

## RAZLOZI DOLASKA MUŠKARACA KOJI IMAJU SEKSUALNE ODNOSI SA MUŠKARCIMA U JEDNU NEVLADINU ORGANIZACIJU U BEOGRADU

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### SAŽETAK

**Uvod/Cilj:** Stigmatizacija koja prati muškarce koji imaju seksualne odnose sa muškarcima (MSM) i HIV/AIDS predstavlja značajnu barijeru kako za prevenciju, tako i za terapiju i prognozu bolesti. Nevladine organizacije koje rade sa ovim vulnerabilnim grupama, pored različitih vrsta podrške, pružaju i besplatno testiranje na sifilis i HIV infekciju. Cilj ovog istraživanja je utvrđivanje razloga za dolazak MSM osoba u nevladin *Checkpoint centar* za prevenciju polno prenosivih infekcija (PPI), savetovanje, testiranje i podršku, kao i profilisanje motiva za dolazak u ovaj centar.

**Metode:** U istraživanje je uključeno 413 MSM osoba. Svi korisnici centra su popunili anonimni upitnik koji je obuhvatio pitanja o osnovnim demografskim karakteristikama, razlozima i motivima dolaska u centar, kao i ocenu zadovoljstva dobijenim uslugama. Korisnicima koji su došli na laboratorijsku dijagnostiku sifilisa i HIV-a rađeni su imunohromatografski brzi skrining testovi treće generacije.

**Rezultati:** Prosečan uzrast korisnika bio je  $30,61 \pm 8,44$  godina. Većina korisnika centra bila je iz Beograda (85,7%) i u statusu zaposlenog lica (86%). Preko 95% korisnika došlo je u *Checkpoint centar* da bi se testiralo na HIV i sifilis, 12,1% radi dobijanja pre-ekspozicione profilakse (PrEP) za HIV, a 6,5% zbog pregleda dermatovenerologa i 2,4% zbog psihološkog savetovanja. Od ukupno testirane 393 osobe na HIV i sifilis, pozitivan test na HIV zabeležen je kod 10 (2,5%) korisnika, a na sifilis kod 25 (6,4%). Najčešći motivi za dolazak u centar bili su pozitivna atmosfera i diskrecija koju centar pruža korisnicima (79,9%), a zatim dostupnost testova na HIV i sifilis bez lekarskog uputa (57,9%), odsustvo stigme i osuđivanja u centru (54%) i fleksibilno radno vreme (47,5%). Korisnici su svoje zadovoljstvo dobijenim uslugama u centru ocenili prosečnom ocenom  $4,98 \pm 0,12$ .

**Zaključak:** Zbog stigmatizacije koja prati MSM populaciju i osobe koje žive sa HIV infekcijom, nevladine organizacije koje rade sa ovim vulnerabilnim grupama u saradnji sa javnim zdravstvenim sektorom imaju značajnu ulogu u kontroli širenja i prevenciji PPI-ja i HIV-a. Dostupnost centara, prijateljska atmosfera, diskrecija i odsustvo stigme i diskriminacije su razlozi zbog kojih ih pripadnici MSM populacije rado posećuju.

**Ključne reči:** muškarci koji imaju seksualne odnose sa muškarcima, stigmatizacija, razlozi dolaska, sifilis, HIV, PrEP

### Uvod

Od početka HIV (engl. *Human immunodeficiency virus* – virus humane imunodeficijencije) pandemije, u svetu se kontinuirano beleži porast broja HIV novoinficiranih osoba među populacijom muškaraca koji imaju seksualne odnose sa muškarcima (MSM) i oni predstavljaju vulnerabilnu grupu kako za HIV/AIDS (engl. *Acquired immunodeficiency syndrome* – sindrom stečene imunodeficijencije), tako i za ostale polno prenosive infekcije – PPI (1). Podaci o kretanju PPI-ja i HIV-a u Republici

Srbiji, tokom 2021. godine, pokazuju da su 78,5% novoinficiranih virusom HIV-a činili MSM, a u ovoj populaciji je bilo i najviše registrovanih novoobolelih osoba od ranog sifilisa (2).

