

# BEHAVIOURAL SURVEILLANCE SURVEY IN TIMOR-LESTE, 2008 FIRST ROUND RESULTS FOR MEN WHO HAVE SEX WITH MEN (MSM)

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## INTRODUCTION

Although there are limited data on HIV prevalence rates for specific sub-populations and indeed the overall population in Timor-Leste, the country is considered to have a low-level epidemic, with a national HIV prevalence of less than 0.1%.

Despite the low prevalence of HIV, one of the sub-populations that is considered most at risk of HIV transmission is men who have sex with men (MSM). Sex between men is not uncommon in Timor-Leste. The Dili STI survey (Pisani et. al., 2004) indicated that 12% of soldiers and taxi drivers, and 5% of male students, had had anal sex with another man in the previous year. Over 40% of those men had also recently had sex with a woman.

There are no clearly designated venues where MSM congregate or socialise in Dili, or indeed in the districts. We were able to identify MSM communities in Dili, where a well-established social network does exist, in which 267 MSM were mapped. (Lee et. al., 2008). The term 'mapping' describes the process of quantifying the population and characteristics of MSM, and how those characteristics relate to each other. For example, how many MSM are present, who they are, and where MSM are located. The 267 MSM mapped in Dili represent men who identify as being gay or MSM as they term themselves, but does not include their sexual partners, some of whom identify as heterosexual.

In 2008 a behavioural surveillance survey of MSM was conducted. The survey collected data on sexual and drug using practices; levels of knowledge relating to sexually transmissible infections (STIs) and HIV; access to medical services, attitudes towards people with HIV; and demographics.

This brochure presents a summary of the key findings of the survey.

## METHODOLOGY

Because the networks among MSM in Dili are rather 'hidden', a special 'quasi-probability' sampling method was used. This 'respondent driven sampling' method is designed to gather a sample that resembles the population being surveyed. The method involved first recruiting key respondents ('seeds') who had large social networks. The seeds were then asked to recruit a further three new recruits, each of whom was asked to recruit a further three men, and so on, until the desired sample size was reached. To encourage people to take part, each participant was paid once for their participation and then again for each eligible person they recruited. For the purpose of the survey, MSM were defined as any man aged 16 years and older who lived in Dili and had had sex with another man in the previous 12 months. Two hundred and fifty three men were recruited.

This respondent driven sampling process uses information from the social networks of participants to make inferences about the population of interest. It provides information not just about the people in the population, but also about the networks connecting them. The data were then analysed using a program specially designed for this method of sampling. Not all variables could be analysed, however, and data marked with an asterisk represent population estimates for the entire MSM population.

## RESULTS

### Demographics

**KEY FINDING 1:** MSM in Dili in general are young and reasonably well educated. The majority of MSM are on low incomes and live mainly at home with their parents.

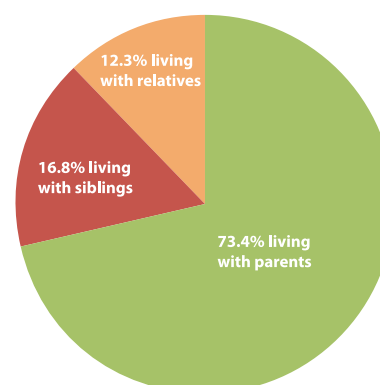
MSM were young, with a median age of 19, though their ages ranged from 16 to 56 years. The vast majority were Roman Catholics (98.4%) and of Timorese origin (96.4%).

**Table 1. Highest level of education completed amongst men who have sex with men\***

EDUCATION	NUMBER	%
No education	12	4.9
Completed primary school	33	13.4
Completed junior school	95	38.5
Completed senior school	100	40.5
Completed diploma or higher degree	7	2.8

**Note:** 6 of the 253 men surveyed did not answer this question.

Of the MSM, 84.9% had at some stage had a regular female sexual partner. However, almost all (98.4%) were single, with two participants (0.8%) being married at the time they completed the survey.



**Figure 1. Proportion of MSM living with parents, siblings or relatives**

Very few MSM lived by themselves (3.8%) or with a sexual partner (0.4%). Over three quarters (80.0%) of participants were living in their parent's home and 18.8% lived in their own home.

Approximately two thirds (68.9%) of MSM had a monthly income of USD50 or less, with a further 22.4% earning between USD51 and USD100. On average, each MSM had 2.3 dependents and a median personal daily expenditure of USD3.

