

1. Title Page

Title: Sex in two cities – Gay men, risk and HIV in Perth and Sydney

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2. Abstract

After massive and sustained reductions in HIV risk behaviour amongst Australian gay men in the 1980's and early 1990's, since 1996 there have been signs of small but significant increases in unprotected anal intercourse. Gay communities are responding to a post crisis context. However, is this response constant across different locations? This paper investigates changes in sexual negotiation and behaviour amongst gay men in the relatively small Australian city of Perth between 1998 and 2002 and compares these results to similar studies in Sydney, an Australian HIV epicentre city. A number of important similarities and differences between the Perth and Sydney samples are identified, particularly in casual contexts and disclosure of HIV status, identifying that isolated or smaller cities may experience similar phenomena, but these may be due to different reasons. The findings point to the need for complementary qualitative research and cautions health promotion practitioners to test their assumptions when developing responses.

Key Words:

Australia
Gay Men
HIV disclosure
HIV/AIDS
Perth
Sexual behaviour
Sexual health promotion

3. Text

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Introduction

Over twenty years have now elapsed since Australia first responded to HIV and a generation of gay men has emerged who were not born when HIV was first raised as a public health issue. While enormous progress has been made in reducing HIV infection among gay and homosexually active men, gay men continue to be the primary population at-risk for HIV seroconversion and remain the first priority of the Australian Fourth National HIV/AIDS strategy ¹. However, the current climate is very different to that at the advent of the epidemic, with a gay community that is well informed, having lived for many years with the risk of HIV.

From the mid 1980s to the early 1990s there was a decrease in Australia in the practices which are a risk for transmission of HIV, and an unprecedented increase in condom use among homosexually active men. These practices appeared to have been maintained through to the mid 1990s ². However, since 1996 there have been signs of small but significant increases in unprotected anal intercourse among homosexually active men in some Australian states. This trend has continued with the most recent surveys showing further increases in unprotected anal intercourse³.

However, to interpret these changes within a “relapse” model would be overly simplistic and somewhat inaccurate, as there are strong indications that men are engaging in this behaviour after assessing a range of factors. Australia has regularly monitored the sexual practices of men who have sex with men since the early years of the HIV epidemic, particularly in Sydney, providing essential evidence to health promotion initiatives. For the past decade, it has been clear that unprotected anal intercourse *per se* does not necessarily mean unsafe sex ⁴, but may be explained differently if factors such as the HIV status of partners, agreements within relationships, and other contexts are taken into account ⁵.

However, as our understanding of the complexity of these phenomena builds, we are also recognising that there is diversity within these behaviours. The same explanations as have been used in the past, and so health promotion responses, may

not ring true for all localities. For example, the Perth Gay Community surveys indicate a relatively low HIV prevalence (approximately 4-5% of the Perth samples report being HIV positive, while approximately 15-20% of Sydney samples report being HIV positive⁶) and there is a relatively low and reduced visibility of HIV in the Perth community compared to Sydney. To date, Perth, Western Australia has not experienced the recent increases in HIV diagnosis that have been experienced in Melbourne and Sydney⁶. These factors alone beg the question: Is the way Perth experiences the complexity of sexual behaviour within an ongoing epidemic the same as Sydney?

This paper investigates changes in sexual negotiation and behaviour amongst Perth gay men between 1998 and 2002. It compares the behavioural trends identified in other Australian cities, particularly increases in unprotected anal intercourse with casual partners, with the Perth data. The paper reports on a number of similarities and differences that exist between the Perth and Sydney samples, and makes recommendations for further research and cautions health promotion practitioners to test their assumptions when developing responses.

Method

In October 1998, 2000 and 2002, a short self-administered anonymous questionnaire was administered to gay men in Perth. The questionnaire was designed so that it was consistent and maximised comparability with 'core questions' nationally developed by National Centre in HIV Social Research in conjunction with state and national AIDS Councils and implemented since 1996⁷. Each survey comprised of approximately 60 questions focusing on anal intercourse, oral sex, use of condoms, disclosure of HIV status, nature of sexual relationships, HIV testing practice and HIV serostatus, social attachment to gay community, and a range of demographic items including sexual identity, age, education, occupation and ethnicity.

Men were recruited from gay social venues (gay bars and nightclubs), sex venues (male-only gay saunas or bathhouses) and from the Perth Lesbian and Gay Pride Festival held in October of each year. In 1998, 846 men completed the questionnaire, in 2000 n=1035 and in 2002 n=790. Over 95% of the samples were recruited from the same sites and all achieved a high response rate (over 70%)⁷⁻⁹.