Stigmatizacija koja prati HIV/AIDS predstavlja značajnu barijeru, kako za prevenciju [testiranje i primena preekspozicione profilakse – PrEP (engl. *Pre-exposure prophylaxis*) za HIV], tako i za terapiju (pravovremeno javljanje zdravstvenim službama i otpočinjanje lečenja, komplijansa) i prognozu

## REASONS WHY MEN WHO HAVE SEX WITH MEN VISIT ONE NON-GOVERNMENTAL ORGANIZATION IN BELGRADE

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### SUMMARY

**Introduction/Aim:** The stigma surrounding men who have sex with men (MSM) and HIV/AIDS represents a significant barrier for the prevention, as well as for the treatment and prognosis of the disease. Non-governmental organizations working with these vulnerable groups, besides providing various forms of support, also offer free testing for syphilis and HIV infection. The aim of this research is to determine the reasons for MSM individuals to visit a non-governmental Checkpoint center for the prevention of sexually transmitted infections (STIs), counseling, testing, and support, as well as profiling the motives for coming to the center.

**Methods:** The study included 413 MSM individuals. All center users completed an anonymous questionnaire covering questions about basic demographic characteristics, reasons and motives for coming to the center, as well as an assessment of satisfaction with the services received. Users who came for laboratory diagnosis of syphilis and HIV underwent third-generation immunochromatographic rapid screening tests.

**Results:** The average age of users was 30.6±8.44 years. Most center users were from Belgrade (85.7%) and employed (86%). Over 95% of users came to the Checkpoint center to be tested for HIV and syphilis, 12.1% of them came for pre-exposure prophylaxis (PrEP) for HIV, while a smaller percentage came for dermatological examination (6.5%) and psychological counseling (2.4%). Out of a total of 393 persons tested for HIV and syphilis, a positive HIV test was recorded in 10 (2.5%) users and syphilis in 25 (6.4%). The most common motives for coming to the center were the positive atmosphere and discretion provided to users (79.9%), availability of HIV and syphilis tests without a doctor's referral (57.9%), absence of stigma and judgment in the center (54%), and flexible working hours (47.5%). Users rated their satisfaction with the services received at the center with an average mark of 4.97±0.12.

**Conclusion:** Due to the stigmatization accompanying the MSM population and individuals living with HIV infection, non-governmental organizations working with these vulnerable groups in collaboration with the public health sector play a significant role in controlling the spread and prevention of STIs and HIV. The availability of centers, friendly atmosphere, discretion, and absence of stigma and discrimination are reasons why members of the MSM population willingly visit them.

**Keywords:** men who have sex with men, stigmatization, reasons for visiting, syphilis, HIV, PrEP

### Introduction

Since the beginning of the human immunodeficiency virus (HIV) pandemic, in the world an increase has been continuously recorded in the population of men who have sex with men (MSM) and they represent a vulnerable group for HIV/AIDS (Acquired Immunodeficiency Syndrome), as well as for other sexually transmitted infections (STIs) (1). Data on the trends in STIs and HIV in the Republic of Serbia during 2021 show that 78.5%

of newly infected with HIV were MSM, while the highest number of newly infected persons with early syphilis was also in this population (2).

The stigmatization accompanying HIV/AIDS represents a significant barrier for the prevention [testing and application of pre-exposure prophylaxis (PrEP) for HIV], as well as for the therapy (timely reporting to health services and starting treatment, compliance) and disease

bolesti (3,4). Pored stigme vezano za HIV infekciju, stigmatizacija prati MSM kako na društvenom, institucionalnom (npr. zdravstvene ustanove), tako i na ličnom nivou, u vidu autostigme (5,6). Neretko pripadnici MSM populacije u našoj sredini se odlučuju za savetovanje i testiranje na HIV i druge PPI u nevladinim organizacijama koje sprovode ovu vrstu skrininga u saradnji sa javnim zdravstvenim sektorom (7).

