

Gay Community Periodic Survey: Melbourne February 1998

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Publication details:

Report No. Monograph 1/1998
1875978100 (ISBN)

Publication Date:

1998

DOI:

<https://doi.org/10.4225/53/5750E72911365>

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ISBN 1-875978-10-0

<http://doi.org/10.4225/53/5750E72911365>

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Questionnaire

Description of the Study

THE Melbourne Gay Community Periodic Survey is a cross-sectional survey of gay and homosexually active men recruited through a range of sites in the Melbourne metropolitan area. The project was funded by the Victorian Department of Human 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 Melbourne Men and Sexual Health (MMASH) study (Prestage *et al*, 1996a), Male Call 96 (Crawford *et al*, 1998) and the Sydney Gay Community Periodic Survey (Prestage *et al*, 1996b; Van de Ven *et al*, 1997).

The major aim of the Melbourne 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 sexual health clinics.

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

Six sites were chosen for the study: two sexual health clinics and four gay-community venues across the Melbourne metropolitan area.

Recruitment in these venues was conducted by trained recruiters over a one-week period. Men were also recruited at the Midsumma Carnival.

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, 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 Melbourne Gay Community Periodic Survey (February 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 six sites in the Melbourne metropolitan area and at a large public gay-community event (Midsumma Carnival). Just under two thirds of the men were recruited at the Midsumma Carnival.

Table 1 Source of Recruitment

Sexual health centres	49 (2.6%)
Gay venues	657 (34.7%)
Midsumma Carnival	1185 (62.6%)
Total	1891 (100%)

In all, 2495 men were asked to complete a questionnaire and 1891 did so. This represents a quite acceptable response rate of 75.5%.

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 far fewer men were recruited at the two sexual health centres in Melbourne. This situation arose because recruitment in these centres was conducted by in-house staff, with no survey recruiters based at either centre. This was contrary to the planned methodology in one of the centres (which, just prior to the commencement of the survey, withdrew permission to have recruiters present) and resulted in fewer men being recruited than would have been the case had survey recruiters been present.

Previous studies such as MMASH and 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 Midsumma (Fair Day in Sydney) are different in some respects from those recruited from clinics and gay venues. So, as well as reporting on the total sample, we report as appropriate on the 1185 men recruited at the Midsumma Carnival and the 706 men recruited elsewhere.

Eighty-five men indicated that they had participated in the Male Call 96 survey and 334 said they had participated in the MMASH study. (Given that there were 406 MMASH participants, the figure of 334 appears to be inflated and suggests that some men confused the MMASH study with other sexual health surveys.) In most respects, the men who said they had participated in Male Call 96 and in MMASH were no different from the rest of the sample on key demographic and behavioural variables.

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 'gay suburbs' of Melbourne or from other Victorian urban areas; in the latter case, mainly from other areas of Melbourne. A small percentage of men, who indicated that they participated regularly in the Melbourne gay community, came from rural areas of Victoria or from outside the State.

Table 2 Residential Location	
Gay Melbourne	850 (44.9%)
Urban Victoria	845 (44.7%)
Rural Victoria	89 (4.7%)
Elsewhere	107 (5.7%)
Total	1891 (100%)

Note: The suburbs defined as 'Gay Melbourne' were the same as those defined as such in previous studies, eg Project Male Call (Kippax *et al*, 1994). 'Urban Victoria' included the rest of metropolitan Melbourne plus Geelong.

Age

Respondents ranged between 15 and 88 years of age, with a median of 33. Age range and distribution were similar to those observed in previous studies (eg Prestage *et al*, 1996b).

Table 3 Age	
Under 25	286 (15.5%)
25&emdash;29	371 (20.0%)
30&emdash;39	746 (40.3%)
40&emdash;49	319 (17.2%)
50 and over	129 (7.0%)
Total ¹	1851 (100%)

¹Data were missing on this item for 40 men.

Ethnicity

This was predominantly an 'Anglo-Australian' sample.

Table 4 Ethnicity	
Anglo-Australian	1471 (77.8%)
European	212 (11.2%)
Non-European	208 (11.0%)
Total	1891 (100%)

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	
Self-employed	271 (14.7%)
Salaried/Waged employee	1188 (64.3%)
Unemployed/Other	388 (21.0%)
Total ¹	1847 (100%)

¹Data were missing on this item for 44 men.

