



CheckPoint
ZAGREB

CHECK POINT ZAGREB STUDIJA

UVID U SEKSUALNA
I RIZIČNA
PONAŠANJA
U ZAJEDNICI

CHECK POINT ZAGREB STUDY

INSIGHT INTO
SEXUAL AND
RISKY BEHAVIOUR
IN THE COMMUNITY

HUHIV, ZAGREB, 2015
ISBN 978-953-58633-0-4



ZAHVALNICA

Udruga HUHIV posebno se zahvaljuje

**Gradu Zagrebu i
Gradskom uredu za zdravstvo**

na financijskoj, programskoj i stručnoj podršci
u implementaciji i provođenju projekta

CheckPoint Zagreb

Grad Zagreb je podrškom projektu CheckPoint Zagreb, stručnoj organizaciji i otvorenosti društvenoj zajednici izdvojen kao jedan od najboljih modela izuzetne uspješnosti sustava zdravstvene brige, izvrsne sinergije institucionalnog zdravstvenog sustava i društvene zajednice te ulaganja u zdravlje svojih građana.

Hrvatska udruga za borbu protiv HIV-a i virusnog hepatitisa



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PREDGOVOR

HUHV HRVATSKA UDRUGA ZA BORBU PROTIV HIV-A I VIRUSNOG HEPATITISA

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U Godišnjem izvješću za zdravstvene djelatnike 2012. najavljeno je otvaranje prvog izvaninstitucionalnog centra za savjetovanje i testiranje na krvlju i spolno prenosive bolesti u Hrvatskoj – Check Point Zagreb. Nakon višegodišnjeg pripremanja terena od strane udruge HUHV, relevantnih stručnjaka i donositelja odluka, model koji se već godinama prakticira u državama Europske unije zaživio je i u Hrvatskoj svečanim otvorenjem 03. svibnja 2013. godine. Od otvorenja do kraja 2014. godine kroz prostorije Check Pointa Zagreb prošlo je gotovo tri tisuće korisnika koji su educirani o rizičnom ponašanju i načinima prijenosa krvlju i spolno prenosivih bolesti. Svi korisnici dobili su mogućnost brzog testiranja na HIV i hepatitis C bez uputnice i bez vađenja krvi, po prvi put u izvaninstitucionalnom okruženju.

Otvaranjem Check Pointa eliminirane su institucionalne prepreke i uspješno je nadopunjena postojeća mreža institucionalnih centara za savjetovanje i testiranje, fokusiranjem na mlade i njihovu sklonost eksperimentiranju s rizičnim ponašanjima povećano je prihvaćanje u društvu i smanjena je stigma, a pružanjem anonimnog, neosudjujućeg, povjerljivog i besplatnog savjetovanja i brzog testiranja omogućeno je privlačenje populacije pod stvarnim rizikom od zaraze. Bliskom suradnjom s relevantnim institucijama i stručnjacima osigurana je kvaliteta i omogućena daljnja skrb i liječenje za sve osobe kojima je rezultat testiranja pozitivan.

Udruga HUHV ponosna je što izdavanjem ove publikacije može objaviti rezultate rada Check Point centra Zagreb u radoblju od samog početka rada do kraja 2014. godine. U Hrvatskoj, ali i u svijetu, nedostaje usporedivih istraživanja koja pokrivaju ovu tematiku, stoga je objavljivanje ove studije veliki iskorak. Uspjeh centra potvrđuju i brojna priznanja od strane europskih i svjetskih institucija koje Check Point Zagreb izdvajaju kao model dobre prakse i uzor zemljama u regiji, ali i šire. Ovim putem zahvaljujemo se svima koji su dali svoj doprinos i pomogli u izradi studije.

Da je Check Point Zagreb smjer u kojem treba ići kad su u pitanju prevencija i rano otkrivanje krvlju i spolno prenosivih

bolesti, prepoznali su i sami korisnici koji na testiranje dolaze kontinuirano tijekom godine, neovisno o javnim kampanjama. Check Point Zagreb postao je mjesto koje građani prepoznaju i preporučuju svojim poznanicima, a o njihovom zadovoljstvu pruženom uslugom najbolje govore njihovi komentari:

„Odlična edukacija! Sve informacije na licu mjesta iz prve i prave ruke. Najbolji ste!“

„Iznad hrvatskih standarda, i što se usluge tiče i što se zaposlenih tiče“

„Ugodno iznenađena pristupačnošću i razumijevanjem“

„Brza usluga, ugodan razgovor sa savjetnikom, pozitivna atmosfera.“

„Izrazito ljubazno i susretljivo osoblje. Vrlo korisna stvar za društvo.“

„Jako sam zadovoljna pruženom uslugom. Hvala vam što postojite! Došla sam na ovo testiranje pomalo preplašena, ali sam se u ovoj ugodnoj atmosferi brzo opustila. Samo ovako dalje nastavite raditi!“

„Općenito neugodna situacija je učinjena maksimalno moguće ugodnom :)“

„Profi usluga u „casual“ atmosferi. Hvala!“

„U potpunosti sam zadovoljan sa uslugom. Ljubazno i educirano osoblje. Mladi kadar i nasmijan bez čudnih pogleda zašto sam ovdje i tko sam ja.“

1. HIV u Hrvatskoj

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1.1. 30 godina HIV-a u Hrvatskoj

Prošlo je 30 godina od prvog slučaja serološki potvrđene HIV infekcije u Hrvatskoj. Prvi potvrđeni slučajevi infekcije HIV-om u Hrvatskoj zabilježeni su u listopadu 1985. godine. Prva dva inficirana pacijenta povratnici su iz zapadnoeuropskih zemalja, a HIV-om su se inficirali putem seksa s drugim muškarcima te su obojica umrla 1986. godine (Begovac, Zekan i Skoko-Poljak, 2006).

Od 1993. godine u Hrvatskoj postoji program zdravstvene zaštite od AIDS-a, koji se temelji na Programu suzbijanja i sprečavanja AIDS-a u Hrvatskoj iz 1986. godine. Temeljem novih spoznaja o strategijama prevencije HIV/AIDS-a i Deklaracije o obvezama prema HIV/AIDS-u koju je usvojila Opća skupština Ujedinjenih naroda u lipnju 2001. godine, izrađen je Hrvatski nacionalni program prevencije HIV/AIDS-a 2005.-2010. Nakon tog perioda odobren je nastavak nacionalnog programa pod nazivom Hrvatski nacionalni program za prevenciju HIV/AIDS-a za razdoblje 2011.-2015. (Ministarstvo zdravlja, 2011).

Rutinsko praćenje CD4 stanica i viremije u Hrvatskoj dostupno je od siječnja 1998. godine, a visoko učinkovita antiretrovirusna terapija (HAART) besplatna je za sve pacijente s osnovnim zdravstvenim osiguranjem od travnja iste godine (Begovac, Gedike, Lukas i Židovec Lepej, 2008).

Do 2004. godine bilo je moguće besplatno se testirati na HIV uz predočenje zdravstvene iskaznice ili anonimno, ali uz plaćanje i bez savjetovanja prije testiranja. Nije bilo mogućnosti besplatnog i anonimnog testiranja na HIV (Kosanović i Kolarić, 2006). Zahvaljujući uspješnom apliciranju Globalnom Fondu za borbu protiv HIV/AIDS-a, tuberkuloze i malarije tijekom 2004.-2006. u Hrvatskoj je proveden niz aktivnosti usmjerenih na prevenciju HIV/AIDS-a. U tom periodu otvoreno je deset novih centara za besplatno, anonimno i dobrovoljno testiranje na HIV. Globalni fond omogućio je i provođenje studije HIV seroprevalencije među MSM populacijom pomoću ispitanicima vođenog uzorkovanja u Zagrebu tijekom 2006. MSM popu-

lacija bila je ciljane skupina i nevladinih gej organizacija koje su provodile edukativne aktivnosti i istraživanja seksualnog ponašanja (Štulhofer, Baćak, Božićević i Begovac, 2008).

Druge veće komponente projekta Globalnog fonda uključivale su psihosocijalnu podršku osobama oboljelima od HIV/AIDS-a, ciljane intervencije za intravenozne korisnike droga (IKD), nadziranje HIV infekcije među seksualnim radnicima i radnicima, edukacije mladih i uvođenje druge generacije nadzora (Begovac, Gedike, Lukas i Židovec Lepej, 2008).

Sustav nadzora HIV-a i drugih spolno prenosivih bolesti (SPB) bazira se uglavnom na prijavljivanju tih bolesti. HIV prevalencija procjenjuje se među osobama koje su testirane u kliničkom okruženju, centrima za dobrovoljno, besplatno i anonimno testiranje na HIV i među dobrovoljnim darivateljima krvi (Begovac, Zekan i Skoko-Poljak, 2006). Zdravstveni djelatnici trebali bi prijavljivati sve slučajeve HIV/AIDS-a i drugih SPB Hrvatskom zavodu za javno zdravstvo.

Prijavljivanje novih slučajeva HIV/AIDS-a dosljedno je tokom proteklih godina zahvaljujući suradnji Hrvatskog zavoda za javno zdravstvo, laboratorija za testiranje HIV-a, centara za dobrovoljno i anonimno testiranje na HIV i Klinike za infektivne bolesti „Dr. Fran Mihaljević“ u Zagrebu (Božićević i sur., 2009).

Zdravstvena skrb za HIV/AIDS pacijente u Hrvatskoj centralizirana je u Klinici za infektivne bolesti „Dr. Fran Mihaljević“ unutar Referentnog centra za dijagnostiku i liječenje zaraze HIV-om i Zavoda za infekcije imunokompromitiranih bolesnika.

1.2. Trenutna situacija u Hrvatskoj

Hrvatska spada u zemlje niske učestalosti HIV infekcije koja se na godišnjoj razini kreće se u vrijednostima 12-17 na milijun stanovnika. Prema ECDC (European Centre for Disease Prevention and Control) tijekom 2013. godine najniža stopa novih infekcija HIV-om prijavljena je u Slovačkoj (1.5 na 100 000 osoba) i Hrvatskoj (2.0 na

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100 000 osoba) (ECDC/WHO, 2014).

Prema podacima Hrvatskog zavoda za javno zdravstvo (HZJZ) u Hrvatskoj je u periodu 1985.-2014. registrirano ukupno 1208 osoba kojima je dijagnosticirana HIV infekcija. Od kumulativnog broja inficiranih osoba, 441 osoba oboljela je od AIDS-a, a 180 osoba umrlo je od AIDS-a (HZJZ, 2015). U odnosu na 2004. godinu do 2013. stopa HIV-om inficiranih osoba povećala se za 50% (ECDC/WHO, 2014).

Spolni put dominantan je način prenošenja HIV infekcije u Hrvatskoj (88.3%), a 59.1% inficiranih su muškarci koji imaju spolne odnose s muškarcima (MSM).

Slijedi visokorizični heteroseksualni odnos kod osoba s većim brojem spolnih partnera (29.2%) te stalni partneri/partnerice HIV-om inficiranih osoba (9.5%). Među inficiranim osobama dominiraju muškarci (86%), a najveći broj infekcija registriran je u dobnoj skupini od 25 do 44 godine (HZJZ, 2015).

1.3. Prevencija HIV-a

Jedan od specifičnih ciljeva Hrvatskog nacionalnog programa za prevenciju HIV/AIDS-a 2011.-2015. povećanje je broja dobrovoljnih savjetovanja i testiranja na HIV kako bi se spriječilo širenje bolesti, odnosno, cilj je motivirati osobe s rizičnim ponašanjem na testiranje na HIV i povećati broj njihovog testiranja te prema potrebi organizirati otvaranje novih centara za dobrovoljno testiranje i savjetovanje (Ministarstvo zdravlja, 2011).

Begovac i suradnici (2008) istražili su jesu li intervencije vezane uz projekt Globalnog fonda 2004.-2006. imale ikakav utjecaj na ulazak HIV-om zaraženih osoba u medicinsku skrb. Intervencije su, između ostalog, uključivale i otvaranje deset novih centara za testiranje na HIV. Istraživanje je pokazalo da se povećao broj MSM osoba koje su ušle u sustav zdravstvene skrbi, bili su mlađe dobi i imunosupresija je bila manja u periodu 2004.-2006. nego u periodu 2001.-2003. kada tih centara za testiranje nije bilo.

1.4. HUHIV

HUHIV ili Hrvatska udruga za borbu protiv HIV-a i virusnog hepatitisa nevladina je, nepolitička i neprofitna udruga koja se bavi prevencijom, edukacijom i pomoći oboljelima od HIV/AIDS-a i virusnog hepatitisa. Udruga navedenim skupinama pomaže u rješavanju problema vezanih za medicinsku i socijalnu skrb te pruža pravnu pomoć. Osim toga, Udruga djeluje i na području edukacije mladih i opće populacije o HIV/AIDS-u, hepatitisu i diskriminaciji s kojima su ove bolesti povezane (HUHIV, 2011).

Udruga je osnovana 1999. godine, a osnovni cilj bio je pomoći osobama s HIV/AIDS-om. Početni naponi bili su usmjereni na osiguravanje medicinske i socijalne skrbi oboljelima od HIV/AIDS-a te su organizirane grupe za samopodršku, besplatno pravno savjetovanje i psihosocijalna podrška. S vremenom je područje djelatnosti prošireno na prevenciju i edukativne projekte (HUHIV, 2011). Zahvaljujući apliciranju na Globalni fond, 2005. godine na Klinici za infektivne bolesti „Dr. Fran Mihaljević“ otvoren je Centar za savjetovanje i testiranje s psihosocijalnom podrškom za oboljele (HUHIV, 2011).

Početkom 2010. godine udruga je, osim na HIV/AIDS, proširila svoje djelatnosti i na virusne hepatitise i promijenila svoj naziv u Hrvatska udruga za borbu protiv HIV-a i virusnog hepatitisa (HUHIV, 2011).

Najznačajniji projekti HUHIV-a su: Check Point Zagreb – centar za zdravlje i edukaciju mladih, HUHIV INFO bilten, SOS telefonska linija, tribine o HIV/AIDS-u, edukacije zdravstvenih djelatnika i djelatnika u sustavu socijalne skrbi, budućih zdravstvenih djelatnika, mladih, javnozdravstvene kampanje i obilježavanje važnijih datuma (HUHIV, 2011).

O važnosti djelovanja HUHIV-a govori i činjenica da je HUHIV nositelj nekih od aktivnosti pobrojanih u Hrvatskom nacionalnom programu za prevenciju HIV/AIDS-a 2011.-2015. (Ministarstvo zdravlja, 2011). Svi projekti HUHIV-a kreiraju se i provode sukladno Hrvatskom nacionalnom programu za prevenciju HIV/AIDS-a.

1.5. Check Point

Rano otkrivanje HIV infekcije ključ je za smanjivanje smrtnosti, pobola i prijenosa HIV-a te uključuje savjetovanje i procjenu podobnosti za liječenje. Iako neke europske države imaju univerzalni pristup zdravstvenom osiguranju, većina osoba koje spadaju u ranjive skupine ne testiraju se na HIV ili se suočavaju s preprekama prilikom pokušaja testiranja unutar formalnog zdravstvenog sustava (HIV-COBATEST, 2008).

Testiranje u zajednici prepoznato je kao dobar model pristupanja najrizičnijim populacijama u otkrivanju njihovog HIV statusa. Ti centri predstavljaju izvrstan način unapređenja svih aspekata HIV testiranja i savjetovanja kroz dostupnost, ponudu i učinkovitost za osjetljive i teško dostupne skupine (HIV-COBATEST, 2008). Također, testiranje u zajednici moguća je poveznica HIV pozitivnih osoba i zdravstvene skrbi.

U Godišnjem izvješću za zdravstvene djelatnike iz 2012. Godine, Dragan Miličić najavio je otvaranje prvog izvaninstitucionalnog centra za savjetovanje i testiranje na krvlju prenosive zarazne bolesti u Hrvatskoj – Check Point Zagreb.

Radi se o modernom i inovativnom pristupu zdravlju građana koji se već godinama prakticira u državama Europske unije. Ravnateljica Klinike za infektivne bolesti „Dr. Fran Mihaljević“, Adriana Vince, Check Point smatra „medicinskim nadstandardom“. Predstojnik Klinike, Josip Begovac, smatra kako bi pristup testiranja u zajednici trebao doprinijeti ranijem otkrivanju HIV-a te je istaknuo kako je suradnja udruga i Klinike važna za prevenciju HIV-a (Hina, 2013).

Stručnu potporu udruzi HUHIV u provođenju projekta Check Pointa pružali su i pružaju:

- Referentni centar za dijagnostiku i liječenje zaraze HIV-om, Klinika za infektivne bolesti „Dr. Fran Mihaljević“ – prof.dr.sc. Josip Begovac
- Referentni centar za dijagnostiku i liječenje virusnih hepatitisa, Klinika za

infektivne bolesti „Dr. Fran Mihaljević“ – prof.dr.sc. Adriana Vince

- Organizacija HIV EUROPE

Dugoročni ciljevi Check Pointa su prevencija širenja spolno i krvlju prenosivih bolesti, kontinuirano usmjeravanje intervencija prema mladima i osobama pod povećanim rizikom te bolja informiranost, stvaranje i razvoj svijesti o rizicima i važnosti zdravog življenja.

Kratkoročni ciljevi Check Pointa su:

- Povećanje broja testiranja na HIV, hepatitis i ostale krvlju i spolno prenosive bolesti u općoj populaciji, s posebnim naglaskom na mlade
- Otkrivanje HIV i HCV statusa osoba pod povećanim rizikom od infekcije
- Interdisciplinarna skrb osoba koje su testirane pozitivno na HIV i/ili HCV
- Educiranje opće populacije, a posebno mladih, o HIV-u, HCV-u i drugim spolno i krvlju prenosivim bolestima savjetovanjem i pružanjem psihosocijalne podrške
- Osiguranje kontinuirane brige za vlastito zdravlje dostupnošću kontrole i testiranja

Svakom klijentu koji se odluči na testiranje u Check Pointu ponuđena je mogućnost savjetovanja prije testiranja, testiranje na HIV i HCV te savjetovanje poslije testiranja i izdavanja rezultata testa.

Savjetovanje prije testiranja ili HIV savjetovanje povjerljiv je dijalog između korisnika i savjetnika kojemu je cilj omogućiti suočavanje sa stresom i donošenje odluke vezane uz HIV/AIDS (WHO, 1994, prema Nemeth Blažić i sur., 2009). U centrima za dobrovoljno i anonimno testiranje na HIV savjetovanja provode liječnici medicine i iznimno psiholozi, socijalni pedagozi i druge osobe educirane za rad u savjetovaštu (Nemeth Blažić i sur., 2009). U Check Pointu savjetovanja prije testiranja provode stručni suradnici psiholozi, socijalni radnici i savjetnici.

Samo testiranje na HIV i HCV provodi se pomoću OraQuick ADVANCE Rapid HIV-1/2 Antibody testa i OraQuick HCV Rapid Antibody testa. Upotrebu OraQuick testova podržava Centar za kontrolu i prevenciju bolesti (eng. Centers for Disease Control and Prevention) koji ih je uvrstio i u svoje smjernice (CDC, 2013).

Rezultati OraQuick ADVANCE Rapid HIV-1/2 Antibody testa daju rezultate s 99,3% preciznošću kad se rade iz oralne tekućine za samo 20 minuta što omogućava izdavanje nalaza korisniku odmah tijekom prvog posjeta savjetovalištu te neposredno savjetovanje (OraSure Technologies, Inc., 2013a).

Rezultati OraQuick HCV Rapid Antibody testa daju rezultate s više od 98% preciznosti kad se rade iz oralne tekućine za 20 minuta te ih je, kao i u slučaju testa na HIV, moguće izdati korisniku prilikom prvog posjeta savjetovalištu (OraSure Technologies, Inc., 2013b).

Savjetovanje poslije testiranja postupak je u kojem se korisniku priopćuju rezultati testova na HIV i HCV te se, sukladno rezultatu, nastavlja proces savjetovanja. Korisniku se nastoji pomoći da razumije i prihvati rezultate testiranja (Nemeth Blažić i sur., 2009).

Samo testiranje i izdavanje rezultata provode liječnici iz Klinike za infektivne bolesti „Dr. Fran Mihaljević“ i Hrvatskog crvenog križa. Projekt Check Pointa i sve usluge pod supervizijom su Voditelja Odsjeka za serološku dijagnostiku hepatitisa i HIV-a Zavoda za kliničku mikrobiologiju – Odjela za virusologiju pri Klinici za infektivne bolesti „Dr. Fran Mihaljević“ u Zagrebu.

„Briga za mlade, njihovo savjetovanje i edukacija, testiranje, rano otkrivanje moguće zaraze i bolesti te rano liječenje ...

„Check Point Zagreb“ – javnozdravstvena sinergija Grada Zagreba, Klinike za infektivne bolesti „Dr. Fran Mihaljević“ i udruge HUHIV

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...glavni je cilj Check Pointa Zagreb kao izvaninstitucionalnog javnozdravstvenog sustava koji „prelazi“ granice Grada Zagreba i Republike Hrvatske.”

2. Tko se testira u Check Pointu Zagreb

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U sljedećem dijelu bit će prikazani podaci o korisnicima Check Pointa prikupljeni u periodu od 06. svibnja 2013. do 31. prosinca 2014. godine. U tom periodu napravljeno je 2779 savjetovanja prije testiranja. Ukupno su se 2542 osobe testirale na HIV, a 2178 osoba na HCV. Na HIV su bile reaktivne 22 (0.9%) osobe, a 20 (0.9%) osoba bilo je reaktivno na HCV.

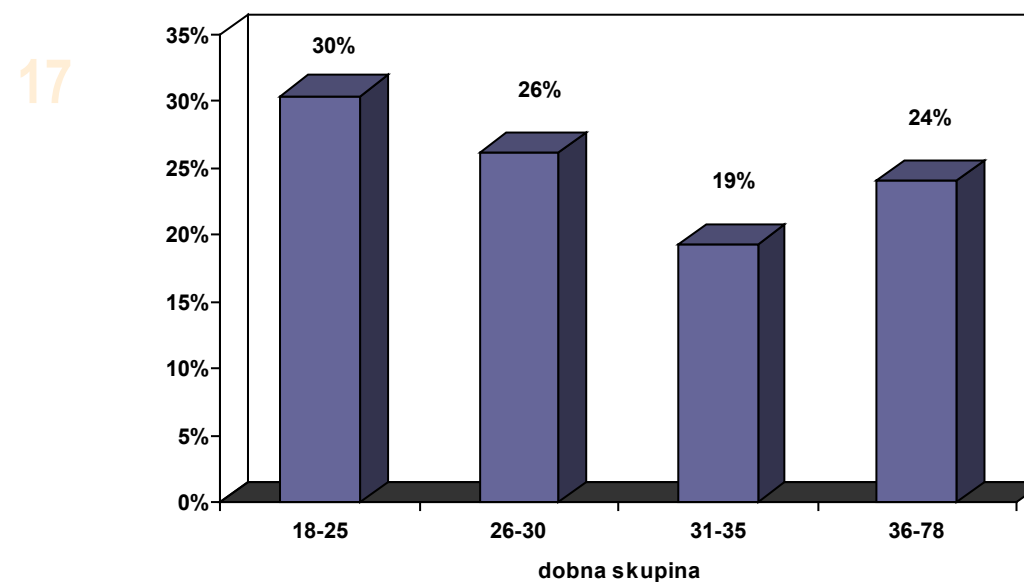
U ovom dijelu bit će prikazani podaci samo onih korisnika koji su se testirali na HIV i HCV ili samo na HIV. Osobe koje se nisu testirale na HIV, ali jesu na HCV ili se uopće nisu testirale isključene su iz daljnje analize.

Iz daljnje analize isključeno je i 6 osoba mlađih od 18 godina koje su na testiranje na HIV došle u pratnji roditelja ili skrbnika.

2.1. Demografske karakteristike korisnika

Na HIV ili na HIV i HCV testiralo se 778 (38.5%) žena i 1241 (61.5%) muškarac prosječne dobi od 31 godine ($M = 31$, $SD = 8.86$). Medijan dobi je 29 godina, što znači da polovina testiranih osoba ima manje od 29 godina. Najmlađa testirana osoba imala je 18 godina, a najstarija testirana osoba imala je 78 godina.

Slika 1. Raspodjela korisnika prema dobi



Većina testiranih osoba živi u gradu (83.8%), malom mjestu/gradiću (11.6%), a najmanji broj na selu (4.6%).

Vrlo mali postotak korisnika ima završenu samo osnovnu školu (0.8%), višu stručnu spremu (6.7%), visoku stručnu spremu/magisterij/doktorat (39.2%) i nešto više od polovine ima završenu srednju školu (52.5%).

Polovica testiranih osoba je zaposlena (52.5%), 19% je nezaposleno, a 28.5% osoba još je uvijek u srednjoj školi ili na fakultetu.

Većina korisnika je heteroseksualne spolne orijentacije (76%), 15.7% je homoseksualne, a 8.2% biseksualne spolne orijentacije. Nešto više od trećine (36.6%) testiranih muškaraca su muškarci koji imaju spolne odnose s muškarcima (MSM). Gotovo pola korisnika trenutno je u vezi (47.6%), 40.7% su samci, 9.4% ih je u braku, 1.9% su rastavljeni ili razdvojeni, a 0.4% su udovice/udovci. Manje od petine korisnika usluga Check Pointa (13%) ima dijete, a 0.2% korisnica bilo je trudno u trenutku testiranja.

2.2. Povijest testiranja na HIV

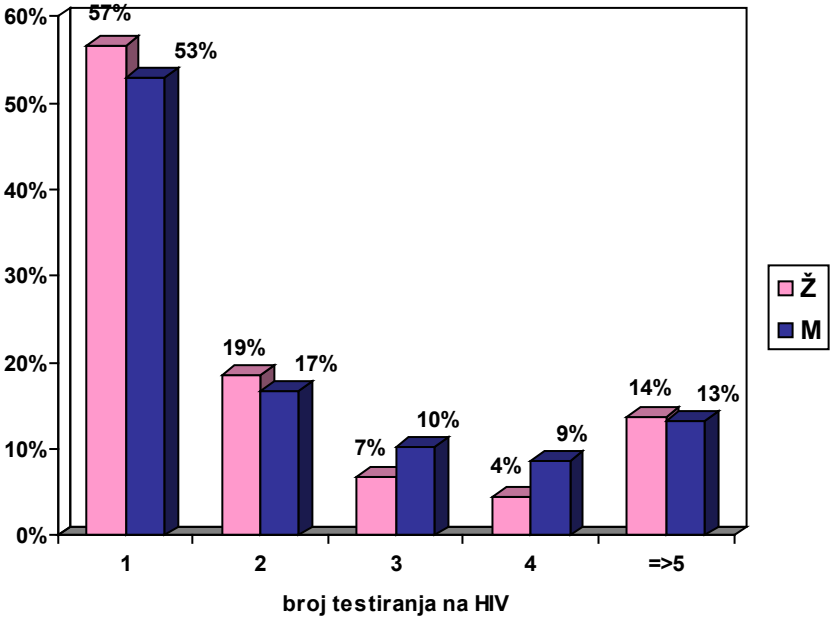
Jedno od pitanja u upitniku odnosi se na broj prijašnjih testiranja na HIV, međutim, u periodu u kojem su ovdje obrađeni podaci prikupljeni, nisu sustavno prikupljene informacije o mjestu posljednjeg testiranja, godini testiranja i vrsti testa na HIV.

Više od dvije trećine osoba (66.8%) koje su bile na testiranju na HIV u Check Pointu testirane su po prvi puta. Najviše puta se testirala osoba koja je bila 30 puta na testiranju

2.2.1. Spolne razlike u povijesti testiranja na HIV

Nešto manje od petine testiranih žena (18.4%) već se ranije testiralo na HIV u odnosu na 42.4% muškaraca koji su se ranije testirali na HIV.

Slika 2. Raspodjela prethodno testiranih korisnika prema broju testiranja na HIV i spolu



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Provjereno je postoje li razlike u spolu i povijesti testiranja na HIV. Rezultati su pokazali kako se muškarci statistički značajno razlikuju od žena na način da više njih ima povijest ranijeg testiranja na HIV ($\chi^2 = 154.09$, $df=1$, $p<.001$).

Provjereno je i razlikuju li se već testirani muškarci i žene s obzirom na broj testiranja na HIV te je u tu svrhu proveden medijan test koji je pokazao kako razlike među muškarcima i ženama nema. Drugim riječima, podjednak broj muškaraca i žena testirao

se jednom ($N_M=279$, $N_ž=141$), dva ($N_M=92$, $N_ž=46$) ili više puta ($N_M=176$, $N_ž=62$).

2.2.2. Dobne razlike u povijesti testiranja na HIV

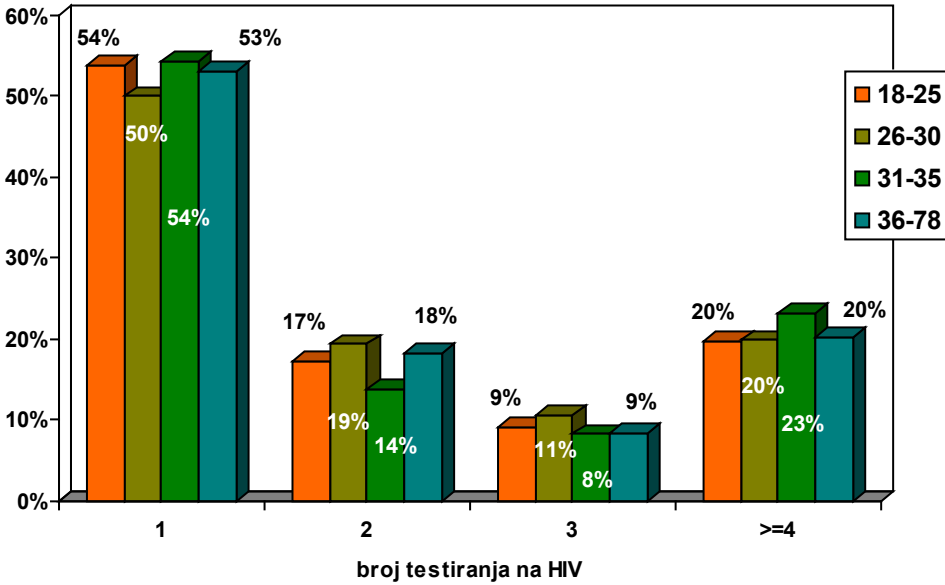
Kao što je vidljivo iz Tablice 1. u najvećem postotku su već ranije testirane osobe u dobi 31-35 godina (44.3%) i u dobi 36-78 godina (44.2%).

Tablica 1. Raspodjela korisnika prema dobi i povijesti testiranja na HIV

		dobna skupina			
		18-25 N (%)	26-30 N (%)	31-35 N (%)	36-78 N (%)
Je li se osoba već testirala na HIV	ne	623 (81.3)	451 (68.1)	269 (55.7)	337 (55.8)
	da	143 (18.7)	211 (31.9)	214 (44.3)	267 (44.2)
Σ		766 (100)	662 (100)	483 (100)	604 (100)

Kako bi se provjerilo postoje li među netestiranim i ranije testiranim osobama dobne razlike, izračunat je Mann-Whitney test ($p<.001$). Test je pokazao kako je netestiranje na HIV povezano s mlađom dobi, a ranije testiranje na HIV sa starijom dobi. Međutim, rezultate je potrebno uzeti s dozom opreza jer su stariji korisnici usluga Check Pointa imali više prilika za testiranje na HIV tokom života.

19 Slika 3. Raspodjela ranije testiranih korisnika prema dobi i broju testiranja na HIV



Kako bi se provjerilo postoje li dobne razlike u broju testiranja na HIV kod osoba koje su se već testirale na HIV, proveden je medijan test. Provedbom medijan testa utvrđeno je kako se osobe različitih dobi koje su ranije testirane na HIV ne razlikuju značajno prema broju testiranja na HIV, odnosno, prethodno testirane osobe svih dobni skupina podjednako su se često testirale jednom, dva ili više puta.

2.2.3. Spolna orijentacija i razlike u povijesti testiranja na HIV

Kao što je vidljivo iz Tablice 2. do sada su se na HIV u najvećem postotku testirale homoseksualne osobe (71.2%), a u najmanjem postotku heteroseksualne osobe (23.2%).

Kako bi se provjerilo postoje li značajne razlike među osobama različite spolne orijentacije s obzirom na povijest testiranja na HIV, izračunat je χ^2 test. Pronađene su značajne razlike u povijesti testiranja na HIV ($\chi^2=376.86$, $df=2$, $p<.001$) s obzirom na spolnu orijentaciju.

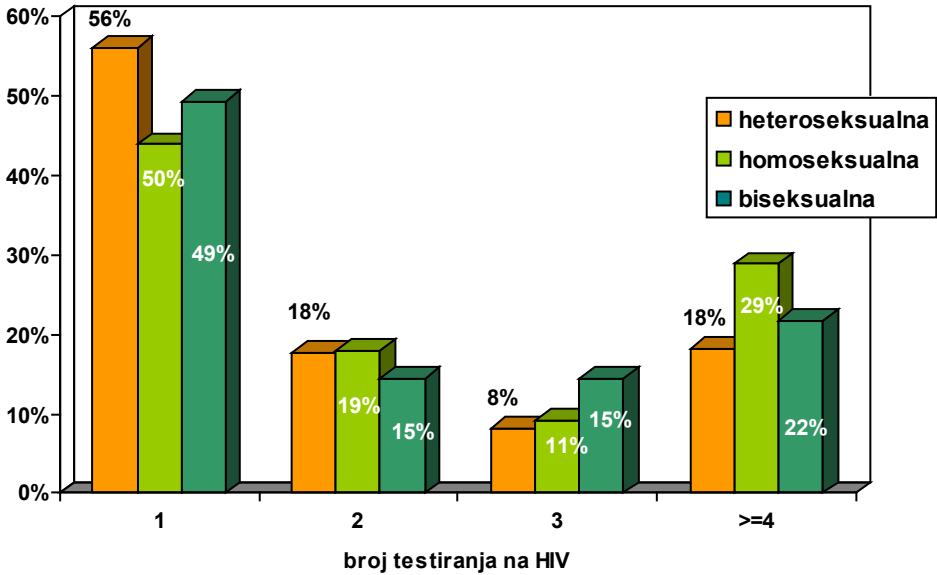
Tablica 2. Raspodjela korisnika prema spolnoj orijentaciji i povijesti testiranja na HIV

		spolna orijentacija		
		heteroseksualna N (%)	homoseksualna N (%)	biseksualna N (%)
Je li se osoba već testirala na HIV	ne	1462 (76.8)	113 (28.8)	99 (47.6)
	da	442 (23.2)	280 (71.2)	109 (52.4)
	Σ	1904 (100)	393 (100)	208 (100)

Na HIV su se značajno češće testirale homoseksualne osobe u odnosu na biseksualne ($\chi^2=21.15$, $df=1$, $p<.001$) i heteroseksualne osobe ($\chi^2=348.72$, $df=1$, $p<.001$), a biseksualne osobe su se značajno češće testirale nego heteroseksualne osobe ($\chi^2=82.86$, $df=1$, $p<.001$).

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Slika 4. Raspodjela ranije testiranih korisnika prema spolnoj orijentaciji i broju testiranja na HIV



Kako bi se provjerilo postoje li razlike u broju testiranja kod ranije testiranih osoba s obzirom na spolnu orijentaciju, proveden je medijan test koji je pokazao kako nema statistički značajne razlike. Odnosno, ranije testirane osobe heteroseksualne, homoseksualne i biseksualne orijentacije podjednako su se često testirale jednom, dva ili više puta.

2.2.4. Muškarci koji imaju spolne odnose s muškarcima i testiranje na HIV

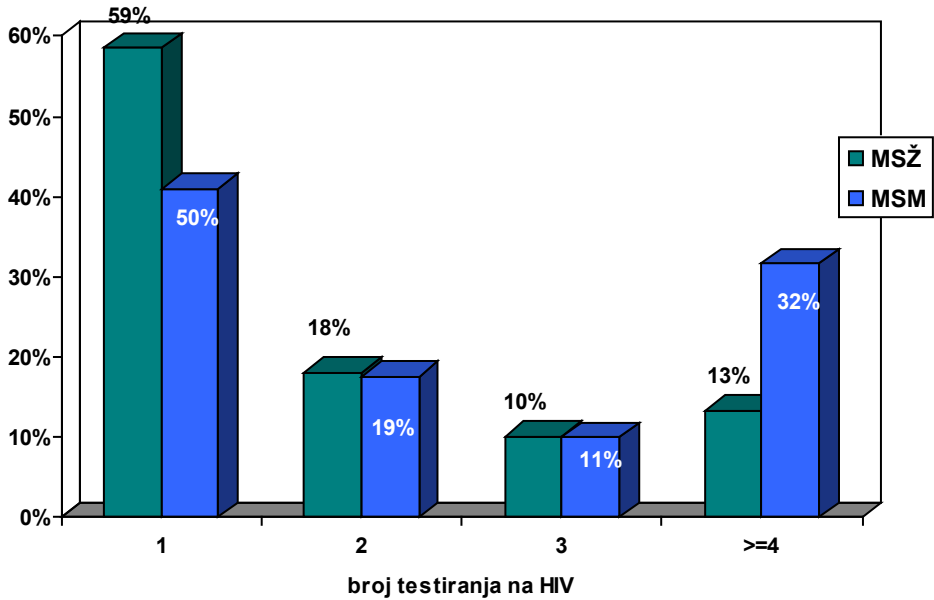
Od ukupnog broja muškaraca testiranih u Check Pointu njih 35.6% su muškarci koji imaju spolne odnose s muškarcima (MSM), a 64.4% muškarci koji imaju isključivo spolne odnose sa ženama (MSŽ).