Cilj ovog istraživanja je utvrđivanje razloga za dolazak MSM osoba u *Checkpoint centar* za prevenciju PPI-ja, savetovanje, testiranje i podršku, kao i profilisanje motiva za dolazak u ovaj centar.

## Metode

Istraživanje je sprovedeno u okviru projekta „*Strengthening and integrating community based HIV prevention and support for MSM, LGBTQI and PLHIV communities*“ - „Osnaživanje i integracija prevencije HIV-a i podrške MSM, LGBTQI (engl. *Lesbian, gay, bisexual, transgender, queer and intersex* – lezbijke, gej, transrodne, kvir i interseks) zajednici i ljudima koji žive sa HIV-om u okviru zajednice“, koji je podržan od strane *Gilead Sciences*. U njega su uključene sve MSM osobe koje su u periodu od 1. decembra 2022. godine do 31.

maja 2023. godine došle u *Checkpoint centar* za prevenciju PPI, savetovanje, testiranje i podršku u Beogradu. Svi korisnici centra su popunili anonimni upitnik koji je obuhvatio pitanja o osnovnim demografskim karakteristikama (uzrast, mesto boravka, zaposlenje), razlozima i motivima dolaska u centar, kao i ocenu zadovoljstva o dobijenim uslugama (od 1 do 5). Korisnicima koji su došli na laboratorijsku dijagnostiku sifilisa i HIV-a rađeni su imunohromatografski brzi skrining testovi treće generacije HEXAGON SYPHILIS i TURKLAB anti-HIV ½ test. Ovi testovi su rađeni i svim korisnicima koji su došli radi propisivanja PrEP-a. Svim testiranim na HIV pruženo je dobrovoljno i poverljivo savetovanje na HIV pre testiranja, kao i nakon izdavanja rezultata testa od strane savetnika za dobrovoljno i poverljivo savetovanje i testiranje (DPST). Rezultati brzih testova na HIV su u narednih nedelju dana potvrđeni pozitivnim *Western-Blot* testom na Infektivnoj klinici Kliničkog centra Srbije, a na sifilis pozitivnim serološkim testovima (VDRL – *Venereal Disease Research Laboratory*; laboratorijski test za istraživanje veneričnih bolesti i TPHA – *Treponema Pallidum Haemagglutination Assay*; *Treponema Pallidum* hemaglutacioni test) u Gradskom zavodu za kožne i venerične bolesti u Beogradu. U statis-

**Tabela 1.** Izabrane karakteristike korisnika *Checkpoint* centra i razlozi dolaska

Karakteristike	Broj (%)
<b>Uzrast (godine)</b>	
prosečan uzrast ± SD	30,61 ± 8,44
≤ 19	13 (3,1)
20-29	196 (47,5)
30-39	141 (34,1)
40-49	51 (12,3)
50+	12 (3,0)
<b>Mesto stanovanja</b>	
Beograd	354 (85,7)
Van Beograda	59 (14,3)
<b>Zaposlenost</b>	
Zaposlen	355 (86,0)
Nezaposlen	58 (14,0)
<b>Razlog dolaska*</b>	
Testiranje na HIV/sifilis**	393 (95,2)
PrEP***	50 (12,1)
Pregled dermatologa	27 (6,5)
Razgovor sa psihologom	10 (2,4)
<b>Upućen iz centra u zdravstvenu ustanovu</b>	
Da	112 (27,1)
Ne	301 (72,9)

\*korisnici su mogli izabrati više razloga za dolazak u *Checkpoint centar*; \*\*HIV - virus humane imunodeficijencije; \*\*\*PrEP - preekspoziciona profilaksa za HIV

prognosis (3,4). In addition to the stigma related to HIV infection, stigmatization accompanies MSM both at the social, institutional (e.g. health institutions), as well as at the personal level, in the form of self-stigma (5,6). The members of MSM population in our community often opt for counseling and testing for HIV and other STIs in non-governmental organizations that carry out this type of screening in cooperation with the public health sector (7).