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

Table 6 Occupation	
Professional/Managerial	
Professional/ Managerial	568 (37.1%)
Paraprofessional	235 (15.3%)
White collar	
Clerical/ Sales	495 (32.3%)
Blue collar	
Trades	147 (9.6%)
Plant operator/Labourer	87 (5.7%)
Total ¹	1532 (100%)

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

Education

As in other gay-community-based studies, this sample was relatively well educated; over three fifths of the men had received some postsecondary education and over two fifths had some university education.

Table 7 Education	
Up to 4 years of high school	255 (13.8%)
Up to Year 12/HSC/VCE	463 (25.1%)
Trade certificate or diploma	356 (19.3%)
University	774 (41.9%)
Total ¹	1848 (100%)

¹Data were missing on this item for 43 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	1670 (93.0%)
One female partner	78 (4.3%)
More than one female partner	48 (2.7%)
Total ¹	1796 (100%)

¹Data were missing on this item for 95 men.

Sexual relationships with men

Well over half the men in the sample were currently in a regular sexual relationship with a man. About one in three study participants was monogamous (ie had sex only with a regular partner). Almost two thirds had sex with casual partners and a small proportion was 'currently' not having sex with men at all.

Table 9 Relationships with Men	
None	225 (12.2%)
Casual only	472 (25.6%)
Regular plus casual	612 (33.1%)
Regular only (monogamous)	538 (29.1%)
Total ¹	1847 (100%)

¹Data were missing on this item for 44 men.

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

Table 10 Length of Relationships with Men	
Less than one year	364 (36.8%)
At least one year	626 (63.2%)
Total ¹	990 (100%)

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

Association with Gay Community

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. Homosexual identification included 'gay/homosexual' as well as seven men who thought of themselves as 'queer'. Nonhomosexual identification included 'bisexual' and 'heterosexual'.

Table 11 Sexual Identity	
Homosexually identified	1705 (91.3%)
Not homosexually identified	162 (8.7%)
Total ¹	1867 (100%)

¹Data were missing on this item for 5 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	1559 (83.1%)
Mostly men	248 (13.2%)
Other ¹	70 (3.7%)
Total ²	1877 (100%)

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

²Data were missing on this item for 14 men.

Gay community involvement

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

Table 13 Gay Friends	
None	21 (1.1%)
Some or a few	882 (46.8%)
Most or all	981 (52.1%)
Total ¹	1884 (100%)

¹Data were missing on this item for 7 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 (0.4%)
A little	222 (11.8%)
Some	728 (38.7%)
A lot	925 (49.1%)
Total ¹	1883 (100%)

¹Data were missing on this item for 8 men.

Most participants visited a broad range of gay community social and sex venues. Very few men ($n = 31$, 1.6%) did not attend any of the venues/functions listed.

Table 15 Venues/Functions Attended in Previous Six Months

Gay bars	1689 (89.3%)
Gay saunas	937 (49.6%)
Sex clubs	767 (40.6%)
Gay dinner parties	1192 (63.0%)
Dance parties	982 (51.9%)
Total	1891

Note: These items are not mutually exclusive.

Altogether, 937 men (51.8% of those who responded to the relevant question) indicated that they were or had been a member of a gay organisation.

HIV Testing

Most of the men had already been tested for antibodies to HIV. Almost one man in seven had not been tested or had failed to obtain

the test results, and a further 33 men did not respond to this question. Less than 10% of the men were HIV-positive.

Table 16 HIV Test Results	
Not tested/No results	285 (15.3%)
HIV-negative	1413 (76.0%)
HIV-positive	160 (8.6%)
Total ¹	1858 (100%)

¹Data were missing on this item for 33 men.

The following table shows HIV-test results from two earlier studies: MMASH, conducted in 1995&emdash;96 (Prestage *et al*, 1996a) and Male Call 96 (Crawford *et al*, 1998). The Male Call 96 data are drawn from the responses of 395 gay-community-attached men who lived in 'Gay Melbourne' or 'Urban Victoria'. (Eighty-eight men, who lived in these areas but who were classified as non-gay-community-attached, were excluded. Hence the cross-study comparisons presented here are of like with like.)

In both MMASH and Male Call 96, a greater proportion of the men had been tested for HIV. Proportionately, there were fewer HIV-positive men in the Male Call 96 sample.

