

# Out and about

***Findings from the  
United Kingdom  
Gay Men's Sex  
Survey 2002***

---

Ford Hickson  
Peter Weatherburn  
David Reid  
Michael Stephens

**Original Research Report**

# Acknowledgments

---

**Collaborating agencies:** A huge debt of thanks are due to the following 119 agencies who collaborated on *Vital Statistics – the Gay Men’s Sex Survey 2002*. This list is made up of agencies who requested and were sent booklets directly by Sigma, and agencies who got their booklets from a third party (which we have identified by their agency stamp on completed booklets). Where a web address is shown this indicates agencies promoted the survey on their web-pages (some of which distributed the booklets as well). We have tried to attribute an affiliation to parts of the NHS but changes in structures make this very difficult. Our apologies for any errors or omissions.

- 1806 / Wish Group (Warrington Initiative for Sexual Health)
- Action For Men (St. Margaret’s Hospital, Epping) <[www.action4men.org](http://www.action4men.org)>
- Armistead Project (North Sefton & West Lancashire Community NHS Trust)
- [www.asante.net](http://www.asante.net) (now renamed [www.blackgayuk.com/](http://www.blackgayuk.com/)) and all the organisers of *Mr Black Gay UK 2002*
- Barnet PCT
- BIG UP @ GMFA
- Black LGBT Community Awards <[www.blbgt.com](http://www.blbgt.com)>
- Body Positive Cheshire & North Wales
- Cambridge DHIVERSE (formerly Cambridge AIDS Action)
- Cardiff AIDS Helpline (now part of THT Cymru)
- CARESS / GRAB (Dagenham)
- Centre For Health Promotion (Stockport PCT)
- Cheshire Action for Sexual Health
- Colchester Gay Switchboard
- Cornwall & Isles of Scilly Health Promotion Agency
- Coventry PCT
- Cricket’s Lane Health Centre, Ashton-Under-Lyne (Tameside & Glossop PCT)
- Croydon PCT
- Department of Health Promotion (Rotherham PCT)
- Derby Friend
- Dorset Gay Men’s Health (Weymouth Community Hospital)
- Ealing, Hammersmith & Hounslow Gay Men’s Project (funded by EHH PCTs)
- East Kent Health Promotion (East Kent Coastal PCT)
- ELOP (East London Out Project)
- GAI Project, The Health Shop (Nottingham)
- Galdic Hartlepool
- Gay Advice Darlington (GAD)
- [www.gaydar.co.uk](http://www.gaydar.co.uk)
- GMFA <[www.metromate.org.uk](http://www.metromate.org.uk)>
- Gay Men’s Health Promotion Service (Portsmouth City PCT)
- Gay Men’s Health Tayside <[www.gaymenshealthtayside.com](http://www.gaymenshealthtayside.com)>
- Gay Oxford
- [www.gaysheffield.co.uk](http://www.gaysheffield.co.uk)
- [www.gaywales.co.uk](http://www.gaywales.co.uk)
- Gay West
- George House Trust
- Health Development Service (Bromley PCT)
- Health Improvement Service (Ellesmere Port & Neston PCT)
- Health Promotion (Mid Hants PCT)
- Health Promotion Centre (Cardiff Local Health Board)
- Health Promotion Centre (Morcambe Bay PCT)
- Health Promotion Service (South West Kent PCT)
- Health Promotion Service Hull (Hull & East Riding Community Health Trust)
- Health Promotion Unit (St. Helens PCT)
- Healthy Gay Life (Heart of Birmingham Teaching PCT)
- Healthy Gay Scotland <[www.healthygayScotland.com](http://www.healthygayScotland.com)>

- Herts GMT <[www.hertsgmt.com](http://www.hertsgmt.com)>
- Healthy Gay Living Centre (now part of Terrence Higgins Trust)
- HIV / Sexual Health Team (Bradford District Health Development Service)
- HIV Prevention, Darent Valley Hospital (Dartford & Gravesham NHS Trust)
- HIV Prevention, Enfield & Haringey (Enfield PCT)
- Identity: Lesbian, Gay & Bisexual Youth Project (Hogarth Youth Centre, London)
- Jarman Centre (Blackburn Community NHS trust)
- Jigsaw Centre (Birkenhead)
- Lesbian, Gay & Bisexual Health Project (Exeter)
- The Lesbian and Gay Foundation <[www.lgfoundation.org.uk](http://www.lgfoundation.org.uk)>
- Lighthouse West
- London Friend
- Man To Man Project (Southend-on-Sea PCT)
- Men4Men, The Lodge (Luton PCT)
- MESMAC North-East (Newcastle-Upon-Tyne)
- MESMAC North-East (Middlesbrough)
- The METRO Centre Ltd
- Milton Keynes PCT
- Mosaic Young Gay & Bisexual Mens Project (Brent Youth Service) <[www.mosaicyouth.org.uk/](http://www.mosaicyouth.org.uk/)>
- MSM Project, The Brunswick Centre (Halifax)
- Navajo Project (Fylde PCT)
- The NAZ Project London
- Northeast Gay Forum <[www.north-east-gay-forum.co.uk](http://www.north-east-gay-forum.co.uk)>
- North & Mid Hants Gay Men's Health Project (Mid Hants PCT)
- Northumberland Public Health Department (Northumberland Care Trust)
- Nottingham Lesbian & Gay Switchboard
- Ormskirk & District General Hospital GUM Department (Southport & Ormskirk Acute NHS Trust)
- Outreach Cumbria
- PACE
- PHACE Scotland (Aberdeen)
- Plymouth Eddystone Trust <[www.eddystone.org.uk](http://www.eddystone.org.uk)>
- Positively Healthy UK <[www.posh-uk.org.uk](http://www.posh-uk.org.uk)>
- Powys & Ceredigion Health Promotion Unit (Powys Health Care NHS Trust)
- Project Oscar (Chorley & South Ribble NHS Trust)
- Project LSD
- [www.queeryouth.org.uk](http://www.queeryouth.org.uk)
- REACH OUT Highland (Inverness)
- ROAM (Lothian PCT)
- Sheffield Gayphone
- Sheffield Centre For HIV & Sexual Health (South East Sheffield PCT)
- SHEP (Sexuality, Health & Equality Project, Stoke-on-Trent)
- The SNAP Project (Northampton)
- Somerset Gay Men's Health Project
- South Staffordshire MESMEN Project
- Specialist Health Promotion Service (Iechyd Morgannwg Health Authority)
- STaG Project (Gateshead PCT)
- Stonewall Youth (Edinburgh)
- Streetwise Youth
- Suffolk MESMAC
- Teesside Positive Action
- Telford & Wrekin PCT
- TEN (Great Yarmouth PCT)
- Terrence Higgins Trust Cymru
- Terrence Higgins Trust Oxfordshire
- Terrence Higgins Trust Midlands (Coventry)
- Terrence Higgins Trust Midlands (Birmingham)
- Terrence Higgins Trust Midlands (Wolverhampton)
- Terrence Higgins Trust, national Gay Men's Health Promotion Team <[www.tht.org.uk](http://www.tht.org.uk)>

- Terrence Higgins Trust South
- Terrence Higgins Trust West
- Tower Hamlets Health Promotion (Tower Hamlets PCT)
- TRADE Men's Sexual Health Project <www.gaymenstrade.com>
- Walsall Men's Health Project (Walsall Hospitals NHS Trust)
- Waverley Care SOLAS
- West Surrey Health Promotion Service
- West Sussex Health Promotion (Adur, Arun & Worthing PCT)
- Whelley Hospital Specialist Health Promotion Service (Ashton, Leigh & Wigan PCT)
- Wiltshire & Swindon Gay Men's Health (Salisbury Healthcare NHS Trust) <www.gmhp.demon.co.uk>
- Wycombe General Hospital GUM Department (South Buckinghamshire NHS Trust)
- Yorkshire MESMAC <www.mesmac.co.uk>
- Ysbyty Glan Clwyd GUM Department (Glan Clwyd District General Hospital NHS Trust)
- Ysbyty Gwynedd GUM Department (Gwynedd Hospitals NHS Trust)
- Ysbyty Maelor Wrecsam GUM Department (North East Wales NHS Trust)

**Pride events fieldwork:** Co-ordination by Michael Stephens. Thanks to the people who organise Lesbian, Gay and Bisexual Pride-type events. Recruitment was undertaken by the following Sigma team members: Cristianne Bowman; Dale Brown; Clive Cort; Kath Dane; Gareth Davies; Catherine Dodds; Gary Hammond; Richard Harding; Laurie Henderson; Ford Hickson; Andy Johnson; Peter Keogh; David Reid; Justin Schofield; Debbie Smith; Peter Weatherburn. For their hard work and humour at the events in Birmingham, Leicester, London and Manchester our thanks go to the staff and volunteers of Terrence Higgins Trust Midlands, Health Gay Life, TRADE, Terrence Higgins Trust London and the Lesbian and Gay Foundation.

**Booklet design:** Design by Clifford Singer at édition. Printing by Formation.

**Booklet distribution:** Co-ordination by Michael Stephens. Thanks to the 108 agencies (listed above) that distributed the booklet version of the questionnaire. Thanks also to Paul Boakye (then) of BIG UP at GMFA for specific and substantial promotion to Black gay men.

**Web survey design:** Design by Clifford Singer at édition.

**Web survey promotion:** Co-ordination by Peter Weatherburn and David Reid. Thanks to the 20 agencies and web-masters that promoted the existence of the survey free of charge (listed above).

**Data suppliers:** Many thanks to the men who participated in this survey. Your contribution remains the most vital.

**Database design:** Paul Broderick and Michael Stephens

**Data input:** Gary Hammond.

**Data handling & management:** David Reid, Ford Hickson.

**Analysis & text:** Ford Hickson, David Reid and Peter Weatherburn.

**Draft readers:** For suggestions and improvements to an earlier draft of this report thanks to Will Nutland of Terrence Higgins Trust and Jacqui Cross at the Lesbian and Gay Foundation.

**Funding:** The survey was funded by the Terrence Higgins Trust as part of CHAPS, a national HIV prevention initiative funded by the Department of Health. The National Assembly for Wales funded the additional fieldwork at Cardiff Lesbian and Gay Mardi Gras. The recruitment and reporting on Scottish-resident men was funded by Healthy Gay Scotland, a HIV prevention initiative funded by the Scottish Executive.



**Sigma Research**  
**Faculty of Humanities & Social Sciences**  
**University of Portsmouth**  
**Unit 64, 49 Effra Road**  
**London SW2 1BZ**  
**020 7737 6223**  
**www.sigmaresearch.org.uk**

Published by Sigma Research ©  
 December 2003  
 ISBN: 1 872956 71 8

# Contents

---

<b>1.</b>	<b>Introduction and methods</b>	<b>1</b>
1.1	Content of the report	1
1.2	Background to the sixth national <i>Gay Men's Sex Survey</i>	1
1.3	Pride events: recruitment dates, events and returns	2
1.4	Booklet recruitment	3
1.5	Web recruitment	3
1.6	Exclusions	4
<b>2.</b>	<b>Sample description</b>	<b>6</b>
2.1	Area of residence	6
2.2	Age	9
2.3	Formal education	9
2.4	Ethnicity	10
2.5	Sexual identity	11
2.6	HIV testing history	11
2.7	Social class	12
2.7.0	HIV testing history and social class	14
2.7.1	Residence and social class	14
2.7.2	Age and social class	14
2.7.3	Education and social class	14
2.7.4	Ethnicity and social class	15
2.7.5	Sexual identity and social class	15
<b>3.</b>	<b>Socio-sexual context</b>	<b>16</b>
3.1	Gender of partners in the last year	16
3.1.0	HIV testing history and gender of partners	16
3.1.1	Residence and gender of partners	16
3.1.2	Age and gender of partners	17
3.1.3	Education and gender of partners	17
3.1.4	Ethnicity and gender of partners	17
3.1.5	Sexual identity and gender of partners	17
3.1.6	Social class and gender of partners	18

<b>3.2</b>	<b>Volume of male sexual partners in the last year</b>	<b>18</b>
3.2.0	HIV testing history and number of partners	18
3.2.1	Residence and number of partners	18
3.2.2	Age and number of partners	18
3.2.3	Education and number of partners	19
3.2.4	Ethnicity and number of partners	19
3.2.5	Sexual identity and number of partners	19
3.2.6	Social class and number of partners	19
3.2.7	Gender of partners and number of partners	19
<b>3.3</b>	<b>Outness to family, friends and workmates</b>	<b>19</b>
3.3.0	HIV testing history and outness	21
3.3.1	Residence and outness	21
3.3.2	Age and outness	21
3.3.3	Education and outness	22
3.3.4	Ethnicity and outness	22
3.3.5	Sexual identity and outness	22
3.3.6	Social class and outness	23
3.3.7	Gender of partners and outness	23
3.3.8	Number of partners and outness	23
<b>3.4</b>	<b>Current relationships with men</b>	<b>24</b>
3.4.0	HIV testing history and relationship status	25
3.4.1	Residence and relationship status	25
3.4.2	Age and relationship status	25
3.4.3	Education and relationship status	25
3.4.4	Ethnicity and relationship status	25
3.4.5	Sexual identity and relationship status	25
3.4.6	Social class and relationship status	25
3.4.7	Gender of partners and relationship status	26
3.4.8	Number of partners and relationship status	26
3.4.9	Outness and relationship status	26

<b>3.5</b>	<b>HIV sero-concordancy of relationships</b>	<b>26</b>
3.5.0	HIV testing history and sero-concordancy of relationships	27
3.5.1	Residence and sero-concordancy of relationships	27
3.5.2	Age and sero-concordancy of relationships	27
3.5.3	Education and sero-concordancy of relationships	28
3.5.4	Ethnicity and sero-concordancy of relationships	28
3.5.5	Sexual identity and sero-concordancy of relationships	28
3.5.6	Social class and sero-concordancy of relationships	28
3.5.7	Gender of partners and sero-concordancy of relationships	28
3.5.8	Number of partners and sero-concordancy of relationships	28
3.5.9	Outness and sero-concordancy of relationships	29
3.5.10	Length of and HIV sero-concordancy of relationships	29
<b>3.6</b>	<b>Summary</b>	<b>29</b>
<b>4.</b>	<b>Health-related behaviours</b>	<b>30</b>
<b>4.1</b>	<b>First homosexual experiences</b>	<b>30</b>
4.1.1	Age at first sex with men and first anal intercourse	30
4.1.2	Age difference with first Anal Intercourse partner and modality of intercourse	31
4.1.3	Condoms and lubricant at first anal intercourse	32
4.1.4	Change over time in first homosexual experiences: 1993 to 2002	32
<b>4.2</b>	<b>Prevalence of current sexual behaviours</b>	<b>33</b>
<b>4.3</b>	<b>Types of barrier protection used during anal intercourse</b>	<b>33</b>
<b>4.4</b>	<b>Self-rating of sdUAI in the last year</b>	<b>34</b>
<b>4.5</b>	<b>Hepatitis B susceptibility</b>	<b>35</b>
4.5.1	Change in hepatitis B susceptibility: Manchester Mardi Gras, 1997 to 2002	35
<b>4.6</b>	<b>Variation across demographic groups</b>	<b>36</b>
4.6.0	HIV testing history and target behaviours	36
4.6.1	Residence and target behaviours	37
4.6.2	Age and target behaviours	37
4.6.3	Education and target behaviours	38
4.6.4	Ethnicity and target behaviours	38
4.6.5	Sexual identity and target behaviours	39
4.6.6	Social class and target behaviours	39
4.6.7	Gender of partners and target behaviours	40
4.6.8	Number of partners and target behaviours	40
4.6.9	Outness and target behaviours	41

4.6.10	Current relationships with men and target behaviours	41
4.6.11	HIV sero-concordancy of relationships and target behaviours	42
<b>4.7</b>	<b>Piercings: increasing routes for HIV transmission?</b>	<b>42</b>
<b>4.8</b>	<b>Summary</b>	<b>44</b>
<b>5.</b>	<b>HIV prevention values and needs</b>	<b>45</b>
<b>5.1</b>	<b>Expectation of disclosure of HIV infection</b>	<b>45</b>
<b>5.2</b>	<b>Response to HIV disclosure before sex</b>	<b>46</b>
<b>5.3</b>	<b>Expectation of – and response to – HIV disclosure</b>	<b>47</b>
<b>5.4</b>	<b>Sexuality discrimination</b>	<b>48</b>
<b>5.5</b>	<b>Verbal and physical homophobic abuse</b>	<b>49</b>
<b>5.6</b>	<b>Variation across population groups</b>	<b>49</b>
5.6.0	HIV testing history and values and need	50
5.6.1	Residence and values and need	51
5.6.2	Age and values and need	52
5.6.3	Education and values and need	53
5.6.4	Ethnicity and values and need	54
5.6.5	Sexual identity and values and need	55
5.6.6	Social class and values and need	56
5.6.7	Gender of partners and values and need	57
5.6.8	Number of partners and values and need	58
5.6.9	Outness and values and need	59
5.6.10	Current relationships with men and values and need	60
5.6.11	HIV sero-concordancy of relationships and values and need	61
<b>5.7</b>	<b>Summary &amp; implications for programme planning</b>	<b>62</b>
5.7.1	Aims poorly met for many men	62
	<b>References</b>	<b>63</b>



# 1 Introduction and methods

---

## 1.1 CONTENT OF THE REPORT

This research report outlines the main findings of *Vital Statistics 2002* – which was the sixth annual *Gay Men's Sex Survey* (henceforth GMSS). The survey was carried out during the summer of 2002 by Sigma Research in partnership with 119 health promotion agencies across the United Kingdom.

The information contained here is about HIV infection, sex between men and HIV prevention needs. The report's audience are people involved in planning and delivering programmes to address the HIV prevention needs of homosexually active men. This report complements those from previous annual surveys (Hickson, Reid *et al.*, 1998; Hickson, Weatherburn *et al.*, 1999; Weatherburn *et al.*, 2000; Hickson, Reid *et al.*, 2001; Reid *et al.*, 2002).

This chapter provides some background to the survey and explains how the sample was recruited. It also explains what exclusions were applied prior to the presentation of data in the rest of the report.

Chapter 2 gives a brief description of the sample of 16,871 men living in England, Wales, Scotland or Northern Ireland who either had sex with another man in the last year or expected to have sex with a man in the future. We describe where they live, their ages, formal educational qualifications, ethnicities, sexual identities, HIV testing histories and their perceptions of their own current social class and that of their parents when they were growing up.

Chapter 3 is concerned with the socio-sexual context the respondents' live within. We report the gender of respondents' sexual partners in the last year; the volume of male sexual partners they have had in that time; measures of disclosure of homosexual activity to family, friends and workmates; their current relationship status with men and the HIV sero-concordancy of any current relationship. These measures and values are also presented for the population groups outlined in Chapter 2.

Chapter 4 looks at the sexual behaviours of respondents including first (homo)sexual experiences and recent engagement in anal and oral intercourse and unprotected anal and oral intercourse. The chapter also considers condom types used and hepatitis B susceptibility. These measures and values are then presented for the population groups outlined in Chapters 2 and 3. The data suggest specific groups of men who need to be targeted on the basis of likelihood of involvement in HIV exposure.

Chapter 5 examines the HIV prevention needs associated with the behaviours described in Chapter 4. We report on the extent to which men expect disclosure of HIV infection prior to sex, and their likely response to such disclosure. We also examine discrimination faced as a consequence of sexuality including verbal and physical homophobic abuse. These measures and values are also presented for the population groups outlined in Chapters 2 and 3. The findings support a targeting of interventions to specific unmet needs as well as on the basis of likelihood of involvement in HIV exposure.

## 1.2 BACKGROUND TO THE SIXTH NATIONAL GAY MEN'S SEX SURVEY

The *Gay Men's Sex Survey* uses a short self-completion questionnaire to collect a limited amount of information from a substantial number of men. Sigma Research first carried out GMSS at the London Lesbian & Gay Pride festivals in 1993, 1994 and 1995. No survey was undertaken in 1996. Since 1997, the survey has been undertaken annually six times, with funding from the Terrence Higgins Trust as part of the CHAPS programme. During this time it has expanded across England and from 2000, included Wales. In 2001, GMSS also occurred in Scotland with the data arising reported separately (Hickson *et al.*, 2002). For the first time here, data from Scottish-resident men is reported alongside men resident in England and Wales. Moreover, men resident in Northern Ireland are also included for the first time, to complete the first United Kingdom-wide survey of gay men and other homosexually active men.

The survey has always used a short (2 sides of A4) questionnaire on clipboards for recruitment at Pride-type events and festivals. While this method is still used, since 1999 the entire questionnaire has also been reproduced as a small (A6) booklet which is self-sealing for Freepost return. In each of the four years since, more than 30,000 copies of the booklet have been directly distributed to gay men and bisexual men by a range of gay and HIV health promotion agencies.

As in 2001, we also used a third method of recruitment – the internet. The questionnaire was available for completion on-line at a specific website <[www.sigmasurvey.org.uk](http://www.sigmasurvey.org.uk)>. The existence of the on-line version was substantially promoted by *gay.com/uk* – a major gay commercial internet service provider – and twenty-two gay community and health promotion web-sites (see section 1.5).

The 2002 questionnaire content was designed in collaboration with members of the target audience for the data (ie. health promoters). In February 2002 we wrote to all 53 health promotion agencies who had used the booklet to recruit men to the survey in 2001. Those who had recruited 20 or more men were provided with tailored feedback on the men they had recruited. All were invited to suggest questions for inclusion in the 2002 survey. Five agencies responded with suggested questions.

### 1.3 PRIDE EVENTS: RECRUITMENT DATES, EVENTS AND RETURNS

Recruitment occurred at seven community-based events in the summer of 2002. The anonymous survey was printed on two sides of A4 for self-completion and was distributed on a clipboard with a pen attached, by personal request from a team of community members. Men completed the forms on the spot and returned them to sealed boxes. The following table shows the events and the number of forms returned to boxes.