The aim of this research is to determine the reasons why MSM come to the Checkpoint center for the prevention of STIs, counseling, testing and support, as well as profiling the motives for coming to this center.

## Methods

The research was conducted within the project “Strengthening and integrating community based HIV prevention and support for MSM, LGBTQI and PLHIV communities”, which was supported by Gilead Sciences. It included all MSM who came to the Checkpoint center for the prevention of STIs, counseling, testing and support in Belgrade from December 1<sup>st</sup>, 2022 to May 31<sup>st</sup>, 2023. All users of the center filled out an anonymous

questionnaire that included questions about basic demographic characteristics (age, place of residence, employment), reasons and motives for coming to the center, as well as the assessment of satisfaction with received services (from 1 to 5). Users who came for laboratory diagnosis of syphilis and HIV underwent third generation immunochromatographic rapid screening tests HEXAGON SYPHILIS and TURKLAB anti-HIV ½ test. These tests were also conducted in all users who came for PrEP. All persons who were tested for HIV were offered voluntary and confidential HIV counseling before testing, as well as after they were given test results by the counselor for voluntary and confidential counseling and testing (VCT). The results of rapid tests for HIV were confirmed in the following week with a positive Western-Blot test at the Clinic for Infectious Diseases of the Clinical Center of Serbia, while tests for syphilis were confirmed by positive serological tests (VDRL – Venereal Disease Research Laboratory, laboratory test for venereal diseases and TPHA – Treponema Pallidum Haemagglutination Assay) at the City Institute for Skin and Venereal Diseases in Belgrade. Proportions and percentages were used in the statistical analysis of data.

**Table 1.** Selected characteristics of Checkpoint center users and reasons for visiting

Characteristics	Number (%)
<b>Age (years)</b>	
Average age $\pm$ SD	30.61 $\pm$ 8.44
$\leq$ 19	13 (3.1)
20-29	196 (47.5)
30-39	141 (34.1)
40-49	51 (12.3)
50+	12 (3.0)
<b>Place of residence</b>	
In Belgrade	354 (85.7)
Outside Belgrade	59 (14.3)
<b>Employment</b>	
Employed	355 (86.0)
Unemployed	58 (14.0)
<b>Reason for visiting*</b>	
HIV/Syphilis testing**	393 (95.2)
PrEP***	50 (12.1)
Dermatologist examination	27 (6.5)
Consultation with a psychologist	10 (2.4)
<b>Referred from the center to a healthcare institution</b>	
Yes	112 (27.1)
No	301 (72.9)

\* Users could choose multiple reasons for visiting Checkpoint center; \*\*HIV - Human Immunodeficiency Virus;

\*\*\*PrEP - Pre-exposure prophylaxis for HIV

**Tabela 2.** Motivi za dolazak muškaraca koji imaju seksualne odnose sa muškarcima u *Checkpoint centar*\*

Motivi	Broj (%)
Odgovara mi fleksibilno radno vreme centra	196 (47,5)
Ne treba mi uput za testove koje bih hteo da uradim	239 (57,9)
Prija mi atmosfera i diskrecija koju centar pruža	330 (79,9)
Imao sam neprijatna iskustva u državnim/privatnim zdravstvenim ustanovama	30 (7,3)
Ne osećam nikakvo osuđivanje i stigmatizaciju u centru	223 (54,0)
Nemam važeću zdravstvenu knjižicu	33 (8,0)
Čuo sam pozitivna iskustva osoba koje su već posećivale centar	116 (28,1)
Ne znam gde mogu da dobijem uslugu savetovanja oko PrEP** -a i PPI***	54 (13,1)
Dobio sam preporuku od prijatelja	91 (22,0)

\*korisnici su mogli izabrati više motiva zbog kojih su odlučili da dođu u *Checkpoint centar*; \*\*PrEP - preekspoziciona profilaksa za HIV; \*\*\* PPI – polno prenosive infekcije

tičkoj analizi podataka korišćene su mere deskriptivne statistike: aritmetička sredina, standardna devijacija, proporcije i procenti.

