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REVEALIVES

2

FINDINGS FROM THE
ALL-IRELAND GAY MEN'S SEX
SURVEYS, 2005 AND 2006

Daniel McCartney
Mirjam Bader
Susan Donlon
Ford Hickson
Mick Quinlan



REAL LIVES 2

FINDINGS FROM THE
ALL-IRELAND GAY MEN'S SEX
SURVEYS, 2005 AND 2006

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Mirjam Bader* >> The Rainbow Project

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>> **Real Lives 2**

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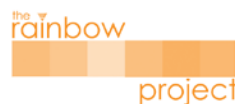
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Published by the Gay Men's Health Service, HSE and The Rainbow Project
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- Health Protection Agency and Health Protection Surveillance Centre for permission to use graphs and statistical information.

<<

>> FOREWORD

Both the Gay Men’s Health Service (formerly the Gay Men’s Health Project) and The Rainbow Project are members of the Gay Health Network (GHN) that carried out the important *All-Ireland Gay Men’s Sex Survey* in 2000. The report of that survey was entitled ‘Vital Statistics Ireland’ (Carroll et al., 2002) and henceforth in this report is referred to as VSI 2000. Since 2003, the Gay Men’s Health Service (GMHS) has organised the annual web-based survey in conjunction with The Rainbow Project and Sigma Research. The results of the 2003 and 2004 survey were published in a report entitled ‘Real Lives’ (Devine et al., 2006).

The GMHS was established in 1992 and is part of the statutory health services in the Republic of Ireland. The Rainbow Project, which was established in 1993, is a non-governmental organisation (NGO) based in Northern Ireland. The work programmes of both the GMHS and The Rainbow Project are based on needs identified through our work with clients, as well as through our involvement with GHN, other networks and groups. In addition, our work also draws upon international HIV prevention and sexual health promotion programmes for gay and bisexual men.

As part of our commitment to research-based programmes, we carried out additional All-Ireland Gay Men’s Sex Surveys in 2005, 2006, 2007 and 2008. The primary aims of these surveys were to:

- Identify some of the sexual health and HIV prevention needs of gay and bisexual men;
- Continue to provide an insight into a community that sexual health providers are targeting;
- Generate data that can be used to inform future interventions and services.

This final report was made possible by the work of Daniel McCartney, Centre for Global Health, Trinity College Dublin and by inputs from Mick Quinlan, GMHS, Ford Hickson, Sigma Research, Mirjam Bader, The Rainbow Project and Susan Donlon, Gay Health Network. Sigma Research has many years of experience in researching the social and sexual activity of gay and bisexual men. The Centre for Global Health endeavours to strengthen health systems through an interdisciplinary and multinational approach to critical analysis, research-in-action and capacity building. As such, both organisations provided invaluable insight and experience for this research report.

The findings from this Real Lives 2 and previous reports (VSI 2000 and Real Lives), and the recently launched Towards Meeting The Health Care Needs of LGBT People (HSE), the HIV Education and Prevention Plan (National AIDS Strategy Committee), the Sexual Health Strategy Northern Ireland, the Supporting LGBT Lives Report (BeLonG To Youth Service, GLEN and HSE), all outline the needs and recommend initiatives from safer sex to healthy lifestyle, and delivering social supports. These recommendations and frameworks only help to reinforce the need for a co-ordinated approach, along with capacity and resource-building for local initiatives, in and outside Dublin and Belfast, even at a time of economic difficulties. Partnerships and communication by frontline HIV, STI/GUM and community HIV and LGBT services, as delivered by GHN and its members, perhaps hold the key for the future.

Mick Quinlan, Manager,
Gay Men’s Health Service,
Health Service Executive

Mirjam Bader,
Director,
The Rainbow Project

<<

>> EXECUTIVE SUMMARY

The findings outlined in this report show that individual behaviours are complex and variable. Of the respondents, half of the men living in the North and two-thirds of the men living in the South did not live in or near Belfast or Dublin. One-third were aged under 24, rising to just over half for those aged under 30. One in twelve men did not identify as White Irish or White British. 18% had sex with both men and women, while 77% identified as gay and 14% bisexual, 10% did not usually use a term. Interestingly in the face to face VSI 2000 survey the respective rates were 86%, 7% and 5% (Carroll *et al.*, 2002) perhaps showing that since 2003, the internet surveys are reaching a more diverse group of men.

42% had a regular male partner while one fifth lived with a male partner, similar to VSI 2000. Reflecting the legalisation in Northern Ireland in 2005, nearly 9% of men in this study were in civil partnership with another man. In 2007 there were 131 registered male couples and 108 female couples (NISRA, 2008). In the meantime in the Republic of Ireland, there are increasing demands and actions for same sex marriage and/or partnership rights and 62% of the population support civil marriage rights for same sex couples (Marriage Equality, 2009).

The report identifies key needs around HIV. Half of respondents were not aware of their HIV status and this was higher among men not living in or near Dublin and Cork. Of those testing, nearly 5% were HIV positive or 2% of all respondents. Notably, two-thirds of the men aged under 24 and 62% of men who had sex with both men and women had never tested for HIV. Most respondents (98%) continued to see HIV as a serious medical condition.

The respondents to this and other gay sex surveys are sexually active. Of all the sexual acts, oral sex was most common, accounting for 99%, while 86% experienced anal sex. 70% had more than one sexual partner in the last year, 73% had sex with a man whose HIV status they did not know. 44% had unprotected anal intercourse in the last year. Inconsistent condom use was associated with condom failure. A fifth of the men felt that the sex they had wasn't always as safe as they would like.

In this report, 53% had never visited an STI or HIV testing clinic. Of those who had, the overall experience was positive yet dissatisfaction was also significant: quality of service varied, with a quarter of men not feeling able to talk to clinic staff about the risks involved with the sex they have. 16% were not offered an HIV test, 13% did not feel they were treated with courtesy and respect, 15% would not recommend that clinic to another gay man. An opportunity exists for services to study these reports and also attempt to improve quality of service; therefore a further breakdown of this data will be offered to STI/GUM services in a separate report.

In other countries, Hepatitis C is becoming an issue for MSM and in this report 40% of respondents had tested for Hepatitis C. Of these, 2.6% had tested positive or 1% of the entire sample.

At the time of this study, no information existed about post-exposure prophylaxis (PEP), yet 22% had heard of PEP. Nearly three quarters (73%) of the total respondents would consider taking PEP if exposed to HIV, while another 25% would maybe consider taking it. A PEP information booklet was published in 2008 by GHN and distributed widely, but awareness of the availability of PEP for use as a preventative intervention needs to be increased by health services, in partnership with key statutory organisations and NGOs.

This and other reports continue to highlight the use of recreational drugs and alcohol. 85% used alcohol followed by poppers, cannabis, ecstasy, cocaine, Viagra and speed. Of concern is the re-emergence of the use of poppers (nitrite inhalants), which can be a key factor in facilitating the transmission of HIV. 43% of men who had sex in the last year used poppers. Four in ten men (40%) smoked tobacco. Notably, men who considered themselves much more attractive or somewhat more attractive scored highest for alcohol, drugs and tobacco usage. Concern about usage of alcohol, drugs, and tobacco was significant: 75% wanted to stop smoking tobacco, 31% were concerned about their alcohol usage, and 20% concerned about their drug usage.

Social needs and potential peer education activities are important in promotion awareness among MSM. The climate for LGBT people is changing in Ireland both North and South, yet this and other studies (Mayock *et al.*, 2008; Doherty J, 2009) show that the possibility of physical and verbal attacks is ever present. In this report, 7% reported that they were physically attacked in the previous year and 28% verbally abused (higher among younger men). Reporting of these attacks was quite low, with 45% feeling that the Police/Gardaí could do nothing.

It is recognised, through HSE-supported research (Mayock *et al.*, 2008; Rainbow Support Services, 2009) and the report LGBT Health (HSE, 2009), that both schooling and societal negative experiences for LGBT people can lead to mental health and self-harm issues. Yet people are resilient and with adequate support and resources this can be improved. A significant number of respondents (40%) in this report did not know where to go if they wanted to make new friends (higher for those living outside Dublin and who were younger). Eight in ten (80%) men would like more ways to meet men that did not revolve around sex and one in two (50%) men would like to be more involved in promoting the health of gay and bisexual men.

This study shows nine in ten (90%) men expected disclosure of HIV positive status from sexual partners, with half of men who had tested positive disagreeing with this statement. Studies and reports from The Stamp Out Stigma Campaign 2007-2008 included an understanding of possible HIV-related stigma and discrimination concerning disclosure (www.stampoutstigma.ie). This present report shows that further work is required in this area, including support around disclosure for HIV positive people. As part of their remit, the authors and GHN are committed to challenging stigma and discrimination relating to HIV and AIDS among the LGBT and MSM communities in Ireland.

The final chapter in this report summarises the main points of the study, along with a discussion on the implications for planning programmes and policies to meet the needs of gay and bisexual men and other men who have sex with men. We commend this report for further discussion among planners and service providers in Ireland, North and South. <<

>> **GLOSSARY AND STATISTICAL SIGNIFICANCE**

TERM	WHAT IT MEANS	FURTHER EXPLANATION OF ITS USE IN THIS REPORT
AIDS	Acquired Immunodeficiency Syndrome	A stage of HIV infection, caused by severe damage to the immune system which can lead to opportunistic infections
Concordant	A person has the same HIV status as their partner	This means that both partners are HIV positive or that both partners are HIV negative
Discordant	A person has a different HIV status to their partner	This means that one partner is HIV positive while the other partner is HIV negative
GUM	Genito-Urinary Medicine	This involves the investigation and management of sexually transmitted infections (STI) and HIV
HIV	Human Immunodeficiency Virus	An infectious agent often acquired during sex between men
IAI	Insertive anal intercourse	Active partner in anal intercourse
IUAI	Insertive unprotected anal intercourse	Active partner in anal intercourse without a condom
RAI	Receptive anal intercourse	Passive partner in anal intercourse
RUAI	Receptive unprotected anal intercourse	Passive partner in anal intercourse without a condom
STI	Sexually Transmitted Infection	Infectious agents (including HIV) acquired during sex
UAI	Unprotected anal intercourse	Anal intercourse without a condom

The tables and figures presented in this report are the valid responses for each question, that is, they exclude people who did not answer the particular question. For example, not all respondents provided information on where they lived. Thus, in tables of responses broken down by area of residence, the number of ‘all’ respondents is greater than the sum of respondents across all areas.

All group differences highlighted in this report are significant at the 5% level ($p < 0.05$) level. This means that if we had done the survey multiple times, this difference would probably be observed in fewer than one in twenty of the surveys, purely by chance. <<

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>> 1 INTRODUCTION

>> 1.1 BACKGROUND

This report highlights the main findings of the *All-Ireland Gay Men's Sex Survey* (GMSS) in 2005 and 2006. The information in this report is about HIV infection, sex between men and HIV prevention needs. The intended audience includes people involved in planning and delivering programmes to address the HIV prevention needs of men who have sex with men (MSM).

HIV is a major health hazard for gay and bisexual men in Ireland and MSM will be a major part of the HIV epidemic for the foreseeable future. Government HIV and sexual health reports in both the Republic of Ireland and the United Kingdom acknowledge the gay community as a population to engage with and accommodate when planning and implementing health promotion strategies. It is also acknowledged that HIV transmission among MSM continues to rise. Research is an important way to guide these strategies and this report on the results of the 2005 and 2006 surveys is a significant contribution to that end.

Since the publication of *Real Lives* in 2006, HIV infection rates have continued to rise in Ireland, both North and South. There has also been an increase in the prevalence of other sexually transmitted infections (STIs) such as syphilis, chlamydia and gonorrhoea, which are indicators of sexual activity and which can also increase the risk of HIV co-infection. <<

>> 1.2 RECENT SOURCES OF DATA FOR HIV PREVENTION PROGRAMME PLANNING

While HIV is not a notifiable disease in either the Republic of Ireland or in Northern Ireland, both have a system of voluntary reporting. In the Republic of Ireland, the National Virus Reference Laboratory in Dublin carries out all confirmatory HIV tests. Its results are recorded and collated using a special anonymous coding system. This information is passed to the Health Protection Surveillance Centre (HPSC). In Northern Ireland, the UK's Public Health Laboratory Service co-ordinates the Survey of Prevalent HIV Infections Diagnosed (SOPHID) which counts individuals with diagnosed HIV infections who use HIV-related services.

A number of studies about HIV and sex have been carried out among gay men in Ireland. In 1988, the Gay Health Action surveyed 265 men at gay venues in Dublin (GHA, 1989); and in 1991, the then Eastern Health Board surveyed 481 men (Quinlan *et al.*, 1992). In 2000, a larger survey of 1,400 men recruited at Gay Pride and gay social venues throughout Ireland resulted in a report titled 'Vital Statistics Ireland' (VSI 2000 Carroll *et al.*, 2002). Since 2003, six *All-Ireland Gay Men's Sex Surveys* have been conducted via the internet, with an average response of between 800 to 1,200 men. Information from the 2003 and 2004 surveys were published in the report 'Real Lives' (Devine *et al.*, 2006). This current report reflects the surveys conducted in 2005 and 2006. <<

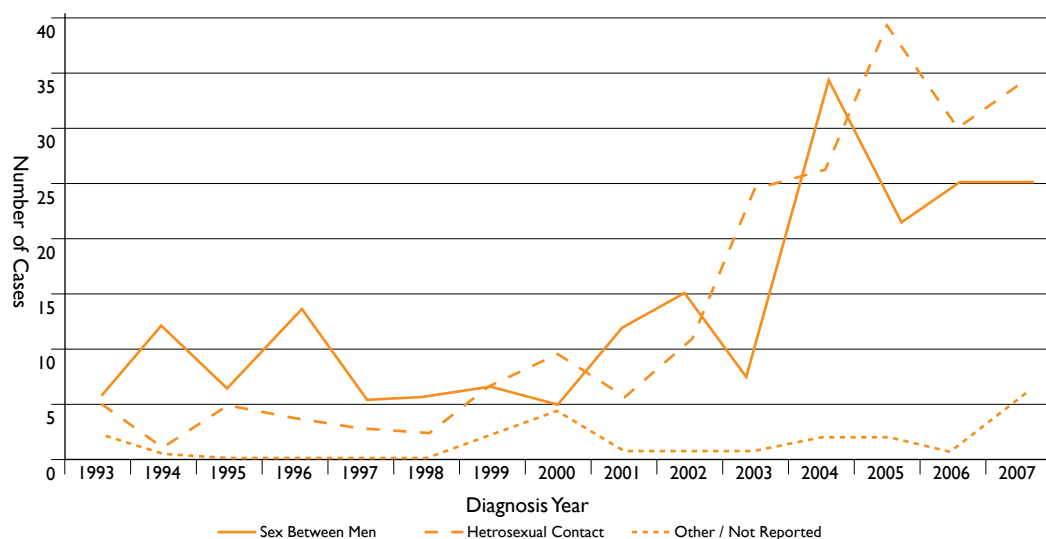
>> 1.3 SEX BETWEEN MEN AND HIV INFECTION IN IRELAND

In the Republic and Northern Ireland, the age of consent for sexual activity is 17 years of age.

Between January 2005 and December 2007, a further 284 men who have sex with men were diagnosed with HIV on the island of Ireland, representing an increase of 30% since 2004. This brings the cumulative total to 1,231 MSM; 186 in the North and 1,045 in the South (HPA, 2008c; HPSC, 2008d).

In Northern Ireland, the total number of people who have been diagnosed with HIV was 539 at the end of 2007 (HPA, 2008c). Almost half (48.4%) of these cases were among MSM, which represents 71.7% of all men who were infected through sex. Of the 65 newly diagnosed cases in 2007, 25 (38.5%) were reported among MSM (HPA, 2008c).

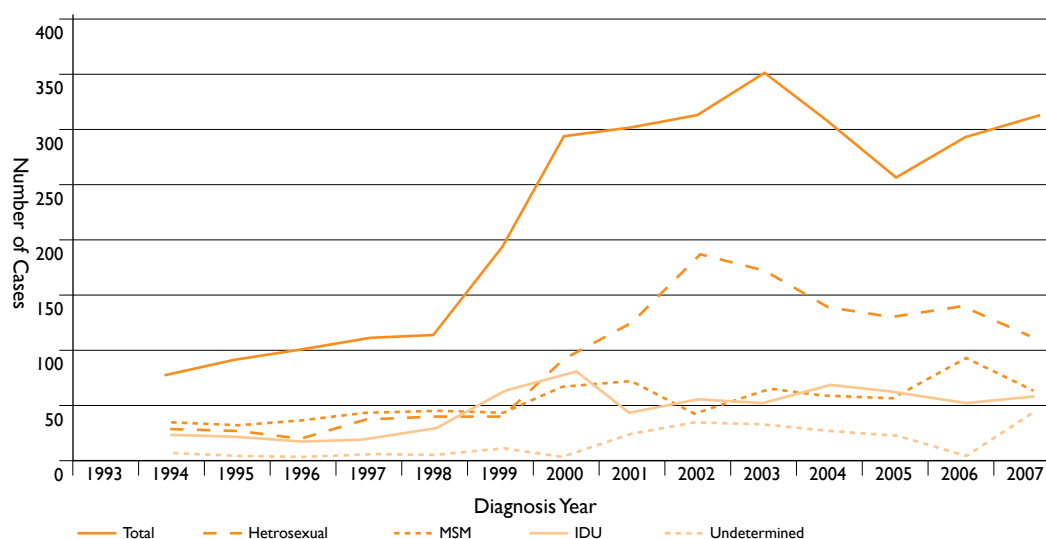
The Health Protection Agency reported a 17% increase from 2006 to 2007 in the number of HIV-infected individuals accessing HIV-related care in Northern Ireland to a total of 378, with just under half (49.2%) infected through sex between men (HPA, 2009). Of concern was a small percentage of individuals not currently on antiretroviral therapy who were at a high risk of opportunistic infections due to late diagnosis (HPA, 2009).



>> Figure 1.1: Newly diagnosed HIV infections in Northern Ireland by probable route of transmission, 1993- 2007 (Health Protection Agency, 2008c)

In the Republic of Ireland, 4,781 people had been diagnosed with HIV by the end of 2007. Of these, just over one fifth (21.9% or 1,045 men) were MSM (Health Protection Surveillance Centre, 2008a). MSM continue to be a population at higher risk in Ireland, contributing a significant share of HIV incidence among all men infected through sexual intercourse. Of the 362 newly diagnosed HIV cases in 2007, 75 (20.7%) were among MSM (HPSC, 2008d).

The HPSC reported a particular concern that 28 of the newly diagnosed cases in 2007 were diagnosed with AIDS at the same time as HIV diagnosis, and therefore did not have the opportunity to benefit from treatment prior to AIDS diagnosis (HPSC, 2008d). As stated by the HPSC, “this highlights the importance of HIV testing services in all the appropriate settings, as diagnosis at an early stage in the course of HIV infection facilitates early intervention and treatment” (HPSC, 2008d).



>> Figure 1.2: Newly diagnosed HIV infections in the Republic of Ireland by probable route of transmission, 1994-2007 (Health Protection Surveillance Centre, 2008b)

The burden of other STIs continues to increase among MSM, with high rates of syphilis and Hepatitis outbreaks in both Belfast and Cork. In Northern Ireland, 78% (n=180/258) of syphilis cases involved MSM to the end of 2007, with the highest number of cases among men aged 25 to 44 years (66%: n=116/177) (HPA, 2008b). While the initial outbreaks were linked to an outbreak among MSM in Dublin, the majority of cases among both MSM and heterosexuals have been acquired in Northern Ireland (HPA, 2008b).

In the Republic of Ireland, 509 of the reported early syphilis (infectious) cases between 2000 and 2006 were among MSM, and most commonly occurring in the 25-34 year old age group (41%; n=210/509) with an age range of 18 to 67 years. Of the 509 MSM cases, 96 (19%) were among men who were HIV positive. Concurrent sexually transmitted infections (STIs) were relatively common, with 21% of MSM (n=106/509) having an STI other than HIV or syphilis. While the number of syphilis cases has decreased since 2002, the number of reported early stage cases in 2006 is evidence that the syphilis outbreak which started in Dublin in 2000 has continued its endemic phase, with the incidence of infection at a higher level than that seen prior to 2000 (HPSC, 2008a). At the time of this report, there was a further increase in the yearly cases of syphilis in 2007 and 2008 (HPSC, 2008c). <<

>> 1.4 HIV HEALTH PROMOTION FOR GAY MEN IN IRELAND

HIV prevention and sexual health promotion work for gay and bisexual men in Ireland is carried out by a combination of non-governmental organisations, gay community services, and the statutory health services. Many of these are involved or support the All-Ireland Gay Health Network (GHN).