Tablica 3. Raspodjela muških korisnika s obzirom na to imaju li spolne odnose s muškarcima ili ženama i povijesti testiranja na HIV

		MSŽ N	MSŽ %	MSM N	MSM %
Je li se osoba već testirala na HIV	ne	608	65	319	59.4
	da	328	35	218	40.6
Σ		936	100	537	100

Provedbom χ^2 testa utvrđeno je kako su MSM muškarci značajno češće ranije već bili na testiranju na HIV u odnosu na MSŽ ($\chi^2=4.51$, $df=1$, $p<.05$).

21 Slika 5. Raspodjela ranije testiranih muških korisnika s obzirom na to imaju li spolne odnose s muškarcima ili ženama i povijesti testiranja na HIV



Kako bi se provjerilo razlikuju li se već testirani MSŽ i MSM muškarci prema broju testiranja na HIV napravljen je medijan test koji je pokazao kako među njima postoji značajna razlika ($\chi^2=14.90$, $df=1$, $p<.001$). Drugim riječima, muškarci koji imaju spolne odnose s muškarcima značajno su se češće testirali na HIV više od jednog puta u odnosu na muškarce koji imaju spolne odnose samo sa ženama. Primjerice, više od 30% MSM osoba testiralo se 4 i više puta u odnosu na 13.3% MSŽ.

2.2.5. Rezultat HIV testiranja i razlike u povijesti testiranja

Od osoba koje su testirane negativnima na HIV testu, 66.9% ih je testirano na HIV po prvi puta. Od osoba koje su bile reaktivne na HIV, njih 50% nikada se prije toga nije testiralo na HIV.

Tablica 4. Raspodjela korisnika s obzirom na rezultat HIV testiranja i povijest testiranja na HIV

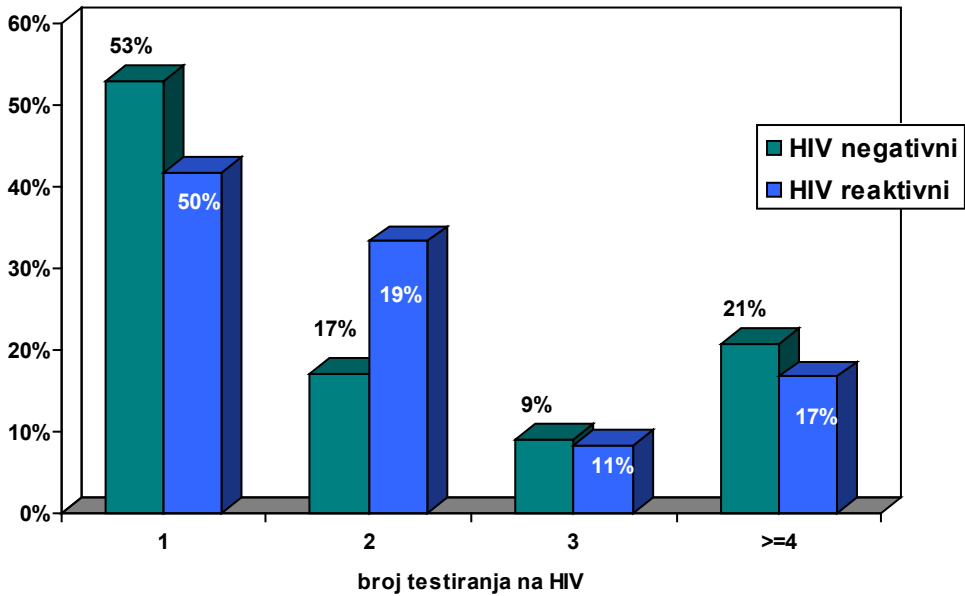
		rezultat HIV testa			
		HIV negativan N	HIV negativan %	HIV reaktivan N	HIV reaktivan %
Je li se osoba ranije testirala na HIV	ne	1665	66.9	11	50
	da	823	33.1	11	50
Σ		2488	100	22	100

Kako bismo provjerili postoje li razlike u povijesti testiranja s obzirom na rezultat HIV testiranja, napravljen je χ^2 test. Rezultati pokazuju kako nema značajne razlike u povijesti testiranja među osobama koje su bile negativne i reaktivne na HIV.

Provjereno je i razlikuju li se ranije testirane HIV negativne i reaktivne osobe s obzirom na to koliko su se puta testirale te je utvrđeno kako među njima nema značajne razlike, odnosno, i HIV negativne i HIV reaktivne osobe testirale su se na HIV podjednak broj puta.

Slika 6. Raspodjela ranije testiranih korisnika s obzirom na rezultat i povijest testiranja na HIV

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2.3. Povijest testiranja na HCV

Jedno od pitanja u upitniku odnosilo se na broj prijašnjih testiranja na HCV. Osim te informacije, nisu prikupljane dodatne informacije o mjestu i godini posljednjeg testiranja te vrsti učinjenog testa.

Više od tri četvrtine korisnika usluga Check Pointa (73%) nikada se nije testiralo na HCV, a 3 osobe testirale su se na HCV preko 20 puta. Kod osoba koje su ranije već testirane na HCV, medijan broja testiranja je 1, odnosno, pola osoba se već jednom testiralo na HCV.

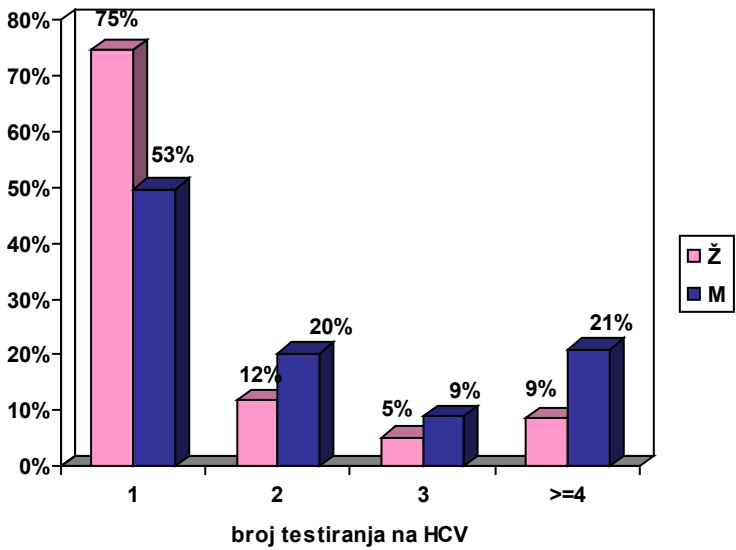
2.3.1. Spolne razlike u povijesti testiranja na HCV

Više od tri četvrtine žena (85.3%) nikada se nije testiralo na HCV u odnosu na dvije trećine muškaraca (62.9%).

Provjereno je postoje li spolne razlike u povijesti testiranja na HCV. Muškarci značajno češće imaju povijest ranijeg testiranja na HCV u odnosu na žene ($\chi^2=144.81$, $df=1$, $p<.001$).

Provjereno je i razlikuju li se ranije testirani muškarci i žene s obzirom na broj testiranja na HCV te je u tu svrhu proveden medijan test. Test je pokazao kako su se ranije testirani muškarci značajno veći broj puta testirali u odnosu na žene ($\chi^2=23.89$, $df=1$, $p<.001$), odnosno, 50.29% muškaraca testiralo se više od jednom u odnosu na 25.42% žena.

23 Slika 7. Prikaz ranije testiranih korisnika prema spolu i broju testiranja na HCV



2.3.2. Dobne razlike u povijesti testiranja na HCV

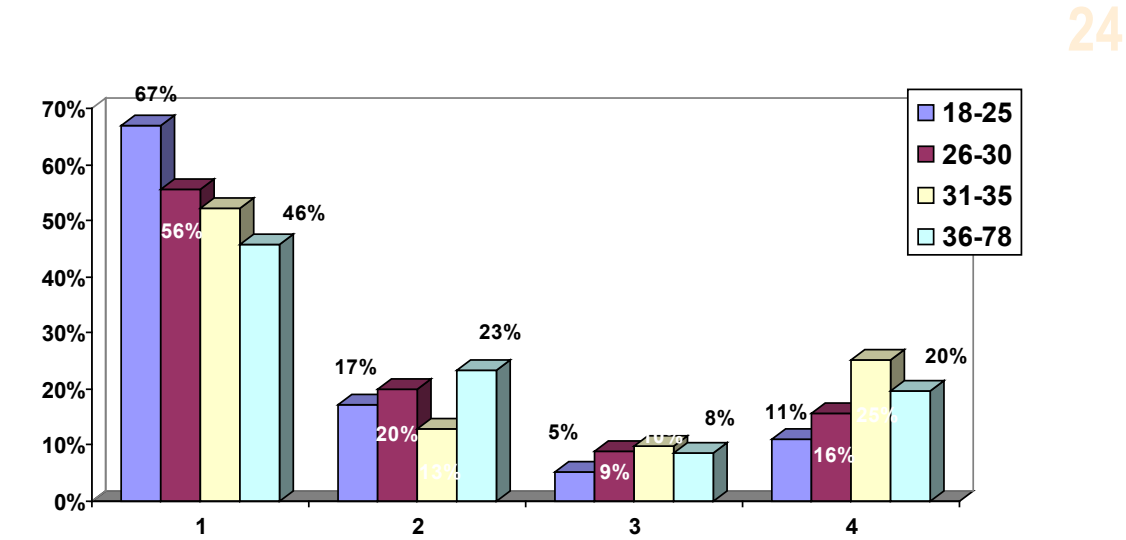
Kao što je vidljivo iz Tablice 5. na HCV su se najčešće već ranije testirale osobe u dobi 36-78 godine (39.2%) i 31-35 godina (38.8%).

Tablica 5. Raspodjela korisnika prema dobi i povijesti testiranja na HCV

		dobna skupina			
		18-25 N (%)	26-30 N (%)	31-35 N (%)	36-78 N (%)
Je li se osoba već testirala na HCV	ne	643 (84.7)	457 (73.4)	292 (61.2)	369 (60.8)
	da	116 (15.3)	172 (23.6)	185 (38.8)	238 (39.2)
Σ		759 (100)	647 (100)	477 (100)	607 (100)

Kako bi se provjerilo razlikuju li se osobe koje su već testirane na HCV od netestiranih osoba s obzirom na dob, izračunat je Mann-Whitney test ($p<.001$) koji je pokazao kako je niža dob povezana s prijašnjim netestiranjem na HCV, a veća dob s ranijim testiranjem na HCV. No, kao i u slučaju povijesti testiranja na HIV, rezultate je potrebno uzeti s oprezom jer su stariji korisnici imali i više prilika testirati se na HCV tijekom života nego mlađi korisnici.

Slika 8. Raspodjela ranije testiranih korisnika prema dobi i povijesti testiranja na HCV



2.3.3 Spolna orijentacija i razlike u povijesti testiranja na HCV

Na HCV su se već ranije u najvećem postotku testirale osobe homoseksualne spolne orijentacije (59.6%), a 80% heteroseksualnih osoba nikada se ranije nije testiralo na HCV. Osobe različitih spolnih orijentacija značajno se razlikuju ($\chi^2=287.41$, $df=2$, $p<.001$) s obzirom na povijest ranijeg testiranja na HCV.

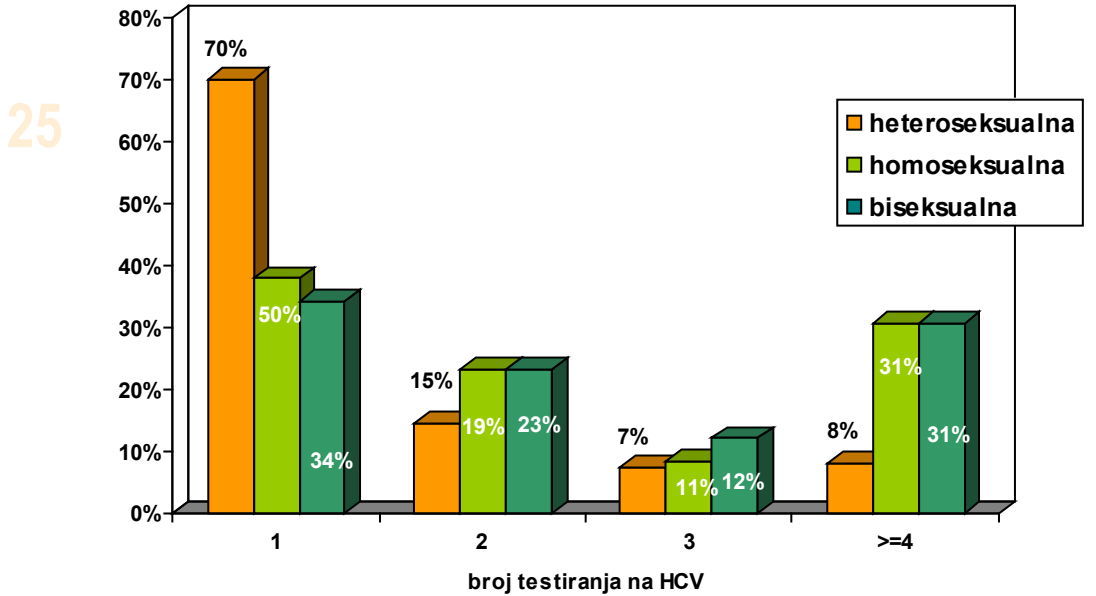
Tablica 6. Raspodjela korisnika prema spolnoj orijentaciji i povijesti testiranja na HCV

		Spolna orijentacija		
		heteroseksualna N (%)	homoseksualna %	biseksualna %
Je li se osoba već testirala na HCV	ne	1506 (80)	158 (40.4)	108 (52.7)
	da	377 (20)	233 (59.6)	97 (47.3)
	Σ	1883 (100)	391 (100)	205 (100)

Homoseksualne osobe značajno su češće već ranije testirane na HCV u odnosu na biseksualne osobe ($\chi^2=8.19$, $df=1$, $p<.01$) i heteroseksualne osobe ($\chi^2=258.26$, $df=1$, $p<.001$) jednako kao i biseksualne osobe u odnosu na heteroseksualne osobe ($\chi^2=78.49$, $df=1$, $p<.001$).

Medijan testom je provjereno i razlikuju li se već testirane osobe različitih spolnih orijentacija s obzirom na broj testiranja na HCV te je test pokazao kako se oni međusobno značajno razlikuju ($\chi^2=70.21$, $df=1$, $p<.001$).

Slika 9. Raspodjela ranije testiranih korisnika prema spolnoj orijentaciji i broju testiranja na HCV



Detaljnijom analizom utvrđeno je kako se već testirane homoseksualne i biseksualne osobe ne razlikuju značajno prema broju testiranja na HCV.

Značajno više puta su se na HCV testirale biseksualne osobe u odnosu na heteroseksualne ($\chi^2=39.45$, $df=1$, $p<.001$) jednako kao i homoseksualne u odnosu na heteroseksualne ($\chi^2=53.38$, $df=1$, $p<.001$).

2.3.4. Muškarci koji imaju spolne odnose s muškarcima i povijest testiranja na HCV

70% muškaraca koji imaju spolne odnose isključivo sa ženama i 65.7% muškaraca koji imaju spolne odnose s muškarcima testirali su se po prvi puta na HCV.

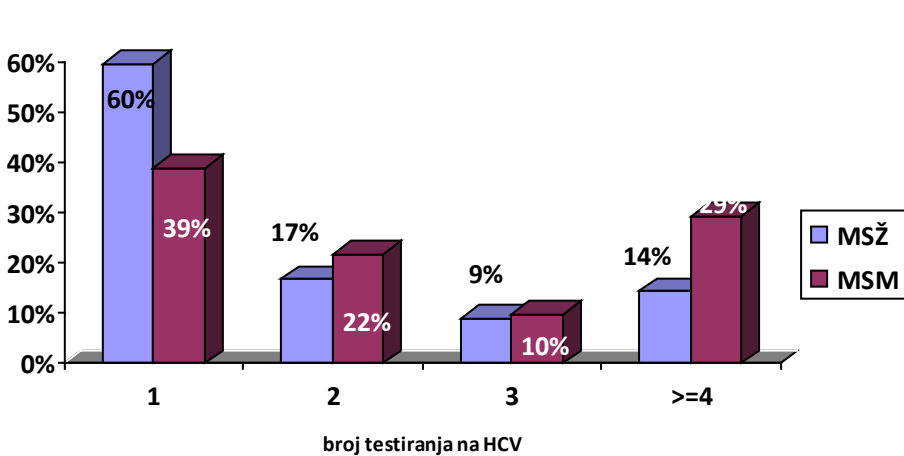
Tablica 7. Raspodjela testiranih muških korisnika s obzirom na to imaju li spolne odnose s muškarcima ili ženama i povijest testiranja na HCV

		MSŽ	MSŽ	MSM	MSM
		N	%	N	%
Je li se osoba već testirala na HCV	ne	649	70	351	65.7
	da	278	30	183	34.3
Σ		927	100	534	100

Provjereno je i postoje li razlike u povijesti testiranja između MSŽ i MSM muškaraca no utvrđeno je kako su se podjednako često već ranije testirali na HCV.

Provjereno je i razlikuju li se ranije testirane MSŽ i MSM osobe s obzirom na broj testiranja na HCV.

Slika 10. Raspodjela ranije testiranih muških korisnika s obzirom na to imaju li spolne odnose s muškarcima ili ženama i povijest testiranja na HCV



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Medijan testom utvrđeno je kako su se prethodno testirani MSM muškarci više puta testirali na HCV od prethodno testiranih MSŽ ($\chi^2=17.20$, $df=1$, $p<.001$). Drugim riječima, 60.9% MSM osoba testiralo se više od jednog puta na HCV u odnosu na 40.3% MSŽ.

2.3.5. Rezultat HCV testiranja i razlike u povijesti testiranja na HCV

Od osoba koje su bile reaktivne na HCV testu, njih 47.1% prvi puta se testiralo na HCV.

Tablica 8. Raspodjela korisnika prema rezultatu HCV testiranja i povijesti testiranja na HCV

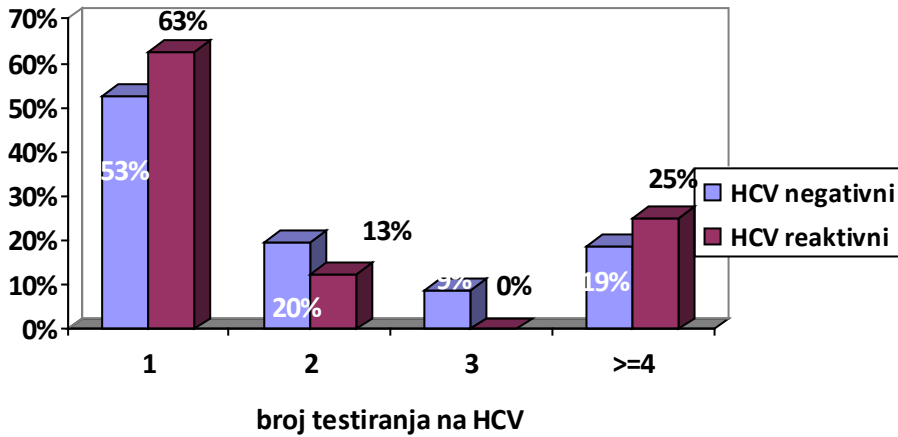
		rezultat HCV testa	
		negativan N (%)	reaktivan N (%)
Je li se osoba ranije testirala na HCV	ne	1510 (72.7)	9 (529)
	da	566 (27.3)	8 (47.1)
Σ		2076 (100)	17 (100)

Kako bismo provjerili postoje li razlike u povijesti testiranja na HCV s obzirom na rezultat HCV testiranja, napravljen je χ^2 test. Rezultati pokazuju kako je podjednak broj osoba reaktivan na HCV i među korisnicima koji su već ranije testirani na HCV i među onima kojima je ovo prvo testiranje.

Provjereno je i razlikuju li se HCV reaktivne i negativne osobe koje su se već ranije testirale na HCV s obzirom na broj testiranja na HCV te je utvrđeno kako među njima nema razlike.

Slika 11. Raspodjela ranije testiranih korisnika prema rezultatu HCV testiranja i povijesti testiranja na HCV

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2.4. Razlozi dolaska na testiranje

Korisnici usluga Check Pointa mogli su odabrati jedan ili više razloga dolaska na testiranje.

Važno je naglasiti kako se kod svakog razloga dolaska na testiranje može raditi o subjektivnoj procjeni, primjerice nečijeg HIV statusa ili promiskuiteta ili o stvarnom znanju kako je neki partner pozitivan na HIV ili promiskuitetan. Nažalost, nije moguće razlikovati činjenice od subjektivne procjene.

Nezaštićeni spolni odnos može biti oralni, vaginalni i/ili analni. Detaljnije informacije o nezaštićenom spolnom odnosu prikupljane su u kasnijem dijelu upitnika.

Nezaštićeni spolni odnosi o kojima su izvijestile žene odnose se na oralni, vaginalni i/ili analni spolni odnos u kojemu njihovi muški partneri prilikom spolnog odnosa s njima nisu koristili kondom ili pak na nezaštićeni oralni seks s partnericom.

Nezaštićeni spolni odnosi o kojima su izvijestili muškarci mogu se odnositi na oralni, vaginalni i/ili analni odnos sa ženom tijekom kojeg nisu koristili kondom ili pak na oralni i/ili analni odnos sa muškarcem. Ne postoji mogućnost razlikovanja nezaštićenog oralnog i/ili analnog u kojem su muškarci tijekom spolnog odnosa s drugim muškarcem imali pasivnu ili aktivnu ulogu.

Tablica 9. Raspodjela korisnika prema razlozima dolaska na testiranje

razlog dolaska na testiranje	N	%	razlog dolaska na testiranje	N	%
ima SPB/ima simptome SPB	55	2.2	iracionalni strah od HIV i/ili HCV-a	137	5.4
član obitelji ima HIV/HBV/HCV	47	1.9	započinjanje nove veze	240	9.5
re-test	80	3.2	puknuti kondom	199	7.9
ubodni incident	62	2.5	tattoo/piercing	219	8.7
prijatelj/poznanik zaražen HIV i/iliHCV-om	66	2.6	redovno testiranje	259	10.2
rizična ponašanja (i.v.ovisnik, prostitucija, promiskuitet...)	87	3.4	promiskuitet seksualnog partnera	368	14.6
HIV+ partner	69	2.7	znatiželja/dani hepatitisa	373	14.8
simptomi HCV	75	3	nezaštićeni spolni odnos	1929	76.3

Najčešći razlozi dolaska na testiranje su nezaštićeni spolni odnos (76.3%), znatiželja (14.8%) i promiskuitetno ponašanje seksualnog partnera (14.6%).

Ostali razlozi dolaska na testiranje, a koji nisu navedeni u tablici su spolni partner koji je korisnik droga (0.7%), korisnik je primio transfuziju krvi (0.4%), umjetna oplodnja (0.9%), zahtjev poslodavca (0.3%) i korisnik ima prijatelja/poznanika koji je intrave-nozni korisnik droga (0.9%).

Kako bi se utvrdili čimbenici koji značajno doprinose dolasku na testiranje radi nezaštićenih spolnih odnosa, analizirani su podaci upotrebom logističke regresijske ana-lize s dihotomnim kriterijem (0-nije se testirao radi nezaštićenog spolnog odnosa, 1-te-stirao se radi nezaštićenog spolnog odnosa). Kao prediktorske varijable odabrane su spol, dob, spolna orijentacija (1-heteroseksualna, 2-homoseksualna, 3-biseksualna), povijest testiranja na HIV (0-nije se ranije testirao, 1-već se ranije testirao) i rezultat testiranja na HIV (0-HIV negativan, 1-HIV reaktivan).

Tablica 10. Predviđanje nezaštićenog spolnog odnosa na temelju spola, dobi, spolne orijentacije, povijesti testiranja na HIV i rezultata HIV testiranja (rezultati logističke regresijske analize)

	B	Wald	p	Exp (B)
Spol	-0.062	0.331	0.565	0.940
Dob	-0.020	14.553	0.000	0.980
Spolna orijentacija	0.061	0.525	0.469	1.063
Povijest testiranja na HIV	-0.478	20.610	0.000	0.620
Rezultat HIV testiranja	-0.741	2.696	0.101	0.476
Nagelkerke =.029, % ispravnih klasifikacija 76.5%				

Prema dobivenim rezultatima, najsnažniji značajni prediktor dolaska na testiranje radi nezaštićenog spolnog odnosa je povijest testiranja na HIV, a drugi značajni prediktor je dob. Spol, spolna orijentacija i rezultat testiranja na HIV nisu se pokazali značajnim prediktorima.

Osobe koje su na testiranje došle radi nezaštićenog spolnog odnosa imaju 38% manju vjerojatnost povijesti testiranja na HIV.

Ukupan postotak ispravno razvrstanih slučajeva na temelju uključenih prediktorskih vari-jabli iznosi 76.5%, a analizirani skup varijabli objašnjava 2.9% varijance u predviđanju dolaska na testiranje radi nezaštićenog spolnog odnosa (Nagelkerke R2=.029).

2.4.1. Spolne razlike u razlozima dolaska na testiranje

Kako bi se provjerile spolne razlike u razlozima dolaska na testiranje proveden je niz χ^2 testova za svaki pojedini razlog.

Podjednak broj muškaraca i žena na testiranje je došao radi znatiželje/dana hepatitisa, iracionalnog straha od HIV/HCV-a i simptoma/sumnje na HCV.

Tablica 11. Raspodjela korisnika prema razlozima dolaska na testiranje i s obzirom na spol

razlog dolaska na testiranje	Ž		M		razlog dolaska na testiranje	Ž		M	
	N	%	N	%		N	%	N	%
nezaštićeni spolni odnos	762	78.8	1167	74.8	puknuti kondom	60	6.2	139	8.9
promiskuitet seksualnog partnera	199	20.6	169	10.8	HIV+ partner	35	3.6	34	2.2
znatiželja/dani hepatitisa	141	14.6	232	14.9	redovno testiranje	39	4	220	14.1
tattoo/piercing	125	12.9	94	6	prijatelj/poznanik zaražen HIV/HCV-om	35	3.6	31	2
iracionalni strah od HIV/HCV-a	63	6.5	74	4.7	simptomi HCV	25	2.6	50	3.2
započinjanje nove veze	73	7.5	167	10.7	na zahtjev partnera/partnerice	20	2.1	64	4.1

Žene su češće nego muškarci dolazile radi nezaštićenog spolnog odnosa ($\chi^2=5.39$, $df=1$, $p<.05$), promiskuiteta partnera ($\chi^2=45.66$, $df=1$, $p<.001$), tetovaže/piercinga ($\chi^2=35.98$, $df=1$, $p<.001$), HIV+ partnera ($\chi^2=4.67$, $df=1$, $p<.05$) i prijatelja/poznanika koji ima HIV/HCV ($\chi^2=6.27$, $df=1$, $p<.05$).

Muškarci su češće nego žene dolazili zbog započinjanja nove veze ($\chi^2=6.89$, $df=1$, $p<.01$), zbog puknutog kondoma ($\chi^2=6$, $df=1$, $p<.05$), na redovno testiranje/kontrolu ($\chi^2=65.72$, $df=1$, $p<.001$) i zbog zahtjeva partnera/partnerice ($\chi^2=7.67$, $df=1$, $p<.001$).

2.4.2. Razlike u razlozima dolaska na testiranje s obzirom na dob

Kako bi se provjerilo mogu li se pojedini razlozi dolaska na testiranje u Check Pointu povezati s dobi, izračunat je niz Mann-Whitney testova za svaki pojedini razlog.

Tablica 12. Raspodjela korisnika prema dobi i razlozima dolaska na testiranje

Razlozi dolaska na testiranje	dobna skupina							
	18-25		26-30		31-35		36-74	
	N	%	N	%	N	%	N	%
nezaštićeni spolni odnos	628	81.7	516	78.1	357	72.8	429	70.4
promiskuitet seksualnog partnera	114	14.8	113	17.1	52	10.6	89	14.6
znatiželja/dani hepatitisa	130	16.9	84	12.7	73	14.9	86	14.1
tattoo/piercing	103	13.4	66	10	29	5.9	21	3.4
iracionalni strah od HIV/HCV-a	52	6.8	38	5.7	21	4.3	26	4.3
započinjanje nove veze	77	10	76	11.5	40	8.2	47	7.7
puknuti kondom	59	7.7	57	8.6	32	6.5	51	8.4
HIV+ partner	16	2.1	14	2.1	14	2.9	25	4.1
redovno testiranje	37	4.8	69	10.4	64	13.1	89	14.6
prijatelj/poznanik zaražen HIV/HCV-om	15	2	19	2.9	15	3.1	17	2.8
simptomi HCV	19	2.5	12	1.8	12	2.5	32	5.3
na zahtjev partnera/partnerice	26	3.4	22	3.3	17	3.5	19	3.1

Mlađa životna dob povezana je s dolaskom na testiranje radi nezaštićenog spolnog odnosa (Mann-Whitney test $p<.001$), tetovaže/piercinga (Mann-Whitney test $p<.001$) i iracionalnog straha od HIV-a (Mann-Whitney test $p<.05$).

Starija životna dob povezana je s dolaskom na testiranje radi HIV pozitivnog partnera (Mann-Whitney test $p<.05$), redovnog testiranja/kontrole (Mann-Whitney test $p<.001$) i simptoma/sumnje na HCV (Mann-Whitney test $p<.001$).

Osobe različite dobi podjednako često na testiranje dolaze radi promiskuiteta seksualnog partnera, znatiželje/dana hepatitisa, započinjanja nove veze, puknutog kondoma, prijatelja/poznanika zaraženog s HIV/HSV/HCV-om i na zahtjev partnera.

2.4.3. Razlike u razlozima dolaska na testiranje s obzirom na spolnu orijentaciju

Kako bi se provjerila razlika u razlozima dolaska na testiranje s obzirom na spolnu orijentaciju korisnika izračunat je niz χ^2 testova.

Osobe različitih spolnih orijentacija (heteroseksualna, homoseksualna i biseksualna) podjednako su često na testiranje dolazile radi znatiželje/dana hepatitisa, tetovaže/piercinga, puknutog kondoma, započinjanja nove veze, iracionalnog straha od HIV/HCV-a, simptoma/sumnje na HCV, HIV+ partnera i prijatelja/poznanika koji ima HIV/HCV.

Zbog nedovoljnog broja korisnika koji su odabrali taj razlog analizu nije bilo moguće provesti kod razloga: testiranje na zahtjev partnera/partnerice.

Statistički značajna razlika među osobama različitih spolnih orijentacija pronađena je kod nezaštićenog spolnog odnosa ($\chi^2=11.79$, $df=2$, $p<.01$), promiskuiteta partnera ($\chi^2=6.21$, $df=2$, $p<.05$), redovnog testiranja/kontrole ($\chi^2=257.76$, $df=2$, $p<.001$) i testiranja na zahtjev partnera/partnerice ($\chi^2=11.12$, $df=2$, $p<.01$).

Detaljnijom analizom utvrđeno je kako su biseksualne osobe značajno češće nego homoseksualne imale nezaštićeni spolni odnos ($\chi^2=5.77$, $df=1$, $p<.05$). Homoseksualne osobe značajno češće nego biseksualne dolaze na redovno testiranje/kontrolu ($\chi^2=4.07$, $df=1$, $p<.05$).

Tablica 13. Raspodjela korisnika prema razlozima dolaska na testiranje i s obzirom na spolnu orijentaciju

razlog dolaska na testiranje	hetero		homo		bi	
	N	%	N	%	N	%
nezaštićeni spolni odnos	1483	77.5	276	69.7	164	78.8
znatiželja/ dani hepatitisa	296	15.5	52	13.1	25	12
promiskuitet seksualnog partnera	296	15.5	42	10.6	30	14.4
tattoo/ piercing	172	9	30	7.6	17	8.2
puknuti kondom	151	7.9	28	7.1	19	9.1
započinjanje nove veze	176	9.2	44	11.1	19	9.1
iracionalni strah od HIV/HCV-a	106	5.5	20	5.1	10	4.8
redovno testiranje	93	4.9	118	29.8	46	22.1
simptomi HCV	64	3.3	7	1.8	3	1.4
na zahtjev partnera/partnerice	76	4	3	0.8	5	2.4
HIV+ partner	44	2.3	17	4.3	7	3.4
prijatelj/poznanik zaražen HIV/HCV-om	54	2.8	7	1.8	5	2.4

Biseksualne osobe značajno češće nego heteroseksualne dolaze na redovno testiranje/kontrolu ($\chi^2=91.27$, $df=1$, $p<.001$).

Heteroseksualne osobe češće nego homoseksualne osobe dolaze radi nezaštićenog spolnog odnosa ($\chi^2=10.95$, $df=1$, $p<.01$), promiskuitetnog seksualnog partnera ($\chi^2=6.02$, $df=1$, $p<.05$) i na zahtjev partnera/partnerice ($\chi^2=10.26$, $df=1$, $p<.005$).

Homoseksualne osobe su značajno češće nego biseksualne dolazile radi redovnog testiranja/kontrole ($\chi^2=245.88$, $df=1$, $p<.001$).

2.4.4. Muškarci koji imaju spolne odnose s muškarcima i razlozi dolaska na testiranje

Kako bi se provjerilo postoji li razlika među muškarcima koji imaju odnose isključivo sa ženama (MSŽ) i muškarcima koji imaju spolne odnose s muškarcima (MSM) s obzirom na razlog dolaska na testiranje, proveden je niz χ^2 testova za svaki razlog.

Tablica 14. Raspodjela testiranih muških korisnika s obzirom na to imaju li spolne odnose s muškarcima ili ženama i razlozima dolaska na testiranje

razlog dolaska na testiranje	MSŽ		MSM		razlog dolaska na testiranje	MSŽ		MSM	
	N	%	N	%		N	%	N	%
nezaštićeni spolni odnos	714	76	405	74.6	iracionalni strah od HIV/HCV-a	48	5.1	30	5.5
znatiželja/dani hepatitisa	135	14.4	83	15.3	redovno testiranje	85	9.0	78	14.6
promiskuitet seksualnog partnera	117	12.4	77	14.2	simptomi HCV	30	3.9	15	2.8
tattoo/piercing	67	7.1	42	7.7	na zahtjev partnera/partnerice	37	3.9	14	2.6
puknuti kondom	69	7.3	39	7.2	HIV+ partner	23	2.4	16	2.9
započinjanje nove veze	94	10	59	10.9	prijatelj/poznanik zaražen HIV/HCV-om	12	1.3	15	2.8

MSŽ i MSM podjednako često dolaze na testiranje iz svih razloga osim zbog prijatelja/poznanika zaraženog HIV/HCV-om i redovnog testiranja/kontrole.

MSM muškarci češće na testiranje na HIV dolaze zbog prijatelja/poznanika zaraženog HIV/HCV-om ($\chi^2=4.25$, $df=1$, $p<.05$) i zbog redovnog testiranja/kontrole ($\chi^2=9.97$, $df=1$, $p<.01$).

2.4.5. Razlike u razlozima dolaska na testiranje s obzirom na povijest HIV testiranja

Kako bi se provjerile razlike u razlozima dolaska na testiranje na HIV s obzirom na to je li se osoba već ranije testirala, proveden je niz χ^2 testova za svaki pojedini razlog.

Tablica 15. Raspodjela korisnika prema razlozima dolaska na testiranje i s obzirom na povijest testiranja na HIV

razlog dolaska na testiranje	nije se testirao		testirao se		razlog dolaska na testiranje	nije se testirao		testirao se	
	N	%	N	%		N	%	N	%
nezaštićeni spolni odnos	1339	79.8	582	69.7	iracionalni strah od HIV/HBC/HCV-a	93	5.5	41	4.9
znatiželja/dani hepatitisa	280	16.7	93	11.1	simptomi HCV	59	3.5	16	1.9
promiskuitet seksualnog partnera	165	15.8	97	11.6	na zahtjev partnera/partnerice	62	3.7	22	2.6
tattoo/piercing	162	9.7	55	6.6	HIV+ partner	45	2.7	24	2.9
puknuti kondom	138	8.2	59	7.1	rizična ponašanja (i.v.ovisnik, prostitucija, promiskuitet...)	54	3.2	32	3.8
započinjanje nove veze	150	8.9	89	10.7	ubodni incident	40	2.4	22	2.6

Statistički značajne razlike nisu pronađene kod sljedećih razloga dolaska na testiranje: puknuti kondom, započinjanje nove veze, iracionalni strah od HIV-a, testiranja na zahtjev partnera, HIV+ partnera, rizičnih ponašanja i ubodnog incidenta.

Korisnici koji nikada nisu bili na testiranju na HIV češće su imali nezaštićeni spolni odnos ($\chi^2=31.88$, $df=1$, $p<.001$), češće su dolazili radi znatiželje ($\chi^2=13.62$, $df=1$, $p<.001$), promiskuiteta partnera ($\chi^2=7.92$, $df=1$, $p<.01$), tetovaže/piercinga ($\chi^2=6.67$, $df=1$, $p<.05$) i simptoma/sumnje na HCV ($\chi^2=4.94$, $df=1$, $p<.05$).

