

Gay Community Periodic Survey: Adelaide November 1998

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Description of the Study

The Adelaide Gay Community Periodic Survey is a cross-sectional survey of gay and homosexually active men recruited through a range of sites in Adelaide. The project was funded by the Commonwealth Department of Health and Family Services. The Periodic Survey provides a snapshot of sexual and HIV-related practices among gay and homosexually active men. These data can be compared with those obtained from other studies such as the Male Call 96 study (Crawford *et al*, 1998) and the Sydney Gay Community Periodic Survey (Prestage *et al*, 1996; Van de Ven *et al*, 1997).

The major aim of the Adelaide Periodic Survey is to provide data on levels of safe and unsafe sexual practice in a broad cross-sectional sample of gay and homosexually active men. To this end, men were recruited from a number of gay-community venues and a sexual health clinic.

This study, the initial Adelaide Periodic Survey, was conducted in November 1998. If similar surveys are conducted in November each year and employ the same recruitment strategies, it will be possible to examine changes in practice over time, albeit from cross-sectional samples.

Eight sites were chosen for the study: the Picnic in the Park, six gay-community venues and one sexual health clinic. Recruitment in all of these venues (apart from the sexual health centre where centre staff recruited participants) was conducted by trained recruiters over a one-week period.

The questionnaire (appended to this report) is a short, self-administered instrument that typically takes five to 10 minutes to complete. Questions focus on anal intercourse and oral sex, the use of condoms, the nature of sexual relationships, HIV testing practice and serostatus, aspects of social attachment to gay community, recreational drug use, and a range of demographic items including sexual identity, age, education, occupation and ethnicity. Questions were designed to maximise comparability with Sydney Periodic Surveys and other studies.

This report describes the data from the initial Adelaide Gay Community Periodic Survey (November 1998). More detailed analysis of the data will continue and will be disseminated as it is completed. As with any data analysis, further examination may necessitate minor reinterpretation of the findings.

Sample and Recruitment

Respondents were recruited through seven sites in the Adelaide area as well as at a large public gay-community event (Picnic in the Park). Almost two thirds of the men were recruited at the Picnic in the Park.

TABLE 1 SOURCE OF RECRUITMENT

Sexual health centre	13 (2.4%)
Gay venues	181 (32.8%)
Picnic in the Park	358 (64.9%)
TOTAL	552 (100%)

In all, 776 men were asked to complete a questionnaire and 552 did so. This represents a response rate of 71.1%.

In many ways this sample is similar to earlier gay-community-based samples, including that recruited for the Sydney Gay Community Periodic Survey in February 1998. However, one key difference is that a smaller proportion of men was recruited from the sexual health centre in Adelaide. This may be attributable to the use of centre staff as recruiters. Previous surveys have found that independent recruiters (whose sole role is to recruit) are more successful than centre staff at recruiting participants.

Previous studies such as SMASH (Prestage *et al*, 1995) have demonstrated that HIV serostatus is an important distinguishing feature among gay men, particularly with regard to sexual behaviour. For this reason some of the data on sexual practices have been reported separately for men who are HIV-positive, those who are HIV-negative, and those who have not been tested or do not know their serostatus.

Also, as indicated in the Sydney Periodic Surveys, men recruited from events such as the Picnic in the Park are different in some respects from those recruited from clinics and gay venues. Nonetheless, most of the data reported here are for the sample as a whole, giving an account of practices drawn from a *broad* cross-sectional sample of Adelaide gay men.

Demographic Profile

In terms of demographic variables, the participants in this study were quite similar to those recruited in other gay-community-based studies.

Geographic distribution

The men came primarily from the Adelaide metropolitan area. A small percentage of men, who indicated that they participated regularly in Adelaide gay community, came from other parts of South Australia or from outside the State.

TABLE 2 RESIDENTIAL LOCATION

Adelaide Metropolitan Area	503 (91.1%)
Other SA	17 (3.1%)
Elsewhere	32 (5.8%)
TOTAL	552 (100%)

Age

Respondents ranged between 16 and 67 years of age, with a median of 33. Age range and distribution were quite similar to those observed in previous studies (eg Prestage *et al*, 1996).

TABLE 3 AGE

Under 25	103 (19.0%)
25–29	88 (16.2%)
30–39	185 (34.1%)
40–49	115 (21.2%)
50 and over	52 (9.6%)
TOTAL ¹	543 (100%)

¹Data were missing on this item for 9 men.

Ethnicity

This was predominantly an 'Anglo-Australian' sample. In response to Question 37, 26 men indicated they were Australian Aborigine or Torres Strait Islander.

TABLE 4 ETHNICITY	
Anglo-Australian	391 (79.1%)
European	65 (13.2%)
Other	38 (7.7%)
TOTAL ¹	494 (100%)

¹Data were missing on this item for 58 men.

Employment and occupation

The proportion of men who were not in the work force was fairly high compared with the general population. This was particularly true of HIV-positive men, probably due to the relatively high percentage who were in receipt of some form of social security payment.

TABLE 5 EMPLOYMENT STATUS	
Full-time	275 (51.5%)
Part-time	97 (18.2%)
Unemployed/Other	162 (30.3%)
TOTAL ¹	534 (100%)

¹Data were missing on this item for 18

As in most studies of male homosexual populations, there was a substantial overrepresentation of professionals/managers and under-representation of manual workers (Connell *et al*, 1991; Hood *et al*, 1994).