There is one specialised statutory service in the Republic of Ireland, the Gay Men's Health Service (GMHS) in Dublin. There are also some gay NGO projects that get a portion of their funding from the state through the local Health Authorities. Most other cities have NGO HIV prevention and care projects that are broad based, but that include gay men as a particular client group, with varying levels of targeted services for this group. There are a range of voluntary gay community organisations throughout the country that provide sexual health information and support. Since 2000, some funding in the Republic of Ireland has been made available to local groups. There are LGBT centres such as Outhouse Dublin, Dundalk Outcomers, Rainbow Limerick, The Other Place and L.inC Cork. A notable development is BeLonG To Youth Service based in Dublin. It has developed a network of LGBT youth services in the above places and Tipperary and Donegal. Also since 2007, the HSE has provided some funds to the LGBT Pride events committees in Derry, Galway, Limerick, Cork, Waterford and Dublin.

GMHS has held six of the annual All-Ireland Gay Health Forums, has carried out training on homophobia and heterosexism and has worked with Johnny (gay peer action group) to continue to distribute the 'Rubber Up' safer-sex packs. Outreach and counselling services are in demand and provided at Outhouse. The GMHS-run STI clinic is busy, with men attending from all parts of Ireland. For the two years 2006 and 2007, there were over 10,000 visits; of the first-time attendees, 51% were aged under 30. In these two years there were 3,150 STI screens, 2,200 HIV tests, 2,500 syphilis tests and 1,500 men completed the Hepatitis B vaccine course. GMHS diagnosed 80 new syphilis cases and there were 40 HIV diagnoses. The GMHS outreach and counselling services at Outhouse continue to be in demand (GMHS, 2008a).

The Gay Health Network (GHN) has produced and distributed four information booklets on safer sex, HIV and PEP and with GMHS, has conducted two information campaigns on syphilis awareness and testing and worked with BeLonG To Youth Service and The Rainbow Project to produce information aimed at younger gay and bisexual men. Reflecting recent demographic change and inward migration, the Health Service Executive (HSE) has made funding available for the translation of publications and websites to make them more accessible to men from other countries. Notably, over a third of new attendees registering at the GMHS clinic were born outside the island of Ireland (GMHS, 2008b). The newly designed GHN website www.ghn.ie now includes all publications in nine languages. GHN also launched a newsletter "On The One Road" in 2008 and continues to produce and distribute this to over 400 agencies and groups on the island of Ireland on a quarterly basis and is also available on the website.

In Northern Ireland, The Rainbow Project receives sexual health-orientated funding from the Department of Health, Social Services and Public Safety (DHSSPS) (funding provision for HIV and sexual health work will move from here to

the Health Protection Agency in 2009) and across the four Health and Social Services Boards (Northern, Southern, Eastern and Western). However, funding in the Western Board area is the only recurrent funding which The Rainbow Project receives and no other financial assistance is guaranteed. The Rainbow Project is supporting a Sexual Health Worker from its own resources.

The Rainbow Project has continued to distribute safer-sex packs in gay bars and clubs throughout Northern Ireland. Its work with saunas in Belfast involves provision of safer-sex packs for customers and partnership work with the Genito-Urinary Medicine Department of the Royal Victoria Hospital to provide sexual health satellite clinics in the saunas in response to the recent Hepatitis A outbreak. Rainbow also managed the Positive Voices programme, which ran from 2004 to 2006, a cross-border initiative providing respite residential weekends to those affected by HIV, specifically those affected by social exclusion and/or rural isolation. In addition, the initiative led to the production of the All-Ireland Charter of Rights for HIV Positive Persons.

A Sexual Health Strategy for Northern Ireland was published in 2008 and lists gay and bisexual men and commercial sex workers as two of only three priority groups. Hopefully this will ensure adequate funding of sexual health work in the region. <<

>> 1.5 RESEARCH NEEDS

Since the publication of the first Real Lives report in 2006, a number of important surveys, reports and policies related to the health of gay and bisexual men and other men who have sex with men have been published in both Northern Ireland and the Republic of Ireland. These publications include:

- Department of Health and Children (DOHC) – *The Irish Study of Sexual Health and Relationships* (DOHC, 2006)
- Crisis Pregnancy Agency – *Relationships and Sexuality Education (RSE) in the Context of Social, Personal and Health Education (SPHE)* (Mayock et al., 2007)
- BeLonG To Youth Service – *Drug Use Amongst Lesbian, Gay, Bisexual & Transgender Young Adults in Ireland* (Sarma, 2007)
- Health Protection and Surveillance Centre (HPSC) – *Epidemiology of Syphilis in Ireland, 2000-2006* (HPSC, 2008a)
- Department of Health, Social Services and Public Safety (DHSSPS) – *Sexual Health Promotion Strategy & Action Plan, 2008-2013* (DHSSPS, 2008)
- Irish College of General Practitioners (ICGP) – *Lesbian, Gay & Bisexual Patients: The Issues for General Practice* (Allen, 2008)
- Stamp Out Stigma Campaign – *HIV-Related Stigma and Discrimination in Ireland Today* (Stamp Out Stigma Campaign, 2008)
- Department of Health and Children (DOHC) – *HIV and AIDS Education and Prevention Plan 2008-2012*. The Educational and Prevention Sub Committee of the National AIDS Strategy Committee, Dublin: (DOHC, 2008)
- Gay Health Network (GHN) – *Summary Review and Action Plan 2008-2010* (GHN, 2008)
- Department of Health and Children (DOHC) – *National Men’s Health Policy 2008-2013* (DOHC, 2009)
- BeLonG To Youth Service, GLEN and the HSE National Suicide Office – *Supporting LGBT Lives: a study of the mental health and well-being of lesbian, gay, bisexual and transgender people* (Mayock et al., 2009)
- Rainbow Support Services – *‘Proud Voices’: An exploratory study into the needs of LGBT Young People in the counties of Limerick, Clare and Tipperary* (Rainbow Support Services, 2009)
- Health Service Executive (HSE) – *LGBT Health: Towards Meeting the Health Care Needs of Lesbians, Gay, Bisexual, and Transgender People. Report and findings from a mapping exercise undertaken for the HSE National Social Inclusion Governance Group* (HSE, 2009)

- Rainbow Project NI – *Through Our Eyes – Perceptions and Experiences of Lesbian, Gay and Bisexual People towards Homophobic Hate Crime and Policing in Northern Ireland* (Rainbow Project 2009)

One important aspect of the All-Ireland Gay Men’s Sex Surveys is that they inform the work of strategy and implementation bodies. This in turn necessitates the continuation of funding and support for local and national gay health organisations that can undertake such research.

However, without precise data about the size and composition of the LGBT population in Ireland, it is not possible to determine the extent to which research is representative of the population. Information on the size and key health indicators of any population group are critical in order to meet the population’s healthcare needs, monitor changes in health status and address any health issues particular to that group.

In both Northern Ireland and the Republic, the national population census does not collect data on sexual orientation. However, information collected by the 2006 census on the 121,800 cohabitating couples living in the Republic of Ireland provides an indication. 2,090 (1.71%) were same-sex couples, representing a 61% increase since the 2002 census and two-thirds were male couples (CSO, 2007). The Irish Study of Sexual Health and Relationships provides further evidence of the population size: 3.5% of male respondents did not identify as heterosexual, while 7.3% indicated some same-sex attraction (DOHC, 2006). <<

>> 2 AIMS AND METHODS

>> 2.1 CONTEXT

The Gay Health Network and its constituent groups have developed a close relationship with Sigma Research since 2000. In 2002, it was noted by Sigma Research that a significant number of men completing its annual Vital Statistics survey on the internet were living in the Republic of Ireland and Northern Ireland. Since this was a UK-wide survey, the data from the Republic had to be discarded. Given the obvious level of interest in participation, Sigma and the then Gay Men’s Health Project (now Gay Men’s Health Service) discussed how future studies could be developed to collect information that would be of interest to health promoters in Ireland. Following the surveys in 2003 and 2004, further funding was secured for fieldwork and data cleaning for a survey in 2005 and 2006.

In general, the same questions were used in the All-Ireland surveys as used in Sigma’s British surveys. However, there were some changes to reflect regional differences, such as questions regarding area of residence, civil partnerships and the readership of publications. In order to inform future strategies and to evaluate previous policies that affect gay and bisexual men, it is imperative to conduct an annual survey. The ‘Real Lives 2’ report reflects the surveys from 2005 and 2006 and future reports will be produced, as the survey was also conducted in 2007 and 2008. <<

>> 2.2 STUDY AIMS

The aims of this study are to collect and make available a current snapshot of sexual behaviours related to HIV transmission and HIV prevention needs among gay and bisexual men in Ireland, to inform programme planning and policies and to act as a baseline for future studies.

The target audience for the current report is everyone engaged in reducing the HIV incidence during sex between men in Ireland, be it by funding, designing, planning, implementing or researching interventions. As many men’s HIV prevention needs are met while interacting with a wide variety of services, the target audience for this report includes all those who provide social and health services to gay and bisexual men and other men who have sex with men. <<

>> 2.3 METHODS

The surveys were designed by Sigma Research and were available online between July and October in 2005 and 2006 on a specific website (www.sigmasurvey.org.uk), promoted via links on many LGBT-related social and health websites and HIV-related websites in Northern Ireland and the Republic of Ireland. Two commercial websites (www.gaydar.co.uk and www.gay.com) conducted substantial paid promotion of the surveys. A special banner or button was placed on these websites or chat rooms, which would bring respondents to the questionnaire when clicked. A paid advertisement promoting the survey website was also placed in *GCN*, a widely distributed LGBT community magazine in Ireland, North and South.

To be included in this sample, respondents were (1) male; (2) aged 14 or over; (3) be living in Northern Ireland or the Republic of Ireland; and (4) have had sex with a man in the last year. Men who had not had sex with a man in the last year were also included in the 2005 survey if they indicated an expectation of having sex with a man in the future and in the 2006 survey if they indicated having a gay, bisexual or other ‘queer’ identity.

Sigma Research carried out cleaning and coding of the dataset in SPSS and an initial data report was submitted to GMHS and the Rainbow Project. The Centre for Global Health at Trinity College Dublin conducted further data analysis for the purposes of producing this full report on the 2005 and 2006 *All-Ireland Gay Men’s Sex Surveys*. <<

>> 3 SAMPLE DESCRIPTION

This chapter describes the final sample of 1,165 men who responded to the internet-based survey in 2005 and the 856 men in 2006. All respondents were living on the island of Ireland: the Republic of Ireland and Northern Ireland. The majority of all respondents indicated having had sex with a man in the previous year. While most questions were asked in both 2005 and 2006, some were only included in either year. Where possible, comparisons are made with the results of the previous *All-Ireland Gay Men’s Sex Surveys* in 2000, 2003 and 2004. <<

>> 3.1 REGION OF RESIDENCE

Men were asked: **Which country do you currently live in?** The number of men included in the sample is shown in the table below and includes the number of respondents in the previous surveys for comparison. This report includes all men who indicated living in the Republic of Ireland or Northern Ireland.

COUNTRY OF RESIDENCE	2000		2003		2004		2005		2006	
	n	%	n	%	n	%	n	%	n	%
Northern Ireland	233	18.7	340	33.0	274	31.6	294	25.2	213	24.9
Republic of Ireland	1011	81.3	690	67.0	594	68.4	871	74.8	643	75.1
Total	1244	100.0	1030	100.0	868	100.0	1165	100.0	856	100.0

The ratio of respondents from both countries has become consistent at approximately 3:1, with 75% from the Republic of Ireland and 25% from Northern Ireland. This is similar to the distribution of the total male population in both countries (CSO, 2007; NISRA, 2008).

Men in Northern Ireland were asked: **Which Health Board area do you live in?** and were asked to choose from the following Health and Social Services Boards (HSSB): Eastern, Northern, Southern or Western.

AREA OF RESIDENCE BY HEALTH & SOCIAL SERVICES BOARD (NORTHERN IRELAND)	% 2005 (n=294)		% 2006 (n=213)	
	n	%	n	%
Eastern HSSB	166	56.6	117	54.9
Northern HSSB	53	18.0	38	17.8
Western HSSB	37	12.6	32	15.0
Southern HSSB	34	11.6	22	10.3
Unknown	4	1.4	4	1.9

Men in the Republic of Ireland were asked: **What County do you live in?** From this answer, men were allocated to the four Health Service Executive (HSE) regions: Mid-Leinster, South, West or North East. <<

AREA OF RESIDENCE BY HEALTH SERVICE EXECUTIVE REGION (REPUBLIC OF IRELAND)		2005 (n=871)			2006 (n=643)		
		n	%	n (%)	n	%	n (%)
Dublin City and County	Dublin	320	36.7	320 (36.7%)	199	30.9	199 (30.9%)
HSE Mid-Leinster	Kildare	12	1.4	29 (3.3%)	10	1.6	22 (3.4%)
	Laois	3	0.3		1	0.2	
	Longford	1	0.1		0	0.0	
	Offaly	3	0.3		0	0.0	
	Westmeath	5	0.6		3	0.5	
	Wicklow	5	0.6		8	1.2	
HSE South	Cork	153	17.6	203 (23.3%)	93	14.5	133 (20.7%)
	Carlow	1	0.1		4	0.6	
	Kerry	12	1.4		10	1.6	
	Kilkenny	8	0.9		4	0.6	
	Tipperary	10	1.1		7	1.1	
	Waterford	14	1.6		9	1.4	
	Wexford	5	0.6		6	0.9	
HSE West	Galway	38	4.4	89 (10.2%)	17	2.6	50 (7.8%)
	Clare	6	0.7		3	0.5	
	Donegal	7	0.8		5	0.8	
	Leitrim	0	0.0		1	0.2	
	Limerick	22	2.5		17	2.6	
	Mayo	10	1.1		2	0.3	
	Roscommon	3	0.3		0	0.0	
	Sligo	3	0.3		5	0.8	
HSE North East	Cavan	0	0.0	22 (2.5%)	2	0.3	17 (2.6%)
	Louth	11	1.3		5	0.8	
	Meath	10	1.1		10	1.6	
	Monaghan	1	0.1		0	0.0	
Unknown	Unknown	208	23.9	208 (23.9%)	222	34.5	222 (34.5%)

For the purposes of this report, Dublin City and County is used as an additional area and Tipperary is included in HSE South, as these counties are split between two HSE regions. Also, a large proportion of respondents from the Republic of Ireland have an unknown residence, probably due to the need for survey respondents from the Republic to manually input the name of the County they reside in.

Overall, approximately one-third of respondents from the Republic were living in Dublin (36.7% in 2005; 30.9% in 2006) and one-sixth in Cork (17.6% in 2005; 14.5% in 2006). In Northern Ireland, over half of respondents lived in or near Belfast (56.6% in 2005; 54.9% in 2006). This over-representation compared to population estimates is due to the geographical focus of the gay community in these urban centres.

For comparison purposes, the four HSE regions, Dublin City and County and Unknown, and the four Health and Social Services Boards (HSSB) in Northern Ireland are used in the remainder of this report.

- **51.9% of respondents lived near the urban areas of Dublin, Cork and Belfast <<**

>> 3.2 AGE

The age profile of the sample was similar in 2005 and 2006. In 2005, the mean age was 30.0 years and 31.2 years in 2006. The following table shows the number of respondents in each of the identified age groups.

AGE GROUPS	% 2005 (n=1163, missing 2)			% 2006 (n=853, missing 3)		
	Northern Ireland (n=291)	Republic of Ireland (n=871)	Overall (n=1163)	Northern Ireland (n=212)	Republic of Ireland (n=641)	Overall (n=853)
19 years old or under	14.4	9.1	10.4	9.9	8.4	8.8
20 – 24 years old	23.3	25.1	24.7	17.5	22.3	21.1
25 – 29 years old	21.6	21.8	21.8	20.8	24.8	23.8
30 – 39 years old	21.2	27.3	25.8	23.1	25.6	25.0
40 – 49 years old	14.4	11.6	12.3	18.4	14.2	15.2
50 years old or over	5.1	5.1	5.1	10.4	4.7	6.1

In both 2005 and 2006, approximately one-third of respondents were aged 24 or younger (35.1% in 2005; 29.9% in 2006), while over half were under the age of 30 years (56.9% in 2005; 53.7% in 2006). For the purposes of this report, men in their 20s have been split into two age groups (20-24 years and 25-29 years).

- **Nearly one-third of men were aged 24 or younger and over half were under the age of 30** <<

>> 3.3 ETHNICITY

Men were asked: **What is your ethnic group?** and were asked to select a category that best identified their ethnicity. The following table shows the number of respondents in each of these categories.

ETHNIC GROUPS	% 2005 (n=1164, missing 1)			% 2006 (n=855, missing 1)		
	Northern Ireland (n=294)	Republic of Ireland (n=870)	Overall (n=1164)	Northern Ireland (n=212)	Republic of Ireland (n=643)	Overall (n=855)
White Irish	38.4	88.7	76.0	32.1	86.8	73.2
White British	57.8	4.4	17.9	62.3	4.2	18.6
White other	1.4	4.5	3.7	1.4	6.4	5.1
Asian	1.0	0.7	0.8	0.5	0.3	0.4
Mixed	1.4	0.5	0.7	1.4	0.8	0.9
Black	0.0	0.0	0.0	0.0	0.2	0.1
Other	0.0	1.3	0.9	1.9	1.1	1.3

The distribution of ethnic groups was similar in 2005 and 2006. A significant majority of the sample identified with a ‘White’ ethnicity (97.6% in 2005; 96.9% in 2007). Only 1.8% (n=28) and 2.0% (n=26) identified with a different ethnicity in 2005 and 2006 respectively.

As might be expected, the majority of respondents from Northern Ireland identified themselves as ‘White British’ and approximately one-third as ‘White Irish’. In the Republic of Ireland, the vast majority identified as ‘White Irish’ with a small minority identifying as ‘White British’ and ‘White other’ (approximately 5% each).

However, ethnicity does not accurately characterise the diversity of the gay male community in Ireland. Recent data from the Gay Men’s Health Service (GMHS) reported that 37% of new attendees registering at the clinic were born

outside the island of Ireland, representing an increase of approximately 40% from 2004 (GMHS, 2008b).

- **6.8% of respondents identified with an ethnicity other than White Irish or British**

In the remainder of this report, men are grouped into the following ethnic groups to make comparisons across other variables: White Irish, White British, White other and Other (including Asian, Mixed, Black and Other). <<

>> 3.4 EDUCATION

Men were asked: **How many YEARS of full-time education have you had since the age of 16?** and were offered the responses: None / 1 year / 2 years / 3 to 5 years / 6 or more years. This question was modified in 2004 from previous years to better compare education levels among men from different countries, education systems and age groups, instead of asking for the highest educational qualification obtained. The following table illustrates the education profile of the sample.

YEARS OF FULL-TIME EDUCATION SINCE THE AGE OF 16	% 2005 (n=1164, missing 1)			% 2006 (n=852, missing 4)		
	Northern Ireland (n=293)	Republic of Ireland (n=871)	Overall (n=1164)	Northern Ireland (n=213)	Republic of Ireland (n=639)	Overall (n=852)
None	12.6	3.7	5.9	16.4	4.9	7.7
1 year	9.6	3.7	5.2	7.5	3.3	4.3
2 years	16.4	12.2	13.2	12.7	12.5	12.6
3 to 5 years	33.4	41.9	39.8	33.8	39.9	38.4
6 or more years	28.0	38.6	35.9	29.6	39.4	37.0

In this sample, a higher proportion of men living in the Republic of Ireland had participated in full-time higher education, compared to men living in Northern Ireland. For the remainder of this report, men are grouped into three education levels: Low (0 years post 16), Medium (1-2 years post 16), and High (3+ years post 16). Over three-quarters of respondents (75.7% in 2005 and 75.4% in 2006) had obtained a high level of education.

- **Over three-quarters of respondents had participated in full-time higher education <<**

>> 3.5 RELIGIOUS PRACTICE (2005)

In the 2005 survey, men were asked a question to capture religious diversity: **What religion do you currently practice?** and were offered the six options in the table below plus space for specifying other religions.

CURRENT RELIGIOUS PRACTICE	% 2004	% 2005 (n=1155, missing 10)		
	Overall (n=851)	Northern Ireland (n=293)	Republic of Ireland (n=862)	Overall (n=1155)
I do not currently practice a religion	42.2	45.1	50.8	49.4
Christianity	53.8	50.9	44.0	45.7
Buddhism	4.0	1.7	0.9	1.1
Paganism		1.0	0.9	1.0
Islam		0.3	0.8	0.7
Judaism		0.0	0.6	0.4
Other		1.0	2.0	1.7

Almost half (49.4%) of all men said they did not currently practice a religion, a substantially higher proportion when compared to the general population (CSO, 2007; Office for National Statistics, 2004). Of the other half (54.3%) who indicated they did currently practice a religion, 90.3% practiced Christianity and non-Christian religions accounted for 4.9% of responses. These proportions are similar to those in the 2004 survey. The Other groups included (and the number of men indicating them): Atheism (4), Spiritualism (3), Wicca (2), Quaker (1), Hinduism (1) and Kabbalah (1).