As a robust social and sexual network of MSM exists in Dili, it is not surprising that the MSM surveyed were mostly embedded in a gay and/or bisexual milieu. Over half (58.0%) said that most or all of their friends were gay or homosexual and very few (1.4%) had no gay or homosexual friends.

### Drug use

**KEY FINDING 2:** Injecting drug use is low amongst MSM (3.3%); however, there is evidence of recreational drug use, with 9.0% of MSM using drugs within the previous 12 months.

Only 9.0% of MSM had used drugs in the previous 12 months. Among those that had used drugs in that period, hashish was the drug most often used (84.0%). However, 10 men (3.3% of the sample) had injected drugs in the previous year.

\* Data represent population estimates for the entire MSM population

Sexual practices with men

**KEY FINDING 3:** The majority (89.3%) of MSM have engaged in insertive anal intercourse over the previous 12 months. Men who engaged in receptive anal intercourse had on average four times as many sexual partners as those who engaged in insertive anal intercourse.

All the men surveyed had had sexual intercourse. The median age of sexual debut was about 18 years, with a partner of about one year older. Similarly, almost all (97.0%) had had either vaginal or anal intercourse in the past 12 months, and all but one had some form of sexual contact with another man during that period.

As there are no commercial venues such as bars and clubs that cater specifically for MSM in Dili, most of the social and sexual networking occurs in the private sphere. Men met their male sexual partners in a variety of places. The most popular places for meeting men were on the street (39.9%); and at dance parties held at private residences (22.9%).



Figure 2. Type of sexual activity with the last male partner

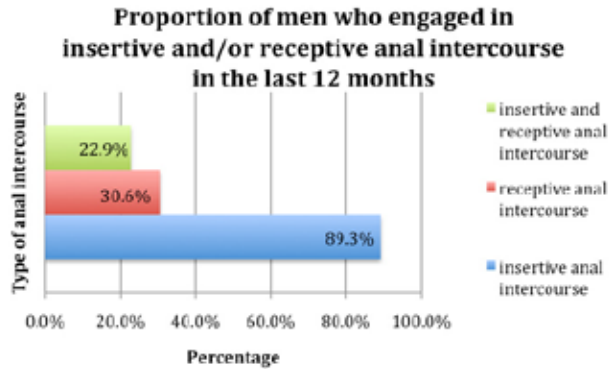


Figure 3. Proportion of men who engaged in receptive anal and/or insertive anal intercourse in the previous 12 months\*

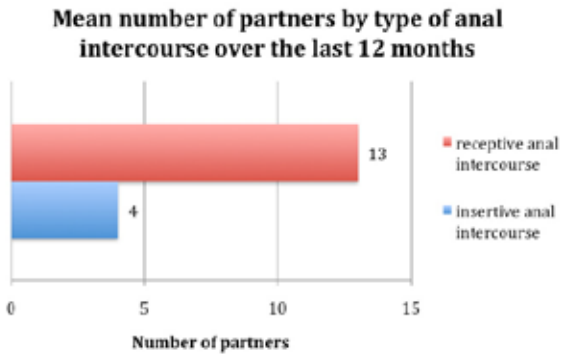


Figure 4. Mean number of partners by type of anal intercourse in the previous 12 months (225 men had insertive anal intercourse and 77 had receptive anal intercourse)

Although fewer men engaged in receptive than in insertive anal intercourse (Figure 3), those that did engage in this practice had many more partners (Figure 4).

**KEY FINDING 4:** Men who had sex with non-regular (casual) partners, reported on average three times as many sexual partners as men who had sex with regular partners.

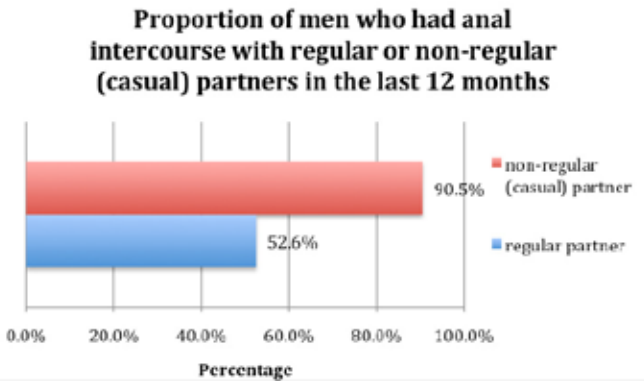


Figure 5. Proportion of men who had anal intercourse with regular and non-regular (casual) partners in the previous 12 months\* (133 men had a regular partner; 229 had non-regular partners).