TABLE 6 OCCUPATION	
PROFESSIONAL/MANAGERIAL	
Professional/ Managerial	122 (29.1%)
Paraprofessional	71 (16.9%)
WHITE COLLAR	
Clerical/ Sales	136 (32.5%)
BLUE COLLAR	
Trades	53 (12.6%)
Plant operator/Labourer	37 (8.8%)
TOTAL ¹	419 (100%)

¹Includes all men who specified their occupation, whether currently employed or not; 176 missing.

Education

As in other gay-community-based studies, this sample was relatively well educated, although not as highly as in other capital cities. Over half of the men had received some post-secondary education, including one third who had some university education.

TABLE 7 EDUCATION	
Up to 3 years of high school	111 (20.5%)
Up to Year 12/SACE	142 (26.2%)
Trade certificate or diploma	107 (19.8%)
University	181 (33.5%)
TOTAL ¹	541 (100%)

¹Data were missing on this item for 11 men.

Sexual relationships with women

Few men had had sex with a woman in the previous six months.

TABLE 8 SEX WITH WOMEN IN PREVIOUS SIX MONTHS	
No female partners	462 (89.7%)
One female partner	23 (4.5%)
More than one female partner	30 (5.8%)
TOTAL ¹	515 (100%)

¹Data were missing on this item for 37 men.

Sexual relationships with men

Two thirds of the men in the sample were currently in a regular sexual relationship with a man. Approximately one third of the study participants was monogamous (ie had sex only with a regular partner). Over half the men had sex with casual partners and one in eight men was 'currently' not having sex with men at all.

TABLE 9 RELATIONSHIPS WITH MEN	
None	70 (12.9%)
Casual only	109 (20.1%)
Regular plus casual	169 (31.2%)
Regular only (monogamous)	193 (35.7%)
TOTAL ¹	541 (100%)

¹Data were missing on this item for 11 men.

Among those men who were in a regular relationship, over two thirds of the relationships had lasted for more than a year.

TABLE 10 LENGTH OF RELATIONSHIPS WITH MEN	
Less than one year	94 (30.7%)
At least one year	212 (69.3%)
TOTAL ¹	306 (100%)

¹Includes only those men who 'currently' had a regular partner and answered Question 8.

Association with Gay Community and the HIV Epidemic

In several respects, this was a highly gay-identified and gay-community-attached sample.

Sexual identity and sexual relations

The men in the sample were mostly homosexually identified, although somewhat less so than their counterparts in similar surveys in Sydney (Prestage et al, 1996) or Melbourne (Van de Ven et al, 1998). Homosexual identification included 'gay/homosexual' as well as eight men who thought of themselves as 'queer'. Non-homosexual identification included 'bisexual' and 'heterosexual'.

TABLE 11 SEXUAL IDENTITY	
Homosexually identified	476 (86.7%)
Not homosexually identified	73 (13.3%)
TOTAL ¹	549 (100%)

¹Data were missing on this item for 3 men.

Furthermore, few men said they enjoyed having sex mostly with women or with men and women equally. Typically, the men enjoyed having sex with men only or mostly men.

TABLE 12 SEXUAL PREFERENCE	
Men only	443 (81.0%)
Mostly men	68 (12.4%)
Other ¹	36 (6.6%)
TOTAL ²	547 (100%)

¹Includes 'Men and women equally', 'Mostly women', 'Women only' and 'No-one'.

²Data were missing on this item for 5 men.

Gay community involvement

The men in this sample were quite socially involved with gay men. Half of the men in the sample said most or all of their friends were gay men.

TABLE 13 GAY FRIENDS	
None	11 (2.0%)
Some or a few	265 (48.2%)
Most or all	274 (49.8%)
TOTAL ¹	550 (100%)

¹Data were missing on this item for 2 men.

Correspondingly, almost half of the men said they spent a lot of their free time with gay men.

TABLE 14 PROPORTION OF FREE TIME SPENT WITH GAY MEN	
None	8 (1.5%)
A little	80 (14.6%)
Some	218 (39.7%)
A lot	243 (44.3%)
TOTAL ¹	549 (100%)

¹Data were missing on this item for 3 men.

Looking for male sex partners

The men used a variety of social, public and gay specific places to find sex partners, particularly gay bars, saunas and within their 'social network'.⁴

TABLE 15 LOOKING FOR MALE SEX PARTNERS	
Gay bar (<i>n</i> = 442)	346 (78.3%)
'Social network' (<i>n</i> = 394)	252 (64.0%)
Sauna (<i>n</i> = 414)	221 (53.4%)
Beat (<i>n</i> = 407)	196 (48.2%)
Backroom (<i>n</i> = 354)	58 (16.4%)
Sex workers (<i>n</i> = 361)	36 (10.0%)
NONE OF THE ABOVE	42 (7.6%)

Note: These categories are not mutually exclusive.

Contact with the HIV Epidemic

Whereas a quarter of the men knew no one with HIV/AIDS, half of the men knew at least three positive people.

