

## SIT Graduate Institute/SIT Study Abroad SIT Digital Collections

---

Independent Study Project (ISP) Collection

SIT Study Abroad

---

Fall 2007

# AIDS Optimism and Condom Usage Among Men who Have Sex With Men in Australia, The Netherlands and United States.

Tan Pham  
*SIT Study Abroad*

Follow this and additional works at: [https://digitalcollections.sit.edu/isp\\_collection](https://digitalcollections.sit.edu/isp_collection)

---

### Recommended Citation

Pham, Tan, "AIDS Optimism and Condom Usage Among Men who Have Sex With Men in Australia, The Netherlands and United States." (2007). *Independent Study Project (ISP) Collection*. 152.  
[https://digitalcollections.sit.edu/isp\\_collection/152](https://digitalcollections.sit.edu/isp_collection/152)

This Unpublished Paper is brought to you for free and open access by the SIT Study Abroad at SIT Digital Collections. It has been accepted for inclusion in Independent Study Project (ISP) Collection by an authorized administrator of SIT Digital Collections. For more information, please contact [digitalcollections@sit.edu](mailto:digitalcollections@sit.edu).

AIDS Optimism and Condom Usage among Men who Have Sex with Men in  
Australia, The Netherlands and United States.

Tan Pham

Fall 2007

Advisor: Tobias Dörfler, Schorer Gay Lesbian Health

Academic Director: Kevin Connors

SIT Study Abroad

Sexuality and Gender Identity Program

Amsterdam, Netherlands

## Table of Contents

1. Abstract	2
2. Acknowledgments	2
3. Introduction	3
4. Methodology	5
5. Literature Review, an Introduction	8
a. Australia.....	10
b. The Netherlands.....	16
c. United States.....	19
6. Interview and Literature Analysis	25
a. HIV, is it a threat? HAART as a cure?.....	25
b. Condom Usage and Viral Loads.... The decisions.....	28
c. Location...Location.. Location.....	30
d. Age...is it just a number?.....	31
7. Conclusion and Recommendations	33
8. Appendix	
I. Interviews.....	35
a. initial Contact Letters.....	35
b. Information Sheets.....	36
c. Transcripts of Interview	
Interview I.....	39
Interview II.....	45
Interview III.....	51
Interview IV.....	57
II. AIDS optimism Model Summary.....	60
9. Works Cited	63

## **Abstract**

This study investigates the literary discourse of AIDS optimism about men who have sex with men in Australia, The Netherlands and the United States. Six interviews consisting HIV-positive men who have sex with men, AIDS-activists and AIDS-consultants were conducted. The study was analyzed through both the literary data and interviews. The analysis focused on AIDS optimism topics, such as HIV as a threat and viral load, and target groups. The result of this study is an AIDS optimism model that is sensitive to Dutch culture.

**Key Words:** HIV/AIDS, gay, male, sexuality, health care

## **Acknowledgments**

A very special thanks to my best friend and former partner, Kurt Perrin, who is the prime reason why I am involved by HIV/AIDS. You taught me that you do not have to be HIV-positive to be affected by HIV.

Secondly, I would like to thank my mentors in the United States (Joleen Nevers, Marysol Asencio, Nancy Naples..et al) who continue to fuel my passion when it comes to HIV/AIDS and sexuality issues. You all are an inspiration and taught me to never give up.

Thirdly, I would not be able to understand or do qualitative research if it was not for my advisor, Tobias Dörfler. He gave me the opportunity to conduct a health research, kept me on track and guided me through the process.

Fourthly, I would like to give my fullest gratitude to my host, Antony Oomen, who was there to support me in good times and bad times and who had to deal with my research rants.

Lastly, I would like to recognize Kevin Connors at the School for International Training for having enough faith in me to send me to Schorer to do research.

## Introduction

Men who have sex with men (MSM) continue to be one of the population that is most affected by Human immunodeficiency virus (HIV) infection. In the Netherlands, there has been an increasing proportion of men who have sex with men reported to have acquired HIV infections [2]. When it comes to Dutch men who have sex with men, 73% have casual sexual partners and in that 31% reported having unprotected anal sex [6]. Unprotected anal sex among Dutch men who have sex with men occurs more often when it comes to men under the age of 25 (21%), men who are using sex drugs (30%) and HIV-positive men (41%). These findings are similar in other industrialized countries.

Many researchers and HIV prevention advocates are searching for an explanation for these alarming trends. Highly active antiretroviral therapy (HAART) has been available for more than a decade. Many researchers and HIV-prevention advocates have proposed a link between HAART and the risky sexual behaviors of men who have sex with men. It has been suggested that HAART might increase sexual practices that lead to transmission of HIV and other sexually transmitted infections (STIs). The argument is, because of the result of HAART, HIV-negative men who have sex with men are less concerned about contracted HIV, HIV-positive men who have sex with men are less concerned about transmitting it, and both groups are more likely to engage in unsafe sex, resulting in more HIV infection. For this study, I am calling this argument AIDS optimism, but it has many different names, such as HAART optimism and treatment optimism.

In this report, I will be presenting details about the different studies on AIDS optimism of Australia, The Netherlands and the United States. In addition, I will be conducting an interview and literature analysis to confirm the outcomes and trends of literature review found to see would it be relevant to Dutch culture..

I am hoping the final outcome of this research report is an AIDS optimism model looking at the importance aspects of Dutch men who have sex with men sexual behaviors as it relates to AIDS optimism. This model would aid Schorer in the further development of their AIDS optimism model. That is because Schorer has been using their AIDS optimism model from Schorer Monitor for the last years without revising it and limited research. The current AIDS optimism model is focusing on the less necessity to have safer sex (as long as HIV cannot be cured, having sex with a condom is the best way to have anal sex; condoms are less necessary now than in the past because you can use HAART anyway; somebody who is taking HAART, doesn't need to use a condom; as there is HAART, it's less necessary for me to have sex with a condom) and difficulties to have safer sex (I'm sick and tired of taking into account safer sex; I don't feel like having sex with a condom each and every time I have sex; It's difficult for me to always have safer sex; It's difficult for me to stay motivated to have safer sex). The goal of this report is to update Schorer's current model.

## **Methodology**

This study was started off by an intensive literature review. The literature was found through Google Scholar while being connected through a University of Connecticut proxy account to search the availability and access of articles and journals. The literature chosen had to be from the last 7 years and a study done with sample of an industrialized country. Any studies done prior to 2000 are considered outdated because the treatment of HAART and the visibility of HIV/AIDS have changed over time. By limiting the research to industrialized countries, it would be easier to do a comparison between the findings found in these studies and the Dutch society. There is a focus on three industrialized countries: United States, Australia and The Netherlands. The literature review will be discussing what kind of studies have been done, what kind of questions have been asked in these studies, how have these studies have been conducted and what is the outcomes and trends of each study.

Interviewed participants were first sent an initial letter requesting for an interview. There were 3 versions of this letter: one for AIDS professionals in English, one for people living with HIV in English and one for both people living with HIV and AIDS professional in Dutch. Copies of these e-mails can be found in the appendix of this report. In this letter, I explained that I was an American student studying at the School for International Training and currently working an internal report for Schorer.

Recruitment of interviewee was a barrier for this study, because it was to happen in November and for the topic of AIDS, it is really hard time to conduct research, due to World AIDS Day and an national AIDS conference that is taking place in November. I first contacted AIDS professionals and AIDS consultants from a contact list that Schorer

had provided for me. Out of this list, I was able to interview 2 people. I contacted an HIV support group in Amsterdam. At first, this group was willing to work with me to be interviewed. But they changed their minds about the interview after Schorer published their 2007 monitor, which this support group was unhappy with the result and chose to withdraw from any work done with Schorer, like this report. Other interviews conducted went through word of mouth within my circle of friends. I knew one person who was involved within the HIV field, whom I did not interview due to ethical reasons. And I asked this person if he can refer me to HIV-positive males or professionals and he e-mailed out my call for interviewee letter in Dutch. By all methods of recruitment, a total of six interviews were conducted with a length time ranging between 25 minutes to 45 minutes, with an average length of 32 minutes. Out of the six interviews conducted, only four interviews were selected to be used in this study.

The interview questions were developed from the literature review. In my literature review, I discussed the questions asked in this study and the findings of each study. I questioned if these findings are relevant to Dutch men who have sex with men , I asked questions about risk assessment, combination therapies, viral loads, the image of HIV, condom usage and age trends. Of course the answers from my interviews can't speak for the HIV population due to the low numbers, but it can reinforce the findings from the literature review and give a possibility of applying this finding to Dutch culture. For interviews with HIV-positive men, it was a focus to talk about these issues from a personal perspective. For interview with AIDS professionals, it was a focus to talk about these issues from what trends they have seen in their work and their opinion. For the

interviews with participants who are both HIV positive and an AIDS professional, I asked them to talk both from a professional and personal perspective.

Interviewees were provided with information sheets explaining the study, what is expected for them and how their information is protected. There were two types of information sheets, one written for HIV-positive men and one written for AIDS professionals, and the appropriate information sheet was given to the appropriate interviewee. For the interviewees that were both HIV positive and an AIDS professional, they were given the information sheet for HIV positive men, because the privacy clause in that information sheet was more restrictive and any personal information given in the interview must be protected at all cost. Once the interviewee verbally agrees to the information sheet, the interview is conducted. The interviewees understand that their quotes will be used in this report, without their names listed to protect their privacy.

Interviews happened at a range of different locations, such as offices, cafes and workplace break rooms. Interviews were recorded and transcribed into Microsoft Word to ensure the privacy of their identity as agreed upon in the information sheet. The transcription of the interview used in this study can be found in the appendix.

For the analysis for the data, both the literature review data and the interview data will be used. Looking at the trends and findings from other countries through the literature review, the interviews will be illustrating those findings. The interview will show what topics of AIDS optimism are important when it comes to Dutch culture and their opinion of the topics.

## **Literature Review, an Introduction**

In many industrialized countries where highly active antiretroviral therapy is available for HIV/AIDS treatment, there has been an increase of sexually transmitted infections (STI) and human immunodeficiency virus (HIV) transmission [6, 10, 16, 17, 18]. These findings are alarming and raise a concern regarding the HIV epidemic.

Various researchers around the world have examined perceptions, knowledge, and attitudes on men who have sex with men concerning these new HIV treatments. Optimism regarding new treatments may lead to more risky sexual practices with a possibility of HIV transmission. There have been different results between many industrialized countries on AIDS optimism and condom usage among men who have sex with men. Many studies have found few or no association between attitudes towards new treatments and risky sexual practices [18]. Some studies have found mixed findings [9]. Other studies of both HIV-negative and HIV-positive men who have sex with men have found optimistic beliefs as a result of the availability of HAART associated with sexual risky behaviors [12, 13].

There are many attributes to these inconsistent findings. There is a big difference in sexual culture between industrialized countries. For example, a sample of men from Amsterdam will have a different sexual culture and outlook on sexuality than a sample of men from the United States due to the different agent of socialization and society's attitudes to sexuality. All of the studies have recruited members in different ways; some advertised and recruit only at gay pride events or gay venues and other used HIV testing centers. And all of the studies used different questions, which focused on

different topics regarding AIDS optimism and also used different phrasing. But there are a lot of similarities between these studies. Many of the studies consisted of a majority gay identified men. Their AIDS optimism model focused on their sample attitudes of HIV and distinguished between men who have protected sex and unprotected with other men. In the next section, I will be discussing the different studies on 3 industrialized countries (Australia, The Netherlands and United States) and what differences each studies have done and what kind of results they have found.

## **Literature Review - Australia**

Men with a history of homosexual contact continue to make up the majority of people diagnosed with AIDS and HIV infection in Australia [8]. Sexual transmission between men accounted for a higher proportion of diagnoses of newly acquired HIV infection (85%) than total HIV diagnoses (67%) in 2006 [8]. This difference may partly reflect higher levels of HIV antibody testing among gay and other homosexually active men. The incidence of unprotected anal intercourse among men who have sex with men in Sydney declined from 25.7% in 2001 to 20.8% in 2006 [8].

Paul Van de Ven did three different studies over the period of three years (1999 through 2002). In his 1999 study, he examined many different variables that might affect AIDS optimism, such as HIV therapies (“If taken early enough, combination therapies can cure HIV infection,” “An HIV-positive person who is combination therapy is unlikely to transmit HIV”), concern about HIV infections (“I’m less worried about HIV infection than I used to be”) and viral load (“A person with a blood test showing undetectable HIV viral load cannot pass on the virus”). He found that only a few men were optimistic about HAART treatment in relation with condom usage [16]. But these few men are important since they comprise an important group within a population with a high HIV prevalence.