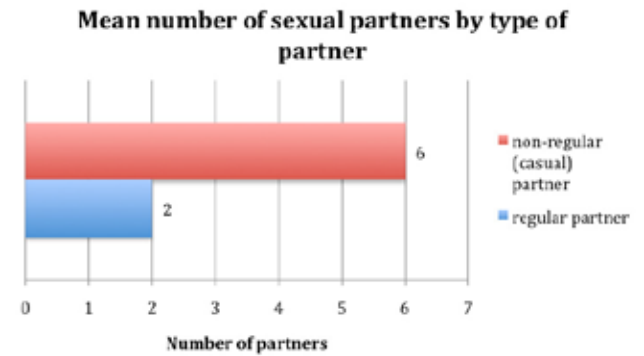


Figure 6. Mean number of sexual partners by type of partnership in the previous 12 months\* (133 men had a regular partner; 229 had non-regular partners)

**KEY FINDING 5:** Lubricant use with condoms for anal intercourse was low in the previous 12 months.

Table 2. Use of lubricants with condoms for anal intercourse over the previous 12 months

	NUMBER	%
No condom use	56	21.5
No anal intercourse	9	3.1
Used lubricant with condoms 100% of the time	40	18.0
Used lubricants with condoms some of the time	90	35.2
Never used lubricants with condoms	55	23.8

Condom use for sex with male partners

**KEY FINDING 6:** Levels of unprotected anal intercourse are high amongst MSM, with only 14.8%\* and 18.0%\* of MSM using condoms 100% of the time with regular and non-regular male partners respectively, in the previous 12 months.

Condom use with regular partners

Of the 145 MSM who reported having a regular partner, four did not have anal intercourse with that partner.

\* Data represent population estimates for the entire MSM population

**Table 3. Condom use for anal intercourse with regular male partners over the previous 12 months\***

	NUMBER	%
100% condom use for anal intercourse	21	14.8
Some unprotected anal intercourse	120	85.1

**Note:** 112 of the 253 men surveyed did not answer this question.

The main reasons cited for not using condoms with regular male partners were that condoms take away pleasure (58.5%); condoms were not available (18.4%); and their partner objected to condom use (17.8%).

**Table 4. UNGASS indicator<sup>1</sup> for condom use for anal intercourse with a regular partner on the last occasion**

	NUMBER	%
MSM reporting the use of a condom for anal intercourse with their regular partner on the last occasion	54 (out of 144 MSM)	37.5

<sup>1</sup> UNGASS (UN General Assembly Special Session) indicators are used to help countries assess their response to the AIDS pandemic.

**Note:** 109 of the 253 men surveyed did not answer this question.

Paying or being paid for sex by regular partners was common amongst MSM in this study. A fifth of men (19.2%) had paid for sex with their regular male partner in the previous 12 months, whilst 91.1%\* had been paid for sex by their regular partner. Just over a tenth of the men (11.6%\*) had both been paid and paid to have sex with a regular partner.

## Condom use with non-regular (casual) partners

Two hundred and thirty seven men had casual sexual partners in the 12 months prior to the study.

**Table 5. Condom use for anal intercourse with non-regular (casual) male partners over the previous 12 months\***

	NUMBER	%
100% condom use for anal intercourse	41	18.0
Some unprotected anal intercourse	187	82.0

**Note:** 25 of the 253 men surveyed did not answer this question.

The reasons for not using condoms with non-regular (casual) partners were varied, with the main reasons given being: condoms take away pleasure (50.2%); condoms not being available (20.1%); partner objecting (19.9%), and not knowing how to obtain a condom (17.6%).

Payment for sex with non-regular (casual) male partners was common. Ten per cent had paid their casual partners for sex, while 80.5%\* had received money for sex from casual male sexual partners. A small percentage (5.0%\*) had both paid and been paid for sex with a casual partner.