Table 17 HIV Test Results: Other Studies

	MMASH	Male Call 96
Not tested/No results	38 (9.4%)	50 (12.7%)
HIV-negative	323 (80.1%)	318 (80.5%)
HIV-positive	42 (10.4%)	27 (6.8%)
Total	403 (100%)	395 (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 18 Time Since Most Recent HIV Test

Less than 6 months ago	725 (44.6%)
7&emdash;12 months ago	243 (15.0%)
1&emdash;2 years ago	315 (19.4%)
Over 2 years ago	342 (21.0%)
Total	1625 (100%)

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

The pattern of time since most recent test was highly similar to that recorded in the MMASH study. In Male Call 96, however, more men reported that they had been tested for HIV recently than in the current study.

Table 19 Time Since Most Recent HIV Test: Other Studies

	MMASH	Male Call 96
Less than 6 months ago	172 (46.5%)	199 (56.9%)
7—12 months ago	59 (15.9%)	73 (20.9%)
1—2 years ago	60 (16.2%)	46 (13.1%)
Over 2 years ago	79 (21.4%)	32 (9.1%)
Total	370 (100%)	350 (100%)

Combination therapies

Of the men who indicated that they were HIV-positive, more than four in five were taking combination therapy.

Table 20 Use of Combination Antiretroviral Therapies

Yes	128 (82.6%)
No	27 (17.4%)
Total ¹	155 (100%)

¹Data were missing on this item for 5 men

Regular partner's HIV-status

Participants were asked about the serostatus of their current regular partners. As the question referred to their current partner, fewer men responded to this item than indicated sex with a regular partner during the previous six months. About two thirds had an HIV-negative regular partner, while one in ten had an HIV-positive regular partner and one in four of the men had a regular partner whose serostatus they did not know.

Table 21 HIV Status of Regular Partners	
HIV-positive	106 (10.3%)
HIV-negative	640 (62.2%)
HIV status unknown	283 (27.5%)
Total	1029 (100%)

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

Men tended to have regular partners of the same HIV status as their own, particularly HIV-negative men. Men who did not know their own serostatus tended not to know the serostatus of their regular partners.

Table 22 Match of HIV Status in Regular Relationships

Serostatus of Regular Partner	HIV-Positive	HIV-Negative	Unknown
HIV-positive	45 (46.9%)	50 (6.3%)	10 (7.4%)
HIV-negative	39 (40.6%)	553 (69.7%)	45 (33.1%)
HIV status unknown	12 (12.5%)	190 (24.0%)	81 (59.6%)
Total ¹ (N = 1025)	96 (100%)	793 (100%)	136 (100%)

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

Sexual Practice and 'Safe Sex'

Sexual behaviour with 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, almost two thirds of the men were classified as having had sex with a regular male partner and almost three quarters of the men were classified as having had sex with a casual male partner 'in the previous six months'.

Table 23 Reported Sex with Male Partners in Previous Six Months	
Any sexual contact with <i>regular</i> partners	1215 (64.3%)
Any sexual contact with <i>casual</i> partners	1362 (72.0%)
Total	1891

Men recruited at the Midsumma Carnival were more likely to have had regular partners, and less likely to have had casual partners, than their counterparts recruited at venues or clinics.

Table 24 Reported Sex with Male Partners in Previous Six Months by Recruitment Site		
	Midsumma Carnival	Venues/Clinics
Any sexual contact with <i>regular</i> partners	815 (68.8%)	400 (56.7%)
Any sexual contact with <i>casual</i> partners	762 (64.3%)	600 (85.0%)
Total	1185	706

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

Table 25 Number of Male Partners in Previous Six Months

None	87 (4.6%)
One	427 (22.8%)
2&emdash;10	786 (41.9%)
11&emdash;50	454 (24.2%)
More than 50	122 (6.5%)
Total ¹	1876 (100%)

¹Data were missing on this item for 15 men.

Generally, men recruited at the Midsumma Carnival had fewer male partners than their counterparts recruited at venues or clinics.

Table 26 Number of Male Partners in Previous Six Months by Recruitment Site

	Midsumma Carnival	Venues/Clinics
None	61 (5.2%)	26 (3.7%)
One	356 (30.2%)	71 (10.2%)
2—10	469 (39.8%)	317 (45.4%)
11—50	223 (18.9%)	231 (33.1%)
More than 50	69 (5.9%)	53 (7.6%)
Total	1178 ¹ (100%)	698 ² (100%)

¹Data were missing for 7 men.