TABLE 16 HOW MANY PEOPLE DO YOU KNOW WITH HIV/AIDS?	
None	140 (26.2%)
One	49 (9.2%)
2	78 (14.6%)
3–5	130 (24.3%)
6–10	56 (10.5%)
More than 10	81 (15.2%)
TOTAL ¹	534 (100%)

¹Data were missing on this item for 18 men.

Two fifths of the men knew no one who had died from AIDS. However, for greater than a third of the sample, each man personally knew at least three people who had died from AIDS.

TABLE 17 HOW MANY PEOPLE DO YOU KNOW PERSONALLY WHO HAVE DIED FROM AIDS?	
None	208 (39.1%)
One	81 (15.2%)
2	56 (10.5%)
3–5	97 (18.2%)
6–10	36 (6.8%)
More than 10	54 (10.2%)
TOTAL ¹	532 (100%)

¹Data were missing on this item for 20 men.

HIV Testing

Most of the men had already been tested for antibodies to HIV, and mostly with an HIV-negative result. One man in seven had not been tested or had failed to obtain the test results, and a further 22 men did not respond to this question. Less than seven percent of the men were HIV-positive.

TABLE 18 HIV TEST RESULTS	
Not tested/No results	76 (14.3%)
HIV-negative	420 (79.2%)
HIV-positive	34 (6.4%)
TOTAL ¹	530 (100%)

¹Data were missing on this item for 22 men.

The following table shows HIV-test results in the Male Call 96 study (Crawford *et al*, 1998). The Male Call 96 data are drawn from the responses of 187 gay-community-attached men who lived in the Adelaide region. (Sixty-nine men, who lived in this area but who were classified as non-gay-community-attached, were excluded. Hence the cross-study comparisons presented here are of like with like.)

The findings from the current study and Male Call 96 are remarkably similar.

TABLE 19 HIV TEST RESULTS: MALE CALL 96	
Not tested/No results	23 (12.3%)
HIV-negative	151 (80.7%)
HIV-positive	13 (7.0%)
TOTAL	198 (100%)

Time since most recent HIV-antibody test

Among those men who had had tests for HIV, the majority had done so within the previous year. Relatively few men reported infrequent testing.

TABLE 20 TIME SINCE MOST RECENT HIV TEST	
Less than 6 months ago	231 (48.6%)
7–12 months ago	75 (15.8%)
1–2 years ago	80 (16.8%)
Over 2 years ago	89 (18.7%)
TOTAL	475 (100%)

Note: This table includes only those men who had been tested for HIV.

The pattern of time since the most recent test was quite similar to that recorded in the Male Call 96 study. However, there seems to be a trend with men in the later (current) study not having tested so recently—particularly in the past six months.

TABLE 21 TIME SINCE MOST RECENT HIV TEST: MALE CALL 96	
Less than 6 months ago	97 (57.7%)
7–12 months ago	33 (19.6%)
1–2 years ago	17 (10.1%)
Over 2 years ago	21 (12.5%)
TOTAL	168 (100%)

Combination therapies

Of the men who indicated that they were HIV-positive, about two in three were taking combination therapy.

TABLE 22 USE OF COMBINATION ANTIRETROVIRAL THERAPIES	
Yes	22 (64.7%)
No	12 (35.3%)
TOTAL	34 (100%)

Regular partner's HIV-status

Participants were asked about the serostatus of their current regular partners. As the question only referred to current partners, fewer men responded to this item than indicated sex with a regular partner during the previous six months. Over 70% of the men had an HIV-negative regular partner, while less than 7% had an HIV-positive regular partner. Almost one in four of the men had a regular partner whose serostatus they did not know.

TABLE 23 HIV STATUS OF REGULAR PARTNERS	
HIV-positive	18 (6.4%)
HIV-negative	198 (70.7%)
HIV status unknown	64 (22.9%)
TOTAL	280 (100%)

Note: Includes only those men who 'currently' had a regular partner.

Half of the HIV-positive men had an HIV-negative regular partner and approximately one third had an HIV-positive regular partner. HIV-negative men tended to have HIV-negative regular partners. Men who did not know their own serostatus tended not to know the serostatus of their regular partners, or they had HIV-negative regular partners.

TABLE 24 MATCH OF HIV STATUS IN REGULAR RELATIONSHIPS				
SEROSTATUS OF REGULAR PARTNER	HIV-POSITIVE	HIV-NEGATIVE	UNKNOWN	
HIV-positive	5 (35.7%)	11 (4.8%)	2 (6.5%)	
HIV-negative	7 (50%)	172 (75.4%)	15 (48.4%)	
HIV status unknown	2 (14.3%)	45 (19.7%)	14 (45.2%)	
TOTAL ¹ (N= 273)	14 (100%)	228 (100%)	31 (100%)	

¹Includes only those men who 'currently' had a regular partner.

Sexual Practice and 'Safe Sex'

Sexual behaviour between men

Participants were only asked to report on a limited range of sexual practices (separately for regular and casual partners): anal intercourse with and without ejaculation; and oral intercourse with ejaculation. These practices were selected for their possible association with HIV transmission. Based on the responses to the sexual behaviour items and the sort of sexual relationships with men indicated by the participants, approximately two thirds of the men were classified as having had sex with a regular male partner and three in five of the men were classified as having had sex with a casual male partner 'in the previous six months'.