Events in Leicester and Glasgow were used for recruitment for the first time in 2002, although Edinburgh had been used in 2001 as it was the site for Pride Scotland. There was a large overall decrease (27.9%) in the numbers of men recruited via Pride events compared to 2001. Apart from Cardiff, all the events showed a decrease in the number recruited compared with the previous year. The decrease was most marked in London (36%) and Brighton (49%). In London we recruited at *Purple in the Park* rather than *London Mardi Gras*, as this was assumed to be both a more community-oriented and a more local event. Unusually, the weather was poor in several sites (Birmingham, Leicester, Glasgow) and especially bad in Brighton on the day of the 2002 event. Men attending London *Purple in the Park* had to pay (£15) to enter the event, the others were all free.

City or town	Event and Date in 2002	Year of survey					
		1997	1998	1999	2000	2001	2002
London	Purple in the Park 1st June	1921	1582	2162	2271	2772	1779
Birmingham	Gay & Lesbian Pride 2nd June	367	661	1228	1455	1511	1360
Glasgow (Edinburgh 2001)	Pride Scotland 22nd June	—	—	—	—	419	384
Leicester	Leicester Pride 22nd June	—	—	—	—	—	316
Brighton	Pride in Brighton & Hove 10th August	762	1309	1081	1574	1882	960
Manchester	Manchester Mardi Gras 24th August	1253	2228	2454	1015	1188	920
Cardiff	Cardiff L&G Mardi Gras 31st August	—	—	—	625	611	805
Other events		619	1168	554	574	664	0
<b>Total number of forms returned</b>		<b>4,922</b>	<b>6,948</b>	<b>7,479</b>	<b>7,514</b>	<b>9,047</b>	<b>6,524</b>

## 1.4 BOOKLET RECRUITMENT

The survey was re-designed and printed as a full-colour small (A6) booklet, containing the same 33 questions as the Pride survey with nine others added. The additional questions concerned whether respondents had seen a number of HIV prevention and 'safer sex' campaigns and materials. These additional questions have already been reported elsewhere (Weatherburn, Dodds *et al.*, 2003).

The central aim of the booklet was to supply HIV health promoters in areas other than the towns and cities used for Pride recruitment, with a mechanism for collecting local data that did not require independent design, input and analysis. It also allows us to recruit larger numbers of men in demographic groups to which smaller numbers were recruited using Pride events, especially behaviourally bisexual men, men living away from large urban centres, men at the bottom and top of the age range, men with lower levels of education and men from Black and minority ethnic groups. This is not a question of representation, as we do not know the characteristics this sample is drawn from. It is a question of recruiting large enough numbers of men to make estimates of the levels of need in these groups with greater confidence.

After a direct approach from GMFA, we agreed to trial a second version of the booklet specifically for Black gay men. An additional 3,000 copies were printed which were identical except for the cover image and the inside back cover. The cover image was a picture of a Black (gay) men and included the small print "sponsored by the BIG UP Group at Gay Men Fighting AIDS". The inside back cover replaced the usual section for respondents to make any other comments with a short description of the activities of the BIG UP group. These booklets were distributed by BIG UP volunteers at Black gay social and community events and via snow-balling. In total, 153 of these booklets were returned to Sigma.

The booklet was made available to all HIV health promoters who work with gay men, bisexual men or other homosexually active men across England, Wales and Scotland. Two hundred agencies were invited to distribute booklets to the men they contacted in the course of their work. This included all those agencies listed in Nambase® (NAM, 2002) as undertaking health promotion with gay men and bisexual men, and all agencies that distributed booklets in previous years.

In total, 33,000 booklets were requested by and sent out to 108 agencies (see *Acknowledgements*), many of whom had also distributed surveys in previous years. Recruitment was open for a three month period (July, August, September 2002). In previous years (Reid *et al.*, 2002) we have contacted all agencies again at the end of the recruitment period and asked how many booklets they had left. The average (mean) proportion of booklets distributed was 72%, hence we estimate, 23,760 booklets were distributed by agencies across England, Wales and Scotland in this three month period.

Booklets were returned marked as distributed by 61 different agencies. The average (median) number of booklets returned per agency was 44 (range 1 to 323). We had twenty or more completed booklets from 36 agencies. In January 2003, these 36 agencies received a targeted data report on the men they had recruited.

Overall, 3,803 booklets were returned via Freepost to our offices, giving a completion and return rate of 12% of those booklets that we distributed to agencies (and probably more like 16% of the booklets actually distributed to men by collaborators).

## 1.5 WEB RECRUITMENT

In 2002 the survey was available for completion online via a specific website. The content of the questionnaire was identical to the booklet version.

In GMSS 2001 a pilot-version of the web questionnaire established the feasibility of survey work using the internet. The 2001 internet survey demonstrated that the method recruited larger numbers of men in demographic groups to which smaller numbers were recruited using Pride events, especially behaviourally bisexual men, younger and older men and men from Black and minority ethnic groups (especially Asian men).

The actual questionnaire appeared as one continuous document on [www.sigmasurvey.org.uk](http://www.sigmasurvey.org.uk) with a link from our homepage. The design of the web-survey was more sophisticated than in 2001 and allowed data to be captured when the respondent pressed 'submit' at the end of the document, although they could do this at any point in the questionnaire if they wished to abort completion. When the 'submit' button was pressed data was captured into a comma-delimited, encrypted database held off-site and not on the same web-server as the main Sigma Research website.

The web version was available for completion online for 10 weeks (from 7th August to 15th October 2002). During this time the survey was promoted via [gay.com/uk](http://gay.com/uk), one of the largest gay-specific internet service providers in the market. During the promotion they delivered 300,000 pop-ups from a variety of areas of their website and placed a recurrent banner advertisement in chat rooms. Pop-ups were not 'capped' based on non-response so any man returning to the home page would have seen the pop-up each time. There was also coverage of the survey in their news section and via emails to their subscribers.

During the 70 days that the web survey was online we received 9,563 individual responses. During the first six weeks of the promotion we averaged almost 200 responses a day with the bulk coming from [gay.com/uk](http://gay.com/uk). The volume of responses tailed off substantially in the last four weeks of the survey after technical problems with the promotion.

## 1.6 EXCLUSIONS

The table below gives the number of questionnaires returned during recruitment and a summary of those excluded from the rest of this report, for a range of reasons.

All questionnaires returned (N = 19,890)	Pride	Booklet	Web
<b>Total returns</b>	<b>6,524</b>	<b>3,803</b>	<b>9,563</b>
No evidence of directorate of residence in England or residence in Wales, Scotland or Northern Ireland	331 (5.1%)	163 (4.3%)	1767 (18.5%)
No evidence of sex with men in the previous year or intention to have sex with men in the future	132 (2.0%)	36 (0.9%)	21 (0.2%)
Already completed the survey	206 (3.2%)	68 (1.8%)	175 (1.8%)
Respondent aged under 14	0	1 (<0.1%)	9 (<0.1%)
Not completed sufficient questions (demographics)	22 (0.3%)	11 (0.3%)	55 (0.6%)
Spoiled / completed by a female	7 (0.1%)	9 (0.2%)	6 (<0.1%)
<b>Sample size</b> Men with homosexual experience or desire and resident in United Kingdom	<b>5,826</b> <b>(89.3%)</b>	<b>3,515</b> <b>(92.4%)</b>	<b>7,530</b> <b>(78.7%)</b>

The overall proportion of Pride-recruited men that were excluded from the sample was very similar to previous years. However, the proportion of Pride-recruited men excluded on the basis of their residence has risen because a stricter residence criteria has been applied. Men were excluded from this report if they did not provide sufficient data to allocate their residence to one of England's four Directorates of Health and Social Care, or to confirm they lived in Wales, Scotland or Northern Ireland. Hence, men were excluded if they said they were not UK-resident or if they gave no details of their area of residence.

The proportion of booklet returns excluded has fallen in every year that the method has been used (in 1999, 13.4% of data was excluded; 2000 was 11.8%; 2001 was 9.5%; 2002 was 7.6%). In particular, exclusions relating to no homosexual activity have decreased because of the criteria, introduced in 2001, which allows men that had no sex with a man in the last year to remain in the sample if they *intended* to have sex with men in the future. The number completing the booklet in addition to other versions of the questionnaire has also fallen dramatically. Some of these changes have been off-set by an increasing proportion of booklet returns excluded on the basis of where men live.

Men completing the survey via the internet were most likely to be excluded on the basis of where they lived (18.5% compared to 5.1% of Pride-returns and 4.3% of booklet-returns, respectively). While the majority of those excluded (N=1020) told us they lived outside the UK, the remainder (N=747) were excluded on the basis that no answer was given to the residence question. While men completing the internet-version were most likely to be excluded for not completing enough of the questions to qualify (0.6% compared to 0.3% and 0.3% respectively), they were least likely to be excluded because they had no sex with men in the previous year and no intention to do so in the future (0.2% compared to 2.0% of Pride-returns and 0.9% of booklet-returns, respectively).

## 2 Sample description

---

This chapter describes the sample of 16,871 men resident in England, Wales, Scotland and Northern Ireland. Each section introduces a demographic characteristic, describes how it varies across the sample and compares the answers across the three different recruitment methods: at Pride events, using the booklet and on the internet.

### 2.1 AREA OF RESIDENCE

First we consider where men lived. Men were asked *Which Local Authority do you live in? (who sends your household the Council Tax bill?)* and to supply their postcode or home town if they did not know their local authority.

Following reorganisation in April 2002, England has now four Directorates of Health & Social Service (North, Midlands & Eastern, South and London), which together cover 28 Strategic Health Authorities (SHAs) responsible for monitoring the performance of the 302 Primary Care Trusts (PCTs) who are responsible for planning services. Wales has its own National Public Health Service Directorate as part of the National Assembly for Wales with three regional Units (South, Mid and West, and North) that strategically guide 22 Local Health Boards coterminous with local authorities. In Scotland health planning is carried out by 15 NHS boards and in Northern Ireland by 4 Health and Social Services Boards. The primary care groups in Scotland and Northern Ireland are Local Health Care Cooperatives and Local Health and Social Care Groups respectively.

While it still remains unclear at which of these levels strategic HIV prevention planning will occur, in the following we use the Strategic Health Authority of residence in England, Health Board of residence in Wales, NHS Board of residence in Scotland and Health and Social Services board of residence in Northern Ireland. The following table shows each authority in England, Wales, Scotland and Northern Ireland, the sample size resident in that authority, the proportion of the overall sample they represent and the sources of recruitment for each sub-sample. This breakdown is too unwieldy to be used for comparative purposes throughout this report. However, our website contains downloadable data reports that give summary findings at this level of data, as well as smaller geographic units within these. We are also able to run tailored data reports upon request. For regional comparisons in the rest of the report we use seven areas: four English Health and Social Service Directorates (North, Midlands & Eastern, South and London), and Wales, Scotland and Northern Ireland.

One aim of augmenting Pride recruitment with the booklet and website was to recruit men living in areas where no Pride recruitment occurred. We can see that the SHAs where Pride recruitment occurred (those with an #) – and their immediate neighbours – have the highest proportion of men recruited at Pride events. In many of the other SHAs, the majority of all men were recruited by booklet and the web.

Co.	Dir.	Strategic Health Authority/ Health Board	Sample size (n)	% of N	% recruited through...		
					Pride	Booklet	Web
ENGLAND	South	Avon, Gloucestershire & Wiltshire	587	3.5	44	30	26
		Hampshire & Isle of Wight	417	2.5	59	26	15
		Kent & Medway	240	1.4	65	10	25
		Somerset & Dorset	197	1.2	65	19	16
		South West Peninsula	229	1.4	43	45	12
		Surrey & Sussex #	969	5.8	42	15	43
		Thames Valley	524	3.1	61	16	23
	London	(London) North Central	746	4.5	42	17	41
		(London) North East	790	4.7	42	18	40
		(London) North West	868	5.2	47	17	36
		(London) South East #	1284	7.7	31	19	51
		(London) South West	545	3.3	46	15	39
	Midlands & Eastern	Bedfordshire & Hertfordshire	419	2.5	52	32	17
		Essex	296	1.8	58	24	18
		Leicestershire, Northamptonshire & Rutland #	432	2.6	34	10	57
		Norfolk, Suffolk & Cambridgeshire	382	2.3	56	31	13
		Trent	518	3.1	53	21	26
		Birmingham and the Black Country #	963	5.8	22	19	59
		Shropshire and Staffordshire	419	2.5	30	45	26
		Coventry, Warwickshire, Herefordshire & Worcestershire	336	2.0	32	14	54
	North	Cheshire & Merseyside	680	4.1	35	50	15
		County Durham & Tees Valley	212	1.3	50	44	6
		Cumbria & Lancashire	350	2.1	64	22	13
		Greater Manchester #	970	5.8	33	13	54
		North Yorkshire, York, East Riding, Hull, N & NE Lincolnshire	209	1.3	67	20	14
		Northumberland, Tyne & Wear	261	1.6	57	36	7
		South Yorkshire	221	1.3	56	27	17
		West Yorkshire	471	2.8	37	45	17
N. IRELAND	(Northern Ireland) Eastern	113	0.7	93	2	5	
	(Northern Ireland) Northern	22	0.1	100	0	0	
	(Northern Ireland) Southern	11	0.1	100	0	0	
	(Northern Ireland) Western	10	0.1	90	0	10	

Continues over >

Co.	Dir.	Strategic Health Authority/ Health Board	Sample size (n)	% of N	% recruited through...		
					Pride	Booklet	Web
WALES	South East	Merthyr Tydfil	8	<0.1	50	0	50
		Rhondda Cynon Taff	57	0.3	26	14	60
		Cardiff #	309	1.8	27	8	65
		Vale of Glamorgan	48	0.3	35	8	56
		Blaenau Gwent	17	0.1	24	12	65
		Caerphilly	39	0.2	23	10	67
		Torfaen	25	0.1	28	4	68
		Monmouthshire	15	0.1	47	0	53
		Newport	58	0.3	35	7	59
	Mid & West	Bridgend	25	0.1	24	12	64
		Ceredigion	6	<0.1	0	0	100
		Carmarthenshire	25	0.1	0	16	84
		Pembrokeshire	11	0.1	64	9	27
		Powys	18	0.1	28	39	33
		Swansea	82	0.5	44	12	44
		Neath Port Talbot	43	0.3	42	16	42
	North	Conwy	19	0.1	68	16	16
		Denbighshire	22	0.1	46	18	36
Flintshire		26	0.2	50	27	23	
Gwynedd		14	0.1	71	29	0	
Isle of Anglesey		6	<0.1	83	0	17	
Wrexham		18	0.1	50	22	28	
SCOTLAND	Argyll & Clyde	65	0.4	74	0	26	
	Lothian	296	1.8	62	6	32	
	Orkney	1	<0.1	100	0	0	
	Shetland	1	<0.1	100	0	0	
	Tayside	78	0.5	74	13	13	
	Western Isles	4	<0.1	100	0	0	
	Lanarkshire	83	0.5	65	1	34	
	Ayrshire & Arran	40	0.2	85	0	15	
	Borders	7	<0.1	86	0	14	
	Dumfries & Galloway	12	0.1	75	0	25	
	Fife	49	0.3	82	4	14	
	Forth Valley	39	0.2	67	0	33	
	Grampian	96	0.6	78	17	5	
	Greater Glasgow #	328	2.0	52	1	47	
Highland	30	0.2	70	23	7		
	TOTAL	16,711	100.0	44.5	20.9	34.6	

# recruitment at a Pride event in these authorities.



## 2.2 AGE

The average (mean) age of the whole sample was 33.2 years (standard deviation (sd) = 10.8, median 32, range 14 to 83). While a very wide age range was recruited, half were aged between 25 and 39. The median age of the *GMSS* samples has been 32 in every year since 1997.

As in previous years, the internet sample was the youngest (mean age 31.8, median 30) and the booklet sample the oldest (mean age 35.7, median 34). The internet sample had the highest proportion of men under 20 (10.9% compared with 7.1% in the booklet and 5.1% at Prides) and in the 20s (35.3% compared with 31.2% and 40.2%). The booklet sample had the highest proportion of men in their 40s (20.1% compared with 14.5% on the web and 17.5% at Prides) and 50s (9.2% compared with 5.8% and 5.2%). In terms of the age of respondents, the three methods were complementary.

Figure 2.2 shows the proportions in these age groups for the seven regional areas. Proportionately fewer men under 20 lived in London than elsewhere. Men living in London and the South were on average older (median 33 years) than men in the Midlands & Eastern England, North England, Wales and Scotland (median 31 years) and men in Northern Ireland were the youngest, on average (median 26 years).

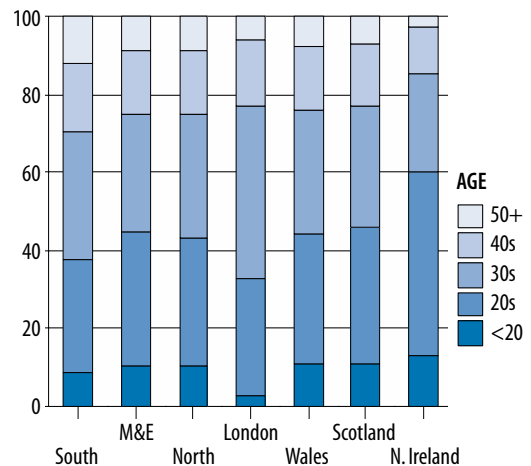


Figure 2.2: Residence by age group (column n = 3139, 3751, 3329, 4271, 923, 1124, 173)

## 2.3 FORMAL EDUCATION

Men were asked *Which of the following educational qualifications do you have?* and were instructed to tick as many as applied: *I have no educational qualifications; O-levels / CSE / GCSE; A-levels or equivalent; Degree or higher; or other qualification.* Those who indicated other qualifications were asked what they were.

Men were allocated to one of three groups on the basis of their highest educational qualification. Those with no qualifications (4.8%) or O-levels / CSE / GCSE (21.0%, usually leaving education at 16) were classified as having *low* educational qualifications. Those who indicated a degree or greater (46.2%) were classified as having *high* educational qualifications. Most of the remaining men were classified as having *medium* (28.0%) educational qualifications, including all those with A-levels or equivalent (24.2%) and the majority of those with *other* vocational or trade qualifications (3.8%).

Educational qualifications varied by recruitment methods in the same pattern as the 2001 data. A significantly higher proportion of the booklet sample were in the *low* education group compared to both the Pride and web samples and this relationship was not a function of differing age profiles. A smaller proportion of the web sample were in the *low* education group and more were in the *medium* group.

There was regional variation in education. Men resident in London were most likely to be educated to degree level or above (61.3%) which is not surprising given the relationship between social mobility and education. However, men resident in Northern Ireland (49.7% had degrees) and Scotland (49.2%) were better educated than men resident in the rest of England (South, 42.5%; Midlands & Eastern, 39.1%; North, 38.9%) and Wales (39.3%).

Educational achievement also varied by age. Men under 20 were, of course, much less likely to have a degree, because many were still in education. Among men over 20 the proportion with *low* educational qualifications increased with increasing age and correspondingly the proportion with *medium* education decreased. Similar proportions had a degree, however.

## 2.4 ETHNICITY

Men were asked *What is your ethnic group?* and allowed to indicate one of the following (the number in brackets is the number in that group): *Chinese* (126); *Asian* or Asian British (297); *Black* or Black British (294); *White* (15577), *Mixed ethnicity* (337), or *other* (195).

Figure 2.4a shows the proportion of men in the entire sample who indicated a *White* (92.6%) or a non-White ethnicity (7.4%). The column on the right illustrates the ethnic diversity within the non-White group. For comparison the 2001 UK census suggested 7.9% of the adult male population of the UK was non-White (ONS, 2002)

The ethnic group question was derived from the 1991 Census (Coleman & Salt, 1996). It is a truncated version of the ethnicity question asked in the last two years collapsing Black African, African-Caribbean and any other Black background to Black or Black British. It collapses both Asian and White categories to one response in the same way.

While the majority of men recruited through all three methods were White, the proportion of men from Black, Asian and other ethnic groups varied by recruitment method. Compared to the sample as a whole, internet recruitment was most likely to recruit White men followed by Pride events, the booklet was especially successful at attracting Black men and the internet Asian men. Because the internet sample is the largest it contains the most men from Black and minority ethnic groups (Figure 2.4b).

For ethnic group comparisons in the rest of the report we use four groups: Asian; Black; White; and mixed and other ethnicities (including Chinese). More detailed data on specific sub-populations is available on request.

Predictably, the proportion of men from Black and minority ethnic groups was greatest in London. The age of ethnic groups also varied with Asian men youngest on average. The average (median) age of Asian men was 27 compared to Black men (median 31) and White men (median 32). Education also varied by ethnicity. Asian men were the most highly educated (67.9% had a degree compared with 54.8% of Black men and 44.9% of White men).