## Rezultati

U istraživanje je uključeno 413 MSM osoba. Prosečan uzrast korisnika usluga *Checkpoint centra* bio je  $30,61 \pm 8,44$  godina (Tabela 1), a najveći broj MSM osoba bio je u starosnoj dobi od 20 do 29 godina (47,5%), a potom u uzrasnoj grupi 30-39 godina (34,1%). Većina korisnika centra bila je iz Beograda (85,7%) i u statusu zaposlenog lica (86%). Preko 95% korisnika došlo je u *Checkpoint centar* da bi se testiralo na HIV i sifilis, 12,1% njih je došlo radi dobijanja PrEP-a, dok je manji procenat njih došao na pregled dermatovenerologa (6,5%) i psihološko savetovanje (2,4%). Najčešći razlozi za posetu dermatologu su bili anogenitalni kondilomi i gljivične infekcije kruralne regije (lat. *Tinea cruris*). Više od  $\frac{1}{4}$  korisnika je iz centra upućeno u odgovarajuće zdravstvene ustanove. Od ukupno testirane 393 osobe na HIV i sifilis, pozitivan test na HIV zabeležen je kod 10 (2,5%) korisnika, a na sifilis kod 25 (6,4%).

Motivi zbog kojih su korisnici usluga odlučili da dođu u *Checkpoint centar* prikazani su u Tabeli 2. Najčešći motivi bili su pozitivna atmosfera i

diskrecija koju centar pruža korisnicima (79,9%), zatim dostupnost testova na HIV i sifilis bez lekarskog uputa (57,9%), odsustvo stigme i osuđivanja u centru (54%) i fleksibilno radno vreme (47,5%). Manje od 10% korisnika je došlo u centar, jer nema važeću zdravstvenu knjižicu ili zato što su imali neprijatna iskustva u državnom ili privatnom zdravstvenom sektoru.

Korisnici su svoje zadovoljstvo dobijenim uslugama u centru ocenili prosečnom ocenom preko  $4,98 \pm 0,12$  (Tabela 3).

## Diskusija

Prema rezultatima našeg istraživanja, korisnici *Checkpoint centra* su kao najčešće motive dolaska u centar naveli pozitivnu atmosferu, diskreciju, dostupnost testova za HIV i sifilis, kao i odsustvo stigme i diskriminacije, a najčešći razlozi za dolazak su upravo i bili testiranje na HIV i sifilis i propisivanje PrEP-a od strane zdravstvenog radnika.

Prema istraživanju HIV stigma indeksa među zdravstvenim radnicima u Republici Srbiji preko trećine ispitanika je pokazalo diskriminatorno ili vrlo diskriminatorno ponašanje prema pacijentima koji su im otkrili svoj HIV-pozitivan status, dok je sa druge strane skoro  $\frac{1}{4}$  HIV-pozitivnih osoba izjavila da su zdravstveni radnici bez njihove saglas-

**Tabela 3.** Zadovoljstvo korisnika uslugama u *Checkpoint centru*

Zadovoljstvo korisnika	Prosečna ocena $\pm$ SD
Zadovoljstvo uslugama u centru	4,98 $\pm$ 0,12
Zadovoljstvo komunikacijom sa angažovanim osobama u centru	4,99 $\pm$ 0,11
Zadovoljstvo materijalom dobijenim u centru (flajeri, kondomi, lubrikanti)	4,97 $\pm$ 0,16