TABLE 25 REPORTED SEX WITH MALE PARTNERS IN PREVIOUS SIX MONTHS	
Any sexual contact with <i>regular</i> partners	361 (65.4%)
Any sexual contact with <i>casual</i> partners	334 (60.5%)
TOTAL	552

Note: These categories are not mutually exclusive.

Men recruited at the Picnic in the Park were more likely to have had regular partners, and less likely to have had casual partners, than their counterparts recruited at venues or the clinic.

TABLE 26 REPORTED SEX WITH MALE PARTNERS IN PREVIOUS SIX MONTHS BY RECRUITMENT SITE		
	PICNIC IN THE PARK	VENUES/CLINIC
Any sexual contact with <i>regular</i> partners	252 (70.4%)	109 (56.2%)
Any sexual contact with <i>casual</i> partners	192 (53.6%)	142 (73.2%)
TOTAL	358	194

Note: These categories are not mutually exclusive.

The majority of the men had engaged in sex with between 1 and 10 partners 'in the previous six months', although more than one fifth of the men had more than 10 partners.

TABLE 27 NUMBER OF MALE PARTNERS IN PREVIOUS SIX MONTHS	
None	40 (7.3%)
One	166 (30.2%)
2–10	225 (41.0%)
11–50	101 (18.4%)
More than 50	17 (3.1%)
TOTAL ¹	549 (100%)

¹Data were missing on this item for 3 men.

The frequencies for number of male partners 'in the previous six months' were fairly similar to those pertaining to Adelaide men who participated in the Male Call 96 study.

TABLE 28 NUMBER OF MALE PARTNERS IN PREVIOUS SIX MONTHS: MALE CALL 96	
None	7 (3.7%)
One	45 (24.1%)
2–10	81 (43.3%)
11–50	44 (23.5%)
More than 50	10 (5.3%)
TOTAL	187 (100%)

Comparison of sexual practices between regular and casual partners

Not all participants engaged in oral intercourse with ejaculation with their regular male partners, but those who did were equally likely to do so in the insertive as in the receptive role. Three fifths of those with regular male partners engaged in oral intercourse with ejaculation with their partners.

Most participants engaged in anal intercourse with their regular male partners. About 70% of those with regular partners engaged in insertive anal intercourse; a similar proportion in receptive anal intercourse.

TABLE 29 SEXUAL BEHAVIOUR WITH REGULAR MALE PARTNERS		
SEX PRACTICES	TOTAL SAMPLE <i>N</i> = 552	THOSE WITH REGULAR PARTNERS <i>n</i> = 361
Any oral intercourse with ejaculation	255 (46.2%)	255 (70.6%)
Insertive fellatio with ejaculation	213 (38.6%)	213 (60.3%)
Receptive fellatio with ejaculation	215 (38.9%)	215 (60.7%)
Any anal intercourse	306 (55.4%)	306 (84.8%)
Insertive anal intercourse	259 (46.9%)	259 (71.7%)
Receptive anal intercourse	250 (45.3%)	250 (69.3%)

Note: These items are not mutually exclusive. The percentages do not sum to 100% as some men engaged in more than one of these practices and some in none of these practices.

Fewer respondents engaged in either oral intercourse with ejaculation or anal intercourse with casual male partners than with regular male partners. Approximately half of the men with casual partners engaged in oral intercourse with ejaculation, more commonly in the insertive role. Over two thirds of those who had sex with casual male

partners engaged in anal intercourse with those partners, again more usually in the insertive role.

TABLE 30 SEXUAL BEHAVIOUR WITH CASUAL MALE PARTNERS		
SEX PRACTICES	TOTAL SAMPLE N = 552	THOSE WITH CASUAL PARTNERS n = 334
Any oral intercourse with ejaculation	174 (31.5%)	174 (52.1%)
Insertive fellatio with ejaculation	148 (26.8%)	148 (44.3%)
Receptive fellatio with ejaculation	124 (22.5%)	124 (37.1%)
Any anal intercourse	235 (42.6%)	235 (70.4%)
Insertive anal intercourse	204 (37.0%)	204 (61.1%)
Receptive anal intercourse	170 (30.8%)	170 (50.9%)

Note: These items are not mutually exclusive.

Sex with regular male partners

Condom Use

Based on the entire sample, a little more than one third of the men who participated in the survey engaged in any unprotected anal intercourse with regular male partners 'in the previous six months'.

TABLE 31 CONDOM USE WITH REGULAR PARTNERS		
	TOTAL SAMPLE	THOSE WITH REGULAR PARTNERS
No regular partner	191 (34.6%)	—
No anal intercourse	55 (10.0%)	55 (15.2%)
Always uses condom	116 (21.0%)	116 (32.1%)
Sometimes does not use condom ¹	190 (34.4%)	190 (52.6%)
BASE	552 (100%)	361 (100%)

¹Of the 190 men who engaged in unprotected anal intercourse with regular partners 'in the previous six months', 36 (6.5% of the total sample) practised only withdrawal prior to ejaculation, 80 (14.5%) practised only ejaculation inside, and 74 (13.4%) engaged in both withdrawal and ejaculation inside.