In this study, he recruited men who had sex with men in different locations, HIV testing clinic, the Sydney Gay and Lesbian Mardi Gras Fair Day and sex-on-premises venues (for example a sauna or a sex club). He found that men recruited in HIV testing clinics were less likely to have any unprotected anal intercourse with casual partners than those men recruited at sex-on premises venues [16]. Looking at this finding,

location is a very important aspect of sampling. This implies that a good place to target men who are having unprotected sex with other men is a sex-on-premises venue.

Based on his sample, Van de Ven found that men who had any unprotected anal intercourse with casual partners were more likely to be optimistic about AIDS. They are more likely agreed with a term like 'an HIV-positive man who is on HAART is unlikely to transmit HIV' compared to men who do not have any unprotected anal intercourse with casual partners.[16]. Men who had unprotected anal intercourse with casual partners were more likely to not worry about HIV infection due to HAART compared men who did not have unprotected anal intercourse with casual partners [16]. This suggests that there is an association between unprotected anal intercourse with casual partners and HIV optimism. Men who are optimistic about improved HIV treatment are more prepared to engage in unprotected anal intercourse with casual partners on the basis of altered perception of risk. Few men believe that if taken early enough, HAART can cure HIV [16]. Men who have unprotected sexual intercourse with casual partner rationalized or account for their behavior in terms of perceived lower HIV infectivity and the availability of more advanced HIV treatment.

In 2000, Van de Ven expanded his model of AIDS optimism from 6 questions in his 1999 study to 12 questions for his 2000 study. He looked at similar variables in his 1999 study. He focus on how viral loads, HIV therapies and concern about HIV infection. Unlike his last study, this AIDS optimism model was more concerned with attitudes rather than knowledge. The scale would be able to assess the overall dimension of optimism-skepticism, skepticism as defined as the opposite of optimism, in the context of new HIV therapies among a broad range of HIV-affected populations. For

example, one of the items in his model was “Until there is a complete cure for HIV/AIDS, prevention is still the best practice” [18]. The analysis for this study is an optimism-skepticism factor on HIV treatment. He founded that the majority of men in his sample were more skeptical [18]. This confirmed his last study, where only a few men were optimist on HIV treatment. For this model (see Appendix for the model), the average man would strongly disagree with the optimist statements (“New HIV treatment will take the worry out of sex”) and strongly agree with skeptical statements (“Until there is a complete cure for HIV/AIDS, prevention is still the best practice”) [18]. This is how he measured optimism.

He introduced another new variable in this study. He analyzes the difference level of optimism-skepticism between HIV-positive men who are on combination therapy and not on combination therapy. But he found that there is no significant difference in optimism mean scores between those on combination therapy and not on combination therapy [18].

In his 2002 study, Van de Ven took a sample of 2000 men from two communities, which he called the “gay community” and the “non-gay community” to look at HIV treatment optimism [17]. He only looked at three items (New HIV treatments take the worry out of sex; HIV is less of a threat because the epidemic is on the decline; HIV/AIDS is a less serious threat than it used to be because of new treatment.) from his 12 item optimism-skepticism model [17]. For this study, we would focus on his results on the gay community. His findings were quite similar to his previous research, which indicate that this is a trend. Gay men who engaged in unprotected anal intercourse with casual partners were significantly more optimistic than gay men who reported no

unprotected anal intercourse with casual partners within the last 6 months [17]. He concluded that unprotected anal intercourse is associated with, but not necessarily driven by HIV optimism, particularly around notions that improved HIV treatment will reduce the threat of HIV [17]. If unprotected anal intercourse is not fully driven by HIV optimism, what other explanations are there that cause the rise in HIV transmission in Australia?

People who deliberately decide to behave in a way they would know could be very dangerous may feel the need to justify their decision to themselves at the time they make it. R.S. Gold believed that many men justify having unprotected anal sex by believing “other guys fuck without a condom much more often than I do, so I’m less at risk than most guys” [5]. There are two explanations for this attitude. The first explanation is the motivational account. This means that optimism is a function of bringing comfort and because of that it shields the individual from anxiety about the negative event in question and/or increases the individual feeling of self-esteem [5]. Because of this model, the individual is motivated to make an optimistic conclusion. An example of this is, a man having unprotected sex with another man who is using HAART treatment to comfort and justify his decision to have unprotected anal sex.

The other explanation is the cognitive account. In this account, optimism has no particular function [15]. Individuals are honestly trying to estimate their own and other’s risk by using cognitive heuristics. The heuristics are not always correct, which would lead to an optimistic conclusion. Individuals use “availability heuristic” to estimate the likelihood of transmitting HIV through unprotected anal sex. Risk-increasing behaviors are highlighted through the media [15]. This is the basis of an individual’s risk

assessment. For example, if the media highlights that the average man who is infected with HIV are men who always have unprotected sex every night with multiple partners. In this situation, an individual who has unprotected sex once in a while (perhaps once a month) with only one partner would use availability heuristic to justify that the probability of them contracting HIV is very small, since his image does not fit on what the media is portraying.

Gold wanted to test these two explanations. In addition, he wanted to look at the different methods on measuring optimism. He had two test questions, an own risk question (“what is the chance that you will become infected with HIV sometime during the next four years?”) and an other risk question (“what is the chance that the average gay man of your age will become infected with HIV sometime during the next four years?”) [5]. The individual would score this between 0 (could not possibility occur) and 100 (most certain it will occur). He asked these questions under four conditions using fillers questions to see the impact on the results [5]. The first condition (Condition 1) was asking the own risk questionm then other risk, then the filler questions. The second condition (Condition 2) was asking the other risk question, then own risk question and then the filler questions. The third condition (Condition 3) was asking the own risk question, then the filler questions and then the other risk question. And the last condition (Condition 4) is asking the other risk question, then the filler questions and then own risk questions. The filler questions were questions about the gay community (for example, “Do you think the police generally do a good job for gays?”), so the two test questions would not stick out [5].

Based on this research, Gold found that 50% of his sample has had unprotected anal sex within the last six months and 26% have done so with more than one partner [5]. Of all of the conditions, individuals scored the other-risk question higher than the own-risk [5]. He also found that 90% of Gold's sample thought they were less likely than the average gay man to become infected with HIV [5]. This finding means that the cognitive account is confirmed. In addition, this finding also implies that individuals are more comfortable talking about other people risks than their own, taking away the stigma of HIV and unprotected sex that our society has off the individual. There are differences in results between the 4 conditions. Participants gave a higher score for other-risk questions for condition 1 compared to condition 2 [5]. This confirmed the explanation of the motivational account. Participant gave a higher score for the own risk question for condition 3 compared to condition 1 and they have a higher score on other risk questions for condition 4 when compared to condition 2 [5]. This indicated that filler questions do play a role in reporting optimism. Filler questions can make the individual address each question entirely on its own, basically isolating the questions, therefore there would not be any stigma or bias from the previous test question.

All of the studies founded that a very small amount of men were optimistic and a small group actually engage in risky sexual practices. All of the studies had a focus on HIV transmission. But only Van de Ven focused on HAART. Gold focused more on survey methods and how optimism functions.

## Literature Review – The Netherlands

Currently in the Netherlands, men who have sex with men holds the highest HIV prevalence [2]. When it comes to Dutch men who have sex with men, 73% have casual sexual partners and in that 31% reported having unprotected anal sex [6]. Unprotected anal sex among Dutch men who have sex with men occurs more often when it comes to men under the age of 25 (21%), men who are using sex drugs (30%) and HIV-positive men (41%) [6].

Ineke Stolte conducted a study on HIV-negative men who have sex with men and change to risk behaviors. Risky behavior in this study is defined as “not always having used condoms during anal intercourse with casual partners in the preceding 6 months” [12]. She defined her AIDS optimism model into three clusters: perceiving less HIV/AIDS threat since HAART, perceiving less need for safe sex since HAART availability and perceiving high effectiveness of HAART to cure HIV/AIDS [12]. Her sample consisted of men who tested as HIV negative and had anal sex with a casual partner within the last 6 months; they were recruited through gay magazine and brochures distributions at the Amsterdam clinic for STI and gay social venues. The majority of her sample was Dutch (93.1%) and has a college degree (66.7%). The age median is 29.8 (Range: 26.7-32.7), which is very low compared to other studies on AIDS optimism where the median age of the sample is higher. The majority of men in this sample disagree with the AIDS optimism model statement. The number of men who change to risk is very low. The men who agree with the AIDS optimistic statements are more likely to change from protected sex to unprotected sex [12]., which agrees with other studies.

Stolte conducted a second study; this study was on HIV-positive men and HAART treatment. This study is similar to the study on HIV-negative that she did. She sent questionnaires to men who are regularly seen at a HIV treatment clinic. The questionnaires gathered information on sexual behavior, condom usage, HAART treatment, perceptions of personal viral load and CD4 cell counts, and optimism [13]. The AIDS optimism model was divided similarly like her study with HIV-negative men, which is into three clusters: “perceiving less HIV/AIDS threat since HAART, perceiving less need for safe sex since HAART availability and perceiving less infectiousness as a result of HAART” [13]. Stolte also did a comparison between the perception of the individual’s viral load and CD4 cell count among older men who have sex with men (Median age of 43). Stolte found that most men had a neutral attitude when they are asked if is HIV/AIDS a less threat due to HAART [13]. This is a different result compared to other studies. The majority of other studies on AIDS optimism in other industrialized countries indicate that the majority of men would agree that HIV/AIDS is still a threat regardless of the availability of HAART, but in this study the majority of men neither disagree nor agree. But in Stolte’s sample, most men did not perceive less need for safe sex or less infectiousness as a result of HAART [13].

Among HIV-positive men, the majority of men perceived their viral load as favorable. Based on their medical records, 61% of the men had an undetectable viral load. HIV-positive men who perceived their viral load as more favorable (i.e undetectable) were more likely to report unprotected anal intercourse with steady partners of negative or unknown HIV status [13]. In the sample, the men who are having no risk behavior with steady partners who perceive their viral load as favorable

had a detectable viral load [13]. This is a sign that AIDS optimism, since their perception of their viral load influences their behavior on condom usage, but in reality that their viral load is not what they perceived it to be.

There was a 17.3% increase in a 3 year time-span (2000-2003) of unprotected anal intercourse among older HIV-positive men [13]. HIV-positive men are more optimistic than HIV-negative men, by comparing the data with Stolte's earlier study on HIV-negative men [13]. Even though this agrees with other studies on AIDS optimism, this comparison that Stolte did between her two studies should not be done, due to the age differences. In this study, the median age is 43 and in her previous study on HIV-negative men, the median age is 29.8. This is over a decade difference, which mean that the sexuality culture of the individual's upbringing can be different between the decades.

## Literature Review – United States

In the United States, HIV infection and AIDS have had a tremendous effect on men who have sex with men. Men who have sex with men accounts for 71% of all HIV infections among male adults and adolescents [1].

John Peterson conducted a research in 2006 on the impact of beliefs about HIV treatment and condom norms on gay and bisexual men. One of the things he did that stands out between all the other studies on AIDS optimism is they compare data between men who have only a main partner (one can interpret this as a monogamous partner), men who have only casual partners and men who have both a main partner and casual partners (for example, an open relationship). In this study, there was a sample of 454 men who identified as either gay or bisexual. They were recruited at the Atlanta Pride Celebration and because of this we can have an assumption that the participants are comfortable with their own and other's sexual orientation, since they are attending a public pride event. The sample's age range was 18-67 with a median of 36 years. Peterson gathered information about condom norms (Most of my friends, think you should always use a condoms when having anal sex; most of my friends do use condoms these days when they have anal sex), HIV treatment beliefs (Because of these drugs, HIV is a less serious threat than it used to be; I practice safe sex less often now because new medical treatments for HIV/AIDS have come along) and sexual risk behavior (In the past 3 months, have you had anal sex with your main partner where you were the receptive partner and you did not use a condom?; in the past 3 months have you had anal sex with your main partner where you were the inserting partner and you did not use a condom?; in the past 3 months have you had anal sex with a casual

sex partner where you were the receptive partner and you did not use a condom?; in the past 3 months have you had anal sex with a casual partner where you were the inserting partner and you did not use a condom?) [10].