SD-standardna devijacija



**Table 2.** Motives for the arrival of men who have sex with men into Checkpoint center\*

Motives	Number (%)
I appreciate the flexible working hours of the center	196 (47.5)
I don't need a referral for the test I want to take	239 (57.9)
I enjoy the atmosphere and discretion provided by the center	330 (79.9)
I have had unpleasant experiences in public/private healthcare institutions	30 (7.3)
I don't feel any judgment or stigma at the center	223 (54.0)
I don't have a valid health insurance card	33 (8.0)
I have heard positive experiences from people who have already visited the center	116 (28.1)
I don't know where I can get counseling services about PrEP** and STIs***	54 (13.1)
I received a recommendation from a friend	91 (22.0)

\*Users could choose multiple motivations for deciding to visit the Checkpoint center; \*\*PrEP-Pre-exposure Prophylaxis for HIV; \*\*\* STIs – sexually transmitted infections

## Results

413 MSM persons were included in the study. The average age of users of the Checkpoint center services was  $30.6 \pm 8.44$  years (Table 1), while the largest number of MSM persons was in the age group 20 to 29 years (47.5%), followed by the age group 30-39 years (34.1%). Most of the users of the center were from Belgrade (85.7%) and they were employed (86%). Over 95% of users came to the Checkpoint center to be tested for HIV and syphilis, 12.1% came to receive PrEP, while a smaller percentage came for a dermatovenerologist examination (6.5%) and psychological counseling (2.4%). The most common reasons for visiting a dermatologist were anogenital warts and fungal infections of the crural region (lat. Tinea cruris). More than  $\frac{1}{4}$  of users were referred from the center to appropriate health institutions. Out of the total of 393 persons tested for HIV and syphilis, a positive test for HIV was registered in 10 users (2.5%), and for syphilis in 25 users (6.4%).

The motives due to which users of services decided to come to the Checkpoint center are shown in Table 2. The most frequent motives were positive atmosphere and discretion that the center provides to its users (79.9%), followed by the availability of HIV and syphilis tests without a

doctor's referral ((57.9%), the absence of stigma and condemnation at the center (54%), and flexible working hours (47.5%). Less than 10% of users came to the center because they did not have a valid health insurance card or because they had unpleasant experiences in the state or private health sector.

Users rated their satisfaction with the services received at the center with an average mark  $4.98 \pm 0.12$  (Table 3).

## Discussion

According to the results of our study, the users of the Checkpoint center stated that the positive atmosphere, discretion, the availability of tests for HIV and syphilis, as well as the absence of stigma and discrimination were the most frequent motives for coming to the center, whereas the most frequent reasons were testing for HIV and syphilis and PrEP prescribed by a healthcare worker.

According to the survey of the HIV stigma index among healthcare workers in the Republic of Serbia, over a third of respondents showed discriminatory or very discriminatory behavior towards patients who disclosed their HIV-positive status, while on the other hand, almost  $\frac{1}{4}$  of HIV-positive persons stated that healthcare workers

**Table 3.** User satisfaction with services at the Checkpoint center

User satisfaction	Prosečna ocena $\pm$ SD
Satisfaction with services at the center	$4.98 \pm 0.12$
Satisfaction with communication with staff at the center	$4.99 \pm 0.11$
Satisfaction with materials received at the center (flyers, condoms, lubricants)	$4.97 \pm 0.16$

SD-standard deviation

nosti otkrili njihov HIV status drugim licima, a preko polovine pacijenata je smatralo da se njihova medicinska dokumentacija ne čuva poverljivo (8). Istraživanje kvaliteta života osoba koje žive sa HIV-om je pokazalo da je u toku poslednjih godinu dana 27,5% njih doživelo stigmatu i diskriminaciju u zdravstvenoj ustanovi (8), što donekle objašnjava podatak iz našeg rada da je upravo odsustvo stigme i diskriminacije bio jedan od motiva za dolazak u *Checkpoint centar*.