Patterns of anal intercourse and condom use in the current sample were somewhat different from the Adelaide findings for the Male Call 96 study. Men who participated in the Male Call 96 study were more likely to have had no anal intercourse, and less likely to have had any unprotected anal intercourse, with a regular partner.

TABLE 32 CONDOM USE WITH REGULAR PARTNERS: MALE CALL 96	
No regular partner	71 (38.0%)
No anal intercourse	27 (14.4%)
Always uses condom	33 (17.6%)
Sometimes does not use condom	56 (29.9%)
TOTAL	187 (100%)

Note: These figures should be compared with those in the *Total Sample* column of the previous table.

There were no statistically significant differences between HIV-negative, HIV-positive and 'untested' men in their condom use with regular partners.

TABLE 33 SEROSTATUS AND CONDOM USE AMONG REGULAR PARTNERS			
	HIV-POSITIVE	HIV-NEGATIVE	UNKNOWN SEROSTATUS
No Anal	1 (5.6%)	41 (14.3%)	7 (15.6%)
Always uses condom	8 (44.4%)	89 (31.1%)	17 (37.8%)
Sometimes does not use condom	9 (50%)	156 (54.5%)	21 (46.7%)
TOTAL ¹	18 (100%)	286 (100%)	45 (100%)

¹Includes only those men who had a regular partner 'in the previous six months'.

ns

In the following table, the serostatus of each of the participants (who had anal intercourse with a regular partner) has been compared with that of his regular partner. For each of the nine serostatus combinations, sexual practice has been divided into 'no unprotected anal intercourse' versus 'some unprotected anal intercourse'. The numbers overall are small and these figures should be treated cautiously. HIV-positive men were less likely to have unprotected anal intercourse with negative than with positive or status unknown partners. HIV-negative men were more likely to have unprotected anal intercourse with negative partners than with positive or unknown status partners. Those who did not know their status were likely to have unprotected anal intercourse with their regular partners irrespective of the partner's serostatus.

TABLE 34 CONDOM USE AND MATCH OF HIV STATUS IN REGULAR RELATIONSHIPS

REGULAR PARTNER'S SEROSTATUS	ANAL INTERCOURSE	PARTICIPANT'S SEROSTATUS		
		HIV- POSITIVE	HIV- NEGATIVE	UNKNOWN
HIV-positive	No UAI	2 (40%)	3 (60%)	—
	Some UAI	3 (60%)	2 (40%)	2 (100%)
HIV-negative	No UAI	7 (70%)	34 (23.8%)	8 (28.6%)
	Some UAI	3 (30%)	109 (76.2%)	20 (71.4%)
HIV-unknown	No UAI	—	5 (45.5%)	3 (30%)
	Some UAI	2 (100%)	6 (54.5%)	7 (70%)
TOTAL ¹		17	159	40

Note: UAI = unprotected anal intercourse.

¹Includes only men who had anal intercourse with their 'current' regular partner 'in the previous six months'.

Whereas much of the unprotected anal intercourse was between seroconcordant (positive-positive or negative-negative) couples, 42 men in the above table had unprotected anal intercourse in a relationship where seroconcordance was absent or in doubt.

Agreements

Most participants with regular male partners had agreements with their partners about sex *within* the relationship.

TABLE 35 AGREEMENTS WITH REGULAR MALE PARTNERS ABOUT SEX *WITHIN* RELATIONSHIP

No spoken agreement about anal intercourse	46 (16.5%)
No anal intercourse between regular partners is permitted	22 (7.9%)
Anal intercourse permitted only with condom	80 (28.8%)
Anal intercourse without condom is permitted	130 (46.8%)
TOTAL ¹	278 (100%)

¹Based on the responses of men who 'currently' had a regular partner.

The types of agreements that the men had were different from those reported by Adelaide gay men in the Male Call 96 study. Notably, in the current study a greater proportion of the men had struck an agreement to have unprotected anal intercourse with their regular partners.

TABLE 36 AGREEMENTS WITH REGULAR MALE PARTNERS ABOUT SEX <i>WITHIN</i> RELATIONSHIP: MALE CALL 96	
No spoken agreement	28 (24.1%)
No anal intercourse	15 (12.9%)
Anal intercourse only with condom	36 (31.0%)
Anal intercourse without condom	37 (31.9%)
TOTAL	116 (100%)

Most participants had made an agreement with their regular partner about sexual interactions *outside* the relationship. Where men did make such an agreement, very few permitted unprotected anal intercourse with casual partners.

TABLE 37 AGREEMENTS WITH REGULAR MALE PARTNERS ABOUT SEX <i>OUTSIDE</i> RELATIONSHIP	
No spoken agreement about anal intercourse	87 (32.2%)
No sexual contact with casual partners is permitted	92 (34.1%)
No anal intercourse with casual partners is permitted	20 (7.4%)
Anal intercourse permitted only with condom	64 (23.7%)
Anal intercourse without condom is permitted	7 (2.6%)
TOTAL ¹	270 (100%)

¹Based on the responses of men who currently had a regular partner.

The types of agreements that the men had about sexual interactions *outside* the relationship were remarkably similar to those reported in the Male Call 96 study.