Peterson founded that one in five men (21%) received HIV as less of a threat and 11% practiced safe sex less often because of the new HIV treatment. This agrees with other data with other countries, like Van de Ven's study in Australia, only a small percentage of men were optimistic. In this sample, men were more likely to engage in unprotected sex with their main partner (64%) than men who engage in unsafe sex with their casual partners (36%), this includes couples with mixed-HIV status. This study found that men who are optimistic with the HIV treatment statement are more likely to engage in HIV sexual risk when it is with casual partners, but for those men who do not have any casual partners (those with main partners), this is not the case. HIV-positive men were more likely to engage in unprotected sex with casual partner than main partners. This can possibly be the result due to strong treatment beliefs because of their greater likelihood of exposure to new HIV treatments than HIV-negative men [10].

While Peterson's data was a cross-sectional study, David Huebner conducted a longitudinal study between treatment optimism and sexual risk behavior in young gay and bisexual men in 2004. He studied how perceived susceptibility refers to an individual's assessment of how vulnerable the individual is to a disease, given their levels of risk and precautionary behaviors [7]. For example, if an individual use optimism to rationalize their past risky behaviors, one would expect the association between risk and optimism to be among individuals who feel highly susceptible to infections. This example would assume that people who have unprotected sex and who feel highly

susceptible to HIV infections are those who most need to find relief by rationalizing their past risk behavior with treatment optimism [7]. Regardless of how susceptible to HIV infection the individual feel, the association between treatment optimism and risky behaviors would hold if treatment optimism truly precedes sexual risk behaviors [7].

In this study, there were 1398 gay and bisexual men between the ages of 18-27 years are recruited from Phoenix, AZ, Albuquerque, NM and Austin, TX in 2 waves. The first wave had a sample of 837 men with a mean age of 24.8 years. The second wave consisted of 561 men with a mean age of 27 years. The racial proportion between the two waves were similar. Men who were HIV positive or did not report an HIV testing status (unknown status) or were in monogamous relationships were excluded from the study. Participants were questions on condom usage (how frequently in the last 2 months had they engage in insertive and receptive anal intercourse with a condom; without a condom without ejaculating in their partner; and without a condom ejaculating.), treatment optimism (With all the new AIDS drugs, I'm not that concern about getting HIV; and I'm not the concerned about catching HIV since there will probably be a cure by the time I get sick.), and perceived susceptibility to HIV infection (My sexual behavior is risky for catching or spreading HIV) [7].

For the overall analysis of this study, the age mean is 24.7 years. In a correlation analysis, there were no consistent associations between treatment optimism or sexual risk behavior when it comes to a participant's age, education and ethnicity. Treatment optimism level was low in the two study waves, where the majority of respondent disagree moderately or strongly with optimistic attitudes. In a cross-sectional analysis of the dataset, it was found that men reporting unprotected anal intercourse with casual

partners were significantly more optimistic than men who are not reporting this behavior (mean of 1.65 vs 1.40). When men reported feeling only moderately or mildly susceptible to HIV infection, optimism and sexual risk behaviors are not related. There was an association between optimism and risk behavior only with men who report feeling more susceptible to HIV infection. This can explain that high levels of treatment optimism are, in part, a result of previous risk behavior. Men who engage in risky behaviors and feel susceptible to HIV infection may have an incentive to rationalize their behavior with treatment optimism. In contrast to that, men who do engage in risky behavior but do not feel the need to rationalize their behaviors have less need to feel optimistic about new treatments [7].

For the longitudinal analysis, the researchers examined whether treatment optimism precedes risk behaviors or whether the opposite was true, by comparing the data set of the two waves. For the first analysis, a logistic regression was conducted in which the second wave's sexual risk behavior was predicted from the first wave's treatment optimism. For the second analysis, an ordinary least square regression was conducted to predict the second wave's treatment optimism from the first wave's risk behavior. After the two analyses, it was found that there is no evidence that treatment optimism predicts risk behaviors, but sexual risk behavior was a significant predictor of subsequent treatment optimism. This finding is the opposite of much research done. Many research around this topic implied that optimism surrounding treatment has caused the recent increases in sexual risk behaviors [7].

While Huebner looked at young gay men and optimism, David Ostrow researched older gay men. He wanted to find out if attitudes towards highly active

antiretroviral therapy are associated with unprotected anal sex among sexually active homosexual men. He tested his hypothesis by asking questions on reduced HIV concern (Because of combination drug treatments for HIV, I'm less concern about becoming HIV positive or infecting someone), substance use sexual expectancies (when I am high or drunk I find it more difficult to stay within my sexual limits) safer sex fatigue (I feel tired of always having to monitor my sexual behavior), viral load/transmission beliefs (it would be more difficult for an HIV positive person to infect a partner through unsafe sex if the HIV positive person was taking combination drug treatments) and sexual sensation seeking (I like wild 'uninhibited' sexual encounters). This study had a sample of 547 men (218 HIV-negative and 329 HIV-positive) with an age mean of 45.1 years, where 82% of the men were white. Within this sample, HIV-negative men (mean of 46.6 years) were older than HIV-positive men (mean of 44.1 years). Among HIV-positive men, reduced HIV concern, substance use-related sexual expectancies, safer sex fatigue, viral load/transmission beliefs and sensation seeking were all significantly associated with unprotected insertive anal sex, as was having a known HIV-positive sexual partner. Among HIV-negative men, reduced HIV concern and having a primary partner was significantly associated with unprotected receptive anal sex [9].

When doing a multivariable regression on the HIV-positive men in the sample, HIV-positive men who had the highest score (upper 25% of the range) for reduced HIV concern were six times more likely to engage in unprotected insertive anal sex, compared to those in the lower score (lower 25% of the range). Safer sex fatigue was also independently associated with unprotected insertive anal sex. HIV-positive men

were more likely to report unprotected insertive anal sex if they had a known HIV-positive sexual partner. Viral load was not associated with unprotected insertive or receptive anal sex. Men who experienced a favorable change in viral load (from detectable to undetectable) were less likely to engage in unprotected insertive or receptive anal sex [9].

When doing a multivariable regression on HIV-negative men, those with a moderate or high score on reduced HIV concern were more likely to engage in unprotected receptive anal sex. HIV-negative men are less likely to report unprotected receptive anal sex if they have reported more than one casual sex partners in the last 6 months [9].

Between these three studies, there are some common findings and differences in findings. They all look at the population's concern on contracting HIV and how HAART plays a role in this. While Huebner and Ostrow focus on the individual, Peterson focused on the individual's peer perception, when it comes to questioning sexual behaviors. Huebner was the only one who focused on sexual acts, such as unprotected anal intercourse without ejaculation. Ostrow had a focus on the differences between HIV-positive and HIV-negative men, while Peterson and Huebner aimed to study the general men who have sex with men group. While each researcher focused on a different aspect of AIDS optimism, they all found men who had unprotected sex and who were optimistic about HIV-infections.

## **Interview and Research Analysis**

In the previous chapter, I have presented the different studies on AIDS optimism in three industrialized countries. The purpose of this analysis is to explore the commonalities and differences in the studies and discuss if it would fit in the Dutch men who have sex with men scene. In this section, I will be discussing different topics as it relates to AIDS optimism and men who have sex with men sexual behavior, how does each of this topic relates to the studies I have presented in the previous chapter and what do people who are a part of the HIV/AIDS men who have sex with men scene in Amsterdam think about it. In this report, because of the low numbers of interviews, they cannot speak for the whole HIV/AIDS men who have sex with men population. The interviews in this study are meant to illustrate the findings that I have presented in the previous chapter, which can imply that concepts and results in previous studies can be applied to Dutch culture.

### **HIV, is it a threat? HAART as a cure?**

AIDS was first reported by the United States' Center of Disease Control (CDC) in 1981. At this point, nothing was known about this disease and it was named gay-related immune disorder (GRID) or also known as the "gay cancer" [4]. This creates a stigma for the men who have sex with men community both in the United States and worldwide. At this point in time, AIDS was highly feared; there was not much information on AIDS at this time. One of my interviewees recounts his experience when he first learned he was HIV-positive in 1993, "HIV was more or less a death sentence that is what the doctors would tell me" [19]. At this point in time, azidothymidine (AZT)

was the only mono-therapy available. In 1996, HAART was first introduced as a multi-therapy treatment.

With the introduction of HAART, many researchers argue that there is a change in the perception of HIV as a threat. Researchers started to ask questions on how the men who have sex with men perceived HIV. Peterson from the United States asked “Because of these [HAART] drugs, HIV is a less serious threat than it used to be” [10]. In Peterson’s sample, only 21% would agree with that statement [10]. Van de Ven from Australia asked a similar question, but focused it on the individual, “I’m less worried about HIV infection than I used to be [16]. In Van de Ven’s sample, 34.1% reported that they would agree with that statement. This is an indication that the fear of HIV has decreased as HAART develops, especially comparing the attitudes of HIV prior to the introduction of HAART and after the introduction of HAART. As an HIV-positive peer supporter comments:

I think people are quite afraid of HIV, it depends. I see more and more people who know someone living with HIV who live normally and happily. This really takes away a lot of ignorance and a lot fears about HIV. But still in the general public, there is a lot of fear and ignorance about HIV. There are people who don’t know about it. Like this man I was just on the phone with, he had safe sex but he was so paranoid, he was so afraid that he might have contracted HIV. [21]

Looking at this quote and the study’s results, HIV can be perceived as less of a threat because with HAART, HIV is not seen as a death sentence anymore, since it paints a picture that people with HIV are living normal lives and looking at the result, only a

minority percentage that HIV is less of a threat. With this minority group, it can be explain that they do not see the consequences of HAART, but they only see the positive aspect of HAART.

Also the general crowd thinks, it's a solution, that you can live better with HAART, they got the knowledge, but they don't see that there is a lot of negative side effects. [20]

As my second interviewee states, the general [HIV-negative] crowd do not think of the medication side affects. The general crowd do not think of the three main side effects of HAART, which are nausea, fatigue and diarrhea [11].But regardless of the side effects, there are people who think HAART can cure HIV [12].

Many researchers questioned if men who have sex with men think that HAART can cure HIV. As we all know, currently, there is no cure for HIV. HAART only treats HIV. Stolte from The Netherlands asked "I think that someone who is HIV positive and uses new HIV/AIDS treatment can be cured" [12].. The majority of men in her study disagreed with this statement [12].. And Van de Ven asked "If taken early enough, combination therapies can cure HIV infection" [16]. In that sample, only 4% would agree with this statement. My second interviewee also agrees with the study's findings "There is a small group discussion that think that the medicine creates a HIV cure" [20]. While that is the perception of HIV-negative men about HAART, HAART also has an impact on behaviors also.

### **Condom Usage and Viral Loads.... The decisions....**

While the perceptions of HIV due to HAART was mainly focused on HIV-negative men, the topic of condom usage and viral loads focuses both on HIV-positive and HIV-negative men. HAART and viral load perceptions have an impact on the decision on using condoms.

Viral load is a test that can actually measure how much virus is in the blood stream of someone who is HIV-positive [14]. With the help of HAART, many people living with HIV have an undetectable viral load. Currently, there is a discourse about the transmission of HIV through unprotected sex with someone who has an undetectable viral load. An HIV-activist tells me a story about one of the discourses:

I think the medical field is just very cautious on their messages and information toward clients. There is not enough evidence of it. A friend of mine, a heterosexual couple, where the guy is HIV-positive and his wife is now, when they are trying to get pregnant, his doctor told him not to use condoms or any sort of protection. So they did it, she got pregnant and both the child and the mother are HIV-negative. Because he was on treatment and undetectable. [19]

The discourse on HIV transmission where one of the partners is undetectable varies. As an AIDS consultant said “we still give advice that it is not completely safe. Because the virus in sperm is bigger amount than in the blood” [22]. With mixed messages between the medical communities, social scientists questioned how viral loads play a role in the decision to have safe sex.

Many of the research I have included in this study included questions on combination therapy and viral loads. Researchers asked simple questions like “A person with undetectable viral load cannot pass on the virus” [18]. In Van de Ven’s study, he founded that the majority of people disagree with that statement. This is the case for all of the research also. But this mainly applies to HIV-negative men.