²Data were missing for 8 men.

The frequencies for number of male partners 'in the previous six months' were fairly similar to those pertaining to Melbourne men who participated in previous studies.

Table 27 Number of Male Partners in Previous Six Months: Other Studies

	MMASH	Male Call 96
None	7 (1.7%)	10 (2.5%)
One	78 (19.2%)	78 (19.7%)
2—10	170 (41.9%)	165 (41.8%)
11—50	127 (31.3%)	109 (27.6%)
More than 50	24 (5.9%)	33 (8.4%)
Total	406 (100%)	395 (100%)

Sex with regular male 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. Two thirds 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 three quarters of those with regular partners engaged in insertive anal intercourse and two thirds engaged in receptive anal intercourse.

Table 28 Sexual Behaviour with Regular Male Partners

Sex Practices	Total Sample	those with Regular Partners
Any oral intercourse with ejaculation	803 (42.5%)	803 (66.1%)
Insertive fellatio with ejaculation	650 (34.4%)	650 (53.5%)
Receptive fellatio with ejaculation	652 (34.5%)	652 (53.7%)
Any anal intercourse	1047 (55.4%)	1047 (86.2%)
Insertive anal intercourse	923 (48.8%)	923 (76.0%)
Receptive anal intercourse	822 (43.5%)	822 (67.7%)
Base	1891	1215

Note: These items are not mutually exclusive.

Sex with casual male partners

Fewer respondents engaged in either oral intercourse with ejaculation or anal intercourse with casual male partners than with regular male partners. Almost half of the men with casual partners engaged in oral intercourse with ejaculation, more commonly in the insertive role. About three quarters of those who had sex with casual male partners

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

Table 29 Sexual Behaviour with Casual Male Partners

Sex Practices	Total Sample	Those with Casual Partners
Any oral intercourse with ejaculation	624 (33.0%)	624 (45.8%)
Insertive fellatio with ejaculation	511 (27.0%)	511 (37.5%)
Receptive fellatio with ejaculation	436 (23.1%)	436 (32.0%)
Any anal intercourse	971 (51.3%)	971 (71.3%)
Insertive anal intercourse	870 (46.0%)	870 (63.9%)
Receptive anal intercourse	677 (35.8%)	677 (49.7%)
Base	1891	1362

Note: These items are not mutually exclusive.

Condom use with regular male partners

Based on the entire sample, a little less 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 30 Condom Use with Regular Partners

	Total Sample	Those with Regular Partners
No regular partner	676 (35.7%)	&endash;
No anal intercourse	168 (8.9%)	168 (13.8%)
Always uses condom	497 (26.3%)	497 (40.9%)
Sometimes does not use condom	550 (29.1%)	550 (45.3%)
Base	1891 (100%)	1215 (100%)

As noted earlier, men recruited at the Midsumma Carnival were more likely than their counterparts recruited at venues or clinics to have had regular partners. As well, they were more likely to have had any unprotected anal intercourse with a regular partner 'in the previous six months'.

Table 31 Condom Use with Regular Partners by Recruitment Site		
	Midsumma Carnival	Venues/Clinics
No regular partner	370 (31.2%)	306 (43.3%)
No anal intercourse	129 (10.9%)	39 (5.5%)
Always uses condom	297 (25.1%)	200 (28.3%)
Sometimes does not use condom	389 (32.8%)	161 (22.8%)
Total	1185 (100%)	706 (100%)

Patterns of anal intercourse and condom use in the current sample were quite similar to previous Melbourne findings.

Table 32 Condom Use with Regular Partners: Other Studies

	MMASH	Male Call 96
No regular partner	151 (37.2%)	135 (34.2%)
No anal intercourse	44 (10.8%)	38 (9.6%)
Always uses condom	78 (19.2%)	99 (25.1%)
Sometimes does not use condom	133 (32.8%)	123 (31.1%)
Total	406 (100%)	395 (100%)

Note: These figures should be compared with those in the *Total Sample* column of Table 30.

There was little difference between HIV-negative and HIV-positive men in their condom use with regular partners. Respondents whose serostatus was unknown were less likely to engage in anal intercourse with their regular male partners and where they did they were less likely to have any unprotected anal intercourse.