TABLE 38 AGREEMENTS WITH REGULAR MALE PARTNERS ABOUT SEX <i>OUTSIDE</i> RELATIONSHIP: MALE CALL 96	
No spoken agreement	35 (30.2%)
No sex with casual partners	40 (34.5%)
No anal intercourse	10 (8.6%)
Anal intercourse only with condom	30 (25.9%)
Anal intercourse without condom	1 (0.9%)
TOTAL	116 (100%)

Sex with casual male partners

Condom use

Based on the entire sample, 14% of the men who participated in the survey engaged in any unprotected anal intercourse with their casual male partners 'in the previous six

months'. A separate analysis revealed that of these 78 men, 38 also had unprotected anal intercourse with regular partners.

TABLE 39 CONDOM USE WITH CASUAL PARTNERS		
	TOTAL SAMPLE	THOSE WITH CASUAL PARTNERS
No casual partner	218 (39.5%)	—
No anal intercourse	99 (17.9%)	99 (29.6%)
Always uses condom	157 (28.4%)	157 (47.0%)
Sometimes does not use condom ¹	78 (14.1%)	78 (23.4%)
BASE	552 (100%)	334 (100%)

¹Of the 78 men who engaged in unprotected anal intercourse with casual partners 'in the previous six months', 32 (5.8% of the total sample) practised only withdrawal prior to ejaculation, 22 (4.0%) practised only ejaculation inside, and 24 (4.3%) engaged in both withdrawal and ejaculation inside.

A comparison of the data in Tables 31 and 39 confirms that more men had unprotected anal intercourse with regular than with casual partners. Furthermore, unprotected anal intercourse *with ejaculation inside* was more common within regular relationships than between casual partners.

Patterns of anal intercourse and condom use in the current sample appear somewhat different from the earlier Adelaide findings in Male Call 96. Some of this difference is accounted for by the observation that more of the current men had casual partners *per se*. Over and above this finding, men in the current study were slightly less likely than their Male Call 96 counterparts to have 'always used condoms' for anal intercourse with casual partners.

TABLE 40 CONDOM USE WITH CASUAL PARTNERS: MALE CALL 96	
No casual partner	48 (25.7%)
No anal intercourse	38 (20.3%)
Always uses condom	72 (38.5%)
Sometimes does not use condom	29 (15.5%)
TOTAL	187 (100%)

Note: These figures should be compared with those in the *Total Sample* column of the previous table.

There were slight differences between HIV-positive, HIV-negative and 'untested' men in their condom use with casual partners, but these differences (based on relatively small numbers) were not statistically significant. Some of the HIV-positive men's unprotected anal intercourse with casual partners may be explained by positive-positive sex (Prestage *et al*, 1995).

TABLE 41 SEROSTATUS AND CONDOM USE WITH CASUAL PARTNERS			
	HIV-POSITIVE	HIV-NEGATIVE	UNKNOWN
No anal intercourse	5 (17.9%)	78 (30%)	10 (29.4%)
Always uses condom	11 (39.3%)	128 (49.2%)	14 (41.2%)
Sometimes does not use condom	12 (42.9%)	54 (20.8%)	10 (29.4%)
TOTAL ¹	28 (100%)	260 (100%)	34 (100%)

¹Includes only those men who had casual partners.

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Serostatus

Two questions (ie 27 and 28) addressed disclosure of serostatus among casual partners. These questions were included in the questionnaire to obtain a sense of disclosure and sex between casual partners. Many more questions — beyond the scope of the brief questionnaire used here — would need to be asked to fully understand the issue. Furthermore, the inclusion of the two questions was *not* intended to endorse sexual negotiation between casual partners.

Almost two thirds of the participants with casual partners did not disclose their serostatus to any of their casual partners. Relatively few men disclosed to all casual partners.

TABLE 42 PARTICIPANTS' DISCLOSURE OF SEROSTATUS TO CASUAL PARTNERS	
Told none	208 (62.1%)
Told some	68 (20.3%)
Told all	59 (17.6%)
TOTAL	335 (100%)

Likewise, approximately two thirds of the participants with casual partners were not told the serostatus of their casual partners. Relatively few men were routinely disclosed to by casual partners.

TABLE 43 CASUAL PARTNERS' DISCLOSURE OF SEROSTATUS TO PARTICIPANTS	
Told by none	205 (61.7%)
Told by some	91 (27.4%)
Told by all	36 (10.8%)
TOTAL	332 (100%)

Information about HIV Therapies

Recent studies have demonstrated that men in the gay community are on the whole well informed about HIV/AIDS (Crawford *et al*, 1998). Less is known about beliefs in the context of recent advances in viral load testing and combination antiretroviral therapies. Four questions addressed this issue (questions 44–47). As with Sydney data, responses to these questions were characterised by a fair amount of uncertainty, with almost a quarter of the men unsure about one of the issues. Where men gave responses, these were generally in accord with recognised medical opinion.

There appears to be some optimism among gay men in Adelaide with over a third of the participants indicating that they are less worried about HIV infection than they used to be.