**Table 6. UNGASS indicator<sup>1</sup> for condom use for anal intercourse with a non-regular (casual) partner on the last occasion**

	NUMBER	%
MSM reporting the use of a condom for anal intercourse with their non-regular (casual) partner on the last occasion	99 (out of 230 MSM)	43.0

**Note:** 23 of the 253 men surveyed did not answer this question.

<sup>1</sup> UNGASS (UN General Assembly Special Session) indicators are used to help countries assess their response to the AIDS pandemic.

## Sexual practices with women

**KEY FINDING 7:** MSM also have sexual relationships with women. The majority (93.8%) of MSM had sex with a female partner in the previous 12 months.

Most of the MSM in our study had sex with both men and women. The majority (93.8%) had had sex with a woman in the previous 12 months. Of those men, two-thirds (64.6%\*) had regular female partners, while 91.7%\* had casual female partners. Men who reported having non-regular (casual) partners had had on average four female partners in the previous 12 months, whilst men who had regular female partners had had a mean number of two female partners.

\* Data represent population estimates for the entire MSM population

## Condom use with women

**KEY FINDING 8:** Levels of unprotected sex with regular female partners of MSM is high, with only 9.1%\* and 4.3%\* of MSM using condoms all the time for vaginal and anal intercourse, respectively, in the previous 12 months.

One hundred and thirty two men had at least one regular female partner in the 12 months prior to the study. Condom use with regular female partners was low.

**Table 7. Condom use for vaginal intercourse with a regular female partner in the previous 12 months\***

	NUMBER	%
100% condom use for vaginal intercourse	12	9.1
Some unprotected vaginal intercourse	120	90.9

**Note:** 121 of the 253 men surveyed did not answer this question.

**Table 8. Condom use for anal intercourse with a regular female partner in the previous 12 months\***

	NUMBER	%
100% condom use for anal intercourse	3	4.3
Some unprotected anal intercourse	67	95.7

**Note:** 183 of the 253 men surveyed did not answer this question.

**KEY FINDING 9:** Levels of unprotected sexual intercourse with non-regular (casual) female partners of MSM is high, with only 20.4% and 16.9% of MSM using condoms all the time for vaginal and anal intercourse respectively, in the previous 12 months.

**Table 9. Condom use for vaginal intercourse with non-regular (casual) female partners in the previous 12 months**

	%
100% condom use for vaginal intercourse	20.4
Some unprotected vaginal intercourse	79.6

**Table 10. Condom use for anal intercourse with non-regular (casual) female partners in the previous 12 months**

	%
100% condom use for anal intercourse	16.9
Some unprotected anal intercourse	83.1

## Sexual coercion

**KEY FINDING 10:** Rates of sexual coercion are high, with almost half (48.1%) of the MSM interviewed being forced to have sex in the previous 12 months.

## Access to sexual health services

**KEY FINDING 11:** Awareness of STIs is high; however, knowledge about STIs is low. Most MSM are likely to seek treatment for STIs, usually from clinical services.

Though 78.7% of MSM had heard of sexually transmissible infections (STIs), only about half (50.7%) of those men knew that STIs could be asymptomatic. A fifth (21.1%) of MSM reported ever having had STI symptoms; of these, most sought treatment at a hospital (38.0%) or pharmacy (33.9%), or by visiting a doctor (29.6%).

Almost all MSM would seek treatment for an STI at a government hospital (88.3%); only a quarter would seek treatment at a private clinic (25.8%).

## Knowledge about HIV

**KEY FINDING 12:** Awareness of HIV and knowledge surrounding the sexual routes of transmission of the virus are high. However, incorrect knowledge surrounding the non-sexual transmission of HIV is also high.

Awareness of HIV was relatively high, with 90.3% of MSM having heard of HIV, and non government organisations being the main source of information on HIV (Table 11). Over half the men (59.1%) knew of someone who was either infected with HIV or had died from an AIDS-related illness. Of those MSM, only 21.4% described this person as being a close friend, whilst the majority (76.7%) did not know of a relative or close friend infected with HIV.

**Table 11. Main source of information from which the most thorough understanding of HIV/AIDS was acquired\*\***

	NUMBER	%
NGOs	55	23.3
Friends/Family	42	16.6
Television	33	13.0
Radio	32	12.6
Health services	23	9.1

Whilst knowledge surrounding the sexual transmission of HIV was high, common misconceptions surrounding non-sexual routes of HIV transmission were evident.

