

cross sectional study was conducted among men who have sex with men (MSM) in three selected areas (Yangon, Mandalay and Pyay) during September to October, 2012. The study was aimed to find out the treatment seeking behaviour and barriers for treating sexually transmitted infections (STI) among MSM and to assess the level of knowledge on STI. Face to face interviews were performed on all three types of MSM (*Apwint*, *Apone* and *Thange*) above 18 years of age by using pretested semi-structured questionnaire through MSM social network approach. The respondents were 136 *Apone* (45.3%), 73 *Apwint* (30.3%) and 91 *Thange* (24.3%). Among them, 155 respondents were adult population (>25 years) (51.67%). STI knowledge of the respondents was acceptable with a few common misbeliefs. About 30% of them had high knowledge level. 224 respondents (74.7%) obtained the information about STI from pamphlets. 158 respondents (50.7%) heard about STI from health staff and 136 (43.3%) from friends or peer group. Over one fourth of them had suffered from STI within last six months. Only 43 respondents (55.8%) took early treatment from doctors especially from Non Governmental Organizations (NGOs). The most frequently answered reasons for delayed treatment were feeling ashamed (35%) and financial problem (23.4%). Of all, 168 respondents (56%) had tested blood for STI and 173 respondents (57.7%) had tested blood for HIV in the past 12 months, mainly at NGOs. Seven respondents (2.3%) had tested blood for HIV only, three respondents (1%) had tested blood for STI only, 166 respondents (55.3%) had tested blood for both STI and HIV, and 124 respondents (41.3%) had tested blood for neither STI nor HIV in the past 12 months. Concerning preference on of health care provider, 126 respondents (42%) preferred doctors from NGOs, 125 respondents (41.7%) preferred doctors specialized in STD and 34 respondents (11.3%) preferred General Practitioner for treating STI. Concerning barriers, some respondents have high perceived barriers such as 60 respondents (20%) have limited time to consult, 26 (8.7%) did not know the place of STI services and 90 respondents (30%) have transportation difficulty. More than half of them (68.3%) mentioned that they have perceived feeling of being discriminated especially in the government hospitals. Social stigma attached to MSM was 64.4%. About one third of them thought that the peer population in their environment was taking self-medication for treating STI. The initial (by professional and non-professional) treatment seeking behaviour of STI was influenced by the level of knowledge ($p < 0.001$), occupational status ($p = 0.017$) and permanent residence ($p < 0.001$). There were also statistically significant associations between higher level of knowledge on STI and permanent residence ($p < 0.001$), higher educational level ($p < 0.001$), higher income ($p < 0.001$) high risk occupation ($p < 0.004$), blood testing for STI ($p < 0.001$) and for HIV ($p < 0.001$). The utilization of AIDS/STD team should be enhanced by conducting awareness raising programme, training the health staff for counseling services and providing better quality management for STI patients. To ensure more efficient prevention and control of STI, coordination and collaboration among public sector, private clinics and NGOs should be promoted more than ever.