As the research was a cross sectional anonymous survey of the Perth gay community, although some men may have completed the survey in previous or subsequent years (numbers unknown), the survey results were not matched. These data were compared with similar data collected in Sydney in the following February (four months later) at similar venues and festival events ^{10, 11}.

Results

Many of the broad trends found in the Perth studies were similar to the findings of studies conducted in other Australian cities. While most gay men in Perth use condoms most of the time, there were increases in the incidence of unprotected anal intercourse with casual partners (UAIC) and also increases in the incidence of unprotected anal intercourse with regular partners (UAIR) from 1998 to 2000. Although there are indications this may be plateauing, with little change from 2000 to 2002, this is not yet conclusive in a sample of this size.

Importantly, it was found that there were some strategies some gay men were using to reduce risk without using condoms. These included 'negotiated safety' in relationships (where couples with the same HIV status may mutually decide to forgo condom use with each other if they agree not to have unprotected intercourse with other persons ^{12, 13}), making risk reduction choices about insertive / receptive anal intercourse, withdrawal, and negotiating or assuming HIV status in casual settings ^{11, 14-16}.

While not all these behaviours may be considered safe, especially where HIV status is different or unknown, these gay men may be making decisions based on a belief that the behaviours reduced the risk of transmission ^{11, 17}. A more detailed examination is provided below of three areas of the studies: sexual behaviour with regular partners, sexual behaviour with casual partners, and the disclosure of HIV status to explain the trends further.

Sexual behaviour and condom use with regular partners

While there was a significant increase from 1998 to 2000 among Perth gay men who had practised unprotected anal intercourse with their *regular* partner (UAIR) at least once during the previous six months ($p=0.002$, ⁸), there has been no significant change over the three survey periods. In Sydney there has been a small

but significant increase over the survey periods ¹¹. However the differences between Sydney and Perth figures are marginal and not significant, indicating similar patterns of condom use with regular partners (see table 1).

The majority of the UAIR occurred between men who believed they had the same HIV status as their partner (HIV positive or HIV negative). However, the study was not able to verify the accuracy of this belief. While men of different HIV status were less likely to have UAIR than men who believed they had the same status ($p=0.000$), indications were that the number of HIV negative men having at least one instance of UAI with an HIV positive regular partner was increasing, though the numbers for this specific type of relationship were too small to test statistical significance. This behaviour generally followed some “risk reduction” strategies such as choosing to be the insertive or receptive partner depending on HIV status. This selected behaviour may be based upon the belief that this reduces the risk of transmission. While such risk reduction strategies are not recommended, they do indicate strategic thinking to reduce risk without condoms. These results were similar to other Australian cities and support the notion that there is a developing complexity in the way gay relationships are being negotiated that is relatively consistent across Australia ¹⁸.

Sexual behaviour and condom use with casual partners

Changes in levels of unprotected anal intercourse in *casual* sexual encounters within the previous six months (UAIC) are not as consistent across Australia as UAIR ¹¹. Sydney gay men reporting at least one instance of UAIC ‘during the last six months’ increased from 18.2% in 1998 to 24.5% in 2002, though most of this behaviour was reported as only occasional ^{10, 11, 19}

In Perth, research was first conducted in 1998 where 11.8% of gay men reported at least one instance of unprotected anal intercourse with *casual* male partners in the previous six months. By 2002 this had increased to 18.4%, though much of this increase occurred between the 1998 and 2000 surveys (see table 2). While the changes or trends may be similar to Sydney, there is clearly a diversity of baseline and subsequent figures that need to be considered. An important variable within this context, being the disclosure of HIV status and its role in casual contexts, is discussed below.

Disclosure of HIV status

Across all Australian cities where such surveys are conducted, HIV positive men generally report higher levels of UAIC than HIV negative men⁹⁻¹¹. It has been argued that much of this may be due to rudimentary negotiation of HIV status disclosure and sexual behaviour, where positive – positive sex is considered safe in terms of HIV transmission²⁰.

Like many other gay community studies in Australia, in the Perth studies ‘knowing’ a casual partner’s HIV status was associated with the type of sexual practice engaged in with that partner, indicating that a rudimentary type of “risk reduction” may well be evident within casual contexts. How often or in what context of sexual negotiation this occurs is not clear. There is significant evidence for this in Sydney-based research.^{11, 14, 20} However, the evidence from Perth does not convincingly support that the level of UAIC that can be explained this way is consistent across Australia.