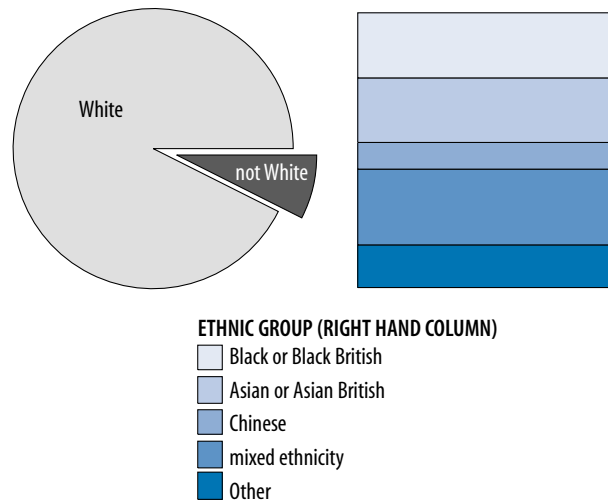


Figure 2.4a: Ethnic group (N=16826)

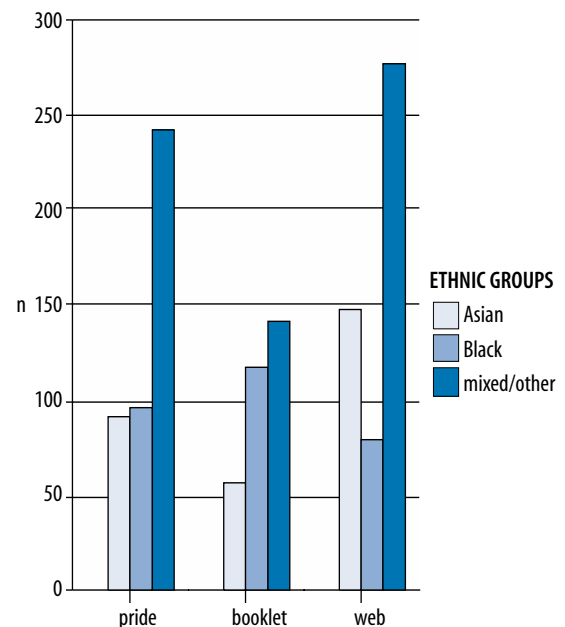


Figure 2.4b: Number of minority ethnic group members recruited through each method

## 2.5 SEXUAL IDENTITY

We asked what term men usually use to describe themselves sexually and gave the options, *Gay*, *Bisexual*, *I don't usually use a term* or *other*, with an option to specify what the *other* term was. The vast majority (84.4%) described themselves as gay and a further 9.3% described themselves as bisexual. Only 4.9% reported that they did not usually use a term.

Sexual identity varied by recruitment method. All three methods disproportionately recruited gay men but the internet was successful in recruiting self-identified bisexual men (14.2%) and men who did not have a term to describe their sexuality (6.6%). Internet-recruited men were least likely to report their sexuality as gay (78.1%).

The identity of men differed by where they lived. Men living in London were most likely to identify as gay (88.9%) and men living in Scotland (81.2%) and Northern Ireland (78.3%) were least likely to identify as gay and most likely to identify as bisexual or not to use a term.

There was no significant difference in the average (median) age across sexual identity groups, but men under 20 and 50 or over were slightly less likely to identify as gay and slightly more likely to identify as bisexual or to not use a term to describe their sexuality.

Sexual identity varied by ethnicity with White men most likely to identify as gay (86.1%) compared to men of mixed ethnicity (82.3%), Black men (78.6%) and Asian men (73.1%). Compared to other ethnicities, Asian men were most likely to report a bisexual identity or not having a term to describe their sexual orientation. However, three quarters (73.1%) of Asian men still reported a gay identity.

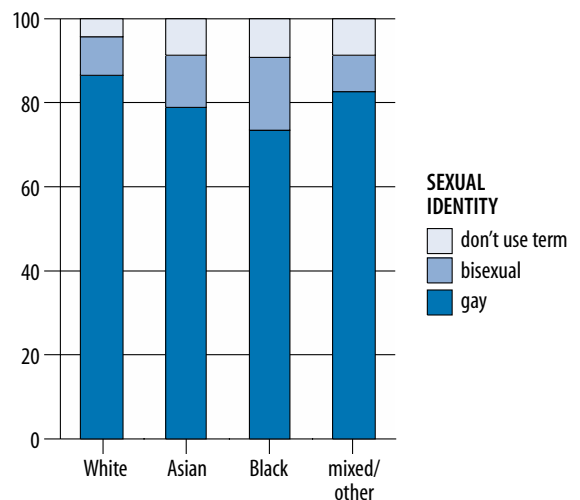


Figure 2.5: Sexual identity by ethnic group (column n=15349, 285, 294, 639)

## 2.6 HIV TESTING HISTORY

Men were asked, *Have you ever received an HIV test result?* and were given three possible answers (*Yes, I've tested positive*; *Yes my last test was negative*; and *No, I've never tested for HIV*). Overall, 7.0% had tested positive, 49.0% tested negative and 44.0% had never tested for HIV.

As in previous years (Reid *et al.*, 2002) the web sample was significantly less likely to have ever tested (46.3%) compared to the booklet (63.6%) and Pride (64.2%) samples. The booklet sample were most likely to have diagnosed HIV (10.9%) compared to Pride (8.6%) and web (4.1%) samples. This suggests that positive men were disproportionately likely to come into direct contact with health promoters, as these were the main source of booklet distribution.

The HIV testing histories of men resident in London were significantly different from those of men resident elsewhere. London-resident men were more likely to have ever tested (70.8%) and considerably more likely to have diagnosed HIV (13.4%). Men resident in Northern Ireland were the least likely to have ever tested (41.6%) and to have diagnosed HIV (1.8%).

HIV testing history varied by age in a similar pattern to previous years. Having tested was least common among those under 20. Ever having tested for HIV peaks among men in their 30s and declines again. Hence, men who had never tested (mean age 31.8) were significantly younger than those who had tested negative (mean age 33.7), who were younger than those who had tested positive (mean age 37.3).

Again HIV testing history was associated with educational attainment. Men with lower educational achievements were significantly less likely to have ever tested for HIV (ever tested rates of 53.6%, 52.1% and 59.9% among the *low*, *medium* and *high* education groups respectively) but significantly more likely to have tested positive when they did test (*low* 9.0%, *medium* 6.2% and *high* 6.5%) (see Weatherburn, Davies *et al.*, 1999).

HIV testing history was significantly associated with ethnicity. As in previous years, Asian men were the least likely to have ever tested for HIV (50.5%), followed by White men. Men of mixed and other ethnicities and Black men were significantly more likely to have tested positive (mixed 10.0%, Black 9.7%) than White (6.9%) or Asian men (3.4%).

Finally, the prevalence of both testing and diagnosed HIV infection was much higher among gay identified men compared to bisexuals. While 40.3% of gay men had never tested, the figure was 67.1% among bisexual men. Similarly 7.9% of all gay men had diagnosed HIV compared with 2.5% of bisexual men. This suggests that the epicentre of the HIV epidemic among homosexually active men is among gay-identified rather than bisexual men and that gay rather than bisexual men should be the priority in most HIV prevention programmes.

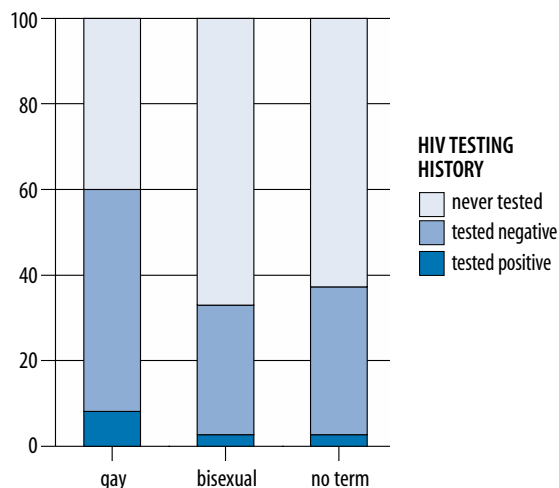


Figure 2.6: Sexual identity groups by HIV testing history (column n=14068, 1533, 820)

## 2.7 SOCIAL CLASS

In 2002, for the first time we asked two questions about perceived social class. The first was, *What term would you use to describe your parents' social class when you were growing up?* Men could tick one of six options: *working class*, *lower middle class*, *upper middle class*, *upper class*, *don't know / not sure* and *any other term*. Those who chose any other term were asked to specify what this was.

The largest proportion of men reported their parents' were working class (43.9%), followed by lower middle class (27.1%) and upper middle class (22.7%). Relatively few reported being upper class (2.2%); were unsure of or did not know their parents class (2.5%), and less (1.7%) reported an *other* term that could not be categorised.

Of those specifying another term a quarter believed their parents were classless, that they grew up in a classless society or they did not believe, approve of, or use the concept of class. Of the remainder some reported being middle or middle middle class, or reported classes outside this scale (eg. underclass). The remaining small number gave their parents' nationality or citizenship, were orphans, mentioned their parents' wealth or gave terms unrelated to class.

Men were also asked, *What term would you use to describe your current social class?* The same six potential answers were provided. Approximately a third reported their current social class as lower middle (32.5%), followed by upper middle (29.8%), working class (26.3%) and upper class (2.2%). A further 5.1% were unsure or did not know their current social class and 4.2% gave an *other* term.

Of those specifying another term almost a third said they were classless or did not believe, approve of, or use the concept of class. A further quarter gave their employment status or living state (student, unemployed, poor). A fifth reported they were middle or middle middle class and less reported other classes outside this scale (professional, underclass etc). The remainder gave their citizenship, made a joke or gave a term related to their sexuality.

Unsurprisingly there was a strong relationship between respondents' current social class and their parents' social class when they were growing up.

Current Class → Parents' Class ↓	Working	Lower Middle	Upper Middle	Upper class	DK /not sure	any other term	TOTAL (Parents')
Working	<b>21.8</b>	<b>13.8</b>	<b>4.9</b>	<b>0.3</b>	1.6	1.4	43.8
Lower Middle	<u>2.4</u>	<b>14.5</b>	<b>8.0</b>	<b>0.3</b>	1.1	0.9	27.1
Upper Middle	1.4	<u>3.7</u>	<b>15.6</b>	<b>0.8</b>	0.6	0.6	22.7
Upper class	<u>0.2</u>	<u>0.1</u>	<u>0.8</u>	<b>0.8</b>	0.1	0.1	2.2
DK / not sure	0.4	0.2	0.2	<0.1	1.5	0.1	2.5
any other term	0.1	0.2	0.2	<0.1	0.1	1.1	1.7
<b>TOTAL (Current)</b>	<b>26.3</b>	<b>32.5</b>	<b>29.8</b>	<b>2.1</b>	<b>5.1</b>	<b>4.2</b>	<b>100.0</b>

More than half of all men (52.7% – those in blue) reported that their current social class was the same as their parents' when they were growing up. Of the remainder, the majority (28.1% overall, all in black and bold) perceive themselves to have a higher social class than their parents when they were growing up. Downward class mobility was far less common, only 8.6% (underlined in the table) stated their current social class was lower than their parents' social class when they were growing up.

Half (49.8%) of men who said their parents were working class when they were growing up said they were currently working class. A further third (31.5%) of those whose parents were working class now perceived themselves to be lower middle class and 11.1% felt they were upper middle class.

Two thirds (68.9%) of those with upper middle class parents gave their current class as upper middle. About half (53.5%) of those who said their parents were lower middle class gave their current class as lower middle.

Men recruited through the booklet were most likely to report that their parents (46.2%) and themselves were working class (32.4%), compared with those recruited at Pride (44.8% and 28.3%) and via the internet (42.0% and 21.9%). Internet-recruited men were most likely to report that their own current and their parents' class was lower or upper middle class (52.2% / 67.7%) compared with booklet (46.5% / 54.6%) and the Pride-recruited men (48.6% / 59.8%).

In the remainder of this report class comparisons are (usually) based on men's perceptions of their current social class only. The parental social class variable is excluded from most future comparisons on the basis of its strong correlation with perceived current social class and because it is of very limited value in planning HIV prevention interventions.

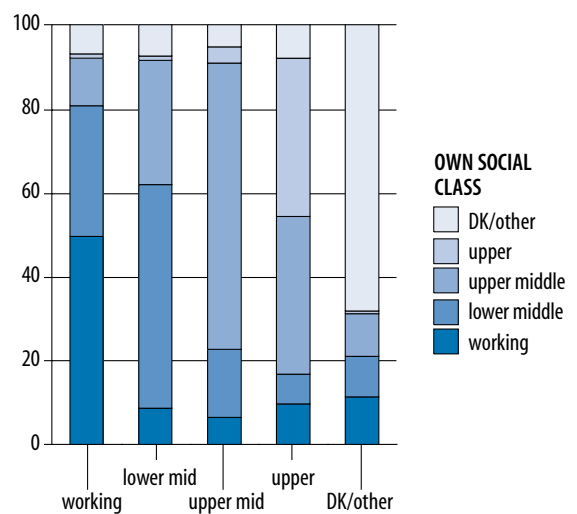


Figure 2.7: Parents' social class by own current social class (column n=7313, 4519, 3789, 363, 694)

### 2.7.0 HIV testing history and social class

There was a significant relationship between current social class and HIV testing history. Upper class men (62.0%) were most likely to have ever tested for HIV and working (54.9%) and lower middle class men (54.6%) were least likely to have ever tested. Men who were unsure of, or gave another term for their class (8.7%) and working class men (8.2%) were most likely to have tested HIV positive.

### 2.7.1 Residence and social class

Figure 2.7.1 show variation in social class by current area of residence.

Predictably, men living in London (18.9%) and the South of England (22.5%) were least likely to currently consider themselves working class and most likely to consider themselves upper middle class (35.2% in London and 33.5% in the South).

Men living in Wales were most likely to give their current class as working (36.6%), closely followed by men resident in the North of England (32.7%), Northern Ireland (29.7%), and Scotland (29.3%).

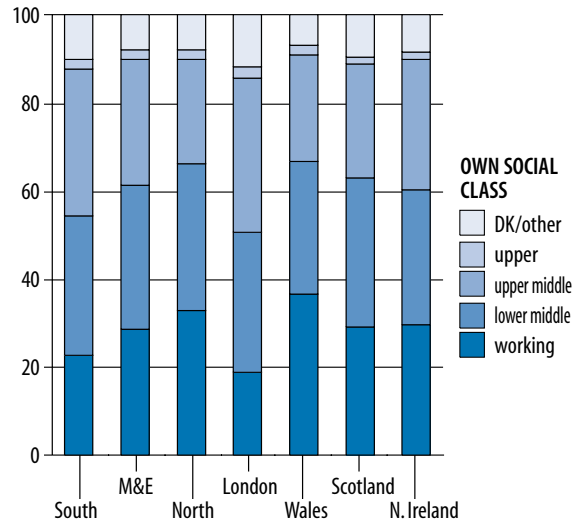


Figure 2.7.1: Current social class by residence (column n = 3143, 3756, 3351, 4267, 925, 175)

### 2.7.2 Age and social class

The majority of men currently consider themselves (lower or upper) middle class, but the proportions doing so increases with age (56.2% of under 20s, compared with 60.2% of men in 20s, 63.9% in 30s, 63.2% of 40s, and 67.3% of men who were 50 or more). Correspondingly, with increasing age men were less likely to report themselves to be working class (28.2% of under 20s, compared with 28.2% of men in 20s, 25.5% in 30s, 26.3% of 40s, and 20.1% of men who were 50 or more).

### 2.7.3 Education and social class

There is a lot of research to show that parents' social class and income affects their childrens' educational attainment (Young, 1971; Bourdieu & Passeron, 1977). The men in our sample follow a similar pattern where the higher the parent's social class the more likely they were to have *high* educational attainment. Men with *low* education were most likely to report their parents were working class when they were growing up and men with university degrees were most likely to report parents from the middle classes.

Men with *low* education were most likely to report their current social class as working (45.6%) and least likely to report considering themselves as middle class. Men with *high* education were most likely to report their social class as middle and least likely to report considering themselves working class.

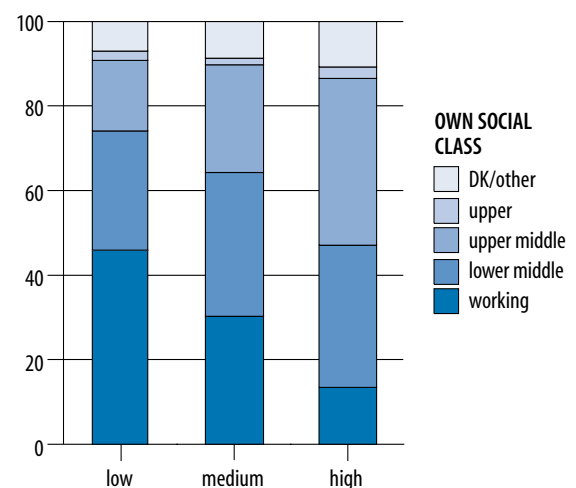


Figure 2.7.3: Current social class by education group (column n=4307, 4688, 7701)

### 2.7.4 Ethnicity and social class

Current perceived social class varies by ethnicity. Black men were most likely to describe themselves as working class (38.8%) compared to White men (26.2%), Asian men (26.1%) or men of mixed and other ethnicities (22.1%). Black men were also least likely to describe themselves as upper middle class (15.1%) which was most common among mixed ethnicity and other men (35.3%) and Asian men (32.9%) and less common among White men (29.8%).

Black men (12.7%) and mixed ethnicity and other men (16.4%) were more likely to be *unsure of, not know* or give *another term* for their current social class compared with White (8.9%) or Asian men (9.8%).

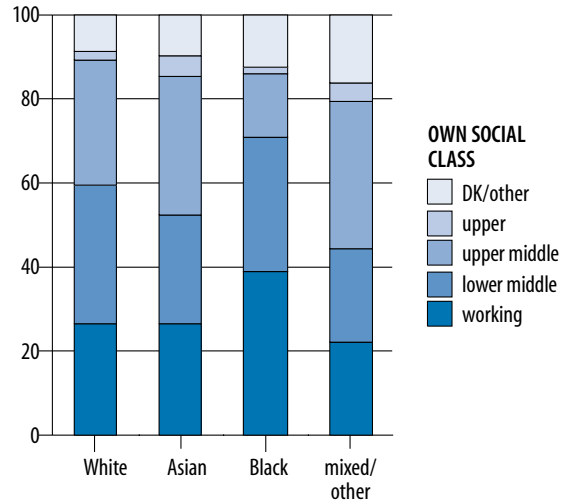


Figure 2.7.4: Current social class by ethnic groups (column n=15462, 295, 291, 652)

### 2.7.5 Sexual identity and social class

There was no significant relationship between parents' social class when men were growing up and sexual identity. Sexual identity varied slightly by current social class with working class men less likely to use a term to describe their sexuality than men of other classes. Men who were unsure of their current social class were most likely to use another term for their sexuality, or no term at all.

In the comparisons of current social class and other variables in chapters 3 to 5 we omit the categories *don't know or not sure* (2.5%) and *any other term* (1.7%) on the basis that they were not helpful in comparison between groups. We also omit upper class men (2.2%, N=360) on the basis that subsequent comparisons of data suggests it was a category that some men ticked in jest.



# 3 Socio-sexual context

---

In this chapter we report data relating to the socio-sexual context in which men live, make decisions about sex and gain sexual skills and knowledge.

## 3.1 GENDER OF SEXUAL PARTNERS IN THE LAST YEAR

Respondents were asked *In the last 12 months, have you had sex with: no one; women only; men only; or both men and women*. The majority of men had sex with men only (89.0%). While small proportions had sex with no one (2.7%) or with women only (0.6%), one-in-twelve (7.7%) had sex with both men and women in the same period. Among those who did not have sex with men, the proportion who had sex with women was 17.6%, while among those who did have sex with men it was 8.0%.

The proportion of men who have sex with both men and women varies with the time scale chosen to define 'men who have sex with men'. In the first *National Survey of Sexual Attitudes and Lifestyles – NSSAL, 1990* – 36% of men who had sex with men in the last year also had sex with women (Johnson *et al.*, 1994, p.209). However, 45% of men who had sex with men in the last two years also had sex with women in that period, and 57% of men who had sex with men in the last five years also had sex with women. If the time period is extended to lifetime, 92% of men who have ever had sex with a man have also ever had sex with a woman.

Although the proportion of men that were behaviourally bisexual was higher in the web sample (11.7%) than the booklet (6.1%) or Pride sample (3.4%), all three methods disproportionately recruited exclusively homosexually active men, especially in comparison to the NSSAL estimate of 36% of homosexually active men being behaviourally bisexual. Among homosexually active men the relationship between sex with women and social concealment of sex with men (see below) may go some way to explain this bias in recruitment.

### 3.1.0 HIV testing history and gender of partners

Men who had sex with women as well as men were 4.2 times *less likely* (95% CI, 2.8 to 6.3) to have tested HIV positive than men who had sex with men only. The prevalence of diagnosed infection among exclusively homosexually active men was 7.6% compared with 1.9% among men who also had sex with women. Or conversely, men who had tested HIV positive were much less likely to have sex with women also.

We are not suggesting here that having sex with women is a protective for HIV. However, this consistent finding across surveys suggests that the epicentre of the HIV epidemic is exclusively homosexually active rather than behaviourally bisexual men and that exclusively homosexually active men should be the priority in most HIV prevention programmes.

### 3.1.1 Residence and gender of partners

Gender of partners varied by the respondents region of residence. The proportion of men with no partners or female partners varied little and was reasonably low in all areas. Men in London were most likely to have sexual partners, most likely to have been exclusively homosexually active and least likely to have both male and female partners. Men living in Northern Ireland (11.3%) and Scotland (9.4%) were most likely to have both male and female partners.



### 3.1.2 Age and gender of partners

As with previous surveys there was a significant association between age and having both male and female partners. The majority of men at all ages had sex with men only in the last year. However, going up the age range sex with women became less common and sex with no one became more common. Men under 20 were significantly more likely to have both male and female partners (11.3%) than men in other age groups (6.4%-7.9%) and were the least likely to report being exclusively homosexual. Men aged 50 and over were least likely to have had any sexual partners followed by men under 20.

As groups, men who had sex with women only were the youngest, followed by those who had sex with both men and women, then those who had sex with men only. Men who had sex with no-one were the oldest group.

Gender of partners	N	Min. Age	Max. Age	Median Age	Mean Age	Std. deviation
no one	445	14	77	35.0	35.7	13.2
women only	96	16	74	29.5	31.8	11.6
men only	14571	14	83	32.0	33.3	10.6
men & women	1244	14	69	31.0	32.6	11.0
Total	16356	14	83	32.0	33.3	10.7

### 3.1.3 Education and gender of partners

Gender of partners varies slightly by education where those with *high* educational qualifications were slightly more likely than others to report exclusively having male partners and slightly less likely to report having both male and female partners. In 1999 no relationship was found between these two variables (Weatherburn *et al.*, 2000).