2.4.6. Razlike u razlozima dolaska na testiranje s obzirom na rezultat HIV testiranja

Kako bi se provjerile razlike u razlozima dolaska na testiranje s obzirom na rezultat HIV testiranja proveden je niz χ^2 testova za svaki pojedini razlog.

Tablica 16. Raspodjela korisnika prema razlozima dolaska na testiranje i s obzirom na rezultat testiranja na HIV

razlog dolaska na testiranje	HIV-		HIV+		razlog dolaska na testiranje	HIV-		HIV+	
	N	%	N	%		N	%	N	%
nezaštićeni spolni odnos	1914	76.5	12	54.5	iracionalni strah od HIV/HCV-a	135	5.4	1	4.5
znatiželja/dani hepatitisa	371	14.8	1	4.5	na zahtjev partnera/partnerice	84	3.4	0	-
promiskuitet seksualnog partnera	365	14.6	3	13.6	simptomi HCV	72	2.9	3	13.6
redovno testiranje	252	10.1	7	31.8	rizična ponašanja (i.v.ovisnik, prostitucija, promiskuitet...)	85	3.4	2	9.1
tattoo/piercing	218	8.7	1	4.5	HIV+ partner	67	2.7	1	4.5
puknuti kondom	194	7.8	5	22.7	re-test		3.2		4.5

Zbog premalog broja osoba u pojedinim ćelijama, analiza nije mogla biti provedena kod znatiželje/dana hepatitisa, promiskuiteta partnera/partnerice, tetoviranja/piercinga, iracionalnog straha od HIV/HCV-a, testiranja na zahtjev partnera/partnerice, simptoma/sumnje na HCV, rizičnih ponašanja, HIV+ partnera i re-testa.

Premali broj frekvencija bio je u ćelijama koje su se odnosile na osobe testirane reaktivnima na HIV.

Osobe koje su testirane negativnima na HIV statistički su značajno češće na testiranje dolazile zbog nezaštićenog spolnog odnosa ($\chi^2=5.84$, $df=1$, $p<.05$).

Osobe koje su testirane reaktivnima na HIV češće su dolazile radi redovnog testiranja ($\chi^2=11.19$, $df=1$, $p<.01$) i puknutog kondoma ($\chi^2=6.73$, $df=1$, $p<.05$).

2.5. Upotreba kondoma

Većina korisnika usluga Check Pointa (80.9%) procjenjuje kako je u posljednjih 6 mjeseci bila višekratno izložena riziku za zarazu HIV-om ili HCV-om.

Korisnici su prilikom ispunjavanja upitnika procjenjivali koriste li kondom prilikom spolnih odnosa u trajnoj vezi i prilikom spolnih odnosa s nekime s kime nisu u vezi nikad, ponekad, uvijek ili često.

U trajnoj vezi korisnici u prosjeku kondom koriste ponekada ($M=2.46$, $SD=1.05$), a uvijek ga koristi 19.7% osoba. Kada korisnici imaju spolne odnose izvan veze, kondom u prosjeku koriste često ($M=2.92$, $SD=0.97$), a uvijek ga koristi trećina osoba (32.8%). Prilikom posljednjeg spolnog odnosa kondom je koristilo manje od pola testiranih osoba (47.5%).

Od ukupnog broja korisnika 61.8% njih imalo je nezaštićeni oralni, 73.4% nezaštićeni vaginalni i 25% nezaštićeni analni seks.

Tablica 17. Raspodjela korisnika prema razlozima neupotrebe kondoma

razlozi neupotrebe kondoma	N	%
povjerenje u partnera/partnericu	1010	62.6
ne voli koristiti kondom/ bolji osjećaj bez kondoma	273	16.9
kondomi su skupi/nedostupni/neugoda pri kupovanju	116	7.2
nepromišljeni spolni odnos	101	6.3
korištenje drugih oblika kontracepcije	65	4
strast	48	3
neugodno tražiti partnera/partnericu da koriste kondom	40	2.5

Posljednje rizično spolno ponašanje više od pola korisnika imalo je u posljednjih 6 mjeseci, a 18.5% ih je posljednje rizično spolno ponašanje imalo u posljednjih mjesec dana.

Najčešći razlozi neupotrebe kondoma su povjerenje u partnera/partnericu (62.6%), korisnici ne vole koristiti kondom/bolji je osjećaj bez kondoma (16.9%) i skupoća/nedostupnost kondoma/nelagoda pri kupovanju (7.2%).

Osim razloga navedenih u tablici, kao razlozi nekorištenja kondoma pojavljuju se alergija na lateks (0.5%), korištenje alkohola (3.3%), upotreba droga (0.1%), osoba ih nema kod sebe (0.6%), nepraktičnost ili poteškoće pri rukovanju s kondomom (0.7%), osoba ne zna zašto ih ne koristi (1.4%) i ostalo (2.7%).

2.5.1. Spolne razlike u upotrebi kondoma

Statistički značajan postotak žena (N=657, 83.9%) u odnosu na muškarce (N=1021, 79%) procjenjuje kako su u posljednjih 6 mjeseci bile višekratno izložene riziku zaraze HIV/HCV-om ($\chi^2=7.51$, $df=1$, $p<.01$).

Muškarci statistički značajno češće od žena koriste kondom unutar veze (Mann-Whitney test $p<0.001$), a isto vrijedi i prilikom upotrebe kondoma izvan veze (Mann-Whitney test $p<.001$).

Unutar veze 14.4% žena i 23.1% muškaraca uvijek koristi kondom. Kada imaju spolni odnos s nekim s kime nisu u vezi 24.2% žena i 37.5% muškaraca uvijek koristi kondom. Kada govorimo o upotrebi kondoma kod žena, zapravo govorimo o tome kako njihovi spolni partneri koriste/ne koriste kondome prilikom spolnih odnosa s njima.

Pri posljednjem spolnom odnosu statistički je značajno manje žena (36.7%) u odnosu na muškarce (53.6%) koristilo kondom ($\chi^2=59.83$, $df=1$, $p<.001$).

Tablica 18. Raspodjela korisnika prema obliku nezaštićenog spolnog odnosa i s obzirom na spol

		spol			
		Ž		M	
		N	%	N	%
Nezaštićeni spolni odnos	oralni	481	51	1044	68.5
	vaginalni	879	93.2	931	61.1
	analni	103	10.9	513	33.7

Statistički značajno više muškaraca nego žena imalo je nezaštićeni oralni seks ($\chi^2=75.55$, $df=1$, $p<.001$) i analni seks ($\chi^2=161.00$, $df=1$, $p<.001$). Žene su značajno češće nego muškarci imale nezaštićeni vaginalni seks ($\chi^2=307.04$, $df=1$, $p<.001$).

Više od pola testiranih žena (66.2%) imalo je posljednje rizično ponašanje u posljednjih pola godine, a 19.5% imalo je posljednji rizični odnos u posljednjih mjesec dana. Nešto više muškaraca (74.4%) nego žena imalo je rizično ponašanje u posljednjih 6 mjeseci, a 17.9% u posljednjih mjesec dana.

Tablica 19. Raspodjela korisnika prema razlozima neupotrebe kondoma i s obzirom na spol

razlozi neupotrebe kondoma	žene		muškarci	
	N	%	N	%
povjerenje u partnera/partnericu	430	66.6	580	60
ne voli koristiti kondom/ bolji osjećaj bez kondoma	77	11.9	196	20.3
korištenje drugih oblika kontracepcije	46	7.1	19	2
nepromišljenost	42	6.5	59	6.1
kondomi su skupi/nedostupni/neugoda pri kupovanju	41	6.3	75	7.8
neugodno tražiti partnera/partnericu da koriste kondom	27	4.2	13	1.3
strast	9	1.4	39	4

Spolne razlike u razlozima neupotrebe kondoma nisu pronađene kod nepromišljenosti i kondomi su skupi/nedostupni/nelagode pri kupovanju.

Muškarci značajno češće nego žene ne koriste kondom zbog strasti ($\chi^2=9.35$, $df=1$, $p<.01$) i zbog toga što ne vole koristiti kondom/bolji je osjećaj bez kondoma ($\chi^2=19.20$, $df=1$, $p<.001$).

Žene značajno češće nego muškarci ne koriste kondom zbog povjerenja u partnera ($\chi^2=7.17$, $df=1$, $p<.01$), zbog korištenja drugih oblika kontracepcije ($\chi^2=26.62$, $df=1$, $p<.001$) i zato jer im je neugodno tražiti partnera ($\chi^2=12.87$, $df=1$, $p<.001$).

2.5.2. Razlike u upotrebi kondoma s obzirom na dob

Osobe različitih dobnih skupina podjednako su često bile izložene riziku zaraze HIV/HCV-om u posljednjih 6 mjeseci.

Tablica 20. Raspodjela korisnika prema obliku nezaštićenog spolnog odnosa i s obzirom na dob

		dobna skupina							
		18-25		26-30		31-35		36-78	
		N	%	N	%	N	%	N	%
učestalost izloženosti riziku	jednokratno	135	20.6	108	19.8	78	19.3	76	16.2
	višekratno	521	79.4	437	80.2	326	80.7	394	83.8
Σ		656	100	545	100	404	100	470	100

Kako bi se provjerilo razlikuju li se osobe različitih dobnih skupina s obzirom na korištenje kondoma unutar i izvan veze proveden je Kruskal-Wallis test za više nezavisnih uzoraka koji je pokazao kako među osobama različitih dobnih skupina postoji značajna razlika u upotrebi kondoma unutar veze ($p<.001$) i izvan veze ($p<.05$). Razlike između parova različitih dobnih skupina testirane su Mann-Whitney testom.

Kondom unutar veze češće koriste osobe 18-25 godina nego osobe 26-30 godina ($p<.001$), 31-35 godina ($p<.001$) i 36-78 godina ($p<.001$). Osobe 18-25 godina češće koriste kondom izvan veze u odnosu na osobe u dobi 36-78 godina ($p<.05$).

Osobe u dobi 26-30 godina češće koriste kondom unutar veze ($p<.01$) i izvan veze ($p<.05$) nego osobe u dobi 36-78 godina.

Osobe u dobi 31-35 godina češće koriste kondom izvan veze nego osobe u dobi 36-78 godina ($p<.05$).

Među ostalim dobnim skupinama nisu pronađene razlike.

Unutar veze kondom koristi 23.1% osoba 18-25 godina, 18.7% osoba 26-30 godina, 17.2% osoba 31-35 godina i 18.5% osoba u dobi 36-78 godina.

Izvan veze kondom uvijek koristi 33.2% osoba 18-25 godina, 33.5% osoba 26-30 godina, 33% osoba 31-35 godina i 31.3% osoba u dobi 36-78 godina.

Tablica 21. Raspodjela korisnika prema dobi i upotrebi kondoma pri posljednjem spolnom odnosu

		dobna skupina							
		18-25		26-30		31-35		36-78	
		N	%	N	%	N	%	N	%
Upotreba kondoma pri posljednjem spolnom odnosu	ne	390	51.2	349	54.1	239	50.6	322	54
	da	371	48.8	296	45.9	233	49.4	274	46
Σ		761	100	645	100	472	100	596	100

37 Provjereno je postoje li među korisnicima razlike u upotrebi kondoma pri posljednjem spolnom odnosu, te je utvrđeno kako je podjednak broj osoba svih dobi koristio kondom.

Tablica 22. Raspodjela korisnika prema obliku nezaštićenog spolnog odnosa i s obzirom na dob

		dobna skupina							
		18-25		26-30		31-35		36-78	
		N	%	N	%	N	%	N	%
nezaštićeni spolni odnos	oralni	434	57.8	247	62.1	158	66.8	220	62.6
	vaginalni	556	74	494	75.8	343	72.1	417	71
	analni	174	23.2	155	23.8	130	27.3	157	26.7

Izračunom Mann-Whitney testa provjereno je postoji li odnos između dobi i nezaštićenog oralnog, vaginalnog i analnog seksa.

Nezaštićeni oralni seks povezan je sa starijom životnom dobi (Mann-Whitney test $p<.05$), a između dobi i nezaštićenog vaginalnog i analnog seksa nije pronađena značajna povezanost.

Većina osoba imala je posljednji rizični spolni odnos unutar posljednjih 6 mjeseci: 72,1% u dobi 18-25 godina, 72.7% u dobi 26-30 godina, 72.5% u dobi 31-35 godina i 67.7% u dobi 36-78 godina.

U posljednjih mjesec dana rizičan spolni odnos imalo je: 17.6% osoba u dobi 18-25 godina, 20.5% osoba u dobi 26-30 godina, 19.6% osoba u dobi 31-35 godina i 16.6% osoba u dobi 36-78 godina.

Tablica 23. Raspodjela korisnika prema razlozima neupotrebe kondoma i s obzirom na dob

Razlozi neupotrebe kondoma	dobna skupina							
	18-25		26-30		31-35		36-78	
	N	%	N	%	N	%	N	%
povjerenje u partnera/partnericu	235	50	306	70.3	219	66.4	250	66.1
ne voli koristiti kondom/ bolji osjećaj bez kondoma	81	17.2	69	15.9	56	17	67	17.7
korištenje drugih oblika kontracepcije	32	6.8	18	4.1	8	2.4	7	1.9
nepromišljenost	37	7.9	20	4.6	18	5.5	26	6.9
kondomi su skupi/nedostupni/neugoda pri kupovanju	52	11.1	29	6.7	23	7	12	3.2
neugodno tražiti partnera/partnericu da koriste kondom	17	3.6	5	1.1	9	2.7	9	2.4
strast	11	2.3	14	3.2	15	4.5	8	2.1

Neupotreba kondoma radi povjerenja u partnera/partnericu (Mann-Whitney test $p<.001$) povezana je sa starijom životnom dobi.

Neupotreba kondoma zato jer su skupi/nedostupni/osjećaja neugode pri kupovanju (Mann-Whitney test $p<.001$) povezana je s mlađom životnom dobi.

Osobe svih dobni skupina podjednako često ne koriste kondom zbog toga što ne vole koristiti kondom/bolji im je osjećaj bez kondoma, radi upotrebe drugih oblika kontracepcije, nepromišljenosti, jer im je neugodno tražiti partnera/partnericu da koriste kondom i strasti.

2.5.3. Razlike u upotrebi kondoma s obzirom na spolnu orijentaciju

Većina heteroseksualnih (81.7%), homoseksualnih (80.3%) i nešto manje biseksualnih osoba (74.9%) smatra kako su u posljednjih 6 mjeseci bili u višestrukom riziku zaraze HIV/HCV-om. Osobe različitih spolnih orijentacija ne razlikuju se značajno u percepciji izloženosti riziku u proteklih pola godine.

U trajnoj vezi heteroseksualne osobe u prosjeku ponekada ($M=2.37$, $SD=1.02$) koriste kondom. Homoseksualne osobe u prosjeku često ($M=2.78$, $SD=1.11$) koriste kondom, jednako kao i biseksualne osobe ($M=2.72$, $SD=1.02$).

Kada imaju spolne odnose izvan trajne veze, heteroseksualne osobe u prosjeku često koriste kondom ($M=2.79$, $SD=0.98$) iako nešto manje nego homoseksualne ($M=3.32$, $SD=0.86$) i biseksualne osobe ($M=3.23$, $SD=0.82$).

Kako bi se provjerilo postoje li značajne razlike u upotrebi kondoma unutar trajne veze i izvan veze kod osoba različitih spolnih orijentacija učinjen je neparametrijski Kruskal-Wallis test za više nezavisnih uzoraka te je utvrđeno kako se osobe različitih spolnih

orijentacija značajno razlikuju i prilikom upotrebe kondoma unutar ($p<.001$) i izvan veze ($p<.001$).

Testiranjem parova skupina Mann-Whitney testom utvrđeno je kako heteroseksualne osobe značajno rjeđe nego homoseksualne i biseksualne osobe koriste kondom unutar ($p<.001$) i izvan veze ($p<.001$). Među osobama homoseksualne i biseksualne spolne orijentacije nisu pronađene razlike kod upotrebe kondoma.

U vezi 15.9% heteroseksualnih, 35.1% homoseksualnih i 26.3% biseksualnih osoba uvijek koristi kondom. Izvan veze 27.1% heteroseksualnih, 52.5% homoseksualnih i 43.5% biseksualnih osoba uvijek koristi kondom.

Pri posljednjem spolnom odnosu je 42.8% heteroseksualnih, 60.5% homoseksualnih i 64.4% biseksualnih osoba koristilo kondom te se međusobno i statistički značajno razlikuju u upotrebi kondoma ($\chi^2=66.17$, $df=2$, $p<.001$).

Homoseksualne osobe češće su koristile kondom pri posljednjem spolnom odnosu nego heteroseksualne osobe ($\chi^2=40.34$, $df=1$, $p<.001$) jednako kao biseksualne osobe u odnosu na heteroseksualne osobe ($\chi^2=34.83$, $df=1$, $p<.001$). Među homoseksualnim i biseksualnim osobama nisu pronađene značajne razlike.

Tablica 24. Raspodjela korisnika prema obliku nezaštićenog spolnog odnosa i s obzirom na spolnu orijentaciju

		spolna orijentacija					
		heteroseksualna		homoseksualna		biseksualna	
		N	%	N	%	N	%
Nezaštićeni spolni odnos	oralni	1017	57.4	306	78.7	143	70.4
	vaginalni	1695	90.8	14	3.6	96	47.3
	analni	233	12.5	271	69.7	112	55.2

Provedbom χ^2 testa utvrđeno je kako se osobe različitih spolnih orijentacija statistički značajno razlikuju u tome u kojoj mjeri imaju nezaštićeni oralni ($\chi^2=68.85$, $df=2$, $p<.001$), vaginalni ($\chi^2=1333.23$, $df=2$, $p<.001$) i analni seks ($\chi^2=667.21$, $df=2$, $p<.001$).

Homoseksualne osobe su značajno češće nego biseksualne imale nezaštićeni oralni seks ($\chi^2=4.92$, $df=1$, $p<.05$) i analni seks ($\chi^2=12.27$, $df=1$, $p<.001$). Biseksualne osobe su značajno češće imale nezaštićeni vaginalni seks ($\chi^2=168.32$, $df=1$, $p<.001$) nego homoseksualne osobe.

Homoseksualne osobe su značajno češće nego heteroseksualne imale nezaštićeni oralni seks ($\chi^2=61.41$, $df=1$, $p<.001$) i analni seks ($\chi^2=606.41$, $df=1$, $p<.001$). Heteroseksualne osobe su značajno češće nego homoseksualne imale nezaštićeni vaginalni seks ($\chi^2=1334.98$, $df=1$, $p<.001$).

Biseksualne osobe su značajno češće nego heteroseksualne imale nezaštićeni oralni seks ($\chi^2=12.91$, $df=1$, $p<.001$) i analni seks ($\chi^2=240.09$, $df=1$, $p<.001$). Heteroseksualne osobe su češće nego biseksualne imale nezaštićeni vaginalni seks ($\chi^2=298.48$, $df=1$, $p<.001$).

68.1% heteroseksualnih, 82.8% homoseksualnih i 77.4% biseksualnih osoba imalo je posljednji rizični spolni odnos u proteklih pola godine prije testiranja. U posljednjih mjesec dana prije testiranja rizičan spolni odnos imalo je 18.7% heteroseksualnih, 19% homoseksualnih i 15.6% biseksualnih osoba.

Tablica 25. Raspodjela korisnika prema razlozima neupotrebe kondoma i s obzirom na

razlozi neupotrebe kondoma	heteroseksualne osobe		homoseksualne osobe		biseksualne osobe	
	N	%	N	%	N	%
povjerenje u partnera/partnericu	814	63.2	125	61.9	68	56.7
ne voli koristiti kondom/ bolji osjećaj bez kondoma	216	16.8	35	17.3	22	18.3
kondomi su skupi/nedostupni/neugoda pri kupovanju	92	7.1	17	8.4	6	5
korištenje drugih oblika kontracepcije	63	4.9	0	-	2	1.7
nepromišljenost	78	6.1	9	4.5	14	11.7
neugodno tražiti partnera/partnericu da koriste kondom	32	2.5	6	3	2	1.7
strast	30	2.3	11	5.4	7	5.8

Statistički značajne razlike u upotrebi kondoma među osobama različitih spolnih pri-jentacija nisu pronađene kod povjerenja u partnera, ne vole koristiti kondome/bolje bez kondoma, kondomi su skupi/nedostupni/neugoda pri kupovanju i neugodno tražiti partnera/partnericu.

Jedini razlog kod kojeg nije bilo moguće provesti analizu je korištenje drugih oblika kontracepcije zbog toga što niti jedna osoba homoseksualne spolne orijentacije nije odabrala taj razlog.

Značajna razlika pronađena je kod nepromišljenosti ($\chi^2=7.17$, $df=2$, $p<.05$) i strasti ($\chi^2=9.49$, $df=2$, $p<.01$).

Biseksualne osobe češće nego homoseksualne osobe ne koriste kondom zbog nepromišljenosti ($\chi^2=5.90$, $df=1$, $p<.05$), a kod strasti među njima nije pronađena razlika.

Biseksualne osobe češće nego heteroseksualne osobe kondom ne koriste radi nepromišljenosti ($\chi^2=5.65$, $df=1$, $p<.05$) i strasti ($\chi^2=5.26$, $df=1$, $p<.05$).

Homoseksualne osobe češće nego heteroseksualne osobe kondom ne koriste radi strasti ($\chi^2=6.33$, $df=1$, $p<.05$), a kod nepromišljenosti među njima nije pronađena značajna razlika.

2.5.4. Upotreba kondoma kod muškaraca koji imaju spolne odnose s muškarcima

Većina MSŽ (81.7%) i MSM (80.3%) smatraju kako su u posljednjih 6 mjeseci bili u višestrukom riziku zaraze HIV/HCV-om te se ne razlikuju značajno u percepciji izloženosti riziku u proteklih pola godine.

U trajnoj vezi MSŽ u prosjeku ponekada ($M=2.40$, $SD=1.06$) koriste kondom, a MSM u prosjeku često ($M=2.57$, $SD=1.05$) koriste kondom.

Kad imaju spolne odnose izvan trajne veze, MSŽ u prosjeku često koriste kondom ($M=2.85$, $SD=0.99$), iako nešto manje nego MSM ($M=3.04$, $SD=0.89$).

Kako bi se provjerilo postoje li značajne razlike u upotrebi kondoma kod MSM i MSŽ nap-ravljen je Mann-Whitney test te je utvrđeno kako muškarci koji imaju spolne odnose s muškarcima značajno češće koriste kondom i unutar veze ($p<.01$) i izvan veze ($p<.01$).

U vezi 19% MSŽ i 22.1% MSM osoba uvijek koristi kondom. Izvan veze 31% MSŽ i 35.4% MSM osoba uvijek koristi kondom.

Pri posljednjem spolnom odnosu 47.4% MSŽ i 52% MSM koristilo je kondom te među njima nije utvrđena značajna razlika.

Tablica 26. Raspodjela korisnika prema obliku nezaštićenog spolng odnosa i s obzirom na to imaju li muškarci odnose s muškarcima ili sa ženama

		MSŽ		MSM	
		N	%	N	%
Nezaštićeni spolni odnos	oralni	579	63.5	345	64.7
	vaginalni	694	76.2	315	59.1
	analni	218	23.9	194	36.4

Provedbom χ^2 testa utvrđeno je kako među MSŽ i MSM osobama postoje razlike s obzi-rom na nezaštićeni vaginalni ($\chi^2=46.61$, $df=1$, $p<.001$) i analni seks ($\chi^2=25.64$, $df=1$, $p<.001$), ali ne i nezaštićeni oralni seks. MSŽ su značajno češće imali nezaštićeni vagi-nalni, a MSM nezaštićeni analni seks.

Nešto više od dvije trećine MSŽ (69.6%) imalo je posljednji rizičan odnos u proteklih 6 mjeseci isto kao i 76% MSM osoba. Nešto više od petine MSŽ (20.4%) te nešto manje MSM (18.3%) imalo je posljednji rizični odnos u posljednjih mjesec dana.

Tablica 27. Raspodjela korisnika prema razlozima neupotrebe kondoma i s obzirom na to imaju li muškarci spolne odnose sa ženama ili muškarcima

razlozi neupotrebe kondoma	MSŽ		MSM	
	N	%	N	%
povjerenje u partnera/partnericu	383	61.3	196	60.7
ne voli koristiti kondom/ bolji osjećaj bez kondoma	118	18.9	56	17.3
kondomi su skupi/nedostupni/neugoda pri kupovanju	48	7.7	18	5.6
korištenje drugih oblika kontracepcije	22	3.5	13	4
nepromišljenost	45	7.2	15	4.6
neugodno tražiti partnera/partnericu da koriste kondom	16	2.6	6	1.9
strast	15	2.4	15	4.6

Muškarci koji imaju spolne odnose isključivo sa ženama i muškarci koji imaju spolne odnose s muškarcima ne razlikuju se značajno niti u jednom razlogu za nekorištenje kondoma.

2.5.5. Razlike u upotrebi kondoma s obzirom na to je li korisnik već bio na HIV testiranju

Osobe (82.9%) koje nemaju povijest prijašnjeg testiranja na HIV značajno češće ($\chi^2=8.91$, $df=1$, $p<.005$) smatraju kako su u posljednjih 6 mjeseci bile izložene višestrukom riziku zaraze HIV-om nego osobe koje su se već testirale na HIV (77.4%).

Unutar veze, osobe koje se nikada nisu testirale, u prosjeku ponekada koriste kondom ($M=2.39$, $SD=1.02$), a izvan veze često ($M=2.78$, $SD=0.97$). Osobe koje su već testirane na HIV unutar veze u prosjeku kondom koriste često ($M=2.61$, $SD=1.09$), jednako kao i izvan veze ($M=3.18$, $SD=0.90$).

Izračunom Mann-Whitney testa utvrđeno je kako osobe već testirane na HIV statistički značajno češće koriste kondom u trajnoj vezi ($p<.001$) i kod spolnih odnosa s osobama s kojima nisu u vezi ($p<.001$).

Unutar veze 26.3% već testiranih osoba i 16.6% osoba koje se nisu testirale uvijek koriste kondom. Prilikom spolnih odnosa s osobama s kojima nisu u vezi 45% ranije testiranih i 26.4% ranije netestiranih osoba uvijek koristi kondom.

Osobe koje su se već testirale na HIV značajno su češće koristile kondom (56.1%) pri posljednjem spolnom odnosu ($\chi^2=36.54$, $df=2$, $p<.001$), nego osobe kojima je ovo bilo prvo testiranje (43.1%).

Tablica 28. Raspodjela korisnika prema obliku nezaštićenog spolnog odnosa i s obzirom na to je li se osoba već testirala na HIV

		je li se osoba već testirala			
		ne		da	
		N	%	N	%
Nezaštićeni spolni odnos	oralni	973	59	549	67.6
	vaginalni	1406	85.4	402	49.5
	analni	316	19.2	298	36.7

Osobe koje se nisu nikada testirale statistički su značajno češće imale nezaštićeni vaginalni seks od osoba koje su već bile na testiranju ($\chi^2=359.29$, $df=1$, $p<.001$).

S druge strane, prethodno testirane osobe značajno su češće imale nezaštićeni oralni ($\chi^2=16.93$, $df=1$, $p<.001$) i analni seks ($\chi^2=89.03$, $df=1$, $p<.001$) od osoba koje nisu ranije bile na testiranju.

Kod većine osoba (76.9%) koje se nisu ranije testirale na HIV, posljednje rizično ponašanje bilo je u proteklih 12 mjeseci od testiranja, a 19.5% se posljednji puta rizično ponašalo u proteklih mjesec dana.

Sličnu situaciju pronalazimo i kod osoba koje su već ranije bile na testiranju, njih 87.5% posljednji se put rizično ponašalo unatrag 12 mjeseci, a 16.5% unutar posljednjih mjesec dana.

Značajna razlika u razlozima dolaska na testiranje kod osoba koje su već bile na testiranju na HIV i onih kojima je ovo bilo prvo testiranje nije pronađena kod gotovo svih razloga dolaska na testiranje: povjerenje u partnera/partnericu, osoba ne voli koristiti kondome/bolji je osjećaj bez kondoma, kondomi su skupi/nedostupni/nelagoda pri kupovanju, nepromišljenosti i neugodno tražiti partnera.

Tablica 29. Raspodjela korisnika prema razlozima neupotrebe kondoma i s obzirom na to je li se osoba već testirala na HIV

razlozi neupotrebe kondoma	nisu se ranije testirali		već su se testirali	
	N	%	N	%
povjerenje u partnera/partnericu	688	61.5	319	65
ne voli koristiti kondom/ bolji osjećaj bez kondoma	184	16.5	89	18.1
kondomi su skupi/nedostupni/neugoda pri kupovanju	88	7.9	28	5.7
korištenje drugih oblika kontracepcije	62	5.5	3	0.6
nepromišljenost	78	7	23	4.7
neugodno tražiti partnera/partnericu da koriste kondom	28	2.5	12	2.4
strast	24	2.1	24	4.9

Kondom zbog strasti češće ne koriste osobe koje su se već testirale na HIV ($\chi^2=8.86$, $df=1$, $p<.005$).

Upotreba drugih oblika kontracepcije razlog je kod kojeg nije bilo moguće provesti analizu zbog toga što je kod osoba koje su već bile na testiranju bio premali broj osoba koje su ga navele kao razlog.

2.5.6. Razlike u upotrebi kondoma s obzirom na rezultat HIV testiranja

Podjednaki broj HIV negativnih osoba (81%) i HIV reaktivnih osoba (75%) smatra kako su u posljednjih pola godine bili višestruko izloženi riziku zaraze HIV-om i HCV-om.

HIV negativne osobe u prosjeku ponekad ($M=2.46$, $SD=1.05$) koriste kondom u trajnoj vezi, a kad imaju spolne odnose s nekime s kime nisu u vezi, kondom u prosjeku koriste često ($M=2.92$, $SD=0.97$). HIV reaktivne osobe u vezi kondom u prosjeku koriste ponekad ($M=2.18$, $SD=1.09$), a izvan veze često ($M=2.62$, $SD=1.11$). Osobe testirane HIV negativnima i HIV reaktivnima ne razlikuju se značajno po upotrebi kondoma unutar i izvan veze.

Unutar veze 13.6% HIV reaktivnih i 19.7% HIV negativnih osoba uvijek koristi kondom. Prilikom spolnih odnosa s nekime s kime nisu u vezi 23.8% HIV reaktivnih i 32.8% HIV negativnih osoba uvijek koristi kondom.

Pri posljednjem spolnom odnosu podjednak je postotak HIV negativnih (47.5%) osoba i HIV reaktivnih osoba (40.9%) koristilo kondom.

Tablica 30. Raspodjela korisnika prema obliku nezaštićenog spolnog odnosa i s obzirom na rezultat testiranja na HIV

		Rezultat HIV testa			
		HIV negativni		HIV reaktivni	
		N	%	N	%
Nezaštićeni spolni odnos	oralni	1507	61.8	16	72.7
	vaginalni	1793	73.5	13	59.1
	analni	602	24.7	14	63.6

Statistički značajne razlike kod nezaštićenog oralnog i vaginalnog seksa kod HIV negativnih i HIV reaktivnih osoba nema.

Jedina značajna razlika pronađena je kod nezaštićenog analnog seksa ($\chi^2=17.63$, $df=1$, $p<.001$), odnosno, HIV reaktivne osobe značajno su češće imale nezaštićeni analni seks

u odnosu na HIV negativne osobe.

Kod većine HIV negativnih osoba (80.6%) posljednje rizično ponašanje bilo je u posljednjih godinu dana, a kod 18.6% posljednje rizično ponašanje bilo je u proteklih mjesec dana prije testiranja. Dvije trećine (68.7%) osoba reaktivnih na HIV smatra kako su imali posljednji rizik u posljednjih godinu dana, a 13.6% smatra kako je posljednji rizik bio u posljednjih mjesec dana.

Tablica 31. Raspodjela korisnika prema razlozima neupotrebe kondoma i s obzirom na rezultat testiranja na HIV

razlozi neupotrebe kondoma	HIV negativni		HIV reaktivni	
	N	%	N	%
povjerenje u partnera/partnericu	999	62.7	8	53.3
ne voli koristiti kondom/ bolji osjećaj bez kondoma	269	16.9	4	26.7
kondomi su skupi/nedostupni/neugoda pri kupovanju	115	7.2	1	6.7
korištenje drugih oblika kontracepcije	65	4.1	0	0
nepromišljenost	98	6.1	2	13.3
neugodno tražiti partnera/partnericu da koriste kondom	39	2.4	0	0
strast	47	2.9	1	6.7

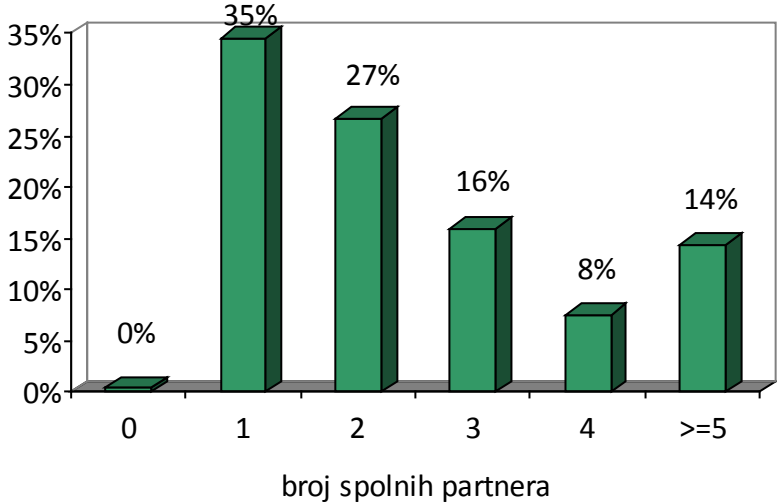
HIV negativne i HIV reaktivne osobe podjednako često ne koriste kondome zbog povjerenja u partnera.

Analizu, zbog premalog broja HIV reaktivnih osoba koje su ih odabrale, nije bilo moguće provesti za ostale razloge.

2.6. Karakteristike spolnih partnera testiranih osoba

Medijan broja spolnih partnera u posljednjih 12 mjeseci je 2, odnosno, pola testiranih osoba imalo je do 2 ili 2 spolna partnera. Najveći navedeni broj spolnih partnera u istom periodu je 200 spolnih partnera.

Slika 12. Raspodjela korisnika prema broju spolnih partnera koje su imali u posljednjih godinu dana



Kao što je vidljivo iz grafičkog prikaza, trećina korisnika (34.5%) imala je jednog spolnog partnera u posljednjih 12 mjeseci, a njih 26.7% dva spolna partnera u istom periodu.

Tablica 32. Karakteristike spolnih partnera

	N	%
spolni odnos s osobom koja živi izvan RH	993	42
grupni spolni odnos	149	6.3
spolni odnos s osobom nepoznatog HIV/HCV statusa	2244	94.9
spolni odnos sa seksualnom radnicom	93	3.9
spolni odnos s HIV+ i/ili HCV+ osobom	73	3.1
promiskuitetan spolni partner	187	7.9
spolni partner koji je intravenozni korisnik droga	74	3.1

Većina testiranih osoba imala je spolnog partnera nepoznatog HIV i HCV statusa (94.9%), a 42% imala je spolnog partnera koji živi izvan Hrvatske.

Tablica 33. Raspodjela korisnika koji su boravili duže vremena izvan Hrvatske prema regiji u kojoj su boravili

	N	%
Zapadna Europa	128	19.8
Sjeverna Europa	33	5.1
Srednja Europa	230	35.5
Južna Europa	96	14.8
Jugoistočna Europa	73	11.3
Istočna Europa	3	0.5
Afrika	37	5.7
Azija	80	12.3
Sjeverna Amerika	106	16.3
Južna Amerika	26	4
Australija	11	1.7
Nepoznato	21	3.2

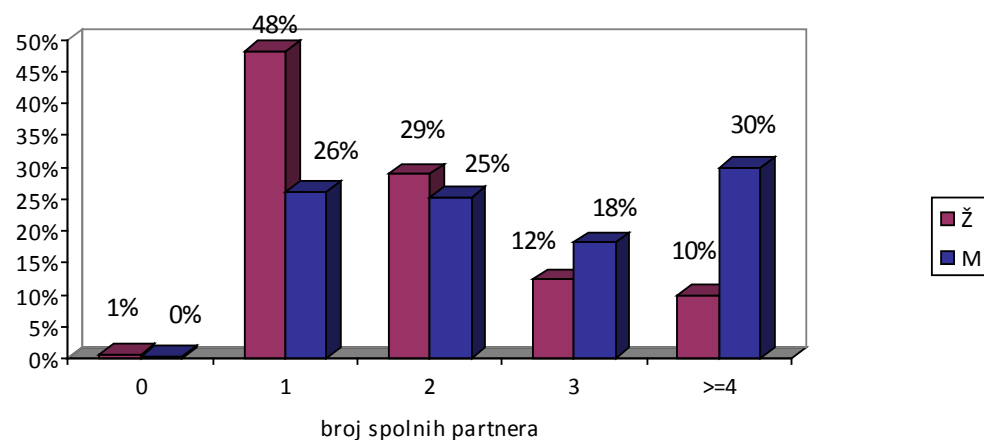
Nešto manje od trećine korisnika (28%) duže vremena je boravilo izvan Hrvatske. U upitniku nije specificirano koliko dug boravak izvan Hrvatske se smatra „dužim“ vremenom. Najčešće regije su srednja Europa (35.5%), zapadna Europa (19.8%) i sjeverna Amerika (16.3%).