Compared to Sydney, a larger percentage of men in the Perth sample who had casual partners were never told the serostatus of those partners (See table 3). The proportion of men in Perth who were never told has decreased since 1998 and the proportion ‘told by some’ has increased since 1998⁹. Sydney, however, has experienced more stable results over time with fewer men reporting no disclosure and more men reporting disclosure by ‘some’ partners than Perth¹⁰.

Overall, this indicates that although the level of disclosure in Perth is increasing to some extent, there is still much less HIV status disclosure occurring in casual contexts in Perth than in Sydney. This difference appears to be driven by differences between the experiences of men recruited from sex venues in Sydney compared to men recruited from sex venues in Perth (see Table 3). This is not conclusive evidence of what disclosure is and is not occurring in sex venues, but possibly illustrates important differences in the culture and experiences of men in these different settings. This difference is reinforced by the finding that while 10% of Perth respondents knew more than 10 people with HIV, there has been a significant ($p < .001$) increase in the number of men who knew no one with HIV (1998: 24%, 2002: 38%).

Discussion

Many gay men have become used to living with the epidemic and no longer live with a constant sense of crisis^{21:9}. Bollen, Edwards, Dowsett et al^{22:27} argue that the assessment of risk is no longer a simple judgement, and the fact that gay men see risk as relative “registers the effect of the prolonged epidemic having moved HIV/AIDS from its panic driven crisis to day-to-day management and assimilation”.

Though Perth has shown similar increases in UAI (with both regular and casual partners) to Sydney, the contexts of why and how this is occurring may not be exactly the same. Indications throughout Australia are that a significant amount of this unprotected anal sex is safe with regard to HIV transmission, especially within relationships, as it occurs between HIV-positive partners or between partners who are both HIV-negative^{18,19}. Sydney has both the population of HIV positive men and many venues and others facilities that enable HIV positive men to have more capacity to meet and socialise. This may be less true for Perth, where the HIV positive community is much smaller on a per capita basis, less visible, and the issue of disclosure may carry a higher level of stigma. This is demonstrated through the differences in HIV status disclosure rates, particularly in some indicated contexts or sub-cultures. This is likely to impede the negotiation around HIV status in casual settings at the level that may be occurring in Sydney. Therefore, it is still unclear how valid this interpretation is for Perth.

There is a complexity within gay men’s regular and casual relationships, sexual behaviour and risk reduction strategies that gay men are navigating in Perth and throughout Australia. The results from the Perth survey indicate that there is a large variety of relationships and that sexual behaviour within those relationships is being negotiated. The results also clearly show that gay men in Perth are following risk reduction strategies, including in casual contexts.

However, it is difficult to assess the efficacy of these strategies from a brief quantitative survey, as it cannot explain the conditions under which these risk reduction strategies are occurring in each setting. One of the public health concerns is the issue of behaviour based on ‘knowing’ the other’s status and as

indicated above, not all men (positive or negative) know or disclose their HIV status in all casual sex encounters.

Woodhouse^{17:5} argues that gay men in Australia are “diversifying” the ways in which they respond to HIV, prevention and condom use. The goal, according to Schiltz^{23:16}, is to “help gay men to adopt and improve the method of risk management that best corresponds to their life”. Only in this way will we develop health promotion strategies that are effective in an increasingly complex environment.

Recommendations and Further Research

There are many unanswered questions around the context and meanings in which HIV disclosure, risk assessment and reduction, assumptions, desire and intimacy occur. Experiences of communities responding to a sustained or post crisis context are particularly relevant in smaller cities, such as Perth, where the prevalence and visibility of HIV may be far lower than epidemic epicentres, such as Sydney. Isolated or smaller cities may experience similar phenomena but for different reasons, varying across a range of factors such as:

- influence and size of community and peer groups within marginalised populations;
- perceived and actual size of the epidemic on perceptions of risk and safety;
- size and meaning of social opportunities or community spaces that support casual experiences and development of relationships;
- the importance or desire for intimacy and other human needs relative to perceived risks of social rejection, discrimination or HIV infection;
- static or changing peer group norms and risk assessments;
- the ‘costs’ of testing and disclosing HIV status; and
- experiences of those growing up with a distant HIV epidemic versus those living through an epidemic.

These factors are critical to understanding the local conditions, assumptions and meanings that impact on risk and behaviour decisions. While epidemiological research is ostensibly concerned with monitoring *what* trends in HIV-related 'risk behaviour' occur, it is unable to fully explain or predict *why* or *how* people behave as they do²⁴. To develop appropriate health promotion interventions it is vital to be

able to describe how 'HIV-risk' is understood by the men and how their behaviour is moderated by this understanding and the environment around them. The results of this survey direct us to investigate the phenomena further as it exists in each setting and to be cautious when subscribing to explanations based in other settings.