### 3.1.4 Ethnicity and gender of partners

Among the homosexually active respondents, compared to the White majority (7.8% of whom had sex with women), Chinese men (2.5% had sex with women) were 0.27 times less likely to have sex with women (source and age adjusted odds ratio, 95% CI 0.09 to 0.87). On the other hand Asian men (13.1% had sex with women) were 1.70 times more likely to do so (95% CI 1.18 to 2.44), and men of mixed ethnicity (11.9% had sex with women) were 1.86 times more likely to have sex with women (95% CI 1.31 to 2.63). Black men were no more or less likely to also have sex with women than were White men.

### 3.1.5 Sexual identity and gender of partners

As in previous years there was a strong relationship between sexual identity and the gender of men's sexual partners. In 1998, 1.7% of homosexually active gay men had female partners, compared with 58.7% of bisexual men. Similarly, in this 2002 data, 1.7% of gay men had female partners compared with 60.0% of bisexual men.

In 2002 men who didn't usually use a term to describe their sexuality were most likely to have had no sexual partners (7.0%) compared with gay (2.4%) and bisexual (2.8%) men. Bisexual men were most likely to have had sex with women only and the vast majority of gay men had sex with men only (95.8%).

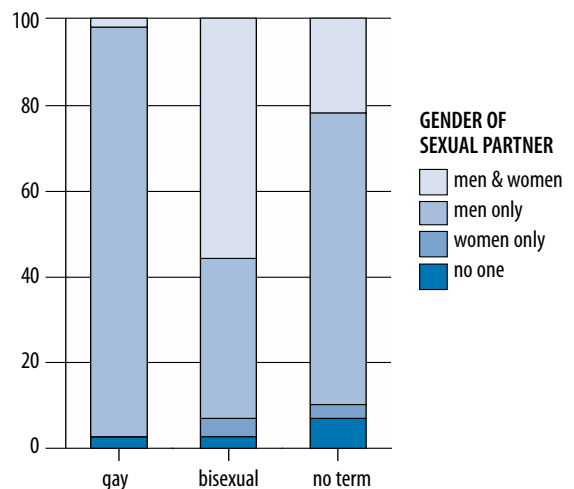


Figure 3.1.5: Gender of sexual partners by sexual identity (column n=14004, 1483, 783)

### 3.1.6 Social class and gender of sexual partners

There was a very slight variation between perceived current social class and the gender of men's sexual partners in the last year. Working class men were slightly less likely (96.1%) to have been homosexually active than lower middle class (96.8%) and upper middle class men (97.1%).

## 3.2 VOLUME OF MALE SEXUAL PARTNERS IN THE LAST YEAR

Men were asked *In the last 12 months how many MEN have you had sex with in total?* and allowed to indicate one of five responses. A small proportion (3.2%) had no male sexual partners in the previous year and a further 4.2% did not answer this question. For those men who answered the question and had male sexual partners, 21.8% had one; 28.7% had 2,3 or 4; 21.2% had 5 to 12; 16.8% had 13 to 29 and 11.6% had 30 or more. These figures are similar to those reported in the 2001 *Gay Men's Sex Survey* (Reid *et al.*, 2002).

While the number of partners differs by recruitment method there was not a simple association between them. Men recruited through Pride events were most likely to have had a single partner in the past year and also most likely to have between 13 and 29 partners but least likely to have between 5 and 12 partners. Similar proportions of men in the web and booklet samples were in each partner number group with the exception of the 30+ partners group which was more common in the booklet sample.

### 3.2.0 HIV testing history and number of partners

Diagnosed HIV positive men had higher numbers of partners than men who had tested HIV negative who in turn had higher numbers of partners than men who had never tested for HIV.

### 3.2.1 Residence and number of partners

There was a relationship between where men lived and the number of male partners they had. Men in London were most likely – and men in Northern Ireland were least likely – to have 30 or more partners. Men in London and Northern Ireland were also least likely to have a single partner.

### 3.2.2 Age and number of partners

The proportion of men with a single partner varied little by age. As in previous years the number of male partners increases with age, peaking in the 40s and then decreases again. Younger and older men were the least likely to have larger numbers of partners. Men in their 40s were most likely to have 30 or more partners.

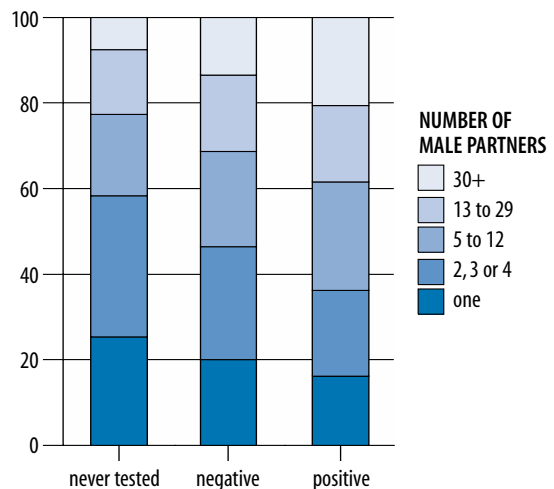


Figure 3.2.0: Number of partners groups by HIV testing history (column n=6559, 7826, 1100)

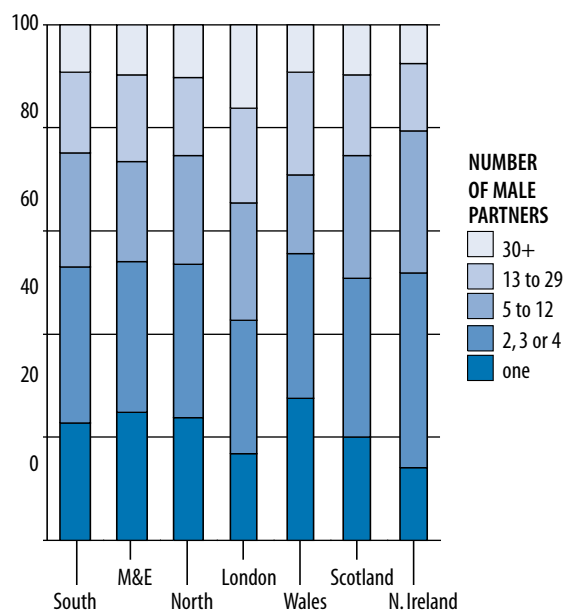


Figure 3.2.1: Number of partners groups by area of residence (column n=3086, 3689, 3310, 4245, 910, 1108, 168)

### **3.2.3 Education and number of partners**

The number of male partners varies slightly with education where men with *low* educational attainment were more likely (24.2%) to have a single male partner in the last year than men with *medium* (22.3%) or *high* (20.2%) education. Those in the *high* education group were slightly more likely to have thirteen or more partners.

### **3.2.4 Ethnicity and number of partners**

We found no evidence for an association between the number of male partners men had and their ethnicity.

### **3.2.5 Sexual identity and number of partners**

Gay men had higher numbers of male sexual partners (29.7% had 13+) than bisexual men (18.7% had 13+) or those who did not use a term to describe their sexual identity (21.0% had 13+ partners in the last year). Bisexual men were more likely to have between 2 and 4 male sexual partners than other groups.

### **3.2.6 Social class and number of partners**

Variation in sexual partner numbers and respondents own current social class was not substantial, but working class men were most likely and upper middle class men were least likely to have a single partner. Those in a higher social class were slightly more likely to have 5 partners or more.

### **3.2.7 Gender of partners and number of partners**

Exclusively homosexually active men were both more likely to have a single male partner and more likely to have higher numbers of male partners. Those with male and female partners were most likely to have between 2 and 12 male partners.

## **3.3 OUTNESS TO FAMILY, FRIENDS AND WORKMATES**

The extent to which a population of men are open about their sexual activity with men (or conceal it) has been hypothesised to have various impacts on HIV incidence. While a strong, gay identified population has been judged by some as a prerequisite of effective community HIV prevention responses, others have noted that it is men who are out that are most likely to become infected with HIV.

The extent to which men are out (or in) is not a target or aim of *Making it Count* (Hickson *et al.*, 2003). Many of the reasons men choose to conceal their (homo)sexual behaviour or sexuality are targets (such as psychological conflict and homophobic discrimination) but the act of coming out is not. However, the extent to which men are out does have a bearing on the planning of HIV prevention activities. Whether men who do not disclose their homosexuality are at greater or less risk for HIV should influence the planning of programmes: if men who are not out are at greater risk, we would expect different settings for interventions than if men who are out are at greater risk. Here we describe the respondents openness about their sexuality with friends, family and workmates and how those are associated with demographic and other socio-sexual variables.

Men were asked *What proportion of [people] know you have sex with men?* They were asked to respond on a five point scale for three different groups of people: close family, friends and workmates. The allowable responses were: *all or almost all; more than half; about half; less than half; few or none.*

Figure 3.3a shows the overall proportions of the sample giving each response. Overall, men were more likely to be out to their friends than their family or workmates, and slightly more were completely out to their family than to their workmates.

The sample contains a large proportion of men who were completely out. Over a third (34.6%) indicated *all or almost all* to all three questions that asked what proportion of family / friends / workmates know you have sex with men. However, more than one-in-nine of all men were completely 'in' (11.6% indicated *few or none* to questions on all three groups).

Disclosure to friends was significantly more common than disclosure to family or workmates, which was least common overall. While half (51.2%) of all men had disclosed their homosexual activity to *all or almost all* their family, just under a third (30.7%) had disclosed to *few or none* of them. The pattern with workmates was similar, with just under half (45.9%) having told *all or almost all* and just under a third (30.6%) having disclosed to *few or none* of their workmates.

For each of the three social networks (friends, family, workmates) men recruited on the web were most 'in' and those recruited at Prides were most 'out' (Figure 3.3b).

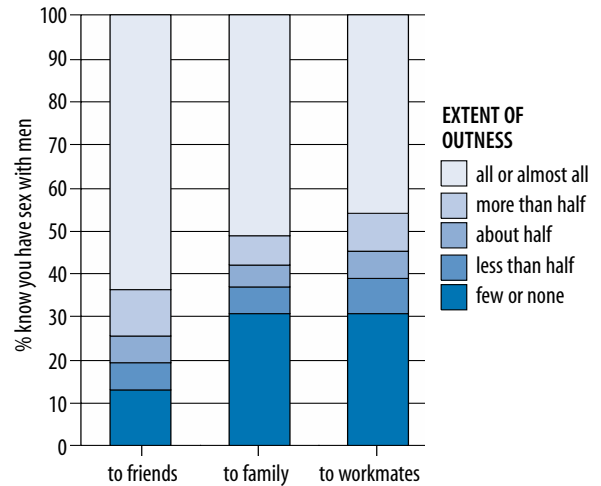


Figure 3.3a: Extent of outness to friends, family and workmates in the entire sample (n=15588, 15561, 14695)

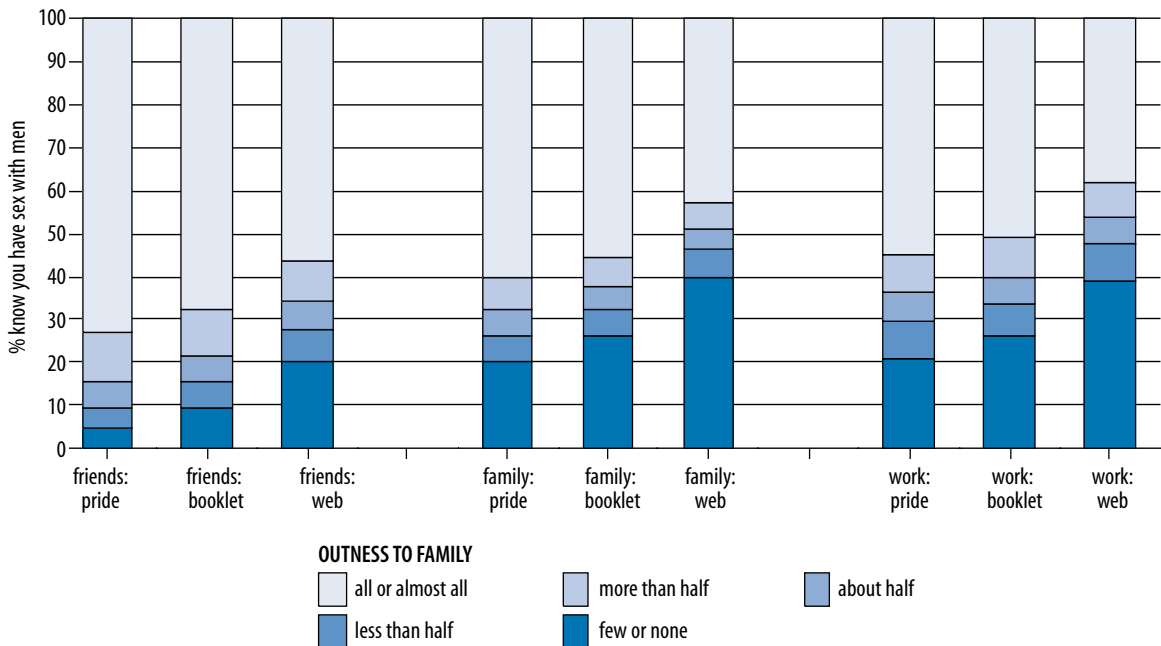


Figure 3.3b: Extent of outness by recruitment method

Taking all three measures together we can allocate men a score from 3 (completely 'out') to 15 (completely 'in'); the middle of this scale is 9. The mean score of the entire sample was 7.2 (median 6), demonstrating that, in general men were more out than in.

### 3.3.0 HIV testing history and outness

In every age band, men who had tested HIV positive were more likely to be out to all three social networks than were men who had not tested HIV positive. Men who had never tested were most likely to conceal their homosexual activity from friends, family and workmates.

The proportion who indicated *all or almost all* to all three groups (ie. completely out) was 56.1% of diagnosed HIV positive men; 41.7% of those tested negative and 23.6% of those never tested. Conversely, the proportion who indicated *few of none* to all three groups was 2.6%, 5.5% and 19.5% respectively.

While it may be the case that for some men continuing to conceal their (homo)sexual behaviour becomes increasingly difficult when they are diagnosed with HIV (and perhaps become unwell), we also suspect that men who have tested positive are less tolerant of everyday bigotry and are less likely to wish to conceal their sexuality or sexual behaviour.

### 3.3.1 Residence and outness

This mean overall outness score varied by area of residence, as shown in the table below.

Residence	N	Outness score (range 3-15)		
		Median	Mean	Std. deviation
London	3711	5	6.4	3.9
North England	2858	6	7.2	4.3
Wales	750	6	7.3	4.5
Mid & Eastern England	3169	7	7.5	4.4
South England	2729	7	7.6	4.4
Scotland	1006	7	7.9	4.6
Northern Ireland	160	9	9.1	4.8
Total	14383	6	7.2	4.3

Men living in London were most out (39.2% completely out; 6.8% completely in), while those living in Northern Ireland were least out (23.1% completely out; 25.6% completely in). This pattern was independent of recruitment source. While there were clear differences in the extent of outness among groups of men living in different areas of the UK, we would like to stress that all areas have significant groups of both men who are wholly out and men who are wholly in.

### 3.3.2 Age and outness

Figure 3.3.2 shows age group differences in outness to friends. The pattern was the same for each of the three social networks separately.

Concealing sex with men was most common among the oldest age groups, while men in their thirties were currently most out, with 39.4% being out to all of their family, friends and workmates.

Presumably the observed pattern is not because men become more closeted as they age but because as time passes coming out becomes more common.

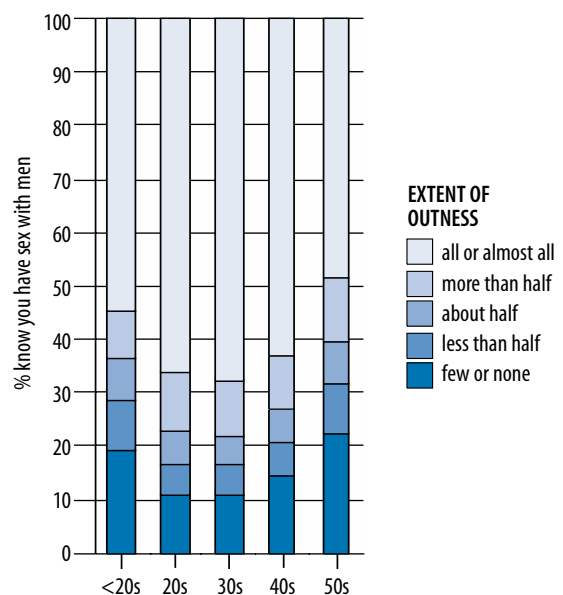


Figure 3.3.2: Age group differences in outness to friends (column n=1256, 4948, 5369, 2596, 1275)

### 3.3.3 Education and outness

The associations between education and outness generally show differences between men with *low* education and others. Men with *low* education were slightly more likely (55.0%) to be out to all or almost all their family compared to those with *medium* (49.4%) or *high* (50.4%) education. They were also slightly more likely to be out to few or none of their friends (16.2%) compared to men with *medium* (12.6%) and *high* (11.9%) education. In relation to workmates men with *low* education were both more likely to be out to few or no workmates and more likely to be out to all or almost all workmates. These differences between men with *low* education and others appear to be at either end of the outness continuum. Men with *low* education are more likely to be either completely out or completely in. These differences were only seen in England and among men in their 30s and younger for family and friends and 40s and younger for workmates.

### 3.3.4 Ethnicity and outness

There were strong relationships between ethnicity and being out about having sex with men. Men in minority ethnic groups, particularly Asian men, were more likely to conceal their homosexual activity from family, friends and workmates. While 35.5% of the White men indicated they were out to *all or almost all* of all three groups and only 11.2% indicated *none* or *few* to all three, the figures for Black men were 19.7% and 15.3%, while for Asian men they were 11.5% and 27.2%.

Ethnic group differences in outness were most acute with regard to family (Figure 3.3.4). The White men were 5.9 times more likely to be out to all or almost all of their close family compared with the Asian men, and 2.9 times more likely compared to Black men.

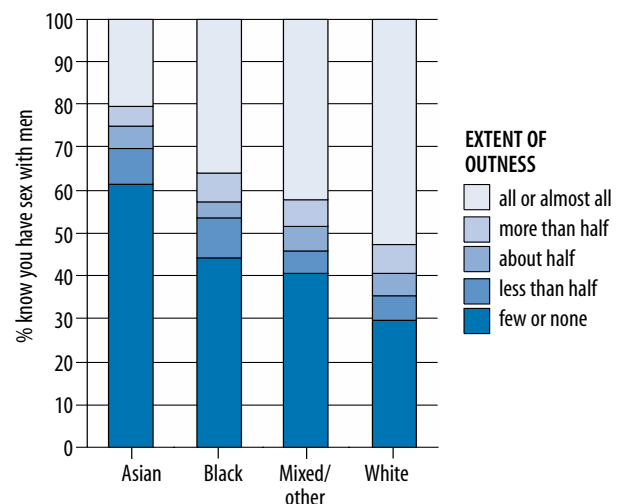


Figure 3.3.4: Ethnic group differences in outness to close family (column n=256, 262, 578, 15520)

### 3.3.5 Sexual identity and outness

There were strong relationships between men's sexual identity and whether they were out about the sex they had with men. Whereas the majority of gay identified men were out in each of the three contexts, only the minority of bisexual or men not using a term were.

Sexual identity	N	Outness score (range 3-15)		
		Median	Mean	Std. deviation
Gay	12165	5	6.4	3.8
Bisexual	1326	15	12.7	3.7
don't use a term	697	14	11.4	4.4
Total	14188	6	7.2	4.3

The difference in outness by sexual identity were dramatic across all three contexts. The median score for gay men was 5 (closer to 3 completely out) whereas the median score for bisexual men was 14 (closer to 15 completely in). Gay men were most out (39.1% completely out; 4.8% completely in) compared to those who did not use a term (12.1% completely out; 42.8% completely in) and bisexual men (5.9% completely out; 56.0% completely in). Gay men were 9.8 times more likely to be out to all three groups than bisexual men.

It is likely that for some men gay is a label for their (homo)sexual activity and that the more people who are aware of that sexual activity the more likely they are to use this label to describe it. It may also be that those identifying as gay see the identity as having an openly homosexual lifestyle which necessitates disclosure to friends, family and workmates.

### **3.3.6 Social class and outness**

There were associations between outness to family and workmates and social class but no association between social class and outness to friends. Working class men were slightly more likely to be out to all of their family (54.5%) compared to lower and upper middle class men (49.5%/50.3%) and slightly less likely to be out to few or none. A similar pattern was shown with outness to workmates where working class men were slightly more likely to be out to all or almost all and less likely to be out to few or none of their workmates than middle class men. These associations for outness to family only occurred among men under 30, and the associations between outness to workmates only occurred among men under 40.

### **3.3.7 Gender of partners and outness**

Men who had sex with women as well as men were much more likely to conceal the sex they had with men than were men who had sex with men only. The mean outness score of behavioural bisexuals was 12.2 (median 15) while that for exclusively homosexually active men was 6.6 (median 5). Men who had sex with women only in the last year (and presumably answered the outness questions on the basis of sex they had with men prior to that, or sex they expected to have in the future) had a score higher than behavioural bisexuals (mean of 13.2, median 15), while the men who had sex with no-one in the last year had a score more similar to the exclusively homosexually active men (mean of 8.8, median 8).

More than half (53.9%) of behavioural bisexuals indicated that *few* or *none* of their friends, family or workmates knew they had sex with men, compared with only 6.6% of exclusively homosexually active men. Conversely, while over a third (37.9%) of exclusively homosexually active men were out to everybody, only 8.1% of behavioural bisexuals were.

Overall, men recruited at Pride events were more likely to be out than men recruited through the booklet, who in turn were more likely to be out than the men recruited on the web. Two thirds (65.5%) of behaviourally bisexual men recruited on the web (N=792) were out to no-one, compared with 2.7% of exclusively homosexually active men recruited at Pride events (N=4202).