TABLE 44 RESPONSES TO STATEMENTS ABOUT VIRAL LOAD TESTING AND COMBINATION THERAPY			
	TRUE	FALSE	UNSURE
A person with a blood test showing undetectable HIV viral load cannot pass on the virus.	37 (7.1%)	362 (69.6%)	121 (23.3%)
If taken early enough, combination therapies can cure HIV infection.	25 (4.8%)	416 (80.6%)	75 (14.5%)
An HIV-positive person who is on combination therapy is unlikely to transmit HIV.	19 (3.6%)	440 (84.3%)	63 (12.1%)
I'm less worried about HIV infection than I used to be.	183 (35.5%)	291 (56.4%)	42 (8.1%)

The relationship between the items about viral load testing/combination therapies and the participant's serostatus was similar to previous findings in the Sydney and Melbourne Gay Community Periodic Surveys where HIV-positive men were generally more sure of their responses and more in line with accepted wisdom.

TABLE 45 RESPONSES TO STATEMENTS ABOUT VIRAL LOAD TESTING AND COMBINATION THERAPY BY SEROSTATUS				
	SEROSTATUS	TRUE	FALSE	UNSURE
A person with a blood test showing undetectable HIV viral load cannot pass on the virus.				
	HIV-POSITIVE	3 (8.8%)	28 (82.4%)	3 (8.8%)
	HIV-NEGATIVE	26 (6.5%)	282 (71.0%)	89 (22.4%)
	UNKNOWN	7 (9.6%)	42 (57.5%)	24 (32.9%)
If taken early enough, combination therapies can cure HIV infection.				
	HIV-POSITIVE	–	28 (84.8%)	5 (15.2%)
	HIV-NEGATIVE	20 (5.1%)	325 (82.5%)	49 (12.4%)
	UNKNOWN	5 (6.8%)	51 (69.9%)	17 (23.3%)
An HIV-positive person who is on combination therapy is unlikely to transmit HIV.				
	HIV-POSITIVE	1 (3.0%)	29 (87.9%)	3 (9.1%)
	HIV-NEGATIVE	14 (3.5%)	345 (86.7%)	39 (9.8%)
	UNKNOWN	4 (5.3%)	55 (73.3%)	16 (21.3%)
I'm less worried about HIV infection than I used to be.				
	HIV-POSITIVE	15 (45.5%)	15 (45.5%)	3 (9.1%)
	HIV-NEGATIVE	145 (36.9%)	227 (57.8%)	21 (5.3%)
	UNKNOWN	20 (26.7%)	38 (50.7%)	17 (22.7%)

We conducted additional analyses, separately for men of positive, negative and unknown serostatus, to determine whether type of sex with casual partners (no anal intercourse or always uses a condom during anal intercourse *versus* sometimes does not use a condom) was associated with ideas about viral load testing and combination therapies. Previous Sydney and Melbourne Gay Community Periodic Survey data indicated that whereas type of sex with casual partners was generally unrelated to ideas about viral load testing and combination therapies, there were a few exceptions.

In the Adelaide data, there were no significant associations between sexual behaviour with casual partners and responses to the above items.

Hepatitis and Injecting Drug use

Hepatitis

For each of hepatitis A, B and C, a large majority of the men had been tested.

TABLE 46 TESTING FOR HEPATITIS¹

Tested for hepatitis A	388 (73.3%)
Tested for hepatitis B	418 (78.0%)
Tested for hepatitis C	368 (70.8%)

Note: These categories are not mutually exclusive.

¹Based on the responses of 529, 536 and 520 men who answered the respective questions.

Despite the fairly widespread testing, relatively few men had been diagnosed positive for hepatitis A, B or C.

TABLE 47 HEPATITIS POSITIVITY¹

Diagnosed positive for hepatitis A	26 (5.1%)
Diagnosed positive for hepatitis B	37 (7.1%)
Diagnosed positive for hepatitis C	17 (3.4%)

Note: These categories are not mutually exclusive.

¹Based on the responses of 513, 521 and 504 men who answered the respective questions.

Approximately two fifths of the men had *not* been vaccinated against hepatitis A and one third had *not* been vaccinated against hepatitis B.

TABLE 48 HEPATITIS VACCINATION¹

Vaccinated against hepatitis A	287 (57.1%)
Vaccinated against hepatitis B	341 (65.6%)

Note: These categories are not mutually exclusive.

¹Based on the responses of 503 and 520 men who answered the respective questions.

Injecting Drug Use

Most of the men had not injected recreational drugs/steroids 'in the past six months'. Of the nine percent who had, frequent injecting drug use was rare.

TABLE 49 INJECTING DRUG USE IN PREVIOUS SIX MONTHS	
Never	491 (91.1%)
Occasionally	29 (5.4%)
Often	19 (3.5%)
TOTAL ¹	539 (100%)

¹Data were missing on this item for 13 men.

Discussion

The findings from the initial Adelaide Gay Community Periodic Survey provide a snapshot of the social and sexual lives of gay men in Adelaide. In the main, the findings are quite similar to (and thereby corroborate) the evidence from the earlier Male Call 96 study (Crawford *et al*, 1998). Similarly, many of the results parallel findings from the Sydney Gay Community Periodic Surveys (Prestage *et al*, 1996; Van de Ven *et al*, 1997) and Melbourne Gay Community Periodic Survey (Van de Ven *et al*, 1998), indicating that in some respects the gay cultures of the capital cities in Australia are akin.

The 552 participants were recruited at six gay venues, at a sexual health centre, and at the Picnic in the Park. Most of these men lived in the Adelaide Metropolitan area. They were predominantly of 'Anglo-Australian' background, in professional/managerial or white-collar occupations, and well educated.