- **Approximately half (49.4%) of respondents do not currently practice a religion <<**

>> 3.6 GENDER OF SEXUAL PARTNERS AND SEXUALITY

Men were asked a number of questions relating to the gender of their sexual partners in the previous year. For study inclusion purposes, men who indicated that they had not had sex with men in the last year in the 2005 survey were asked: **Do you expect to have sex with a man in the future?** and were offered the responses: Yes, Not sure, No. Men who indicated No to the second question were excluded from the sample. In the 2006 survey, men who indicated they had not had sex with a man in the last year and gave no indication of a gay, bisexual or queer identity from a question about sexual identity were excluded. <<

>> 3.6.1 GENDER OF SEXUAL PARTNERS

Respondents were asked: **In the last 12 months have you had sex with...?** and were offered the options: No one, Women only, Both men and women, Men only. The following table shows the gender of respondents' sexual partners in the previous year.

GENDER OF SEXUAL PARTNERS IN LAST 12 MONTHS	% 2005 (n=1165)			% 2006 (n=856)		
	Northern Ireland (n=294)	Republic of Ireland (n=871)	Overall (n=1165)	Northern Ireland (n=213)	Republic of Ireland (n=643)	Overall (n=856)
Men only	75.5	70.3	71.6	79.8	78.7	79.0
Both men and women	17.3	19.6	19.1	12.7	13.4	13.2
Women only	1.0	4.9	3.9	0.5	1.2	1.1
No one	6.1	5.2	5.4	7.0	6.7	6.8

Overall, 6.0% of the combined sample had no sexual partners in the previous year and 2.7% had sex with women only. Of the remaining 91.3% who had sex with men in the last year, 14.1% also had sex with women and 74.7% had sex with men only. This means 18.2% of all men that were homosexually active in the last year, were also heterosexually active in the same time period.

- **74.7% of the sample are men who exclusively had sex with other men, while 18.2% of men who had sex with men also had sex with women. <<**

>> 3.6.2 SEXUAL IDENTITY (2006)

In 2006, respondents were asked: **What term do you usually use to describe yourself sexually?** They were required to select one of: *Gay, Bisexual, I don’t usually use a term, Any other term.*

SEXUAL IDENTITY	% 2000	% 2004	% 2006 (n=856)		
	Overall (n=1274)	Overall (n=868)	Northern Ireland (n=213)	Republic of Ireland (n=643)	Overall (n=856)
Gay	85.7	72.7	77.5	77.1	77.2
Bisexual	7.1	18.7	11.7	14.8	14.0
I don’t usually use a term	4.6	7.7	10.8	8.1	8.8
Other	2.6	0.9	0.0	0.0	0.0

Over three-quarters (77.2%) of men in the sample described themselves as ‘Gay’, 14.0% as ‘Bisexual’ and 8.8% indicated that they don’t usually use a term for their sexuality. No respondents indicated the use of other terms. Overall, this is similar to the responses in the 2000 and 2004 surveys.

Of the men who identified as gay, 90.0% (n=595) had sex with men only in the last year, while 50.0% (n=60) of men who identified as bisexual had sex with both men and women. Of the men who indicated that they did not usually use a term for themselves sexually, the majority of these men (54.7%) had sex with men only, while the remaining indicated having sex with both men and women in the last year.

- **77.2% of the sample identified as ‘Gay’ and 14.0% as ‘Bisexual’** <<

>> 3.7 REGULAR SEXUAL RELATIONSHIPS & CIVIL PARTNERSHIPS

Men were asked: **Do you have one (or more) regular MALE sexual partner?** and **Do you have one (or more) regular FEMALE sexual partner?** The following table highlights the responses for both questions.

REGULAR PARTNERS IN THE LAST YEAR	% 2005 (n=1037, missing 128)			% 2006 (n=832, missing 24)		
	Northern Ireland (n=287)	Republic of Ireland (n=850)	Overall (n=1037)	Northern Ireland (n=205)	Republic of Ireland (n=627)	Overall (n=832)
No regular	47.4	41.1	42.7	47.8	49.1	48.8
Female only	7.0	12.7	11.3	2.0	5.7	4.8
Both male and female	3.5	3.6	3.6	4.9	3.7	4.0
Male only	42.2	42.6	42.5	45.4	41.5	42.4

Overall, similar proportions of men indicated having a regular male partner in 2005 and 2006 (42.5% and 42.4% respectively); 11.3% had a regular female partner in 2005 and 4.8% in 2006. A smaller proportion indicated both, with 2.6% in 2005 and 4.0% in 2006.

- **Approximately 42% of men had a regular male sexual partner**

In the United Kingdom, the Civil Partnership Act came into effect on 5 December, 2005, enabling same-sex couples to obtain legal recognition of their relationship. Up to the end of 2007, a total of 239 civil partnerships were registered in Northern Ireland, of which 131 (54.8%) were to male couples and 108 (45.2%) to female couples (NISRA, 2008). Same-sex relationships are not recognised in the Republic, however a report by Marriage Equality (2009) highlighted that 62% of the Irish population were in favour of extending civil marriage rights to same-sex couples.

In the 2006 survey, respondents in Northern Ireland were asked: **Are you currently in a civil partnership with a man; in a marriage with a woman; or in neither of these?** Of respondents from Northern Ireland who answered (n=208), 8.7% (n=18) indicated they were in a civil partnership and 5.8% (n=12) indicated they were married to a woman.

- In Northern Ireland, 8.7% of respondents were in a civil partnership with another man <<

>> 3.8 NUMBER OF SEXUAL PARTNERS

Men were asked: **In total, how many MEN have you had sex with in the last 12 months?** and were offered six responses. The following table shows the proportion of men choosing from each response.

NUMBER OF MALE PARTNERS IN THE LAST YEAR	% 2005 (n=1143, missing 22)			% 2006 (n=850, missing 6)		
	Northern Ireland (n=286)	Republic of Ireland (n=857)	Overall (n=1143)	Northern Ireland (n=211)	Republic of Ireland (n=639)	Overall (n=850)
None	7.3	10.3	9.5	7.6	8.0	7.9
One	17.8	21.1	20.3	23.2	23.6	23.5
2, 3 or 4	34.3	30.1	31.1	28.0	33.6	32.2
5 to 12	22.4	22.2	22.2	22.3	19.1	19.9
13 to 29	11.5	10.2	10.5	13.3	9.5	10.5
30+	6.6	6.2	6.3	5.7	6.1	6.0

In the previous year, approximately 70% (70.1% in 2005; 68.6% in 2006) had more than one male sexual partner, while over a third (39.0% in 2005; 36.4% in 2006) had more than four male sexual partners. Nearly one-fifth (17.0% in 2005; 16.5% in 2006) indicated having more than 13 male partners in the last year.

- Approximately 70% of men had more than one male sexual partner in the last year, while over one-third had more than four partners <<

>> 3.9 SELF-RATED ATTRACTIVENESS (2005)

In the 2005 survey, respondents were asked a question related to self-image to determine men’s perception of themselves as being more or less attractive than other men. During survey preparation, health promoters were concerned that a perception of unattractiveness might influence sexual risk behaviours or have higher levels of unmet HIV prevention needs (Hickson et al., 2007).

The question asked men: **Compared to other men your age, do you consider yourself to be...?** and were offered the options: *much more attractive than average*; *somewhat more attractive than average*; *about average attractiveness*; *somewhat less attractive than average*; *much less attractive than average*?

SELF-RATING OF ATTRACTIVENESS	% 2005 (n=1164, missing 1)		
	Northern Ireland (n=294)	Republic of Ireland (n=870)	Overall (n=1164)
Much more attractive than average	5.8	6.3	6.2
Somewhat more attractive than average	25.9	33.1	31.3
About average attractiveness	53.7	50.2	51.1
Somewhat less attractive than average	11.9	8.5	9.4
Much less attractive than average	2.7	1.8	2.1

Slightly over half of the respondents (51.1%) indicated that they thought they were of about average attractiveness. Among the other half, far more felt they were above average (37.5%) than felt they were below average (11.4%).

- **51.1% of men feel they were of about average attractiveness compared to other men their age, while 11.4% felt they were below average <<**

>> 3.10 HOUSEHOLD LIVING ARRANGEMENTS (2006)

In the 2006 survey, men were asked: **Who do you live with?** and required to tick all that applied from the following list: *I live by myself; male partner; female partner; children; other family members; friends; other people.*

HOUSEHOLD LIVING ARRANGEMENTS	% 2000	% 2006 (n=854, missing 2)		
	Overall (n=1288)	Northern Ireland (n=213)	Republic of Ireland (n=641)	Overall (n=854)
Live alone	29.5	39.4	25.9	29.3
Live with male partner	20.7	19.2	18.6	18.7
Live with others not male partner	49.8	41.3	55.5	52.0

Overall, 29.3% (n=250) indicated that they lived alone, with significantly more men living alone in Northern Ireland (39.4%) compared to the Republic of Ireland (25.9%). A similar proportion of men in both the North and South indicated that they lived with a male partner, with 18.7% (n=160) overall. The 2000 survey found similar figures, with 29.5% living alone and 20.7% with a male partner.

Of those living with others, 6.2% (n=53) lived with a female partner and 2.6% (n=22) lived with children. Of men who indicated they lived with children, 63.6% (n=14) also lived with a female partner, 13.6% (n=3) lived with a male partner and 22.7% (n=5) did not live with a partner. Living with other family members was indicated by 23.7% (n=202), including siblings, parents and grandparents and 19.8% (n=169) indicating living with friends.

- **Men live in a variety of household arrangements, with 48.0% either living alone or with a male partner <<**

>> 4 HIV AND HEPATITIS C TESTING

This chapter describes the patterns of HIV and Hepatitis C testing in Northern Ireland and the Republic of Ireland. In both the 2005 and 2006 surveys, men were asked a series of questions regarding their HIV testing history, including the period of time since their most recent test. The 2006 survey included additional questions regarding testing for the Hepatitis C virus (HCV). As the incidence of HCV has significantly increased among gay and bisexual men in some areas of the UK, these questions were designed to describe the level of HCV testing in order to target health promotion interventions (Weatherburn *et al.*, 2008). <<

>> 4.1 HIV TESTING HISTORY

Men were asked a set of questions about HIV testing. All were asked: **Have you ever received an HIV test result?** Approximately half of respondents in 2005 and 2006 indicated they had never been tested, 52.9% (n=611) and 47.9% (n=406) respectively. This level of HIV testing has remained similar over past surveys. Men from Northern Ireland were more likely to report that they had never been tested for HIV compared to men in the Republic of Ireland in both surveys.

HIV TESTING HISTORY	% 2000	% 2003	% 2004	% 2005 (n=1155, missing 10)			% 2006 (n=847, missing 9)		
	Overall (n=1259)	Overall (n=1027)	Overall (n=865)	Northern Ireland (n=293)	Rep of Ireland (n=862)	Overall (n=1155)	Northern Ireland (n=210)	Rep of Ireland (n=637)	Overall (n=847)
Never tested	40.4	51.0	53.5	62.5	49.7	52.9	50.5	47.1	47.9
Last tested negative	56.6	46.5	43.4	34.8	48.5	45.0	47.1	50.4	49.6
Tested positive (of total)	3.0	2.8	3.1	2.7	1.9	2.1	2.4	2.5	2.5
Tested positive (of tested)	5.1	5.0	6.7	7.3	3.7	4.4	4.8	4.7	4.8

- **One in two men (50.8%) have not tested for HIV**

Those who had tested were asked: **What was your most recent test result?** Of the men who said they had tested for HIV, 4.4% (n=24) in 2005 and 4.8% (n=21) in 2006 tested positive for HIV. This represents 2.1% and 2.5% of the whole sample respectively. These figures represent a slight decrease from previous surveys.

- **2.2% of men in the sample had tested HIV positive, representing 4.6% of those who had tested**

Men who had tested negative for HIV were asked: **When was your most recent negative result?** More than half (60.6% in 2005; 58.1% in 2006) of the men reported that their most recent negative test was in the previous year. In 2006, the period of time since the most recent negative result was further characterised, with approximately one-third (33.5%) indicating their last HIV test was between one and five years previously and 8.4% reporting a negative result had not been tested in the previous five years.

MOST RECENT NEGATIVE TEST RESULT	% 2005 (n=520)			% 2006 (n=418, missing 2)		
	Northern Ireland (n=102)	Republic of Ireland (n=418)	Overall (n=520)	Northern Ireland (n=99)	Republic of Ireland (n=319)	Overall (n=418)
Within last year	68.6	58.6	60.6	50.5	60.5	58.1
1 to 5 years ago	31.4	41.4	39.4	35.4	32.9	33.5
More than 5 years ago				14.1	6.6	8.4

- **Approximately 60% of men who indicated their last test was negative reported their most recent test was in the previous year**

Those who had tested HIV positive were asked: **When were you first diagnosed with HIV?** In 2005, 25.0% (n=6) and in 2006, 19.0% (n=4) reported their HIV diagnoses had occurred in the last year. Therefore, of those who had tested for HIV within the last year, 1.9% in 2005 and 1.6% in 2006 had received a positive HIV diagnosis.

- **Nearly 2% of men who tested for HIV within the previous year received a positive diagnosis <<**

>> 4.1.1 AREA OF RESIDENCE AND HIV TESTING

The following table shows HIV testing history by the area of residence of respondents.

HIV TESTING HISTORY BY AREA OF RESIDENCE	% 2005			% 2006		
	Never tested	Last test negative	Tested positive	Never tested	Last test negative	Tested positive
REPUBLIC OF IRELAND						
Dublin City and County (n= 318 & 199)	45.0	52.8	2.2	43.7	54.8	1.5
HSE Mid-Leinster (n=29 & 22)	58.6	41.4	0.0	54.5	45.5	0.0
HSE South (n=201 & 133)	49.2	48.8	2.0	48.1	50.4	1.5
HSE West (n=88 & 49)	59.0	38.6	2.3	42.9	53.1	4.1
HSE North East (n=22 & 17)	68.2	31.8	0.0	52.9	41.2	5.9
Unknown (n=204 & 217)	50.0	48.5	1.5	49.3	47.0	3.7
NORTHERN IRELAND						
Eastern HSSB (n=165 & 116)	60.6	35.8	3.6	49.1	49.1	1.7
Northern HSSB (n=53 & 38)	67.9	30.2	1.9	55.3	42.1	2.6
Southern HSSB (n=34 & 22)	55.9	44.1	0.0	27.3	63.6	9.1
Western HSSB (n=37 & 32)	73.0	29.3	2.7	65.6	34.4	0.0

Ever having tested for HIV varied across the regions and may be due to the relative availability of HIV testing locations, with a greater number in urban centres. However, between 2005 and 2006, there appears to be a trend of fewer men reporting that they have never been tested. Although the proportion of men who tested HIV positive varies, there were no significant differences between regions, which suggests that HIV incidence is not concentrated in urban centres.

- **Never testing for HIV is higher among men living outside of Dublin <<**

>> 4.1.2 AGE AND HIV TESTING

The following table shows HIV testing history across different age groups.

HIV TESTING HISTORY BY AGE GROUPS	% 2005			% 2006		
	Never tested	Last test negative	Tested positive	Never tested	Last test negative	Tested positive
19 or under (n=121 & 75)	85.1	14.9	0.0	85.3	14.7	0.0
20 – 24 (n=287 & 179)	60.6	39.0	0.3	57.7	41.9	0.6
25 – 29 (n=250 & 201)	52.8	45.6	1.6	41.8	55.7	2.5
30 – 39 (n=298 & 209)	37.9	57.0	5.0	36.4	59.8	3.8
40 – 49 (n=139 & 129)	43.2	54.0	2.9	39.5	55.8	4.7
50 or over (n=58 & 51)	48.3	51.7	0.0	51.0	47.1	2.0

The number of men who have ever received an HIV test result rises to peak among those in their 30s before declining among men above the age of 40 years. A large proportion of men aged 24 and under indicated they have never been tested (67.9% in 2005; 65.8% in 2006). This suggests further interventions are required to encourage HIV testing among younger men.

- **Two-thirds of men aged 24 and under had never been tested for HIV**

Among those who had tested positive, men in their 30s and 40s were most likely to have received a positive result. However, the majority of men in the sample who had received a positive result were aged between 25 and 40 years (79.2% in 2005; 61.9% in 2006), with a mean age of 34.5 years (sd=5.85, median=35.0, range 22-46) in 2005 and 37.8 years (sd=14.03, median=35.0, range 21-89) in 2006. This suggests that HIV prevention interventions should be prioritised for men under 40.

- **71.1% of men who had received a positive test result were aged between 25 and 40 years <<**

>> 4.1.3 ETHNICITY AND HIV TESTING

The following table shows the HIV testing history within the different ethnic groups.

HIV TESTING HISTORY BY ETHNIC GROUPS	% 2005			% 2006		
	Never tested	Last test negative	Tested positive	Never tested	Last test negative	Tested positive
White Irish (n=877 & 620)	52.5	46.0	1.6	48.2	49.5	2.3
White British (n=206 & 158)	60.2	36.4	3.4	52.5	44.9	2.5
White other (n=43 & 44)	32.6	60.5	7.0	29.5	65.9	4.5
Other (n=28 & 25)	42.9	57.1	0.0	44.0	52.0	4.0

With relatively small numbers of respondents who identified themselves as other than White Irish or British, it is not possible to make any significant conclusions. Although the numbers are small, men of White ethnicity other than Irish or British were more likely to have received an HIV test in this sample, but were also most likely to have received a positive result.

- **Men of White ethnicity other than Irish or British were most likely to have tested, and were also most likely to test positive for HIV <<**

>> 4.1.4 EDUCATION AND HIV TESTING

The following table shows the HIV testing history by respondents’ level of education.

HIV TESTING HISTORY BY LEVEL OF EDUCATION	% 2005			% 2006		
	Never tested	Last test negative	Tested positive	Never tested	Last test negative	Tested positive
Low (n=69 & 65)	65.2	33.3	1.4	47.7	46.2	6.2
Medium (n=212 & 143)	60.4	38.7	0.9	60.8	36.4	2.8
High (n=873 & 636)	50.1	47.5	2.4	45.0	53.0	2.0

A general trend seems to be that those with high levels of education were more likely to have tested for HIV. This suggests that those with lower levels of formal education should be targeted. However, there appears to be no significant link between education and a positive HIV test result.

- **Men with a high level of education were more likely to have tested for HIV <<**

>> 4.1.5 GENDER OF SEXUAL PARTNERS AND HIV TESTING

The following table compares HIV testing history by the gender of respondents’ sexual partners in the last year.

HIV TESTING HISTORY BY GENDER OF SEXUAL PARTNERS IN THE LAST YEAR	% 2005			% 2006		
	Never tested	Tested negative	Tested positive	Never tested	Tested negative	Tested positive
No partners (n=62 & 58)	88.7	11.3	0.0	86.2	12.1	1.7
Women only (n=45 & 9)	82.2	17.8	0.0	88.9	11.1	0.0
Men & women (n=219 & 112)	64.8	34.7	0.5	56.2	41.1	2.7
Men only (n=829 & 668)	45.5	51.7	2.8	42.7	54.8	2.5

Ever having tested was most common among men who exclusively had sex with men in the previous year (54.5% in 2005; 57.3% in 2006). Less than half of men who had sex with both men and women in the previous year had ever tested (35.2% in 2005; 43.8% in 2006), suggesting a need for interventions to encourage HIV testing among men who have sex with both men and women.

- **61.9% of men who had sex with both men and women had never tested for HIV <<**

>> 4.1.6 NUMBER OF MALE PARTNERS AND HIV TESTING

The following table compares HIV testing history by the number of male partners the respondents had in the last year.

HIV TESTING HISTORY BY NUMBER OF MALE PARTNERS IN THE LAST YEAR	% 2005			% 2006		
	Never tested	Last test negative	Tested positive	Never tested	Last test negative	Tested positive
One (n=231 & 200)	58.4	39.8	1.7	50.0	48.5	1.5
2, 3 or 4 (n=355 & 272)	56.1	43.4	0.6	55.9	41.9	2.2
5 to 12 (n=251 & 167)	43.8	53.4	2.8	33.5	63.5	3.0
13 to 29 (n=120 & 87)	35.8	59.2	5.0	33.3	66.7	0.0
30 or more (n=70 & 50)	25.7	67.1	7.1	20.0	70.0	10.0

Ever having tested was most common among men with the highest numbers of male sexual partners in the last year and was increasingly uncommon among men with fewer numbers of partners. Ever having tested positive was also most common among men with the highest numbers of male partners. This suggests that HIV prevention programmes should target men with higher numbers of male sexual partners.

- **Men with 13 or more partners were more likely to have tested and were also more likely to test positive for HIV <<**

>> 4.2 HEPATITIS C TESTING HISTORY (2006)

Hepatitis C virus (HCV) is a blood-borne viral infection that affects the liver. HCV is transmitted through contact with the blood of an infected person and is most commonly transmitted through the use of unsterile needles when injecting drugs, tattooing or skin piercing. In Britain, growing numbers of gay and bisexual men are becoming infected through sex, especially among those who have unprotected anal sex or fist without gloves (Terrence Higgins Trust, 2006). The UK 2006 Gay Men’s Sex Survey found that currently having HCV was positively associated with fisting, being fisted and being urinated on (receptive water-sports) (Weatherburn et al., 2008).