### **3.3.8 Number of partners and outness**

The number of male sexual partners men had was associated with outness to friends, family and workmates. Figure 3.3.8 shows that there was a similar pattern with outness to each group and number of sexual partners. On the whole, men are more out to friends than family and least out to workmates. In each group men with the greatest number of partners are the most likely to report being out to *all* or *almost all* and least likely to report being out to *few* or *none*. Outness decreases with decreasing partner numbers with the exception of a single partner who have similar levels of outness to men with 5 to 12 partners and greater outness than men with between 2 and 4 male partners.



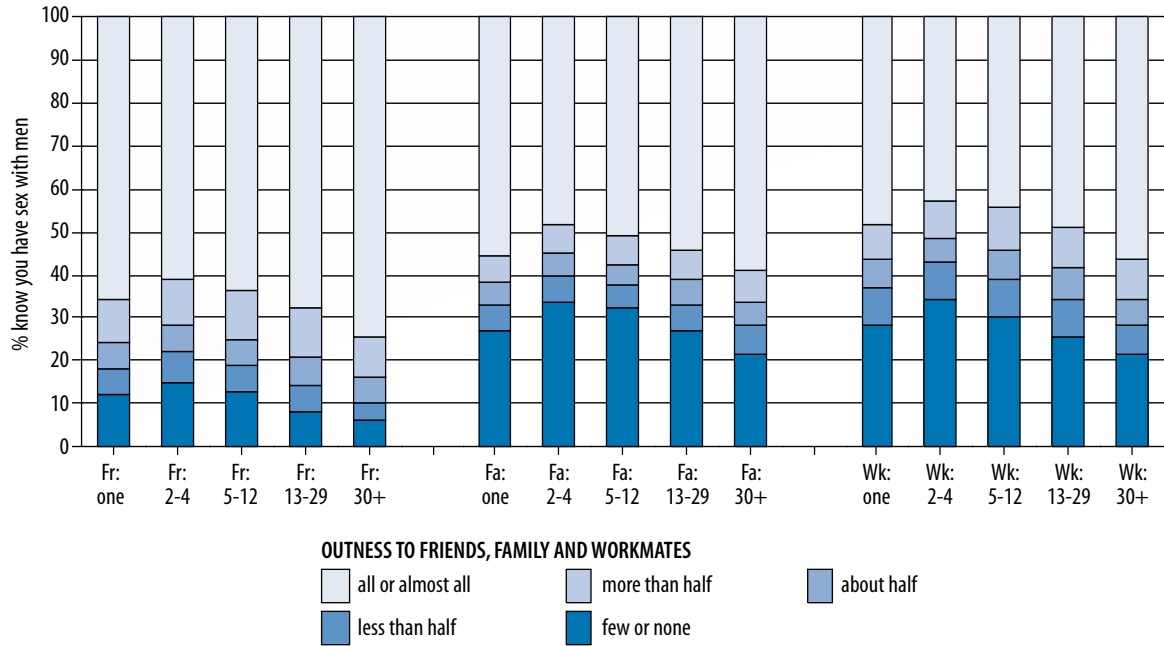


Figure 3.3.8: Extent of outness by number of sexual partners

Looking at the median outness scores in the table below, we can see that men with between 2 and 4 partners were the least out (with a score of 7) and men with 30 or more partners in the last year were most likely to be out (with an average score of 4).

Number of male sexual partners	N	Outness score (range 3-15)		
		Median	Mean	Std. deviation
One	2889	6	6.9	4.3
2,3 or 4	3875	7	7.6	4.4
5 to 12	2958	6	7.2	4.3
13-29	2284	5	6.7	4.0
30+	1573	4	6.1	3.7
Total	13579	6	7.0	4.3

### 3.4 CURRENT RELATIONSHIPS WITH MEN

Overall, 58.0% of respondents (n=16,744, missing 0.8%) answered positively to the question *Do you currently have one (or more) regular male sexual partner(s)?* Men in relationships were asked how long they had been with their regular partner. The average (median) length of their relationships at the time of the survey was 25 months (this should not be confused with the average length of relationships when they terminate as all relationships will have continued for a time after the survey).

In the wholly Pride-recruited GMSS 1998 we found 60.5% of all men had a regular partner (95 CI, 59.3%–61.7%). In 2002, among Pride-recruited respondents only, 63.2% had a regular partner (95 CI, 62.0%–64.4%), suggesting a slight increase in the overall prevalence of regular relationships between men in the last five years.



### **3.4.0 HIV testing history and relationship status**

Since having tested positive was associated with outness and *not* having sex with women, we should expect men who had tested HIV positive (who are more out and less likely to have sex with women and men) to also be more likely to have a regular male sexual partner. This was indeed the case, with two thirds (65.2%) of positive men being in a relationship compared to 57.5% of other men. However, when the extent to which men were out was controlled for, this difference was not significant. The average (median) length of relationships was also greater for tested positive men at 36 months compared to tested negative men (27 months) and those who had never tested (24 months).

#### **3.4.1 Residence and relationship status**

We found no evidence for an association between where men lived and whether or not they had a regular male sexual partner. However, among men who did have a regular partner there was an association between where they lived and the average length of time they had been in that relationship. Men in Northern Ireland (who were almost all recruited through the web and were significantly younger) had, on average, considerably shorter relationships.

#### **3.4.2 Age and relationship status**

As a group, men in a current regular relationship were older (median age 33 years, mean 33.8, sd =10.4) than the men not in a current relationship (median age 31, mean 32.3, sd =11.1). Being in a relationship was most common among men in the 35-39 age bracket. The length of men's relationships was clearly related to their age, younger men having had less time in which to have longer-term relationships.

#### **3.4.3 Education and relationship status**

Formal educational attainment and having a regular male sexual partner varied slightly. Men with *high* educational attainment were slightly more likely to have a regular partner (59.6%), compared to those with *low* (57.1%) and *medium* levels of education (56.1%). This difference was only seen among men recruited via the internet and was not significant across the age range.

The median length of relationships varied similarly by education, where the average relationship length of men with *high* education was 30 months compared to 24 months for those with *low* and 22 months for men with *medium* education.

#### **3.4.4 Ethnicity and relationship status**

There was no evidence for an association between men's ethnicity and whether or not they had a current regular male sexual partner. However, the length of time men had been in their relationship varied by ethnicity where the median length of relationships was highest for White men at 25 months, lower among Asian men (22 months) and lowest amongst Black men (19 months).

#### **3.4.5 Sexual identity and relationship status**

Gay men were considerably more likely to be in a regular relationship with a man (61.3%) compared to those who did not use a term to describe their sexuality (41.3%) and bisexual men (38.0%). The average length of relationships was also highest amongst gay men (26 months) compared to those not using a term (24 months) and bisexual men (18 months).

#### **3.4.6 Social class and relationship status**

The association between men's own current social class and whether they had a male sexual partner was clear. The higher the current social class the greater the likelihood that they had a regular partner (56.5% of working class, 57.6% of lower middle class and 59.8% of upper middle class had a current partner). Similarly, the average length of time men were in relationships was greatest among upper middle class men (30 months) compared to lower middle class men (26 months) and working class men (24 months).

### 3.4.7 Gender of partners and relationship status

Sex with women as well as men was negatively associated with having a regular male partner: 62.7% of exclusively homosexually active men had a current male partner compared with 43.8% of behavioural bisexuals. This difference was apparent in all three recruitment sub-samples and across the age range. Exclusively homosexually active men were also more likely to be in a relationship with a man which had been established more than 1 year (40.6% compared to 21.3%) and the median length of their current relationships was significantly longer than for behaviourally bisexual men (26 months compared to 13 months).

### 3.4.8 Number of partners and relationship status

Men in relationships that had been established more than a year were more likely to have had only one (monogamous) partner in the preceding year and were less likely to have between 2 and 29 partners. However, they were no more or less likely to have had 30 or more partners, compared to other men.

Men in relationships who have sex with one male partner in the last year – or with 30 or more partners – had the longest current relationships. The median length of relationships for those men with one male sexual partner in the last year only, was 34 months (mean 54.0, sd = 61.8). Men with 30 or more partners in the last year had an average relationship length of 35 months (mean 58.3, sd = 70.3). The relationship length of all other partners numbers groups was less.

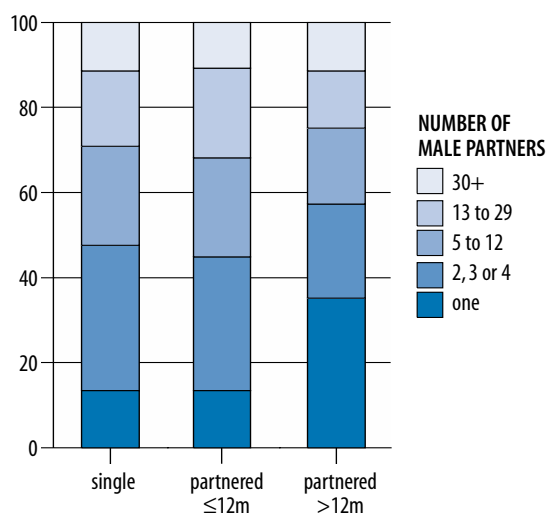


Figure 3.4.8: Number of male sexual partners groups by relationship status (column n=6087, 3091, 5796)

### 3.4.9 Outness and relationship status

Being out about sexual activity was positively associated with being in a regular sexual relationship with another man. Men who were out to everyone were 3.8 times (95% CI 3.4 to 4.3) more likely to have a regular male partner (66.2% did) than were men who were out to no one (of whom 33.9% had a regular male partner). We suspect these two variables are causal of each other: men who were not out were less likely to acquire a regular partner and those who do form relationships may feel a greater imperative to tell people about their sexual behaviour and sexuality.

## 3.5 HIV SERO-CONCORDANCY OF RELATIONSHIPS

Men who indicated they currently had a regular sexual partner were asked *Do you and your regular partner have the same HIV status?* and were asked to tick one of:

- Yes, we have the same HIV status (either both positive or both negative)
- No, one of us is positive the other is negative
- Don't know whether we have the same status or not

Almost two thirds (65.5%) of men in relationships reported that they were in a sero-concordant relationship and a quarter (26.6%) were unaware of the HIV-concordancy or discordancy of that current relationship. One in twelve (7.9%) of all men in relationships were in a current sero-discordant relationship (or 4.5% of the whole sample were in sero-discordant relationships).

Overall, men recruited via the internet were less likely to be in sero-discordant relationships (2.6%) compared to booklet-recruited (6.0%) and Pride-recruited (6.1%) men.

The following data on sero-concordancy of relationships do not include men who were not in a relationship. Sero-concordancy measures only include those 58.0% of the sample who were currently in a relationship with a man.

### 3.5.0 HIV testing history and sero-concordancy of relationships

Unsurprisingly there was a strong relationship between having diagnosed HIV and being in a sero-discordant relationship. Almost half of men with diagnosed HIV (47.1%) were in a current sero-discordant relationship and the majority of the rest (42.7%) were in a sero-concordant relationship. Diagnosed positive men were least likely to be in a current relationship were they did not know their sero-concordancy (10.2%).

Among men who had never tested, two thirds (61.5%) reported that they knew the sero-concordancy of their relationship and the vast majority of these stated they were concordant (58.9% of the total). Untested men were least likely to report being in a current sero-discordant relationship (5.8%).

The table below shows the total distribution of relationship concordancy of men in a current relationship and their HIV testing history.

HIV-concordancy of current relationship (n=9102)	HIV testing history (men with a regular partner)			Total
	Never tested	Tested negative	Tested positive	
Concordant	22.7	39.5	3.4	65.6
Don't know	14.8	10.9	0.8	26.5
Discordant	1.0	3.1	3.7	7.8
Total	38.6	53.5	7.9	100.0

### 3.5.1 Residence and sero-concordancy of relationships

The sero-concordancy of relationships differs according to where men live and is likely to reflect prevalence of HIV infection. Unsurprisingly men in London were most likely to report being in sero-discordant relationships (11.8%) compared to men in the North (8.0%), South (6.7%) and men in Northern Ireland (3.2%). Those living in Wales and Northern Ireland were most likely and men in London were least likely to be in a sero-concordant relationship.

HIV-concordancy of current relationship	Residence						
	London	South	Mid & E	North	Wales	Scotland	N. Ireland
Concordant	59.3	66.5	67.5	68.0	71.5	67.2	75.3
Don't know	28.9	26.8	26.7	24.0	21.6	28.3	21.5
Discordant	11.8	6.7	5.7	8.0	6.8	4.5	3.2
Total	100.0	100.0	100.0	100.0	100.0	100.0	100.0

### 3.5.2 Age and sero-concordancy of relationships

The likelihood of reporting a sero-discordant relationship increased with age until the mid 30s when it remains relatively similar until decreasing among men aged 70 or older. Men in their 20s and younger were less likely to report being in a sero-discordant relationship. Men in their 30s were the least likely to report a sero-concordant relationship (62.4%) compared to those in their 40s and above (65%), men in their 20s (68.2%) and men under 20 (72.0%). Unknown sero-concordancy increased with increasing age, peaking in the 30s and decreasing again until the 50s when it once again increased.

Men in sero-discordant relationships were on average older at 36 (mean = 36.2, sd 9.7) than those in relationships where concordancy was unknown at 33 (mean=33.7, sd 10.4) and those in sero-concordant relationships were youngest at 32 (mean = 33.4, sd 10.6).

### 3.5.3 Education and sero-concordancy of relationships

Men with *low* educational attainment were slightly more likely to be in a sero-discordant relationship (9.8%) than others (7.3%). Men with *high* educational qualifications were slightly less likely to know the sero-concordancy of their relationships.

### 3.5.4 Ethnicity and sero-concordancy of relationships

Asian men were least likely to be in sero-discordant relationships (5.7%) compared to those of White (7.8%), Black (9.0%) and mixed and other ethnicities (11.3%).

Black men were considerably less likely to be in a sero-concordant relationships and considerably more likely to be unaware of the sero-concordancy of their current relationships, compared to men from other ethnic groups.

### 3.5.5 Sexual identity and sero-concordancy of relationships

Gay men were more likely to report their current relationship was sero-discordant (8.2%) compared to bisexual men (6.5%) and those who did not use a term to describe their sexual identity (4.2%).

Bisexual men were more likely to describe their relationship (69.7%) as sero-concordant and relatively similar proportions did not know the sero-concordancy of their current relationship.

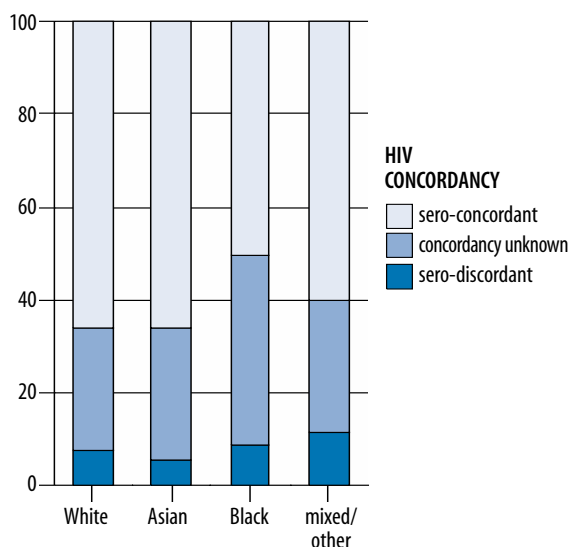


Figure 3.5.4: Ethnicity and HIV concordancy of relationships (column n=8485, 141, 156, 354)

### 3.5.6 Social class and sero-concordancy of relationships

There were relatively small differences across HIV concordancy of relationships by current social class. Working class men, were most likely to be in a sero-discordant relationships. Lower middle class men were least likely to be in sero-discordant relationships.

### 3.5.7 Gender of partners and sero-concordancy of relationships

There was no relationship between gender of partners in the last year and sero-concordancy of current relationships with men.

### 3.5.8 Number of partners and sero-concordancy of relationships

There was an association between the sero-concordancy of relationships and the number of sexual partners men had in the last year, though it was only significant for tested negative and never tested men.

Men in sero-discordant relationships were more likely (17.0%) than men with unknown concordancy (14.2%) and men in sero-concordant relationships (9.7%) to have 30+ partners. On the whole men with sero-concordant relationships had fewer partners than men in discordant or unknown concordancy relationships.

### 3.5.9 Outness and sero-concordancy of relationships

Men in sero-discordant relationships were significantly more out about their (homo)sexual behaviour compared to men in sero-concordant or unknown concordancy relationships.

If we take all three measures of outness together and allocate men a score from 3 (completely out) to 15 (completely in), the average (median) outness score for men in sero-discordant relationships was lower (at 4) than for men in sero-concordant relationships (at 5) and men in relationships where their HIV concordancy was unknown (at 6). Men in sero-discordant relationships were more out than men in concordant relationships who in turn were more out than men who were unaware of the concordancy of their relationship.

### 3.5.10 Length of and HIV sero-concordancy of relationships

Unsurprisingly there was an association between the length of time men had been in a relationship and whether the sero-concordancy of that relationship was known. Men who reported being in sero-concordant or discordant relationships had been partnered for similar lengths of time. Men who did not know their concordancy had been partnered for shorter times.

The average (median) length of time that men in sero-concordant relationships had been in that relationship was 28 months (mean 52.0, sd = 65.5), compared to men in sero-discordant relationships (median 33.5, mean 59.2, sd = 70.2) and those who were unaware of their concordancy (median 15, mean 42.3, sd = 59.9).

HIV-concordancy of relationships	N	Length of time in relationship		
		Median	Mean	Std. deviation
Concordant	5919	28.0	50.0	65.5
Unknown concordancy	2359	15.0	42.3	59.9
Discordant	696	33.5	59.2	70.2
Total	8974	25.0	50.0	64.6

## 3.6 SUMMARY

We included a chapter on socio-sexual context because of the large number of questions asked for which there was little or no consensus on desirable change. The data covered here are important contextual factors in the delivery of HIV prevention programmes but they are not targets for interventions. That is, we are not attempting to either increase or decrease the levels of any of these variables in the overall population of homosexually active men.

The majority of the men in this survey had sex with men only (and those that also had sex with women appeared less at risk of HIV infection). Almost two-thirds were in a regular sexual relationship with another man and about half of these had no other sexual partners in the last year. About one-in-twenty of the entire sample were in a regular relationship with a man they knew to have a different HIV status to themselves.

About a third of the sample had disclosed their sexual activity to all or almost all their friends, family and workmates. About one-in-ten had disclosed to few people or no one. Men who had not disclosed were more likely to be living outside London; to have never tested for HIV; be under 20 or over 50; belong to an ethnic minority; have sex with women as well as men and to have a medium number of male partners. In the next chapter, we look at how outness is associated with whether or not men are involved in sexual HIV exposure.

# 4 Health-related behaviours

In this chapter we look at a number of behaviours which HIV prevention programmes are attempting to change and some other behaviours which surround them.

## 4.1 FIRST HOMOSEXUAL EXPERIENCES

Many abstinence based sexual health / HIV prevention programmes attempt to increase the average age at which people start to have sex. Early on-set of sexual activity, particularly (unprotected) intercourse, is associated with negative sexual health outcomes throughout sexual adulthood. This leads some to support a higher age of sexual consent. However, this presupposes that legislation is an effective intervention to alter the sexual debut profile of the population and, secondly, that what should change is the age at which people start to have sex rather than the circumstances under which they do so, including their own knowledge, awareness, choices and access to harm reduction tools (such as information, condoms and lubricant).

In June 1998 the House of Commons voted to equalise the age of sexual consent for two men with that for a man and a woman, both at 16 years. The bill was defeated in the House of Lords but at the end of 2000 the Labour government invoked the Parliament Act to force through a bill allowing men to start legally having sex with other men at the same age they could legally have sex with women. The data below suggests this change in law has so far had no impact on the age at which people start having sex. We suspect this is because the age at which people start having sex is unrelated to what the law says – proscriptive legislation is an ineffective intervention at changing the sexual behaviour of the population.

Rather than reducing the age of sexual debut, we suspect the step towards legal equality for gay men represented by the equalisation of the age of consent will foster safer circumstances in which men can start having sex. It may also influence the age difference between people first having sex and their sexual partners.

### 4.1.1 Age at first sex with men and first anal intercourse

Men were asked *How old were you when you first had sex with another man / boy (whether or not you fucked with him?)* and *How old were you when you first fucked either way with a man / boy?*

Figure 4.1.1 shows the cumulative percentage who had sex and who had anal intercourse by each age. It is important to recognise that the precise shape of this figure is determined by the age of the men being asked as well as the age at which they started having sex.

The average (median) age at which men first had sex was 16 years, that is half had sex by the age of 16, with a mean of 17.4 years. These measures are probably lower-estimates since the sample is relatively young and hence under-represents men who start having sex with men much later in their life.

Five and a half percent of men who had sex with a man had never had anal intercourse with a man at the time of the survey. Of those who had engaged in anal intercourse, the median age of first

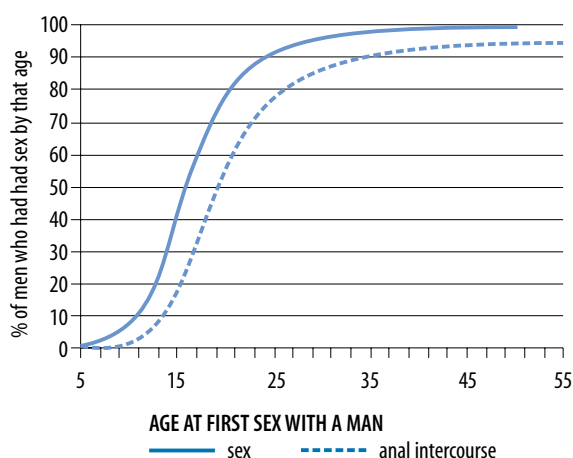


Figure 4.1.1: Cumulative percent having had sex and anal intercourse by each age (N=16,871)

doing so was 17 years (mean 20.6 years). The difference between age at first sex and age at first intercourse is larger for the mean than the median, suggesting that some men wait a considerable time after starting sex with men before having anal intercourse.