2.6.1. Spolne razlike u karakteristikama spolnih partnera

Najveći navedeni broj spolnih partnera kod žena je 100, a kod muškaraca 200 spolnih partnera u posljednjih 12 mjeseci.

Gotovo pola testiranih žena (48.2%) imalo je jednog spolnog partnera u posljednjih godinu dana u odnosu na 26.2% muškaraca.

Slika 13. Raspodjela korisnika prema spolu i broju spolnih partnera u posljednjih godinu dana



Provedbom medijan testa utvrđeno je kako se muškarci i žene značajno razlikuju prema broju spolnih partnera ($\chi^2=157.23$, $df=1$, $p<.001$), odnosno, muškarci su imali veći broj spolnih partnera u posljednjih godinu dana nego žene. Pogledom na Grafički prikaz 13. vidljivo je kako je 51.2% žena imalo više od jednog, a 10% četiri ili više od četiri spolna partnera u posljednjih godinu dana. S druge strane, 74.1% muškaraca imalo je više od jednog spolnog partnera, a njih 30% četiri ili više od četiri spolna partnera u posljednjih godinu dana.

Tablica 34. Karakteristike spolnih partnera s obzirom na spol

	Ž		M	
	N	%	N	%
spolni odnos s osobom koja živi izvan RH	361	39.8	632	43.4
grupni spolni odnos	22	2.4	127	8.7
spolni odnos s osobom nepoznatog HIV/HCV statusa	858	94.6	1386	95.1
spolni odnos sa seksualnom radnicom	0	0	93	6.4
spolni odnos sa HIV+ i/ili HCV+ osobom	39	4.3	34	2.3
promiskuitetan spolni partner	67	7.4	120	8.2
spolni partner koji je intravenozni korisnik droga	44	4.9	30	2.1

Muškarci i žene ne razlikuju se statistički značajno s obzirom na spolni odnos s osobom koja živi izvan Hrvatske, spolni odnos s osobom nepoznatog HIV/HCV statusa i spolni odnos s promiskuitetnim partnerom.

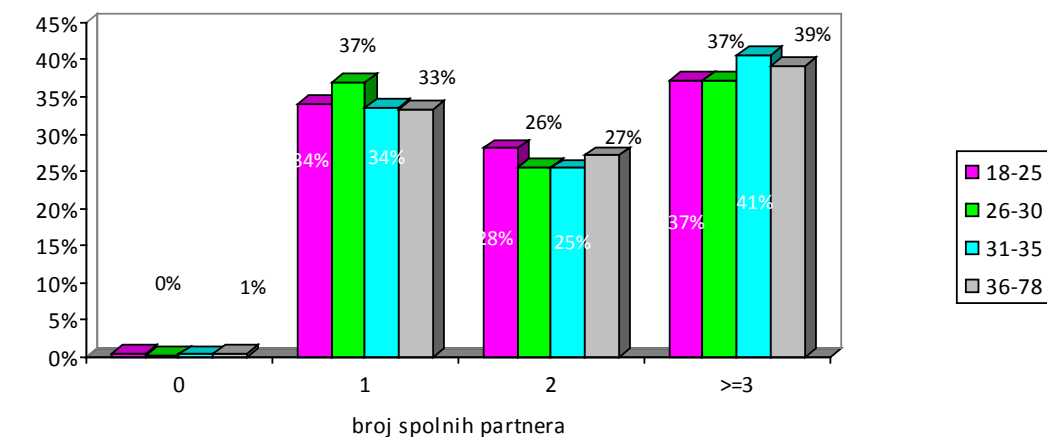
Muškarci značajno češće nego žene imaju grupni spolni odnos ($\chi^2=37.46$, $df=1$, $p<.001$). Jedino su muškarci izvijestili o spolnom odnosu sa seksualnom radnicom.

Žene su značajno češće nego muškarci imale spolni odnos sa HIV pozitivnom i/ili HCV pozitivnom osobom ($\chi^2=7.22$, $df=1$, $p<.01$) i partnerom koji je intravenozni korisnik droga ($\chi^2=14.37$, $df=1$, $p<.001$).

2.6.2. Dobne razlike u karakteristikama spolnih partnera

Najveći broj spolnih partnera osoba u dobi 18-25 godina je 100, 26-30 godina je 40, 31-35 godina 200, a kod osoba u dobi 36-78 godina je 100 partnera u posljednjih godinu dana.

Slika 14. Raspodjela korisnika prema dobi i broju spolnih partnera u posljednjih godinu dana



Provedbom medijan testa utvrđeno je kako se osobe različitih dobni skupina ne razlikuju značajno s obzirom na broj spolnih partnera u posljednjih 12 mjeseci.

Tablica 35. Karakteristike spolnih partnera s obzirom na dob

	18-25		26-30		31-35		36-78	
	N	%	N	%	N	%	N	%
spolni odnos s osobom koja živi izvan RH	263	36.9	272	43.7	219	47.7	239	41.9
grupni spolni odnos	39	5.5	32	5.1	34	7.4	44	7.7
spolni odnos s osobom nepoznatog HIV/HCV statusa	685	96.2	584	93.9	434	94.6	541	94.7
spolni odnos sa seksualnom radnicom	15	2.1	28	4.5	21	4.6	29	5.1
spolni odnos s HIV+ i/ili HCV+ osobom	11	1.5	18	2.9	20	4.4	24	4.2
promiskuitetan spolni partner	51	7.2	56	9	36	2.8	44	7.7
spolni partner koji je intravenozni korisnik droga	16	2.2	20	3.2	22	4.8	16	2.8

Mann-Whitney testom provjereno je postoji li odnos dobi i različitih karakteristika spolnih partnera testiranih osoba.

Starija dob povezana je sa spolnim odnosom s osobom koja živi izvan Hrvatske (Mann-Whitney $p < .001$), seksualnom radnicom (Mann-Whitney $p < .01$) i HIV+/HCV+ osobom (Mann-Whitney $p < .01$).

Testirane osobe svih dobi podjednako su često sudjelovale u grupnom spolnom odnosu, imale spolni odnos s osobom nepoznatog HIV/HCV statusa, promiskuitetnog spolnog partnera i partnera koji je intravenozni korisnik droga.

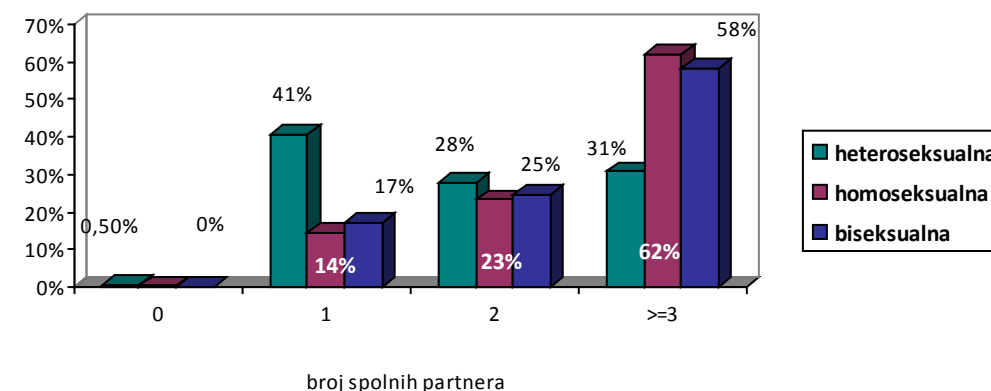
2.6.3. Razlike u karakteristikama spolnih partnera s obzirom na spolnu orijentaciju

Najveći broj spolnih partnera heteroseksualnih osoba je 200, homoseksualnih osoba 100, a biseksualnih osoba 50.

Izračunom medijan testa utvrđeno je kako se osobe različitih spolnih orijentacija razlikuju s obzirom na broj spolnih partnera ($\chi^2 = 162.09$, $df = 2$, $p < .001$). Dodatnom analizom utvrđeno je kako među homoseksualnim i biseksualnim osobama nema značajne razlike.

Homoseksualne osobe imale su značajno veći broj spolnih partnera od heteroseksualnih osoba ($\chi^2 = 129.14$, $df = 1$, $p < .001$). Trećina heteroseksualnih osoba (31.2%) imala je više od 2 spolna partnera u odnosu na dvije trećine (62%) homoseksualnih osoba.

Slika 15. Raspodjela korisnika prema spolnoj orijentaciji i broju spolnih partnera u posljednjih godinu dana



Biseksualne osobe imale su značajno veći broj spolnih partnera od heteroseksualnih osoba ($\chi^2 = 57.54$, $df = 1$, $p < .001$). Slično kao i kod usporedbe s homoseksualnim osobama, gotovo dvije trećine biseksualnih osoba (58.1%) imalo je više od dva spolna partnera u posljednjih 12 mjeseci.

Tablica 36. Karakteristike spolnih partnera s obzirom na spolnu orijentaciju

	heteroseksualno		homoseksualno		biseksualno	
	N	%	N	%	N	%
spolni odnos s osobom koja živi izvan RH	745	41.7	162	43.5	83	42.3
grupni spolni odnos	60	3.4	62	16.7	27	13.8
spolni odnos s osobom nepoznatog HIV/HCV statusa	1703	95.2	349	93.8	184	93.9
spolni odnos sa seksualnom radnicom	85	4.8	3	0.8	4	2
spolni odnos s HIV+ i/ili HCV+ osobom	42	2.3	19	5.1	10	5.1
promiskuitetan spolni partner	123	6.9	41	11	22	11.2
spolni partner koji je intravenozni korisnik droga	65	3.6	3	0.8	5	2.6

Osobe različitih spolnih orijentacija podjednako su često imale spolni odnos s osobom koja živi izvan Hrvatske i s osobom nepoznatog HIV/HCV statusa.

Značajna razlika pronađena je kod grupnog spolnog odnosa ($\chi^2=112.13$, $df=2$, $p<.001$). Dodatnom analizom utvrđeno je kako među homoseksualnim i biseksualnim osobama nema razlike. Heteroseksualne osobe značajno su rjeđe nego homoseksualne imale grupni spolni odnos ($\chi^2=102.38$, $df=1$, $p<.001$), kao i u odnosu na biseksualne osobe ($\chi^2=45.74$, $df=1$, $p<.001$).

Osobe različitih spolnih orijentacija značajno se razlikuju i s obzirom na spolni odnos s HIV pozitivnom/HCV pozitivnom osobom ($\chi^2=11.21$ $df=2$, $p<.005$). Homoseksualne i biseksualne osobe ne razlikuju se značajno s obzirom na spolni odnos s HIV pozitivnom i/ili HCV pozitivnom osobom. Homoseksualne osobe značajno su češće imale spolni odnos s HIV pozitivnom i/ili HCV pozitivnom osobom nego heteroseksualne ($\chi^2=8.54$, $df=1$, $p<.005$), a isto vrijedi i za biseksualne osobe ($\chi^2=5.25$, $df=1$, $p<.05$) u odnosu na heteroseksualne osobe.

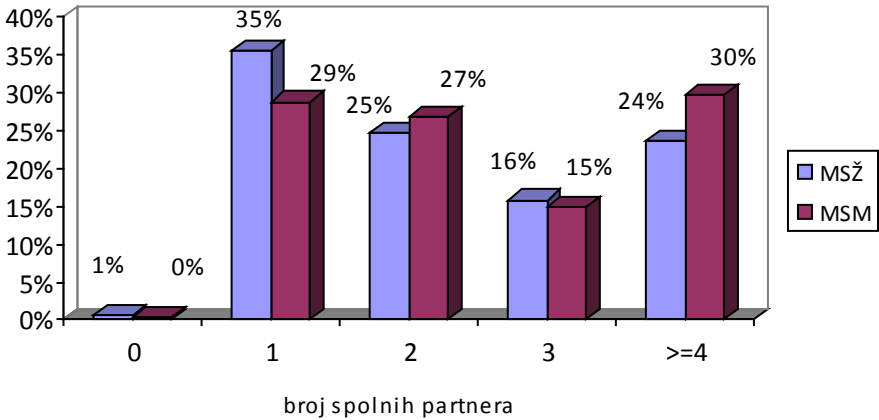
Posljednji razlog kod kojeg je pronađena značajna razlika spolni je odnos s promiskuitetnim partnerom ($\chi^2=10.53$, $df=2$, $p<.01$). Među homoseksualnim i biseksualnim osobama nema značajne razlike. Homoseksualne osobe značajno su češće imale spolni odnos s promiskuitetnim partnerom ($\chi^2=7.53$, $df=1$, $p<.005$) nego heteroseksualne osobe, jednako kao i biseksualne osobe ($\chi^2=4.92$, $df=1$, $p<.05$) u odnosu na heteroseksualne osobe.

Kod spolnog odnosa sa seksualnom radnicom/radnikom i spolnog odnosa s intravenskim korisnikom droga nije bilo moguće napraviti usporedbu zbog premalog broja homoseksualnih i biseksualnih korisnika koji su izvijestili o takvom spolnom partneru.

2.6.4. Muškarci koji imaju spolne odnose s muškarcima i karakteristike spolnih partnera

Najveći navedeni broj spolnih partnera u posljednjih godinu dana je 100 i kod MSM i MSŽ. Izračunom medijan testa utvrđeno je kako se MSM i MSŽ ne razlikuju s obzirom na broj spolnih partnera koje su imali u posljednjih godinu dana.

Slika 16. Raspodjela muških korisnika s obzirom na to imaju li spolne odnose s muškarcima ili ženama i broju spolnih partnera u posljednjih godinu dana



Nizom χ^2 testova provjereno je razlikuju li se MSŽ i MSM muškarci s obzirom na karakteristike spolnih partnera.

MSŽ i MSM muškarci podjednako su često imali spolni odnos s osobom koja živi izvan Hrvatske, grupni spolni odnos, seks s osobom nepoznatog HIV statusa, spolni odnos s HIV+ i/ili HCV+ partnerom i promiskuitetnog spolnog partnera.

Tablica 37. Karakteristike spolnih partnera muških korisnika ovisno o tome imaju li spolne odnose s muškarcima ili ženama

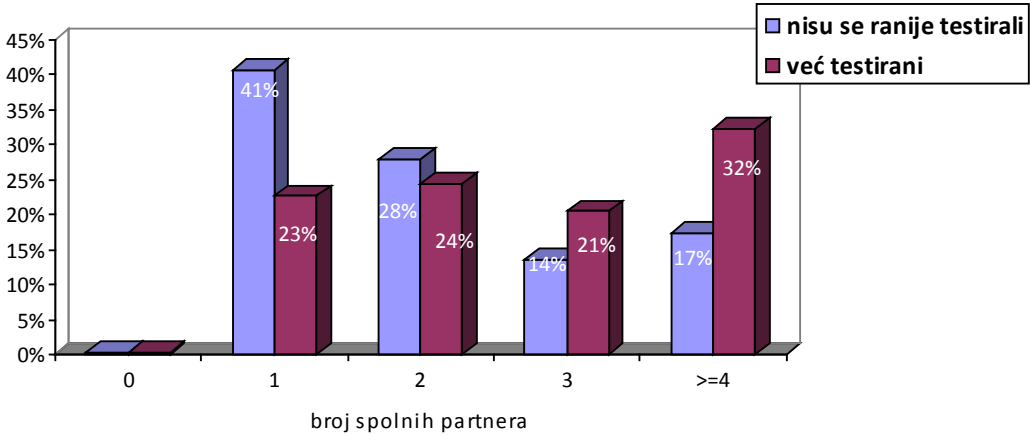
	MSŽ		MSM	
	N	%	N	%
spolni odnos s osobom koja živi izvan RH	365	41.5	209	41.1
grupni spolni odnos	53	6	41	8.1
spolni odnos s osobom nepoznatog HIV/HCV statusa	837	95.2	487	95.7
spolni odnos sa seksualnom radnicom	49	5.6	8	1.6
spolni odnos s HIV+ i/ili HCV+ osobom	28	3.2	13	2.6
promiskuitetan spolni partner	77	8.8	43	8.4
spolni partner koji je intravenozni korisnik droga	33	3.8	6	1.2

Muškarci koji imaju spolne odnose isključivo sa ženama značajno su češće imali spolni odnos sa seksualnom radnicom ($\chi^2=13.12$, $df=1$, $p<.001$) i intravenskom korisnikom droga ($\chi^2=7.83$, $df=1$, $p<.01$).

2.6.5. Razlike u karakteristikama spolnih partnera s obzirom na to je li osoba već testirana na HIV

Najveći broj spolnih partnera kod osoba koje se nisu do sada testirale na HIV je 200 spolnih partnera u posljednjih godinu dana, a kod onih koji su već testirani na HIV 100.

Slika 17. Raspodjela korisnika s obzirom na povijest testiranja na HIV i broj spolnih partnera u posljednjih godinu dana



Medijan testom utvrđeno je kako se već testirane i netestirane osobe značajno razlikuju s obzirom na broj spolnih partnera ($\chi^2=106.943$, $df=1$, $p<.001$) u posljednjih godinu dana. Osobe koje su se testirale po prvi puta imale su manji broj spolnih partnera u posljednjih godinu dana u usporedbi s onima koji su se već ranije testirali.

Tablica 38. Karakteristike spolnih partnera s obzirom na to je li osoba već bila na testiranju na HIV

	nisu se ranije testirali		već su se testirali	
	N	%	N	%
spolni odnos s osobom koja živi izvan RH	625	39.7	365	46.6
grupni spolni odnos	82	5.2	66	8.4
spolni odnos s osobom nepoznatog HIV/HCV statusa	1500	95.2	740	94.4
spolni odnos sa seksualnom radnicom	58	3.7	35	4.5
spolni odnos s HIV+ i/ili HCV+ osobom	40	2.5	33	4.2
promiskuitetan spolni partner	113	7.2	74	9.4
spolni partner koji je intravenozni korisnik droga	52	3.3	22	2.8

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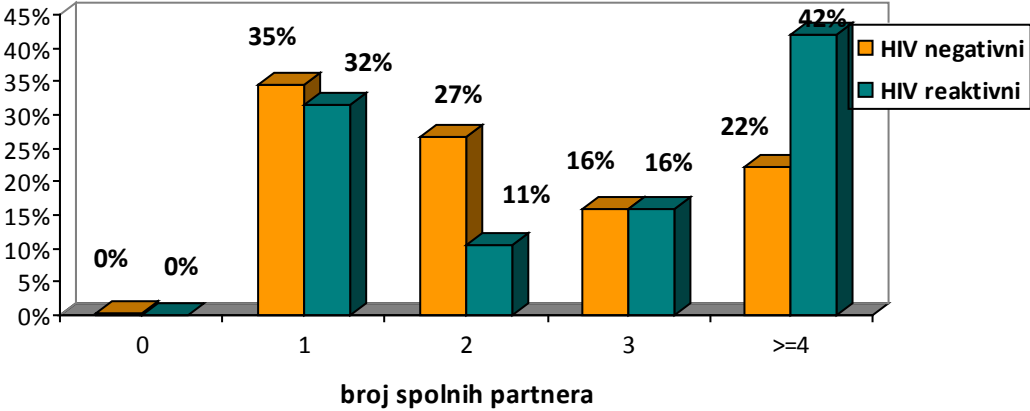
Osobe koje su se već prije testirale na HIV značajno su češće imale spolni odnos s osobom koja živi izvan Hrvatske ($\chi^2=10.15$, $df=1$, $p<.005$), češće su imale grupni spolni odnos ($\chi^2=9.18$, $df=1$, $p<.005$) i češće su imale spolni odnos s HIV pozitivnom i/ili HCV pozitivnom osobom ($\chi^2=4.87$, $df=1$, $p<.05$).

Razlike između osoba koje su testirane po prvi puta i onih koji su se već ranije testirali nisu pronađene kod učestalosti spolnog odnosa s osobom nepoznatog HIV/HCV statusa, seksualnom radnicom/radnikom, promiskuitetnim partnerom i partnerom koji je intravenozni korisnik droga.

2.6.6. Razlike u karakteristikama spolnih partnera s obzirom na rezultat HIV testiranja

Najveći broj spolnih partnera HIV reaktivnih osoba bio je 10 u posljednjih godinu dana, a HIV negativnih osoba 200.

Slika 18. Raspodjela korisnika prema rezultatu HIV testiranja i broju spolnih partnera u posljednjih godinu dana



Provedbom medijan testa utvrđeno je kako se HIV negativne i HIV reaktivne osobe ne razlikuju značajno prema broju spolnih partnera u posljednjih godinu dana.

Tablica 39. Karakteristike spolnih partnera s obzirom na rezultat HIV testiranja

	HIV negativni		HIV reaktivni	
	N	%	N	%
spolni odnos s osobom koja živi izvan RH	983	42.1	8	36.4
grupni spolni odnos	146	6.2	3	13.6
spolni odnos s osobom nepoznatog HIV/HCV statusa	2220	95	21	95.5
spolni odnos sa seksualnom radnicom	92	3.9	1	4.5
spolni odnos s HIV+ i/ili HCV+ osobom	70	3	1	4.5
promiskuitetan spolni partner	184	7.9	2	9.1
spolni partner koji je intravenozni korisnik droga	71	3	1	4.5

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Značajne razlike između HIV negativnih i HIV reaktivnih osoba nisu pronađene kod učestalosti spolnih odnosa s osobom koja živi izvan Hrvatske.

Zbog premalog broja osoba u pojedinim ćelijama kod HIV reaktivnih osoba analizu nije bilo moguće provesti za preostale karakteristike spolnih partnera.

2.7. Spolno prenosive bolesti

Od ukupnog broja osoba testiranih u Check Pointu 19.7% osoba imalo je neku spolno prenosivu bolest.

Tablica 40. Prikaz spolno prenosivih bolesti kod testiranih osoba

Spolno prenosiva bolest	N	%
HPV	236	9.6
klamidija	100	4.1
HSV	25	1
ureaplazma	74	3
gonoreja	26	1.1
HBV	12	0.5
kandida	22	0.9
sifilis	20	0.8
trihomonas	7	0.3

Od spolno prenosivih bolesti, u populaciji testiranih, najzastupljenije su HPV (9.6%), klamidija (4.1%) i ureaplazma (3%).

U narednim poglavljima prikazane su frekvencije i učestalost pojave spolno prenosivih bolesti prema spolu, dobi, spolnoj orijentaciji, imaju li muški korisnici spolne odnose sa ženama ili muškarcima, prema povijesti testiranja na HIV i rezultatu testiranja na HIV. Dodatne analize nisu rađene zbog malog broja korisnika koji su imali pojedinu spolno prenosivu bolest.

2.7.1. Spol i spolno prenosive bolesti

O spolno prenosivoj bolesti izvjestilo je značajno više žena (27.4%) nego muškaraca (15.5%) ($\chi^2=51.21$, $df=1$, $p<.001$),

Tablica 41. Raspodjela spolno prenosivih bolesti prema spolu

Spolno prenosiva bolest	Ž		M	
	N	%	N	%
HPV	173	18.7	63	4.2
klamidija	29	3.1	71	4.7
HSV	15	1.6	10	0.7
ureaplazma	40	4.3	34	2.3
gonoreja	1	0.1	25	1.7
HBV	0	0	12	0.8
kandida	12	1.3	10	0.7
sifilis	0	0	20	1.3
trihomonas	2	0.2	5	0.3
HCV	0	0	1	0.1

2.7.2. Dob i spolno prenosive bolesti

Starija životna dob značajno je povezana s prisustvom spolno prenosive bolesti, što je provjereno izračunom Mann-Whitney testa ($p<.001$).

Tablica 42. Raspodjela korisnika s obzirom na dob i jesu li imali spolno prenosivu bolest

	Dob							
	18-25		26-30		31-35		36-78	
	N	%	N	%	N	%	N	%
Osoba je imala spolno prenosivu bolest	120	16.2	115	18.2	123	26.4	128	22

Tablica 43. Raspodjela spolno prenosivih bolesti prema dobi

Spolno prenosiva bolest	18-25		26-30		31-35		36-78	
	N	%	N	%	N	%	N	%
HPV	66	8.9	57	9	64	13.7	49	8.4
klamidija	19	2.6	24	3.8	25	5.3	32	5.5
HSV	6	0.8	6	0.9	5	1.1	8	1.4
ureaplazma	17	2.3	21	3.3	24	5.1	12	2.1
gonoreja	6	0.8	3	0.5	9	1.9	8	1.4
HBV	0	0	0	0	3	0.6	9	1.5
kandida	9	1.2	6	0.9	5	1.1	2	0.3
sifilis	1	0.1	5	0.8	5	1.1	9	1.5
trihomonas	1	0.1	0	0	1	0.2	5	0.9
HCV	0	0	0	0	0	0	1	0.2

2.7.3. Spolna orijentacija i spolno prenosive bolesti

Osobe različitih spolnih orijentacija značajno se razlikuju s obzirom na to jesu li imali neku spolno prenosivu bolest ($\chi^2=8.16$, $df=2$, $p<.05$).

Tablica 44. Raspodjela korisnika prema spolnoj orijentaciji i prisustvu spolno prenosive bolesti

	Spolna orijentacija					
	heteroseksualna		homoseksualna		biseksualna	
	N	%	N	%	N	%
Osoba je imala neku spolno prenosivu bolest	391	21.4	68	17.7	27	13.7

Osobe homoseksualne i biseksualne spolne orijentacije te osobe homoseksualne i heteroseksualne spolne orijentacije ne razlikuju se značajno s obzirom na to jesu li imali spolno prenosivu bolest ili ne. Heteroseksualne osobe značajno su češće imale spolno prenosivu bolest nego biseksualne osobe ($\chi^2=6.36$, $df=1$, $p<.05$).

Tablica 45. Raspodjela spolno prenosivih bolesti prema spolnoj orijentaciji

Spolno prenosiva bolest	heteroseksualna		homoseksualna		biseksualna	
	N	%	N	%	N	%
HPV	216	11.8	13	3.4	7	3.5
klamidija	74	4	17	4.4	9	4.5
HSV	23	1.3	2	0.5	0	0
ureaplazma	68	3.7	4	1	2	1
gonoreja	5	0.3	19	4.9	2	1
HBV	4	0.2	7	1.8	1	0.5
kandida	21	1.1	0	0	1	0.5
sifilis	2	0.1	11	2.9	76	3.5
trihomonas	6	0.3	0	0	1	0.5
HCV	0	0	1	0.3	0	0

2.7.4. Muškarci koji imaju spolne odnose s muškarcima i spolno prenosive bolesti

Muškarci koji imaju spolne odnose s muškarcima podjednako su često imali spolno prenosivu bolest (18.7%) kao i muškarci koji imaju spolne odnose isključivo sa ženama (19.4%).

Tablica 46. Raspodjela spolno prenosivih bolesti kod MSM i MSŽ

Spolno prenosiva bolest	MSŽ		MSM	
	N	%	N	%
HPV	75	8.3	43	8.3
klamidija	42	4.7	21	4
HSV	10	1.1	5	1
ureaplazma	33	3.7	11	2.1
gonoreja	9	1	11	2.1
HBV	5	0.6	4	0.8
kandida	6	0.7	1	0.2
sifilis	7	0.8	7	1.3
trihomonas	2	0.2	4	0.8
HCV	0	0	0	0

2.7.5. Povijest testiranja na HIV i spolno prenosive bolesti

Osobe koje su se već testirale na HIV (23.2%) značajno su češće imale spolno prenosivu bolest od osoba koje su se testirale po prvi puta (18.5%) ($\chi^2=7.27$, $df=1$, $p<.01$).

Tablica 47. Raspodjela spolno prenosivih bolesti s obzirom na povijest testiranja na HIV

Spolno prenosiva bolest	Nisu se ranije testirali		Već su se testirali	
	N	%	N	%
HPV	170	10.6	66	8.1
klamidija	56	3.5	44	5.4
HSV	17	1.1	8	1
ureaplazma	45	2.8	28	3.4
gonoreja	8	0.5	18	2.2
HBV	3	0.2	9	1.1
kandida	14	0.9	8	1
sifilis	3	0.2	17	2.1
trihomonas	3	0.2	4	0.5
HCV	0	0	1	0.1

2.7.6. Rezultat HIV testiranja i spolno prenosive bolesti

Nešto više od petine (20.2%) HIV negativnih osoba i 15% HIV reaktivnih osoba imalo je spolno prenosivu bolest te među njima nema značajne razlike.

Tablica 48. Raspodjela spolno prenosivih bolesti s obzirom na rezultat testiranja na HIV

Spolno prenosiva bolest	HIV negativni		HIV reaktivni	
	N	%	N	%
HPV	236	9.8	0	0
klamidija	99	4.1	1	4.8
HSV	23	1	2	9.5
ureaplazma	74	3.1	0	0
gonoreja	26	1.1	0	0
HBV	12	0.5	0	0
kandida	22	0.8	0	0
sifilis	19	0.8	1	4.8
trihomonas	7	0.3	0	0
HCV	1	0	0	0

2.8. Upotreba droga

Dio pitanja u upitniku odnosi se na upotrebu droga. Na pitanja koriste li droge/alkohol prije/za vrijeme spolnih aktivnosti i koristi li partner drogu/alkohol prije/za vrijeme spolnih aktivnosti, korisnici su mogli odgovoriti s nikad, ponekad ili uvijek. Na pitanja koriste li psihoaktivne tvari i konzumiraju li drogu intravenozno korisnici su mogli odgovoriti s nikad, ponekad ili redovito.

Nadalje, na pitanje jesu li u posljednjih mjesec dana intravenozno koristili droge, odgovaralo se s da ili ne. Ako su na posljednje pitanje odgovorili s da, pitalo ih se jesu li tom prilikom koristili tuđu, već korištenu iglu, te su mogući odgovorili bili nikada, iznimno i često.

Posljednja dva pitanja u tom dijelu bila su dijeli li korisnik pribor i koristi li needle exchange usluge, a mogući odgovori su bili nikad, ponekad i uvijek.

Korisnici usluga Check Pointa u prosjeku nikada ne koriste drogu i alkohol prije/za vrijeme seksa ($M=1.38$, $SD=0.51$). Njih 1.3% uvijek koristi drogu i alkohol, a 62.8% nikada.

Spolni partner korisnika u prosjeku nikada ($M=1.33$, $SD=0.49$) ne koristi drogu/alkohol prije/za vrijeme seksa, odnosno, 68% korisnika ima partnera koji ne konzumira drogu/alkohol nikada, a 0.9% ima partnera koji ih konzumira uvijek.

Korisnici u prosjeku psihoaktivne tvari ne koriste nikada ($M=1.18$, $SD=0.42$). Njih 83.4% nikada ne konzumira psihoaktivne tvari, a 1.5% to čini redovito.

U prosjeku korisnici nikada ne konzumiraju drogu intravenozno ($M=1.01$, $SD=0.12$). Ponekada drogu intravenski uzimaju 22 osobe (0.9%), a redovito 3 osobe (0.1%). U posljednjih mjesec dana drogu je intravenski uzelo 6 osoba (0.2%), a 4 osobe (0.2%) su dijelile pribor. Needle exchange usluge ponekada koristi 2 ljudi (0.1%).

U narednim poglavljima prikazane su prosječne vrijednosti upotrebe droge i alkohola prije/za vrijeme spolnog odnosa, konzumiranja droge i alkohola prije/za vrijeme spolnog odnosa od strane spolnog partnera, upotrebe psihoaktivnih tvari i intravenozno korištenje droga prema spolu, dobi, spolnoj orijentaciji, imaju li muški korisnici spolne odnose s muškarcima ili ženama, prema povijesti testiranja na HIV i prema rezultatu testiranja na HIV. Osim prikaza prosječnih vrijednosti nisu rađene dodatne analize zbog malog broja korisnika koji su prilikom ispunjavanja upitnika savjetnike obavijestili o korištenju psihoaktivnih tvari i alkohola.

2.8.1. Spol i upotreba droga

Tablica 49. Prikaz varijabli vezanih za upotrebu droga i alkohola prema spolu

	Spol	N	M	Sd
Upotreba droga i alkohola prije spolnog odnosa	Ž	945	1.4	0.47
	M	1530	1.43	0.53
Partner konzumira drogu i alkohol prije spolnog odnosa	Ž	941	1.29	0.47
	M	1521	1.35	0.20
Upotreba psihoaktivnih tvari	Ž	949	1.14	0.37
	M	1528	1.21	0.45
Intravenska konzumacija droga	Ž	945	1	0.07
	M	1520	1.02	0.14

2.8.2. Dob i upotreba droga

Tablica 50. Prikaz varijabli vezanih za upotrebu droga i alkohola prema dobi

	Dobna skupina	N	M	SD
Upotreba droga i alkohola prije spolnog odnosa	18-25	756	1.43	0.53
	26-30	648	1.42	0.51
	31-35	476	1.38	0.49
	36-78	595	1.30	0.49
Partner konzumira drogu i alkohol prije spolnog odnosa	18-25	753	1.37	0.51
	26-30	645	1.36	0.49
	31-35	473	1.36	0.49
	36-78	591	1.23	0.45
Upotreba psihoaktivnih tvari	18-25	761	1.21	0.45
	26-30	643	1.19	0.46
	31-35	479	1.20	0.41
	36-78	594	1.11	0.34
Intravenska konzumacija droga	18-25	759	1.01	0.11
	26-30	642	1.01	0.10
	31-35	471	1.01	0.08
	36-78	593	1.02	0.16

2.8.3. Spolna orijentacija i upotreba droga

Tablica 51. Prikaz varijabli vezanih za upotrebu droga i alkohola prema spolnoj orijentaciji

	Spolna orijentacija	N	M	SD
Upotreba droga i alkohola prije spolnog odnosa	heteroseksualna	1868	1.39	0.52
	homoseksualna	391	1.39	0.50
	biseksualna	207	1.35	0.49
Partner konzumira drogu i alkohol prije spolnog odnosa	heteroseksualna	1859	1.33	0.49
	homoseksualna	387	1.34	0.49
	biseksualna	207	1.28	0.46
Upotreba psihoaktivnih tvari	heteroseksualna	1870	1.17	0.41
	homoseksualna	390	1.21	0.43
	biseksualna	207	1.24	0.48
Intravenska konzumacija droga	heteroseksualna	1863	1.01	0.13
	homoseksualna	386	1	0.05
	biseksualna	206	1	0.07

2.8.4. Muškarci koji imaju spolne odnose s muškarcima i upotreba droga

Tablica 52. Prikaz varijabli vezanih za upotrebu droga i alkohola s obzirom na to imaju li muški korisnici spolne odnose sa ženama ili muškarcima

		N	M	SD
Upotreba droga i alkohola prije spolnog odnosa	MSŽ	919	1.42	0.53
	MSM	530	1.37	0.49
Partner konzumira drogu i alkohol prije spolnog odnosa	MSŽ	915	1.35	0.51
	MSM	526	1.32	0.47
Upotreba psihoaktivnih tvari	MSŽ	923	1.22	0.45
	MSM	529	1.17	0.42
Intravenska konzumacija droga	MSŽ	915	1.02	0.16
	MSM	525	1.01	0.08

2.8.5. Povijest testiranja i upotreba droga

Tablica 53. Prikaz varijabli vezanih za upotrebu droga i alkohola s obzirom na to jesu li se već testirali na HIV

	Povijest testiranja na HIV	N	M	SD
Upotreba droga i alkohola prije spolnog odnosa	NE	1642	1.38	0.51
	DA	826	1.40	0.51
Partner konzumira drogu i alkohol prije spolnog odnosa	NE	1637	1.33	0.49
	DA	820	1.33	0.49
Upotreba psihoaktivnih tvari	NE	1646	1.17	0.42
	DA	821	1.20	0.43
Intravenska konzumacija droga	NE	1638	1.01	0.10
	DA	818	1.02	0.14

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U Hrvatskoj je većina mladih osoba (85%) u dobi 18-25 godina seksualno aktivna (Landripet, Štulhofer i Baćak, 2011). Istraživanje Træna i Štulhofera iz 2012. godine na uzorku mladih iz Norveške i Hrvatske pokazalo je kako seksualno aktivne mlade osobe u obje države procjenjuju rizik zaraze HIV-om i drugim spolno prenosivim bolestima niskim ili zanemarivim. Većina osoba (85-89%) koje ne koriste kondom smatraju kako je rizik zaraze HIV-om mali ili ne postoji. Unutar Klinike za infektivne bolesti u Zagrebu kao najčešći razlog ranijeg netestiranja na HIV (75.4%) korisnici navode da nisu bili u riziku od infekcije (Kavić, 2013).

Među osobama testiranim u Check Pointu prednjače muškarci, njih 61.5% u odnosu na 38.5% žena. Od ukupnog broja testiranih, 66.8% osoba testiralo se po prvi puta. Ako se taj podatak usporedi s 55% osoba testiranih po prvi puta u Klinici za infektivne bolesti i Hrvatskom zavodu za javno zdravstvo 2010. godine i 55.8% osoba koje su testirane po prvi puta u Klinici za infektivne bolesti tijekom 2013. godine, Check Point je u većoj mjeri zahvatio osobe koje nikada nisu testirane na HIV (Matković Puljić, Kosanović Ličina, Kavić i Nemeth Blažić, 2014; Kavić, 2013).