Table 33 Serostatus and Condom Use among Regular Partners

	HIV-Positive	HIV-Negative	Unknown Serostatus
No Anal	12 (11.7%)	115 (12.5%)	40 (23.0%)
Always uses condom	45 (43.7%)	376 (40.9%)	70 (40.2%)
Sometimes does not use condom	46 (44.7%)	429 (46.6%)	64 (36.8%)
Total ¹	103 (100%)	920 (100%)	174 (100%)

¹Includes only those men who had a regular partner 'in the previous six months'.
 $p < .005$

These findings should, however, be interpreted in light of the serostatus of the participants' regular partners. HIV-positive men were more likely to engage in unprotected anal intercourse with regular partners who were also HIV-positive than with regular partners who were HIV-negative or of unknown serostatus. Most of the unprotected anal intercourse with regular partners involving participants who were HIV-negative occurred in relationships where both partners were known to be HIV-negative. Although the numbers are small, participants of unknown serostatus were proportionately more likely to have unprotected anal intercourse with HIV-positive or status-unknown partners than with HIV-negative partners.

Table 34 Condom Use and Match of HIV Status in Regular Relationships	Anal Intercourse	Participant's serostatus		
		HIV-positive	HIV-Negative	Unknown
HIV-positive	No UAI	11 (30.6%)	19 (59.4%)	1 (16.7%)
	Some UAI	25 (69.4%)	13 (40.6%)	5 (83.3%)
HIV-negative	No UAI	18 (75.0%)	160 (36.3%)	20 (57.1%)
	Some UAI	6 (25.0%)	281 (63.7%)	15 (42.9%)
HIV-unknown	No UAI	7 (77.8%)	67 (51.5%)	20 (40.8%)
	Some UAI	2 (22.2%)	63 (48.5%)	29 (59.2%)
Total ¹		69	603	90

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, 133 men in the above table had unprotected anal intercourse in a relationship where seroconcordance was in doubt.

Agreements with regular male partners

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 <i>within</i> Relationship	
No spoken agreement about anal intercourse	249 (23.7%)
No anal intercourse between regular partners is permitted	93 (8.9%)
Anal intercourse permitted only with condom	377 (35.9%)
Anal intercourse without condom is permitted	331 (31.5%)
Total ¹	1050 (100%)

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

The types of agreements that the men had were largely similar to those reported from previous studies of Melbourne gay men. An exception was that participants in the current study were less likely to have 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: Other Studies		
	MMASH	Male Call 96
No spoken agreement	56 (22.1%)	50 (19.7%)
No anal intercourse	10 (4.0%)	18 (7.1%)
Anal intercourse only with condom	85 (33.6%)	88 (34.6%)
Anal intercourse without condom	102 (40.3%)	98 (38.6%)
Total	253 (100%)	254 (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	329 (32.9%)
No sexual contact with casual partners is permitted	297 (29.7%)
No anal intercourse with casual partners is permitted	102 (10.2%)
Anal intercourse permitted only with condom	257 (25.7%)
Anal intercourse without condom is permitted	16 (1.6%)
Total ¹	1001 (100%)

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

The types of agreements that the men had were broadly in line with those reported from previous Melbourne studies. However, the participants in the current study were less likely than their MMASH counterparts to have struck an agreement *per se*. A larger proportion of men who participated in the Male Call 96 survey sanctioned protected anal intercourse with casual partners.

Table 38 Agreements with Regular Male Partners about Sex <i>outside</i> Relationship: Other Studies		
	MMASH	Male Call 96
No spoken agreement	61 (25.8%)	76 (30.4%)
No sex with casual partners	81 (34.3%)	72 (28.8%)
No anal intercourse	29 (12.3%)	21 (8.4%)
Anal intercourse only with condom	61 (25.8%)	76 (30.4%)
Anal intercourse without condom	4 (1.7%)	5 (2%)
Total	236 (100%)	250 (100%)

Condom use with casual male partners

Based on the entire sample, 13.4% 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 that of these 253 men, 107 also had unprotected anal intercourse with regular partners.

Table 39 Condom Use with Casual Partners

	Total Sample	Those with Casual Partners
No casual partner	529 (28.0%)	&endash;
No anal intercourse	397 (21.0%)	397 (29.1%)
Always uses condom	712 (37.7%)	712 (52.3%)
Sometimes does not use condom	253 (13.4%)	253 (18.6%)
Base	1891 (100%)	1362 (100%)

As noted before, men recruited at the Midsumma Carnival were less likely than their counterparts recruited at venues or clinics to have had casual partners. As well, they were less likely to have had any unprotected anal intercourse with casual partners 'in the previous six months'.