Results from a UK surveillance study of Hepatitis C infection among MSM show that Hepatitis C continues to be a cause for concern, particularly for those who are co-infected with HIV (HPA, 2008a). Ever since HCV became a notifiable disease in the Republic of Ireland in 2004, the rates have been very high. Among reporting European member states, the Republic of Ireland had the highest rate of reported cases of Hepatitis C in 2005, significantly among injecting drug users (IDUs) (HPSC, 2007).

The 2006 survey included two questions about Hepatitis C testing and diagnosis, in an effort to target and prioritise interventions. Men were asked: **Have you ever had a test for HEPATITIS C?** Overall, 51.1% (n=435) had never tested for HCV, 40.8% (n=348) had tested for HCV and 8.1% (n=69) indicated that they don’t know whether they had tested for HCV.

- **51.1% of respondents have never tested for Hepatitis C**

The men who indicated that they had tested for HCV were then asked: **Have you ever been diagnosed with HEPATITIS C?** A total of nine men (1.1%) indicated that they had been diagnosed with Hepatitis C, represent-

ing 2.6% of all men who had ever tested for HCV. Of these nine men, six indicated that they no longer had the virus and three indicated that they still had Hepatitis C. No significant behavioural patterns emerged among these men.

Appendix 1 highlights the variation of HCV testing among various demographic groups. Similar demographic patterns are observed with ever having had a test for HCV as with HIV testing. Men most likely to have had an HCV test were from Dublin City and County (50.3%; n=429); were between 25 and 49 years of age (47.6%, n=259); had a high level of education (43.6%; n=280); had only male sexual partners (n=45.3%; n=306); and had five or more male sexual partners in the last year (54.2%; n=167). Also, ever having tested for HCV was significantly linked with ever having tested for HIV; 71.6% (n=300) of men who tested HIV negative and 76.2% (n=16) of men who tested HIV positive have also tested for HCV. <<

>> 5 SEXUAL BEHAVIOURS AND HIV TRANSMISSION RISKS

This chapter examines the responses of men to questions that address sexual behaviour and HIV risk in both the 2005 and 2006 surveys. The sexual risk behaviours examined in the 2005 survey were the prevalence of sero-discordant unprotected anal intercourse (intercourse between two men of different HIV status) and behaviours that contribute to condom failure. In the 2006 survey, questions were asked regarding specific sexual practices and the use of poppers (nitrite inhalants) during sexual intercourse. This section only includes the responses from men who reported having had sex with a man in the previous year. <<

>> 5.1 HIV SERO-CONCORDANCY & CONDOM USE (2005)

In the 2005 survey, the main sexual risk behaviour examined was sero-discordant unprotected anal intercourse (sdUAI). Measuring this behaviour is difficult, as many men who have engaged in it probably do not know they have done so. Therefore, it is estimated by asking men about their own HIV status, what they knew about the HIV status of their sexual partners, their engagement in anal intercourse and their use of condoms. The most common way for men with HIV to pass their infection to other men is during insertive unprotected anal intercourse (IUA) by transmitting to the receptive partner. This section outlines the responses for the 90.6% (n=1056) of men in 2005 who reported having had sex with a man in the last year. <<

>> 5.1.1 HIV SERO-CONCORDANCY OF SEXUAL PARTNERS

All sexual HIV exposure occurs during sex between HIV-infected and uninfected partners. Exposure that occurs between men who know they are sero-discordant may be driven by different unmet prevention needs than exposure occurring between men who do not know they are sero-discordant. A series of questions were asked to measure the proportion of men who knew they had sero-discordant sex in the last year.

Men who indicated that they have one or more regular male sexual partners were asked: **Do you have a regular male sexual partner who has a different HIV status to yourself (where one of you has HIV and the other does not)?**

HIV CONCORDANCY OF REGULAR MALE SEXUAL PARTNERS	% 2005 (n=530, missing 3)		
	Northern Ireland (n=135)	Republic of Ireland (n=395)	Overall (n=530)
HIV concordant	80.0	82.0	81.5
HIV discordant	8.1	4.1	5.1
Concordancy unknown	11.9	13.9	13.4

Of men who had one or more regular male sexual partners, 5.1% (n=27) indicated they were in an HIV discordant relationship and 13.4% (n=71) did not know.

All men were asked: **In the last 12 months, have you had sex with a man... who you knew at the time was HIV POSITIVE? / who you knew at the time was HIV NEGATIVE? / whose HIV status you DID NOT KNOW at the time?** The following table shows the proportion of respondents from each HIV testing history group who had each of the three types of partners.

HIV STATUS OF MALE SEXUAL PARTNERS BY HIV TESTING HISTORY	% overall (n=1001)	% by HIV testing history		
		Never tested (n=489)	Last test negative (n=488)	Tested positive (n=24)
Men who had sex with a man who they knew at the time was HIV POSITIVE	4.4	1.8	5.7	29.2
Men who had sex with a man who they knew at the time was HIV NEGATIVE	36.1	31.5	40.8	33.3
Men who had sex with a man whose HIV status was UNKNOWN at the time	73.6	74.0	73.0	79.2

For all three HIV testing history groups, the most common type of sexual partner was one whose HIV status was unknown. Of all men who had sex with a man in the past year, almost three-quarters (73.6%) had sex with a man whose status they did not know and therefore could be discordant to their own.

- **73.6% of respondents had sex with a man whose status they did not know**

Men who had tested HIV positive were most likely to have had partners they knew to have HIV (29.2%), with fewer HIV negative men (5.7%) and men who had never tested (1.8%) having a known positive partner. Men who last tested negative were most likely to have a partner they knew did not have HIV (40.8%), compared with HIV positive men (33.3%) and men who have never tested (31.5%). <<

>> 5.1.2 ANAL INTERCOURSE AND CONDOM USE

Men were asked separately about insertive and receptive anal intercourse and about condom use when engaging in each of these behaviours. Men were asked: **Still thinking about the last 12 months, have you fucked a man (been active in anal intercourse)?** Those who indicated ‘Yes’ were asked: **How often have you worn a condom when you fucked a man?** and were given the options: *Never; Sometimes; Always*. As confirmation, they were then asked: **Just to check, have you fucked a man (been active) without a condom in the last 12 months?** An identical set of questions was asked about receptive anal intercourse.

Overall, 64.9% (n=755) had engaged in insertive anal intercourse (IAI) and 60.2% (n=698) had engaged in receptive anal intercourse (RAI) in the last year. The following table represents the proportions of men who engaged in insertive and receptive anal intercourse and their level of condom usage. Slightly under half of men who had anal intercourse in the last year reported always using a condom for IAI and RAI (49.3% and 48.3% respectively).

LEVEL OF CONDOM USE DURING ANAL INTERCOURSE	% Insertive Anal Intercourse (IAI)			% Receptive Anal Intercourse (RAI)		
	Northern Ireland (n=188)	Republic of Ireland (n=564)	Overall (n=752)	Northern Ireland (n=188)	Republic of Ireland (n=506)	Overall (n=694)
Always used a condom	49.5	49.3	49.3	46.8	48.8	48.3
Sometimes used a condom	38.8	39.4	39.2	43.1	37.0	38.6
Never used a condom	11.7	11.3	11.4	10.1	14.2	13.1

Overall, 18.1% (n=189) of men who indicated having sex with a man had not engaged in any anal intercourse in the last year. The remaining men (81.9%; n=854) who had anal intercourse with at least one male partner in the last year, 37.8% (n=394) had always used condoms, 36.1% (n=377) sometimes used condoms and 8.0% (n=83) never used condoms. This suggests that 44.1% (n=460) of men who had a male sexual partner in the previous year had some unprotected anal intercourse. This is similar to the result of the 2000 survey, which found 42.6% of men who had a male sexual partner indicated that they had unprotected anal intercourse in the previous year.

- **44.1% of respondents had unprotected anal intercourse (UAI) in the previous year <<**

>> 5.1.3 HIV STATUS OF UAI PARTNERS

Risk of sexual HIV exposure and transmission through unprotected anal intercourse (UAI) occurs only between sero-discordant partners. To estimate the proportion of men who may be engaging in sero-discordant UAI, men were asked questions about the HIV status of sexual partners they had UAI with. Men who indicated they had insertive UAI in the last year were asked: **Have you fucked a man (been active) without a condom... who you knew at the time was HIV POSITIVE? / who you know at the time was HIV NEGATIVE? / whose HIV status you DID NOT KNOW at the time?** An identical question was asked of men who had receptive UAI in the last year.

The following table shows the proportions of men who had UAI in the last year by HIV testing history and status of their sexual partners.

UNPROTECTED ANAL INTERCOURSE (UAI) IN THE LAST YEAR BY STATUS OF SEXUAL PARTNER AND HIV TESTING HISTORY (N=1038)	% by HIV testing history		
	Never tested (n=512)	Last test negative (n=502)	Tested positive (n=24)
UAI with known POSITIVE partner	0.8	2.0	29.2
UAI with known NEGATIVE partner	18.2	31.7	12.5
UAI with UNKNOWN status partner	25.0	30.5	50.0

Overall, 29.9% (n=310) of men who had UAI in the last year did so with a partner not known to have the same HIV status as themselves. Small proportions of men who had not tested HIV positive had UAI with known positive partners (0.8% of never tested and 2.0% of last test negative). Among men who have tested HIV positive, 50.0% had UAI with men with an unknown HIV status and 12.5% had UAI with men they knew to be HIV negative.

Among men who last tested negative, almost a third reported any UAI with other known negative (31.7%) and unknown status (30.5%) partners. Men who had never tested were less likely to have reported UAI with any partners, but were more likely to report UAI with other unknown status partners (25.0%) than negative partners (18.2%).

- **29.9% of men who had UAI in the last year did so with a partner not known to have same HIV status <<<**

>> 5.2 EXPERIENCE OF CONDOM FAILURE (2005)

In 2005, a series of questions were asked to measure risk behaviours that contributed to condom failure. Condom failure represents another risk of sexual HIV exposure during protected anal intercourse (PAI). This section outlines the responses from the 74.1% (n=634) of men who had worn a condom for insertive anal intercourse in the last year. These men were asked: **Have any condoms YOU'VE worn SPLIT or COME OFF while you were fucking a man?** Of men who had worn condoms, 12.5% (n=83) said they had experienced failure at least once. This is similar to the 13.4% of condom users from the 2000 survey who experienced failure in the previous year.

Condom failure was significantly associated with inconsistent condom use: 19.7% (58/295, 95% CI 15.5%-24.6%) of those who had sometimes used a condom for IAI experienced failure compared with 6.7% (25/371, 95% CI 4.6%-9.7%) of those who always used condoms for IAI.

- **12.5% of men who used condoms experienced failure, with inconsistent condom use significantly associated with condom failure <<<**

>> 5.2.1 CONDOM FAILURE RISK BEHAVIOURS

All men who had worn a condom for insertive anal intercourse (IAI) in the last year were asked: **All of the following contribute to condoms tearing or slipping. Which have you done in the last 12 months?** They were asked to tick as many as applied to them from a list of seven behaviours highlighted in a randomised controlled trial of factors as contributing to condom failure (Golombok et al., 2001). The following table lists the behaviours and the proportion of condom users who indicated each, ordered by the most common first.

CONDOM FAILURE RISK BEHAVIOURS OF MEN WHO HAD WORN A CONDOM DURING INSERTIVE ANAL INTERCOURSE IN THE LAST YEAR (N=634)	% of all condom users	% by experience of failure	
		NO failure (n=551)	ANY failure (n=83)
Fucking for over half an hour without changing the condom	21.8	18.9	41.0
Using saliva as a lubricant	19.6	18.1	28.9
Not using any lubricant	17.2	14.7	33.7
Not using lots of water-based lubricant on outside of the condom	14.8	12.2	32.5
Using a condom that’s too short for your cock	8.4	6.2	22.9
Unrolling the condom before putting it on your cock	8.0	6.4	19.3
Putting lubricant inside the condom before putting it on	7.1	5.8	15.7

All seven behaviours were individually associated with any experience of condom failure, being significantly more common among those who experienced failure than those who did not. However, in this sample only one factor showed independent association with failure: using a condom that’s too short for your cock (OR 1.7; 95% CI 0.8-2.7).

The most common behaviour reported by men was fucking for over half an hour without changing the condom (21.8%), and were the most likely to experience any condom failure (41.0%). Experience of condom failure was also high among men who reported not using any lubricant (33.7%) or not enough (32.5%). <<

>> 5.3 PREVALENCE OF SEXUAL BEHAVIOURS (2006)

In the 2006 survey, a series of questions were asked regarding specific sexual behaviours. Men were asked which of 11 different behaviours they had engaged in over the last 12 months. The behaviours included oral and anal intercourse, as well as fisting (ano-brachial intercourse) and water-sports (urination during sex).

The following table outlines the responses from the 90.9% (n=778) of men who had sex with a man in the past year. Only 0.8% (n=6) of men who had any sex with a man in the last year reported not engaging in any of the following sexual acts with a man. <<

SEXUAL BEHAVIOURS OF MEN WHO HAD SEX WITH A MAN IN THE LAST YEAR (N=778)	% who engaged in each sexual act in last year	
	Insertive (active, giving)	Receptive (passive, taking)
Penis – Mouth	95.4% got sucked	97.6% sucked a man 55.5% took cum in their mouth
Penis – Anus	68.8% fucked a man 56.2% fucked with a condom 38.7% fucked without a condom	71.2% got fucked 58.7% got fucked with a condom 40.2% got fucked without a condom
Fist – Anus	7.2% fisted	5.7% got fisted
Urine	9.9% urinated on (or in) a man	9.5% got urinated on (or in)

>> 5.3.1 ORAL SEX

Oral sex is almost universal among sexually active men who have sex with men. Only 1.2% (n=9) of men who had any sex with a man in the last year had not engaged in any oral-penile sex. The vast majority (94.1%; n=732) had both insertive and receptive oral sex, with only small minorities engaging in insertive only (1.3% only got sucked) or receptive only (3.5% sucked only). Of the men who had receptive oral sex, over half (56.9%; n=432) took cum/pre-cum into their mouths.

- **56.9% of men who had receptive oral sex took cum/pre-cum into their mouths <<**

>> 5.3.2 ANAL INTERCOURSE AND CONDOM USE

Engagement in anal intercourse is also very common among men who have sex with men, with 85.9% (n=668) having engaged in it at least once in the last year. The majority (54.1%; n=421) of all men who had sex with a man in the last year, had engaged in both insertive and receptive anal intercourse. A further 14.7% (n=114) of men were exclusively insertive and 17.1% (n=133) were exclusively receptive.

Among men who had insertive anal intercourse (IAI), 81.7% (n=437) had used a condom at least once and among those who had receptive anal intercourse (RAI), 82.5% (n=457) had used a condom at least once. However, unprotected intercourse was also common. Of the men who had IAI, over half (56.3%; n=301) had done so without a condom at least once. Similarly, over half (56.5%; n=313) of men who had RAI had done so without a condom at least once. Among all men who engaged in anal intercourse in the last year, 58.5% (n=391) had unprotected anal intercourse (UAI). Overall, 50.3% of all men who had sex with a man in the last year had anal intercourse without a condom.

- **One in two (50.3%) of all men who had sex with a man in the last year engaged in unprotected anal intercourse <<**

>> 5.3.3 FISTING & WATER-SPORTS

Fisting was far less common than the other sexual activities, with 9.0% (n=70) of men having engaged in this activity in the last year (3.9% had both fisted and been fisted, 3.3% had fisted only and 1.8% had been fisted only). Among men who had engaged in anal intercourse, those who had engaged in any fisting were significantly more likely to have had unprotected anal intercourse (75.0%; n=48) than those who had not (56.8%; n=343).

More common than fisting, 13.2% (n=103) of men engaged in water-sports in the last year (3.7% receiving only, 3.3% giving only and 6.2% engaging in both). Among men who had engaged in anal intercourse, those who had engaged in water-sports were also significantly more likely to have had unprotected anal intercourse (76.8%; n=76) than those who had not (55.4%; n=315).

- **Men who engaged in fisting or water-sports were significantly more likely to have had UAI in the last year <<**

>> 5.3.4 DEMOGRAPHIC VARIATION IN SEXUAL BEHAVIOUR

Appendix 2 illustrates how the proportion of men who had engaged in any UAI, fisting and water-sports varied across the demographic characteristics.

Reporting any unprotected anal intercourse was more common among men in their 30s (60.2%; n=121); men who have tested positive for HIV (73.7%; n=14); men with a regular partner (64.7%; n=249); White British men (54.8%; n=80) and men of other White ethnicity (58.5%; n=24); and men reporting a high number of male sexual

partners in the last year: 13 to 29 partners (59.6%; n=53) and 30 or more partners (68.6%; n=35).

Fisting was most common among men who have tested HIV positive (31.6%; n=6) and men reporting 30 or more male sexual partners in the last year (31.4%; n=16). Also, high proportions of men who reported any fisting were under the age of 20 (22.4%; n=13) and over the age of 50 (12.8%; n=6); of ethnicity other than White (22.7%; n=5) and of White ethnicity other than Irish or British (12.2%; n=5); had a regular male partner (12.5%; n=48); and reported 13 to 29 male sexual partners in the last year (13.5%; n=12).

Similar to men who reported any fisting, men most likely to report any water-sports in the last year had 30 or more male sexual partners in the last year (37.3%; n=19) and had tested positive for HIV (21.1%; n=4). <<

>> 5.4 USE OF POPPERS DURING SEX (2006)

Behavioural research suggests that there are far more unprotected anal intercourse events between sero-discordant partners than there are HIV transmissions; therefore, a key question for HIV prevention research is what differentiates sexual exposures that result in HIV transmission from those that do not (Weatherburn *et al.*, 2007). A recent study in England suggests that the use of poppers (nitrite inhalants) by HIV negative men during receptive unprotected anal intercourse with potentially HIV positive partners appeared to be a key factor facilitating the transmission of HIV (Macdonald *et al.*, 2007). Although anal intercourse without a condom is a high risk for HIV transmission, it appears unprotected anal intercourse using poppers is even more risky.

Poppers act as a vasodilator and are commonly used during sex to increase sexual pleasure and relax the anal sphincter for receptive anal intercourse. It is also used in the club scene for a short-lived feeling of euphoria or to boost the effects of other recreational drugs. Data from the 2005 survey found that poppers are the drug most commonly used by gay and bisexual men in Ireland after alcohol, with 33.9% having used them in the last year (this is further described in Chapter 6). Since poppers are theorised to facilitate HIV transmission when HIV negative men use them during sexual HIV exposure, men were asked a series of questions about the use of poppers and their use during receptive anal intercourse. The following analysis only included respondents who answered all four questions.

USE OF POPPERS AMONG ALL MEN WHO HAD SEX WITH A MAN IN THE LAST YEAR (N=784)	% 2006		
	Northern Ireland (n=196)	Republic of Ireland (n=588)	Overall (n=784)
Used poppers (nitrite inhalants)	48.0	41.5	43.1
Used poppers DURING RECEPTIVE ANAL INTERCOURSE	27.0	26.0	26.3
Used poppers during receptive anal intercourse WITHOUT A CONDOM (RUAI)	14.8	13.3	13.6
Used poppers during RUAI with a man whose HIV STATUS WAS UNKNOWN OR SERO-DISCORDANT	6.1	6.6	6.5

Poppers use is very common among men who have sex with men. Overall, 43.1% (n=338) of all men who had sex with a man in the last year had used poppers at least once in that time period. This increase from the 33.9% in the 2005 survey is likely due to a more direct question about poppers use and not in the larger context of the use of various recreational drugs. A very small proportion of respondents who did not indicate having sex with a man in the last year used poppers.

- **43.1% of men who had sex with a man in the last year used poppers at least once in that time period**

Among poppers users, 60.9% (n=206) used poppers during receptive anal intercourse (RAI). Of those who had used poppers during RAI, 51.9% (n=107) had done so without a condom (RUAI) and among these men, 47.7%

(n=51) had used poppers during RUAI with a man not known to have the same HIV status as themselves. Overall, 6.5% (n=51) of all men who had sex with a man in the last year had used poppers during receptive unprotected anal intercourse with a partner not known to have the same HIV status as themselves.

- **6.5% of all men who had sex with a man in the last year had used poppers during RUAI with a partner not known to have same HIV status <<**

>> 5.4.1 DEMOGRAPHIC VARIATION OF POPPERS USE

Appendix 3 illustrates how poppers use varied across the demographic groups. Poppers use was widespread throughout Ireland; however men living in Northern Ireland (48.0%; n=94) were more likely to use poppers than those living in the Republic of Ireland (41.5%; n=244) and poppers were more common among men living in and around Belfast (69.6%, n=65) and Dublin City and County (47.3%, n=87). Also, the proportion of poppers use increased according to the number of male sexual partners in the past year, increasing to 75.5% (n=37) of men with 30 or more partners.

Men who were most likely to report the use of poppers during receptive unprotected anal intercourse (RUAI) with a partner not known to have the same HIV status as themselves had five or more male sexual partners in the last year (13.7%; n=42); were 25 to 39 years of age (8.6%; n=33); had a low or medium level of education (9.4%; n=17); were of ethnicity other than White Irish or White British (9.7%; n=6); and had a regular male partner (9.0%; n=35). A quarter (24.5%; n=12) of men who had 30 or more partners in the last year used poppers during RUAI with a partner not known to have the same HIV status as themselves. Among men without diagnosed HIV (never tested and last test negative), 13.1% (n=99) had used poppers during RUAI and 5.8% (n=44) had used them during RUAI with a man who was not known to be HIV negative.