Muškarci se značajno češće testiraju na HIV nego žene, a povijest ranijeg testiranja češće imaju i starije testirane osobe. Na navedeni podatak potrebno je gledati s oprezom jer su starije osobe imale i više prilika za testiranje na HIV tokom života.

Zanimljiv je podatak kako se 81.3% osoba u dobi 18-25 godina nikada ranije nije testiralo na HIV. U istraživanju iz 2011. godine, 90.8% mladih u dobi 18-25 godina nikada se ranije nije testiralo na HIV (Landripet i sur., 2011).

Homoseksualne osobe značajno češće već imaju povijest testiranja u odnosu na biseksualne i heteroseksualne osobe. Muškarci koji imaju spolne odnose s muškarcima značajno se češće testiraju na HIV nego muškarci koji imaju spolne odnose isključivo sa ženama.

U usporedbi s Checkpointom u Ženevi gdje 90% testiranih MSM-ova ima povijest prijašnjeg testiranja na HIV, samo 40.6%

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MSM osoba testiranih u Check Pointu Zagreb se ranije testiralo na HIV (Gumy i sur., 2012).

Istraživanje provedeno u Hrvatskoj na osobama testiranim u Klinici za infektivne bolesti i Hrvatskom zavodu za javno zdravstvo pokazalo je kako je opetovano testiranje na HIV povezano sa životom u urbanom području, muškim spolom, muškarcima koji imaju spolne odnose s muškarcima, osobama starijim od 25 godina, fakultetskim obrazovanjem, osobama koje su imale tri ili više spolna partnera u posljednjih godinu dana, dosljednom upotrebom kondoma sa stalnim i povremenim partnerima, upotrebom kondoma pri posljednjem spolnom odnosu i intravenoznom upotrebom droga (Matković Puljić, Kosanović Ličina, Kavić i Nemeth Blažić, 2014).

Stručno osoblje u Check Pointu, koje provodi savjetovanja prije i nakon testiranja te samo testiranje na HIV i HCV, pridržava se smjernica objavljenih u „Priručniku za HIV savjetovanje i testiranje“ (Nemeth Blažić i sur., 2009).

Svrha je savjetovanja vezanog uz HIV smanjiti zarazu HIV-om kao i daljnji prijenos HIV-a, na način da se korisnike informira o putovima prijenosa HIV-a, prevenciji HIV-a te im se objasne rezultati testiranja na HIV. Također, korisnicima se nastoji pomoći u utvrđivanju rizičnih ponašanja koja mogu dovesti do zaraze, ali i prenošenja HIV-a te im je potrebno dati smjernice kako smanjiti rizik (Nemeth Blažić i sur., 2009).

HIV savjetovanje je intervencija koja se u istraživanjima pokazala kao učinkovita intervencija u smanjenju rizičnog spolnog ponašanja kod muškaraca koji imaju spolne odnose s muškarcima (Dilley i sur., 2007). Projekt „Respect“ proveden u San Franciscu pokazao je kako kratke savjetodavne intervencije u kojima se koristi na klijenta usmjereno planiranje smanjenja rizika može djelovati na korisnike na način da korisnici povećaju upotrebu kondoma i na smanjenje učestalosti spolno prenosivih bolesti (Kamb i sur., 1998).

Usprkos istraživanjima koja pokazuju kako je percepcija rizika zaraze HIV-om

vrlo mala (Træn i Štulhofer, 2012; Kavić, 2014), najčešći razlog dolaska na testiranje u Check Pointu je nezaštićeni spolni odnos (76.3%).

Radi nezaštićenog spolnog odnosa značajno su češće dolazile žene, osobe mlađe životne dobi, biseksualne i heteroseksualne osobe u odnosu na homoseksualne, osobe koje su došle na testiranje po prvi puta i osobe koje su testirane negativnima na testu na HIV.

Promiskuitet seksualnog partnera značajan je razlog dolaska na testiranje gdje korisnici procjenjuju da je njihov seksualni partner imao veći broj partnera i/ili partnerica u prošlosti ili je imao spolne odnose s trećim osobama za vrijeme trajanja seksualne i/ili emocionalne veze. Iz tog razloga na testiranje je došlo 14.6% osoba. Zbog promiskuiteta seksualnog partnera češće su dolazile žene, heteroseksualne osobe u odnosu na homoseksualne i osobe koje nikada ranije nisu bile na testiranju.

Osvrtom na razloge dolaska na testiranje kao osobito zanimljivi razlozi pojavljuju se redovno testiranje na HIV/kontrola i započinjanje nove veze.

Preporuke Centra za kontrolu i prevenciju bolesti (eng. Centers for Disease Control and Prevention) za spolno aktivne muškarce koji imaju spolne odnose s muškarcima je testiranje na HIV barem jednom godišnje kako bi se otkrile nove HIV infekcije i spriječilo njihovo daljnje širenje (Branson i sur., 2006). Radi redovnog testiranja/kontrole u Check Point je došlo 10.2% korisnika i to češće muškarci, osobe starije dobi, homoseksualne osobe u odnosu na biseksualne i heteroseksualne, biseksualne osobe u odnosu na heteroseksualne, muškarci koji imaju spolne odnose s muškarcima i osobe koje su na testiranju bile HIV reaktivne.

Radi započinjanja nove veze na testiranje je došlo 9.5% osoba i to češće muškarci nego žene.

U Klinici za infektivne bolesti tijekom 2013. godine je na testiranje radi nezaštićenog spolnog odnosa došlo 39.5% osoba, radi promiskuiteta spolnog partnera 6%, redovnog testiranja 13.1% i započinjanja nove veze 6.9% osoba (Kavić, 2014).

U Checkpointu u Ženevi glavni razlozi dolaska na testiranje su rizičan spolni odnos (40%), redovno testiranje (30%) i prestanak korištenja kondoma u novom trajnom odnosu (10%) uz napomenu kako su rezultati vezani uz MSM populaciju (Gumy i sur., 2012).

U Hrvatskoj je, kod mladih odraslih osoba 18-25 godina, prosječna dob prvog spolnog odnosa 17 godina. Mladi pri prvom spolnom odnosu kondom koriste u 70% slučajeva, a tek petina (20%) mladih redovito koristi kondom. Značajna proporcija mladih osoba uključuje se u rizična seksualna ponašanja (primjerice više usporednih seksualnih partnera i neupotreba kondoma) te podaci ukazuju na to da su mladi muškarci i žene u Hrvatskoj povećano ranjivi na spolno prenosive bolesti (Landripet, Štulhofer i Baćak, 2011).

Većina osoba testiranih u Check Pointu (80.9%) procjenjuje kako je u posljednjih pola godine bila višestruko izložena riziku zaraze HIV-om. Značajno više žena i osoba oba spola koje se nisu prije testirale na HIV smatraju kako su bili višestruko izloženi zarazi.

Korisnici unutar veze u prosjeku ponekada koriste kondom, a izvan veze često. Kondom unutar veze češće koriste muškarci i osobe u dobi 18-25 godina u odnosu na ostale dobne skupine, homoseksualne i biseksualne osobe u odnosu na heteroseksualne, muškarci koji imaju spolne odnose s muškarcima i osobe koje su se već ranije testirale.

Kondom izvan veze češće koriste muškarci, mlađe osobe u odnosu na starije, homoseksualne i biseksualne osobe u odnosu na heteroseksualne, muškarci koji imaju spolne odnose s muškarcima i osobe koje su se već testirale na HIV.

Osobe testirane u Klinici za infektivne bolesti unutar veze kondom u prosjeku koriste rijetko. Međutim, moguće je razlikovati i 38.4% osoba koje se testiraju prije nego što prestanu koristiti kondom unutar veze i 2.7% osoba koje koriste kondom na početku veze, a kasnije ga, kada steknu povjerenje u partnera/partnericu, prestanu koristiti. Pri spolnom odnosu s nekime s kime nisu u vezi u prosjeku povremeno koriste kondom (Kavić, 2014).

U istraživanju Træna i Štulhofera (2012) upotreba kondoma povezana je s procjenom višeg rizika zaraze HIV-om i drugim spolno prenosivim bolestima kod muškaraca u Hrvatskoj. U Hrvatskoj postoji percepcija da je upotreba kondoma odgovornost muškarca. Mogući razlog je procjena većeg rizika neželjene trudnoće i zaraze HIV-om ili drugim spolno prenosivim bolestima kada ih zaštita iznevjeri.

Najčešći razlog neupotrebe kondoma korisnika Check Pointa je povjerenje u partnera/partnericu te ga iz tog razloga češće ne koriste žene i mlađe osobe.

Drugi najčešći razlog neupotrebe kondoma je to što osobe ne vole koristiti kondom/bolji im je osjećaj bez kondoma te ga iz tog razloga češće ne koriste muškarci.

Træn i Štulhofer (2012) smatraju kako bi nove kampanje trebale biti usmjerene prema muškarcima koji vjeruju kako je veliki broj spolnih partnerica znak muškosti i prema ženama koje se ne smatraju odgovornima za upotrebu kondoma.

Medijan broja spolnih partnera testiranih osoba je 2, odnosno, pola testiranih osoba imalo je do dva ili dva spolna partnera u posljednjih 12 mjeseci. Veći broj spolnih partnera imali su muškarci u odnosu na žene, homoseksualne i biseksualne osobe u odnosu na heteroseksualne osobe i osobe koje su već testirane u odnosu na netestirane osobe.

U istraživanju Landripeta i suradnika (2011) medijan spolnih partnera osoba u dobi 18-25 godina je 1, odnosno, 65.5% osoba imalo je 0 ili jednog spolnog partnera, u odnosu na 34.5% osoba u dobi 18-25 godina u Check Pointu koji su imali 0 ili jednog spolnog partnera. Drugim riječima, korisnici usluga Check Pointa u dobi 18-25 godina imali su veći broj spolnih partnera u posljednjih godinu dana u odnosu na osobe iste dobi iz istraživanja iz 2011.

Većina testiranih osoba (94.5%) imala je spolnog partnera nepoznatog HIV/HCV statusa. Nešto manje od pola testiranih osoba imalo je spolni odnos sa strancem, odnosno, osobom koja ne živi u Hrvatskoj (42%). Spolni odnos sa strancem češće su imale osobe starije životne dobi i osobe koje su već testirane na HIV.

U Klinici za infektivne bolesti 74.8% osoba imalo je spolni odnos s osobom nepoznatog HIV statusa, a 16.2% spolni odnos sa strancem (Kavić, 2014).

O spolno prenosivoj bolesti izvijestilo je 19.7% osoba, a najčešće spolno prenosive bolesti su HPV, klamidija i ureaplazma. Spolno prenosivu bolest češće su imale žene, osobe starije dobi, heteroseksualne osobe u odnosu na biseksualne i osobe već testirane na HIV.

U istraživanju na mladima 18-25 godina utvrđeno je kako je 4.6% osoba imalo neku spolno prenosivu bolest (Landripet i sur., 2011), u odnosu na 16.2% osoba u dobi 18-25 godina koje su testirane u Check Pointu.

Korisnici usluga Check Pointa u prosjeku nikada ne koriste drogu i alkohol prije/za vrijeme seksa. Spolni partner korisnika u prosjeku nikada ne koristi drogu/alkohol prije/za vrijeme seksa. Korisnici u prosjeku nikada ne koriste psihoaktivne tvari.

U Klinici za infektivne bolesti tijekom 2013. godine 11.5% korisnika koristilo je droge, od kojih najčešće marihuanu (7.3%), kokain (1.2%) i heroin (1%) (Kavić, 2014).

U skladu s unaprijed dogovorenom suradnjom s Klinikom za infektivne bolesti „Dr. Fran Mihaljević“ sve osobe testirane reaktivnima na HIV i HCV u Check Pointu upućene su u Kliniku. Većina osoba reaktivnih na HIV javilo se u Referentni centar za dijagnostiku i liječenje zaraze HIV-om te su uključeni u medicinsku skrb vezanu uz HIV.

Istraživanje Begovca i suradnika iz 2008. godine pokazalo je da je vrijeme otkrivanja HIV pozitivnog statusa i ulaska u zdravstvenu skrb u populaciji muškaraca koji imaju spolne odnose s muškarcima moguće poboljšati osiguranjem razgranate mreže centara za dobrovoljno, anonimno i besplatno testiranje na HIV i edukacijskim aktivnostima. Navedene intervencije su osobito snažne ako se provode u nevladinim gej organizacijama što je javnozdravstvena implikacija za Hrvatsku koja je zemlja s niskom razinom HIV epidemije.

ZAKLJUČAK

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Usprkos tome što je Hrvatska zemlja niske učestalosti HIV infekcije, u Hrvatskoj se na HIV testira vrlo mali postotak spolno aktivne populacije. U prvoj polovici 2013. godine u 10 centara za testiranje na HIV (Zavodi za javno zdravstvo u Zagrebu, Puli, Rijeci, Splitu, Zadru, Osijeku, Slavonском Brodu, Dubrovniku, Korčuli, Zatvorskoj bolnici u Zagrebi i Klinici za infektivne bolesti „Dr. Fran Mihaljević“) na HIV se testiralo 1713 osoba (HZJZ, 2013).

Ako se uzme u obzir da je samo u Check Pointu tijekom godinu dana testirano 2028 osoba, čini se da je Check Point testiranjem u zajednici, izvan institucija, uspješno privukao kako nove korisnike koji nikada ranije nisu testirani na HIV, tako i osobe koje su se jednom ili nekoliko puta testirale u institucionalnom okruženju.

Check Point Zagreb osmišljen je prvenstveno kao mjesto gdje se mlade osobe mogu testirati na HIV i HCV pouzdanim testovima te pri prvom posjetu dobiti rezultate, ali i razgovarati s iskusnim liječnicima i savjetnicima o rizicima i mogućim načinima sprečavanja rizika u budućnosti. Osim mladih osoba, Check Point je svojom otvorenošću, ali i pristupačnošću, privukao i starije korisnike kao i populaciju MSM osoba među kojima je nezaštićeni analni seks dominantan put prijenosa HIV-a.

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PRIJEVOD I LEKTURA

Inter alia, Samobor

DIZAJN I TISAK

Bijeli čarobnjak d.o.o. Zagreb

SPONZOR

Omogućeno financijskom potporom od strane Gilead Sciences Europe Ltd London

CHECK POINT ZAGREB STUDY

- INSIGHT INTO SEXUAL AND RISKY BEHAVIOUR IN THE COMMUNITY

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FOREWORD

CAHIV CROATIAN ASSOCIATION FOR HIV AND VIRAL HEPATITIS

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In the 2012 Annual Report for Healthcare Employees, the opening of the first non-institutional centre for counselling and testing for sexually transmitted and blood borne infectious diseases in Croatia - Check Point Zagreb, was announced. After years of preparing by association CAHIV, relevant experts and decision-makers, a model that has been practiced for years in the European Union was initiated in Croatia with the opening ceremony on May 3, 2013. From the opening until the end of 2014 almost three thousand persons have been educated about risky behavior and ways of transmission of blood borne and sexually transmitted diseases in the Check Point's premises. All users get the possibility of rapid testing for HIV and hepatitis C without a referral and without drawing blood, in non-institutional environment, for the first time.

The opening of Check Point Zagreb eliminated institutional barriers and successfully complemented the existing network of institutional centres for counselling and testing, focusing on young people and their tendency to experiment with risky behavior which increased acceptance in society and reduced stigma and, by providing an anonymous, non-judgmental, confidential and free counselling and rapid testing, attracted the population under the real risk of infection. Close cooperation with relevant institutions and experts ensured the quality of service and provided further care and treatment for all persons who tested positive.

CAHIV is proud to release this publication containing Check Point Zagreb's results from the very beginning to the end of 2014. In Croatia, but also in the world, there is a lack of comparable studies that cover this issue, therefore, the publication of this study is a great step forward. The success of the centre is also confirmed by numerous acknowledgements by the European and international institutions which stand out Check Point Zagreb as a model of good practice and a model for countries in the region and beyond. Hereby we wish to thank all those who have contributed and helped in the development of this study.

Check Point Zagreb is a direction in which to go when it comes to prevention and early detection of blood borne and sexually transmitted diseases and this has been recognized by the users themselves. They come to the centre for testing continuously during the year, regardless of the public campaigns. Check Point Zagreb has become a place that people recognize and recommend to their acquaintances. Their satisfaction with the service provided is best seen from their comments:

"A great education! All information on the site, from the first and right hand. You're the best!"

"Above Croatian standards, regarding their service and the employees"

"Pleasantly surprised by the accessibility and understanding"

"Fast service, pleasant conversation with a counselor, positive atmosphere."

"Very friendly and attentive staff. A very useful thing for society."

"I am very pleased with the service provided. Thank you for your existence! I came to this test a little scared, but I was soon relaxed in this pleasant atmosphere. Continue with the work!"

"Generally embarrassing situation made maximally comfortable :)"

"Professional service in „casual “atmosphere. Thank you!"

"I am fully satisfied with the service. Friendly and well trained staff. Young and smiling without strange looks why I'm here and who I am."

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1 HIV IN CROATIA

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1.1 30 years of HIV in Croatia

It has been 30 years since the first case of serologically confirmed HIV infection in Croatia. First confirmed cases of an HIV infection in Croatia were recorded in October of 1985. The first two infected patients had returned from Western European countries and had been infected with HIV through intercourse with other men. Both patients died in 1986 (Begovac, Zekan and Skoko-Poljak, 2006).

In 1993 Croatia launched its National AIDS Health Protection Program, which was based on the National AIDS Prevention Program of 1986. Croatian National HIV/AIDS Prevention Program (2005-2010) was based on new findings regarding prevention strategies of HIV/AIDS and the Declaration of Commitment on HIV/AIDS, adopted by the UN General Assembly in June 2001. Following this period, consent was obtained for the continuance of the national program under the name Croatian National HIV/AIDS Prevention Program (2011-2015) (Ministry of Health, 2011).

Routine monitoring of CD4 cells and viremia in Croatia has been available since January 1998, and highly active antiretroviral therapy (HAART) has been free for all patients with basic medical insurance since April 1998 (Begovac, Gedike, Lukas and Židovec Lepej, 2008).

Until 2004 it was possible to get tested for HIV by simply presenting your health insurance card (free) or anonymously, but the latter option was payable and did not include any counselling prior to the testing. Both free and anonymous HIV testing was not possible (Kosanović and Kolarić, 2006).

Due to the successful application with the Global Fund to Fight HIV/AIDS, Tuberculosis and Malaria, in the period 2004-2006, Croatia completed a number of activities aimed at preventing HIV/AIDS. In this period, 10 new centres were opened which offered free, anonymous and voluntary HIV testing. The Global Fund also made possible the HIV seroprevalence study among the MSM population on subjects of the sampling conducted in Zagreb during

2006. The MSM population was also the target group of non-governmental gay organizations which conducted educational activities and researched sexual behaviour (Štulhofer, Baćak, Božićević and Begovac, 2008).

Other major components of the project of the Global Fund included psychosocial support to people suffering from HIV/AIDS, targeted interventions for intravenous drug users (IDU), monitoring of HIV infection among sexual workers, education of young people and introducing second generation of monitoring (Begovac, Gedike, Lukas and Židovec Lepej, 2008).

The monitoring system for HIV and other sexually transmitted diseases (STD) was for the most part based on reporting the relevant diseases. HIV prevalence is assessed among people tested in a clinical environment, centres for voluntary, free and anonymous HIV testing and among blood donors (Begovac, Zekan and Skoko-Poljak, 2006). Health workers should report every case of HIV/AIDS and other STDs to the Croatian Institute of Public Health.

Reporting new HIV/AIDS cases has been consistent in the last several years, thanks to the cooperation of the Croatian Institute of Public Health, laboratories for HIV testing, centres for voluntary and anonymous HIV testing, and University Hospital for Infectious Diseases "Dr Fran Mihaljević" in Zagreb (Božićević et al., 2009).

Health care of HIV/AIDS patients in Croatia is centralized within the Reference Centre for Diagnostics and Treatment of HIV Infection and Clinical Department for Infections in the Immunocompromised at the University Hospital for Infectious Diseases "Dr Fran Mihaljević".

1.2 Current situation in Croatia

Croatia belongs to countries with low HIV prevalence rates, which annually ranges between 12 and 17 per one million people. According to the ECDC (European Centre for Disease Prevention and Control), during 2013 the lowest rate of new HIV infections was reported in Slovakia (1.5

per 100,000 people) and Croatia (2.0 per 100,000 people) (ECDC/WHO, 2014).

According to data obtained from the Croatian Institute of Public Health (CIPH), in the period 1985-2015 in Croatia a total of 1208 people were diagnosed with HIV infection. From the cumulative number of infected persons, 441 got AIDS, and 180 died from AIDS (CIPH, 2015). Compared to 2004, in 2013 the rate of HIV infected people increased by 50% (ECDC/WHO, 2014).

Sexual intercourse is the dominant mode of HIV transmission in Croatia (88.3%), and 59.1% of those infected are men who have sexual intercourse with men (MSM). Next are high-risk heterosexual intercourse between people with a high number of sexual partners (29.2%) and permanent partners of HIV infected people (9.5%). The majority of infected patients are men (86%), and the largest number of infections was registered in the 25-44 age group (CIPH, 2015).

1.3 HIV prevention

One of the specific goals of the Croatian National Program for HIV/AIDS prevention (2011-2015) is the increase in the number of voluntary counselling and HIV testing, in order to prevent the disease from spreading. That is, the goal is to motivate persons who engage in risky behaviour to undergo HIV testing and to increase the number of such testing, as well as to open, if necessary, new centres for voluntary testing and counselling (Ministry of Health, 2011).

Begovac et al. (2008) investigated whether interventions under the project of the Global Fund 2004-2006 had any impact on entry of HIV infected people to the medical care system. Among other things, such interventions included opening of 10 new centres for HIV testing. Research has shown that the number of MSM persons who entered the health care system has increased, they were of a younger age and their immunosuppression was lower in the period 2004-2006 than 2001-2003, when such testing centres did not exist.

1.4 CAHIV

CAHIV (Croatian Association for HIV and Viral Hepatitis) is a non-governmental, non-politic, non-profit association focused on prevention, education and helping people who live with HIV/AIDS or viral hepatitis. CAHIV helps all people who live with HIV or hepatitis to solve their problems in terms of medical, social or legal aid, actively takes part in the field of educating young people and the general public about HIV and hepatitis and discrimination related thereto (CAHIV, 2011).

CAHIV started with its work in 1999 and its main goal was to help people who had HIV/AIDS. During the first years of its work, the efforts were focused on ensuring medical and social care to people living with HIV/AIDS. With time, people who live with HIV were provided with self-support groups, free legal advice and psychosocial aid. The field of work was expanded to prevention and educational projects (CAHIV, 2011).

In 2005 the Centre for testing and counselling was opened at the University Hospital for Infectious Diseases "Dr Fran Mihaljević" in Zagreb, through the Global Fund project (CAHIV, 2011).

At the beginning of 2010 activities were further expanded to the field of viral hepatitis, and CAHIV changed its name to the Croatian Association for HIV and Viral Hepatitis (CAHIV, 2011).

Our most significant projects include: Check Point Zagreb – a youth health and education centre, CAHIV INFO bulletin, SOS telephone line, public lectures on HIV/AIDS, education for health care and social care workers, education of future health care workers and of young people, public campaigns, celebration of important dates (CAHIV, 2011).

The importance of CAHIV is confirmed by the fact that CAHIV is the organization responsible for carrying out certain activities mentioned in the Croatian National Program for HIV/AIDS Prevention (2011-2015) (Ministry of Health, 2011). All CAHIV projects are prepared and carried out

in accordance with the Croatian National Program for HIV/AIDS Prevention.

1.5 Check Point

Early diagnosis of HIV infection is crucial for reducing mortality, morbidity and transmission of HIV and it includes counselling and assessment of eligibility for treatment. Although some European countries offer universal access to health care, most people belonging to those vulnerable groups do not get tested for HIV or are faced with obstacles when they try to get tested within their formal healthcare system (HIV-COBATEST, 2008).

Testing in the community has been recognized as a good model for approaching the groups of the highest risk and discovering their HIV status. The centres represent an excellent way to improve all aspects of HIV testing and counselling by ensuring availability, efficiency for the sensitive and not easily accessible groups (HIV-COBATEST, 2008). Also, testing in the community can act as a bond between HIV positive people and people working in health care.

In the 2012 Annual Report for Healthcare Employees, Dragan Miličić announced the opening of the first non-institutional centre for counselling and testing for blood borne infectious diseases in Croatia - Check Point Zagreb.

This is a contemporary and innovative approach to citizens' health, which has been in practice in the EU countries for years. Director of the University Hospital for Infectious Diseases "Dr Fran Mihaljević", Adriana Vince, considers Check Point to be a "medicine substandard". Chief Physician at "Dr Fran Mihaljević", Josip Begovac, thinks that this new approach to testing in the community should contribute to early detection of HIV and he pointed out that the cooperation between different associations and the University Hospital is vital to HIV prevention (Hina, 2013).

The following institutions have offered their professional support to CAHIV's project Check Point:

- Reference Centre for Diagnostics and

Treatment of Infectious Diseases, University Hospital for Infectious Diseases "Dr Fran Mihaljević" - Josip Begovac, MD, PhD

- Reference Centre for Diagnostics and Treatment of Viral Hepatitis, University Hospital for Infectious Diseases "Dr Fran Mihaljević" - Adriana Vince, MD, PhD

- HIV EUROPE

Long-term goals of Check Point are prevention of the spread of sexually transmitted and blood borne diseases, continuous interventions aimed at young people and people at higher risk, as well as familiarizing people with, awakening and increasing people's awareness of the risks and importance of living healthy.

Short-term goals of Check Point:

- Increasing the number of testing for HIV, hepatitis and other blood borne and sexually transmitted diseases of the general public, especially young people
- Discovering HIV and HCV status of people at higher risk
- Interdisciplinary care of people who tested positive for HIV and/or HCV
- Education of the public, especially young people, about HIV, HCV and other sexually transmitted and blood borne diseases through counselling and offering psychosocial help
- Enabling people to continuously care for their health by offering easily accessible check-ups and testing

Every client who decides to undergo testing at Check Point has the possibility to receive counselling prior to the testing, HIV and HCV testing, as well as counselling after the testing and delivery of the test results.

Counselling prior to testing or HIV counselling is a confidential dialogue between the person and the counsellor, aimed at

helping the person confront the stress and reach a decision regarding HIV/AIDS (WHO, 1994, according to Nemeth Blažić et al., 2009). Voluntary and anonymous HIV testing and counselling in the centres is conducted by doctors of medicine, psychologists, social workers and so on, who have been trained to work in counselling centres (Nemeth, Blažić et al., 2009).

Counselling prior to testing at Check Point is carried out by professional associates who are psychologists, social workers and counsellors.

HIV testing is done with the help of OraQuick ADVANCE Rapid HIV-1/2 Antibody Test and OraQuick HCV Rapid Antibody Test. The use of OraQuick tests is supported by the Centre for Disease Control and Prevention, which included the tests in their guidelines (CDC, 2013).

The OraQuick ADVANCE Rapid HIV-1/2 Antibody Test gives results with 99.3% accuracy from oral fluid, in only 20 minutes, which enables issuance of the results immediately upon first visit to the counselling centre, as well as immediate counselling (OraSure Technologies, Inc, 2013a).

The OraQuick HCV Rapid Antibody Test gives results with an accuracy of over 98% from oral fluid, in only 20 minutes, which, as with the HIV test, enables issuance of the results immediately, during the first visit to the counselling centre (OraSure Technologies, Inc, 2013b).

Counselling after testing is a process whereby the person is given the results of their HIV (HCV) test, followed by counselling, depending on the results. We try to help the person understand and accept the test results (Nemeth Blažić et al., 2009).

Testing and obtaining of the results are carried out by doctors from the University Hospital for Infectious Diseases "Dr Fran Mihaljević" and the Croatian Red Cross. The Check Point project and all its services are under supervision of the Head of the Department for Serological Diagnosis of Hepatitis and HIV, Institute for Clinical Microbiology – Department of Virology at the University Hospital for Infectious Diseases "Dr Fran Mihaljević" in Zagreb.

**"Check Point Zagreb"
- public health
synergy of the City
of Zagreb, University
Hospital for
Infectious Diseases
"Dr Fran Mihaljevic"
and association
CAHIV**

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**"Caring for young
people, their education
and counseling, testing,
early detection of
possible infection and
disease and early
treatment..."**

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**...is the main goal of Check Point Zagreb as
a non-institutional public health system that
"exceeds" limits of the City of Zagreb and the
Croatia itself."**

2 WHO IS TESTED AT CHECK POINT ZAGREB

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The following section will present data on users of Check Point, collected in the period from 6 May 2013 until 31 December 2014. In this period 2779 counselling session prior to testing were performed. A total of 2542 people were tested for HIV, and 2178 people for HCV. There were 22 (0.9%) results reactive to HIV, and 20 (0.9%) to HCV.

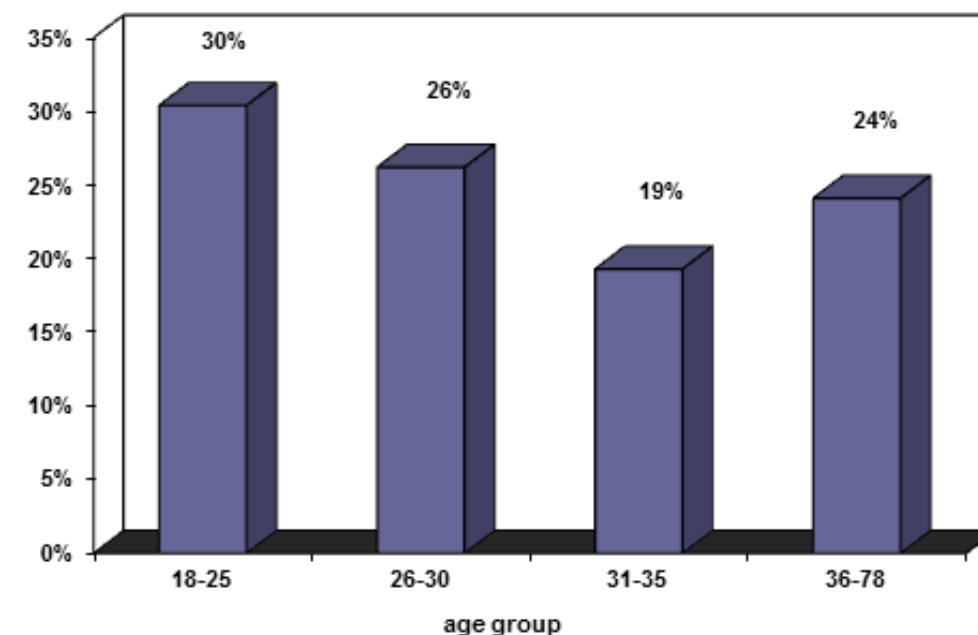
This section will present data on only those users that had been tested for both HIV and HCV or only HIV. Those that were not tested for HIV but for HCV or were not tested at all have been excluded from further analysis.

Also excluded from further analysis were 6 persons below the age of 18 who came to the testing accompanied by their parents or guardians.

2.1 Demographic characteristics of users

There were 778 (38.5%) women and 1241 (61.5%) men tested for HIV or HIV and HCV on average 31 years of age ($M=31$, $SD=8.86$). Median number for age is 29, which means that half of the people tested are younger than 29. The youngest person tested was 18, and the oldest 78 years old.

Chart 1 User distribution according to age



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The majority of those tested live in an urban area (83.8%), small town (11.6%), and the smallest percentage in the country (4.6%).

A very small percentage of users have only primary education (0.8%), college education (6.7%), university education/master/doctorate (39.2%), and more than half have secondary education (52.5%).

Half of the people tested are employed (52.5%), 19% are unemployed, and 28.5% are still attending high school or university.

Most of the people tested are heterosexuals (76%), 15.7% are homosexuals, and 8.2%

are bisexuals. Just over a third (36.6%) of tested men are men who have sexual intercourse with other men (MSM).

Almost half of the people are currently in a relationship (47.6%), 40.7% are single, 9.4% are married, 1.9% are divorced or separated, and 0.4% are widowed.

Less than one fifth of the users of services of Check Point (13%) have a child, and 0.2% of female users were pregnant at the moment of testing.

2.2 History of HIV testing

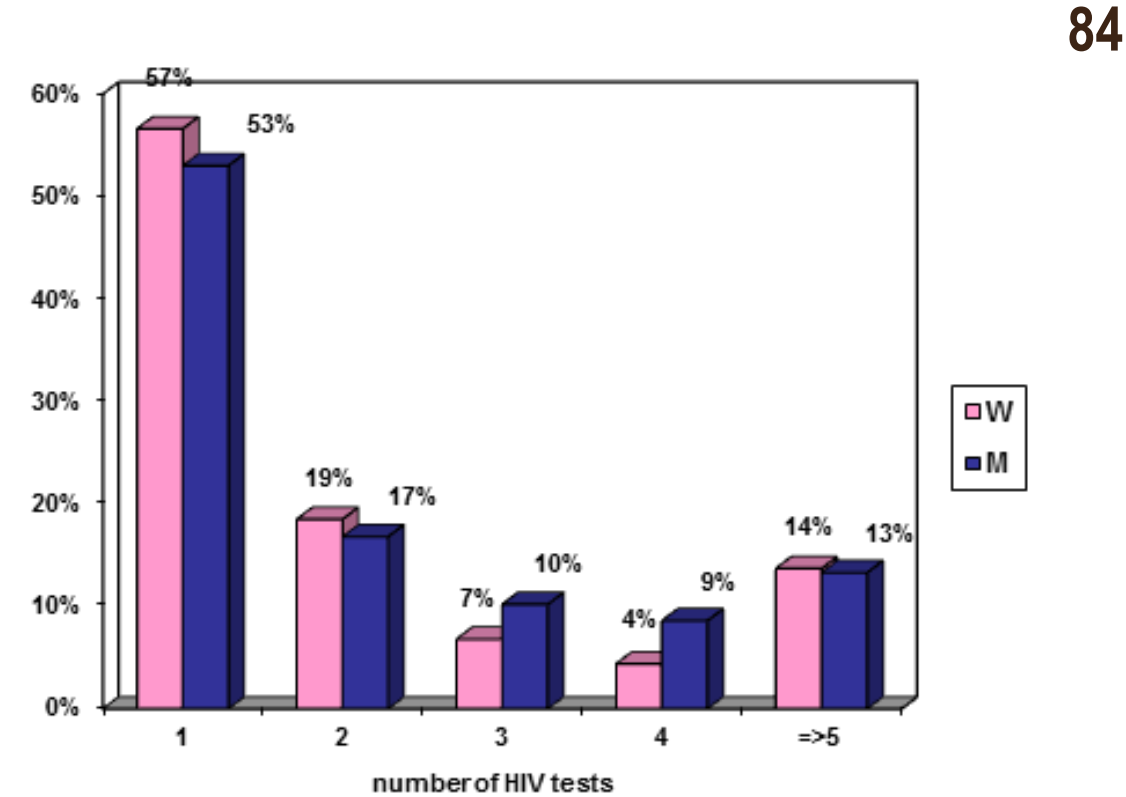
One of the questions in the questionnaire refers to the number of previous HIV testing; however, we do not collect information about the location of the last testing, year of testing and type of HIV testing.

More than two thirds (66.8%) of people tested for HIV at Check Point were tested for the first time. The highest number of tests one person took was 30.

2.2.1 Gender differences in the history of HIV testing

Less than one fifth of women tested (18.4%) had been tested for HIV before, compared to 42.4% of men.

Chart 2 Distribution of previously tested users according to number of HIV tests and gender



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We checked for differences in gender and history of HIV tests. The results have shown that, statistically, men are more likely to have a history of previous HIV testing ($\chi^2=154.09$, $df=1$, $p<.001$).

We also checked whether the men and women that had been tested before displayed any differences in terms of the number of HIV tests, and for this purpose we conducted a median test which showed no difference between men and women. In other words, an equal number of men and women were tested once ($N_M=279$, $N_W=141$), twice ($N_M=92$, $N_W=46$) or several times ($N_M=176$, $N_W=62$).

2.2.2 Age differences in the history of HIV testing

As evident from Table 1, previously tested people for the most part belong to age groups 31-35 (44.3%) and 36-78 (44.2%).