Table 40 Condom Use with Casual Partners by Recruitment Site

	Midsumma Carnival	Venues/Clinics
No casual partner	423 (35.7%)	106 (15.0%)
No anal intercourse	231 (19.5%)	166 (23.5%)
Always uses condom	395 (33.3%)	317 (44.9%)
Sometimes does not use condom	136 (11.5%)	117 (16.6%)
Total	1185 (100%)	706 (100%)

Patterns of anal intercourse and condom use in the current sample were quite similar to earlier Melbourne findings. An exception was that Male Call 96 participants were less likely to have no anal intercourse than either their Periodic Survey or MMASH counterparts.

Table 41 Condom Use with Casual Partners: Other Studies

	MMASH	Male Call 96
No casual partner	92 (22.7%)	100 (23.5%)
No anal intercourse	96 (23.6%)	58 (14.7%)
Always uses condom	157 (38.7%)	175 (44.3%)
Sometimes does not use condom	61 (15.0%)	62 (15.7%)
Total	406 (100%)	395 (100%)

Note: These figures should be compared with those in the *Total Sample* column of Table 39.

HIV-positive men were the most likely to have any unprotected anal intercourse with casual partners. HIV-negative men were most likely only to have protected anal intercourse whereas men of unknown serostatus were the most likely not to have anal intercourse.

Table 42 Serostatus and Condom Use with Casual Partners

	HIV-Positive	HIV-Negative	Unknown
No anal intercourse	25 (18.5%)	292 (28.7%)	72 (38.7%)
Always uses condom	65 (48.1%)	565 (55.4%)	73 (39.2%)
Sometimes does not use condom	45 (33.3%)	162 (15.9%)	41 (22.0%)
Total ¹	135 (100%)	1019 (100%)	186 (100%)

¹Includes only those men who had casual partners.
 $p < .005$

Serostatus of casual partners

Three questions (ie, 25—27) 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 three 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 43 Participants' Disclosure of Serostatus to Casual Partners	
Told none	852 (63.3%)
Told some	308 (22.9%)
Told all	187 (13.9%)
Total	1347 (100%)

Likewise, almost 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 44 Casual Partners' Disclosure of Serostatus to Participants	
Told by none	866 (63.4%)
Told by some	398 (29.2%)
Told by all	101 (7.4%)
Total	1365 (100%)

In response to Question 27 (see questionnaire appended hereto), 94 men who had unprotected anal intercourse with casual partners reported that their *only* unprotected anal intercourse with casual

partners was with partners of like serostatus. A further 92 men had unprotected anal intercourse with casual partners and such intercourse was *sometimes* with casual partners of equivalent serostatus. An analysis of these data by serostatus yielded the frequencies as set out in the following table.

Table 45 Match of Serostatus and Unprotected Anal Intercourse with Casual Partners (UAI-C)			
	HIV-Positive	HIV-Negative	Unknown
<i>Sometimes</i> seroconcordant UAI-C (<i>n</i> = 92)	28	54	10
<i>Only</i> seroconcordant UAI-C (<i>n</i> = 93 ¹)	19	68	6
Total	47	122	16

Note: UAI-C = unprotected anal intercourse with casual partners.

¹ Serostatus was missing for one man.

So, of the HIV-positive and HIV-negative men who answered Question 27, approximately half of their unprotected anal intercourse with casual partners was understood by them to have occurred solely in the context of shared serostatus. In other words, about half of the men had unprotected anal intercourse with casual partners whose serostatus was unknown or whose serostatus they believed to be different from their own.

The data from Question 27 should be interpreted cautiously. Evidence from the more extensive SMASH and MMASH studies point to differing patterns of condom use among men of positive, negative or unknown serostatus depending on their presumptions of the serostatus of their casual partners. The capacity to obtain sensible data from the current short questionnaire was limited. Question 27 may have been confusing for some participants, as suggested by the 16 men whose serostatus was unknown, and yet they were able to

claim that some or all of their unprotected anal intercourse with casual partners was seroconcordant.