Stolte conducted a research of HIV-positive men and their perceived viral load. She found that homosexual men who had a favorable perception of their viral load (undetectable) are more likely to engage in risky sex with steady partners of negative or unknown HIV status [13]. An HIV-positive person’s perception of his viral load can be different from what it actually is. As one of my interviewee states:

I am in a long term relationship with a guy who is positive, and when we first got together, we had safe sex, we used condoms. And as time goes back we started discussing it, we both had the same doctor, we started talking to our doctors about it, both our GPs and Internal Medicine doctors, our HIV specialists, and we really talked about the different tactics involved, in the end when we decided not to have condoms...[this portion can be found in the transcript].....Because HIV was quite clear, we both have the same HIV strain, we both do not have any resistance for any HIV medication, we are both undetectable, in terms of HIV, there is no reason why we couldn’t had unprotected sex. [19]

This couple decided not to use condoms after consulting the medical community and talking to each other because their perceptions of their viral loads are undetectable and they have the same HIV strain.

Besides HAART having an impact on viral load and viral loads having an impact on condom usage, HAART has a more direct relationship on condom usage. Stolte asked her participants “I think that condom use during sex is less necessary now that new HIV/AIDS treatment available” [12]. In her sample of HIV-negative men, the majority disagree with this statement. This is the trend with all the other countries. One of my interviewees agrees with Stolte:

I know a lot of people who are in a way optimistic about it [condom use], especially among young people with HIV I worked with. The optimism that is there is not always sort of cheerful as you may think, but when push comes to shove, when people have to start treatment, when it really starts to have an impact on their daily lives, on their sexual lives, it is more in their face, than everyone can go to the doctor twice a year to get the test etc. you start taking these pills on a daily bases, you become more conscious on the fact that you are positive, and then it becomes something completely different. [19]

This HIV-youth activist talked about how young people are optimistic about HIV/AIDS, but the reality of HIV does not come to mind until they start treatment. My interviewee mentioned a target group about condom usage.

### **Location...Location.. Location**

Certain groups have different general optimistic attitudes. Van de Ven founded that men who were recruited at a sex venue, like a sex sauna, are more likely to be optimistic and have unprotected sex than men recruited in general areas [16]. Stolte recruited through gay magazines and clinics [12].. Out of all the studies conducted, only

Van de Ven talked about a difference in optimistic attitudes based on location. I asked all my interviewees about darkrooms and condom usage. One of them states:

I think people who go to saunas or darkrooms, they look for more adventure and more excitement or the horny kind of stuff. And my interpretation is, they tend to take more risk from people around me, there is a lot of risk taking, especially in darkrooms quite a lot of unsafe sex going around. [21]

All of my interviewees agreed that people who go to sex venues, like sex saunas and darkrooms, are more likely to have unprotected sex. As the interviewee above explains, they are in it for the adventure. But I did not ask any of my interviewees about people who go to sex venues and their optimistic attitudes. We can make an assumption, since all of the literature studies have stated that men who engage in unprotected anal intercourse are more likely to be optimistic. Many studies mentioned that there are other target groups that can be optimistic.

### **Age...is it just a number?**

In the current discourse, age is a big issue on a debate on condom usage. Are younger people more likely to have unprotected sex than older people? Or are older people more likely to have unprotected sex than younger people. In the literature research, there has been no study that discusses the differences between age and optimism. There have been studies that either have a majority of young or old sample. But looking at studies that have younger participants and the studies that have older participants, the result outcomes are very similar when it comes to the topic of optimism. But when I asked my interviewees about condom usage and age, there is a big variety

on which group, older or younger, are more likely to have unprotected sex. When I asked one HIV-youth activist about which group are more likely to have unprotected sex, he comments:

The older group [are more likely to have unprotected sex], young gay men and youngsters in general are quite conservative, under the age of 25. Strangely there is a generation before them, my generation, which was completely [casual]... Now the youngsters have some kind of morale. I don't know, they have to figure out a lot in the Netherlands. Their morale is very strict. It is more of a group culture, it's different in my generation. [20]

And another HIV-youth activist notes that it is not as simple and comments:

Young people now a day have not known a world without AIDS and that is something is an age difference in terms of attitudes. They do not know a world without AIDS. They never experienced the big scare, the threat that it was to the community. They never experience the huge solidarity that was [there]. The activism that came out that made a tremendous impact on the gay community here. And they look at it in a different way, as just an [another] STI. [19]

Even though there is not much of a difference between the outcomes of the literature studies when comparing them by age, HIV-youth activists in Amsterdam disagree on the issue on which group is more optimistic and which group is more likely to have unprotected sex.

## **Conclusion and Recommendations**

This study has examined the discourse of AIDS optimism among men who have sex with men in Australia, The Netherlands and United States. In these three countries, there are many similarities in research questions, research methods and results. In the analysis, I highlighted the common topics that the discourses in these 3 countries addressed when discussing AIDS optimism among men who have sex with men. All of the countries had focused on whether men who have sex with men in their country think HIV is a threat or not, if HAART can cure HIV and viral load perception on the transmission of HIV. Van de Ven from Australia discussed the difference in finding based on location sampling [16]. He found that men recruited through sex venues are more optimistic than men recruited elsewhere. And none of the studies focused on age differences. This variable requires more research, because different generations can have different outlooks on safer sex and attitudes on optimism. In order to cater the right prevention interventions to target groups, we need to understand their attitudes on optimism and safer sex. Looking at just the countries and not the individual studies, I can generalize that only a small minority of men are optimistic, but these men comprise an important group within the high HIV prevalence population.

The current AIDS optimism model that Schorer uses addresses a few important issues that I have discussed in this study. For example, in the current Schorer model, there is a focus on the decision to have safe sex and condom usage, which is a common question in many of the studies I have discussed. After conducting the analysis, I recommend a few things for the development of the new AIDS optimism model. The first is including a statement on HIV as being a threat. It is important to

understand how the population perceives HIV. Both the literature data and the interview data agree that HIV is still a threat. The second recommendation is include statement on viral load and HIV transmission. There has not been a lot of social and medical research on viral load and HIV transmission. In the analysis, I discussed the conflicting messages the medical community state about viral load and HIV transmission. Only a few studies have included viral load as a variable and these studies found that their population are not optimistic when it comes to this variable [16, 18]. The last recommendation is location. Many of the research I have discussed except for one, only used one research recruitment location. By using multiple locations, one would have a more general overview of the targeted population, which in this case is men who have sex with men.

Overall, the research of AIDS optimism is important for prevention intervention. As prevention advocates, we need to know what each target group thinks, weather it would be youths or men who goes to sex venues. Each target groups have different prevention needs and in order to provide the right prevention information regarding their sexual well-beings, we need to conduct research, like AIDS optimism attitudes, into each target group.

## Appendix I – Interviews

### a. Initial Contact Letters

#### For AIDS Professionals

Dear [Insert Name here],

My name is Tan Pham and I am currently studying in Amsterdam with the School of International Training focusing on the topics of sexuality and gender. I am currently conducting a research for *Schorer gay lesbian health* on the definition of AIDS optimism in Dutch culture and condom fatigue among HIV+ men who have sex with men (MSM) over the age of 35. I was referred to you by [insert referrer] and I was wondering if you are willing to be interviewed for a maximum of 1 hour on your opinion and expertise on AIDS optimism and condom fatigue among HIV+ MSM. If you are interested in setting up an interview, please e-mail me back.

Thank you so much for your time,  
Tan Pham

#### For HIV-positive men

Dear [Insert Name here],

My name is Tan Pham and I am currently studying in Amsterdam with the School of International Training focusing on the topics of sexuality and gender. I am currently conducting a research for *Schorer gay lesbian health* on the definition of AIDS optimism in Dutch culture and condom fatigue among HIV+ men who have sex with men (MSM) over the age of 35. You were referred to me by [insert referrer] as an HIV+ male who has sex with men and I was wondering if you would be willing to be interviewed on condom usage and AIDS Optimism among the HIV+ community in the Netherlands. I would also reassure you that the interview will be **anonymous** and all records will be destroyed after the report has been written. If you are interested in setting up an interview, please e-mail me back.

Thank you so much for your time,  
Tan Pham

#### In Dutch

L.S.,

Mijn naam is Tan Pham. Ik ben een Amerikaanse student die hier een semester *sexuality and gender* studeert aan de School of International Training (SIT). Ik doe in dit verband onderzoek naar aidsoptimisme en condoomgebruik voor *Schorer homo lesbisch gezond*. Ik ben nu op zoek naar hiv-positieve mannen die mee willen werken aan een interview in het Engels over dit onderwerp. Dit interview duurt maximaal 1 uur en je gegevens blijven anoniem. Indien je geïnterviewd wilt worden, vraag ik je een mailtje sturen naar tan.p.pham@gmail.com of te bellen naar 06-46503616.

Alvast hartelijk bedankt!  
Tan Pham

## **b. Information Sheets**

### For AIDS professionals

#### Information Sheet for Participation in a Research Study

**Principal Investigator:** Tan Pham, tan.p.pham@gmail.com

**Study Title:** AIDS Optimism and Condom Usage on men who have sex with men (MSM)

**Sponsor:** Schorer Gay Lesbian Health and School of International Training (SIT)

#### Introduction

You are invited to participate in a research study because you are involved or affected by HIV/AIDS, either via professional, activism and/or personal sense. I would like your opinion on AIDS optimism and condom usage on men who have sex with men.

#### Why is this study being done?

Schorer has been using the optimism definition from Schorer Monitor for the last years without revising it. Policy makers & researcher use the terms "aids optimism" and "condom fatigue" but it seems that they refer to different phenomena. At the same time we see rising HIV-incidence among men who have sex with men (MSM) in the Netherlands. This study will be researching the different trends of optimism around the world and hopefully will revise the optimism definition for Schorer.

#### What are the study procedures? What will I be asked to do?

The produces that you will be involved will only be an interview for a maximum of 1 hour. The questions in the interview will be your opinion on HIV+ MSM and their behaviors and the trends you have seen as a professional.

#### What are the risks or inconveniences of the study?

I believe there are no known risks associated with this research study; however, a possible inconvenience may be the time it takes to complete the study.

#### What are the benefits of the study?

The benefit of this study is to gain more knowledge on what AIDS optimism is and will influence policy-makers and researchers to conduct further research and policies around the issues of HIV/AIDS.

#### How will my personal information be protected?

The data collected in this study will be published in an internal Schorer report. This study is confidential. Your identity will not be revealed and the only person who will be able to identify you is the interviewer. To maintain anonymity, your name will be changed for the publication of the report. Only your position will be revealed, for example, AIDS activist or AIDS consultant of 9 years. The interview will be audio recorded with at most 2 copies (1 primary, 1 back up). The interview will be transcribed and may be published in the report.

Can I stop being in the study and what are my rights?

You do not have to answer any question that you do not want to answer. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.

Who do I contact if I have questions about the study?

Take as long as you like before you make a decision. I will be happy to answer any question you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact Tan Pham at tan.p.pham@gmail.com or +31 6-46503616.

For HIV-positive men

## Information Sheet for Participation in a Research Study

**Principal Investigator:** Tan Pham, tan.p.pham@gmail.com

**Study Title:** AIDS Optimism and Condom Usage on men who have sex with men (MSM)

**Sponsor:** Schorer Gay Lesbian Health and School of International Training (SIT)

Introduction

You are invited to participate in a research study because you are involved or affected by HIV/AIDS, either via professional, activism and/or personal sense. I would like your opinion on AIDS optimism and condom usage on men who have sex with men.

Why is this study being done?

Schorer has been using the optimism definition from Schorer Monitor for the last years without revising it. Policy makers & researcher use the terms "aids optimism" and "condom fatigue" but it seems that they refer to different phenomena. At the same time we see rising HIV-incidence among men who have sex with men (MSM) in the Netherlands. This study will be researching the different trends of optimism around the world and hopefully will revise the optimism definition for Schorer.

What are the study procedures? What will I be asked to do?

The produces that you will be involved will only be an interview for a maximum of 1 hour. The questions in the interview will focus on both your sexuality and the general Dutch population sexuality; which will include sexual behaviors, HIV-status, opinions on condom usage and optimism.

What are the risks or inconveniences of the study?

I believe there are no known risks associated with this research study; however, a possible inconvenience may be the time it takes to complete the study.

What are the benefits of the study?

The benefit of this study is to gain more knowledge on what AIDS optimism is and will influence policy-makers and researchers to conduct further research and policies around the issues of HIV/AIDS.