The median age of first heterosexual sex among the male population in the UK is 14 years and median age of vaginal intercourse is 18 years (Johnson *et al.* 1994, p.70-72). This suggests that gay men have to wait longer before starting to experience sex with men than their heterosexual counterparts do with women, but proceed to intercourse quicker. This is congruent with gay men having been denied opportunities to 'date' or 'court' while a teenager and being left to enter the adult world of sexuality with little practice, support or guidance. Establishing legal and social equality for gay men across the age range includes attending to the sexual maturation needs of young gay men.

#### 4.1.2 Age difference with first anal intercourse partner and modality of intercourse

Men who had experienced anal intercourse (AI) were asked the age of the first man they had done it with. The median age difference between the respondents and their first anal intercourse partners was +4.2 years (ie. the partner was 4.2 years older, standard deviation +8.4 years, median +2 years, range -43 years to +64 years). Overall 60.8% first had AI with a partner who was within five years of their own age.

In summary:

- 20.2% first had AI with a partner younger than themselves.
- 19.6% first had AI with a partner the same age.
- 60.2% first had AI with an older partner.

Men were asked whether their first experience of anal intercourse was insertive, receptive or both insertive and receptive.

Of the men who indicated they were exactly the same age as their first AI partner (N=2792), 38.5% had only receptive AI on that first occasion, 31.7% had only insertive AI and 29.8% had both insertive and receptive AI.

Men were less likely to have *both* receptive and insertive AI on that first occasion if their partner was either younger (19.2%) or older (15.9%) than them. Among men whose first AI partner was younger than them, 44.1% were insertive only and 36.7% were receptive only. Conversely, among men whose first AI partner was older than them, 25.8% had insertive only and 58.3% were receptive only.

Figure 4.1.2 illustrates how modality of intercourse varies with age difference to their partner. With partners younger than the respondent (to the left of the centre in the graph) insertive AI becomes more common, while with older partners receptive AI becomes more common (to the right of centre).

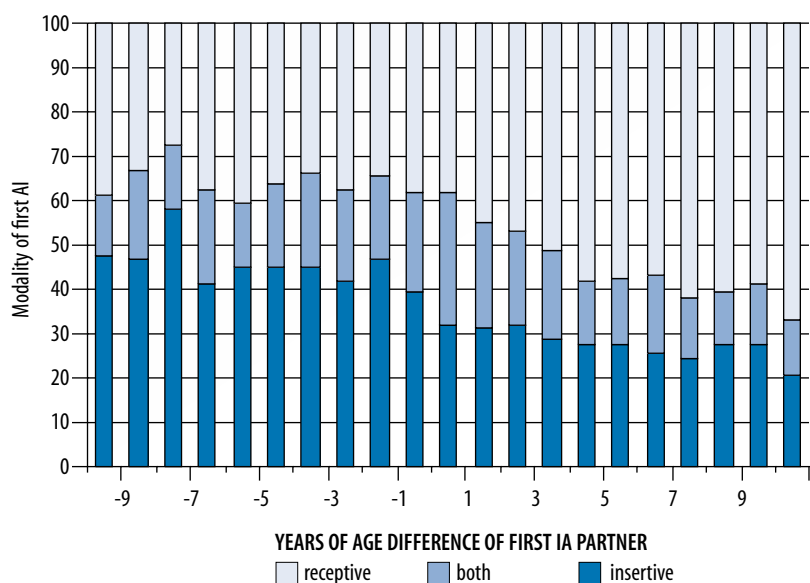


Figure 4.1.2: Modality of first anal intercourse by age difference of first AI partner



### 4.1.3 Condoms and lubricant at first anal intercourse

Subtracting men's age at first anal intercourse from their age now gives the number of years before the survey in which their first experience of anal intercourse occurred.

Men who had engaged in anal intercourse were asked whether a condom had been used at their first experience of anal intercourse. Figure 4.1.3 shows the proportion indicating that a condom was used, by the year in which it occurred.

The figure shows a gradual increase in condom use for first anal intercourse throughout the 1980s and early 1990s, stabilising at about 60% from 1996 to the present day.

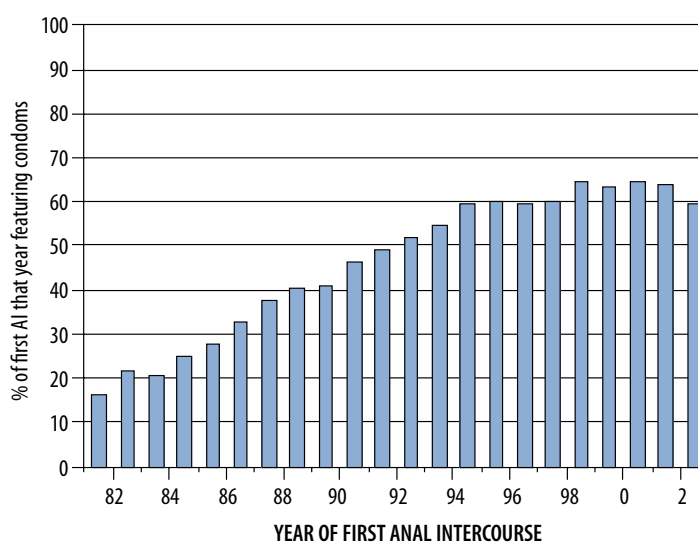


Figure 4.1.3: Proportion of first experiences of anal intercourse that featured a condom, by year of its occurrence

### 4.1.4 Change over time in first homosexual experiences: 1993 to 2002

This set of questions had been asked previously, at Sigma's very first Pride survey at London 'Lesbian and Gay Pride Festival' in 1993. We can compare the answers from 1993 (N=1633) with those from men recruited at London's 'Purple in the Park' festival in 2002 (N=1612). Although the two London events at which recruitment happened occurred in the same venue in South London (Brockwell Park), they also differed. The 1993 festival was free and unfenced, and was a relatively rare event in the UK at the time: 43.6% of the sample came from outside London. The festival was both political and celebratory. By 2002 many cities in the UK had Pride-type events. The 'Purple in the Park' festival was a ticket and barrier event (£15), and only 18.9% of respondents were from outside London. It was billed mainly as a gay music and dance event.

Almost identical proportions of the two samples identified as gay (88.1% in 1993 and 89.8% in 2002). A higher proportion were from Black and minority ethnic groups in the later survey (5.8% in 1993 rising to 11.8% in 2002). Increasing Black and minority ethnic groups were observed among London residents (7.0% rising to 12.5%) and non-London residents (4.1% to 8.9%). Lastly, the 2002 sample (mean age 33.5 years, sd=7.6, median 33, range 15-69) were significantly older than the 1993 sample (mean age 30.0 years, sd=7.9, median 28, range 14-72). This was the case both for London residents and non-London residents.

We found no evidence to suggest that the age at which men commence sex with other men has changed. In the 1993 survey there were 383 men under the age of 25. The mean age they first had sex with another male was 15.9 years (sd=3.6, median 17 years). In 2002, among 181 men aged under 25 the mean age of first sex was also 15.9 years (sd=3.0, median 17). Similarly, there was no difference between the 1993 and 2002 surveys in the average age of first AI or average age difference with first AI partner. It will be interesting to observe these measures again in the future.

Nor did we find evidence that the proportion using condoms for first AI changed in the last nine years. Considering only the men aged 25 years and younger at interview, when asked in 1993 (N=181), 42.0% indicated they had used a condom at their first anal intercourse. Nine years later, in 2002 (N=151), 46.5% of men aged 25 or younger indicated they had done so (not a significant difference).



## 4.2 PREVALENCE OF CURRENT SEXUAL BEHAVIOURS

Men were asked which of eleven different sexual behaviours they had experienced in the preceding 12 months. The behaviours included anal and oral intercourse and the less common behaviours of fisting (ano-brachial intercourse) and water-sports (lindinism). Proportions are of the 94.7% of respondents who had sex with a man in the past year (N=15,971).

In the last 12 months have you...?		
N=15,971	Insertive (active, giving)	Receptive (passive, taking)
<b>Mouth-penis</b>	94.0% got sucked	95.6% sucked a man 60.4% took cum in mouth
<b>Anus-penis</b>	78.0% fucked a man	73.7% got fucked
	39.3% fucked without a condom	38.6% got fucked without condom
<b>Anus-fist</b>	10.4% fisted	6.2% got fisted
<b>Urine</b>	13.3% pissed on (or in) a man	11.5% got pissed on (or in)

Only 2.9% of men who had any sex with a man in the last year had **not** engaged in any oral-penile sex. The vast majority (92.6%) had both insertive and receptive, with only small minorities doing either insertive only (1.5% only got sucked) or receptive only (3.1% sucked only). Of the men who had receptive oral-penile sex, two thirds (63.2%) took ejaculate into their mouths.

Overall engagement in anal-penile sex was less universal than oral-penile sex, with 11.9% having not engaged at all in the last year. As with oral-penile sex, the majority (63.6%) had both insertive and receptive intercourse. Slightly more had been insertive only (14.4%) than had been receptive only (10.0%).

Of the men who had insertive anal intercourse, half (50.4%) had not always used a condom. Similarly, among those who had receptive anal intercourse, half (52.4%) had not always used a condom. Overall, almost half (48.8%) of all men who had sex with men in the last year had any unprotected anal intercourse in that time. Of those who had done so, 59.6% had both unprotected insertive and receptive intercourse.

Ano-brachial intercourse was less common, with 12.8% of men having engaged overall. Reciprocity was less common with this sexual act, with only 3.8% having both fisted and been fisted, and more having fisted only (6.7%) than having been fisted only (2.4%). Having been fisted was positively associated with having receptive anal intercourse. Only 3.0% of men who had been fisted had not also had receptive AI, compared with 27.9% of men who had not been fisted. Among men who had receptive anal intercourse, those who had also been fisted were more likely to have had unprotected anal intercourse (70.7% had) than those who had not been fisted (50.7%).

Finally, lindinism was more common than fisting but less common than anal intercourse. Overall 16.1% had engaged in water-sports, 2.8% receiving only, 4.5% giving only and 8.7% having done both. As with fisting, engagement in water-sports was positively associated with both insertive and receptive unprotected anal intercourse.

Variation in the sexual behaviours implicated in HIV transmission (unprotected anal intercourse and ejaculation in the mouth) across the demographic groups is reported in Section 4.6 below.

## 4.3 TYPES OF BARRIER PROTECTION USED DURING ANAL INTERCOURSE

The range of barrier protection products that can be used during anal intercourse has increased in recent years. We wanted to get an idea of how popular different types of barriers are among gay men. Men were asked *Which of the following have you used (even if only once) while GETTING FUCKED in the last 12 months? and when doing the FUCKING.*

	For insertive AI (of those who had insertive AI, N=12,461)	For receptive AI (of those who had receptive AI, N=11,763)
Latex (rubber) condom	80.5%	78.0%
Polyurethane (plastic) condom	10.1%	9.0%
Femidom™	1.1%	1.0%

Latex (rubber) condoms continue to be by far and away the most common type of barrier used for both insertive and receptive anal intercourse. Polyurethane condoms (such as *Durex Avanti*, which can be used with oil based lubricants) were far less common, as were Femidoms™, which despite having been available in the UK since the mid-1990s had been used by only one in a hundred of all men who had engaged in anal intercourse in the last year.

#### 4.4 SELF-RATING OF SDUAI IN THE LAST YEAR

Reducing the incidence of HIV sero-discordant unprotected anal intercourse (sdUAI) is a primary target of HIV prevention programmes for gay and bisexual men.

In the current survey we asked men to make their own judgement about whether they had done this. Men were asked *How likely do you think it is, that in the last 12 months, you've fucked WITHOUT a condom with a man with a DIFFERENT HIV STATUS to yourself?* They were asked to indicate on a five-point scale. Responses were strongly associated with HIV testing history.

	HIV testing history			All testing histories (N=14,947)
	tested positive (N=1,070)	last test negative (N=7,576)	never tested (N=6,301)	
definitely have	19.7%	4.9%	2.6%	5.0%
probably have	14.8%	4.4%	2.5%	4.4%
may have, may not	11.2%	12.2%	10.9%	11.6%
probably have not	8.2%	16.4%	18.2%	16.6%
definitely have not	46.1%	62.0%	65.9%	62.5%

Overall, 9.4% of men said they had probably or definitely been involved in sdUAI. However, this included a third (34.5%) of men with diagnosed HIV and only 7.5% of men not tested HIV positive. Men with HIV infection were much more likely to be involved in known sexual HIV exposure than men without HIV infection.

Among men who had not tested HIV positive, indicating they had probably or definitely been involved in sdUAI was most common among men who were most out about their sex with men and least common among men who were more covert about their homosexual activity (see Figure 4.4 and section 4.6.9).

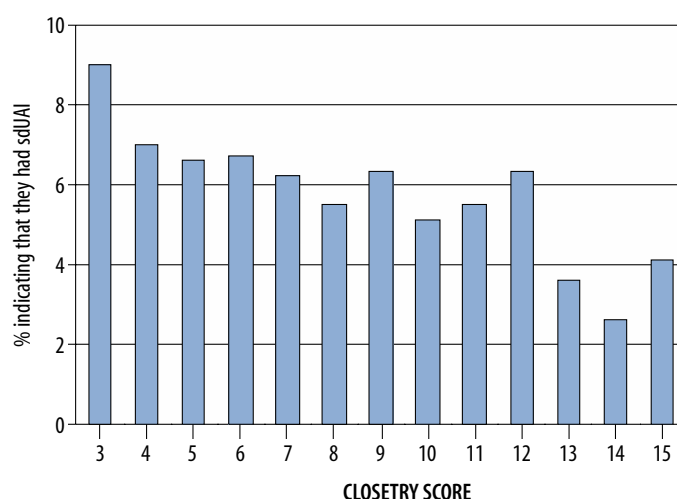


Figure 4.4: Proportion of men (not tested HIV positive) indicating they definitely or probably had sdUAI in the last year, by outness score (N=12,368)

The relationship between this variable and men's use of sexualised settings is explored and reported in the CHAPS briefing paper *Net Benefits* (Weatherburn, Hickson & Reid, 2003). How it varies across demographic groups is reported in Section 4.6 below.

## 4.5 HEPATITIS B SUSCEPTIBILITY

Although there is little evidence for a relationship between HIV incidence and hepatitis B, many gay men's HIV prevention programmes are also concerned with other sexually transmitted infections and also have the goal of increasing hepatitis B vaccination.

Increasing the offer of hepatitis B vaccinations to at risk groups, including gay and bisexual men, is one of the strategic aims of the *National Strategy for Sexual Health and HIV* (Department of Health, 2001; 2002). Hepatitis B vaccination is Level One sexual health service that should also be available at all GP practices. The service aims of the *National Strategy* are:

- by the end of 2003, all homosexually active men attending GUM clinics should be offered hepatitis B immunisation at their first visit;
- by the end of 2004, 80% of those offered the vaccine should receive the first dose (to reach 90% by the end of 2006);
- by the end of 2004, 50% of those offered the vaccine should receive all three doses (to reach 70% by the end of 2006).

The overall intention is to reduce the proportion of homosexually active men who are susceptible to hepatitis B in order to reduce the incidence of new infections. In this survey we attempted to measure current susceptibility. Men were asked *Have you been vaccinated against hepatitis B?* and offered five possible responses. The proportions indicating each are given below.

N=16,653 (missing 218)		Percent
Not susceptible	Completed course of vaccination	46.7%
	Naturally immune	5.2%
Susceptible	Incomplete course of vaccination	6.5%
	Not vaccinated, don't know immunity	31.7%
	Don't know	10.0%

Overall, 48.2% were susceptible to hepatitis B. Of these 13.5% had started a course of vaccination but had not completed it. The majority though had not established whether or not they were immune to HIV and had not started vaccinations. There is therefore considerable potential for health gain by increasing vaccination among this population. How hepatitis B susceptibility varied across the demographic groups is reported in Section 4.6.

### 4.5.1 Change in hepatitis B susceptibility: Manchester Mardi Gras, 1997 to 2002

This question was asked in an identical form in the *Gay Men's Sex Survey* at Manchester Mardi Gras in 1997, in collaboration with *Healthy Gay Manchester* (now the *Lesbian and Gay Foundation*).

We found no evidence for the change in the proportion of men susceptible to hepatitis B. Overall 45.7% of men recruited at Manchester Mardi Gras in 1997 were susceptible to hepatitis B (including those not vaccinated, having an incomplete course and those who did not know). In 2002 this figure was not significantly different at 43.4%.

Gay and bisexual men recruited at Manchester Mardi Gras		Year of survey	
		1997 (N=1153)	2002 (N=800)
Not susceptible	Completed course of vaccination	47.0%	50.9%
	Naturally immune	7.4%	5.8%
Susceptible	Incomplete course of vaccination	5.6%	5.6%
	Not vaccinated, don't know immunity	33.0%	28.9%
	Don't know	7.1%	8.9%

## 4.6 VARIATION ACROSS DEMOGRAPHIC GROUPS

Knowing which men are most likely to be involved in sexual HIV exposure means we can target interventions where they will have greatest impact on HIV incidence. Similarly, knowing who is still susceptible to hepatitis B suggests where vaccination interventions may have most impact. The following section looks at these target behaviours across the sample to recommend priorities for programme planning.

### 4.6.0 HIV testing history and target behaviours

As in previous years men who had tested HIV positive were much more likely to indicate having been involved in sexual HIV exposure than men not tested positive. The sexual health (including HIV prevention) needs of men who have HIV must be one of the first priorities of prevention programmes. In the sexual behaviour indicators from 4.6.1 onwards we consider only men who have not tested HIV positive.

Whole sample	% by HIV testing history groups		
	Never tested (n=6717)	Last test negative (n=7966)	Tested positive (n=1133)
<b>In the last 12 months have you...?</b>			
Probably or definitely involved in sdUAI	5.0	9.4	34.5
Been fucked without a condom	33.2	41.9	48.0
Fucked a man without a condom	33.5	43.6	45.0
Had a man cum in your mouth (whether or not you swallowed)	57.7	62.4	63.8
Susceptible to hepatitis B	70.4	32.2	20.1

Among the men who had not tested HIV positive, it was men who had tested negative rather than men who had never tested who were most likely to knowingly have engaged in sdUAI, and to have done the other sexual acts during which HIV can be transmitted. These data suggest that if priority between these groups is needed, it should be given to men who have tested negative for HIV rather than those who have never tested.

With regard to hepatitis B susceptibility though, the picture was reversed. As we might expect, those men most in touch with health services (ie. those who had accessed HIV testing in the past, particularly those who have tested positive) were most likely to have availed themselves of vaccination. Men who had never tested for HIV were over five times more likely to be susceptible to hepatitis B than those who had tested for HIV.

#### 4.6.1 Residence and target behaviours

The following table shows how the target behaviours varied in different areas of the United Kingdom.

Men who had not tested positive	% by areas of residence						
	South (n=2796)	Mid & East (n=3388)	North (n=2937)	London (n=3558)	Wales (n=818)	Scotland (n=1029)	N Ireland (n=157)
<b>In the last 12 months have you....?</b>							
Probably or definitely involved in sdUAI	6.6	7.2	6.4	<b>10.1</b>	7.2	<u>4.2</u>	6.0
Been fucked without a condom	39.7	37.4	40.1	<u>35.0</u>	39.2	36.3	<b>48.4</b>
Fucked a man without a condom	40.1	38.5	39.8	<u>37.7</u>	40.6	37.2	<b>45.2</b>
Had a man cum in your mouth (whether or not you swallowed)	60.4	61.1	<b>63.2</b>	<u>56.5</u>	<b>63.3</b>	59.3	59.2
Susceptible to hepatitis B	53.3	52.4	52.2	<u>40.4</u>	53.5	58.1	<b>65.9</b>

The gay population of Northern Ireland is clearly not benefiting from hepatitis B vaccination as much as the rest of Britain. Men living there were twice as likely to be susceptible than were men living in London, a similar picture to the up-take of HIV testing.

Data for smaller areas than Directorates is available in the Data Reports accompanying this report on the Sigma Research web site.

#### 4.6.2 Age and target behaviours

The following table shows how sexual behaviour varied across the age range among men who had not tested HIV positive.

Men who had not tested positive	% by age groups				
	<20 (n=1161)	20s (n=4886)	30s (n=4976)	40s (n=2359)	50+ (n=1154)
<b>In the last 12 months have you....?</b>					
Probably or definitely involved in sdUAI	7.2	6.5	<b>8.6</b>	8.0	<u>5.0</u>
Been fucked without a condom	<b>45.8</b>	43.8	37.2	29.7	<u>25.3</u>
Fucked a man without a condom	39.9	<b>43.7</b>	39.4	33.2	<u>28.6</u>
Had a man cum in your mouth (whether or not you swallowed)	<b>71.2</b>	65.6	58.6	52.2	<u>50.8</u>
Susceptible to hepatitis B	<b>71.4</b>	56.7	<u>43.2</u>	<u>41.2</u>	48.0

Receptive unprotected anal intercourse and receptive oral intercourse to ejaculation were both most common among the youngest group of men. Unprotected insertive intercourse was most common among those in their 20s. Underlining the fact that sexual HIV exposure is only a very specific subset of these acts (ie. those between HIV sero-discordant partners), despite the behaviours being most common among younger men, having UAI with sero-discordant partners was most common among the men in the 30s and 40s. HIV prevention interventions which are intended to impact on men currently engaging in sdUAI (rather than men that might in the future) should prioritise men in the 30s and 40s.

Interventions to reduce hepatitis B susceptibility are most needed among the youngest group of men.

### 4.6.3 Education and target behaviours

The following table shows how the sexual behaviour varied across the education groups.