Testiranje na HIV i sifilis su bili vodeći razlozi naših korisnika za dolazak u centar. Prevalencija sifilisa bila je 6,4%, a novootkrivene HIV infekcije 2,5%. Ranije istraživanje prevalencije sifilisa i HIV-a među testiranim MSM osobama u jednoj nevladinoj organizaciji u Beogradu, sprovedeno tokom 2020. godine, je otkrilo 3,9% novoobolelih od sifilisa i 1,1% novoinficiranih HIV infekcijom (7). Blag porast novootkrivenih slučajeva među našim ispitanicima ukazuje na značaj skrininga za ove infekcije i obuhvat većeg broja testiranih među MSM osobama, koje rado dolaze u nevladine organizacije koje prepoznaju kao „prijateljski“ naklonjene. Sifilis je oboljenje opisano kao „veliki imitator“ i nekada ga je teško klinički otkriti i dijagnostikovati, ali imajući u vidu epidemiološku situaciju u Republici Srbiji i porast trenda obolevanja od sifilisa, naročito među MSM osobama (9), ova vrsta skrininga među osetljivom populacijom je više nego neophodna radi otkrivanja nedijagnostifikovanih slučajeva infekcije.

PrEP predstavlja biomedicinsku formu prevencije HIV infekcije, primenom oralnih antiretrovirusnih lekova, kod osoba koje su u povećanom riziku od HIV-a, poput MSM osoba (10). Osobama koje veoma često praktikuju nezaštićene seksualne odnose savetuje se dnevna terapija u periodu do 90 dana sa jednom tabletom koja se sastoji iz kombinacije dva leka tenofovir disoproksil fumarata i emtricitabina (TDF/FTC –Truvada), dok osobe koje povremeno praktikuju visokorizična ponašanja mogu po potrebi uzimati PrEP po shemi 2-1-1, tj. 2 do 24 sata pre seksualnog odnosa dve tablete, potom jednu tabletu 24 sata nakon uzimanja prve doze i jednu tabletu 24 sata nakon druge doze. Kod pravilnog uzimanja leka redukuje se rizik za dobijanje HIV infekcije za oko 99% (11). Analiza većeg broja studija sprovedenih među MSM osobama koje su koristile PrEP je pokazala da se redukcija dobijanja HIV infekcije kretala 75-86% u zavisnosti od redovnosti uzimanja lekova (12). Ova vrsta

prevencije HIV infekcije nije toliko prisutna u našoj sredini, naime u našem radu samo 12,1% korisnika je došlo u Centar radi propisivanja PrEP-a od strane epidemiologa, a rezultati studije o upotrebi rekreativnih droga i hemseksa među MSM populacijom u Beogradu su pokazali da je samo 7,3% ispitanika koristilo PrEP i da se ova vrsta prevencije HIV infekcije statistički značajno češće registrovala među osobama koje su koristile i hemseks (13). Upotreba PrEP-a korisnicima daje sigurnost da se neće inficirati HIV-om te stoga praktikuju i rizičnije seksualne prakse, poput seksa pod uticajem seksualizovanih droga koji dodatno povećava rizik za dobijanje i ostalih PPI. S obzirom na to da PrEP ne štiti od ostalih PPI, mnogi zdravstveni radnici imaju negativan stav prema njegovoj upotrebi (14). Korisnici PrEP-a su stigmatizovani i od strane ostatka MSM populacije, koja ih opisuje kao visoko promiskuitetne osobe, niskog morala, koje ne koriste kondome, bave se seksualnim radom i konzumiranjem seksualizovanih droga (4).

Najčešći razlog za dolazak korisnika centra na pregled kod dermatologa bile su anogenitalne bradavice. MSM populacija u našoj sredini prepoznala je rizike koje nosi infekcija određenim tipovima humanih papiloma virusa u nastanku karcinoma anusa (15), te bi se time mogla i objasniti njihova potreba za pregledom analne regije.

## Zaključak

Zbog stigmatizacije koja prati MSM populaciju i osobe koje žive sa HIV infekcijom, nevladine organizacije koje rade sa ovim vulberabilnim grupama, u saradnji sa javnim zdravstvenim sektorom, imaju značajnu ulogu u kontroli širenja i prevenciji PPI i HIV-a. Dostupnost centara, prijateljska atmosfera, diskrecija i odsustvo stigme i diskriminacije su razlozi zbog kojih ih pripadnici MSM populacije rado posećuju.