- **65.8% of men reporting five or more male sexual partners in the last year used poppers and 13.7% used during RUAI with a partner not known to have same HIV status <<**

>> **6 DRUG USE AND SMOKING**

This chapter looks at health-related behaviours other than sexual; specifically alcohol, drug and tobacco use. A common perception is that substance use is higher among gay and bisexual men compared to the general population. The 2005 survey asked a number of questions to determine the prevalence of substance use among gay and bisexual men. Where possible, this information is compared to general population data from the National Advisory Committee on Drugs (NACD, 2008) report on *Drug Use in Ireland & Northern Ireland 2006/2007*. Further questions were asked in an effort to determine the desire to stop smoking and concern of alcohol and drug use among users.

>> **6.1 PREVALENCE OF SMOKING (2005)**

Research suggests that the prevalence of cigarette smoking among gay men is higher than that of general population levels (Harding *et al.*, 2004). In 2005, all men were asked: **Do you smoke tobacco at all nowadays?** They were asked to tick as many as apply from: *Cigarettes / Cigars / A pipe / No, not at all*.

TOBACCO SMOKING AMONG ALL MEN	% 2005 (n=1160, missing 5)		
	Northern Ireland (n=292)	Republic of Ireland (n=868)	Overall (n=1160)
Not at all	57.2	61.2	60.2
Any tobacco smoking	42.8	38.8	39.8
Cigars	2.4	2.5	2.5
A pipe	0.7	0.2	0.3
In joints	11.3	14.2	13.4
Cigarettes	38.8	29.9	32.1
Less than 10 per day	15.1	10.3	11.5
More than 10 per day	23.7	19.6	20.6

Overall, 39.8% (n=462) of all men indicated they smoked tobacco in some form and 32.1% (n=372) smoked cigarettes. Cigarette smokers were further asked: **How many per day on average?** Of cigarette smokers, 64.2% (n=238) indicated they smoke more than 10 per day.

In the NACD survey, the prevalence of cigarette smoking in the last year among men 15-64 years in Northern Ireland was 35.9% and among men in the Republic of Ireland was 36.8% (NACD, 2008). Although, the prevalence of cigarette smoking was slightly lower (32.1%) compared to the general population, this difference is not significant.

- **39.8% of men in the sample smoked tobacco and 32.1% of men were cigarette smokers <<**

>> **6.1.1 DEMOGRAPHIC VARIATION OF SMOKING**

Appendix 4 illustrates how smoking cigarettes varied across the different demographic groups. The demographic groups least likely to smoke were men aged over 50 (84.5%; n=49), men who had no sexual partners in the last year (83.9%; n=52), and men of an ethnicity other than White (92.6%; n=25). Other groups least likely to smoke were men in their 40s (75.5%; n=108) and men who consider themselves about average attractiveness compared to other men (71.5%; n=421).

The only demographic group where the majority of men indicated smoking was among men who tested HIV positive; 66.7% (n=16) smoked and 62.5% (n=15) smoked more than ten cigarettes per day. Smoking was also common among the following groups: men between the ages of 25 and 34 years (36.2%; n=198) White British

men (40.1%; n=83); men who only had male sexual partners in the previous year (34.1%; n=283); men with 30 or more male sexual partners in the previous year (43.7%; n=31); and men who considered themselves much more attractive (43.1%; n=31).

- **The highest level of smoking was indicated by men who had tested HIV positive, with 66.7% smoking <<**

>> 6.2 USE OF ALCOHOL AND OTHER RECREATIONAL DRUGS (2005)

A recent study of LGBT people in the Republic of Ireland indicated that 92.3% of the survey sample were current alcohol drinkers, with about half (47.4%) consuming alcohol on a weekly basis (Mayock et al., 2009). Research studying drug use among young LGBT adults in the Republic of Ireland found that 65% had some experience of drug taking, excluding the use of alcohol (Sarma, 2007).

Men were asked: *In the last year how often (on average) have you used each of the following drugs?* They were instructed to tick each of 14 different drugs using a four-point scale to denote frequency of use. The following table shows the proportion of the sample taking each drug with the relevant frequency of use and compared to adjusted general population values for the prevalence of use among men 15-64 years in Northern Ireland and the Republic of Ireland (NACD, 2008). Drugs are listed by the highest prevalence of use in the last year.

FREQUENCY OF USE (ON AVERAGE) MEN HAVE USED EACH OF THE FOLLOWING DRUGS IN THE LAST YEAR (N=1161, MISSING 4)	% by frequency of use				% any use in sample in last year	% any use in general population in last year
	Not at all in the last year	Less than once a month	Once or twice a month	Once a week or more often		
Alcohol	12.1	7.2	16.4	64.3	87.9	85.1
Poppers / Amyl Nitrate	66.1	16.5	9.7	7.7	33.9	1.1
Marijuana / Cannabis / Grass	66.6	21.2	5.2	7.1	33.4	9.1
Ecstasy / E	84.4	10.4	4.0	1.2	15.6	2.0
Cocaine / Coke	87.1	10.3	2.2	0.4	12.9	2.4
Viagra / Cialis / Kamagra / Levitra	91.1	4.7	2.6	1.6	8.9	n/a
Speed / Amphetamine	94.5	4.1	1.0	0.3	5.5	0.7
Tranquilisers / Benzodiazepines	97.2	1.8	0.5	0.4	2.8	5.1
LSD / Acid	97.7	2.0	0.3	0.0	2.3	0.2
Ketamine / K	98.4	1.4	0.2	0.0	1.6	n/a
GHB	99.0	0.9	0.1	0.0	1.0	n/a
Crystal / Methamphetamine / Tina	99.1	0.6	0.3	0.0	0.9	n/a
Heroin	99.2	0.5	0.3	0.0	0.8	0.1
Crack Cocaine	99.8	0.1	0.1	0.0	0.2	0.1

Alcohol was by far the most commonly used drug, with 87.9% (n=1021) of all men having used it at least once. Compared with the general population, the prevalence of alcohol use in the sample was similar. In the NACD survey, the prevalence of alcohol use in the last year among men 15-64 years in Northern Ireland was 82.1%; and among men in the Republic of Ireland was 86.4% (NACD, 2008).

- **87.9% of men used alcohol in the last year and 64.3% used it once a week or more**

The next most commonly used drugs were Poppers (33.9%) and Marijuana (33.4%). No other drug had been used by more than 20% of the sample in the previous year, although the use of Ecstasy (15.6%) and Cocaine (12.9%) was quite common. Only two other drugs had been used by more than 5% of all men: Viagra (8.9%) and Speed (5.5%). The remaining drugs had been used by less than 3% of the whole sample in the previous year.

Overall, 54.0% (n=627) of all men reported using recreational drugs (any drug excluding alcohol) in the past year. Compared with the prevalence of drug use in the general population, men in the sample are significantly more likely to have used any recreational drug in the previous year. In the NACD survey, the prevalence of 'illegal' drug use in the last year among men aged 15-64 years in Northern Ireland was 13.7%, and 9.6% among men in the Republic of Ireland (NACD, 2008). Significantly higher use of poppers, marijuana, ecstasy, cocaine, speed and LSD was found among men in the sample compared to the general population.

- **54.0% of men used recreational drugs in the last year, with a significantly higher level of use of poppers, marijuana, ecstasy, cocaine, speed and LSD compared to general population**

Poly-drug use was also very common among men in the sample. Use of every drug was positively associated with use of every other drug and the majority of users of any one drug also took one or more other drugs in the last year. Apart from alcohol, which was used exclusively by 42.2% (n=490) of respondents, only Viagra (6.8%), poppers (4.8%) and speed (1.6%) were used exclusively by more than 1% of the sample. For instance, among the 15.6% of men who used ecstasy in the previous year, the majority had also used marijuana (81.8%), cocaine (65.7%) and poppers (69.1%) and to a lesser extent also used speed (29.8%), Viagra (19.3%) and LSD (12.7%).

- **Poly-drug use is the norm among men using recreational drugs <<**

>> 6.2.1 DEMOGRAPHIC VARIATION OF DRUGS USED AT LEAST ONCE PER MONTH

Appendix 5 shows how alcohol and other recreational drugs used at least once per month varied by select demographic characteristics. Only the drugs that were used at least once per month by more than 0.5% of the sample are included in this analysis.

Alcohol use varied among the demographic groups, but higher than average use was indicated among men who lived in or near Dublin (87.4%; n=278) and Belfast (84.9%; n=141); were aged 20 to 24 years (86.0%; n=246); White Irish (82.1%; n=723); high level of education (82.8%; n=727); tested positive for HIV (87.5%; n=21); had only male sexual partners in the last year (82.2%; n=684); reported five or more male sexual partners in the last year (85.0%; n=379); and rated themselves as above average attractiveness (87.4%; n=381).

Recreational drug use varied greatly among the demographic groups and drug types. However, men most likely to report a high level of recreational drug use lived in or near Dublin and Belfast, had tested for HIV (both negative or positive result), had only male sexual partners in the last year, reported higher numbers of male sexual partners in the last year (13 or more) and rated themselves as above average attractiveness.

>> 6.3 CONTROL OVER TOBACCO, ALCOHOL AND OTHER DRUGS (2005)

In a recent study of LGBT people in the Republic of Ireland, over 43.1% of the survey respondents reported that their alcohol consumption made them 'feel bad or guilty' and almost 58.2% felt that they should reduce their alcohol intake (Mayock et al., 2009). The 2005 survey asked further questions of men who indicated they smoked tobacco, used alcohol and other recreational drugs in the previous year, to determine their desire to stop smoking and concern about their alcohol and drug use.

>> 6.3.1 DESIRE TO STOP SMOKING

All men were given the statement: ***I would like to stop smoking tobacco and asked to agree or disagree using the following scale: Strongly agree / Agree / Not sure / Disagree / Strongly disagree.*** The following table shows the responses of men who smoked cigarettes in the last year, also sub-divided by those who smoked less than 10 per day or 10 or more per day.

DESIRE TO STOP SMOKING TOBACCO AMONG SMOKERS		% by response				
		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Cigarette smokers in the last year	ALL smokers (n=370)	40.5	34.3	17.3	6.8	1.1
	<10 per day (n=133)	36.1	35.3	20.3	6.8	1.5
	10+ per day (n=237)	43.0	33.8	15.6	6.8	0.8

Among all cigarette smokers, 74.8% indicated that they did want to stop smoking. This is a considerable proportion of smokers. A greater proportion of heavier smokers than lighter smokers strongly agreed that they would like to stop smoking, whereas lighter smokers were more likely to be unsure.

- **74.8% of cigarette smokers want to quit smoking <<**

>> 6.3.2 CONCERN ABOUT ALCOHOL AND OTHER RECREATIONAL DRUG USE

Men were given the statement: ***I sometimes worry about how much I drink.*** They were asked to agree or disagree using the same scale as above. The following table shows the responses to the statement for all men who drank alcohol in the last year followed by the responses of those who drank with different frequencies (more than once per week, once or twice a month, and less than once per month).

I SOMETIMES WORRY ABOUT HOW MUCH I DRINK		% by response				
		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Alcohol drinkers in the last year	ALL drinkers (n=1004)	6.4	24.8	11.8	33.4	23.7
	>1 per week (n=738)	7.0	30.5	13.7	32.7	16.1
	1-2 per month (n=82)	4.3	10.9	7.1	39.7	38.0
	<1 per month (n=237)	4.9	4.9	4.9	25.6	59.8

Overall, 31.2% (n=313) of drinkers were concerned about their alcohol use. With 87.9% of respondents indicating they drink alcohol, this represents 26.9% of the entire sample. Concern was highest among men who drank more than once per week, with 37.5% expressing concern. With men who drank more than once per week representing 63.3% of the entire sample, this is of particular concern.

- **31.2% of alcohol drinkers were concerned about their alcohol use, representing 26.9% of the entire sample <<**

Men were given the statement: ***I sometimes worry about my recreational drug use.*** They were asked to agree or disagree using the same scale as above. The following table shows the response to the statement for all men who used any recreational drug in the last year.

I SOMETIMES WORRY ABOUT MY RECREATIONAL DRUG USE		% by response				
		Strongly agree	Agree	Not sure	Disagree	Strongly disagree
Any recreational drug use in the last year	ALL users (n=594)	5.6	14.5	10.1	34.0	35.9

Overall, 20.1% (n=119) of recreational drug users were concerned about their drug use. This represents 10.2% of the entire sample.

- **20.1% of men who used recreational drugs were concerned about their use, representing 10.2% of the entire sample <<**

>> 7 UNMET HIV PREVENTION AND OTHER HEALTH NEEDS

This chapter reports on questions used to determine unmet HIV prevention and other health needs among men who have sex with men in Ireland. In the 2005 survey, this included the experience of homophobic verbal and physical assault, use of sexual health clinics and awareness of post exposure prophylaxis (PEP). In 2006, a series of questions were used as indicators of the unmet needs of gay and bisexual men, including the need for social infrastructure interventions. <<

>> 7.1 EXPERIENCE OF ABUSE, ATTACK AND POLICE REPORTING (2005)

Homophobic verbal abuse and physical assault are a common experience for gay and bisexual men (Keogh et al., 2006). A recent survey of LGBT people in the Republic of Ireland found 80.4% of survey participants had experienced verbal abuse and a quarter (24.4%) of all respondents reported having experienced physical violence, as a consequence of their LGBT identification (Mayock et al., 2009).

In 2005, a hate crime survey of over 938 LGBT people in the Dublin area found 41% had been a victim of a hate crime and 45% of all attacks were physically violent (Coughlin, 2006). 86% of respondents did not believe the Gardaí were dealing with hate crimes effectively and 80% of all victims did not report their attacks. When asked why they had not reported their attacks, 36% of victims said they had no confidence in the Gardaí and 32% said they could see no point.

In recent years, efforts have been made in the police services in both Northern Ireland and the Republic of Ireland to address the high level of homophobic incidents and the low confidence in the police among the LGBT community. The Police Service of Northern Ireland has appointed a Minority Liaison Officer in every police district with training to support victims of homophobic incidents, and An Garda Síochána has appointed Gay Liaison Officers throughout the Republic of Ireland in an effort to make the police service more accessible to the LGBT community. <<

>> 7.1.1 PREVALENCE OF PHYSICAL ATTACK AND VERBAL ABUSE IN THE LAST YEAR

In 2005, respondents were asked: ***In the LAST YEAR, have you been physically assaulted because of your sexuality? and In the LAST YEAR, have you been verbally abused because of your sexuality?*** Overall, 7.1% (n=82) of respondents had been physically attacked and 28.3% (n=326) had been verbally abused because of their sexuality in the last year. The proportion of men reporting attack or abuse was higher in Northern Ireland than the Republic of Ireland, with a significantly higher proportion of men reporting verbal abuse (37.0%; 95%CI 31.7-42.7).

MEN WHO HAVE EXPERIENCED PHYSICAL ATTACK AND VERBAL ABUSE IN THE LAST YEAR	% physically attacked			% verbally abused		
	Northern Ireland (n=293)	Republic of Ireland (n=867)	Overall (n=1160)	Northern Ireland (n=292)	Republic of Ireland (n=861)	Overall (n=1153)
Have experienced	9.9	6.1	7.1	37.0	25.3	28.3

- **7.1% of men were physically attacked and 28.3% were verbally abused in the last year due to their sexuality, with men in Northern Ireland more likely to report attack or abuse**

Appendix 6 highlights the degree of variation in experiences of verbal abuse and physical assault by select demographics. Experience of being physically attacked or verbally abused varied regionally. In the Republic of Ireland, men in Dublin City and County reported the highest rates of attack and abuse in the last year (7.2% physical attack; 30.2% verbal abuse), whereas in Northern Ireland, men in and around Belfast reported the lowest rates (7.9% physical attack; 34.8% verbal abuse).

The proportion of men who had experienced physical attack and verbal abuse generally decreased with increasing age. More than half (54.2%) of men under the age of 20 had experienced verbal abuse in the last year, significantly higher than any other age group (95% CI 45.3-62.8). Men who exclusively had sex with other men had a greater likelihood of physical attack and experienced significantly higher levels of verbal abuse in the last year (32.7%; 95%CI 29.6-36.0) compared to those who had any female partners.

Although the sample was too small to make any significant conclusions, experience of verbal abuse and physical attack in the last year was also very high among men who have tested HIV positive (12.5% physical attack; 37.5% verbal abuse); men who reported more than 30 male sexual partners in the last year (17.1% physical attack; 42.0% verbal abuse); and men who rated themselves much less attractive than average (25.0% physical attack; 41.7% verbal abuse).

- **54.2% of men aged 19 or younger had experienced verbal abuse in the last year because of their sexuality <<**

>> 7.1.2 REPORTING ABUSE AND ASSAULT TO THE POLICE

All men who reported being verbally abused or physically attacked in the last year were asked whether: **The last time this happened, did you report it to the police?** If so, respondents were asked: **Did you tell the police that it was a homophobic (anti-gay) attack/abuse?**

REPORTING INCIDENT TO THE POLICE/GARDAÍ	% reported to the police			% reported as homophobic		
	Northern Ireland	Republic of Ireland	Overall	Northern Ireland	Republic of Ireland	Overall
Physical attack	37.9 (11/29)	21.2 (11/52)	27.2 (22/81)	90.9 (10/11)	81.8 (9/11)	86.4 (19/22)
Verbal abuse	6.5 (7/108)	1.4 (3/215)	3.1 (10/323)	85.7 (6/7)	100.0 (3/3)	90.0 (9/10)

Overall, a very low percentage of men (3.1%) who suffered verbal abuse had reported it to the police. Those who suffered physical attack were much more likely to report to police, with 27.2% reporting. Almost all men who reported either verbal abuse or physical attack told police it was homophobic in nature. Compared to men in Northern Ireland, men in the Republic of Ireland were much less likely to report either verbal abuse or physical attack to the Gardaí.

- **27.2 % reported physical attacks while only 3.1% reported verbal abuse <<**

>> 7.1.3 REASONS FOR NOT REPORTING

Those who had suffered verbal abuse or physical attack and had not reported the latest incident to the police, or who had reported the incident but not told the police it was homophobic, were asked: **Why did you not report the incident to police as a homophobic (anti-gay) attack/abuse?** and were offered the responses in the table below.

REASONS FOR NOT REPORTING HOMOPHOBIC INCIDENTS AMONG MEN SUFFERING PHYSICAL ATTACK OR VERBAL ABUSE	% verbal abuse not reported			% physical assault not reported		
	Northern Ireland (n=102)	Republic of Ireland (n=215)	Overall (n=317)	Northern Ireland (n=19)	Republic of Ireland (n=43)	Overall (n=62)
I did not feel it was serious enough to bother with	62.7	69.3	67.2	31.6	32.6	32.3
I did not think there was anything the Police could do	43.1	34.4	37.2	36.8	46.5	43.5
I did not think the Police would take me seriously	41.2	30.2	33.8	47.4	32.6	37.1
The Police are homophobic	16.7	8.8	11.4	47.4	25.6	32.3
I am not out / was not out at the time	19.6	14.0	15.8	15.8	20.9	19.4
Other reason	3.9	4.2	4.1	15.8	14.0	14.5

The majority of those who had not reported verbal abuse felt that the incident was not serious enough to bother with (67.2%). Many also thought that there was nothing the Police/Gardaí could do (37.2%) and/or that the Police/Gardaí would not take them seriously (33.8%). A smaller proportion had not reported verbal abuse due to considering the Police/Gardaí to be homophobic (11.4%).

- **67.2% of men who did not report verbal abuse felt that the incident was not serious enough**

Among reasons for not reporting physical attack, not thinking there was anything the police could do (43.5%) was the most common reason for not reporting. Compared to verbal abuse, a larger proportion felt that the Police would not take them seriously (37.1%) with fewer indicating that they felt the incident was not serious enough to bother with (32.3%). A much greater proportion of those who had not reported physical assault considered the police to be homophobic (32.3%).

- **43.5% of men who did not report physical attack did not think there was anything the police could do**

Men from Northern Ireland were more likely to indicate negative views of the Police (would not take seriously or are homophobic) as being the reason for not reporting either verbal abuse or physical assault. <<

>> 7.2 USE OF SEXUAL HEALTH CLINICS (2005)

In the 2005 survey, a series of questions about the last visit to a sexual, GUM (genito-urinary medicine) or HIV clinic was included to determine the period of time since the last visit, the services used and the quality of the clinic experience.