How will my personal information be protected?

The data collected in this study will be published in an internal Schorer report. The report will be only accessible with Schorer and the School of International Training. This study is anonymous. Your identity will not be revealed and the only person who will be able to identify you is the interviewer. To maintain anonymity, your name will be changed for the publication of the report. The interview will be audio recorded with at most 2 copies (1 primary, 1 back up). After the interview, the interviewer will transcribe the interview into text and both audio recording copies will be deleted, The transcribed text may be published in the report.

Can I stop being in the study and what are my rights?

You do not have to answer any question that you do not want to answer. If you agree to be in the study, but later change your mind, you may drop out at any time. There are no penalties or consequences of any kind if you decide that you do not want to participate.

Who do I contact if I have questions about the study?

Take as long as you like before you make a decision. I will be happy to answer any question you have about this study. If you have further questions about this project or if you have a research-related problem, you may contact Tan Pham at [tan.p.pham@gmail.com](mailto:tan.p.pham@gmail.com) or +31 6-46503616.

Interview I  
 Location: Hotel Café  
 November 20, 2007  
 Length 47:53

**So, this research is AIDS optimism and condom usage among men who have sex with men, I am focused on HIV+ men. I understand you are involved in the HIV/AIDS scene. I want to use the word community, but I understand there is no community here, but a scene. Tell me about your involvement with the HIV/AIDS scene here.**

There are two levels here, national and international. Um, I got involved quite soon after I was diagnosed, I was diagnosed when I was uh 15, in 1993. Quite soon I got involved in local support group, from that I started doing outreach. Quite rapidly got involved in national group of young people living with HIV, so it's really promising on young people. Through that I got in touch with the Dutch network, I got involved in international work, in the end I started working in HIV profession, so it all those different levels, it is both national and international, professional and personal.

**That is great, how old are you?**

I am 29 now

**So how would you identify your sexual orientation?**

Gay

**So, regarding the queer scene, what kind of risk assessment do MSM take before deciding to have sex in your opinion, of course everything is based on your opinion and experiences.**

I think it goes all the different, some are very cautious of the risk they take and willing to take, some don't take any sort of risk assessment at all, it is the entire range, you see more variations of it and more performs of it, now a days than years ago. Before it was it was do they have safe sex or unsafe sex, now there are all these different forms. There is barebacking going on, there is people who are getting more afraid again, more scared again on getting it, different form of stigmas making it more complex. So it's the entire range, I'm not sure what the effects are that determine whether or not people or what sort of risk assessment they make for themselves.

**Do you think there is a difference risk-assessment method between HIV-negative men and HIV-positive men at all?**

There is and there isn't. I think even among HIV-positive men are determined to have very safe sex. There are people who are very open towards it, they are sort of more on

the equal responsibility side of thing and there are people who 'don't ask, don't tell' it's a range.

**This is one of things I would like to explore, what are on people's think about when they make these decisions. You mentioned that people are scared of HIV/AIDS, do you think AIDS is still a threat with all the AIDS medications out there.**

As a threat?

**As something that they should be afraid of, a lot of the studies I have been reading there is a lot of these medications, how do you think these medications impact the threat of HIV/AIDS? Do you think if it is still a threat or not a threat still when it comes to the MSM scene?**

It just make it more complicated, I think the real threat is that it becomes invisible. That is the possibility that the greatest threat that medication plays, obviously people with HIV are living on it, but there is no um, easy messages. HIV is still something you don't want to get. In terms of public health and prevention campaigning, on the one hand you want to say people living with HIV can live long healthy life, you should hire them as your employees, should make friends with them, can have sex with them etc. etc. and on the other hand, you still need to be aware and be careful, you don't want to get it because it complicates your life in different ways. It makes the messaging and campaign more complicated and more difficult. In terms of physical threat to your personal health, there is a lot that we don't understand. I mean I see a lot people with HIV who have had HIV for a long, who have been on medication for a long time, who have been dying over the past year. And also people who have been developing these complicated medical issues, either weird type of cancer, failure of different organs in the system, HIV treatment failure. There is a whole dynamics of the HIV treatment field that we yet to understand, in terms of long term side effects , obviously there are great things happening and it is complicated, even for myself, when I learned I was HIV-positive, HIV was more or less a death sentence, that is what the doctors would tell me. Therefore 10 years of it then you die. So now I am now in a stable, HIV is not causing any sort of physical complications, I am on the easy treatment, I take 3 pills once a day. I don't have very serious side effects. So for me I need to, in a way, at least my doctor is telling me that I need to start thinking of the future, I need to start thinking of my pension plan, I don't really have to worry of dying of the consequences of AIDS and all that. And that is a very difficult switch to flip in your mind. I think once you started to deal with the idea that you not live as long, you start dealing with the idea living with terminal illness, and it is hard to go back and start against it and start thinking about pension plans.

**You mentioned your treatment, do you think that plays a role at all on having either protected vs. unprotected sex, a lot of people today believe that medications will cure HIV, and as we know, medication does not cure HIV, but just threat it do you think medication plays a role in the Dutch MSM scene at all?**

I think it does and it does a lot more. I think we need a lot more research into that. Already people are already thinking about their infectiousness and the risk of transmission. There is an increasing large group of people who are thinking about those factors, whether or not they would have safe sex. So how low or high is their viral load, if they have an undetectable viral load, they have a very very low risk of transmission, they are not very infectious at all, they make their safe sex decisions based on those fact, it would be good to get more evidence on that. It is just difficult, but we need a lot more evidence on that.

**So you mentioned viral load, do you think it is a big impact on mixed-status relationship? Do you think viral plays a role on that, on the decision of using or not using condoms at all?**

Yeah, I think it does, I think it should do play a good role as it does now. I think the medical field is just very cautious on their messages and information toward clients. There is not enough evidence of it. A friend of mine, a heterosexual couple, where the guy is HIV-positive and his wife is now, when they are trying to get pregnant, his doctor told him not to use condoms or any sort of protection. So they did it, she got pregnant and both the child and the mother are HIV-negative. Because he was on treatment and undetectable and yeah.

**Yeah it's hard, I mean the research is not out there as much. I am surprised he didn't talk about sperm-washing, which is fairly new over the years.**

He lives in a country where sperm-washing is both expensive and not really reliable. I think we need more research on this, not just in Western Europe and North America, but other nations.

**Just to shift gears to a bit of a personal aspect, so what is your viral load?**

Undetectable

**so when you have sex with your partner, if you have sex, I am not making any assumptions, does viral load play a role when it comes to condom usage with your partner at all? And how do you go about condom usage?**

I am in a long term relationship with a guy who is positive, and when we first got together, we had safe sex, we used condoms. And as time goes back we started discussing it, we both had the same doctor, we started talking to our doctors about it, both our GPs and Internal Medicine doctors, our HIV specialists, and we really talked about the different tactics involved, in the end when we decided not to have condoms, the biggest issue there was not HIV, it is just other stuff, infectious diseases, Herpes, Hepatitis C and all the other things, these were more a bigger issue than HIV. Because HIV was quite clear, we both have the same HIV strain, we both do not have any resistance for any HIV medication, we are both undetectable, in terms of HIV, there is

no reason why we couldn't had unprotected sex. The biggest issues were other STIs and other stuff that you can transmit which is interesting; we took that decision and decided to have unprotected sex.

**That is great that you look at the whole picture, since a lot people look at only one disease and not all of them. What do you think of dark rooms? Even though there are condoms available, do you think people use them? Do you think people who go to dark room are more optimistic about HIV/AIDS compared to people who do not go to dark rooms?**

My experience is that, there is a lot of unprotected sex going on and increasingly. Everybody assume people know more about HIV, people are aware of it and are able to make their own decision on what they want to do and what they want to get and they know the risk and consequences. My personal opinion is very much people should be responsible for their own health, it takes two to tango. But it a misassumption, that people know everything, I do think and also in the gay community and in the gay community in Amsterdam, which is the epidemic center in the Netherlands. People now-a-days don't know at all, they don't know what it is to be HIV-positive and to deal with the everyday consequences of being HIV positive.

**That is interesting, I agree with you, a lot of people don't see the consequences at all, regarding being positive. Have you been in any situation in a positive-negative relationship at all? How did he cope with it? How did you?**

My previous long-term relationship was with an HIV negative partner. We had safe sex obviously. It was never a real issue that he was scared of it, but it was. Probably more for me than him. We had an accident once where a condom broke. He had to go on, post-exposure medication, that month and the time after where he had to get tested was the worst time of my life. It was very scary and because he wasn't dealing with the medication very well and had to deal with all the side effects. From then on, it was the issue of me being HIV-positive and the risk was getting bigger and bigger for me, which impacted on our sex life. It was not the reason why we broke up again, but it was an issue.

**In many cases, this always comes up. In my relationship and other people I know. I remember reading a few months back, on a bareback party among HIV positive men, how did you react to that? What did you think of that as a professional sense, activist sense and personal sense?**

Yeah the thing is with that incident, and all the stuff that been brought public by the media always, the thing is that it is not just HIV is that the issue. If it is just HIV, it would be a completely different thing. In the example that you mention, at the sex party, people were intentionally injected with HIV positive blood. The issue there is not just HIV; it is doing previous harm to people. It does not have anything to do as an HIV as an STI or unprotected sex. People are hurt in a different way. Also in other court cases,

people have trialed knowing they were HIV positive. In those cases, it is not just HIV, there were other factors, there were people underage, raped, and all that. It is not just HIV; it is hard to make that distinction between HIV and other variables, which are punishable by law. Because of HIV being in the equations, it becomes a lot clearer than it should be. It is very hard to difficult to advocate for not criminalizing HIV. It has a bad affect on public health.

You mentioned the media in that incident. What kind of role do you think the media plays in the portrayal of HIV? For example, HIV as a death threat versus not.

It has a large role. They deal with the same thing as we are dealing with. It is very hard to send conflicting messages. On the one hand, you want to fight stigma and on the other hand, you want HIV high in the political and public agenda. And it is still an issue that people need to be aware of and educated on. It is a difficult balance.

**Is there anything you want to add regarding optimism and condom usage that we haven't talked about?**

Let me add something about the youth element of it. We still bring together young people with HIV in the country. We still see huge different experiences from people who can deal with it when they find out they are positive, they are able to find the support that they need and are able to deal with it. there are a huge group that are not and which becoming more and more difficult to look for the support. when I found I was HIV positive and the years after, early 90s, it was much more easier to find the support that was needed. It was far much less judgmental. Even in the groups of the young people living with HIV now a day, we have people saying to each other how can you be so stupid in getting HIV now." We have these huge homo-moralistic discussions among these groups; it makes it more difficult and complicated to get people the right support. Told people to look for the support they need, because they do need it. There is a huge value in the peer-support. When you first find out that you are positive, how do you deal with the doctor visit, getting the right insurance, how do you deal with when you need to start medications. Even in the advanced services we have in the Netherlands, it is far from perfect. People are not getting the right information at the right time, on medication, on safe sex, on insurances and on these elements.

**You mentioned the whole youth aspect. Do you think there is a different attitude between someone who is young perhaps in their early 20s compared to someone who is in their mid-30s on attitudes of HIV and safer sex decisions and the factors we talked about already?**

Young people now a day have not known a world without AIDS and that is something is an age difference in terms of attitudes. They do not know a world without AIDS. They never experienced the big scare, the threat that it was to the community. They never experience the huge solidarity that was. The activism that came out that made a tremendous impact on the gay community here. And they look at it in a different way, as

just an STI. Other people, some young people, probably people who are a little older, have gone through that, still see HIV as this huge thing, they still have images of people with KS and AIDS wasting and all that and the dying and it's difficult to bridge that and bring those attitudes together and make it not as black and white.

**You talked about people who lived in a world of AIDS and older people who see that happened, do you think any differences in risky behaviors in those groups? Which group do you think are more likely to have unprotected sex?**

There is probably is a difference, it is hard to say as black and white. Even though you know all the people have been through it, through the scare, not necessary all people, these people have live through the development of HIV, among those people, you see those people who are now sort of relieved that, they don't have to be scared of HIV anymore as a potential death issue, so that is also why in a way I understand trends like bug-seeking, people who intentionally go seek HIV. They been almost brought up in a society, experiencing their sexuality in a way they are afraid of sex and sexuality. Sexuality has been such a negative thing in their lives that now that HIV is not necessary has to equal death anymore. It is more let's get it and get it over with. Then they are more free for sex. At least that how I can understand their way of thinking. I also see but it doesn't always work like that obviously, they don't understand what it is to be living with HIV until they already have it. And then there regret or whatever. But again the dynamics are that there isn't and not as black and white.