4. Acknowledgments

We would like to thank the following for their support and cooperation in this research:

- Trish Langdon, Chris Carter and the volunteers and staff at the West Australian AIDS Council for their support in the collection of the data
- Peter Hull of the National Centre in HIV Social Research for support in the data preparation and analysis;
- Sexual Health Program of the West Australian Department of Health and Commonwealth Department of Health and Aging for funding the Perth research on which this paper is based; and
- the men who volunteered their time to participate in the studies.

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6. Tables

Table 1: At least one instance of unprotected anal intercourse with a regular partner in the previous six months (UAIR)

	Total Sample	UAIR %	Only those with regular partners	UAIR %
Perth				
Oct 1998	n=846	30.0	n=527	48.2
Oct 2000	n=1035	36.3	n=679	55.4
Oct 2002	n=790	34.7	n=500	54.8
	Not significant (p=0.154)		Not significant (p=0.132)	
Sydney				
Feb 1999	n=2401	33.9	n=1620	50.3
Feb 2001	n=2134	36.0	n=1383	55.6
Feb 2003	n=1854	34.6	n=1131	56.7
	Not significant (p=0.325)		Significant (p=0.001)	
Difference between Sydney and Perth				
Comparison	Total Sample		Only those with Regular Partners	
Perth Oct 1998 & Sydney Feb 1999	Significant (p=0.037)		Not Significant (p=0.400)	
Perth Oct 2000 & Sydney Feb 2001	Not Significant (p=0.872)		Not Significant (p=0.922)	
Perth Oct 2002 & Sydney Feb 2003	Not Significant (p=0.957)		Not Significant (p=0.482)	

Table 2: At least one instance of unprotected anal intercourse with a casual partner in the previous six months (UAIC)

	Total Sample	UAIC %	Only those with casual partners	UAIC %
Perth				
Oct 1998	n=846	11.8	n=551	18.1
Oct 2000	n=1035	18.1	n=683	27.4
Oct 2002	n=790	18.5	n=494	29.6
	significant (p=0.000)		significant (p=0.000)	
Sydney				
Feb 1999	n=2401	15.9	n=1605	23.7
Feb 2001	n=2134	23.4	n=1516	32.9
Feb 2002	n=1854	22.8	n=1288	32.8
	significant (p=0.000)		significant (p=0.000)	
Difference between Sydney and Perth				
Comparison	Total Sample		Only those with Casual Partners	
Perth Oct 1998 & Sydney Feb 1999	Significant (p=0.004)		Significant (p=0.007)	
Perth Oct 2000 & Sydney Feb 2001	Significant (p=0.001)		Significant (p=0.010)	
Perth Oct 2002 & Sydney Feb 2003	Significant (p=0.014)		Not Significant (p=0.193)	

Table 3: Casual partners' disclosure of HIV status to survey participants with casual partners

	Those with casual partners				Those with casual partners and recruited from sex venues			
	n	Told HIV status by no casual partner %	Told HIV status by some casual partners %	Told HIV status by all casual partners %	n	Told HIV status by no casual partner %	Told HIV status by some casual partners %	Told HIV status by all casual partners %
Perth								
1998	540	68.2	22.0	9.8	133	82.0	15.0	3.0
2000	725	65.0	25.5	9.4	164	75.6	20.7	3.7
2002	492	58.8	28.5	12.6	94	73.4	23.4	3.2
		Significant (p=0.039) (Gamma p=0.004)				Not significant (p=0.567) (Gamma p=0.116)		
Sydney								
1998	659	56.8	36.1	7.1	308	54.5	41.9	3.6
2000	2076	55.8	35.1	9.1	220	59.1	37.3	3.6
2002	2068	54.9	36.2	8.8	261	54.4	41.0	4.6
		Not significant (p=0.329) (Gamma p=0.145)				Not significant (p=0.777) (Gamma p=0.954)		
Difference between Sydney and Perth								
Comparison	Those with casual partners				Those with casual partners and recruited from sex venue			
Perth Oct 1998 & Sydney Feb 1999	Significant (p=0.000)				Significant (p=0.000)			
Perth Oct 2000 & Sydney Feb 2001	Significant (p=0.000)				Significant (p=0.002)			
Perth Oct 2002 & Sydney Feb 2003	Significant (p=0.002)				Significant (p=0.006)			