The most recent report from the Gay Men’s Health Service (GMHS) clinic reported 9,530 visits and 1,095 new clients in 2006 and 2007. Of new attendees, 60% were under the age of 30 and nearly a quarter (24%) were under 23. In the GMHS clinic, there were a total of 3,672 STI screens, 2,930 HIV tests, 3,310 Syphilis tests and 1,810 men completed the Hepatitis B vaccine course in 2006 and 2007 (GMHS, 2008a). <<

>> 7.2.1 MOST RECENT CLINIC VISIT

Men were asked: **When was the most recent occasion you went to a sexual health clinic / GUM clinic / HIV clinic?** and were asked to indicate one of: *I've never been to a clinic; more than five years ago; more than a year ago; within the last year but not in the last month; within the last month.*

MOST RECENT VISIT TO SEXUAL HEALTH, GUM, HIV CLINIC	% 2005 (n=1162, missing 3)		
	Northern Ireland (n=294)	Republic of Ireland (n=868)	Overall (n=1162)
Never been to a clinic	56.5	52.4	53.4
More than 5 years ago	4.4	5.2	5.0
More than 1 year ago	9.2	15.3	13.8
Within the last year	24.8	18.8	20.3
Within the last month	5.1	8.3	7.5

Overall, the majority of men (53.4%; n=621) indicated that they had never been to a clinic. Of the 46.6% (n=541) of men who had, 59.7% (n=323) had visited a clinic within the last year and 40.3% (n=218) had not visited a clinic for over one year. Men from Northern Ireland were slightly more likely to have visited within the last year (30.0%) compared to men from the Republic of Ireland (27.1%); however, they were also more likely to never have visited a clinic; 56.5% compared to 52.4% respectively.

- **53.4% of men had never visited a clinic and 59.7% of those who had visited a clinic went within the last year**

The demographic sub-groups most likely to have attended a sexual health clinic in the previous year were men living in and around Belfast and Dublin; between the age of 35 and 39 years; had only male sexual partners in the last year; had over 30 male sexual partners in the last year; men of White ethnicity other than Irish or British; men with a high level of education; men who rate themselves much more attractive than average; and men who have tested positive for HIV. <<

>> 7.2.2 SERVICES USED AT LAST VISIT

Men who had ever been to a sexual health / GUM / HIV clinic were asked: **On that most recent occasion, which of the following services did you get?** They were offered a list of ten services and were asked to tick as many as applied.

SERVICES RECEIVED AT LAST VISIT TO A SEXUAL HEALTH, GUM, OR HIV CLINIC	% visited clinic (n=540)			% visited within the last year (n=323)
	Northern Ireland (n=128)	Republic of Ireland (n=412)	Overall (n=540)	
An HIV test	65.6	76.5	73.9	75.5
A check-up	74.2	68.7	70.0	73.4
Vaccinations against Hepatitis B	22.7	36.4	33.1	36.2
Examination of symptoms / problem	40.6	30.8	33.1	35.0
Information	27.3	29.1	28.7	31.0
Free condoms and lubricant	25.0	23.8	24.1	25.1
Treatment for something other than HIV	17.2	22.6	21.3	20.7
Counselling, or someone to talk to	14.1	18.7	17.6	17.6
Monitoring / treatment for HIV infection	7.0	5.8	6.1	8.7
PEP (Post-exposure prophylaxis)	2.3	0.5	0.9	1.5

At the most recent clinic visit, the most common services were HIV testing and a non-symptomatic check-up for STIs (73.9% and 70.0% respectively). A third (33.1%) of clinic attendees visited to have a Hepatitis B vaccination and/or to have STI symptoms examined. Among those who attended within the last year, the most common services received were similar, with moderate increases observed in most services.

- **75.5% of men who attended a clinic in the last year visited for HIV testing and 73.4% visited for non-symptomatic check-ups for STIs <<**

Proportions of men using services differed between Northern Ireland and the Republic of Ireland. Of significant difference was the greater proportion of men in the Republic of Ireland who received a Hepatitis B vaccination (36.4%; 95%CI 31.9-41.2) during the most recent visit. Men in the Republic were also more likely to have had an HIV test (76.5% vs. 65.6%). Men in Northern Ireland were more likely to have had a non-symptomatic check-up (74.2% vs. 68.7%), but were also more likely to have had STI symptoms examined (40.6% vs. 30.8%).

>> 7.2.3 OFFER OF AN HIV TEST

It is recommended that all gay and bisexual men (not already diagnosed with HIV) be offered an HIV test when attending any sexual health clinic (Rogstad *et al.*, 2006). Men who had ever attended a clinic and who had not already been diagnosed with HIV were asked: **On that most recent occasion, were you offered an HIV test?**

OFFER OF AN HIV TEST AT MOST RECENT CLINIC VISIT, AMONG MEN WHO HAD NOT ALREADY BEEN DIAGNOSED WITH HIV	% offered HIV test at most recent visit		
	Northern Ireland	Republic of Ireland	Overall
Visit in the last year (n=298)	82.5	84.4	83.9
Last visit 1 to 5 years ago (n=158)	70.4	87.0	84.2
Last visit more than 5 years ago (n=55)	18.2	63.6	54.5
Total of all clinic attendees	73.7	83.0	80.8

Receiving an offer of an HIV test was quite high but not universal; 83.9% of those whose last visit was in the last year were offered an HIV test. Men least likely to be offered an HIV test at their last clinic attendance were living outside of Belfast or Dublin and reported no male sexual partners in the last year.

- **16.1% of men who visited a clinic in the last year reported not being offered an HIV test <<**

>> 7.2.4 QUALITY OF CLINIC EXPERIENCE AT LAST VISIT

In 2005, men were asked: *Thinking about that visit, indicate whether you disagree or agree with the following statements...* The following table gives the service quality statements, and the proportions indicating each point on the five-point agreement scale.

CLINIC QUALITY INDICATORS		% response				
		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The staff listened carefully to what I said	Overall (n=531)	1.7	4.5	10.0	52.0	31.8
	NI (n=127)	3.1	3.9	5.5	48.0	39.4
	ROI (n=404)	1.2	4.7	11.4	53.2	29.5
I was treated with courtesy and respect	Overall (n=534)	1.5	4.5	6.9	43.8	43.3
	NI (n=128)	2.3	3.1	5.5	44.5	44.5
	ROI (n=406)	1.2	4.9	7.4	43.6	42.9
The staff seemed to know their job well	Overall (n=531)	0.2	1.5	5.1	48.6	44.6
	NI (n=127)	0.8	0.8	1.6	48.0	48.8
	ROI (n=404)	0.0	1.7	6.2	48.8	43.3
I'd recommend that clinic to other gay men	Overall (n=532)	1.7	2.1	10.5	39.9	45.8
	NI (n=128)	1.6	0.8	7.9	43.3	46.5
	ROI (n=404)	1.7	2.5	11.4	38.9	45.5
I felt able to talk about the risks involved with the sex I'd had	Overall (n=532)	3.6	8.6	12.4	48.3	27.1
	NI (n=128)	5.5	11.7	7.0	44.5	31.2
	ROI (n=404)	3.0	7.7	14.1	49.5	25.7

The majority of respondents agreed or strongly agreed with all five statements. The statement with the greatest agreement was *The staff seemed to know their job well*, with 93.2% who agreed or strongly agreed. The statement *I felt able to talk about the risks involved with the sex I'd had* received the lowest proportion of respondents who agreed or strongly agreed (75.4%). This was followed by *I'd recommend that clinic to other gay men* with 85.7% of respondents who agreed or strongly agreed. Overall, there is little difference between respondents in Northern Ireland or the Republic of Ireland, except a greater proportion of responses by men from the Republic of Ireland who chose *Not sure*.

- **24.6% of all men did not feel able to talk to clinic staff about the risks involved with the sex they had, and 14.3% of men would not recommend visited clinic to other gay men <<**

>> 7.3 AWARENESS OF POST EXPOSURE PROPHYLAXIS (2005)

Post Exposure Prophylaxis (PEP) is a four-week course of anti-HIV drugs. It attempts to stop HIV infection taking place after a person is exposed to the virus. Treatment should be started as soon as possible after exposure and definitely within 72 hours (three days). This information about PEP was given to men during the survey and respondents were asked a series of questions to ascertain the level of knowledge and exposure they had with regard to this preventative intervention.

KNOWLEDGE ABOUT PEP	% 2005 (n=1163, missing 2)		
	Northern Ireland (n=293)	Republic of Ireland (n=870)	Overall (n=1163)
Have heard of PEP	29.4	19.5	22.0
Have tried to get PEP	0.0	0.7	0.5
Have taken PEP	0.0	0.2	0.2
Know someone who has received PEP	2.7	2.9	2.8

Overall, less than a quarter (22.0%; n=256) of men indicated that they had heard of PEP, with men in the Republic of Ireland significantly less likely to have heard of PEP (19.5%; 95%CI 17.0-22.3) compared to men in Northern Ireland (29.4%; 95%CI 24.4-34.8). A small proportion of men (2.8%; n=33) indicated that they know someone who has received PEP; 0.5% (n=6) tried to get PEP; and 0.2% (n=2) indicated that they have taken PEP.

- **19.5% of men from the Republic of Ireland had heard of PEP, significantly less than men from Northern Ireland (29.4%)**

To determine the level of acceptance of using PEP as a preventative intervention, men who had not been diagnosed with HIV were further asked: *If you thought you had been exposed to HIV would you consider trying to get PEP?*

CONSIDERATION OF OBTAINING PEP IF THOUGHT EXPOSED TO HIV (OF MEN NOT DIAGNOSED WITH HIV)	% 2005 (n=1126, missing 5)		
	Northern Ireland (n=284)	Republic of Ireland (n=842)	Overall (n=1126)
No, wouldn't consider	2.1	2.4	2.3
Yes, would consider	75.7	72.1	73.0
Maybe would consider	22.2	25.5	24.7

Approximately three-quarters (73.0%) of all men indicated that they would consider trying to get PEP if they thought they had been exposed to HIV, with the remaining quarter (24.7%) indicating that they would maybe consider it. A small proportion of men (2.3%) indicated that they would not consider trying to get PEP.

- **73.0% of men would consider obtaining PEP if they thought they had been exposed to HIV and 24.7% would maybe consider <<**

>> 7.4 HIV PREVENTION NEEDS (2006)

In an effort to identify unmet HIV prevention needs, the 2006 survey asked a series of questions that try to measure the extent to which HIV prevention needs are met across the sample. The survey included one attitudinal item, four indicators of need and one item that was designed to establish what proportion of the sample would like to be involved in meeting the HIV prevention needs of other gay and bisexual men. This information helps to inform the need for further HIV prevention interventions. <<

>> 7.4.1 PERCEPTIONS OF HIV SEVERITY

It has been suggested that knowledge of changes in HIV clinical management have reduced the perceived severity of HIV, which in turn has influenced sexual behaviours (Weatherburn *et al.*, 2008). To address what remains a popular but deeply flawed explanation for continuing HIV incidence, the 2006 survey included one attitudinal item. Men were asked to agree or disagree with the statement: **HIV is still a very serious medical condition.**

RESPONSE BY COUNTRY OF RESIDENCE		% by response				
		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
HIV is still a very serious medical condition	Overall (n=843)	0.5	0.2	1.7	13.4	84.2
	Northern Ireland (n=209)	0.0	0.0	1.9	11.0	87.1
	Republic of Ireland (n=634)	0.6	0.3	1.6	14.2	83.3

Overall, 84.2% (n=710) of men strongly agreed that HIV was a very serious medical condition and 13.4% (n=113) agreed. This makes 97.6% who agreed with this statement. Another 1.7% (n=14) were not sure whether HIV remained a very serious medical condition. In total, only 0.7% (n=6) either disagreed or strongly disagreed with the statement.

- **2.4% of all men did not agree that HIV is still a very serious medical condition <<**

Related to HIV testing history, disagreement with the statement was more common among men who have tested positive for HIV, while those who were not sure had most likely never tested. Almost all men (99.5%) whose last test was negative were in agreement that HIV remains a serious condition. Complacency about HIV and men not being bothered whether or not they pick up or pass on HIV, are poor explanations for continuing HIV risk behaviours. <<

>> 7.4.2 ABILITY FOR SEX TO BE AS SAFE AS MEN WANT IT TO BE

Men were asked to agree or disagree with the statement: **The sex I have is always as safe as I want it to be.** Any disagreement was taken as an indicator of HIV prevention need as this signifies a level of sexual safety that was personally unsatisfactory.

RESPONSE BY COUNTRY OF RESIDENCE		% by response				
		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
The sex I have is always as safe as I want it to be.	Overall (n=843)	1.4	8.2	10.1	28.9	51.4
	Northern Ireland (n=209)	2.4	10.5	8.6	28.7	49.8
	Republic of Ireland (n=634)	1.1	7.4	10.6	29.0	51.9

Overall, more than half (51.4%, n=433) of men strongly agreed that the sex they had was always as safe as they wanted it to be and 28.9% (n=244) agreed; therefore 80.3% of men agreed with this statement. Of the remainder, 10.1% (n=85) were not sure; 8.2% (n=69) disagreed and 1.4% (n=12) strongly disagreed with this statement. This indicates that 19.7% of respondents did not agree that their own sexual behaviour was always as safe as they would like it to be.

- **19.7% of men did not agree that the sex they had was always as safe as they would like it to be <<**

>> 7.4.3 NEED TO NOT EXPECT POSITIVE PARTNERS TO DISCLOSE BEFORE SEX

Expecting people with HIV to disclose their status before sex can result in a perception that if one is not told, then the partner does not have HIV, leading to misjudgements of sexual risk (Weatherburn *et al.*, 2008). Men were asked to agree or disagree with the statement: ***I’d expect a man with HIV to tell me he was positive before we had sex.*** Any agreement was taken as an indicator of HIV prevention need.

RESPONSE BY COUNTRY OF RESIDENCE		% by response				
		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I’d expect a man with HIV to tell me he was positive before we had sex	Overall (n=843)	3.4	6.5	6.5	13.8	69.8
	Northern Ireland (n=209)	1.4	5.3	6.7	13.9	72.7
	Republic of Ireland (n=634)	4.1	6.9	6.5	13.7	68.8

Overall, 69.8% (n=588) of all men strongly agreed and 13.8% (n=116) agreed with this statement, with a further 6.5% (n=55) who were not sure. Combining these responses indicates that 90.0% of all men expected disclosure of HIV positive status from potential sexual partners. Only 6.5% (n=55) of respondents disagreed and 3.4% (n=29) strongly disagreed. Agreement with this statement was slightly higher among men from Northern Ireland (93.3%) than men from the Republic of Ireland (89.0%).

- **90.0% of men expected disclosure of HIV positive status from sexual partners** <<

>> 7.4.4 DEMOGRAPHIC VARIATION OF INDICATORS OF UNMET HIV PREVENTION NEEDS

Appendix 7 illustrates how unmet HIV prevention needs varied by demographic groups. These three items were intended to be direct measures of appreciation of the severity of HIV infection, concern about sexual safety and unrealistic expectations about HIV disclosure. As indicators of unmet HIV prevention needs, it is important to identify any demographic variation. Men who responded not sure were included in the following analysis.

Disagreement with the statement *HIV is still a very serious medical condition* was low across all demographic groups; however, disagreement was greatest among men who tested HIV positive (14.3%; n=3); men with 13 or more male sexual partners in the last year (5.8%; n=8); men who had sex with both men and women (5.5%; n=6); men with a low level of education (4.6%; n=3); men aged 20-24 (4.5%; n=8); and men of an ethnicity other than White (8.0%; n=2).

The proportion of men disagreeing with the statement *The sex I have is always as safe as I want it to be* was greatest among men under the age of 20 (24.7%; n=18); men who have tested HIV positive (33.3%; n=7); men who had sex with both men and women (26.4%; n=29); and men with five or more male sexual partners in the last year (28.6%; n=87).

The majority of men in all demographic groups were in agreement with the statement *I’d expect a man with HIV to tell me he was positive before we had sex.* The lowest level of agreement was among men who had tested positive for HIV (57.1%; n=12). Agreement was greatest among men under the age of 30 (94.9%; n=429); White British men (94.3%; n=148); men who had never tested for HIV (95.7%; n=381); and men with no male partners in the last year (94.7%; n=54). <<

>> 7.4.5 NEEDS AND ASSETS FOR SOCIAL INFRASTRUCTURE INTERVENTIONS

Men were asked to indicate on a five-point scale whether they agreed or disagreed with the following three statements as indicators of need for social infrastructure interventions: *I'd know where to go if I wanted to make some new friends; I'd like more ways of meeting other gay men that don't revolve around sex; and I would like to be more involved in promoting the health of gay and bisexual men.* Agreement or disagreement was taken as an indicator of social need.

RESPONSE BY COUNTRY OF RESIDENCE		% by response				
		Strongly disagree	Disagree	Not sure	Agree	Strongly agree
I'd know where to go if I wanted to make some new friends	Overall (n=848)	4.0	9.3	26.2	37.0	23.5
	NI (n=211)	1.9	6.6	18.5	41.8	31.3
	ROI (n=637)	4.7	10.2	28.7	35.5	20.9
I'd like more ways of meeting other gay men that don't revolve around sex	Overall (n=848)	2.4	7.1	10.5	34.7	45.4
	NI (n=211)	1.9	5.2	13.7	36.0	43.1
	ROI (n=637)	2.5	7.7	9.4	34.2	46.2
I would like to be more involved in promoting the health of gay and bisexual men	Overall (n=848)	2.7	12.5	33.7	30.4	20.6
	NI (n=211)	2.4	11.8	29.9	31.3	24.6
	ROI (n=637)	2.8	12.7	35.0	30.1	19.3

Disagreement with the first statement is taken as indicating a need for social structures and meeting places where gay men can go to form new friendships. Overall, 39.5% of men did not know where to go to make new friends. Disagreement with this statement was greater among men from the Republic of Ireland (43.6%) than men from Northern Ireland (27.0%).

- **39.5% of men did not know where to go if they wanted to make new friends**

Agreement with the second statement is taken as an indicator of need for gay meeting places and networks that do not presume sexual intent. The majority of all men (80.1%) agreed with this statement, indicating a great need for non-sexual avenues for men to meet other gay men.

- **80.1% of men would like more ways of meeting other gay men that not revolve around sex**

Agreement with the third statement is taken as evidence of the size of the potential resource gay and bisexual men represent, as well as evidence of a need for volunteering opportunities and community involvement projects. Over half (51.1%) of all men indicated that they would like to be more involved in promoting the health of gay and bisexual men. Agreement with this statement was greater among men from Northern Ireland (55.9%) than men from the Republic of Ireland (49.5%).

- **51.1% of men would like to be more involved in promoting the health of gay and bisexual men <<**

>> 7.4.6 DEMOGRAPHIC VARIATION OF NEEDS AND ASSETS FOR SOCIAL INFRASTRUCTURE INTERVENTIONS

Appendix 8 outlines the needs and assets for social infrastructure interventions varied by demographic groups. These three items were intended to be measures of social need and the potential for peer education activities. Men who responded *not sure* were considered to disagree with statement in the following analysis.

Disagreement with the statement *I'd know where to go if I wanted to make some new friends* was greatest among

men who have tested HIV positive (57.1%; n=12); men with no male sexual partners in the last year (55.2%; n=32); men in the Republic of Ireland who are not residing in Dublin City and County (46.4%; n=102); and men under the age of 30 (42.5%; n=193).

The majority of men in all demographic groups were in agreement with the statement *I'd like more ways of meeting other gay men that don't revolve around sex*, with the exception of men who indicated having sex with both men and women in the last year (46.4%; n=52). Agreement with the statement was greatest among men aged 25 to 39 (84.5%; n=347); men who had no sexual partners (87.9%; n=51) or only had male sexual partners in the last year (85.4%; n=571); men with fewer than 13 male sexual partners in the last year (81.8%; n=521); White British men (83.4%; n=131) and men of White ethnicity other than Irish or British (81.8%; n=36).

Agreement with the statement *I would like to be more involved in promoting the health of gay and bisexual men* was greatest among men under the age of 25; men of ethnicity other than White (61.5%; n=16); men who have tested positive for HIV (57.1%; n=12); and men who had no (63.8%; n=37) or one male sexual partner in the last year (57.1%; n=112). <<

>> 8 SUMMARY AND IMPLICATIONS FOR PLANNING

This chapter summarises the main points of the previous chapters with a discussion on the implications for planning programmes and policies to meet the needs of gay and bisexual men and other men who have sex with men. <<

>> 8.1 SAMPLE DESCRIPTION

- 51.9% of respondents lived near the urban areas of Dublin, Cork and Belfast.
- Nearly one-third of men were aged 24 or younger and over half were under the age of 30.
- 6.8% of respondents identified with an ethnicity other than White Irish or British.
- Over three-quarters of respondents had participated in full-time higher education.
- Approximately half (49.4%) of respondents do not currently practice a religion.
- 74.7% of the sample are men who exclusively had sex with other men, while 18.2% of men who had sex with men also had sex with women.
- 77.2% of the sample identified as 'Gay' and 14.0% as 'Bisexual'.
- Approximately 42% of men had a regular male sexual partner.
- In Northern Ireland, 8.7% of respondents were in a civil partnership with another man.
- Approximately 70% of men had more than one male sexual partner in the last year, while over one-third had more than four partners.
- 51.1% of men felt they were of average attractiveness compared to other men their age, while 11.4% felt they were below average.
- Men live in a variety of household arrangements, with 48.0% either living alone or with a male partner.

