are currently taking it without any professional monitoring and follow up. There has not been any indication about the preferred method of delivery of PrEP; however, it is noted that it **would be important to be widely available and simple to obtain** such as through a walk in a **pharmacy**.

Conclusions

The Republic of North Macedonia has been successful over the past year to maintain a low prevalence of HIV. However, it is documented in the past few years that the **HIV incidence is rising among men who have sex with men**. Since the coverage with preventative and testing services through the health facilities is limited, the role of **the civil society organizations** in providing these services has been crucial and they are recognized as **national partner** providers of these services. This role is recognized by the gay community and other men who have sex with men. In order to successfully address the rising HIV incidence among men who have sex with men and in an attempt to increase the coverage of this key population with the regular but also with new, complementary services for prevention the evidence suggested that there is a need for the civil society organizations to increase the availability of these services throughout the country which are now predominantly available in Skopje, to increase the scope of services by expanding the STI screening and treatment options and to create opportunities for community support and for the country to introduce biomedical preventative methods for HIV and to address the stigma by the health professionals.

- ✓ *To increase the coverage of this key population with the regular but also with new, complementary services for prevention.*
- ✓ *To increase the availability of these services throughout the country.*
- ✓ *To increase the scope of services by expanding the STI screening and treatment options.*
- ✓ *To create opportunities for community support and for the country to introduce biomedical preventative methods for HIV.*
- ✓ *To address the stigma by the health professionals.*

Conclusion 

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