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. Six questions addressed this issue (questions 43—48). As with Sydney data, responses to these questions were characterised by a fair amount of uncertainty, with over one third of the men unsure about particular issues. Where men gave responses, these were generally in accord with recognised medical opinion.

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

Table 46 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.	152 (8.5%)	1213 (68.1%)	417 (23.4%)
If taken early enough, combination therapies can cure HIV infection.	82 (4.6%)	1398 (78.6%)	299 (16.8%)
Taking combination therapy is simple and straightforward.	319 (18.1%)	813 (46.1%)	632 (35.8%)
An HIV-positive person who is on combination therapy is unlikely to transmit HIV.	40 (2.2%)	1458 (82.0%)	280 (15.7%)
Combination therapies appear to be effective in preventing serious illness for most people living with HIV.	880 (50.0%)	272 (15.5%)	608 (34.5%)
I'm less worried about HIV infection than I used to be.	625 (35.5%)	965 (54.8%)	172 (9.8%)

The relationship between the above items and serostatus was the same as in the Sydney Gay Community Periodic Survey – HIV-positive men were more sure in their responses and more in line with accepted wisdom. Men who did not know their serostatus

expressed the highest degree of uncertainty.

Table 47 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	9 (5.7%)	134 (84.8%)	15 (9.5%)
HIV-Negative	125 (9.2%)	922 (68.1%)	306 (22.6%)
Unknown	16 (6.1%)	154 (59.0%)	91 (34.9%)
If taken early enough, combination therapies can cure HIV infection.			
HIV-Positive	6 (3.8%)	138 (87.3%)	14 (8.9%)
HIV-Negative	58 (4.3%)	1081 (80.1%)	211 (15.6%)
Unknown	18 (6.9%)	171 (65.5%)	72 (27.6%)
Taking combination therapy is simple and straightforward.			

HIV-Positive	69 (44.5%)	76 (49.0%)	10 (6.5%)
HIV-Negative	209 (15.6%)	641 (47.8%)	491 (36.6%)
Unknown	38 (14.7%)	93 (35.9%)	128 (49.4%)
An HIV-positive person who is on combination therapy is unlikely to transmit HIV.			
HIV-Positive	4 (2.5%)	148 (94.3%)	5 (3.2%)
HIV-Negative	24 (1.8%)	1123 (83.2%)	202 (15.0%)
Unknown	11 (4.2%)	181 (69.1%)	70 (26.7%)
Combination therapies appear to be effective in preventing serious illness for most people living with HIV.			
HIV-Positive	107 (69.0%)	21 (13.5%)	27 (17.4%)
HIV-Negative	671 (50.3%)	214 (16.0%)	450 (33.7%)
Unknown	97 (37.3%)	37 (14.2%)	126 (48.5%)
I'm less worried about HIV infection than I used to be.			

HIV-Positive	81 (51.6%)	66 (42.0%)	10 (6.4%)
HIV-Negative	462 (34.6%)	752 (56.4%)	120 (9.0%)
Unknown	77 (29.5%)	144 (55.2%)	40 (15.3%)

We conducted additional analyses, separately for men of positive, negative and unknown serostatus, to determine whether type of anal intercourse with casual partners (always uses a condom *versus* sometimes does not use a condom) was associated with ideas about viral load testing and combination therapies. Previous Sydney Gay Community Periodic Survey data indicated that whereas type of anal intercourse with casual partners was generally unrelated to ideas about viral load testing and combination therapies, there were a few exceptions.

In accord with the Sydney data, there was no overall relationship between sexual behaviour and responses to the above items in the Melbourne data. The exceptions in Melbourne were as follows.

HIV positive men who agreed that 'An HIV-positive person who is on combination therapy is unlikely to transmit HIV' (question 46), as well as positive men who were unsure about this statement, were *more* likely to have had unprotected anal intercourse with casual partners ($p = .03$).

Men of unknown serostatus who agreed that 'An HIV-positive person who is on combination therapy is unlikely to transmit HIV' (question 46) were *more* likely to have had unprotected anal intercourse with casual partners ($p = .02$).

- men of unknown serostatus who agreed that 'Combination therapies appear to be effective in preventing serious illness for most people living with HIV' (question 47), as well as men of unknown serostatus who were unsure about this statement, were *less* likely to have had unprotected anal intercourse with casual partners ($p = .005$).