Men who had not tested positive	% by education groups		
	low (n = 3630)	medium (n=4102)	high (n=6911)
<b>In the last 12 months have you...?</b>			
Probably or definitely involved in sdUAI	9.6	7.3	6.3
Been fucked without a condom	40.6	42.7	34.1
Fucked a man without a condom	41.1	41.2	36.5
Had a man cum in your mouth (whether or not you swallowed)	61.9	64.4	57.1
Susceptible to hepatitis B	56.8	53.9	44.6

The *Gay Men's Sex Survey* has consistently found less well educated men to be at greater risk of numerous HIV related behaviours and to be in greater HIV prevention need across a variety of indicators. This year was no different. Men with lower levels of education were more likely than those with higher levels to be involved in known sexual HIV exposure and to be susceptible to hepatitis B.

All sexual health interventions should endeavour to over-serve those with lower levels of education and under-serve those with the highest levels of education.

### 4.6.4 Ethnicity and target behaviours

The following table shows how the sexual behaviour measures varied by ethnicity.

Men who had not tested positive	% by ethnic groups			
	White (n=13581)	Asian (n=264)	Black (n=248)	Mixed & other (n=554)
<b>In the last 12 months have you...?</b>				
Probably or definitely involved in sdUAI	7.0	9.5	19.0	12.0
Been fucked without a condom	38.1	27.7	34.7	38.9
Fucked a man without a condom	38.9	31.4	43.1	43.9
Had a man cum in your mouth (whether or not you swallowed)	61.0	42.8	41.1	58.7
Susceptible to hepatitis B	50.6	50.9	43.2	44.4

There were significant differences in sexual risk behaviours by ethnicity. Among men not tested positive, Black men were most likely to say they had been involved in sdUAI, followed by men of mixed ethnicity. Controlling for recruitment, directorate of residence and age, Black men were 2.5 times (95% CI, 1.7-3.5) – and men of mixed ethnicity 1.7 times (95% CI, 1.3-2.3) – more likely to say they had sdUAI than were White men. Asian men were no more or less likely than White men to have done so. Asian men were however, least likely to have receptive UAI or insertive UAI. However, both Black and Asian men were less likely to have taken ejaculate in their mouths than White men.

As with previous group differences, the group who appear to be at least risk from HIV infection (in this case Asian men) seem to be the same group who are in greatest need of hepatitis B vaccination.

#### 4.6.5 Sexual identity and target behaviours

The following table shows how sexual behaviour varied by sexual identity.

Men who had not tested positive	% by sexual identity groups		
	Gay (n=12473)	Bisexual (n=1318)	no term (n=677)
<b>In the last 12 months have you...?</b>			
Probably or definitely involved in sdUAI	7.7	3.9	7.6
Been fucked without a condom	39.6	25.5	29.1
Fucked a man without a condom	40.6	27.4	31.0
Had a man cum in your mouth (whether or not you swallowed)	61.7	51.4	51.3
Susceptible to hepatitis B	47.8	65.4	63.4

The gay men were more likely than the other two groups to have both receptive and insertive UAI and to take ejaculate into their mouth. However, men who used no term to describe themselves sexually were as likely as gay men to have known sdUAI. Bisexual men were least likely to do so. Interventions to increase hepatitis B vaccination up-take may benefit from over-serving homosexually active men who are not gay identified.

#### 4.6.6 Social class and target behaviours

The following table shows how sexual behaviour varied by social class.

Men who had not tested positive	% by current social class		
	Working class (n=3742)	Lower Middle class (n=4771)	Upper Middle class (n=4454)
<b>In the last 12 months have you...?</b>			
Probably or definitely involved in sdUAI	9.1	6.6	6.4
Been fucked without a condom	41.0	37.6	36.1
Fucked a man without a condom	41.3	39.0	37.6
Had a man cum in your mouth (whether or not you swallowed)	61.7	61.3	58.9
Susceptible to hepatitis B	54.8	51.2	46.4

There were significant differences in sexual risk behaviours in relation to current social class.

Working class men were most likely to have engaged in sdUAI, receptive and insertive UAI and taken ejaculate in their mouths. They were also most likely to be susceptible to hepatitis B.

#### 4.6.7 Gender of partners and target behaviours

The following table shows how the sexual behaviour measures varied by the gender of mens sexual partners in the previous year.

Men who had not tested positive	% by gender of sexual partners groups	
	Men only (n=13456)	Both men and women (N=1227)
<b>In the last 12 months have you...?</b>		
Probably or definitely involved in sdUAI	7.6	5.5
Been fucked without a condom	38.9	27.6
Fucked a man without a condom	39.8	29.6
Had a man cum in your mouth (whether or not you swallowed)	60.7	55.3
Susceptible to hepatitis B	47.7	62.5

Compared to men who had sex with women as well as men, those who had sex with men only were more likely to engage in all the HIV risk behaviours. It was, however, the bisexual men who were most susceptible to hepatitis B.

#### 4.6.8 Number of partners and target behaviours

The following table shows how sexual behaviour varied by the number of male partners men had in the last twelve months.

Men who had not tested positive	% by numbers of partners groups				
	One (n=3195)	2,3 or 4 (n=4218)	5 to 12 (n=3010)	13 to 29 (n=2405)	30+ (n=1557)
<b>In the last 12 months have you....?</b>					
Probably or definitely involved in sdUAI	4.3	5.5	8.0	8.3	15.8
Been fucked without a condom	43.4	33.9	39.1	36.8	43.2
Fucked a man without a condom	42.2	33.8	41.3	39.1	48.4
Had a man cum in your mouth (whether or not you swallowed)	58.0	57.3	64.9	62.1	70.6
Susceptible to hepatitis B	54.9	53.1	47.1	44.9	34.9

There were significant differences in all sexual behaviours in relation to the number of male partners men had. Men with 30 or more partners were always most likely to have engaged in any of the sexual behaviours listed. Men with one partner only were least likely to have engaged in most of the sexual behaviours with the exception of unprotected receptive and insertive anal intercourse (UAI), where they were more likely than men with between 2 and 4 partners to have done so. Men with one partner only were much more likely to be in a regular relationship and the following table (4.6.10) shows that men in relationships were much more likely to engage in UAI. This effect was reflected in this table also.

Hepatitis B susceptibility was inversely related to the numbers of partners men reported. Men with one partner were most in need of vaccination – men with 30+ partners in least need. However, a third (32.3%) of men with 30 or more male partners in the last year were not immune to hepatitis B.



#### 4.6.9 Outness and target behaviours

The following table shows how the sexual behaviour measures varied by the overall outness measure reported earlier.

Men who had not tested positive	% by extent of outness groups		
	Out to all or almost all (n=4353)	Out to some (n=7032)	Out to few or none (n=1385)
<b>In the last 12 months have you...?</b>			
Probably or definitely involved in sdUAI	9.0	5.8	4.1
Been fucked without a condom	43.9	38.2	27.3
Fucked a man without a condom	44.1	40.5	27.7
Had a man cum in your mouth (whether or not you swallowed)	66.2	61.8	51.4
Susceptible to hepatitis B	40.9	51.2	70.6

As with other groupings, risk for HIV acquisition was concentrated in a different group than was susceptibility to hepatitis B. Outness was associated with HIV risk, while not disclosing your sexual behaviour with men was associated with hepatitis B risk.

#### 4.6.10 Current relationships with men and target behaviours

The following table shows how the sexual behaviour measures varied depending on whether men were in a relationship with a man and the length of that relationship .

Men who had not tested positive	% by current relationship status group		
	Single (n=5729)	Recently partnered (n=2928)	Partnered over 12 months (n=5429)
<b>In the last 12 months have you...?</b>			
Probably or definitely involved in sdUAI	6.5	8.0	7.4
Been fucked without a condom	26.1	47.6	45.5
Fucked a man without a condom	28.5	46.4	46.4
Had a man cum in your mouth (whether or not you swallowed)	53.2	69.6	63.0
Susceptible to hepatitis B	55.5	50.4	44.5

There were significant differences in sexual behaviour in relation to partnership status. Single men were least likely to engage in most of the risk behaviours. Men who were partnered in the last 12 months were most likely to engage in any of the oral intercourse or anal intercourse behaviours. However, single men were most in need of hepatitis B vaccination.

#### 4.6.11 HIV sero-concordancy of relationships and target behaviours

The following table shows the risk behaviours by the HIV sero-concordancy of men's current relationships.

Men in a regular relationship	% by HIV sero-concordancy of current relationship		
	Sero-concordant (n=5668)	Don't know (n=2342)	Sero-discordant (n=375)
<b>In the last 12 months have you...?</b>			
Probably or definitely involved in sdUAI	5.7	8.3	33.9
Been fucked without a condom	48.8	41.5	35.5
Fucked a man without a condom	48.1	42.4	39.7
Had a man cum in your mouth (whether or not you swallowed)	67.0	63.5	51.5
Susceptible to hepatitis B	46.4	49.5	29.9

Although men in relationships with HIV positive men least likely to have done receptive or insertive UAI, they were the group most likely to be involved in sdUAI, by a very long way. Controlling for recruitment, residence, age and volume of sexual partners, men in sero-discordant relationships were 6.9 times (95% CI, 5.4-8.8) more likely to have known sdUAI than those in not in such relationships. Unsurprisingly, it was men who did not know whether they and their partner were HIV sero-concordant or not (and were less likely to have tested for HIV) who were also most in need of hepatitis B vaccination.

#### 4.7 PIERCINGS: INCREASING ROUTES FOR HIV TRANSMISSION?

There has been increasing concern about the medical implications of body piercings both as an event which may result in infection (through unsterilised equipment) and possible subsequent complications. These include the possibility that piercings provide or enhance routes for HIV transmission (Richters *et al.*, 2003). In HIV-uninfected men, piercings of the tongue (if receptive in oral intercourse) or penis (if insertive in anal or oral intercourse) may facilitate transmission when they have sex with HIV-infected men. The key relative risk questions are specific to each sexual act between HIV infected and uninfected men. Each line of the following table outlines one of four sexual acts between infected and uninfected men, and the key questions for piercing's role in HIV transmission.

site of exit from positive man	route from +ve to -ve	medium in which HIV is transferred	site of entry to negative man
penis	fucks	semen	rectum
penis	is sucked	semen	mouth: Does a pierced tongue increase probability of transmission during unprotected receptive oral (sucking) with positive men?
rectum	is fucked	rectal blood	penis: Does a pierced glans increase probability of transmission during unprotected insertive anal (fucking) with positive men?
mouth	sucks	oral blood / saliva	penis: Does a pierced glans increase probability of transmission during unprotected insertive oral (being sucked) with positive men?

Survey designs such as GMSS cannot answer questions such as these. They can, however, give us an idea of how common piercings are in the population. We asked men to indicate if they had piercings and if so, which parts of their body were pierced. Twelve options were given (2.3% or 382 men did not complete this question).

Which parts of your body do you have pierced?		% of all respondents (N=16,489 men)	% by HIV testing history	
			Tested positive (N=1,145)	Not tested positive (N=15,195)
Head	Ear/s	26.2	32.7	25.7
	Eyebrow	5.5	7.5	5.4
	Tongue	3.6	2.7	3.7
	Nose	2.4	5.9	2.1
	Lips	1.3	1.9	1.3
Torso	Nipples	11.3	20.1	10.6
	Navel	4.2	5.4	4.2
Genitals	Glans	3.1	9.3	2.6
	Perineum	0.9	2.4	0.8
	Foreskin	0.7	1.0	0.7

Overall, a third (35.5%) of all men had some part of their body pierced. By far the most common site overall was ears, followed by nipples. If genital piercings are playing a facilitative role in HIV transmission we would expect more HIV positive men to have piercings than men who had not tested positive. This was the case for piercing of the glans but not the tongue.

The odds ratio of having tested positive by having various sites pierced or not was highest for the glans. Men who had tested HIV positive were 3.8 times more likely to have their glans pierced than men who had not tested positive (or, men who had their glans pierced were 3.8 times more likely to have tested positive than those who had not had their glans pierced).

However, the next most differentiated site was the nose. Men who had tested positive were 2.3 times more likely to have their nose pierced than men who had not tested positive. We do not take this to mean piercing one's nose increases the likelihood of acquiring HIV. Similarly, the association between glans piercing and testing positive should be interpreted with caution.

Piercings may have no biologically causal relationship to HIV infection, but simply be that men with piercings are more likely to be exposed to HIV. For example, among men not tested HIV positive, those with a glans piercing were less likely to turn down a sexual partner who disclosed having HIV (20% to 44%), and were more likely to say they had engaged in sdUAI in the last year (17% to 7%), than were men without a glans piercing.

Piercings varied with age but the pattern differed by site. The following table shows how piercing varied across the age range among men not tested HIV positive.

Men who had not tested HIV positive <i>Which parts of your body do you have pierced?</i>		% by age groups				
		<20 (n=1309)	20s (n=5033)	30s (n=5072)	40s (n=2408)	50+ (n=1229)
Head	Ear/s	27.3	26.5	27.9	24.5	13.6
	Eyebrow	12.5	7.7	4.1	2.0	0.3
	Tongue	9.9	6.0	1.9	0.7	0.4
	Nose	1.5	2.6	2.6	1.1	0.7
	Lips	3.6	1.9	0.9	0.2	0.1
Torso	Nipples	6.7	9.6	13.2	11.3	7.6
	Navel	6.5	5.9	3.6	1.8	1.3
Genitals	Glans	1.5	1.5	3.2	3.5	3.6
	Perineum	0.3	0.6	1.0	1.1	0.7
	Foreskin	0.8	0.4	0.9	0.6	1.4

Generally speaking, piercings of the face (mainly cosmetic) were more common among younger men while those of the genitals (mainly sexual) were more common among older men. Pierced nipples on the other hand were most common in the middle age group.

If tongue piercing is found to be a risk factor for acquiring HIV through receptive oral intercourse, health promotion interventions addressing needs associated with this would best be targeted at younger men. If glans piercing is found to be a risk factor for acquiring HIV through insertive anal or oral intercourse with a positive man, interventions would be better targeted across the age range.

## 4.8 SUMMARY

Half of the men in the survey had sex with another male before they reached the age of 16. The median age at first anal intercourse was 17 years. Young gay men wait longer than their heterosexual counterparts to start dating and proceed to intercourse more quickly. There has been little change in recent years in the proportion of men using a condom for their first experience of anal intercourse. Greater social equality and wider acceptance of the needs of gay teenagers remain central to increasing the sexual health of the overall gay population.

Fellatio was almost universal and anal intercourse was very common. The majority of men who had anal intercourse had used a latex condom while doing so (very few had used a female condom). However, many also had unprotected anal intercourse and one- in-ten said they had anal intercourse without a condom in the last year with a man they knew had a different HIV status to themselves. We have plenty of evidence for HIV risk behaviours that would give rise to the number of HIV diagnoses being made.

Known involvement in sexual HIV exposure was positively associated with: having HIV; being in a sero-discordant relationship; having a 'high' volume of male sexual partners; being out; being aged 30-49; being Black; and being less well educated and / or working class.

Conversely, being susceptible to hepatitis B was positively associated with: never having tested for HIV; not being in a HIV sero-discordant relationship; having fewer male sexual partners; being in; being under 30 and not being Black. However, being less well educated and / or working class was associated with both hazards.

# 5 HIV prevention values and needs

*Making it Count* (Hickson *et al.*, 2003) describes what the CHAPS collaborating agencies are attempting to influence to reduce the number of sexual HIV exposures occurring during sex between men and to reduce the probability of transmission when exposure does occur. The health promotion aims for homosexually active men are grouped according to the four targets they are intended to reduce. The needs were generated by asking *What do men need to have control over their involvement in sdUAI, to minimise their rate of condom failure and to have other STIs quickly diagnosed and treated?*

One aim of this survey was to generate evidence about the extent to which these aims are not met. The indicators of need we use are simple and the picture they contribute to is cumulative. These new indicators add to and should be considered with, those reported in previous years (Reid *et al.*, 2002; Hickson, Reid *et al.*, 2001; Weatherburn *et al.*, 2000; Hickson, Weatherburn *et al.*, 1999; Hickson, Reid *et al.*, 1998).

*Making it Count* also suggests 'prioritising aims which are poorly met for a large proportion of the population' in order to maximise impact on HIV incidence. Unmet needs shared by many men take fewer resources per target to meet than do less common needs. To aid in prioritisation we look at how need varied across population groups in section 5.6.

## 5.1 EXPECTATION OF DISCLOSURE OF HIV INFECTION

One aim of *Making it Count* is that men are aware of the possible HIV-related consequences of their sexual actions.

In 1999, 2001 and 2002, men were asked to indicate on a five-point scale whether they agreed or disagreed with the statement, *I'd expect a man with HIV to tell me he was positive before we had sex.* The answers offered were: *strongly agree, agree, not sure, disagree* and *strongly disagree.*

Overall in 2002, almost half (48.2%) of all men *strongly agreed* that they would expect a man with HIV to inform them of his HIV status prior to sex. Another fifth (20.1%) *agreed*, so two thirds (68.3%) of all men agreed overall. Of the remainder, 14.1% were unsure, 12.3% disagreed and 5.3% strongly disagreed.

The following tables show changes over time in response to this question. They do not include Scottish or Northern Irish resident men or men recruited through the internet as these were not included in the 1999 survey.

(England and Wales) Pride and booklet samples	1999	2001	2002	change
% expect a man with HIV to tell them he was positive prior to having sex.	68.7%	70.1%	64.1%	Overall decrease in need
(95% Confidence Interval)	(67.7 - 69.7)	(69.2 - 71.0)	(63.1 - 65.1)	
n / N	6255 / 9105	6906 / 9851	5448 / 8500	
missing (% of base)	217 (2.3)	451 (4.4)	433 (4.8)	

The proportion of men who agreed with the statement stayed relatively static between 1999 and 2001 and then decreased in 2002. In 1999 and 2001 approximately 70% of men expected a man with HIV to disclose his status prior to sex – this decreased to 64% in 2002. In each year around a two thirds majority of men could be said to be in need in relation to disclosure.

However, there has been an overall 6% of base decrease in agreement with this statement between 1999 and 2002.

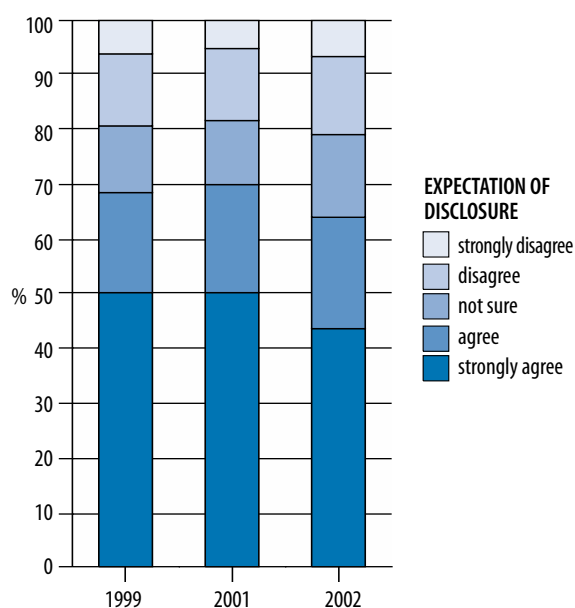


Figure 5.1: Expectation of disclosure of HIV infection by survey date (column n = 9105, 9851, 8500)

I'd expect a man with HIV to tell me he was positive before we had sex ...	% of Pride and booklet samples (England and Wales)		
	Agree (95% CI)	Middle of scale / Not sure (95% CI)	Disagree (95% CI)
1999 (N = 9105)	68.7 (67.7 - 69.7)	12.0 (11.3 - 12.7)	19.3 (18.5 - 20.1)
2001 (N = 9851)	70.1 (69.2 - 71.0)	11.3 (10.8 - 11.8)	18.6 (17.8 - 19.4)
2002 (N = 8500)	64.1 (63.1 - 65.1)	14.8 (13.6 - 15.0)	21.1 (20.2 - 22.0)

## 5.2 RESPONSE TO HIV DISCLOSURE BEFORE SEX

In 2002 all men were asked: *If a man you were going to have sex with told you he was HIV positive, would you...?* The responses allowed were: *not want to have sex with him; still want to have sex with him but be extra careful; have the kind of sex you would have had anyway.*

The three options specified do not cover all possible reactions but are mutually exclusive. Those who could not choose one of these options were given an other alternative and asked to specify further. The table below shows responses only for men who have never tested for HIV or who have tested HIV negative.

If a man you were going to have sex with told you he was HIV positive, would you...? (N = 15243, never HIV tested or tested negative men)	% of sample
Not want to have sex with him	43.8
Still want to have sex with him but be extra careful	45.4
Have the kind of sex you would have had anyway	6.7
Other	4.0

After disclosure of HIV positive status by a prospective sexual partner, just under half (43.8%) of all untested and tested negative men would not want to have sex. A similar proportion reported that they would still want to have sex but would wish to be extra careful (45.4%). A minority of men (6.7%) said that they would continue to have the kind of sex they would otherwise have. It is not possible to tell what these sexual acts might be and what level of risk of HIV exposure and transmission would be present.

A small proportion of men (4.0%, n=613) who answered the question chose other and of these almost half (44.4%) failed to specify what their reaction would be. Of those that specified a reaction, most said they did not know how they would act, could not imagine the situation or could not answer in such a clear-cut or mutually exclusive way. Some reported they were always safe, would be safe or would have safe sex or engage in particular lower HIV risk practices (they did not often specify how the sex they would have might differ from other contexts). Others suggested that it would depend on a number of factors (on the circumstances, the partners' attractiveness, how well he was known to them, whether the respondent was in love, his wealth etc). Others suggested that the situation was not applicable or unlikely to ever happen because they were already celibate, in a monogamous relationship, were not promiscuous or that they would postpone sex until a relationship with the person had been built. The remainder mentioned being friendly, cuddling, having tea, respecting their honesty, and treating them like a person or being reluctant, panicked or scared but did not specify whether sex would still occur.

### 5.3 EXPECTATION OF – AND RESPONSE TO – HIV DISCLOSURE

In this section we compare individual men's responses to the two disclosure questions outlined above. The comparison – summarised in the table below – shows a strong association between expectation and response to disclosure.