**Table 12. Knowledge about HIV transmission amongst MSM**

QUESTION	PERCENTAGE WHO ANSWERED CORRECTLY
Can the risk of HIV transmission be reduced by having sex with only one, faithful, uninfected partner	88.8
Can people protect themselves from getting HIV sexually by using a condom correctly every time they have sex?	95.1
Can a person get the HIV virus from mosquito bites?	37.6
Do you think that a person with HIV can be healthy looking?	23.8
Can a person get HIV by sharing a meal with someone who is infected?	34.7

The UNGASS indicator for the percentage of MSM who could correctly identify ways of preventing the sexual transmission of HIV and who rejected major misconceptions was 26.9% (14 of the 52 men who answered this question).

## Attitudes towards people living with HIV

**KEY FINDING 13:** There are indications of some stigmatising attitudes and beliefs towards people living with HIV.

**Table 13. Attitudes towards others with HIV**

QUESTION	PERCENTAGE WHO ANSWERED YES
Would you be willing to work with someone you knew had HIV?	44.9
If a relative of yours became ill with HIV, would you be willing to care for him or her in your household?	68.0
If a student has HIV but is not sick, should he or he be allowed to continue attending school?	66.7
If you knew a shopkeeper or food seller had HIV, would you buy food from them?	38.7

\* Data represent population estimates for the entire MSM population

This report is based on field work carried out between May and August 2008 in Timor-Leste.

The opinions expressed in this document are those of the authors.

The research was made possible through funding by the Global Fund to Fight against HIV/AIDS, Tuberculosis and Malaria, and implemented via the Timor-Leste Ministry of Health in conjunction with the Instituto de Ciências da Saúde, Timor-Leste.

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Republic of Timor-Leste  
Ministerio da Saude



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Timor-Leste

## HIV TESTING

**KEY FINDING 14:** Despite awareness of HIV testing services, only a quarter (24.6%) of MSM have had a HIV test. Non government organisations represent the main source of information regarding HIV.

Despite the fact that almost three quarters (74.7%) of MSM knew about the availability of confidential HIV testing services, only a quarter (24.6%) had ever had a HIV test. Of those men who had been tested, less than a quarter of them had been tested at a hospital (23.1%), and more than half (56.3%) at a voluntary counselling and testing (VCT) centre. Return visits for results were high, with 92.3%\* of men tested returning to the testing site to obtain their results. The vast majority (67.6%\*) of MSM tested had obtained their most recent test within the previous 6 months.

The majority of MSM (76.4%) had received information on HIV/AIDS or STIs, with non government organisations representing the main source from which the men had obtained that information (45.9%\*).

## SUMMARY

To sum up, MSM are a group that is highly vulnerable to HIV infection. Condom use is extremely low for anal intercourse with both regular and non-regular (casual) male partners. Low condom use in combination with multiple sexual partners could fuel an HIV epidemic within this sub-population. In addition, as the majority of MSM also have high levels of unprotected vaginal and anal intercourse with both regular and non-regular (casual) female partners, this population represents a key bridging population that could introduce HIV into the general population. From discussion with some non-government organisations, outreach workers have reported that poor quality and inappropriate sized condoms are an issue preventing sustained condom use. However, poor quality and inappropriate sized condoms have not been reported as reasons for non-condom use in this survey, despite participants being given the opportunity to state why they did not use a condom. The most common reasons cited were that condoms didn't feel as good and that their partner objected. However, having a range of condoms available would be a strategy that could encourage sustained condom use.

## RECOMMENDATIONS

As MSM and their sexual partners represent a group that is highly vulnerable to HIV transmission, it is important to:

- continue monitoring sexual practices and drug use amongst this group
- design health promotion interventions that do not cater solely for men who identify as being gay or bisexual: instead they should also cater for heterosexually identifying men who also have sex with men
- continue promoting condom use for anal intercourse, particularly with non-regular sexual partners
- promote consistent condom use for both vaginal and anal intercourse. This is especially important as MSM and their sexual partners have sexual contact with both male and female partners
- promote use of suitable lubricants for use with condoms during anal intercourse
- ensure adequate and consistent availability of a range of condoms
- encourage condom use through community-based and culturally appropriate marketing to dispel widespread beliefs about the negative effects of condoms on sexual sensations
- promote regular sexual health screens, including STI and HIV testing
- continue awareness and educational programs for HIV, particularly surrounding common misconceptions regarding non-sexual routes of HIV transmission
- design health promotion programs that address sexual coercion.

## REFERENCES

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