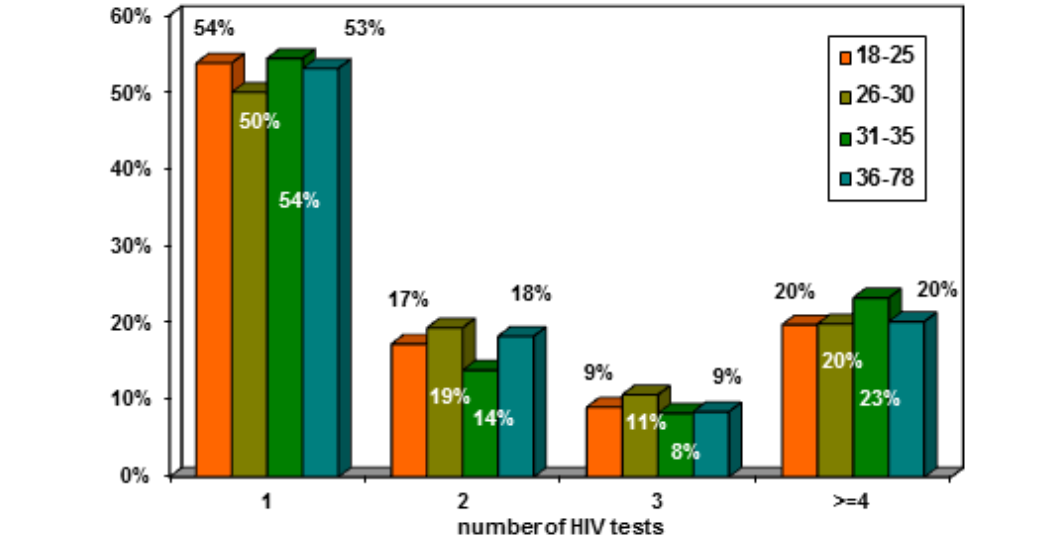
Table 1 Distribution according to age and history of HIV testing

		Age group			
		18-25 N (%)	26-30 N (%)	31-35 N (%)	36-78 N (%)
Has the person been tested for HIV before?	No	623 (81.3)	451 (68.1)	269 (55.7)	337 (55.8)
	Yes	143 (18.7)	211 (31.9)	214 (44.3)	267 (44.2)
Σ		766 (100)	662 (100)	483 (100)	604 (100)

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In order to check for age differences among those tested for the first time and those that had been tested before, we performed the Mann-Whitney test ($p<.001$). The test showed that non-testing for HIV was connected to younger age, and previous testing for HIV with older age. However, these results should be considered with caution as the older users of Check Point's services also had more opportunities for HIV testing during their life.

Chart 3 Distribution of previously tested users according to age and number of HIV testing



In order to check for any age differences in the number of HIV tests among persons who had been tested before, we conducted the median test. By conducting the median test it was established that people of different ages who had already been tested for HIV do not differ significantly in the number of previous HIV tests, that is, the division between people tested once, twice, or several times before is distributed equally among people of all age groups.

2.2.3 Sexual orientation and differences in the history of HIV testing

As can be seen in Table 2, persons who had been tested before are for the most part homosexuals (71.2%), with heterosexuals making up only a small portion (23.2%).

In order to check for significant differences among persons of different sexual orientations in terms of their history of HIV testing, we performed the χ^2 test. We discovered significant differences in the history of HIV testing ($\chi^2=376.86$, $df=2$, $p<.001$) with respect to sexual orientation.

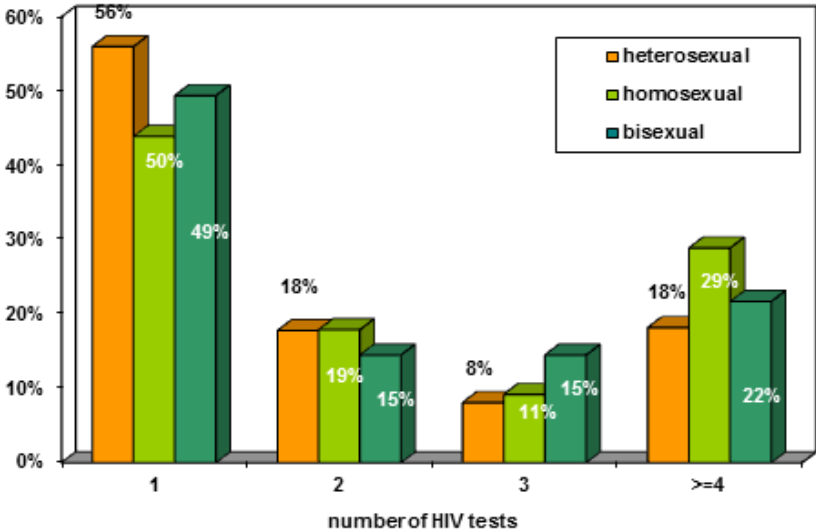
Table 2 Distribution according to sexual orientation and history of HIV testing

		Sexual orientation		
		Heterosexual	Homosexual	Bisexual
Has the person been tested for HIV before?	No	1462 (76.8)	113 (28.8)	99 (47.6)
	Yes	442 (23.2)	280 (71.2)	109 (52.4)
	Σ	1904 (100)	393 (100)	208 (100)

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We discovered that homosexual persons tested for HIV significantly more often than bisexual ($\chi^2=21.15$, $df=1$, $p<.001$) and heterosexual persons ($\chi^2=348.72$, $df=1$, $p<.001$), and that bisexual persons tested significantly more often than heterosexual persons ($\chi^2=82.86$, $df=1$, $p<.001$).

Chart 4 Distribution of previously tested users according to sexual orientation and number of HIV testing



In order to check for differences in the number of testing among previously tested persons, in terms of their sexual orientation, we performed a median test, which showed no statistically significant differences. That is, among previously tested people - whether heterosexual, homosexual or bisexual - the percentage of those tested once, twice or several times is distributed evenly.

2.2.4 Men who had sexual intercourse with other men and HIV testing

Out of the total number of men tested at Check Point, 35.6% have sexual intercourse with other men (MSM), and 64.4% were men who have intercourse only with women (MSW).

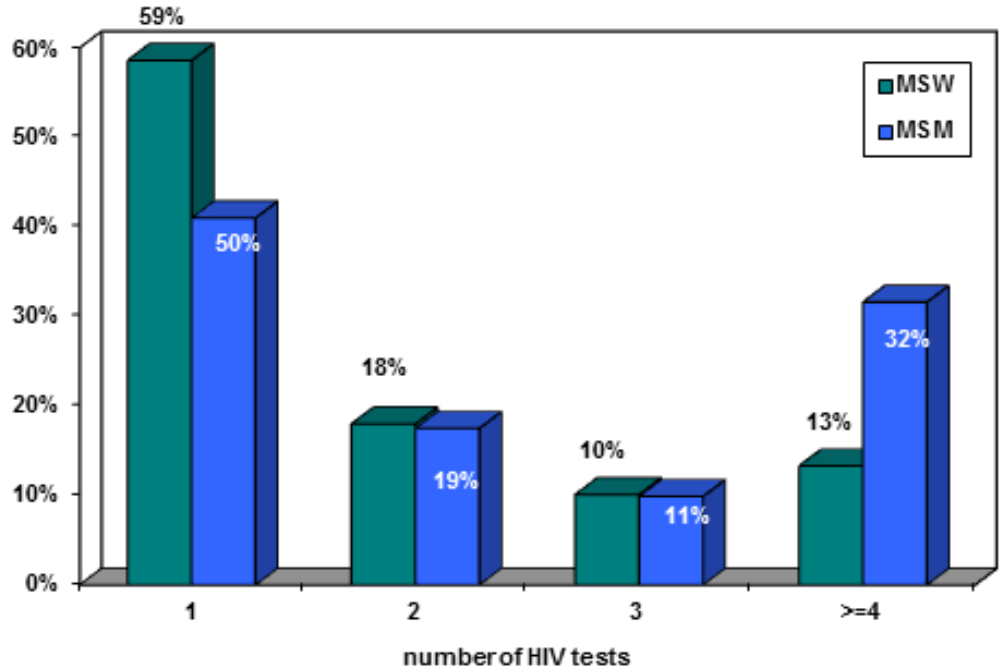
Table 3 Distribution of male users with respect to whether they have intercourse with men or women and their history of HIV testing

		MSW	MSW	MSM	MSM
		N	%	N	%
Has the person been tested for HIV before?	No	608	65	319	59.4
	Yes	328	35	218	40.6
Σ		936	100	537	100

By performing the χ^2 test, we detected that MSM men get tested for HIV significantly more often than MSW ($\chi^2=4.51$, $df=1$, $p<.05$).

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Chart 5 Distribution of previously tested male users with respect to whether they have intercourse with men or women and their history of HIV testing



In order to check for differences among the already tested MSW and MSM men in terms of the number of HIV tests, we performed a median test, which displayed great differences ($\chi^2=14.90$, $df=1$, $p<.001$). In other words, men who engage in sexual relations with other men have significantly more often had more than one HIV tests, compared to men who have sexual intercourse only with women. For example, more than 30% of MSMs were tested 4 times and more, compared to 13.3% of MSWs.

2.2.5 Results of HIV testing and differences in the history of testing

Out of the persons that tested negatively for HIV, 66.9% were tested for the first time. Out of the persons with a reactive result for HIV, 50% had never before been tested for HIV.

Table 4 Distribution with respect to the result of HIV testing and history of HIV testing

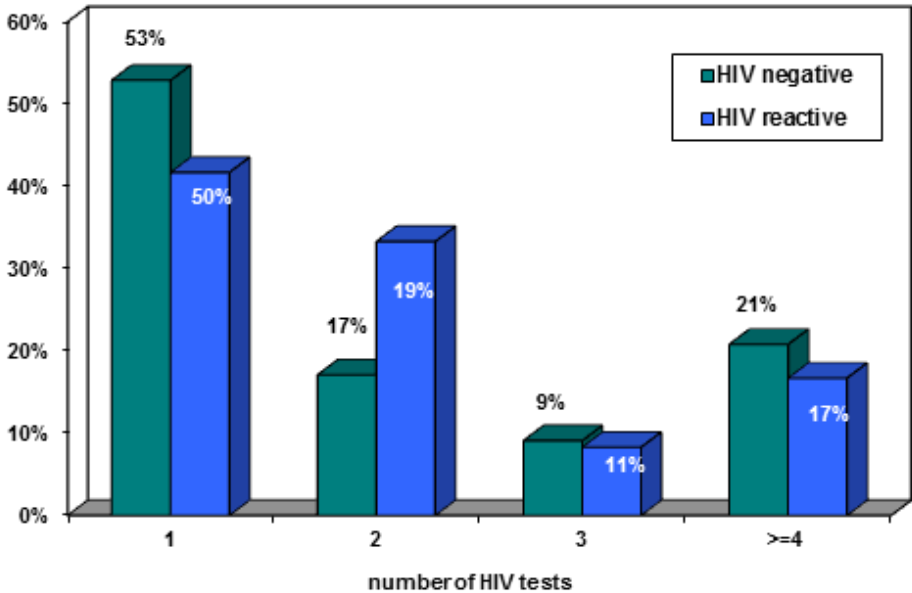
		Result of HIV test			
		HIV negative N	HIV negative %	HIV reactive N	HIV reactive %
Has the person been tested for HIV before?	No	1665	66.9	11	50
	Yes	823	33.1	11	50
Σ		2488	100	22	100

In order to check for differences in testing history in terms of the result of HIV testing, we performed the χ^2 test. The results showed no significant differences in testing history among persons with negative and reactive HIV results.

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We also checked whether the previously tested HIV negative and HIV reactive persons were different with respect to the number of previous tests and we found that there are no significant difference, i.e. that both HIV negative and HIV reactive persons had been tested for HIV an equal number of times.

Chart 6 Distribution of previously tested persons with respect to the result of HIV testing and history of HIV testing



2.3 History of HCV testing

One of the questions in the questionnaire referred to the number of previous HCV testing. Besides that, we collected additional information about the location and the year of the last testing and the type of test.

More than three quarters of users (73%) of Check Point's services had never been tested for HCV, and 3 people had been tested more than 20 times. With respect to persons who had already been tested for HIV, the median of testing equalled 1, which means that half of them had already been tested for HCV once.

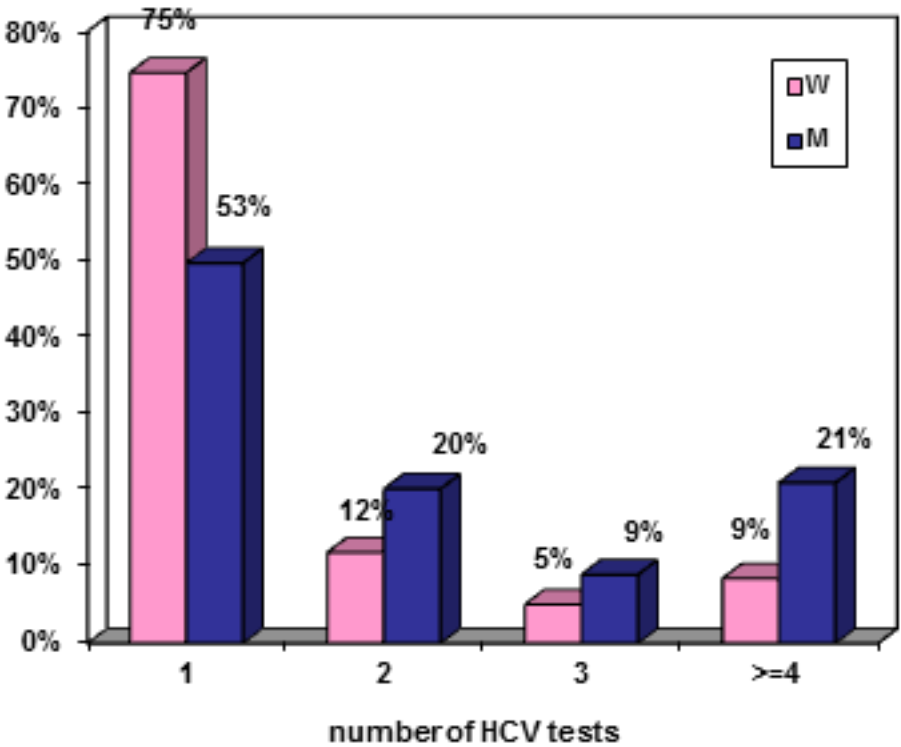
2.3.1 Gender differences in the history of HCV testing

More than three quarters of women (85.3%) had never been tested for HCV, compared to two thirds of men (62.9%).

We checked for differences in gender and history of HCV testing. Men exhibited a history of earlier HCV testing than women ($\chi^2=144.81$, $df=1$, $p<.001$).

We also checked whether the men and women that had been tested before displayed any differences in terms of the number of HCV tests, and for this purpose we conducted a median test. The test showed that the men who were tested previously were tested significantly more than women ($\chi^2=23.89$, $df=1$, $p<.001$), i.e. 50.29% of men were tested more than once, compared to 25.42% of women.

89 Chart 7 Previously tested persons according to gender and number of HCV testing



2.3.2 Age differences in the history of HCV testing

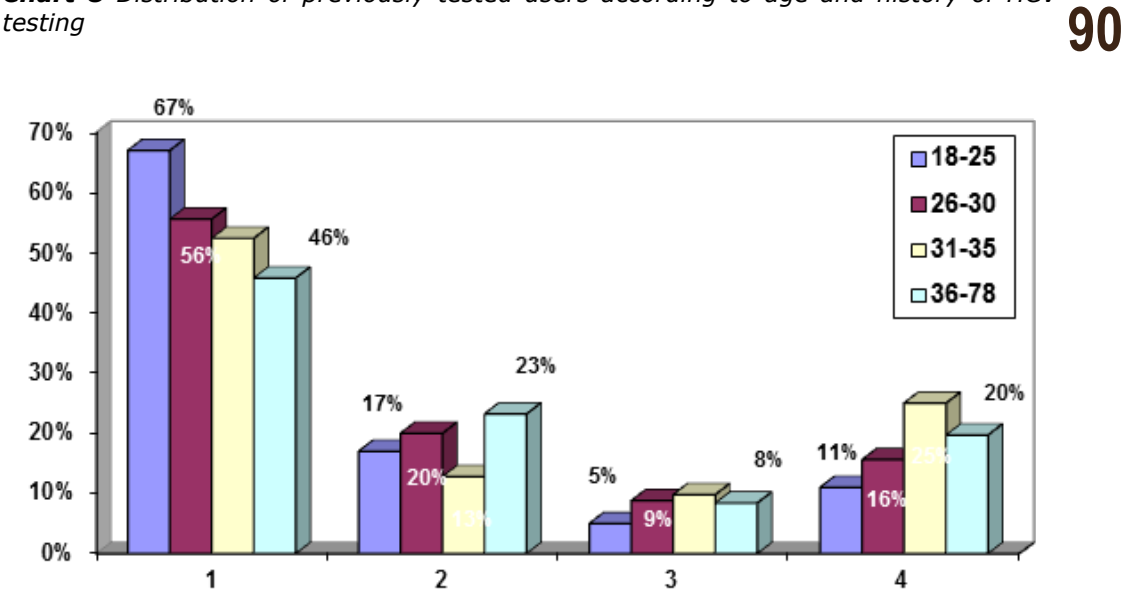
As can be seen in Table 5, persons previously tested for HCV for the most part belong to age group 36-78 (39.2%) and 31-35 (38.8%).

Table 5 Distribution according to age and history of HCV testing

		Age group			
		18-25 N (%)	26-30 N (%)	31-35 N (%)	36-78 N (%)
Has the person been tested for HCV before?	No	643 (84.7)	457 (73.4)	292 (61.2)	369 (60.8)
	Yes	116 (15.3)	172 (23.6)	185 (38.8)	238 (39.2)
Σ		759 (100)	647 (100)	477 (100)	607 (100)

In order to check for differences among persons that had been previously tested for HCV and those that had not, with respect to age, we performed the Mann-Whitney test ($p<.001$), which showed that younger age is not connected with previous testing, whereas older age is. However, as with the history of HIV testing, the results should be considered with caution, because the older persons had more opportunities to test for HVC than younger persons.

Chart 8 Distribution of previously tested users according to age and history of HCV testing



2.3.3 Sexual orientation and differences in the history of HCV testing

For the most part, persons who had been tested previously were persons of homosexual orientation (59.6%), whereas 80% of heterosexual persons had never been tested for HCV.

Persons of different sexual orientations differ significantly ($\chi^2=287.41$, $df=2$, $p<.001$) in terms of their history of previous HCV testing.

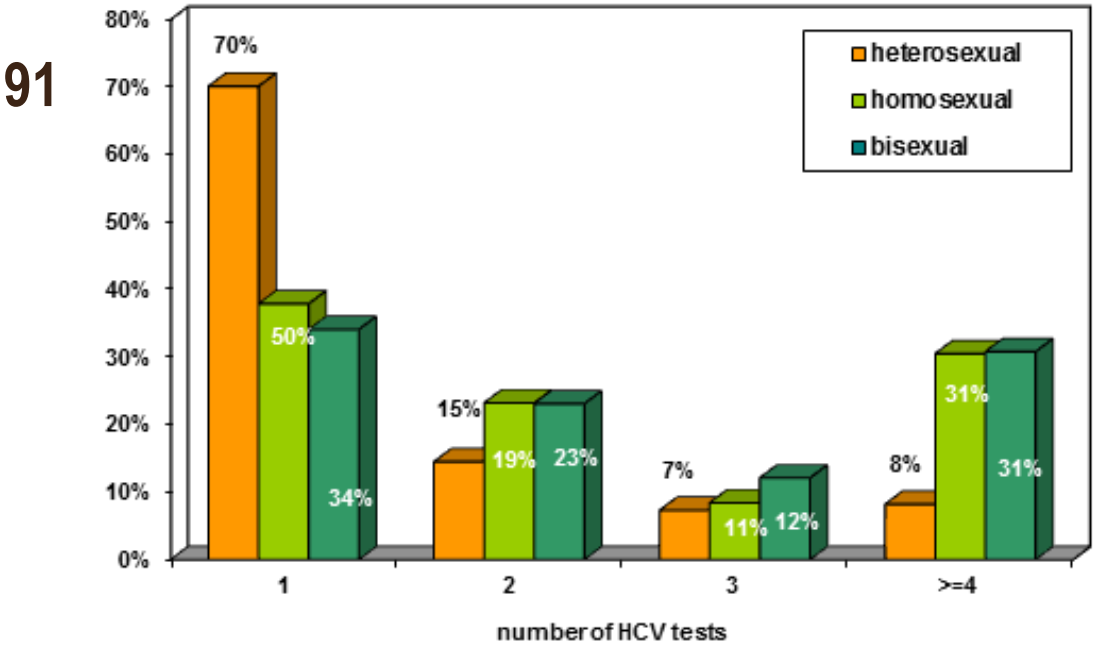
Table 6 Distribution according to sexual orientation and history of HCV testing

		Sexual orientation		
		Heterosexual N (%)	Homosexual %	Bisexual %
Has the person been tested for HCV before?	No	1506 (80)	158 (40.4)	108 (52.7)
	Yes	377 (20)	233 (59.6)	97 (47.3)
	Σ	1883 (100)	391 (100)	205 (100)

We discovered that homosexual persons tested for HCV significantly more often than bisexual persons ($\chi^2=8.19$, $df=1$, $p<.01$), as well as compared to heterosexual persons ($\chi^2=258.26$, $df=1$, $p<.001$), and that bisexual persons got tested significantly more often than heterosexual persons ($\chi^2=78.49$, $df=1$, $p<.001$).

Median test showed that previously tested persons of different sexual orientations differ significantly with respect to the number of HCV testing ($\chi^2=70.21$, $df=1$, $p<.001$).

Chart 9 Distribution of previously tested persons according to sexual orientation and number of HCV testing



Further analysis showed that previously tested homosexual and bisexual persons do not significantly differ in terms of the number of HCV testing.

Bisexual persons tested for HCV significantly more than heterosexuals ($\chi^2=39.45$, $df=1$, $p<.001$), and homosexuals got tested more often than heterosexuals ($\chi^2=53.38$, $df=1$, $p<.001$).

2.3.4 Men who have sexual intercourse with other men and history of HCV testing

70% of men who have intercourse exclusively with women and 65.7% of men who have intercourse with men have been tested for HCV for the first time.

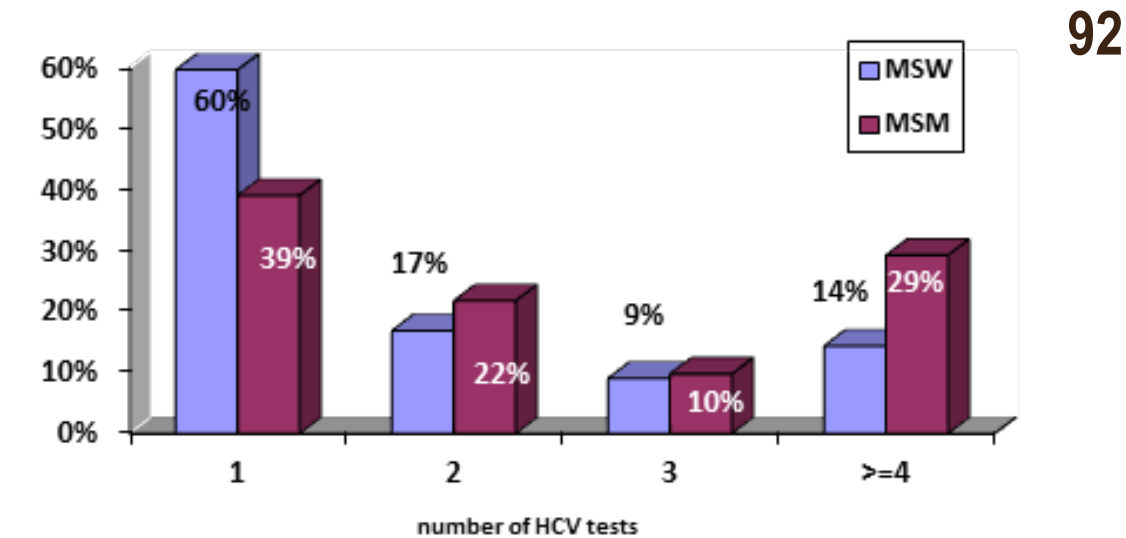
Table 7 Distribution of previously tested male users with respect to whether they have intercourse with men or women and their history of HCV testing

		MSW N	MSW %	MSM N	MSM %
Has the person been tested for HCV before?	No	649	70	351	65.7
	Yes	278	30	183	34.3
Σ		927	100	534	100

We also checked for differences in the history of testing among MSW and MSM men, but we established that both groups tested for HCV roughly equally often.

We checked whether the previously tested MSWs and MSMs differ with respect to the number of HCV tests.

Chart 10 Distribution of previously tested males with respect to whether they have intercourse with men or women and their history of HCV testing



Median test established that the previously tested MSM men had been tested for HCV more than previously tested MSWs ($\chi^2=17.20$, $df=1$, $p<.001$). In other words, 60.9% of MSMs had been tested for HCV on more than one occasion, compared to 40.3% of MSWs.

2.3.5 Results of HCV testing and differences in the history of HCV testing

Among the persons with reactive HCV results, for 47.1% this was their first HCV testing.

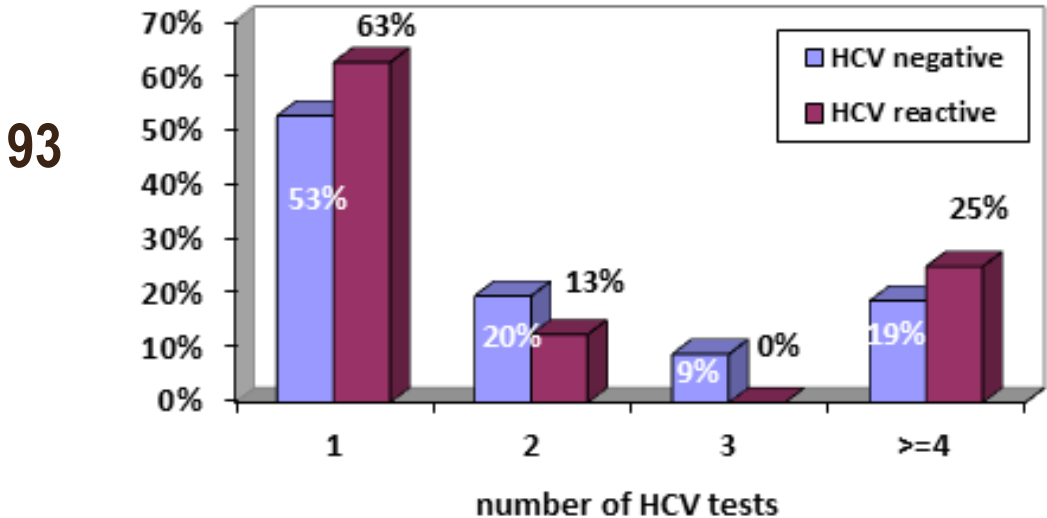
Table 8 Distribution according to results of HCV testing and history of HCV testing

		Results of HCV testing	
		Negative N (%)	Reactive N (%)
Has the person been tested for HIV before?	No	1510 (72.7)	9 (52.9)
	Yes	566 (27.3)	8 (47.1)
Σ		2076 (100)	17 (100)

In order to check for differences in HCV testing history given the result of HCV testing, we performed the χ^2 test. The findings indicate that an equal number of persons had reactive HCV results, both among those who had been tested before and those who were tested for the first time.

We checked for differences between people with reactive and negative HCV results with respect to the number of HCV tests, and we found no differences.

Chart 11 Distribution of previously tested persons according to results of HCV testing and history of HCV testing



2.4 Reasons for testing

Users of Check Point’s services could choose one or several reasons for testing. It should be mentioned that every reason for testing can be a matter of subjective opinion of someone’s HIV status or promiscuity, or actual knowledge that a partner is HIV positive or promiscuous. Unfortunately, it is not possible to distinguish facts from opinions.

Unprotected sexual intercourse can be oral, vaginal and/or anal. More details on unprotected sex are collected later on in the questionnaire.

Unprotected sexual intercourses reported by women refer to oral, vaginal and/or anal intercourse in which their male partners did not use a condom, or unprotected oral sex with their female partner.

Unprotected sexual intercourses reported by men can refer to oral, vaginal and/or anal intercourse with a woman during which they did not use a condom, or oral and/or anal intercourse with a man. There is no possibility to distinguish between unprotected oral and/or anal sex in which men, during intercourse with another man, had a passive or active role.

Table 9 Distribution according to reasons for testing

Reasons for testing	N	%	Reasons for testing	N	%
Has an STD/displays symptoms of an STD	55	2.2	Irrational fear of HIV and/or HCV	137	5.4
Family member with HIV/HBV/HCV	47	1.9	Starting a new relationship	240	9.5
Re-test	80	3.2	Broken condom	199	7.9
Puncture incident	62	2.5	Tattoo/piercing	219	8.7
Friend/acquaintance has HIV and/or HCV	66	2.6	Regular testing	259	10.2
Risky behaviour (IV addict, prostitution, promiscuity etc.)	87	3.4	Promiscuous sexual partner	368	14.6
HIV+ partner	69	2.7	Curiosity/hepatitis day	373	14.8
HCV symptoms	75	3	Unprotected sexual intercourse	1929	76.3

Most common reasons for testing are unprotected sexual intercourse (76.3%), curiosity (14.8%) and promiscuous sexual partner (14.6%).

Other reasons for testing, not included in the table, are: sexual partner who is a drug addict (0.7%), person received a blood transfusion (0.4%), artificial insemination (0.9%), employer’s request (0.3%), and friend/acquaintance who is an IV drug user (0.9%).

In order to determine the factors that contribute significantly to a person’s decision to get tested because of unprotected sexual intercourse, we analysed the data by applying the binary logistic regression (0 - not tested because of unprotected sex, 1-tested because of unprotected sex). The following predictors were chosen: gender, age, sexual orientation (1-heterosexual, 2-homosexual, 3-bisexual), history of HIV testing (0-no previous tests, 1-previous tests), and test results (0-HIV negative, 1-HIV reactive).

Table 10 Unprotected sexual intercourse forecast with respect to gender, age, sexual orientation, history of HIV testing, and results of HIV testing (findings of the logistic regression analysis)

	B	Wald	p	Exp (B)
Gender	-0.062	0.331	.565	0.940
Age	-0.020	14.553	.000	0.980
Sexual orientation	0.061	0.525	.469	1.063
History of HIV testing	-0.478	20.610	.000	0.620
Results of HIV testing	-0.741	2.696	.101	0.476
Nagelkerke =.029, % accurate classifications 76.5%				

According to the findings, the most significant predictor for testing because of unprotected sexual intercourse is the history of HIV testing, and second most significant is age. Gender, sexual orientation and results of HIV testing turned out to be not very significant.

Persons who got tested because of unprotected sexual intercourse have 38% less probability of previous HIV testing.

Total percentage of accurately classified cases based on included predictors equals 76.5%, whereas the analysed cluster of variables explains the 2.9% variance in predicting a person’s decision to get tested because of unprotected sexual intercourse (Nagelkerke R2=.029).

2.4.1 Gender differences in reasons for testing

In order to check gender differences in reasons for testing we conducted a series of χ^2 tests for every reason. An equal number of men and women got tested because of curiosity/hepatitis day, irrational fear of HIV/HCV and symptoms/suspicion of HCV.

Table 11 Distribution according to reasons for testing with respect to gender

Reasons for testing	W		M		Reasons for testing	W		M	
	N	%	N	%		N	%	N	%
Unprotected sexual intercourse	762	78.8	1167	74.8	Broken condom	60	6.2	139	8.9
Promiscuous sexual partner	199	20.6	169	10.8	HIV+ partner	35	3.6	34	2.2
Curiosity/hepatitis day	141	14.6	232	14.9	Regular testing	39	4	220	14.1
Tattoo/piercing	125	12.9	94	6	Friend/acquaintance has HIV/HCV	35	3.6	31	2
Irrational fear of HIV/HCV	63	6.5	74	4.7	HCV symptoms	25	2.6	50	3.2
Starting a new relationship	73	7.5	167	10.7	Upon request of a partner	20	2.1	64	4.1

Women got tested more often than men because of unprotected sexual intercourse ($\chi^2 = 5.39$, $df=1$, $p<.05$), promiscuous partner ($\chi^2 = 45.66$, $df=1$, $p<.001$), tattoo/piercing, ($\chi^2 = 35.98$, $df=1$, $p<.001$), HIV+ partner ($\chi^2 = 4.67$, $df=1$, $p<.05$), and friend/acquaintance with HIV/HCV ($\chi^2 = 6.27$, $df=1$, $p<.05$).

Men got tested more often than women because of a new relationship ($\chi^2 = 6.89$, $df=1$, $p<.01$), broken condom ($\chi^2 = 6$, $df=1$, $p<.05$), regular testing/check-up ($\chi^2 = 65.72$, $df=1$, $p<.001$), and upon request of their partner ($\chi^2 = 7.67$, $df=1$, $p<.001$).

2.4.2 Differences in reasons for testing with respect to age

In order to check whether certain reasons for testing at Check Point can be connected with age, we performed a series of Mann-Whitney tests for every reason.

Table 12 Distribution according to age and reasons for testing

Reasons for testing	age group							
	18-25		26-30		31-35		36-74	
	N	%	N	%	N	%	N	%
Unprotected sexual intercourse	628	81.7	516	78.1	357	72.8	429	70.4
Promiscuous sexual partner	114	14.8	113	17.1	52	10.6	89	14.6
Curiosity/hepatitis day	130	16.9	84	12.7	73	14.9	86	14.1
Tattoo/piercing	103	13.4	66	10	29	5.9	21	3.4
Irrational fear of HIV/HCV	52	6.8	38	5.7	21	4.3	26	4.3
Starting a new relationship	77	10	76	11.5	40	8.2	47	7.7
Broken condom	59	7.7	57	8.6	32	6.5	51	8.4
HIV+ partner	16	2.1	14	2.1	14	2.9	25	4.1
Regular testing	37	4.8	69	10.4	64	13.1	89	14.6
Friend/acquaintance has HIV/HCV	15	2	19	2.9	15	3.1	17	2.8
HCV symptoms	19	2.5	12	1.8	12	2.5	32	5.3
Upon request of a partner	26	3.4	22	3.3	17	3.5	19	3.1

Persons of a younger age got tested because of unprotected sexual intercourse (Mann-Whitney test $p<.001$), tattoo/piercing (Mann-Whitney test $p<.001$), and irrational fear of HIV (Mann-Whitney test $p<.05$).

Persons of older age got tested because of HIV+ partner (Mann-Whitney test $p<0.05$), regular testing/check-up (Mann-Whitney test $p<.001$), and symptoms/suspicion of HCV (Mann-Whitney test $p<.001$).

Equal percentages of persons of different ages got tested because of promiscuous sexual partners, curiosity/hepatitis day, a new relationship, broken condom, friend/acquaintance with HIV/HBV/HCV, and upon request of their partner.

2.4.3 Differences in reasons for testing with respect to sexual orientation

In order to check for differences in reasons for testing with respect to sexual orientation, we performed a series of χ^2 tests.

An equal percentage of persons of different sexual orientations (heterosexual, homosexual and bisexual) got tested because of curiosity/hepatitis day, tattoo/piercing, broken condom, a new relationship, irrational fear of HIV/HCV, symptoms/suspicion of HCV, HIV+ partner, and friend/acquaintance with HIV/HCV.

Due to an insufficient number of persons who selected the reason: upon request of partner, it was impossible to analyse this particular reason.

Statistically significant difference between persons of different sexual orientations was discovered for unprotected sexual intercourse ($\chi^2=11.79$, $df=2$, $p<.01$), promiscuous partner ($\chi^2=6.21$, $df=2$, $p<.05$), regular testing/check-up ($\chi^2=257.76$, $df=2$, $p<.001$), and testing upon request of their partner ($\chi^2=11.12$, $df=2$, $p<.01$).

A more detailed analysis showed that bisexual persons engaged in unprotected sex much more often than homosexual persons ($\chi^2=5.77$, $df=1$, $p<.05$). Homosexual persons undergo regular testing/check-up much more often than bisexual persons ($\chi^2=4.07$, $df=1$, $p<.05$).

Table 13 Distribution according to reasons for testing with respect to sexual orientation

Reasons for testing	hetero		homo		bise	
	N	%	N	%	N	%
Unprotected sexual intercourse	1483	77.5	276	69.7	164	78.8
Curiosity/hepatitis day	296	15.5	52	13.1	25	12
Promiscuous sexual partner	296	15.5	42	10.6	30	14.4
Tattoo/piercing	172	9	30	7.6	17	8.2
Broken condom	151	7.9	28	7.1	19	9.1
Starting a new relationship	176	9.2	44	11.1	19	9.1
Irrational fear of HIV/HCV	106	5.5	20	5.1	10	4.8
Regular testing	93	4.9	118	29.8	46	22.1
HCV symptoms	64	3.3	7	1.8	3	1.4
Upon request of a partner	76	4	3	0.8	5	2.4
HIV+ partner	44	2.3	17	4.3	7	3.4
Friend/acquaintance has HIV/HCV	54	2.8	7	1.8	5	2.4

Bisexual persons undergo regular testing/check-up much more often than heterosexual persons ($\chi^2=91.27$, $df=1$, $p<.001$).

Heterosexual persons get tested more often than homosexuals because of unprotected sexual intercourse ($\chi^2=10.95$, $df=1$, $p<.01$), promiscuous partner ($\chi^2=6.02$, $df=1$, $p<.05$), and upon request of their partner ($\chi^2=10.26$, $df=1$, $p<.005$).

Homosexual persons undergo regular testing/check-up much more often than bisexual persons ($\chi^2=245.88$, $df=1$, $p<.001$).

2.4.4 Men who have sexual intercourse with other men and reasons for HIV testing

In order to check for differences among men who have sexual intercourse exclusively with women (MSW) and men who have intercourse with men (MSM), with respect to the reason for testing, we conducted a series of χ^2 tests for each reason.