Discussion

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

The 1891 participants were recruited at two sexual-health centres, at four gay venues, and at the Midsumma Carnival. These men tended to live in the 'gay suburbs' of Melbourne or elsewhere in the metropolitan area. They were predominantly 'Anglo-Australian', 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 93% 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, attendance at gay venues and functions, and past or present membership of gay organisations.

Approximately 15% of the men had not been tested for HIV, a slightly higher proportion than for their counterparts in MMASH and Male Call 96. The majority of those who had been tested for HIV had done so 'within the past year'. Overall, 8.6% of the men were HIV-positive; a smaller percentage than in MMASH but a higher percentage than among their Male Call 96 counterparts.

Among the HIV-positive participants, use of combination antiretroviral therapies was the norm — 82.6% of the HIV-positive men were taking a combination therapy at the time of the survey.

Most men reported 'current' sexual contact with at least one other man: about a third of the men only had a regular partner; another third had a regular partner and either or both partners also had casual partners; and approximately a quarter of the men only had casual partners. In the six months prior to the survey, almost two thirds of the men had sex with regular partners and almost three quarters had sex with casual partners.

Of the *total* sample and 'in the previous six months', 550 men

(29.1%) had any unprotected anal intercourse with a regular partner and 253 men (13.4%) had any unprotected anal intercourse with a casual partner. Some of these men (107 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.

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

HIV-positive men were most likely to engage in unprotected anal intercourse with HIV-positive regular partners. Similarly, HIV-negative men were most likely to engage in unprotected anal intercourse with HIV-negative regular partners. Much of the unprotected anal intercourse within regular relationships occurred between seroconcordant (positive-positive or negative-negative) couples. Nonetheless, of those who had anal intercourse with their 'current' regular partner, 133 men had unprotected anal intercourse in a relationship that was not understood to be seroconcordant.

The men did not routinely disclose their serostatus to casual partners. In like manner, they most commonly did not know the serostatus of their casual partners. Whereas it is not possible to be precise about match of serostatus among casual partners, about half of the men who had unprotected anal intercourse with casual partners only did so with casual partners whose serostatus was understood to be the same as their own. In other words, and irrespective of their serostatus, approximately half of the men who had unprotected anal intercourse with casual partners did so at times with men whose serostatus was unknown or different from their own.

As in other samples, responses to a number of questions about viral-load testing and combination therapies were characterised by a moderate degree of uncertainty. Not surprisingly, HIV-positive men were more knowledgeable about these issues than their HIV-negative or untested counterparts. As elsewhere, there was no clear association between sexual practice, on the one hand, and understandings of viral-load testing and combination therapies on the other.

For future surveys, it will be important to obtain the cooperation of at least one sexual-health centre to ensure that recruiters are permitted to work at this type of site. Unless these negotiations are successful, men who attend sexual health centres will continue to be underrepresented.

In conclusion, the initial Melbourne Gay Community Periodic

Survey was conducted very successfully. Recruitment at diverse sites attracted a large sample of Melbourne gay men. The resulting data are robust and comparisons with data from the MMASH and Male Call 96 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.

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Acknowledgments

We acknowledge the following individuals and organisations for their contributions to the success of this project.

Funding

Victorian Department of Human Services

Recruitment

John Baird, Matt Coleman, Andrew Coulson, Yvette Crozier, Madeline Fernbach, Alan Fisher, Adam Fitzgerald, Jeff Grierson, Tim Horwood, Robert Jackett, Richard James, Tim Jomatz, Robert

Leworthy, Craig Mcarthur, Kieran McGregor, Kim McLeod, John Meade, Huey Nhan, Courtney Noall, Jeff Noonan, Darryl O'Donnell, Tony Parolin, Christian Rantzau, Michael Ritchie, Skye Santos, Vikki Sinnott, Tom Skelton, Paul Stack, George Taleporos, David Voon, Gavin Waldron, Shane Wales

Victorian AIDS Council/Gay Men's Health Centre

Susan Harben

National Centre in HIV Social Research

June Crawford, Pamela Rodden, Janet Rutkauskas

National Centre in HIV Epidemiology and Clinical Research

Andrew Grulich, John Kaldor

Survey participants

The 1891 men who donated their time to ensure that the study was fully inclusive of their particular circumstances

Venues

The management and staff of the various gay community venues and medical practices who assisted in the administration of the survey and gave generous permission for the survey to be administered on their premises.