## Zahvalnica

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## Konflikt interesa

Autor je izjavio da nema konflikta interesa.

disclosed their HIV status to other people without their consent, and more than half of the patients believed that their medical records were not kept confidential (8). The research on the quality of life of persons living with HIV showed that in the last year, 27.5% of them experienced stigma and discrimination in a healthcare institution (8), which explains the fact from our study that precisely the absence of stigma and discrimination was one of the motives for coming to the Checkpoint center.

Testing for HIV and syphilis were the leading reasons why our users came to the center. The prevalence of syphilis was 6.4%, and of newly diagnosed HIV infection 2.5%. An earlier study of the prevalence of syphilis and HIV among MSM in a non-governmental organization in Belgrade, which was conducted in 2020, revealed 3.9% of persons newly infected with syphilis and 1.1% of newly infected with HIV (7). A slight increase in newly discovered cases among our respondents indicated the importance of screening for these infections and the inclusion of a larger number of people tested among MSM, who willingly come to non-governmental organizations, which they recognize as "friendly". Syphilis is a disease which is described as a "great imitator" and sometimes it is hard to detect and diagnose it clinically, but considering the epidemiological situation in the Republic of Serbia and the increasing trend of syphilis, especially among MSM (9), this type of screening in the vulnerable population is more than necessary in order to detect the undiagnosed cases of infection.

PrEP represents a biomedical form of prevention of HIV, using oral antiretroviral drugs in persons who are at increased risk of HIV, such as MSM (10). People who practice unprotected sex very often are advised to take daily therapy in the period of up to 90 days with one tablet which consists of a combination of two drugs tenofovir disoproxil fumarate and emtricitabine (TDF/FTC – Truvada), while persons who occasionally practice high-risk behavior can take PrEP, if necessary, according to the 2-1-1 scheme, that is, 2 tablets 2 to 24 hours before sexual intercourse, then one tablet 24 hours after taking the first dose and one tablet 24 hours after the second dose. When medicines are taken correctly, the risk of getting the HIV infection is reduced by about 99% (11). The analysis of a larger number of studies conducted among MSM, who used PrEP, showed

that the reduction in getting the HIV infection ranged between 75 and 86%, depending on the regularity of taking the medicines (12). This type of HIV prevention is not so present in our environment, namely in our study, only 12% of users came to the center to get PrEP prescribed by epidemiologist, while the results of the study on the use of recreational drugs and chemsex in the MSM population in Belgrade showed that only 7.3% of respondents used PrEP and that this type of prevention of HIV infection was statistically significantly more often registered among persons who also used chemsex (13). The use of PrEP gives users certainty that they will not get infected with HIV, and therefore, they practice more risky sexual relations such as sex under the influence of sexualized drugs, which further increases the risk of getting other STIs. Given that PrEP does not protect against other STIs, many healthcare professionals have a negative attitude towards its use (14). The users of PrEP are also stigmatized by the rest of MSM population, who describe them as highly promiscuous persons with low moral who do not use condoms, engage in sex work and use sexualized drugs (4).

Anogenital warts were the most common reason why the users of the Center came to be examined by a dermatologist. The population of MSM in our environment has recognized the risks of infection with certain types of human papillomavirus in the development of anal cancer (15), and this could explain their need for the examination of the anal region.

## Conclusion

Due to the stigmatization accompanying the MSM population and people living with HIV, non-governmental organizations working with these vulnerable groups in cooperation with the public health sector, have a significant role in controlling the spread and prevention of STIs and HIV. The availability of centers, friendly atmosphere, discretion and the absence of stigma and discrimination are the reasons why the members of MSM population willingly visit them.

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## Competing interests

The authors declared no competing interests.

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