The similarities between this sample and the samples from the previous *All-Ireland Gay Men's Sex Surveys* suggests they are drawn from a similar population. However, without knowing the profile of the gay and bisexual population in Ireland, it is not possible to determine the extent to which this sample is representative of the entire population.

Compared to the population of men who have sex with men in Ireland, it is likely that the survey respondents in this sample are more likely to be younger, have sex with men only, be of White Irish or British backgrounds and be 'out' about their sexuality. Men who are covert about their sexual behaviour or 'in the closet' are more difficult to access for research as well as for intervention programmes. <<

>> 8.2 HIV AND HEPATITIS C TESTING

- One in two men (50.8%) have not tested for HIV.
- 2.2% of men in the sample had tested HIV positive, representing 4.6% of those who had tested.
- Approximately 60% of men who indicated their last test was negative reported their most recent test was in the previous year.
- Nearly 2% of men who tested for HIV within the previous year received a positive diagnosis.
- Never testing for HIV is higher among men living outside of Dublin.
- Two-thirds of men aged 24 and under had never been tested for HIV.
- 71.1% of men who had received a positive test result were aged between 25 and 40 years.
- Men of White ethnicity other than Irish or British were most likely to have tested and were also most likely to test positive for HIV.
- Men with a high level of education were more likely to have tested for HIV.
- 61.9% of men who had sex with both men and women had never tested for HIV.
- Men with 13 or more partners were more likely to have tested and were also more likely to test positive for HIV.
- 51.1% of respondents have never tested for Hepatitis C.

With one in two men indicating that they have never been tested for HIV, further interventions are required to encourage HIV testing among gay and bisexual men in Ireland. Specific targeting is required among men under the age of 30; men who have sex with both men and women; men with lower levels of education; and men residing in areas outside of Dublin.

The demographics of men who have tested positive for HIV suggest that HIV prevention programmes should be prioritised for men under the age of 40 and men with higher numbers of male sexual partners. The figures also suggest that men with a low level of education and men of ethnicity other than White Irish or British should be targeted.

Based on recent UK research suggesting a significant rise in Hepatitis C among MSM, targeted interventions are also required to encourage Hepatitis C testing among HIV positive men and men who have high numbers of male sexual partners. <<

>> 8.3 SEXUAL BEHAVIOURS AND HIV TRANSMISSION RISKS

HIV sero-concordancy and condom use

- 73.6% of respondents had sex with a man whose status they did not know.
- 44.1% of respondents had unprotected anal intercourse (UAI) in the previous year.
- 29.9% of men who had UAI in the last year did so with a partner not known to have same HIV status.
- 12.5% of men who used condoms experienced failure, with inconsistent condom use significantly associated with condom failure.

With three-quarters of men indicating they had sex with a man whose status they did not know and approximately 30% of men having UAI with a man not known to have the same HIV status, there is a need to target gay and bisexual men’s assumptions of their sexual partners’ status. Men who have sex with men often make assumptions about their partners’ HIV status and this can have a detrimental impact on their sexual health.

To address condom failure during insertive anal intercourse, the promotion of consistent condom use among MSM is required. This includes the need to address the common risk behaviours that contribute to condom failure, such as proper condom size, use of adequate amounts of lubricant and the amount of time spent engaged in insertive anal intercourse using the same condom.

Prevalence of sexual behaviours

- 56.9% of men who had receptive oral sex took cum/pre-cum into their mouths.
- One in two (50.3%) of all men who had sex with a man in the last year engaged in unprotected anal intercourse.
- Men who engaged in fisting or water-sports were significantly more likely to have had UAI in the last year.

Further strategies need to be adopted to ensure men are making informed decisions about the sexual risks they take. To reduce the risk of infection with HIV or other STIs, it is important to ensure quality information about safe sexual practices and risk reduction strategies is available in an accessible manner for all men who have sex with men.

Use of poppers during sex

- 43.1% of men who had sex with a man in the last year used poppers at least once in that time period.
- 6.5% of all men who had sex with a man in the last year had used poppers during RUAI with a partner not known to have same HIV status.

- 65.8% of men reporting five or more male sexual partners in the last year used poppers and 13.7% used them during RUAI with a partner not known to have same HIV status.

With the widespread use of poppers among respondents, a campaign to highlight the risks of using poppers during sex has the potential to be promoted throughout Ireland. HIV transmission risk is particularly high among men who reported a high number of male sexual partners as they were more likely to have had UAI and were also much more likely to use poppers while doing so. <<

>> 8.4 DRUG USE AND SMOKING

- 39.8% of men in the sample smoked tobacco and 32.1% of men were cigarette smokers.
- The highest level of smoking was indicated by men who had tested HIV positive, with 66.7% smoking.
- 87.9% of men used alcohol in the last year and 64.3% used it once a week or more.
- 54.0% of men used recreational drugs in the last year, with a significantly higher level of use of poppers, marijuana, ecstasy, cocaine, speed and LSD, compared to the general population.
- Poly-drug use is the norm among men using recreational drugs.
- 74.8% of cigarette smokers want to quit smoking.
- 31.2% of alcohol drinkers were concerned about their alcohol use, representing 26.9% of the entire sample.
- 20.1% of men who used recreational drugs were concerned about their use, representing 10.2% of the entire sample.

This survey found that the proportion of gay and bisexual men who smoked tobacco was similar to the general population. With three-quarters of cigarette smokers indicating they want to stop smoking, there is a need to promote the availability of smoking cessation methods and programmes to gay and bisexual men. Among the men who had tested positive for HIV, smoking was highly prevalent and they were most likely heavy smokers. With the ramifications for their health, this indicates a need for the promotion of smoking cessation programmes for diagnosed positive men.

Strategies must also be implemented to target alcohol and drug use. Although this survey found that the proportion of gay and bisexual men who used alcohol was similar to the general population, two-thirds of men drink alcohol once a week or more and over one-quarter indicated a concern about their alcohol use. However, the use of recreational drugs was widespread and significantly higher than the general population. With an association between high numbers of male sexual partners and alcohol and drug use, there is a need to include harm reduction services as part of comprehensive health promotion strategies. <<

>> 8.5 UNMET HIV PREVENTION AND OTHER HEALTH NEEDS

Experience of abuse, attack and police reporting

- 7.1% of men were physically attacked and 28.3% were verbally abused in the last year due to their sexuality, with men in Northern Ireland more likely to report attack or abuse.
- 54.2% of men aged 19 or younger had experienced verbal abuse in the last year because of their sexuality.
- 27.2 % reported physical attacks while only 3.1% reported verbal abuse.
- 67.2% of men who did not report verbal abuse felt that the incident was not serious enough.
- 43.5% of men who did not report physical attack did not think there was anything the police could do.

The issue of homophobia needs to be addressed in the general population to avert the prevalence of homophobic physical attacks and verbal abuse experienced by gay and bisexual men in Ireland. One strategy is to further promote the police services in the Republic of Ireland and Northern Ireland as LGBT-friendly and supportive of dealing with homophobic incidents.

Use of sexual health clinics

- 53.4% of men had never visited a clinic and 59.7% of those who had visited a clinic went within the last year.
- 75.5% of men who attended a clinic in the last year visited for HIV testing and 73.4% visited for non-symptomatic check-ups for STIs.
- 16.1% of men who visited a clinic in the last year reported not being offered an HIV test.
- 24.6% of all men did not feel able to talk to clinic staff about the risks involved with the sex they had and 14.3% of men would not recommend the visited clinic to other gay men.

Similar to the number of men who have never tested for HIV, over half of men indicated that they had never visited a sexual health clinic. There is a need to further promote the availability of sexual health clinics, as well as encouraging testing, especially among younger men and men living outside of the urban areas of Dublin and Belfast. As not all men who visited a clinic in the last year reported being offered an HIV test, it is important to promote universal HIV testing in clinics.

With one-quarter of men not feeling able to discuss the risks involved in the sex they had with clinical staff, additional strategies are required to enable gay and bisexual men to more comfortably discuss their sexual behaviours in a clinical setting. This includes providing further support for clinical staff to be able to discuss homosexual sex with clients.

Awareness of post exposure prophylaxis (PEP)

- 19.5% of men from the Republic of Ireland had heard of PEP, significantly less than men from Northern Ireland (29.4%).
- 73.0% of men would consider obtaining PEP if they thought they had been exposed to HIV and 24.7% would maybe consider.

At the time of this survey, little information was available for gay and bisexual men on post exposure prophylaxis (PEP). In 2008, the Gay Health Network produced an information leaflet on PEP. With the high level of acceptance of using PEP as a preventative intervention, further awareness of PEP would be necessary to explain what it is, when one should consider using it and where and how one could obtain it.

HIV prevention needs

- 2.4% of all men did not agree that HIV is still a very serious medical condition.
- 19.7% of men did not agree that the sex they had was always as safe as they would like it to be.
- 90.0% of men expected disclosure of HIV positive status from sexual partners.
- 39.5% of men did not know where to go if they wanted to make new friends.
- 80.1% of men would like more ways of meeting other gay men that do not revolve around sex.
- 51.1% of men would like to be more involved in promoting the health of gay and bisexual men.

The indicators of unmet HIV prevention needs suggests that additional HIV prevention programmes need to be aimed at men under the age of 30 and men who have sex with both men and women. One indicator of serious concern was the almost universal expectation among gay and bisexual men for HIV positive sexual partners to disclose their status. This highlights the need to further challenge HIV-related stigma and discrimination in society and address the assumptions gay and bisexual men make about their sexual partners, as well as provide support for HIV positive men surrounding issues of disclosure.

Negotiating safer sex with sexual partners is an important skill. Based on the finding that one in five men felt that the sex they had was not always as safe as they would like it to be, strategies need to be developed for MSM to more easily negotiate and discuss safer sex with their partners. These interventions particularly need to target younger men, men who are HIV positive and men who have sex with both men and women.

The survey also indicated needs and assets for social infrastructure interventions. With 80% of men wanting more ways of meeting other gay men that do not revolve around sex and nearly 40% of men not knowing where to go to make new friends, there is a need for the promotion and formation of a variety of social networks and meeting places for gay and bisexual men. This is particularly required for men living outside of the urban centres of Dublin and Belfast, men under the age of 30, HIV positive men and men with no sexual or regular male partners. <<

>> APPENDICES: DEMOGRAPHIC VARIATION OF DATA

>> APPENDIX 1: DEMOGRAPHIC VARIATION OF HEPATITIS C TESTING HISTORY

This table highlights the variation of HCV testing among various demographic groups (see Section 4.2).

HCV TESTING HISTORY BY DEMOGRAPHIC GROUPS		% HCV testing		
		Yes	No	Don't know
All men (n=852)		40.8	51.1	8.1
Area of residence Health Service Executive Region (Republic of Ireland)	Dublin City and County (n=199)	50.3	42.7	7.0
	HSE Mid-Leinster (n=22)	27.3	63.6	9.1
	HSE South (n=133)	41.4	52.6	6.0
	HSE West (n=50)	44.0	46.0	10.0
	HSE North East (n=17)	41.2	58.8	0.0
	Unknown (n=221)	38.9	54.8	6.3
	Total Republic of Ireland (n=642)	42.3	50.3	7.3
Health and Social Services Board (Northern Ireland)	Eastern HSSB (n=116)	40.5	47.4	12.1
	Northern HSSB (n=38)	28.9	60.5	10.5
	Southern HSSB (n=22)	45.5	40.9	13.6
	Western HSSB (n=32)	28.1	71.9	0.0
	Total Northern Ireland (n=210)	36.2	53.3	10.5
Age	<20 (n=75)	12.0	86.7	1.3
	20 – 24 (n=180)	38.3	56.7	5.0
	25 – 29 (n=203)	45.3	44.8	9.9
	30 – 39 (n=212)	49.5	42.0	8.5
	40 – 49 (n=129)	48.1	44.2	7.8
	50+ (n=52)	30.8	57.7	11.5
Ethnicity	White Irish (n=626)	42.7	50.6	6.7
	White British (n=158)	36.1	53.2	10.8
	White other (n=44)	43.2	50.0	6.8
	Other (n=25)	48.0	44.0	8.0
Level of education	Low (n=65)	36.9	49.2	13.8
	Medium (n=144)	34.7	60.4	4.9
	High (n=642)	43.6	49.1	7.3
HIV testing history	Never tested (n=406)	8.1	86.7	5.2
	Tested negative (n=419)	71.6	18.9	9.5
	Tested positive (n=21)	76.2	9.5	14.3
Gender of sexual partners in the last year	No partners (n=58)	15.5	81.0	3.4
	Women only (n=9)	0.0	88.9	11.1
	Men & women (n=112)	35.7	56.2	8.0
	Men only (n=675)	45.3	47.0	7.7
Number of male sexual partners in the last year	One (n=199)	39.2	55.3	5.5
	2, 3 or 4 (n=274)	35.8	56.9	7.3
	5 to 12 (n=169)	52.1	40.2	7.7
	13 to 29 (n=89)	57.3	32.6	10.1
	30+ (n=50)	56.0	30.0	14.0

>> APPENDIX 2: DEMOGRAPHIC VARIATION OF SEXUAL BEHAVIOURS

This table illustrates how the proportion of men who had engaged in any UAI, fisting and water-sports varied across the demographic characteristics (see Section 5.3.4). Proportions greater than the value for all men who had sex with a man in the last year are highlighted in bold.

SEXUAL BEHAVIOURS OF MEN WHO HAD SEX WITH A MAN IN THE LAST YEAR BY DEMOGRAPHIC GROUPS % WHO ENGAGED IN EACH SEXUAL ACT IN LAST YEAR		Any UAI	Any fisting	Any water-sports
All men (n=778)		50.3	9.0	13.2
Area of residence Health Service Executive Region (Republic of Ireland)	Dublin City and County (n=184)	52.2	10.3	15.2
	HSE Mid-Leinster (n=18)	38.9	5.6	5.6
	HSE South (n=121)	45.5	5.8	11.6
	HSE West (n=44)	50.0	6.8	18.2
	HSE North East (n=16)	68.8	18.8	25.0
	Unknown (n=202)	49.5	9.4	9.4
Health and Social Services Board (Northern Ireland)	Eastern HSSB (n=109)	54.1	10.1	14.7
	Northern HSSB (n=32)	37.5	9.4	6.2
	Southern HSSB (n=20)	65.0	10.0	15.0
	Western HSSB (n=31)	51.6	6.5	25.8
Age	<20 (n=58)	37.9	22.4	13.8
	20 – 24 (n=164)	51.2	10.4	15.2
	25 – 29 (n=182)	50.5	6.0	12.1
	30 – 39 (n=201)	60.2	7.5	12.4
	40 – 49 (n=125)	40.8	5.6	12.8
	50+ (n=47)	44.7	12.8	14.9
	Ethnicity	White Irish (n=569)	48.7	8.4
White British (n=146)		54.8	8.2	15.8
White other (n=41)		58.5	12.2	7.3
Other (n=22)		45.5	22.7	13.6
Level of education	Low (n=55)	54.5	10.9	16.4
	Medium (n=124)	44.4	12.1	12.9
	High (n=595)	50.9	8.2	13.1
HIV testing history	Never tested (n=346)	43.9	8.1	10.4
	Tested negative (n=407)	54.8	8.6	15.5
	Tested positive (n=19)	73.7	31.6	21.1
Gender of sexual partners in the last year	Men & women (n=109)	42.2	11.0	11.0
	Men only (n=669)	51.6	8.7	13.6
Regular male partner	Yes (n=385)	64.7	12.5	17.1
	No (n=390)	36.4	5.6	9.5
Number of male sexual partners in the last year	One (n=198)	51.5	4.5	5.6
	2, 3 or 4 (n=273)	41.8	4.4	11.0
	5 to 12 (n=167)	52.1	10.8	16.2
	13 to 29 (n=89)	59.6	13.5	18.0
	30+ (n=51)	68.6	31.4	37.3

>> APPENDIX 3: DEMOGRAPHIC VARIATION OF USE OF POPPERS

This table shows how poppers uses varied across the demographic groups (see Section 5.4.1). Proportions greater than the value for all men are highlighted in bold.

USE OF POPPERS AMONG ALL MEN WHO HAD SEX WITH A MAN IN THE LAST YEAR BY DEMOGRAPHIC GROUPS		% use of poppers			
		Any use	During RAI	During RUAI	During RUAI with unknown status
All men (n=784)		43.1	26.3	13.6	6.5
Area of residence Health Service Executive Region (Republic of Ireland)	Dublin City and County (n=184)	47.3	31.0	16.8	9.2
	HSE Mid-Leinster (n=18)	61.1	27.8	5.6	0.0
	HSE South (n=122)	36.1	24.6	11.5	4.1
	HSE West (n=44)	38.6	18.2	6.8	2.3
	HSE North East (n=16)	56.2	56.2	37.5	18.8
	Unknown (n=204)	37.3	21.6	11.3	6.4
Health and Social Services Board (Northern Ireland)	Eastern HSSB (n=109)	59.6	37.6	21.1	9.2
	Northern HSSB (n=32)	40.6	12.5	6.2	0.0
	Southern HSSB (n=21)	38.1	14.3	4.8	4.8
	Western HSSB (n=31)	19.4	12.9	9.7	3.2
Age	<20 (n=59)	37.3	23.7	10.2	5.1
	20 – 24 (n=168)	44.6	26.2	13.7	4.8
	25 – 29 (n=183)	45.9	29.5	15.8	9.3
	30 – 39 (n=202)	44.1	23.8	14.9	7.9
	40 – 49 (n=124)	41.9	28.2	9.7	4.0
	50+ (n=48)	33.3	22.9	14.5	4.2
Ethnicity	White Irish (n=573)	42.8	25.8	13.4	6.1
	White British (n=148)	48.6	29.7	14.9	6.8
	White other (n=41)	36.6	24.4	14.6	9.8
	Other (n=21)	28.6	19.0	9.5	9.5
Level of education	Low (n=57)	45.6	35.1	19.3	14.0
	Medium (n=124)	47.6	29.8	13.7	7.3
	High (n=599)	42.1	24.7	13.0	5.5
HIV testing history	Never tested (n=346)	38.4	22.3	13.0	6.4
	Last test negative (n=410)	47.1	29.0	13.2	5.4
	Tested HIV positive (n=19)	52.6	47.4	42.1	36.8
Gender of sexual partners in the last year	Men & women (n=111)	36.9	23.4	13.5	7.2
	Men only (n=673)	44.1	26.7	13.7	6.4
Regular male partner	Yes (n=388)	44.3	28.4	18.6	9.0
	No (n=393)	42.2	24.4	8.9	4.1
Number of male sexual partners in the last year	One (n=199)	25.6	12.6	9.5	1.5
	2, 3 or 4 (n=273)	30.0	16.8	7.7	1.8
	5 to 12 (n=169)	59.2	36.7	14.8	8.9
	13 to 29 (n=89)	73.0	47.2	28.1	16.9
	30+ (n=49)	75.5	57.1	32.7	24.5

>> APPENDIX 4: DEMOGRAPHIC VARIATION OF SMOKING

This table illustrates how smoking cigarettes varied across the different demographic groups (see Section 6.1.1). Figures in bold represent demographic groups that have a higher prevalence of cigarette smoking than the average of all men in the sample.

CIGARETTE SMOKING AMONG ALL MEN		% cigarette smoking		
		No cigarettes	<10 per day	10+ per day
All men (n=1160)		67.9	11.5	20.6
Area of residence Health Service Executive Region (Republic of Ireland)	Dublin City and County (n=320)	68.8	12.8	18.4
	HSE Mid-Leinster (n=29)	72.4	13.8	13.8
	HSE South (n=199)	68.8	7.5	23.6
	HSE West (n=89)	70.8	7.9	21.3
	HSE North East (n=22)	59.1	13.6	27.3
	Unknown (n=205)	74.1	9.3	16.6
Health and Social Services Board (Northern Ireland)	Eastern HSSB (n=164)	61.6	12.8	25.6
	Northern HSSB (n=53)	62.3	17.0	20.8
	Southern HSSB (n=34)	67.6	11.8	20.6
	Western HSSB (n=37)	51.4	24.3	24.3
Age	<20 (n=120)	68.3	20.0	11.7
	20 – 24 (n=285)	68.8	13.7	17.5
	25 – 29 (n=251)	62.2	10.4	27.5
	30 – 39 (n=296)	65.2	12.2	22.6
	40 – 49 (n=143)	75.5	4.2	20.3
	50+ (n=58)	84.5	1.7	13.8
Ethnicity	White Irish (n=877)	69.1	11.3	19.6
	White British (n=207)	59.9	13.0	27.1
	White other (n=43)	65.1	11.6	23.3
	Other (n=27)	92.6	7.4	0.0
Level of education	Low (n=67)	61.2	4.5	34.3
	Medium (n=213)	67.6	11.3	21.1
	High (n=874)	68.4	12.1	19.5
HIV testing history	Never tested (n=605)	69.8	10.9	19.3
	Tested negative (n=517)	67.1	12.8	20.1
	Tested positive (n=24)	33.3	4.2	62.5
Gender of sexual partners in the last year	No partners (n=62)	83.9	9.7	6.5
	Women only (n=44)	70.5	9.1	20.5
	Men & women (n=218)	70.2	8.7	21.1
	Men only (n=831)	65.9	12.5	21.5
Number of male sexual partners in the last year	One (n=231)	68.8	14.3	16.9
	2, 3 or 4 (n=353)	68.8	8.2	22.9
	5 to 12 (n=252)	65.9	15.5	18.7
	13 to 29 (n=120)	64.2	10.0	25.8
	30+ (n=71)	56.3	11.3	32.4
Self-rating of attractiveness	Much more attractive (n=72)	56.9	15.3	27.8
	Somewhat more attractive (n=361)	64.5	14.1	21.3
	About average (n=589)	71.5	8.8	19.7
	Somewhat less attractive (n=108)	68.5	13.9	17.6
	Much less attractive (n=24)	62.5	16.7	20.8

>> APPENDIX 5: DEMOGRAPHIC VARIATION OF DRUGS USED AT LEAST ONCE PER MONTH

This table shows how alcohol and other recreational drugs used at least once per month varied by select demographic characteristics (see Section 6.2.1). Only the drugs that were used at least once per month by more than 0.5% of the sample are included in this analysis. Figures in bold represent demographic groups with higher than average use among all men in the sample.