Most of the participants identified as gay or homosexual. Correspondingly, most preferred to have sex with men only, reflected in the finding that almost 90% had not had sex with any women 'in the previous six months'. As a whole, the sample was quite involved socially in gay community with high levels of gay friendships and with much free time spent with gay men.

Approximately 14% of the men had not been tested for HIV, a fairly similar proportion to their counterparts in the Male Call 96 study. The majority of those who had been tested for HIV had done so 'within the past year'. Overall, 6.4% of the men were HIV-positive; a similar percentage to their Male Call 96 counterparts.

Among the HIV-positive participants, use of combination antiretroviral therapies was the norm—64.7% of the HIV-positive men were taking a combination therapy at the time of the survey. Nonetheless, uptake of combination therapies is substantially less than recorded elsewhere, for example in the recent Melbourne Gay Community Periodic Survey (82.6%—Van de Ven *et al*, 1998).

Most men reported 'current' sexual contact with at least one other man: about a third of the men only had a regular partner; a third had a regular partner and either or both partners also had casual partners; and approximately one fifth of the men only had casual partners. In the six months prior to the survey, approximately 65% of the men had sex with regular partners and approximately 60% of the men had sex with casual partners.

Of the *total* sample and 'in the previous six months', 190 men (34.4%) had any unprotected anal intercourse with a regular partner and 78 men (14.1%) had any unprotected anal

intercourse with a casual partner. Some of these men (38 all told) had unprotected anal intercourse with both regular and casual partners. The remainder of the men in the overall sample—far and away the majority—indicated no unprotected anal intercourse with either regular or casual partners.

Not unexpectedly, more men had unprotected anal intercourse with regular than with casual partners. As well, unprotected anal intercourse that involved ejaculation inside was much more likely to occur between regular than between casual partners.

Most of the men with regular partners had agreements about sex within and outside of their relationship. Whereas almost half of these agreements permitted unprotected anal intercourse within the relationship, unprotected anal intercourse with casual partners was rarely allowed.

The numbers overall were small (and the figures must be treated cautiously), but HIV-positive men were less likely to have unprotected anal intercourse with negative than with positive or status unknown partners. HIV-negative men were more likely to have unprotected anal intercourse with negative partners than with positive or unknown status partners. Those who did not know their status were likely to have unprotected anal intercourse with their regular partners irrespective of the partner's serostatus. Of those who had any anal intercourse with their 'current' regular partner, 42 men had unprotected anal intercourse in a relationship that was not understood to be seroconcordant.

In general, the men did not routinely disclose their serostatus to casual partners. Similarly, they most commonly did not know the serostatus of their casual partners. About 60% of men never disclosed their serostatus to casual partners and a similar proportion of the men were never disclosed to by casual partners.

A large majority of the men had been tested for each of hepatitis A, B and C. Despite the fairly widespread testing, relatively few men had been diagnosed positive for any type of hepatitis. Approximately 57% of men had been vaccinated against hepatitis A and 66% against hepatitis B.

Most of the men (91%) had not injected any recreational drugs/steroids 'in the past six months'. Of those who had, frequent injecting drug use was quite rare.

In conclusion, the initial Adelaide Gay Community Periodic Survey was conducted very successfully. Recruitment at the diverse sites attracted a large sample of gay men from the Adelaide metropolitan area. The resulting data are robust and comparisons with data from Male Call 96 and other studies are suggestive of sound reliability. The findings provide an indispensable baseline against which future cross-sectional data—collected at yearly intervals—can be compared.

References

- Connell, R, Dowsett, G, Rodden, P and Davis, M (1991). Social class, gay men and AIDS prevention. *Australian Journal of Public Health* **15**: 178–189.
- Crawford, J, Kippax, S, Rodden, P, Donohoe, S and Van de Ven, P (1998). *Male Call 96: National telephone survey of men who have sex with men*. Sydney: National Centre in HIV Social Research.
- Hood, D, Prestage, G, Crawford, J, Sorrell, T and O'Reilly, C (1994). *Bisexual activity and non gay-attachment. A report on the BANGAR project*. Western Sydney Area Health Service.
- Prestage, G, Kippax, S, Noble, J, Crawford, J, Baxter, D and Cooper, D (1995). *A demographic, behavioural and clinical profile of HIV-positive men in a sample of homosexually active men in Sydney, Australia*. Sydney: HIV, AIDS & Society Publications.
- Prestage, G, Kippax, S, Van de Ven, P, French, J, Richters, J, Campbell, D, Crawford, J, Grulich, A, Kinder, P and Kaldor, J. (1996). *Sydney gay community periodic survey: February 1996*. Sydney: HIV AIDS & Society Publications.
- Van de Ven, P, Kippax, S, Crawford, J, French, J, Prestage, G, Grulich, A, Kaldor, J and Kinder, P (1997). Sexual practices in a broad cross-sectional sample of Sydney gay men. *Australian and New Zealand Journal of Public Health* **21**, 762–766.
- Van de Ven, P, Prestage, G, Kippax, S, French, J, Horn, G and Brotherton, A (1998). *Melbourne Gay Community Periodic Survey: February 1998*. Sydney: National Centre in HIV Social Research.

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