Table 14 Distribution of previously tested male users with respect to whether they have intercourse with men or women and their reasons for testing

Reasons for testing	MSW		MSM		Reasons for testing	MSW		MSM	
	N	%	N	%		N	%	N	%
Unprotected sexual intercourse	714	76	405	74.6	Irrational fear of HIV/HCV	48	5.1	30	5.5
Curiosity/hepatitis day	135	14.4	83	15.3	Regular testing	85	9.0	78	14.6
Promiscuous sexual partner	117	12.4	77	14.2	HCV symptoms	30	3.9	15	2.8
Tattoo/piercing	67	7.1	42	7.7	Upon request of a partner	37	3.9	14	2.6
Broken condom	69	7.3	39	7.2	HIV+ partner	23	2.4	16	2.9
Starting a new relationship	94	10	59	10.9	Friend/acquaintance has HIV/HCV	12	1.3	15	2.8

MSWs and MSMs get tested roughly equally for all of the reasons, except for friend/acquaintance with HIV/HCV and regular testing/check-up.

For the most part MSMs get tested for HIV because of a friend/acquaintance with HIV/HCV ($\chi^2=4.25$, $df=1$, $p<.05$) and regular testing/check-up ($\chi^2=9.97$, $df=1$, $p<.01$).

2.4.5 Differences in reasons for testing with respect to history of HIV testing

In order to check for differences in the reasons for HIV testing with respect to whether the person had been tested before, we conducted a series of χ^2 tests for each reason.

Table 15 Distribution according to reasons for testing with respect to history of HIV testing

Reasons for testing	not tested		tested		Reasons for testing	not tested		tested	
	N	%	N	%		N	%	N	%
Unprotected sexual intercourse	1339	79.8	582	69.7	Irrational fear of HIV/HBC/HCV	93	5.5	41	4.9
Curiosity/hepatitis day	280	16.7	93	11.1	HCV symptoms	59	3.5	16	1.9
Promiscuous sexual partner	165	15.8	97	11.6	Upon request of a partner	62	3.7	22	2.6
Tattoo/piercing	162	9.7	55	6.6	HIV+ partner	45	2.7	24	2.9
Broken condom	138	8.2	59	7.1	Risky behaviour (iv addict, prostitution, promiscuity etc.)	54	3.2	32	3.8
Starting a new relationship	150	8.9	89	10.7	Puncture incident	40	2.4	22	2.6

Statistically significant differences were identified with the following reasons for testing: broken condom, a new relationship, irrational fear of HIV, testing upon request of a partner, HIV+ partner, risky behaviour and puncture incident.

Persons who had never been tested for HIV showed a higher percentage of getting tested because of unprotected sexual intercourse ($\chi^2=31.88$, $df=1$, $p<.001$), curiosity ($\chi^2=13.62$, $df=1$, $p<.001$), promiscuous partner, ($\chi^2=7.92$, $df=1$, $p<.01$), tattoo/piercing ($\chi^2=6.67$, $df=1$, $p<.05$), and symptoms/suspicion of HCV ($\chi^2=4.94$, $df=1$, $p<.05$).

99 2.4.6 Differences in reasons for testing with respect to the results of HIV testing

In order to check for differences in the reasons for HIV testing with respect to the results of HIV testing, we conducted a series of χ^2 tests for each reason.

Table 16 Distribution according to reasons for testing with respect to results of HIV testing

Reasons for testing	HIV-		HIV+		Reasons for testing	HIV-		HIV+	
	N	%	N	%		N	%	N	%
Unprotected sexual intercourse	1914	76.5	12	54.5	Irrational fear of HIV/HCV	135	5.4	1	4.5
Curiosity/hepatitis day	371	14.8	1	4.5	Upon request of a partner	84	3.4	0	-
Promiscuous sexual partner	365	14.6	3	13.6	HCV symptoms	72	2.9	3	13.6
Regular testing	252	10.1	7	31.8	Risky behaviour (iv addict, prostitution, promiscuity etc.)	85	3.4	2	9.1
Tattoo/piercing	218	8.7	1	4.5	HIV+ partner	67	2.7	1	4.5
Broken condom	194	7.8	5	22.7	Re-test		3.2		4.5

Due to few numbers in certain cells, we were unable to analyse the following reasons: curiosity/hepatitis day, promiscuous partner, tattoo/piercing, irrational fear of HIV/HCV, testing upon request of a partner, symptoms/suspicion of HCV, risky behaviour, HIV+ partner, and re-testing.

Too few frequencies in the cells referred to persons whose HIV test results were reactive. Statistically significant was the finding that the persons who tested negative for HIV got tested for unprotected sexual intercourse more often ($\chi^2=5.84$, $df=1$, $p<.05$).

Persons whose HIV test results were reactive got tested more often because of regular testing ($\chi^2=11.19$, $df=1$, $p<.01$) or broken condom ($\chi^2=6.73$, $df=1$, $p<.05$).

2.5 Condom use

The majority of people who use Check Point's services (80.9%) estimate that they have been exposed to the risk of HIV or HCV infection multiple times in the past 6 months.

While filling out the questionnaire, CP users had to assess whether they used condoms never, sometimes, often or frequently during sexual intercourse in a lasting relationship and sexual intercourse with someone they were not in a relationship with.

Respondents in a lasting relationship use condoms on average sometimes ($M=2.46$, $SD=1.05$), with 19.7% who use it always. When CP users have sexual intercourses outside a relationship, they use condoms on average often ($M=2.92$, $SD=0.97$), and a third of them uses it always (32.8%). During the last sexual intercourse, less than a half of tested persons used a condom (47.5%).

Of the total number of CP users, 61.8% had unprotected oral sex, 73.4% unprotected vaginal sex and 25% unprotected anal sex.

Table 17 Distribution according to reasons for not using condoms

reasons for not using condoms	N	%
confidence in the partner	1010	62.6
dislike of condoms / better sensation without a condom	273	16.9
condoms are expensive/unavailable/discomfort when buying condoms	116	7.2
reckless sexual intercourse	101	6.3
use of other contraceptives	65	4
passion	48	3
feels uncomfortable to ask the partner to use a condom	40	2.5

More than half of CP users had their last risky sexual behaviour within the past 6 months and 18.5% had it within the last month.

Most frequent reasons for not using a condom are trust in the partner (62.6%), dislike of condoms / better sensation without a condom (16.9%) and expensiveness/unavailability of condoms / discomfort when buying condoms (7.2%).

In addition to the reasons listed in the table, other reasons given for not using condoms include allergy to latex (0.5%), alcohol use (3.3%), drug use (0.1%), not having a condom on hand (0.6%), inconvenience or difficulties in handling the condom (0.7%), not knowing why one does not use the condom (1.4%) and other (2.7%).

2.5.1 Gender differences in condom use

A statistically relevant percentage of women (N=657, 83.9%) compared to men (N=1021, 79%) believe that they were exposed to the risk of HIV/HCV infection on multiple occasions in the last six months ($\chi^2=7.51$, $df=1$, $p<.01$).

When in a relationship, men use condoms statistically much more often than women (Mann-Whitney test $p<.001$) and the same goes for condom use outside of a relationship (Mann-Whitney test $p<.001$).

When in a relationship, 14.4% of women and 23.1% of men always use condoms. If they have sexual intercourse with someone they are not in a relationship with, 24.2% of women and 37.5% of men always use condoms. When we talk about condom use in women, we actually talk about whether their sexual partners use or do not use condoms during a sexual intercourse.

During the last sexual intercourse statistically less women (36.7%) compared to men (53.6%) used condoms ($\chi^2=59.83$, $df=1$, $p<.001$).

Table 18 Distribution according to the type of unprotected sexual intercourse and with respect to gender

		gender			
		F		M	
		N	%	N	%
Unprotected sexual intercourse	oral	481	51	1044	68.5
	vaginal	879	93.2	931	61.1
	anal	103	10.9	513	33.7

Statistically significantly more men than women had unprotected sexual intercourses ($\chi^2=75.55$, $df=1$, $p<.001$) and anal sex ($\chi^2=161.00$, $df=1$, $p<.001$). Women had unprotected vaginal sex significantly more often than men ($\chi^2=307.04$, $df=1$, $p<.001$).

More than half of the tested women (66.2%) had their last risky sexual behaviour in the last six months and 19.5 % had it in the last month.

Slightly more men (74.4%) than women had risky sexual behaviour in the last six months and 17.9% had it in the last month.

Table 19 Distribution according to reasons for not using condoms and with respect to gender

reasons for not using condoms	women		men	
	N	%	N	%
confidence in the partner	430	66.6	580	60
dislike of condoms / better sensation without a condom	77	11.9	196	20.3
use of other contraceptives	46	7.1	19	2
recklessness	42	6.5	59	6.1
condoms are expensive/unavailable/discomfort when buying condoms	41	6.3	75	7.8
feels uncomfortable to ask the partner to use a condom	27	4.2	13	1.3
passion	9	1.4	39	4

No gender differences were found for recklessness and condoms are expensive/unavailable/discomfort when buying condoms as reasons for not using condoms.

Men do not use condoms because of passion significantly more often than women ($\chi^2=9.35$, $df=1$, $p<.01$) and because they dislike condoms / have better sensation without a condom ($\chi^2=19.20$, $df=1$, $p<.001$).

Women do not use condoms significantly more often than men because they trust their partner ($\chi^2=7.17$, $df=1$, $p<.01$), use other contraceptives ($\chi^2=26.62$, $df=1$, $p<.001$) or they do not feel comfortable to ask the partner to use it ($\chi^2=12.87$, $df=1$, $p<.001$).

2.5.2 Differences in condom use with respect to age

People of different age groups were roughly equally often exposed to the risk of HIV/HCV infection in the last six months.

Table 20 Distribution according to the type of unprotected sexual intercourse and with respect to age

		age group							
		18 - 25		26 - 30		31 - 35		36 - 78	
		N	%	N	%	N	%	N	%
frequency of exposure to risk	once	135	20.6	108	19.8	78	19.3	76	16.2
	multiple times	521	79.4	437	80.2	326	80.7	394	83.8
Σ		656	100	545	100	404	100	470	100

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In order to check for differences among persons of different age groups with respect to condom use in and outside a relationship, the Kruskal-Wallis test for several independent samples was carried out and showed a significant differences between persons of different age groups with respect to condom use in a relationship ($p<.001$) and outside of it ($p<.05$). Differences between pairs of different age groups were tested using the Mann-Whitney test.

In a relationship, condoms are more often used by persons aged 18-25 than persons aged 26-30 ($p<.001$), 31-35 ($p<.001$) and 36-78 ($p<.001$). People aged 18-25 use condoms outside of a relationship more often compared to persons aged 36-78 ($p<.05$). Those aged 26-30 use condoms more often in a relationship ($p<.01$) and outside of it ($p<.05$) than those aged 36-78.

People aged 31-35 use condoms outside of a relationship more often than persons aged 36-78 ($p<.05$).

No differences were found among other age groups.

When in a relationship, 23.1% of persons aged 18-25, 18.7% of persons aged 26-30, 17.2% of persons aged 31-35 and 18.5% of persons aged 36-78 use condoms.

Outside a relationship, 33.2% of persons aged 18-25, 33.5% of persons aged 26-30, 33% of persons aged 31-35 and 31.3% of persons aged 36-78 always use condoms.

Table 21 Distribution according to age and condom use during the last sexual intercourse

		age group							
		18 - 25		26 - 30		31 - 35		36 - 78	
		N	%	N	%	N	%	N	%
Use of condoms during the last sexual intercourse	No	390	51.2	349	54.1	239	50.6	322	54
	Yes	371	48.8	296	45.9	233	49.4	274	46
Σ		761	100	645	100	472	100	596	100

We checked for differences in condom use during the last sexual intercourse and found that an equal number of persons of all ages used condoms.

Table 22 Distribution according to the type of unprotected sexual intercourse and with respect to age

		age group							
		18 - 25		26 - 30		31 - 35		36 - 78	
		N	%	N	%	N	%	N	%
unprotected sexual intercourse	oral	434	57.8	247	62.1	158	66.8	220	62.6
	vaginal	556	74	494	75.8	343	72.1	417	71
	anal	174	23.2	155	23.8	130	27.3	157	26.7

Using the Mann-Whitney test we checked if there was a correlation between age and unprotected oral, vaginal and anal sex.

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There is a correlation between unprotected oral sex and older age (Mann-Whitney test $p<.05$), while no significant correlation was found between age and unprotected vaginal and anal sex.

The majority of people had their last risky sexual intercourse within the last six months: 72.1% of them aged 18-25, 72.7% of them aged 26-30, 72.5% of them aged 31-35 and 67.7% of them aged 36-78.

Risky sexual intercourse in the last month was practiced by: 17.6% of persons aged 18-25, 20.5% of persons aged 26-30, 19.6% of persons aged 31-35 and 16.6% of persons aged 36-78.

Table 23 Distribution according to reasons for not using condoms and with respect to age

Reasons for not using condoms	age group							
	18 - 25		26 - 30		31 - 35		36 - 78	
	N	%	N	%	N	%	N	%
confidence in the partner	235	50	306	70.3	219	66.4	250	66.1
dislike of condoms / better sensation without a condom	81	17.2	69	15.9	56	17	67	17.7
use of other contraceptives	32	6.8	18	4.1	8	2.4	7	1.9
recklessness	37	7.9	20	4.6	18	5.5	26	6.9
condoms are expensive/unavailable/discomfort when buying condoms	52	11.1	29	6.7	23	7	12	3.2
feels uncomfortable to ask the partner to use a condom	17	3.6	5	1.1	9	2.7	9	2.4
passion	11	2.3	14	3.2	15	4.5	8	2.1

Confidence in the partner as a reason for not using condoms (Mann-Whitney test $p<.001$) is linked with older age.

Condoms are expensive/unavailable/discomfort when buying condoms as a reason for not using condoms (Mann-Whitney test $p<.001$) is linked with younger age.

Persons of all age groups roughly equally often do not use condoms because of dislike of condoms / better sensation without a condom, use of other contraceptives, recklessness, not feeling comfortable to ask the partner to use a condom and passion.

2.5.3 Differences in condom use with respect to sexual orientation

The majority of heterosexual (81.7%), homosexual (80.3%) and slightly less of bisexual persons (74.9%) believe that they were exposed to HIV/HCV infection on multiple occasions in the last six months. Persons of different sexual orientation do not differ significantly in their perception of exposure to risk in the last six months.

Heterosexual persons in lasting relationships on average use condoms sometimes ($M=2.37$, $SD=1.02$). Homosexual persons on average use condoms often ($M=2.78$, $SD=1.11$), just like bisexual persons ($M=2.72$, $SD=1.02$).

When heterosexual persons engage in sexual intercourse outside a lasting relationships, on average they use condoms often ($M=2.79$, $SD=0.98$), although slightly less often than heterosexual ($M=3.32$, $SD=0.86$) and bisexual persons ($M=3.23$, $SD=0.82$).

In order to determine if there are significant differences in condom use in and outside a lasting relationship between persons of different sexual orientation, a non-parametric Kruskal-Wallis test was carried out for several independent samples and it was found that persons of different sexual orientation significantly differ both regarding condom use in ($p<.001$) and outside a relationship ($p<.001$).

By testing pairs of groups using the Mann-Whitney test it was found that heterosexual persons compared to homosexual and bisexual persons significantly less often use condom in ($p<.001$) and outside a relationship ($p<.001$). No differences were found in condom use between persons of homosexual and bisexual sexual orientation.

When in a relationship, 15.9% of heterosexual, 35.1% of homosexual and 26.3% of bisexual persons always use condoms. Outside a relationship, 27.1% of heterosexual, 52.5% of homosexual and 43.5% of bisexual persons always use condoms.

During the last sexual intercourse 42.8% of heterosexual, 60.5% of homosexual and 64.4% of bisexual persons used condom which also makes them statistically different from each other in condom use ($\chi^2=66.17$, $df=2$, $p<.001$).

Homosexual persons used condoms more often during their last sexual intercourse than heterosexual ones ($\chi^2=40.34$, $df=1$, $p<.001$), as did bisexual persons compared to heterosexual ones ($\chi^2=34.83$, $df=1$, $p<.001$). No significant differences were found between homosexual and bisexual persons.

Table 24 Distribution according to the type of unprotected sexual intercourse and with respect to sexual orientation

		sexual orientation					
		heterosexual		homosexual		bisexual	
		N	%	N	%	N	%
Unprotected sexual intercourse	oral	1017	57.4	306	78.7	143	70.4
	vaginal	1695	90.8	14	3.6	96	47.3
	anal	233	12.5	271	69.7	112	55.2

105 The χ^2 test has shown significant statistical differences among persons of different sexual orientation in the extent to which they practice unprotected oral ($\chi^2=68.85$, $df=2$, $p<.001$), vaginal ($\chi^2=1333.23$, $df=2$, $p<.001$) and anal sex ($\chi^2=667.21$, $df=2$, $p<.001$).

Homosexual persons had unprotected oral ($\chi^2=4.92$, $df=1$, $p<.05$) and anal sex ($\chi^2=12.27$, $df=1$, $p<.001$) significantly more often than bisexual persons. Bisexual persons had unprotected vaginal sex significantly more often than homosexual persons ($\chi^2=168.32$, $df=1$, $p<.001$).

Homosexual persons had unprotected oral ($\chi^2=61.41$, $df=1$, $p<.001$) and anal sex ($\chi^2=606.41$, $df=1$, $p<.001$) significantly more often than heterosexual persons. Heterosexual persons had unprotected vaginal sex significantly more often than homosexual persons ($\chi^2=1334.98$, $df=1$, $p<.001$).

Bisexual persons had unprotected oral ($\chi^2=12.91$, $df=1$, $p<.001$) and anal sex ($\chi^2=240.09$, $df=1$, $p<.001$) significantly more often than heterosexual persons. Heterosexual persons had unprotected vaginal sex more often than bisexual persons ($\chi^2=298.48$, $df=1$, $p<.001$).

In the last six months before testing 68.1% of heterosexual, 82.8% of homosexual and 77.4% of bisexual persons had their last risky sexual intercourse. In the last month before testing 18.7% of heterosexual, 19% of homosexual and 15.6% of bisexual persons had a risky sexual intercourse.

Table 25 Distribution according to reasons for not using condoms and with respect to sexual orientation

reasons for not using condoms	heterosexual persons		homosexual persons		bisexual persons	
	N	%	N	%	N	%
confidence in the partner	814	63.2	125	61.9	68	56.7
dislike of condoms / better sensation without a condom	216	16.8	35	17.3	22	18.3
condoms are expensive/unavailable/discomfort when buying condoms	92	7.1	17	8.4	6	5
use of other contraceptives	63	4.9	0	-	2	1.7
recklessness	78	6.1	9	4.5	14	11.7
feels uncomfortable to ask the partner to use a condom	32	2.5	6	3	2	1.7
passion	30	2.3	11	5.4	7	5.8

Statistically significant differences in condom use among persons of different sexual orientation were not found in confidence in the partner, dislike of condoms / better sensation without a condom, condoms are expensive/unavailable/discomfort when buying condoms and not feeling comfortable to ask the partner to use a condom.

The only reason for which analysis was not possible was use of other contraceptives because no persons of homosexual sexual orientation chose that reason.

Significant difference was found for recklessness ($\chi^2=7.17$, $df=2$, $p<.05$) and passion ($\chi^2=9.49$, $df=2$, $p<.01$).

Compared to homosexual persons, bisexual ones more often do not use condoms because of recklessness ($\chi^2=5.90$, $df=1$, $p<.05$), while no difference was found for passion.

Bisexual persons, compared to heterosexual ones, more often do not use condoms because of recklessness ($\chi^2=5.65$, $df=1$, $p<.05$) and passion ($\chi^2=5.26$, $df=1$, $p<.05$).

Homosexual persons, compared to heterosexual ones, more often do not use condoms because of passion ($\chi^2=6.33$, $df=1$, $p<.05$), while no difference was found for recklessness.

2.5.4 Condom use in men who have sexual intercourse with men

The majority of MSW (81.7%) and MSM (80.3%) believe they were exposed to multiple risks of HIV/HCV infection in the last six months and thus do not differ significantly in their perception of exposure to risk in the last six months.

In a lasting relationship, MSW on average use condoms sometimes ($M=2.40$, $SD=1.06$) and MSM often ($M=2.57$, $SD=1.05$).

When MSW engage in sexual intercourses outside a lasting relationship, on average they use condoms often ($M=2.85$, $SD=0.99$), although slightly less often than MSM ($M=3.04$, $SD=0.89$).

In order to determine if there are significant differences in condom use between MSM and MSW, the Mann-Whitney test was carried out which showed that men who have sexual intercourse with men use condoms significantly more often both in a relationship ($p<.01$) and outside a relationship ($p<.01$).

When in a relationship, 19% of MSW and 22.1% of MSM always use condoms. Outside a relationship, 31% of MSW and 35.4% of MSM always use condoms.

During the last sexual intercourse 47.4% of MSW and 52.0% of MSM used condoms, with no significant difference found between them.

Table 26 Distribution according to the type of unprotected sexual intercourse and with respect to whether men have sexual intercourse with men or women

		MSW		MSM	
		N	%	N	%
Unprotected sexual intercourse	oral	579	63.5	345	64.7
	vaginal	694	76.2	315	59.1
	anal	218	23.9	194	36.4

The χ^2 test has shown differences between MSW and MSM with respect to unprotected vaginal ($\chi^2=46.61$, $df=1$, $p<.001$) and anal sex ($\chi^2=25.64$, $df=1$, $p<.001$), but not with respect to unprotected oral sex. MSW had significantly more often unprotected vaginal sex and MSM unprotected anal sex.

Slightly more than two thirds of MSW (69.6%) had their last risky intercourse in the last six months, just like 76% of MSM. Slightly more than a fifth of MSW (20.4%) and slightly less than MSM (18.3%) had their last risky intercourse in the last month.

Table 27 Distribution according to reasons for not using condoms and with respect to whether men have sexual intercourse with women or men

reasons for not using condoms	MSW		MSM	
	N	%	N	%
confidence in the partner	383	61.3	196	60.7
dislike of condoms / better sensation without a condom	118	18.9	56	17.3
condoms are expensive/unavailable/discomfort when buying condoms	48	7.7	18	5.6
use of other contraceptives	22	3.5	13	4
recklessness	45	7.2	15	4.6
feels uncomfortable to ask the partner to use a condom	16	2.6	6	1.9
passion	15	2.4	15	4.6

Men who have sexual intercourse only with women and men who have sexual intercourse with men do not differ significantly with respect to any of the reasons for not using condoms.

2.5.5 Differences in condom use with respect to whether the user has already been tested for HIV

Persons (82.9%) without a history of HIV testing significantly more often ($\chi^2=8.91$, $df=1$, $p<.005$) believe that they were exposed to multiple risks of HIV infection in the last six months than persons who have already been tested for HIV (77.4%).

In a relationship, persons who have never taken the test on average use condoms sometimes ($M=2.39$, $SD=1.02$), and outside a relationship often ($M=2.78$, $SD=0.97$).

Persons who have already been tested for HIV on average use condoms in a relationship often ($M=2.61$, $SD=1.09$), as well as outside a relationship ($M=3.18$, $SD=0.90$).

The Mann-Whitney test has shown that persons who have already been tested for HIV statistically significantly more often use condoms in a lasting relationship ($p<.001$) and when having intercourse with persons with whom they are not in a relationship ($p<.001$).

In a relationship, 26.3% of previously tested persons and 16.6% of persons who have not taken the test always use condoms. During sexual intercourse with persons with whom they are not in a relationship, 45% of those previously tested and 26.4% of previously not tested persons always use condoms.

Persons who have already been tested for HIV used condoms statistically more often (56.1%) during their last sexual intercourse ($\chi^2=36.54$, $df=2$, $p<.001$) than persons to whom this was first testing (43.1%).

Table 28 Distribution according to the type of unprotected sexual intercourse and with respect to whether the person has already been tested for HIV

		has the person already been tested			
		No		Yes	
		N	%	N	%
Unprotected sexual intercourse	oral	973	59	549	67.6
	vaginal	1406	85.4	402	49.5
	anal	316	19.2	298	36.7

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Persons who have never tested statistically more frequently had unprotected vaginal sex than persons who have already taken the test ($\chi^2=359.29$, $df=1$, $p<.001$).

On the other hand, those previously tested had unprotected oral ($\chi^2=16.93$, $df=1$, $p<.001$) and anal sex ($\chi^2=89.03$, $df=1$, $p<.001$) significantly more often than persons who have already been tested.

The majority of persons (76.9%) without a history of HIV testing had their last risky behaviour in the last 12 months since testing and 19.5% of them behaved in a risky manner in the last month.

Similar situation is found in persons who have already been tested, with 87.5% of them behaving in risky manner within the last 12 months and 16.5% in the last month.

With respect to differences in reasons for not taking the test in persons who have already been tested for HIV and those to whom this was the first testing, no significant differences were found for almost all reasons for testing: confidence in the partner, dislike for condoms / better sensation without a condom, condoms are expensive/unavailable/discomfort when buying condoms, recklessness and not feeling comfortable to ask the partner to use a condom.

Table 29 Distribution according to reasons for not using condoms and with respect to whether the person has already been tested for HIV

reasons for not using condoms	previously never tested		already tested	
	N	%	N	%
confidence in the partner	688	61.5	319	65
dislike of condoms / better sensation without a condom	184	16.5	89	18.1
condoms are expensive/unavailable/discomfort when buying condoms	88	7.9	28	5.7
use of other contraceptives	62	5.5	3	0.6
recklessness	78	7	23	4.7
feels uncomfortable to ask the partner to use a condom	28	2.5	12	2.4
passion	24	2.1	24	4.9

Persons who have already been tested for HIV more often do not use condom because of passion ($\chi^2=8.86$, $df=1$, $p<.005$).

Analysis was not possible for use of other contraceptives because an insufficient number of persons who have already been tested mentioned it as a reason.

2.5.6 Differences in condom use with respect to HIV test results

Roughly equal number of HIV negative (81%) and HIV reactive persons (75%) believe that they were exposed to multiple risks of HIV and HCV infection in the past six months. HIV negative persons on average use condoms sometimes in a lasting relationship ($M=2.46$, $SD=1.05$) while, when engaging in a sexual intercourse with someone with whom they are not in a relationship, they use them on average often ($M=2.92$, $SD=0.97$). In a relationship, HIV reactive persons on average use condoms sometimes ($M=2.18$, $SD=1.09$), and outside a relationship often ($M=2.62$, $SD=1.11$). HIV negative and HIV reactive persons do not differ significantly in condom use in a relationship and outside of it.

Inside a relationship, 13.6% of HIV reactive and 19.7% of HIV negative persons always use condoms. During sexual intercourse with persons with whom they are not in a relationship, 23.8% of HIV reactive and 32.8% of HIV negative persons always use condoms.

During their last sexual intercourse, roughly equal percentage of HIV negative (47.5%) and HIV reactive persons (40.9%) used condoms.

Table 30 Distribution according to the type of unprotected sexual intercourse and with respect to HIV test results

		HIV test results			
		HIV negative		HIV reactive	
		N	%	N	%
Unprotected sexual intercourse	oral	1507	61.8	16	72.7
	vaginal	1793	73.5	13	59.1
	anal	602	24.7	14	63.6

There are no statistically significant differences between HIV negative and HIV reactive persons regarding unprotected oral and vaginal sex.

The only significant difference was found regarding unprotected anal sex ($\chi^2=17.63$, $df=1$, $p<.001$), that is, HIV reactive persons had unprotected anal sex much more often than HIV negative persons.

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For the majority of HIV negative persons (80.6%), the last risky behaviour took place in the past year whereas for 18.6% of them it took place in the past month prior to testing.

Two thirds (68.7%) of HIV reactive persons believe that their last risk happened in the past year and 13.6% of them believe that it happened in the past month.

Table 31 Distribution according to reasons for not using condoms and with respect to HIV test results

reasons for not using condoms	HIV negative		HIV reactive	
	N	%	N	%
confidence in the partner	999	62.7	8	53.3
dislike of condoms / better sensation without a condom	269	16.9	4	26.7
condoms are expensive/unavailable/discomfort when buying condoms	115	7.2	1	6.7
use of other contraceptives	65	4.1	0	0
recklessness	98	6.1	2	13.3
feels uncomfortable to ask the partner to use a condom	39	2.4	0	0
passion	47	2.9	1	6.7

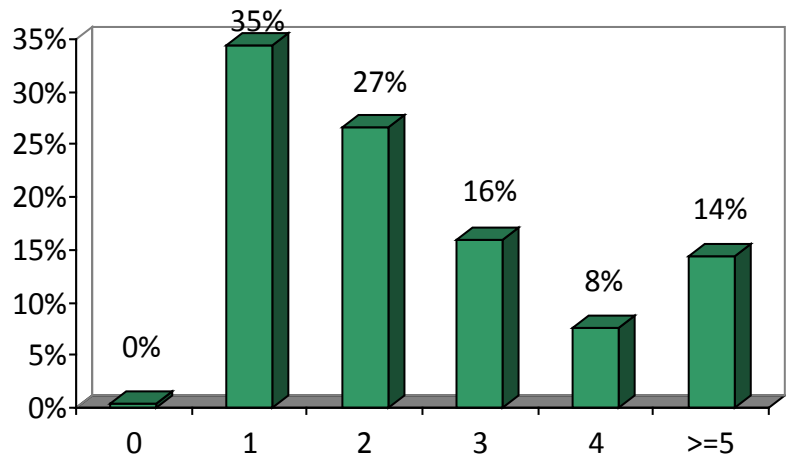
HIV negative and HIV reactive persons roughly equally do not use condoms because they trust their partner.

Analysis was not possible for other reasons because of an insufficient number of HIV reactive persons who chose those.

2.6 Characteristics of sexual partners of persons who got tested

Median number of sexual partners in the last 12 months of persons tested was 2, i.e. half of the persons tested had up to two or two sexual partners. The largest reported number of sexual partners in the given period was 200.

Chart 12 Distribution according to the number of sexual partners in the last year



As the chart shows, a third of users (34.5%) had one sexual partner in the last 12 months and 26.7% had two.

Table 32 Sexual partners' characteristics

	N	%
sexual intercourse with a person living outside Croatia	993	42
group sexual intercourse	149	6.3
sexual intercourse with a person of unknown HIV/HCV status	2244	94.9
sexual intercourse with a sex worker	93	3.9
sexual intercourse with an HIV and/or HCV positive person	73	3.1
promiscuous sexual partner	187	7.9
sexual partner who is an IV drug user	74	3.1

The majority of tested persons had a sexual partner of unknown HIV and HCV status (94.9%), while 42% had a sexual partner who lives outside Croatia.

Table 33 Distribution of users who spent prolonged time outside of Croatia according to the region where they stayed

	N	%
Western Europe	128	19.8
Northern Europe	33	5.1
Central Europe	230	35.5
Southern Europe	96	14.8
South-eastern Europe	73	11.3
Eastern Europe	3	0.5
Africa	37	5.7
Asia	80	12.3
North America	106	16.3
South America	26	4
Australia	11	1.7
Unknown	21	3.2

Slightly less than a third of users (28%) spent prolonged time outside Croatia. The questionnaire did not specify how long one had to live outside Croatia for it to be

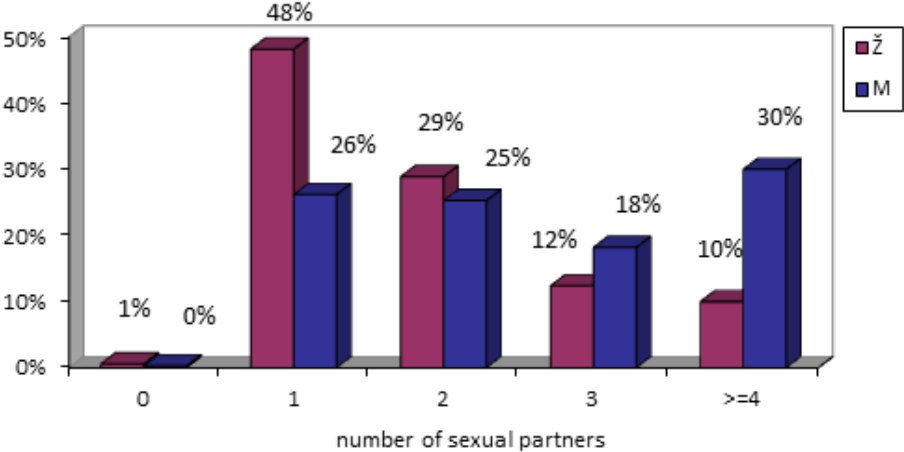
considered as “prolonged” time. The most frequent regions are Central Europe (35.5%), Western Europe (19.8%) and North America (16.3%).

2.6.1 Sexual differences in sexual partners’ characteristics

In women, the largest number of sexual partners in the last 12 months is 100, while in men it is 200.

Nearly half of the tested women (48.2%) had one sexual partner in the last year compared to 26.2% of men.

Chart 13 Distribution according to gender and the number of sexual partners in the last year



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A median test showed significant difference between men and women with respect to the number of sexual partners ($\chi^2=157.23$, $df=1$, $p<.001$), that is, men had more sexual partners in the last year than women. A glance at the Chart 13 reveals that 51.2% of women had more than one and 10% four or more sexual partners in the last year.

On the other hand, 74.1% of men had more than one and 30% four or more sexual partners in the last year.

Table 34 Sexual partners’ characteristics with respect to gender

	F		M	
	N	%	N	%
sexual intercourse with a person living outside Croatia	361	39.8	632	43.4
group sexual intercourse	22	2.4	127	8.7
sexual intercourse with a person of unknown HIV/HCV status	858	94.6	1386	95.1
sexual intercourse with a sex worker	0	0	93	6.4
sexual intercourse with an HIV and/or HCV positive person	39	4.3	34	2.3
promiscuous sexual partner	67	7.4	120	8.2
sexual partner who is an IV drug user	44	4.9	30	2.1

Men and women do not differ statistically significantly regarding sexual intercourse with a person living outside Croatia, sexual intercourse with a person of unknown HIV/HCV status and sexual intercourse with a promiscuous partner.

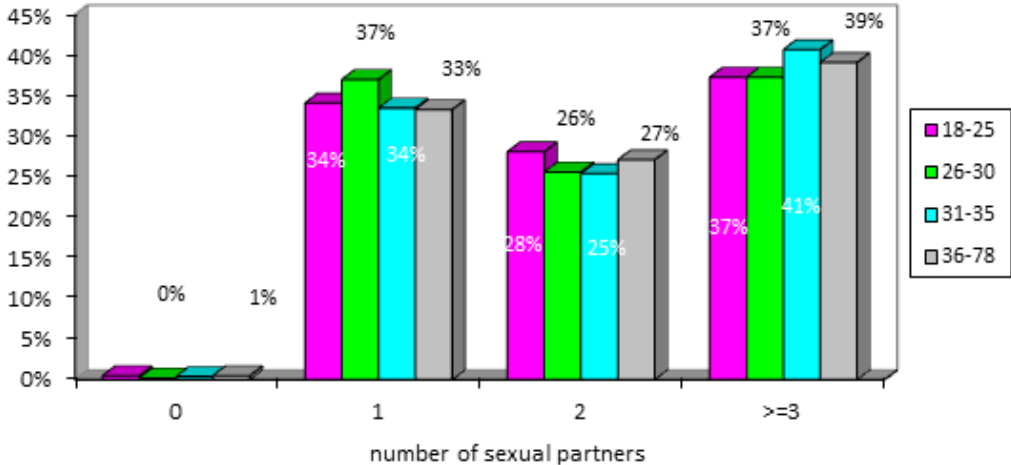
Man have group sex significantly more often than women ($\chi^2=37.46$, $df=1$, $p<.001$). Only men reported having sexual intercourse with a sex worker.

Women had sexual intercourse with an HIV positive and/or HCV positive person significantly more often than men ($\chi^2=7.22$, $df=1$, $p<.01$) and with a partner who is an IV drug user ($\chi^2=14.37$, $df=1$, $p<.001$).

2.6.2 Age differences in sexual partners’ characteristics

The largest number of sexual partners at the age of 18-25 is 100, at the age of 26-30 is 40, at the age of 31-35 is 200, and in persons at the age of 36-78 it is 100 partners in the last year.

Chart 14 Distribution according to age and the number of sexual partners in the last year



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The median test showed that persons of different age groups do not differ significantly with respect to the number of sexual partners in the last 12 months.

Table 35 Sexual partners’ characteristics with respect to age

	18 - 25		26 - 30		31 - 35		36 - 78	
	N	%	N	%	N	%	N	%
sexual intercourse with a person living outside Croatia	263	36.9	272	43.7	219	47.7	239	41.9
group sexual intercourse	39	5.5	32	5.1	34	7.4	44	7.7
sexual intercourse with a person of unknown HIV/HCV status	685	96.2	584	93.9	434	94.6	541	94.7
sexual intercourse with a sex worker	15	2.1	28	4.5	21	4.6	29	5.1
sexual intercourse with an HIV and/or HCV positive person	11	1.5	18	2.9	20	4.4	24	4.2
promiscuous sexual partner	51	7.2	56	9	36	2.8	44	7.7
sexual partner who is an IV drug user	16	2.2	20	3.2	22	4.8	16	2.8

The Mann-Whitney test was used to determine if there is correlation between age and different characteristics of tested persons' sexual partners.

Older age is correlated with sexual intercourse with a person who lives outside Croatia (Mann-Whitney $p<.001$), sexual worker (Mann Whitney $p<.01$) and HIV/HCV positive person (Mann-Whitney $p<.01$).

Tested persons of all ages roughly equally participated in group sexual intercourse, had sexual intercourse with a person of unknown HIV/HCV status, promiscuous sexual partner and partner who is an IV drug user.