DRUG USE AMONG ALL MEN BY DEMOGRAPHIC GROUPS AT LEAST ONCE PER MONTH	% used drugs at least once per month							
	Alcohol	Poppers	Marijuana	Ecstasy	Cocaine	Viagra	Speed	Tranquilisers
All men (n=1161)	80.7	17.4	12.3	5.2	2.6	4.2	1.3	0.9
Area of residence – HSE Region (Republic of Ireland)								
Dublin City & County (n=318)	87.4	17.9	15.4	6.6	3.5	3.1	1.6	0.0
HSE Mid-Leinster (n=29)	82.8	24.1	0.0	6.9	3.4	6.9	0.0	3.4
HSE South (n=202)	76.2	10.9	10.4	5.0	1.5	3.0	1.0	1.0
HSE West (n=89)	73.0	19.1	16.9	3.4	4.5	2.2	0.0	2.2
HSE North East (n=22)	86.4	18.2	9.1	0.0	0.0	9.1	0.0	0.0
Unknown (n=207)	80.2	13.0	13.5	2.9	1.0	4.8	0.5	0.0
Total Republic of Ireland (n=867)	81.4	15.5	13.3	4.8	2.4	3.7	0.9	0.6
Health and Social Services Board (Northern Ireland)								
Eastern HSSB (n=166)	84.9	25.9	9.0	8.4	3.6	6.0	1.2	1.8
Northern HSSB (n=53)	66.0	22.6	13.2	1.9	3.8	7.5	9.4	3.8
Southern HSSB (n=34)	67.6	20.6	8.8	8.8	0.0	2.9	0.0	0.0
Western HSSB (n=37)	78.4	10.8	2.7	0.0	2.7	5.4	2.7	2.7
Total Northern Ireland (n=294)	78.6	23.1	9.2	6.1	3.1	5.8	2.7	2.0
Age Groups								
<20 (n=120)	70.8	13.3	15.8	3.3	1.7	3.3	3.3	0.8
20 – 24 (n=286)	86.0	15.7	12.6	6.6	4.9	0.7	1.7	1.4
25 – 29 (n=253)	81.0	18.6	14.6	6.7	2.4	2.4	2.0	0.8
30 – 39 (n=300)	79.7	21.0	13.3	5.7	2.7	4.3	0.7	0.3
40 – 49 (n=142)	81.7	19.0	5.6	2.1	0.0	9.9	0.0	2.1
50+ (n=58)	75.9	6.9	3.4	0.0	0.0	17.2	0.0	0.0
Ethnicity								
White Irish (n=881)	82.1	15.9	13.5	5.1	2.7	3.2	1.6	0.6
White British (n=208)	78.8	24.0	6.7	5.8	1.9	8.7	1.9	1.9
White other (n=43)	79.1	20.9	11.6	7.0	2.3	0.0	0.0	2.3
Other (n=28)	53.6	10.7	14.3	0.0	3.6	10.7	7.1	3.6
Level of Education								
Low (n=69)	71.0	14.5	5.8	5.8	4.3	5.8	2.9	1.4
Medium (n=213)	75.1	21.1	13.6	3.3	2.3	6.6	0.9	1.4
High (n=878)	82.8	16.6	12.4	5.6	2.5	3.4	1.4	0.8

DRUG USE AMONG ALL MEN BY DEMOGRAPHIC GROUPS AT LEAST ONCE PER MONTH	% used drugs at least once per month							
	Alcohol	Poppers	Marijuana	Ecstasy	Cocaine	Viagra	Speed	Tranquilisers
Never tested (n=608)	79.9	12.5	9.2	3.6	1.5	2.8	1.5	1.3
Tested negative (n=519)	81.1	22.4	15.0	6.9	3.9	5.4	1.3	0.4
Tested positive (n=24)	87.5	33.3	33.3	8.3	4.2	12.5	0.0	4.2
Gender of sexual partners in the last year								
No partners (n=62)	66.1	1.6	1.6	0.0	0.0	0.0	1.6	3.2
Women only (n=45)	75.6	4.4	15.6	0.0	0.0	2.2	0.0	0.0
Men & women (n=222)	80.2	15.3	14.0	2.3	0.9	8.1	2.3	1.4
Men only (n=832)	82.2	19.8	12.4	6.6	3.4	3.6	1.2	0.7
Number of male sexual partners in the last year								
One (n=230)	77.8	7.8	10.0	1.3	0.9	0.4	0.9	0.0
2, 3 or 4 (n=356)	80.6	8.7	11.5	5.1	1.7	2.5	0.6	1.1
5 to 12 (n=254)	84.3	25.6	14.6	4.7	2.4	6.7	0.8	0.4
13 to 29 (n=120)	87.5	37.5	17.5	11.7	6.7	5.0	3.3	1.7
30+ (n=72)	83.3	50.0	13.9	18.1	11.1	16.7	4.2	1.4
Self-rating of attractiveness								
Much more attractive (n=72)	86.1	25.0	20.8	9.7	6.9	2.8	4.2	0.0
Somewhat more (n=364)	87.6	23.4	14.8	8.0	3.0	5.2	1.1	0.3
About average (n=593)	79.3	13.3	10.6	3.7	2.2	3.5	1.0	1.0
Somewhat less (n=107)	68.2	17.8	7.5	0.9	0.0	6.5	2.8	3.7
Much less attractive (n=24)	50.0	4.2	8.3	4.2	4.2	0.0	0.0	0.0

>> APPENDIX 6: DEMOGRAPHIC VARIATION OF PHYSICAL ATTACK AND VERBAL ABUSE EXPERIENCED IN LAST YEAR

This table highlights the degree of variation in experiences of verbal abuse and physical assault by select demographics (see Section 7.1.1). Figures in bold represent the demographic groups that experienced higher than average levels of abuse.

ALL MEN BY DEMOGRAPHIC GROUPS		% experienced in the last year	
		Physical attack	Verbal abuse
Area of residence Health Service Executive Region (Republic of Ireland)	Dublin City and County (n=319 & 315)	7.2	30.2
	HSE Mid-Leinster (n=29)	0.0	10.3
	HSE South (n=201)	6.0	23.4
	HSE West (n=89 & 88)	3.4	21.6
	HSE North East (n=22)	4.5	27.3
	Unknown (n=207 & 206)	6.8	23.3
Health and Social Services Board (Northern Ireland)	Eastern HSSB (n=165 & 164)	7.9	34.8
	Northern HSSB (n=53)	11.3	35.8
	Southern HSSB (n=34)	11.8	41.2
	Western HSSB (n=37)	13.5	45.9
Age	<20 (n=120)	12.5	54.2
	20 – 24 (n=287 & 285)	11.1	39.3
	25 – 29 (n=251 & 250)	4.8	22.8
	30 – 39 (n=299 & 296)	5.7	22.0
	40 – 49 (n=142 & 141)	2.1	17.0
	50+ (n=59)	3.4	3.4
Ethnicity	White Irish (n=881 & 876)	6.8	27.5
	White British (n=207 & 206)	8.2	31.6
	White other (n=43)	7.0	32.6
	Other (n=26 & 21)	7.7	28.6
Level of education	Low (n=68)	13.2	32.4
	Medium (n=213 & 214)	8.0	30.4
	High (n=878 & 870)	6.4	27.5
HIV testing history	Never tested (n=608 & 607)	6.7	28.3
	Tested negative (n=518 & 512)	7.3	28.3
	Tested positive (n=24)	12.5	37.5
Gender of sexual partners in the last year	No partners (n=63)	6.3	22.2
	Women only (n=45)	2.2	6.7
	Men & women (n=220 & 219)	4.5	17.8
	Men only (n=832 & 826)	8.1	32.7
Number of male sexual partners in the last year	One (n=232 & 230)	6.9	29.6
	2, 3 or 4 (n=355 & 354)	7.0	29.7
	5 to 12 (n=253 & 251)	6.7	28.7
	13 to 29 (n=120 & 119)	5.0	23.5
	30+ (n=70 & 69)	17.1	42.0
Self-rating of attractiveness	Much more attractive (n=72 & 71)	6.9	28.2
	Somewhat more attractive (n=362 & 358)	8.3	29.9
	About average (n=593 & 591)	5.4	25.2
	Somewhat less attractive (n=108)	8.3	37.0
	Much less attractive (n=24)	25.0	41.7

>> APPENDIX 7: DEMOGRAPHIC VARIATION OF INDICATORS OF UNMET HIV PREVENTION NEEDS

This table shows how unmet HIV prevention needs varied by demographic groups (see Section 7.4.4). Men who responded *not sure* were included in the following analysis. Figures in bold indicate a higher level of disagreement or agreement than that among all men.

RESPONSES OF UNMET HIV PREVENTION NEEDS BY DEMOGRAPHIC GROUPS		DISAGREE: HIV is still a very serious medical condition	DISAGREE: The sex I have is always as safe as I want it to be	AGREE: I'd expect a man with HIV to tell me he was positive before we had sex
All men (n=843)		2.4	19.7	90.0
Area of residence Health Service Executive Region (Republic of Ireland)	Dublin City and County (n=198)	4.0	18.7	88.4
	HSE Mid-Leinster (n=21)	0.0	28.6	85.7
	HSE South (n=129)	0.8	20.2	92.2
	HSE West (n=49)	2.0	18.4	93.9
	HSE North East (n=17)	0.0	23.5	82.4
	Unknown (n=220)	2.8	17.7	87.3
Health and Social Services Board (Northern Ireland)	Eastern HSSB (n=115)	1.7	20.9	95.7
	Northern HSSB (n=38)	5.3	21.1	94.7
	Southern HSSB (n=21)	0.0	23.8	90.5
	Western HSSB (n=32)	0.0	25.0	84.4
Age	<20 (n=73)	2.7	24.7	95.9
	20 – 24 (n=178)	4.5	16.9	95.5
	25 – 29 (n=201)	3.0	20.9	94.0
	30 – 39 (n=210)	1.0	21.9	86.7
	40 – 49 (n=128)	0.8	14.8	82.0
	50+ (n=51)	2.0	21.6	80.4
Ethnicity	White Irish (n=618)	2.6	21.0	89.2
	White British (n=157)	0.6	15.9	94.3
	White other (n=43)	2.3	16.3	90.7
	Other (n=25)	8.0	16.0	84.0
Level of education	Low (n=65)	4.6	20.0	89.2
	Medium (n=141)	1.4	19.1	90.1
	High (n=633)	2.4	19.3	90.0
HIV testing history	Never tested (n=398)	3.5	18.6	95.7
	Tested negative (n=416)	0.5	20.0	86.8
	Tested positive (n=21)	14.3	33.3	57.1
Gender of sexual partners in the last year	No partners (n=57)	1.8	21.1	94.7
	Women only (n=9)	0.0	11.1	88.9
	Men & women (n=110)	5.5	26.4	91.8
	Men only (n=667)	1.9	18.6	89.4
Regular partner	Yes (n=386)	3.9	17.9	88.9
	No (n=454)	1.1	21.4	91.0
Number of male sexual partners in the last year	One (n=196)	0.5	9.2	90.8
	2, 3 or 4 (n=272)	2.6	17.6	92.6
	5 to 12 (n=167)	1.2	28.7	90.4
	13 to 29 (n=87)	5.7	25.3	82.8
	30+ (n=50)	6.0	34.0	80.0

>> APPENDIX 8: DEMOGRAPHIC VARIATION OF NEEDS AND ASSETS FOR SOCIAL INFRASTRUCTURE INTERVENTIONS

This table shows needs and assets for social infrastructure interventions varied by demographic groups (see Section 7.4.6). Men who responded *not sure* were considered to disagree with statement in the following analysis. Figures in bold indicate a higher value than that among all men.

RESPONSES OF NEEDS AND ASSETS FOR SOCIAL INFRASTRUCTURE INTERVENTIONS BY DEMOGRAPHIC GROUPS		DISAGREE: I'd know where to go if I wanted to make some new friends	AGREE: I'd like more ways of meeting other gay men that don't revolve around sex	AGREE: I would like to be more involved in promoting the health of gay and bisexual men
All men (n=848)		39.5	80.1	51.1
Area of residence Health Service Executive Region (Republic of Ireland)	Dublin City and County (n=198)	33.8	84.3	50.5
	HSE Mid-Leinster (n=22)	54.5	63.6	45.5
	HSE South (n=131)	43.5	80.9	48.1
	HSE West (n=50)	50.0	78.0	48.0
	HSE North East (n=17)	47.1	88.2	64.7
	Unknown (n=219)	49.8	78.1	48.9
Health and Social Services Board (Northern Ireland)	Eastern HSSB (n=116)	25.9	75.0	46.6
	Northern HSSB (n=38)	23.7	81.6	65.8
	Southern HSSB (n=21)	38.1	90.5	52.4
	Western HSSB (n=32)	28.1	81.2	75.0
Age	<20 (n=74)	47.3	70.3	62.2
	20 – 24 (n=178)	42.1	79.2	58.4
	25 – 29 (n=202)	41.1	82.2	47.5
	30 – 39 (n=211)	36.0	86.7	52.1
	40 – 49 (n=128)	38.8	73.4	39.1
	50+ (n=52)	28.8	78.8	50.0
Ethnicity	White Irish (n=620)	42.7	79.5	51.0
	White British (n=157)	31.2	83.4	51.0
	White other (n=44)	27.3	81.8	45.5
	Other (n=26)	34.6	69.2	61.5
Level of education	Low (n=65)	38.5	76.9	52.3
	Medium (n=143)	42.0	81.1	55.9
	High (n=636)	38.8	80.3	50.0
HIV testing history	Never tested (n=402)	43.8	78.6	46.8
	Tested negative (n=416)	34.4	82.2	54.8
	Tested positive (n=21)	57.1	71.4	57.1
Gender of sexual partners in the last year	No partners (n=58)	55.2	87.9	63.8
	Women only (n=9)	44.4	55.6	55.6
	Men & women (n=112)	39.3	46.4	33.9
	Men only (n=669)	38.1	85.4	52.8
Regular partner	Yes (n=389)	37.3	78.9	50.6
	No (n=456)	41.4	81.4	51.5
Number of male sexual partners in the last year	One (n=196)	38.8	82.1	57.1
	2, 3 or 4 (n=272)	39.7	82.0	44.9
	5 to 12 (n=169)	36.1	81.1	52.7
	13 to 29 (n=87)	39.1	71.3	44.8
	30+ (n=51)	33.3	70.6	49.0

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>> AUTHORS’ AGENCY DETAILS

Gay Health Network (GHN)

The Gay Health Network (GHN) is an All-Ireland network of individuals and organisations from a wide range of HIV and sexual health agencies, both governmental and non-governmental. Its purpose is to promote HIV prevention and sexual health awareness among men who have sex with men (MSM), with a focus on men living with HIV and to combat the stigma associated with HIV. Membership of the network is open to any individual or organisation with an interest in achieving this purpose, including HIV positive men.

Since its foundation in 1994, the GHN has been actively publishing and distributing HIV and safer sex information for MSM, as well as conducting and publishing vital research on sexual health in this area. Recent publications include *Play Safe Play Sexy* (a comprehensive safer sex booklet), *PEP* (the HIV post exposure treatment information booklet), and a Syphilis awareness and testing campaign (Syph-Action and Syph-Test) with GMHS, HSE. It is also involved with the Annual All-Ireland Gay Health Forum organised by GMHS.

The GHN website (www.ghn.ie) includes all publications in nine languages: Arabic, Chinese, English, French, Irish, Polish, Portuguese, Spanish and Russian.

The network publishes a quarterly newsletter ‘On the One Road’, which aims to keep members and other organisations up to the date on the latest news on HIV prevention and sexual health for MSM, as well as other articles of interest.

In 2008, GHN produced a three year Review and Action Plan 2008-2010, which outlines proposed projects including Research, Publications and Campaigns and is available on the website.

Much of the work of the network is voluntary and the following member organisations have contributed to the running of the network: Gay Men’s Health Service (GMHS), Gay Community News (GCN), Johnny, Open Heart House, Dublin AIDS Alliance, BeLonG To Youth Service, The Rainbow Project Northern Ireland, Union of Students in Ireland (USI), OutWest and has the full support of all the HIV and AIDS organisations on the island of Ireland. GHN is funded via the Gay Men’s Health Service, HSE and Alternative Miss Ireland (AMI).

Further information: www.ghn.ie

The Rainbow Project

The Rainbow Project was set up in 1994 and aims to promote the health and well-being of gay and bisexual men in Northern Ireland. The Rainbow Project uses the Social Model of Health in its approach, which emphasises the environmental factors that impact on an individual’s health. Therefore, as well as delivering health promotion and services directly to same-sex attracted men, it aims to address homophobia and heterosexism in society and mainstream health service provision through research, lobbying, awareness-raising and training. The Rainbow Project is the only health promotion project for gay and bisexual men in Northern Ireland and has offices in both Belfast and Derry.

Further information: www.rainbow-project.org

Gay Men’s Health Service (GMHS)

The Gay Men’s Health Service (GMHS), Health Service Executive (HSE) was established in 1992 by the then Eastern Health Board. It is administered by the Local Health Office, Dublin South. It is the only statutory community gay health service in the Republic of Ireland and one of very few in Europe.

Through its outreach, counselling and STI clinical services and partnerships, GMHS promotes sexual health and well-being, HIV prevention and education for gay, bisexual men and other men who have sex with men (MSM).

Its aims are to:

- Raise awareness of HIV and other Sexually Transmitted Infections, of alcohol and drugs use, safer-sex practices, welfare and general medical and psychological health and to provide Hepatitis vaccinations;
- Act as a reference centre on gay health issues and on male sex workers (prostitution), for agencies, community groups and academic courses; and
- Promote networking, community and agency partnerships.

GMHS fulfils these aims through partnerships, the STI clinical services at Baggot Street Hospital, and the counselling, and outreach work at Outhouse (LGBT Community Centre), forums, research, reports, training, publications, website, advertising and promotion.

GMHS is actively involved in gay community partnerships with Gay Health Network, Johnny (gay peer action), BeLonG To Youth Service and other networks in Ireland and abroad. GMHS has been involved in the Syphilis Outbreak Campaign, research and on-site testing, the Rubber Up Campaigns at LGBT Pride events, the Vital Statistics Surveys (2000) and organised the Annual Real Lives Internet Surveys (2003 to 2008). It has organised the All-Ireland Gay Health Forum (GHF) since 2003. GMHS, along with Johnny, has continued to supply the 'Rubber Up' safer sex packs to men in social venues and via the internet.

Outreach and Counselling Services are based at:

Outhouse (LGBT Community Centre), 105 Capel Street, Dublin 1, Tel: 01 873 4952

STI Clinical Services are at:

19 Haddington Road, Dublin 4, Tel: 01 669 9553, Info: gmhsadmin@hse.ie

Further information: www.gaymenshealthservice.ie

Sigma Research

Sigma Research is a social research group specialising in the behavioural and policy aspects of HIV and sexual health. It also undertakes research and development work on aspects of lesbian, gay and bisexual health and well-being.

In the last ten years, Sigma Research has undertaken more than 70 research and development projects concerned with the impact of HIV and AIDS on the sexual and social lives of a variety of populations. This work includes needs assessments, evaluations and service and policy reviews funded from a range of public sources. It has an international reputation as one of the most important and innovative sources of new social scientific information in these areas.

Further information: www.sigmaresearch.org.uk

Centre for Global Health

The Centre for Global Health at Trinity College Dublin endeavours to strengthen health systems through an interdisciplinary and multinational approach to critical analysis, research-in-action and capacity-building by creating a network of experts that systematically develops and implements a research agenda that addresses some of the key problems in global health. The Centre is a multidisciplinary team of individuals who share the common goal of strengthening health systems to ensure that every individual has access to quality healthcare, which is reflected in all of its teaching and research activities. In analysing global health the Centre addresses health problems and issues that transcend national boundaries, and informed by the circumstances and experiences of countries in differing contexts. The underlying assumption is that the world's health problems are shared and are best tackled by co-operative action and the sharing of innovative solutions.

Further information: www.medicine.tcd.ie/global-health

REALLIVES

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