**How common do you think bug-chasing is in the Dutch MSM society?**

Not very, it is probably a bigger issue than we know. Obviously there are a lot more people living with HIV in the country than we know. We know that there is probably double of the amount people that live with HIV that we know, than we know that are getting medical support and all that. So that is the whole issue on itself, I don't think that it is big as a trend compared to the US, but I am not in touch with the community or involved in the workings that to know for sure.

**Do you think optimism exist at all? Are there people who believe "oh there are all these HIV medications; I don't need to have protected sex at all"?**

Sure it does exist, I'm just cursing I know a lot of people who are in a way optimistic about it, especially among young people with HIV I worked with. The optimism that is there is not always sort of cheerful as you may think, but when push comes to shove, when people have to start treatment, when it really starts to have an impact on their daily lives, on their sexual lives, there are more, it is more in their face, than everyone can go to the doctor twice a year to get the test etc. you start taking these pills on a daily bases, you become more conscious on the fact that you are positive, and then it becomes something completely different. So yeah, the optimism is there, and it affects their decision making on weather and how they have safe sex, but in different ways. It is very difficult to develop policy around.

Interview II

Location: Office break room

November 23, 2007

Length: 45:00

**So tell me what is your involvement in the HIV/AIDS scene in Amsterdam?**

I am 10 years HIV-positive, I am 32, which makes me 22 when I first learned that I am HIV-positive, the first few years was pretty hard with my personal life. After a few years, I started going through the HIV Association Netherlands. I started to get involved with them, I started at first going to a café evening where people can walk in to get help. It was missing a lot of youth, I was very young at the time, within the organization, ,actually in the whole field of HIV/AIDS and all the other organization. A lot of elderly people were involved. I stepped up one day at the SOA AIDS conference, which is coming up, saying you are forgetting the youth. So the chair of the HIV association came up and asked me "so what you would like to do about it?" I was connected to Rauol, which works for GNP-plus, we started to write a program for young positives, the Dutch version at first, which is a program which was aimed to a few activities during the year, a separate dept within the HIV association dedicated for youths and youths were defined as ages 13-30, we chose 30 because we want to keep youngster longer in our department. Most of the NGO define it as 25, but that is a program once you turn 25, you would lose so much experiences, which is a problem for many youth organizations. I have heard a lot of my strength and focus was, I was very political at the time. There was a lot of media attention around it, even within the organization. A lot of the applaud that we did this, we got a 10,000 euro grant to start research on internet site, help programs for youth, which was wonderful. Well we went to a few World AIDS Conferences, which we present at. I was very political because I was very angry about an elder group who said that "it is wonderful that we have these medicine and HIV is over for us. We can live our lives until then." I was like "hello, I'm a youngster and I still have to build up my life with HIV. You can't give me the perspective to live with these meds until I am 60, my body is changing because of this awful medicine" I was pushing back to try to give a new focus on living with HIV. Which partly worked, after 2-3 years, we started an international young positive. There we did some programs within conferences for youths, after a while we got a discussion on youngsters to gay men is pushing this and I wanted to do this and organized this, but we cannot find anyone who wanted to get involved in this to build up. And I became 30, it was a horrible year, I was involved in so many youth things and I had to step down since I was no longer 30.

**What is the HIV rate among young people in The Netherlands?**

It is not pretty high really, on the gay youngsters, there is still a rise, but not really a big rise. The biggest rise is over 40. There are youngsters who are still getting infected. There is a specific group of youngsters. I can't say this as a professional, but on a personal level that I saw that specific group of youngsters that has a lot of a problematic background that deals with prostitution, drug use, are weak, in relationships which are

imbalanced, are weak in their mental ability. That is the biggest group I think. That for gay men. For girls, it is almost the same, there is more abuse and I would not say this group is more weak mentally or something, there are a few bright, especially girls who become HIV-positive.

**What kind of risk assessment do you notice both positive and negative MSM take when deciding to have sex?**

I think it is not knowing and not talking to each other. I don't think HIV-negative men can take a risk count, they don't understand how much risk they take, because in Amsterdam specifically, they say one out of five gay men are HIV positive. A lot of those men are going to specific places, you know in certain places, the rate of people who are positive in those bars or darkrooms can be 60-70%. For HIV-negative men, it's difficult to understand what risk they take and they still go there and certain men would still think and hope that the other man would take precautions but I know from the HIV-positive men, they just think, I'm positive already and they should know that if you would be here, there are a lot of HIV-positive men, and you should protect yourself. So I won't talk about my HIV-status, so you have to talk about your HIV-status because you are negative.

**Since you mentioned darkrooms, do you think men who go to darkroom are more optimistic about HIV compared to men who don't?**

Yeah I think so. It's the elder crowd who go to dark rooms most of the times. Men who do not go to darkrooms in the Netherlands are quite optimistic too I think because they have an image of people now getting all the medicine that it is quite easy to live with HIV, if they know people who live with HIV, otherwise they are very afraid and do not want to talk about it. Or they don't want to see it.

**You brought up the issue of medicine, what do you think the MSM scene here in Amsterdam think about HAART? Do they think it is a good thing or a bad thing?**

They think it is a good thing, they think it is a solution. There is a small group discussion that think that the medicine that creates it's an HIV cure. Also the general crowd thinks, it's a solution, that you can live better with HAART, they got the knowledge, but they don't see that there is a lot of negative side effects. And not only taking the medicines, and to live with the virus and the thought that you will never get healthy again. That is something that people don't want to talk about. it is something they block out, it can be any weakness, it is not just HIV/AIDS, it can be cancer. They just don't dare to talk about. it is fear, it just the heavily emotions where people give a place in themselves.

**do you think HIV is still feared now? Compared to the 80s?**

HIV is still feared now, but far less feared compared to the 80s. but it is also blocking it out, the fear in the 80s was far more bigger and people were pretty much aware that

everybody can take the risk, but now I think the fear is still there, but people block it out and people don't want to know.

**Do you think HIV is still a big stigma in the MSM scene here? I'm not talking about the policy sense, but at a social sense.**

Yeah I still see a lot of fear and a lot of people who just don't understand or don't have the knowledge on what HIV is. Also among my friends, I still see that. They still have a lot of questions unanswered and that build up fear.

**What kind of role do you the HIV NGO do they play? What kind of message do they send out? I know on one hand we want to portray people with HIV live longer and on the other we want people to protect themselves and use condoms, where do you think the balance should be?**

I think people should be very clear and give honest information on what you can do and what you can't do. This is very difficult, I think here we got this open mind, happily. We try to cater to all different kind of men, give them all kind of information, on different levels, we think we do. We can do better with this. Last week, we signed contract and signed logos with safe sex zones, which we have been working on a few years. I was talking to one of the organizers of a safe sex party. This party is only about safe sex, men just come in, undress, have sex and go out. And he said "you don't reach our men with your message, you are too, afraid to be in your face, we could be more this and this and showing sex and showing what is going on." We are a bit too cautious and we should be a bit more honest, because men are very open in Amsterdam, they can handle more exact information. They want to know as a HIV-negative man, "dip" an HIV-positive men.

**Dip?**

Fuck without a condom and not cum. They just want to know more. We always got these rules and we have to be very clear about these rules, but we always have the but. We are not clear about the but. What you can do, but provide more solutions, for those who want to go a bit further. All these individuals make all their own choices, and we need to try to keep in contact with them. I sometimes think and I hear also, especially in Amsterdam a big group of men, and I think this also happen in the U.S. that just don't listen anymore, because they don't feel attracted to the message we are sending, we are constantly sending the same message but it is not the message they want to hear. They want to hear more information on what they can do it, and when do they take the risk, how far can they go, and what are the risk they are taking. Like, just the situation I just talked about. someone who is negative fucking someone is positive, what is the risk the negative take when he is the active guy. You have to be more specific and clear what you can do and what you can't do and what the risk is that you take. There is still a lot of questions.

**You mentioned a lot about mix-statuses relations. Do you think the viral load perception play a role in safer sex decisions between partners?**

Yeah, I think it does take a role. There is information buzzing around that it does make a difference. But how much and how far, it's not clear. The buzz is there. I do hear it around me both in my professional and personal circles. So we have to be more clear on that also, is this yes or no more risk we take and does it matter if the viral load is low or high. We don't have the exact numbers if we can say if it is more safe or not.

**I agree, It is really hard to pin-point to say this is your viral load and this is your risk on HIV transmission. Everybody body is difference.**

But it would good for organizations like Schorer or HIV Association who dare to say something about it instead of people trying just say "I am taking medicine and my viral load is low, so we can easily do everything." Where is the boundaries? Where does it stop? If you already can say officially as an organization, "you do take a risk still." Nobody really dare to say it, it is not an official mark for a organization since nobody knows, but it is good for someone to at least say something about it. It's just being a bit more clear and give them some tools to work with.

**You work a lot with young people and older people, which group do you think are more of a risk on having unprotected sex?**

The older group, young gay men and youngsters in general are quite conservative, under the age of 25. Strangely there is a generation before them, my generation, which was completely, they called the X generation. Now the youngster have some kind of morale. I don't know, they have to figure out a lot in the Netherlands. Their morale is very strict. It is more of a group culture, it's different in my generation.

**Which group would be more optimistic about HIV regarding HAART treatment?**

Older group is far more optimistic, I think more optimistic than the youngster. I don't think the youngsters are very optimistic, specifically with young people living with HIV who have the knowledge are not optimistic about HIV at all. They are very positive. They have these perspective that taking this medicine, I don't think they are very positive about the solutions on the table right now.

**What role do you think the media plays on regarding people living with HIV here in The Netherlands?**

As a victim.

**How do you think the population perceives the media's image?**

I think the same as a victim.

**Is there anything else you would like to add that we haven't talked about yet?**

The connections between a lot of the organization and the gay community in Amsterdam, this is a huge problem. We just don't reach these men, and they show their backs towards us. I don't know. Is it just interest? Also the fear, also said about that. They just don't like to talk about weakness or see weakness. It is some kind of living very clear life, "I don't want to have anything to do with it."

**I have been reading a study on HIV prevention fatigue and it talks about the same message over and over again.**

I really think this really applies to the Netherlands I think. It's not only the message, it's the community, it falls apart. Not everybody feels connected with the community in general. The communities are actually breaking up. Last month I was a meeting on the gay side, it was about the less and less gay youngster going to the gay bar. They go to other bars. We also lose them. if you have to pin point where the youngsters go in Amsterdam, I do know they go to the Exit and Youll, even there you don't see the whole group of youngsters. In the past there was the COC where there is a meeting spot for youngsters and they used to have parties, which is not really going on anymore

**That is the first thing I notice, I asked where is the gay community, since I am used to looking for one in a new area and there isn't one.**

There isn't one. There is a community, there is a few organizations, specifically volunteer organizations, like Gala and Trut.

**Yeah the trut..**

yeah you went to the trut right? The trut is wonderful, like the tranny shack in San Francisco. The trust has been going on for a while. Gala is a volunteer organization that organize safer sex parties, Sex on Sundays from them and underwear parties. And they go on once every two weeks or something.

**Condoms are available there, do you think people use them?**

On these safe sex parties, they have condoms for a long time, a few of them have very strict rules on safe sex, if people don't use condoms, they get kicked out. But I also have been to other parties where the organizers say "we can't do this because it is too much work, because there are like 2,000 men having sex everywhere."

**Wow 2,000 men?**

Yeah it happens, like the Leather Pride party earlier in November, which was in the dark room. It was huge. We don't even see them here for information about safe sex. I don't

know what they are doing regarding safe sex at their parties. They may hand out one or two condoms, which is kind of expensive for them. so I don't know. Certain organizers are very strict and active for safe sex and they want to keep their place clear, also because they are afraid the local government maybe in the future to say you have to quit and take away your license to host any party. Maybe it will happen eventually. A few of the organizers have everything, they have gloves, condoms, tissues. The parties here compared to anywhere in the world, there are sleazy.

**I haven't heard much about it.**

There is a huge sex party scene here, of course the cruisy bars, plus the darkrooms it's part of it. Leather bars, day and night. You can go from noon to midnight even pass that. A big group of guys go there. Amsterdam have 3 groups, the trendy group, the Dutch scene and the hard gay scene (leather). Every weekend there is a sex parties; there is one on different kind of levels. They can have over 200 men having sex.