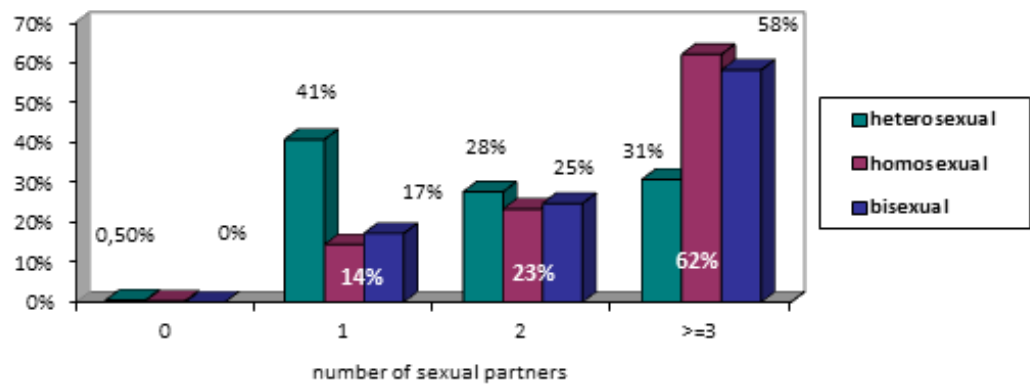
2.6.3 Differences in sexual partners' characteristics with respect to sexual orientation

The largest number of sexual partners in heterosexual persons is 200, in homosexual persons 100 and in bisexual persons 50.

The median test showed that persons of different sexual orientation differ with respect to the number of sexual partners ($\chi^2=162.09$, $df=2$, $p<.001$). An additional analysis determined that no significant difference exists between homosexual and bisexual persons.

Homosexual persons had a significantly larger number of sexual partners than the heterosexual ones ($\chi^2=129.14$, $df=1$, $p<.001$). A third of heterosexual persons (31.2%) had more than 2 sexual partners compared to two thirds (62%) of homosexual persons.

Chart 15 Distribution according to sexual orientation and the number of sexual partners in the last year **114**



Bisexual persons had a significantly larger number of sexual partners than the heterosexual ones ($\chi^2=57.54$, $df=1$, $p<.001$). Similarly to the comparison with homosexual persons, nearly two thirds of bisexual persons (58.1%) had more than two sexual partners in the last 12 months.

Table 36 Sexual partners' characteristics with respect to sexual orientation

	heterosexual		homosexual		bisexual	
	N	%	N	%	N	%
sexual intercourse with a person living outside Croatia	745	41.7	162	43.5	83	42.3
group sexual intercourse	60	3.4	62	16.7	27	13.8
sexual intercourse with a person of unknown HIV/HCV status	1703	95.2	349	93.8	184	93.9
sexual intercourse with a sex worker	85	4.8	3	0.8	4	2
sexual intercourse with an HIV and/or HCV positive person	42	2.3	19	5.1	10	5.1
promiscuous sexual partner	123	6.9	41	11	22	11.2
sexual partner who is an IV drug user	65	3.6	3	0.8	5	2.6

Persons of different sexual orientation roughly equally had sexual intercourse with someone who lives outside Croatia and a person of unknown HIV/HCV status.

Significant difference was found for group sexual intercourse ($\chi^2=112.13$, $df=2$, $p<.001$). An additional analysis determined that no difference exists between homosexual and bisexual persons. Heterosexual persons had group sexual intercourse significantly less often than homosexual ones ($\chi^2=102.38$, $df=1$, $p<.001$), and the same goes when compared to bisexual persons ($\chi^2=45.74$, $df=1$, $p<.001$).

115 Persons of different sexual orientation significantly differ also with respect to sexual intercourse with an HIV/HCV positive person ($\chi^2=11.21$ $df=2$, $p<.005$). Homosexual and bisexual persons do not differ significantly with respect to sexual intercourse with an HIV/HCV positive person. Homosexual persons had sexual intercourse with an HIV/HCV positive person significantly more often than did the heterosexual ones ($\chi^2=8.54$, $df=1$, $p<.005$), and the same goes for bisexual persons ($\chi^2=5.25$, $df=1$, $p<.05$) compared to the heterosexual ones.

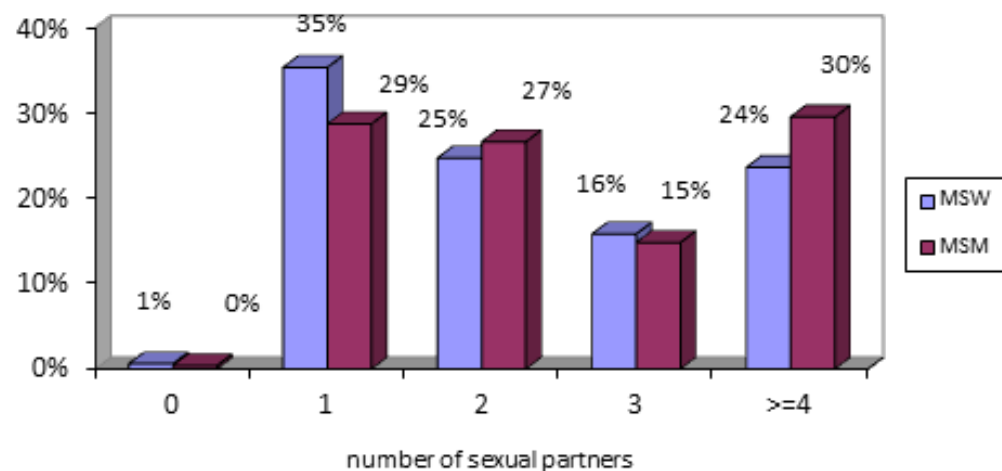
The last reason for which significant difference was found is sexual intercourse with a promiscuous partner ($\chi^2=10.53$, $df=2$, $p<.01$). No significant differences exist between homosexual and bisexual persons. Homosexual persons had sexual intercourse with a promiscuous partner significantly more often than did the heterosexual ones ($\chi^2=7.53$, $df=1$, $p<.005$), and the same goes for bisexual persons ($\chi^2=4.92$, $df=1$, $p<.05$) compared to the heterosexual ones.

Comparison was not possible for sexual intercourse with a sex worker and sexual intercourse with a partner who is an IV drug user because of an insufficient number of homosexual and bisexual users who reported having such a sexual partner.

2.6.4 Men who have sexual intercourse with men and sexual partners' characteristics

The largest reported number of sexual partners in the last year was 100 both for MSM and MSW. The median test has shown that MSM and MSW do not differ with respect to the number of sexual partners in the last year.

Chart 16 Distribution of male users with respect to whether they have sexual intercourse with men or women and the number of sexual partners in the last year



A series of χ^2 tests determined whether MSW and MSM men differ with respect to the characteristics of sexual partners.

MSW and MSM men roughly equally had sexual intercourse with a person living outside Croatia, group sexual intercourse, sex with a person of unknown HIV status, sexual intercourse with an HIV/HCV positive partner and with a promiscuous sexual partner.

Table 37 Sexual partners' characteristics in male users with respect to whether they have sexual intercourse with men or women **116**

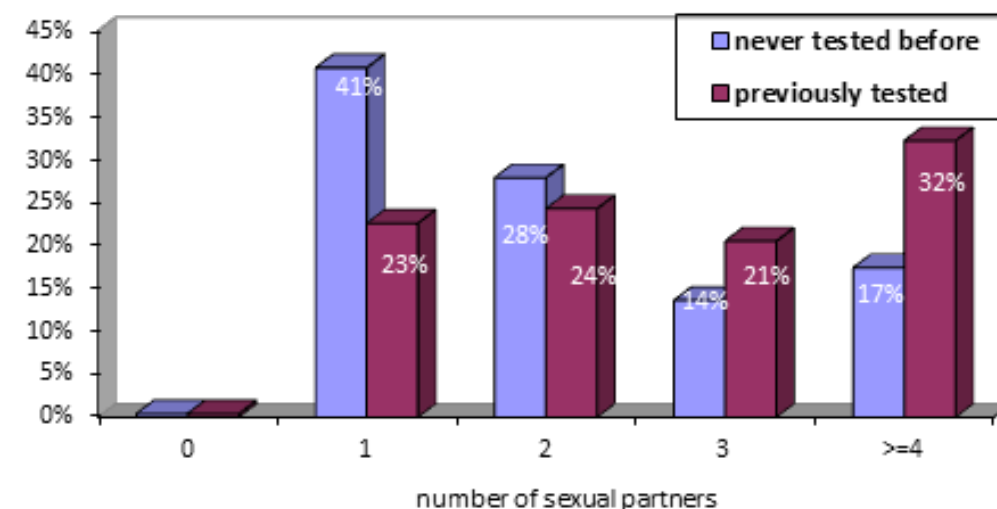
	MSW		MSM	
	N	%	N	%
sexual intercourse with a person living outside Croatia	365	41.5	209	41.1
group sexual intercourse	53	6	41	8.1
sexual intercourse with a person of unknown HIV/HCV status	837	95.2	487	95.7
sexual intercourse with a sex worker	49	5.6	8	1.6
sexual intercourse with an HIV and/or HCV positive person	28	3.2	13	2.6
promiscuous sexual partner	77	8.8	43	8.4
sexual partner who is an IV drug user	33	3.8	6	1.2

Men who have sexual intercourse only with women significantly more often had sexual intercourse with a sex worker ($\chi^2=13.12$, $df=1$, $p<.001$) and an IV drug user ($\chi^2=7.83$, $df=1$, $p<.01$).

2.6.5 Differences in sexual partners' characteristics with respect to whether the person has already been tested for HIV

The largest number of sexual partners in the case of persons who have not yet been tested for HIV is 200 in the last year, and in the case of those who have been tested 100.

Chart 17 Distribution according to the history of HIV testing and the number of sexual partners in the last year



The median test determined that those who have already tested and those who have not differ significantly with respect to the number of sexual partners ($\chi^2=106.943$, $df=1$, $p<.001$) in the last year. Persons who were tested for the first time had less sexual partners in the last year than those who have already tested before.

Table 38 Sexual partners' characteristics with respect to whether the person has already been tested for HIV **117**

	previously never tested		already tested	
	N	%	N	%
sexual intercourse with a person living outside Croatia	625	39.7	365	46.6
group sexual intercourse	82	5.2	66	8.4
sexual intercourse with a person of unknown HIV/HCV status	1500	95.2	740	94.4
sexual intercourse with a sex worker	58	3.7	35	4.5
sexual intercourse with an HIV and/or HCV positive person	40	2.5	33	4.2
promiscuous sexual partner	113	7.2	74	9.4
sexual partner who is an IV drug user	52	3.3	22	2.8

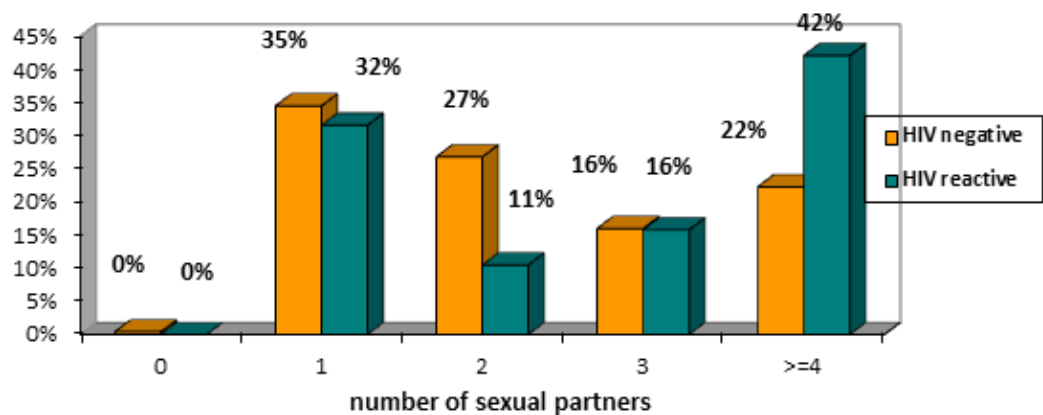
Persons with a history of HIV testing significantly more often had sexual intercourse with a person living outside Croatia ($\chi^2=10.15$, $df=1$, $p<.005$), more often had group sexual intercourse ($\chi^2=9.18$, $df=1$, $p<.005$) and more often had sexual intercourse with an HIV and/or HCV positive person ($\chi^2=4.87$, $df=1$, $p<.05$).

No difference was found between persons who were tested for the first time and those with a history of testing in terms of frequency of sexual intercourse with a person of unknown HIV/HCV status, with a sexual worker, with a promiscuous partner and a partner who is an IV drug user.

2.6.6 Differences in sexual partners’ characteristics with respect to HIV test results

The largest number of sexual partners HIV reactive persons had in the past year was 10, and HIV negative persons 200.

Chart 18 Distribution according to HIV test results and the number of sexual partners in the last year



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The median test determined that HIV negative and HIV reactive persons do not differ significantly according to the number of sexual partners in the last year.

Table 39 Sexual partners’ characteristics with respect to HIV test results

	HIV negative		HIV reactive	
	N	%	N	%
sexual intercourse with a person living outside Croatia	983	42.1	8	36.4
group sexual intercourse	146	6.2	3	13.6
sexual intercourse with a person of unknown HIV/HCV status	2220	95	21	95.5
sexual intercourse with a sex worker	92	3.9	1	4.5
sexual intercourse with an HIV and/or HCV positive person	70	3	1	4.5
promiscuous sexual partner	184	7.9	2	9.1
sexual partner who is an IV drug user	71	3	1	4.5

No significant difference was found between HIV negative and HIV reactive persons in terms of frequency of sexual intercourse with a person living outside Croatia.

Analysis was not possible for remaining characteristics of sexual partners because of an insufficient number of persons in certain cells belonging to HIV reactive persons.

2.7 Sexually transmitted diseases

Of the total number of persons tested at the Check Point, 19.7% had a sexually transmitted disease.

Table 40 Overview of sexually transmitted diseases in tested persons

Sexually transmitted disease	N	%
HPV	236	9.6
Chlamydia	100	4.1
HSV	25	1
Ureaplasma	74	3
Gonorrhoea	26	1.1
HBV	12	0.5
Candidiasis	22	0.9
Syphilis	20	0.8
Trichomoniasis	7	0.3

Among sexually transmitted diseases, the most frequent ones in the tested population are HPV (9.6%), Chlamydia (4.1%) and ureaplasma (3%).

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Next chapters give an overview of the frequency and incidence of occurrence of sexually transmitted diseases by gender, age, sexual orientation, whether male users have sexual intercourse with women or men, by the history of HIV testing and by HIV test results. Further analyses were not made because of a small number of users who contracted each of the STDs.

2.7.1 Gender and sexually transmitted diseases

Significantly more women (27.4%) than men (15.5%) reported a sexually transmitted disease ($\chi^2=51.21$, $df=1$, $p<.001$),

Table 41 Distribution of sexually transmitted diseases by gender

Sexually transmitted disease	F		M	
	N	%	N	%
HPV	173	18.7	63	4.2
Chlamydia	29	3.1	71	4.7
HSV	15	1.6	10	0.7
Ureaplasma	40	4.3	34	2.3
Gonorrhoea	1	0.1	25	1.7
HBV	0	0	12	0.8
Candidiasis	12	1.3	10	0.7
Syphilis	0	0	20	1.3
Trichomoniasis	2	0.2	5	0.3
HCV	0	0	1	0.1

2.7.2 Age and sexually transmitted diseases

There is significant correlation between older age and the presence of a sexually trans-
mitted disease, as confirmed by the Mann-Whitney test ($p<.001$).

Table 42 Distribution according to age and whether the user had an STD or not

	Age							
	18 - 25		26 - 30		31 - 35		36 - 78	
	N	%	N	%	N	%	N	%
Person had a sexually transmitted disease	120	16.2	115	18.2	123	26.4	128	22

Table 43 Distribution of sexually transmitted diseases by age

Sexually transmitted disease	18 - 25		26 - 30		31 - 35		36 - 78	
	N	%	N	%	N	%	N	%
HPV	66	8.9	57	9	64	13.7	49	8.4
Chlamydia	19	2.6	24	3.8	25	5.3	32	5.5
HSV	6	0.8	6	0.9	5	1.1	8	1.4
Ureaplasma	17	2.3	21	3.3	24	5.1	12	2.1
Gonorrhoea	6	0.8	3	0.5	9	1.9	8	1.4
HBV	0	0	0	0	3	0.6	9	1.5
Candidiasis	9	1.2	6	0.9	5	1.1	2	0.3
Syphilis	1	0.1	5	0.8	5	1.1	9	1.5
Trichomoniasis	1	0.1	0	0	1	0.2	5	0.9
HCV	0	0	0	0	0	0	1	0.2

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2.7.3 Sexual orientation and sexually transmitted diseases

Persons of different sexual orientation significantly differ with respect to whether they
had a sexually transmitted disease ($\chi^2=8.16$, $df=2$, $p<.05$).

Table 44 Distribution according to sexual orientation and the presence of a sexually
transmitted disease

	Sexual orientation					
	heterosexual		homosexual		bisexual	
	N	%	N	%	N	%
Person had a sexually transmitted disease	391	21.4	68	17.7	27	13.7

Persons of homosexual and bisexual sexual orientation and persons of homosexual and
heterosexual sexual orientation do not differ significantly with respect to whether they
had a sexually transmitted disease or not. Heterosexual persons significantly more often
had a sexually transmitted disease than bisexual persons ($\chi^2=6.36$, $df=1$, $p<.05$).

Table 45 Distribution of sexually transmitted diseases by sexual orientation

Sexually transmitted disease	heterosexual		homosexual		bisexual	
	N	%	N	%	N	%
HPV	216	11.8	13	3.4	7	3.5
Chlamydia	74	4	17	4.4	9	4.5
HSV	23	1.3	2	0.5	0	0
Ureaplasma	68	3.7	4	1	2	1
Gonorrhoea	5	0.3	19	4.9	2	1
HBV	4	0.2	7	1.8	1	0.5
Candidiasis	21	1.1	0	0	1	0.5
Syphilis	2	0.1	11	2.9	76	3.5
Trichomoniasis	6	0.3	0	0	1	0.5
HCV	0	0	1	0.3	0	0

2.7.4 Men who have sexual intercourse with men and sexually transmitted
diseases

Men who have sexual intercourse with men contracted a sexually transmitted disease
(18.7%) roughly equally to men who had sexual intercourse only with women (19.4%).

Table 46 Distribution of sexually transmitted diseases in MSM and MSW

Sexually transmitted disease	MSW		MSM	
	N	%	N	%
HPV	75	8.3	43	8.3
Chlamydia	42	4.7	21	4
HSV	10	1.1	5	1
Ureaplasma	33	3.7	11	2.1
Gonorrhoea	9	1	11	2.1
HBV	5	0.6	4	0.8
Candidiasis	6	0.7	1	0.2
Syphilis	7	0.8	7	1.3
Trichomoniasis	2	0.2	4	0.8
HCV	0	0	0	0

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2.7.5 History of HIV testing and sexually transmitted diseases

Persons who previously tested for HIV (23.2%) had a sexually transmitted disease
significantly more often than persons who tested for the first time (18.5%) ($\chi^2=7.27$,
 $df=1$, $p<.01$).

Table 47 Distribution of sexually transmitted diseases with respect to the history of
HIV testing

Sexually transmitted disease	Previously not tested		Already tested	
	N	%	N	%
HPV	170	10.6	66	8.1
Chlamydia	56	3.5	44	5.4
HSV	17	1.1	8	1
Ureaplasma	45	2.8	28	3.4
Gonorrhoea	8	0.5	18	2.2
HBV	3	0.2	9	1.1
Candidiasis	14	0.9	8	1
Syphilis	3	0.2	17	2.1
Trichomoniasis	3	0.2	4	0.5
HCV	0	0	1	0.1

2.7.6 HIV test results and sexually transmitted diseases

Slightly over a fifth (20.2%) of HIV negative persons and 15% of HIV reactive persons had a sexually transmitted disease, with no significant difference between them.

Table 48 Distribution of sexually transmitted diseases with respect to HIV test results

Sexually transmitted disease	HIV negative		HIV reactive	
	N	%	N	%
HPV	236	9.8	0	0
Chlamydia	99	4.1	1	4.8
HSV	23	1	2	9.5
Ureaplasma	74	3.1	0	0
Gonorrhoea	26	1.1	0	0
HBV	12	0.5	0	0
Candidiasis	22	0.8	0	0
Syphilis	19	0.8	1	4.8
Trichomoniasis	7	0.3	0	0
HCV	1	0	0	0

2.8 Drug use

One part of the questions in the questionnaire refers to the use of drugs. The users could answer the question whether they or their partner used drugs/alcohol during sexual activities with: never, sometimes, and always. To the questions whether they used psychoactive substances and drugs intravenously, the possible answers were: never, sometimes, and always.

Moreover, possible answers to the question whether they had taken drugs intravenously in the last month were: yes and no. If the answer to the last question was yes, the follow-up question was whether they used someone else’s, already used, needle, with possible answers being: never, exceptionally, and often.

The last two questions of the segment were whether they shared a kit and if they used needle exchange services, with possible answers being: never, sometimes and always. Users of Check Point’s services on average never use drugs or alcohol during sex ($M=1.38$, $SD=0.51$). 1.3% always use drugs and alcohol and 62.8% never.

Sexual partners of users on average never ($M=1.33$, $SD=0.49$) consume drugs/alcohol before sex, that is, 68% have partners who never use drugs/alcohol, and 0.9% have partners who use them always.

On average users never use psychoactive substances ($M=1.18$, $SD=0.42$). 83.4% never use psychoactive substances, whereas 1.5% use them regularly.

On average users never use drugs intravenously ($M=1.01$, $SD=0.12$). 22 persons (0.9%) use drugs intravenously sometimes, and 3 persons (0.1%) regularly. In the last month, 6 persons (0.2%) took drugs intravenously, and 4 persons (0.2%) used a shared kit. Two persons (0.1%) sometimes use needle exchange services.

In the upcoming chapters we will present average values of drug and alcohol consumption prior to sexual intercourse, drug and alcohol consummation prior to sexual intercourse by a sexual partner, use of psychoactive substances and IV drug use according to gender, age, sexual orientation, whether male users have sex with men or women, history of HIV testing, and results of HIV testing. Apart from presenting average values,

no further analyses were performed due to a small number of users who, upon completion of the questionnaire, reported using psychoactive substances and alcohol.

2.8.1 Gender and drug use

Table 49 Display of variables connected with use of drugs and alcohol according to gender

	Gender	N	M	SD
Use of drugs and alcohol prior to sexual intercourse	W	945	1.4	0.47
	M	1530	1.43	0.53
Partner consumes drugs and alcohol prior to sexual intercourse	W	941	1.29	0.47
	M	1521	1.35	0.20
Use of psychoactive substances	W	949	1.14	0.37
	M	1528	1.21	0.45
IV drug use	W	945	1	0.07
	M	1520	1.02	0.14

2.8.2 Age and drug use

Table 50 Display of variables connected with use of drugs and alcohol according to age

	Age group	N	M	SD
Use of drugs and alcohol prior to sexual intercourse	18-25	756	1.43	0.53
	26-30	648	1.42	0.51
	31-35	476	1.38	0.49
	36-78	595	1.30	0.49
Partner consumes drugs and alcohol prior to sexual intercourse	18-25	753	1.37	0.51
	26-30	645	1.36	0.49
	31-35	473	1.36	0.49
	36-78	591	1.23	0.45
Use of psychoactive substances	18-25	761	1.21	0.45
	26-30	643	1.19	0.46
	31-35	479	1.20	0.41
	36-78	594	1.11	0.34
IV drug use	18-25	759	1.01	0.11
	26-30	642	1.01	0.10
	31-35	471	1.01	0.08
	36-78	593	1.02	0.16

2.8.3 Sexual orientation and drug use

Table 51 Display of variables connected with use of drugs and alcohol according to sexual orientation

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	Sexual orientation	<i>N</i>	<i>M</i>	<i>SD</i>
Use of drugs and alcohol prior to sexual intercourse	heterosexual	1868	1.39	0.52
	homosexual	391	1.39	0.50
	bisexual	207	1.35	0.49
Partner consumes drugs and alcohol prior to sexual intercourse	heterosexual	1859	1.33	0.49
	homosexual	387	1.34	0.49
	bisexual	207	1.28	0.46
Use of psychoactive substances	heterosexual	1870	1.17	0.41
	homosexual	390	1.21	0.43
	bisexual	207	1.24	0.48
IV drug use	heterosexual	1863	1.01	0.13
	homosexual	386	1	0.05
	bisexual	206	1	0.07

2.8.4 Men who have sexual intercourse with other men and drug use

Table 52 Display of variables for use of drugs and alcohol in terms of whether men have sex with women or men

		<i>N</i>	<i>M</i>	<i>SD</i>
Use of drugs and alcohol prior to sexual intercourse	MSW	919	1.42	0.53
	MSM	530	1.37	0.49
Partner consumes drugs and alcohol prior to sexual intercourse	MSW	915	1.35	0.51
	MSM	526	1.32	0.47
Use of psychoactive substances	MSW	923	1.22	0.45
	MSM	529	1.17	0.42
IV drug use	MSW	915	1.02	0.16
	MSM	525	1.01	0.08

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2.8.6 History of testing and drug use

Table 54 Display of variables for use of drugs and alcohol in terms of results of HIV testing

		<i>N</i>	<i>M</i>	<i>SD</i>
Use of drugs and alcohol prior to sexual intercourse	HIV negative	2449	1.38	0.51
	HIV reactive	22	1.55	0.51
Partner consumes drugs and alcohol prior to sexual intercourse	HIV negative	2436	1.33	0.49
	HIV reactive	22	1.45	0.51
Use of psychoactive substances	HIV negative	2451	1.18	0.42
	HIV reactive	22	1.18	0.39
IV drug use	HIV negative	2439	1.01	0.12
	HIV reactive	22	1.00	0.00

2.8.5 History of testing and drug use

Table 53 Display of variables for use of drugs and alcohol in terms of whether a person had previously been tested for HIV

	History of HIV testing	<i>N</i>	<i>M</i>	<i>SD</i>
Use of drugs and alcohol prior to sexual intercourse	NO	1642	1.38	0.51
	YES	826	1.40	0.51
Partner consumes drugs and alcohol prior to sexual intercourse	NO	1637	1.33	0.49
	YES	820	1.33	0.49
Use of psychoactive substances	NO	1646	1.17	0.42
	YES	821	1.20	0.43
IV drug use	NO	1638	1.01	0.10
	YES	818	1.02	0.14

COMMENTS ON THE FINDINGS

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Most (85%) of young people belonging to age group 18-25 in Croatia are sexually active (Landripet, Štulhofer and Baćak 2011). Research conducted by Træn and Štulhofer in 2012 on a sample of young people from Norway and Croatia showed that sexually active young people in both countries consider the risk of infection with HIV or another STD low or insignificant. Most persons (85-89%) who do not use a condom, think that the risk of an HIV infection is low or non-existent. At the University Hospital for Infectious Diseases in Zagreb users stated that the most often reason for not getting tested sooner (75.4%) was the opinion that they were not at risk of an infection (Kavić, 2013).

The majority of people tested at Check Point are men (61.5%) compared to 38.5% women. Out of the total number of persons tested, 66.8% were tested for the first time. Were we to compare this information with the 55% tested for the first time at the University Hospital for Infectious Diseases and the Croatian Institute of Public Health in 2010, and 55.80% tested for the first time at the University Hospital for Infectious Diseases in 2013, it would be evident that Check Point reached more people who had never been tested for HIV (Matković Puljić, Kosanović Ličina, Kavić and Nemeth Blažić, 2014; Kavić, 2013).

Men are significantly more often tested for HIV than women, and the history of previous testing is more often present with older tested persons. This information should be considered with caution because older persons had more opportunities for HIV testing in their lives.

An interesting piece of information is that 81.3% of persons at the age of 18-25 had never before been tested for HIV. In a research conducted in 2011, 90.8% of young people at the age of 18-25 had never before been tested for HIV (Landripet et al. 2011).

Homosexual persons more often have a history of testing compared to bisexual and heterosexual persons. Men who have sex with men get tested for HIV significantly more often than men who have sex with women.

Compared to Checkpoint in Geneva, where 90% of tested MSMs have a history of HIV testing, a mere 40.6% of MSMs tested at Check Point Zagreb had been tested before (Gumy et al. 2012).

Research conducted in Croatia on persons tested at the University Hospital for Infectious Diseases and the Croatian Institute of Public Health showed that continuous HIV testing is connected with living in an urban area, male gender, men who have sex with men, persons older than 25, with university education, persons who had three or more sexual partners in the last year, consistent use of condoms with permanent and occasional partners, use of condoms during last sexual intercourse and intravenous drug use (Matković Puljić, Kosanović Ličina, Kavić and Nemeth Blažić, 2014).

Professional staff at Check Point, who conduct counselling prior to and after the testing as well as the testing for HIV and HCV, adhere to the guidelines published in the "Manual for HIV counselling and testing" (Nemeth Blažić et al., 2009).

The purpose of the HIV counselling is to reduce the HIV infection, as well as further spread of HIV by informing people about the manners of transmission of HIV, prevention of HIV, and explaining to them the results of HIV testing. Also, we try to help our users in determining risky behaviour that can cause an infection and HIV transmission, and offer to them guidance as to how to minimise the risk (Nemeth Blažić et al., 2009).

HIV counselling is an intervention which research has shown to be efficient in reducing risky sexual behaviour of men who have sexual intercourse with men (Dilley et al., 2007). Project "Respect" conducted in San Francisco showed that very short counselling interventions in which the counsellor would offer the client planned risk reduction could have such an effect that the person would increase the use of condoms and it would lead to a reduction in the frequency of sexually transmitted diseases (Kamb et al., 1998).

Despite research indicating that perception of risks of an HIV infection is very low (Træn and Štulhofer, 2012; Kavić, 2014),

the most often reason for testing at Check Point is unprotected sexual intercourse.

Unprotected sexual intercourse is the most frequent reason for testing of women, younger people, bisexual and heterosexual persons compared to homosexuals, persons who were tested for the first time, and persons who tested negative for HIV.

Promiscuous partner is a significant reason for testing if a person believes that their sexual partner had a higher number of partners in the past or had sexual intercourse with third persons during a sexual and/or emotional relationship. 14.6% of persons got tested for this particular reason. Partner's promiscuity was most often the reason for testing of women and heterosexuals, compared to homosexuals and persons who had not been tested before.

After an examination of reasons for testing, particularly interesting reasons are regular HIV testing/check-up and starting a new relationship.

Recommendations of the Centre for Disease Control and Prevention for sexually active men who have sex with other men is to get tested for HIV at least once a year in order to detect new HIV infections and prevent them from spreading (Branson et al., 2006). 10.2% of users came to Check Point for regular testing/check-up, most often men, older persons, homosexuals compared to bisexuals and heterosexuals, bisexuals compared to heterosexuals, men who have sex with other men, and persons who tested HIV reactive.

9.5% of people got tested because they were beginning a new relationship, of which more men than women.

During 2013 at the University Hospital for Infectious Diseases 39.5% of persons got tested because of unprotected sexual intercourse, 6% because of a promiscuous partner, 13.1% came for regular testing and 6.9% because of a new relationship (Kavić, 2014).

The most common reason for testing at Checkpoint in Geneva is risky sexual intercourse (40%), regular testing (30%), and cessation of condom use in a new permanent relationship (10%), noting that the

results are connected with the MWM population (Gumy et al., 2012).

In Croatia the average age of first sexual intercourse for young adults (18-25 years) is 17. 70% of young people use condoms during their first intercourse, and a mere fifth (20%) use condoms regularly. A significant portion of young people belong to persons with risky sexual behaviour (e.g. several parallel sexual partners and failure to use condoms) and data show that young men and women in Croatia are increasingly vulnerable to sexually transmitted diseases (Landripet, Štulhofer and Baćak, 2011).

Most persons tested at Check Point (80.9%) think that in the last six months they were exposed to the risk of an HIV infection on multiple occasions. Significantly more women as well as people of both genders who had not been tested for HIV before, believe that they were exposed to infection on multiple occasions.

Users rarely use condoms if they are in a relationship, and often when they are not. When in a relationship, men use condoms more often than women, persons in the age group 18-25 more often than other age groups, homosexuals and bisexuals more often than heterosexuals, men who have sex with men and persons who had been tested before.

Outside of a relationship, men use condoms more often than women, young persons more often than older groups, homosexuals and bisexuals more often than heterosexuals, men who have sex with men and persons who had been tested for HIV before.

People tested at the University Hospital usually rarely use condoms when in a relationship. However, there is a distinction between 38.4% of people who get tested before they stop using condoms when in a relationship and 2.7% of people who use condoms at the beginning of a relationship, and stop using it once they have built trust in their partners. During sexual intercourse with someone other than the person they are in a relationship with, users occasionally use condoms (Kavić, 2014).

In the research carried out by Træn and

Štulhofer (2012), the use of condoms was linked to an assessment of higher risk of an HIV infection and other STDs in men in Croatia. In Croatia there is the perception that the use of condoms is the man's responsibility. Possible reasons for this is the assessment of a higher risk of unwanted pregnancy and HIV and other STDs when protection fails.

Most frequent reason for failing to use a condom is confidence in the partner and most often among women and young people.

Second most frequent reason for not using a condom is dislike of condoms / better sensation without a condom, and this is the reason mostly given by men.

Træn and Štulhofer (2012) believe that new campaigns should be aimed at men who think that having a large number of female sexual partners is a sign of manliness and at women who do not feel responsible for the use of condoms.

129 Median number of sexual partners of persons tested was 2, i.e. half of the persons tested had two or less sexual partners in the last 12 months. Men had more sexual partners than women, homosexual and bisexual persons more than heterosexuals, and previously tested persons more than those that had not been tested before.

In the research conducted by Landripet et al. (2011), median number of sexual partners of age group 18-25 equalled 1, i.e. 65.5% of persons had 0 or 1 sexual partner, compared to 34.5% of age group 18-25 tested at Check Point who had 0 or 1 sexual partner. In other words, users of Check Point's services belonging to age group 18-25 had a greater number of sexual partners in the last year compared to the same age group in 2011.

Most of the tested persons (94.5%) had a sexual partner of unknown HIV/HCV status. Slightly less than half of persons tested had sexual intercourse with a stranger, that is, a person who lives outside of Croatia (42%). Sexual intercourse with a stranger was recorded more often in women of older age and persons previously tested for HIV.

At the University Hospital, 74.8% of persons had sexual intercourse with a person of unknown HIV status, and 16.2% with a stranger (Kavić, 2014).

19.7% reported having a sexually transmitted disease, most often HPV, Chlamydia and ureaplasma. STDs were more frequent in women, elderly persons, heterosexuals compared to bisexuals, and previously tested persons.

Research conducted on young people belonging to age group 18-25 showed that 4.6% of persons had some kind of STD, compared to 16.2% of the same age group tested at Check Point (Landripet et al., 2011).

Users of Check Point's services on average never use drugs or alcohol during sex. Their sexual partners on average never use drugs/alcohol prior to sexual intercourse. Users on average never use psychoactive substances.

During 2013, 11.5% of persons tested at the University Hospital used drugs, of which most common were marijuana (7.3%), cocaine (1.2%), and heroin (1%) (Kavić, 2014).

In accordance with the arranged cooperation with the University Hospital for Infectious Diseases "Dr Fran Mihaljević", all persons tested reactive for HIV and HCV at Check Point were referred to the Hospital. Most persons reactive for HIV contacted the Reference Centre for Diagnostics and Treatment of HIV-infection and have been included in the medical care regarding HIV.

Research by Begovac et al. from 2008 showed that the time of discovery of HIV positive status and entry into the health care system of men who have sex with men can be improved by ensuring a wide network of centres for voluntary, anonymous and free HIV testing and educational activities. These interventions are particularly efficient if carried out by non-governmental gay organizations, which presents a public health related implication for Croatia, which has low HIV epidemic level.

CONCLUSION

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Despite the fact that Croatia is among the countries with low frequency of HIV infections, a very small percentage of sexually active people in Croatia get tested. In the first half year of 2013, at 10 HIV testing centres (institutes of public health in Zagreb, Pula, Rijeka, Split, Zadar, Osijek, Slavonski Brod, Dubrovnik, Korčula, Prison hospital in Zagreb, University Hospital for Infectious Diseases "Dr Fran Mihaljević") 1713 persons got tested for HIV (CIPH, 2013).

Taking into consideration the fact that in the period of one year, at Check Point alone, 2028 persons were tested, it seems that by organizing testing in the community, outside of institutions, Check Point has successfully attracted both new users who had never been tested for HIV and those that had been tested once or several times before in an institution.

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Check Point Zagreb was envisioned above all as a place where young people could get tested for HIV and HCV by taking reliable test, and where they could get their results during that first visit, but also a place where a person could talk to experienced doctors and counsellors regarding the risks and potential ways to prevent those risks in the future. Together with young people, Check Point, with its openness and accessibility, has attracted also older persons, as well as a population of MSMs, among which unprotected anal sex is the dominant mode of transmission of HIV.

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PUBLISHER

Croatian association for HIV
and viral hepatitis (CAHIV)
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TRANSLATION AND EDITING

Inter alia, Samobor

DESIGN AND PRINTING

Bijeli čarobnjak d.o.o. Zagreb

SPONSOR

This has been supported by
an unrestricted grant from
Gilead Sciences Europe Ltd
London

NOTES

[illegible]

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NOTES

[illegible]

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