Interview III

Location: Office

November 23, 2007

Length: 45 minutes

**So tell me about your involvement with the HIV/AIDS scene here in The Netherlands.**

I am involved in several levels. I have been involved with HIV/AIDS for 18 years at the Schorer as a buddy and that was in 1988, almost 20 years ago. One year later, I started working at the AIDS help line, now it is called the HIV STD help line. I am very involved with it. I am HIV-positive myself, found that out 6 years ago, back in 2002. I had many friends who died of HIV/AIDS, I have friends in a circle. HIV is in my life on both a personal and professional level. I am starting a new job within this organization, focusing on prevention program on ethnics minorities background living in The Netherlands.

**I am hoping you can talk on both your personal and professional level. What kind of risk assessment do you think MSM who are both positive and negative take when deciding having protected sex?**

Well it is difficult, what I see as a professional and also in my surroundings, most people now a day know their status up to 5 years ago, people did not know their status, because HIV testing is not common in The Netherlands. We had this policy where it is not beneficial for people to know their status. Now it changed luckily, and more and more people are getting tested. What I do see, also as a professional on the help line, people who are HIV positive, they take risk, they have sex without a condom, also who are negative or who don't know their status, they take risk and most of it afterwards they say "oh shoot I should have used a condom, I was either drunk or under the influence of drugs or in the heat of the moment or is too horny" they don't think about it. Another big thing, a lot of people depend on the attitude of the other person. If the other person does not talk about using a condom, the person does not bring it up on the first place. It just depend on the other person, sometimes they think "ok he might be negative too, so he doesn't talk about condoms" or otherwise also think "he might be HIV-positive too, since he does not discuss condom use." That is what I hear in my professional work also, among friends who are positive. Yeah it depends, in some people really discuss their HIV status and decide to use condoms, when it is known that both are positive, they stop using condoms. It's a mutual agreement

**How common do you see that especially about condom negotiation on the help line? Do you hear many excuses to rationalize their decision to have unprotected sex?**

Yeah people rationalize it, probably the risk is not too high. they say ok and they ask for stats, so ok you can say one person having unprotected sex, it's 3% chance every time

they get infected. We don't give these figures out on the telephone but we know these figures, since a lot of research are done on this. People want to know figures and stats and they would use that to rationalize what they have done. On a personal level, I am in a steady relationship for 9 years and we use condoms all the time. It is not an issue.

**May I ask is your partner HIV-positive or negative?**

He is positive too. But we still use condoms, we never discuss stop using condoms, since it is so normal, we are so used to it. And I think we love having sex with condoms. That is one of the advantages in being in a steady monogamous relationship is that you don't have to think about the outside world, even though we are both HIV-positive, condoms is one of the steps we do when we have sex.

**Yeah I agree, there are different strands of HIV out there and medication resistance between people living with HIV.**

That is true, that is one reason. I am not really convinced that there are different strands of HIV. I don't believe that virus can be more aggressive.

**Do you think HIV is still a threat in the Dutch society? Do you think people are afraid of HIV?**

Yeah I think so, I think people are quite afraid of HIV, it depends. I see more and more people who know someone living with HIV who live normally and happily. This really takes away a lot of ignorance and a lot fears about HIV. But still in the general public, there is a lot of fear and ignorance about HIV. There are people who don't know about it. Like this man I was just on the phone with, he had safe sex but he was so paranoid, he was so afraid that he might have contracted HIV. But yeah, I wouldn't call it a threat, since HIV is a really focusing on certain group in The Netherlands, like gay men or people from migrant countries. They are more vulnerable and more at risk than the average population.

**why do you think this is the case?**

The prevalence is much higher among MSM and with specific minority background. The prevalence is much higher. We see in the average heterosexual Dutch population, it's very low. But luckily it is one thing to keep it low. That is why you need good information and prevention programs.

**Do you think HIV is still a stigma in the MSM scene at all?**

It is not a topic easily talked about. You don't see many people in bar or gay community saying they are HIV positive, I know we have this Take Care, you might heard of it, each year in November for 1 week, we are trying to involve the gay community, especially the gay bars and saunas and so on, in asking attention for HIV prevention and care for people with HIV. It never really worked. Because we had an action, we had an activity in

the bar, very few people show up. We saw a lot of reluctance from bar owners and the public. Most the attitudes from people are I'm out, I'm out of work, I don't want to talk about HIV, I don't want to be woke up with HIV, that didn't really help. I think HIV is a big taboo in the gay community.

**You mentioned people are not public about their status, what would happen if someone would go to the bar and say "hey I'm HIV positive" what kind of reaction do you think people would have?**

People would say "why you tell me, why should I bother, why would I care?" I haven't tried it, I have never been to the bar and told anyone I'm positive. A couple years ago, I was ill, I was very ill, after I recover I went out. I met up with someone who was positive, I told him briefly about my story and he said "I have to go to the bathroom" and never came back. And he called himself an HIV activist. So far for AIDS activism, maybe he was having a bad evening, maybe this is one story too many that I don't want to hear, but I felt very denied. I felt very hurt and shocked, and sadden about. another thing, after I came out as HIV positive to another guy who is also positive, he completely ignored talking about it, he was much younger, he started complaining it was much worst for a younger gay man. He was like 15 years younger than I was. He is also involved in HIV work, he also calls himself an HIV/AIDS activist. So I think it is little support. yeah it is still stigma, still taboo on HIV and AIDS.

**When it comes to mix-status pairs, either in relationships and just a sexdate, do you think viral load plays a role in the decision on using condoms at all?**

I'm not sure. I think people in the heat of the moment, people will just do it and rationalize it later. They don't really discuss it. Some people actually do discuss it, looking out of other people's health and their own health. there is a sort of optimism on that part. They say ok, if I don't cum in this person, it will be a lower risk. I think it plays some role, if they are on anti-viral medication, it is easy to say my viral load is so low, it is more or less safe. I think definitely it plays a role in specific for those who know they are positive. I think this is more common in steady relationship, since you talk about it.

**You mentioned medication, what do you think the general Dutch MSM scene think about combination therapy? There are so many different messages out there about combination therapy from NGOs, the media, their peers.**

I think they think it is a savior. It saves their lives. Thanks to these medications, we keep on living and have normal lives. That is the main things. For 10-11 years it is available in the Netherlands, it really save people lives.

**So do you think a lot of Dutch MSM believe that, do you think this influence their decision on having sex?**

That is what you hear quite often, that they are on medication, if I get infected I get the medication. It is logical to think that, but I don't have any proof or hear people actually saying that. But I don't hear that on the help line. No one calls in and say I am taking risk and if I get the virus I go get myself check and I get the medication. It may be on the psychological and deep emotional level, people think the fear of death is gone. We see many people living. Maybe unconsciously it might play a role, but I doubt it that is a consciously decision that I know that medication is available and I will get it if I need it. I am not sure.

**That is fine, there is not much research on it.**

It is interesting, it is an interesting topic to research, but you hear it all the time. You hear people who are no longer afraid, you go to the doctor, they think too lightly about it. And the insurance covers it all.

**So you mentioned a bit on saunas and darkrooms, do you think people who go to these places are more optimistic about HIV compared to those who just find someone at the bar and bring home for sex?**

Interesting question, I think people who go to saunas or darkrooms, they look for more adventure and more excitement or the horny kind of stuff. And my interpretation is, they tend to take more risk from people around me, there is a lot of risk taking, especially in darkrooms quite a lot of unsafe sex going around and I think the sex part is one part of it, but I think it is wider. I think it is also have to do with their lifestyles, there are people who take drugs, who like to drink a lot or to have a risky life and go to the saunas, darkrooms and the park to have sex. They intend to take more risks, I think it is more of a physical thing, they have to have sex without a condom because they think it feels like plastics and don't feel anything, it's like the animal coming out or something like that. On the other hand, if you go to the bar and pick someone up bring him home and have sex there, I think there is a lot of unsafe sex going on because there is just, there you have more moments to really think what kind of sex I am going to have, am I going to use a condom, yes or no, I also know from the help line, if they have condoms ready next to their bed but still fail to use them, so I think people in saunas because really in the heat of the moment, it's brief sex, everything is brief, you go more with the flow. Whereas, more neutral surroundings like a house or a bedroom, I think people might behave differently.

**Do you think any difference between optimism between young people and old people? For example, someone in their 20s and someone in their 40s. do you think there is a difference in attitudes with HIV between the two age groups?**

Not really, I think people say there is a difference, where young people don't care. But I also people in my age in their 40s don't care either. There is also optimism you see. People 40 and over are more cynical, young people are not more cynical, they are more optimistic, they want to fuck around and want to enjoy life and explore life. Whereas

people in my generation are more bored and more cynical, of course I am generalized, therefore they are taking more risk. Therefore they tend to take more risks, especially for people who don't care or have many disappointments in their lives, such as a lost lovers or other disappointment, I see from my generation, especially not in a healthy relationship, they get so disappointment and bored. They are also optimism, but they are more cynical, more negatively.

**What kind of role do you think the media play when it comes to portraying someone who is HIV-positive?**

It is a difficult relationship, not many people come out on newspaper or TV.

**I am also referring to sitcoms and shows that writers write for entertainment.**

Basically, I think they try to raise the issue, I think it is done mostly in a positive way, to raise awareness, to inform people. I think that the media doesn't play a negative role at all. It is so funny, I was reading earlier today, this announcement from the HIV association, poz and proud, they publish a book. One of the coordinators states in his letter that "HIV is more or less not a deadly disease, but the media portray gay men as the spread of the disease" I thought, where do you get that information, because I do not see it at all. He refers that as stigma, but I refer to that as self-stigma, he put stigma upon himself. He put that as a quote in the announcement in the book presentation. He states that "that now a days by the outside world that gay men are seen as the spread of HIV more and more." I don't recognize that at all, especially in The Netherlands. I totally disagree with him, he refers to one example on the internet saying gay men are the spread with HIV and they should be locked up. But there is so much rubbish on the internet. On every subgroup you can find negative things on the internet. I look at him as not stigmatizing but as self-stigmatizing.

**So what kind of face do you think media paints that the shows? You say it is a positive one, but what kind of face**

There are not pitiful or sad people. They usually portray as strong people, survivors, heroes, as people who learn to live with their virus.

**Since the media sends out this positive image, we want to send two messages, one that people living with HIV live longer and on the other hand we want people to use condoms, where do you think the balance should be on this part? To me it is a bit of a mixed message.**

They should be next to each other. It's more on health promotion, if you want to prevent HIV and STIs and pregnancy, use condoms. I think that can be one message and on the other hand, people with HIV can live normal lives. It should go hand in hand, but I not very convinced it is a conflict with each other. on the other hand, people with the HIV can be used on giving information, not as "don't be stupid like I was" or "don't get

the virus that I got” and more on a neutral and informative level that people can protect themselves and the only way to protect themselves is use condoms. It is important for people with HIV not to contact other STIs, so yeah I think it can go hand in hand.

**Is there anything else you want to add that we haven't talked about?**

Well I think the whole HIV is facing challenges, there is optimism and there is a right to have optimism, since people are no longer dying, but still you have to be realistic, we have to keep looking for new tactics on bringing across the messages. We have to focus on specific target groups also in the MSM community, there are so many different gay men, leather men, men who don't go to bars, internet men. We really have to focus on specific groups. That is the challenge for all HIV NGOs. Yeah there is a certain optimism and it's ok, but use it in an informative way.

Interview IV  
 Location: Office  
 November 26, 2007  
 Length: 25 minutes

**So tell me about your involvement in the HIV/AIDS scene here in the Netherlands?**

The treatments of people with HIV are concentrated in hospitals that are appointed by the government to treat people with HIV. Each of those hospitals have nurse specialists, extract from working from the outpatient clinic like me who work with this group of patient. So I am a nurse specialist and I work for people with HIV.

**Do you deal with treatment side of it? Psychological side of it?**

It is sort of in between everything. Of course we are nurses; we don't do any bed nursing. We give lifestyle advice, we give psychological support, we know a lot about the disease the complication and what belongs when human beings are ill to HIV and when can he go to his GP or doesn't have to do anything. We know the side effect of medication, how to take them and how it work and try to explain that to the patient. We do medical trials as nursing and we know all the patients with HIV in this hospital. When they are admitted in the ward, we visit them, so we follow them through their life. They can phone us everyday with questions or can make an appointment.

**That is great I have been working with the HIV community for a while and in the states we have one person for the clinical side and one person for the psychological side and one person for the funding side etc. it is great that people living with HIV can come to you first. Do you work with a lot with HIV+ MSM at all?**

Yeah of course, the majority of the patients in Holland are gay men. Of course in Africa and other countries it is different. But in Europe and especially in Holland it is the majority of the patient. I think the average 78% of all people with HIV are gay men. We have 700 patients in this hospital, we are the 4<sup>th</sup> biggest hospital in Holland that treat HIV people.

**How many years have you been working in the HIV/AIDS community?**

I have been working with people living with HIV for 15 years already. So I have seen a change, when it first started. Everyone died in the beginning and now almost everyone lives and go on.

**In your experience, have you seen any trends at all between HIV+ MSM and sexual behaviors?**

I think a feel year a go, 10 years ago, there was more safe sex than there is now. Of course there is now a new generation of patients who hardly know anything about HIV. I

think the population of 15 years ago knew had friends who are HIV positive or died of it. Now there is a new generation who doesn't know much, sometimes they don't even know people with HIV. So the population is different.

**So you mention generations, do you think there is an age difference just on condom usage among MSM? For example, is there a difference between condom usage between someone in their 20s compared to someone in their 40s?**

Yeah, I think younger people have less safe sex. I hear who are just infected, sometimes I do have safe sex and sometimes I do not have safe sex. I don't know why. Perhaps they don't see the danger or they think there is medication.

**Do you get a lot of younger patients?**

Our youngest patient is now 19 years old. We had a few, but it is not a big population. Often when they come here, sometimes they are a few years positive. or have a regular test with the GGD 6 months before they were negative and 6 months later they are positive.

**From your experience with working with HIV+ MSM, do you think men take any risk assessments before having sex either safe or unsafe?**

Of course we always trying to talk to people about safe sex, they are well aware the need for it. When they often say, when it happens it happens. Sometimes when the other party doesn't want to use a condom it is ok with me. Some say "I just have safe sex, without a condom I won't do it", I think this is a minority. People do think of it, I don't know what they were planning.

**Do you think people really try to use condoms especially with the HIV+ men you work with?**

It is difficult to say, lately we see a lot of STDs, than you see that they don't have safe sex. It is of course when they are here they tend to give answers that they think would please me. There are very few that would admit that they would never have safe sex. Majority would say I would try to have safe sex then we see the STDs, which is an indication they are not having safe sex.

**Do you think HIV is still a threat in the MSM community?**

Yes they are scared to death. There is still a stigma between MSM.

**When it comes to mix-status couples, do you think viral load plays a role in having protected sex or not?**

That is something an item in the last year, we still give advice that it is not completely safe. Because the virus in sperm is bigger amount than in the blood. What you can do is tell them what you know. I think people still take that risk because of we see a change of HIV status in partners. The majority of HIV positive people with partners without HIV are staying that way.

**Regarding medications, do you think it plays a role in the decision on using condoms?**

I think so, people on medication who have an undetectable viral load tend to have unsafe sex. We don't discuss sex every time with our patients, but there is a movement of people who start to ask with about having unprotected sex with an undetectable viral load.

**What kind of perceptions do you think MSM think about HAART?**

I think people who are not infected think it is a good thing. When people are infected, they are afraid of it because of the side effects and the necessity of taking medications. It is just a few people who would say I would like to start HAART right away. I don't think the people who are HIV negative think of HAART at all, it is too far to imagine.

**When it comes to darkrooms, do you think the people who go there are more likely to have unprotected sex?**

Absolutely, because I hear the stories. That is what I think is a bit change compared to 10 years ago. They were intending more to have safe sex.

**Do you think HIV negative men just decide to have unprotected sex because they believe the medications would help them if they get infected?**

Yes, I think it is rather common. There are also people who just don't really believe that they can be infected. It is not in their perception. We see people who are negative 6 months ago and they are positive 6 months later, how is it possible.

## Appendix II – AIDS Optimism Models

### Australia

Paul Van de Ven: 2000

1. A person with a blood testing showing undetectable HIV viral load cannot pass on the virus
2. If taken early enough, combination therapies can cure HIV infection.
3. Taking combination therapy is simple and straightforward
4. An HIV-positive person who is on combination therapy is unlikely to transmit HIV
5. Combination therapies appear to be effective in preventing serious illness for most people living with HIV
6. I'm less worried about HIV infection than I used to be.

Paul Van de Ven: 2000

1. A person with undetectable viral load cannot pass on the virus
2. I'm less worried about HIV infection than I used to be
3. New HIV treatment will take the worry out of sex.
4. If every HIV-positive person took the new treatments, the AIDS epidemic would be over.
5. If a cure for AIDS were announce, I would stop practicing safe sex.
6. People with undetectable viral load do not need to worry so much about infecting others with HIV.
7. Until there is a complete cure for HIV/AIDS, prevention will still the best practice.\*
8. The availability of treatment (PEP) immediately after unsafe sex makes safe sex less important.
9. HIV is less of a threat because the epidemic is on the decline.
10. HIV/AIDS is a less serious threat than it used to be because of new treatments.
11. It's never safe to fuck without a condom regardless of viral loads.\*
12. Because of new treatments fewer people are becoming infected with HIV.

\*reverse score these items

Paul Van de Ven 2002

1. New HIV treatments take the worry out of sex
2. HIV is less of a threat because the epidemic is on the decline
3. HIV/AIDS is a less serious threat than it used to be because of new treatment

R.S. Gold 2003

1. What is the chance that you will become infected with HIV sometime during the next four years?
2. What is the chance that the average gay man your age will become infected with HIV sometime during the next four years?

## USA

John Peterson:

1. Most of my friends, think you should always use a condoms when having anal sex
2. Most of my friends do use condoms these days when they have anal sex
3. Because of these drugs, HIV is a less serious threat than it used to be
4. I practice safe sex less often now because new medical treatments for HIV/AIDS have come along
5. In the past 3 months, have you had anal sex with your main partner where you were the receptive partner and you did not use a condom?
6. in the past 3 months have you had anal sex with your main partner where you were the inserting partner and you did not use a condom?
7. in the past 3 months have you had anal sex with a casual sex partner where you were the receptive partner and you did not use a condom?
8. in the past 3 months have you had anal sex with a casual partner where you were the inserting partner and you did not use a condom

David Huebner

1. How frequently in the last 2 months had they engage in insertive and receptive anal intercourse with a condom? without a condom without ejaculating in their partner? without a condom ejaculating in their partner?
2. With all the new AIDS drugs, I'm not that concern about getting HIV
3. I'm not the concerned about catching HIV since there will probably be a cure by the time I get sick
4. My sexual behavior is risky for catching or spreading HIV

David Ostrow

1. Because of combination drug treatments for HIV, I'm less concern about becoming HIV positive or infecting someone
2. when I am high or drunk I find it more difficult to stay within my sexual limits
3. I feel tired of always having to monitor my sexual behavior
4. it would be more difficult for an HIV positive person to infect a partner through unsafe sex if the HIV positive person was taking combination drug treatments
5. I like wild 'uninhibited' sexual encounters

## The Netherlands

Ineke Stolte's study on HIV-negative men

1. I am less threaten by the idea of being HIV positive than I used to be.
2. I am less worried about HIV infection than I used to be.
3. I think HIV/AIDS is less of a problem than it used to be.
4. I think HIV/IDS is less serious threat than it used to be because of new HIV/AIDS treatments.
5. I am much less concerned about becoming HIV positive myself because of new HIV/AIDS treatment.
6. I think that condom use during sex is less necessary now that new HIV/AIDS treatments available.
7. I think that someone who is HIV positive now needs to care less about condom use.
8. I think that the need for condom use is less than it used to be, because you can always start new treatments.
9. I think that someone who is HIV positive and uses new HIV/AIDS treatment can be cured.
10. I think that new HIV/AIDS treatment can eradicate the virus from your body.

## Works Cited

1. Cdc. HIV/AIDS Surveillance Report. US Department of Health and Human Services. 2007.
2. De Boer, Im, Elm Op De Coul, Fdh Koedijk, Mg Van Veen, Al Van Sighem, and Mjw Van De Laar. HIV and Sexually Transmitted Infections in the Netherlands in 2005. RIVM. 2006.
3. Delaney, Martin. "History of HAART – the True Story of How Effective Multi-Drug Therapy Was Developed for Treatment of HIV Disease." 2006 International Meeting of the Institute of Human Virology, Baltimore, USA. 17 Nov. 2006. 2 Dec. 2007 <<http://www.pubmedcentral.nih.gov/articlerender.fcgi?artid=1716971>>.
4. Farrand, Bull. "A Brief History of HIV." The Body Sept.-Oct. 2007. <<http://www.thebody.com/content/art43596.html>>.
5. Gold, R.s., and H.m. Aucote. "'I'M Less At Risk Than Most Guys': Gay Men's Unrealistic Optimism About Becoming Infected with HIV." International Journal of STD & AIDS 14 (2003): 18-23.
6. Hospers, H.j, T.t Dörfler, W Zuilhof, and A.m. Nijman. Schorer Monitor 2007. Schorer Homo Lesbisch Gezond. 2007.
7. Huebner, David M., Gregory M. Rebchook, and Susan M. Kegeles. "A Longitudinal Study of the Association Between Treatment Optimism and Sexual Risk Behavior in Young Adult Gay and Bisexual Men." Journal of Acquired Immune Deficiency Syndrome 37 (2004).
8. McDonald, Ann, ed. HIV/AIDS, Viral Hepatitis & Sexually Transmissible Infections in Australia Annual Surveillance Report 2007. National Centre in HIV Epidemiology and Clinical Research. 2007.
9. Ostrow, David E., Kelly J. Fox, Joan S. Chmiel, and Anthony Silvestre. "Attitudes Towards Highly Active Antiretroviral Therapy are Associated with Sexual Risk Taking Among HIV-Infected and Uninfected Homosexual Men." AIDS 16 (2002).
10. Peterson, John L., and Roger Bakeman. "Impact of Beliefs About HIV Treatment and Peer Condom Norms on Risky Sexual Behavior Among Gay and Bisexual Men." Journal of Community Psychology 34 (2006): 37-46.
11. Positivewords. "The Big Three: Nausea, Fatigue and Diarrhea." The Body 2003. <<http://www.thebody.com/content/treat/art4860.html>>.
12. Stolte, Ineke G., John B.f. De Wit, Arne Van Eeden, Roel A. Coutinho, and Nicole H.t.n Dukers. "Perceived Viral Load, But Not Actual HIV-1-RNA Load, is Associated with Sexual Risk Behaviour Among HIV Infected Homosexual Men." AIDS 18 (2004).
13. Stolte, Ineke G., Nicole H.t.m Dukers, Ronald B. Geskus, Roel A. Coutinho, and John B.d. De Wit. "Homosexual Men Change to Risky Sex When Perceiving Less Threat of HIV/AIDS Since Availability of Highly Active Antiretroviral Therapy: a Longitudinal Study." AIDS 18 (2004).
14. Thompson, Justina. "What is a Viral Load?" The Body Fall 1998. <<http://www.thebody.com/content/treat/art499.html>>.
15. Tversky, Amos, and Daniel Kahneman. "Availability: a Heuristic for Judging Frequency and Probability." Cognitive Psychology 5 (1973).

16. Van De Ven, Paul, June Crawford, Susan Kippax, and G Prestage. "A Scale of Optimism-Scepticism in the Context of HIV Treatments." AIDS Care 12 (2000): 171-176.
17. Van De Ven, Paul, Patrick Rawstone, Tamo Nakamura, June Crawford, and Susan Kippax. "HIV Treatments Optimism is Associated with Unprotected Anal Intercourse with Regular and with Casual Partners Among Australian Gay and Homosexual Active Men." International Journal of STD & AIDS 13 (2002).
18. Van De Ven, Paul, Susan Kippax, Stephanie Knox, Garrett Prestage, and June Crawford. "HIV Treatments Optimism and Sexual Behavior Among Gay Men in Sydney and Melbourne." AIDS 13 (2000).
19. Interview I. Personal interview. November 20, 2007
20. Interview II. Personal interview. November 23, 2007
21. Interview III. Personal interview. November 23, 2007
22. Interview IV. Personal interview. November 26, 2007.