(n = 14873, never HIV tested or tested negative men)	I'd expect a man with HIV to tell me he was positive before we had sex.					Total %
	strongly agree	agree	not sure	disagree	strongly disagree	
If a man you were going to have sex with told you he was HIV positive, would you ..?						
not want to have sex	28.6	7.1	4.5	2.7	1.0	43.8
have extra careful sex	18.7	11.4	7.6	5.9	1.9	45.5
have same kind of sex	1.0	1.3	1.0	2.1	1.3	6.7
other	1.9	0.8	0.7	0.4	0.2	3.9
Total %	50.2	20.5	13.8	11.1	4.3	100.0

Over a third of men (35.7%) who have not tested positive would both expect disclosure from prospective sexual partners with HIV and would avoid sex with that prospective partner if disclosure occurred. A further third (30.1%) would expect disclosure and would 'have extra careful sex' if disclosure occurred.

This strongly suggests that one very common strategy for avoiding HIV infection being employed by men not tested positive is the expectation that men with HIV will inform them prior to sex which in turn will allow them to avoid exposure by either avoiding sex with the infected man or modifying the sex they have with him.

Figure 5.3 shows a strong positive association between modifying or avoiding sex when disclosure occurs and the expectation that disclosure will occur prior to sex. Those who would not want to have sex with an HIV positive partner were most likely to expect disclosure prior to sex (81.4%). Men who said they would be extra careful and men who gave an other answer were similarly likely to expect disclosure

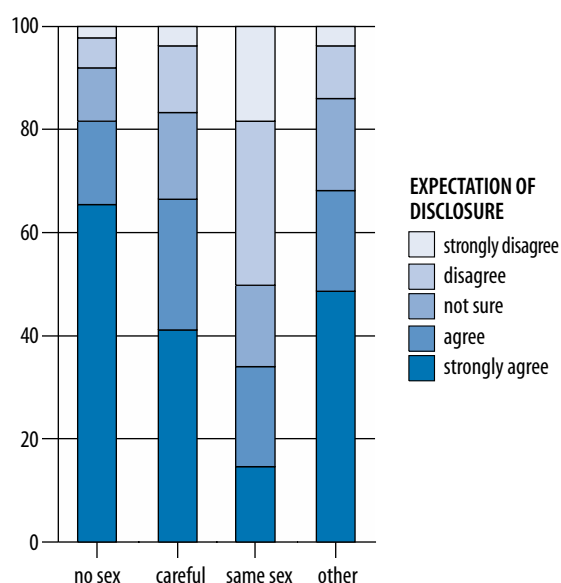


Figure 5.3: Response to HIV disclosure by expectation of disclosure (men not tested positive) (column n = 6517, 6771, 1000, 585)

(66.1%/68.0%). Men who reported that they would have the same kind of sex with a partner who had disclosed being infected were least likely to expect disclosure (34.1%).

Alternately, half (50.4%) of all men who expected disclosure would not want to have sex with a partner who disclosed he was HIV infected, compared with 'only' a third (32.3%) of men who were unsure if they expected disclosure and a quarter (23.8%) of men who did not expect disclosure.

Whether or not men who have not tested HIV positive expect disclosure from HIV positive sexual partners the majority report that they would either avoid sex with a partner who disclosed his HIV positive status or be 'extra careful'. Those who were unsure whether they expected disclosure were most likely (55.3%) to report that if disclosure occurred they would have 'extra careful sex', compared to those who did not expect disclosure (50.5%) and those who did (42.5%). Men who did not expect disclosure were most likely to report that upon disclosure they would have the same kind of sex (22.0%) compared to men who were unsure (7.5%) or who expected disclosure (3.2%).

## 5.4 SEXUALITY DISCRIMINATION

Social justice and equity are fundamental prerequisites for health (WHO, 1986) and social exclusion has been identified as a key cause of ill health (Townsend & Davidson, 1982; Wilkinson & Marmot, 1998). *Making it Count* (Hickson *et al.*, 2003) recognises that there exist many barriers to HIV health promotion aims being met, including the social taboo of homosexuality generally, discrimination against gay men in particular, discrimination against people with diagnosed HIV infection and the isolation these social exclusions create and maintain. Discrimination not only reduces the control people have over their own lives; it also reduces access to services and compromises the effectiveness of services when they are used. Therefore *Making it Count* supports equality interventions aimed at reducing discrimination and social exclusion. Its final aim is: *the absence of policy and practices that unfairly discriminate against homosexually active men and people with HIV, and that make HIV prevention interventions less possible.*

All men were given a list of situations, relationships with others or encounters with public, health, social and retail services and asked whether they had experienced discrimination because of their sexuality in any of those contexts or situations in the last year. We report those contexts below which the majority of men might be expected to encounter in a 12 month period.

In the last 12 months, have you experienced discrimination because of your sexuality in relation to ...	% entire sample (n= 16379)
strangers in public	25.6
workmates and colleagues	13.4
friendships	8.7
other family relationships (apart from children)	7.3
using bars or restaurants	6.6
using public transport and taxis	5.2
shopping	4.8
dealing with tradespeople and business services	4.6

Most commonly, men reported having experienced discrimination relating to their sexuality from strangers in public (25.6%) and from workmates and colleagues (13.8%). Experience of discrimination from friends and family members was far less common as was experience of discrimination in the context of bars, restaurants, public services, shops and tradespeople.



## 5.5 VERBAL AND PHYSICAL HOMOPHOBIC ABUSE

While the factors that lead to HIV exposure and infection are behavioural and biological they are influenced by social processes. Fear of and actual verbal abuse and physical assault relating to homosexual behaviour affects sexual expression, confidence, behaviour and the control men have over the sex they have. Control over the sexual situation and confidence and interpersonal skills involved in negotiating different kinds of sex predict whether men are involved in sdUAI or not.

In order to gauge levels of verbal and physical homophobic abuse we asked men whether they had been verbally abused or physically attacked or assaulted because of their sexuality within the last year. One third (34.3%) of all men had been verbally abused and 1 in 14 (7.1%) had been physically attacked.

In the last year, have you been...?	% of entire sample
Verbally abused because of your sexuality (n = 16295)	34.3
Physically attacked or assaulted because of your sexuality? (n = 16243)	7.1

## 5.6 VARIATION ACROSS POPULATION GROUPS

Here we show how the data reported above, including indicators of need and the two measures of values that relate to disclosure of HIV status, vary across the population groups described in chapters 2 and 3. We are particularly interested in population groups who have many aims poorly met (ie. high levels of need) compared with others. Expectation of disclosure of HIV status includes all respondents but responses to disclosure includes only those men who have not tested HIV positive.

### 5.6.0 HIV testing history and values and need

The following table shows how the indicators of need varied by HIV testing history.

Whole sample	% by HIV testing history groups		
	Never tested (n=7330)	Last test negative (n=8173)	Tested positive (n=1175)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>			
Strangers in public	22.1	28.4	27.7
Workmates	12.8	14.8	8.3
Friendships	9.8	8.2	5.4
Other family relationships	6.5	8.1	6.7
Using bars or restaurants	5.6	7.5	6.2
Using public transport and taxis	4.4	5.8	6.1
Shopping	4.2	5.4	4.9
Tradespeople and business services	3.1	5.8	5.3
<b>In the last year have you been...?</b>			
Verbally abused because of your sexuality	30.7	37.4	35.8
Physically attacked or assaulted because of your sexuality	5.8	7.9	9.6
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>			
Who'd expect a man with HIV to disclose before sex	76.9	65.3	34.4
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>			
Not want to have sex	56.2	36.1	

There were significant differences in the indicators of need in relation to HIV testing history. The pattern of difference in relation to discrimination was variable. Men who had tested negative for HIV were most likely to report discrimination in relation to most contexts (strangers, workmates, other family relationships, using bars and restaurants, shopping and dealing with tradespeople and business services). They were also most likely to report being verbally abused. However, men who have never tested for HIV were most likely to report discrimination in relation to friendships and men who had tested HIV positive were most likely to report discrimination relating to using taxis and public transport. Diagnosed positive men were also most likely to report having been physically assaulted because of their sexuality.

- Men who had never tested for HIV had the greatest level of naivete in relation to expectations of disclosure from men with HIV.
- Untested men were also considerably more likely than men who had tested negative to want to avoid sex with a man who disclosed his HIV infection.

### 5.6.1 Residence and values and need

The following table shows how the indicators of need varied by the area that men lived in.

Whole sample	% by areas of residence						
	South (n=3163)	Mid & East (n=3782)	North (n=3382)	London (n=4305)	Wales (n=930)	Scotland (n=1134)	N. Ireland (n=175)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>							
Strangers in public	24.1	25.1	28.3	25.6	25.7	23.5	20.6
Workmates	13.2	15.3	15.4	10.3	13.8	13.9	12.9
Friendships	8.8	10.3	9.3	6.1	9.2	9.5	11.8
Other family relationships	6.5	7.8	8.8	5.8	7.7	8.4	7.6
Using bars or restaurants	6.7	7.3	8.0	5.0	6.8	5.5	4.7
Using public transport and taxis	4.1	4.3	6.1	5.9	4.8	6.5	4.1
Shopping	4.5	6.1	5.7	3.5	4.9	4.3	2.9
Tradespeople and business services	4.6	4.5	4.9	4.5	4.3	4.5	3.5
<b>In the last year have you been...?</b>							
Verbally abused because of your sexuality	33.0	34.8	37.9	31.7	36.2	33.5	35.7
Physically attacked or assaulted because of your sexuality	6.5	7.2	9.1	5.9	7.8	7.1	7.7
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>							
Who'd expect a man with HIV to disclose before sex	69.7	74.5	71.8	55.5	74.7	74.3	84.8
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>							
Not want to have sex	47.3	49.6	47.1	36.5	47.9	50.3	63.9

There were significant differences in most indicators of need and the values relating to HIV disclosure in relation to where men lived. Those living in the North of England were most likely to face discrimination and abuse, from strangers, workmates, other family and when using bars, restaurants, public transport and taxis. They were also most likely to have been verbally abused or physically assaulted. Men resident in London had least need in relation to discrimination, verbal assault and physical abuse.

Values around HIV disclosure reflect HIV prevalence in geographic areas. Men in Northern Ireland were most likely to expect a man with HIV to disclose prior to sex and were most likely to not want to have sex with a man who did disclose. London men were least likely to expect disclosure and most likely to continue to have sex with a man who had disclosed.

## 5.6.2 Age and values and need

The following table shows how the indicators of need and values varied across the age range.

Whole sample	% by age groups				
	<20 (n=1357)	20s (n=5373)	30s (n=5807)	40s (n=2795)	50+ (n=1378)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>					
Strangers in public	38.5	30.4	23.1	20.8	14.2
Workmates	19.2	16.5	12.1	10.5	7.2
Friendships	23.6	10.5	6.1	5.1	4.5
Other family relationships	13.6	8.7	6.3	5.3	3.6
Using bars or restaurants	11.8	8.6	5.5	4.3	2.2
Using public transport and taxis	9.8	7.3	4.1	3.2	1.3
Shopping	10.2	6.0	3.6	4.1	1.8
Tradespeople and business services	4.1	4.8	5.0	4.2	2.4
<b>In the last year have you been...?</b>					
Verbally abused because of your sexuality	58.2	39.4	30.2	27.1	22.1
Physically attacked or assaulted because of your sexuality	14.6	8.1	5.7	5.8	4.3
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>					
Who'd expect a man with HIV to disclose before sex	83.9	72.7	62.0	62.6	73.1
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>					
Not want to have sex	62.1	54.3	38.0	34.7	45.3

There were significant age differences in all indicators described here. Men under 20 had the greatest level of need for each of the indicators. Men in their 20's were generally the next most needy. After the age of 30 the likelihood of discrimination and abuse decreases with increasing age. Naivete (expecting disclosure from positive partners) decreases with increasing age until the 50's when it increases again slightly. As age increases, so does willingness to continue sex with a partner who has disclosed an HIV positive status

- Men under 20 years of age were most likely to report discrimination and being verbally abused and physically attacked or assaulted. As men get older, need in relation to discrimination, abuse and assault recedes.
- Men under 20 were most naive in terms of expectation of disclosure from potential partners with HIV. Men in their 30s and 40s were least naive
- Wanting to avoid sex with men who disclosed having HIV infection decreased with increasing age until 50 and above when it increased again.

### 5.6.3 Education and values and need

The following table shows how the indicators of need varied across the education groups.

Whole sample	% by education group		
	Low (n=4343)	Medium (n=4714)	High (n=7765)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>			
Strangers in public	25.5	28.4	23.9
Workmates	14.4	14.7	12.2
Friendships	9.5	10.4	7.1
Other family relationships	7.6	8.2	6.5
Using bars or restaurants	7.3	7.3	5.6
Using public transport and taxis	5.7	5.7	4.6
Shopping	6.2	5.3	3.8
Tradespeople and business services	3.7	4.8	4.9
<b>In the last year have you been...?</b>			
Verbally abused because of your sexuality	35.4	38.9	30.9
Physically attacked or assaulted because of your sexuality	9.6	7.9	5.3
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>			
Who'd expect a man with HIV to disclose before sex	75.9	71.7	62.0
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>			
Not want to have sex	45.8	48.2	44.0

There were significant differences in the indicators of need and values in relation to levels of formal education. Men with *high* education were least likely to report experiencing discrimination (with the exception of dealing with tradespeople and business services) or verbal abuse or physical assault. Men with *medium* education were most likely to report experiencing discrimination and verbal abuse but men with *low* education were most likely to report being physically attacked because of their sexuality. Naivete in relation to expectation of HIV disclosure decreases with increasing levels of education. However, when disclosure occurs men with *high* education were most likely to want to continue to have sex and men with *medium* education were most likely to want to avoid sex.

- In general men with *low* and *medium* education had greatest need relating to discrimination, verbal abuse and physical assault.
- Men with *low* education were most naive in terms of expectation of HIV disclosure.
- Men with *medium* education were most likely to want to avoid sex if positive disclosure occurred.

### 5.6.4 Ethnicity and values and need

The following table shows how the indicators of need varied across ethnic groups.

Whole sample	% by ethnic groups			
	White (n=15,576)	Asian (n=297)	Black (n=294)	Mixed & other (n=659)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>				
Strangers in public	25.5	20.6	25.5	29.7
Workmates	13.4	11.9	13.5	15.6
Friendships	8.3	15.4	11.7	12.9
Other family relationships	7.1	7.3	11.3	10.7
Using bars or restaurants	6.5	5.9	8.8	8.7
Using public transport and taxis	5.2	4.5	5.1	6.2
Shopping	4.8	3.8	5.5	7.0
Tradespeople and business services	4.6	1.7	3.3	5.4
<b>In the last year have you been...?</b>				
Verbally abused because of your sexuality	34.7	24.5	24.3	34.8
Physically attacked or assaulted because of your sexuality	7.1	3.5	4.8	10.8
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>				
Who'd expect a man with HIV to disclose before sex	68.3	74.7	62.3	68.3
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>				
Not want to have sex	45.1	65.3	44.2	49.1

There were significant ethnic group differences in just three of the indicators relating to discrimination and no single ethnic group was always most in need. Similarly there was no obvious pattern with verbal abuse and physical attack although men from mixed and 'other' ethnicities were more likely than White, Black or Asian men to report discrimination relating to their sexuality from strangers in public and more likely to report verbal abuse and physical assault. While Asian men were the most likely to report discrimination from friends, Black men were most likely to report discrimination from family members.

Asian men were most likely to expect disclosure from positive men prior to sex, and Black men were least likely to expect disclosure. Similarly, Asian men were least likely to want to have sex with a man who disclosed he was positive and Black men were most likely to have sex with a partner who disclosed HIV infection.

- Ethnic group differences in discrimination were only seen in relation to dealing with strangers in public, friendships and family relationships.
- Asian men were most naive in terms of expectation of HIV disclosure.
- Asian men were most likely to want to avoid sex if positive disclosure occurred.

### 5.6.5 Sexual identity and values and need

The following table shows how the indicators of need varied across sexual identity groups.

Whole sample	% by sexual identity group		
	Gay (n=14,216)	Bisexual (n=1562)	No term (n=830)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>			
Strangers in public	27.4	11.9	17.4
Workmates	14.1	8.5	11.5
Friendships	8.5	9.4	9.4
Other family relationships	7.6	5.2	6.1
Using bars or restaurants	7.0	3.4	4.6
Using public transport and taxis	5.6	2.4	2.9
Shopping	5.2	2.2	3.5
Tradespeople and business services	4.9	1.7	3.1
<b>In the last year have you been...?</b>			
Verbally abused because of your sexuality	36.3	19.6	26.0
Physically attacked or assaulted because of your sexuality	7.5	4.4	6.0
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>			
Who'd expect a man with HIV to disclose before sex	66.2	82.7	77.6
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>			
Not want to have sex	41.4	70.2	68.2

There were consistent and predictable differences between sexual identity groups and the indicators of need in relation to discrimination. Compared to bisexual men and those who had no term to describe their sexual identity, gay men were more likely to report experiencing discrimination relating to their sexuality in all contexts (except friendships). Gay men were also most likely to report having been verbally abused and physically assaulted.

When looking at values held in relation to disclosure, bisexual men were significantly more likely than those with no term to describe their sexuality or gay men to expect a man with HIV to disclose prior to sex and to not want to have sex with a man who disclosed HIV infection.

- Gay men were most likely to have experienced discrimination in a range of social, commercial and public situations and to have experienced verbal and physical abuse.
- Bisexual men were most likely to expect positive disclosure prior to sex.
- Bisexual men were least likely to want to continue to have sex with a man who disclosed HIV infection.

### 5.6.6 Social class and values and need

The following table shows how the indicators of need varied across current social class distinctions.

Whole sample omitting men who were 'upper class', or did not know their class or answered other	% by current social class		
	Working class (n=4400)	Lower Middle class (n=5438)	Upper Middle class (n=4983)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>			
Strangers in public	27.4	25.1	23.0
Workmates	15.9	13.1	12.0
Friendships	9.9	8.1	7.5
Other family relationships	7.6	7.0	6.5
Using bars or restaurants	7.9	5.9	6.0
Using public transport and taxis	5.8	4.3	5.1
Shopping	5.7	3.9	4.6
Tradespeople and business services	4.1	4.6	4.7
<b>In the last year have you been...?</b>			
Verbally abused because of your sexuality	38.0	33.0	30.3
Physically attacked or assaulted because of your sexuality	9.9	5.6	5.7
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>			
Who'd expect a man with HIV to disclose before sex	73.1	66.2	68.5
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>			
Not want to have sex	44.6	44.4	48.5

The relationships between perceived current social class and need were relatively simple. Working class men were most likely to have experienced discrimination from all sources except other family and tradespeople (which was equally common across the class divisions). Working class men were also most likely to have been verbally abused and physically attacked because of their sexuality.

Working class men were also most likely to expect disclosure from a prospective partner with HIV but were not least likely to want to continue to have sex with a man who disclosed (which was more common among upper middle class men).

- Working class men had greatest need in relation to discrimination from most sources and were also most likely to have been verbally abused or physically attacked because of their sexuality.
- Working class men were most likely to expect positive disclosure prior to sex.
- Upper middle class men were least likely to want to continue to have sex with a man who disclosed his HIV infection.



### 5.6.7 Gender of partners and values and need

The following table shows how the indicators of need varied by whether men had any sex in the last year and the gender of their sexual partners if they did.

Whole sample	% by gender of sexual partners			
	No one (n=449)	Women only (n=96)	Men only (n=14701)	Men & Women (n=1270)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>				
Strangers in public	22.9	13.0	27.0	13.1
Workmates	13.6	4.3	13.9	9.6
Friendships	12.0	9.8	8.4	9.3
Other family relationships	7.7	1.1	7.4	6.7
Using bars or restaurants	5.9	4.3	6.7	5.5
Using public transport and taxis	3.4	4.3	5.5	2.8
Shopping	5.4	2.2	5.0	3.0
Tradespeople and business services	4.5	0.0	4.9	1.9
<b>In the last year have you been...?</b>				
Verbally abused because of your sexuality	34.9	19.6	35.6	21.1
Physically attacked or assaulted because of your sexuality	8.2	2.2	7.3	4.9
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>				
Who'd expect a man with HIV to disclose before sex	81.9	86.3	66.4	80.1
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>				
Not want to have sex	51.7	72.4	42.8	67.3

There were significant differences in the indicators in relation to the gender of mens' sexual partners. Men who had sex with men only were most likely to experience discrimination from all sources except friends. Unsurprisingly, men who had female sexual partners only were in least need with regard to discrimination or abuse concerning sexuality. However, men with female partners only were most likely to expect HIV positive men to disclose prior to sex and least likely to want to continue to have sex when a potential partner disclosed HIV infection.

- Men who were not sexually active were more likely to report discrimination from work colleagues and friends and to report verbal and physical abuse.
- Exclusively heterosexually active men were most likely to expect disclosure from prospective sexual partners who had diagnosed HIV and least likely to want to continue to have sex with a partner who had disclosed HIV infection.

### 5.6.8 Number of partners and values and need

The following table shows how the indicators of need varied by the number of male sexual partners men had in the last year.

Whole sample	% by numbers of partners groups					
	None (n=545)	One (n=3402)	2,3 or 4 (n=4476)	5 to 12 (n=3311)	13 to 29 (n=2618)	30 + (n=1803)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>						
Strangers in public	21.2	23.7	24.6	26.6	28.3	28.9
Workmates	12.0	12.7	13.6	14.7	13.0	14.3
Friendships	11.6	7.7	9.5	8.9	8.9	6.3
Other family relationships	6.6	7.5	7.8	6.5	7.1	8.0
Using bars or restaurants	5.6	6.1	6.4	6.5	7.7	6.3
Using public transport and taxis	3.6	4.0	4.7	5.5	6.4	7.1
Shopping	4.9	4.5	4.5	4.6	5.5	5.8
Tradespeople and business services	3.7	4.5	3.9	4.7	4.8	6.2
<b>In the last year have you been...?</b>						
Verbally abused because of your sexuality	32.2	30.2	33.3	35.5	37.0	39.9
Physically attacked or assaulted because of your sexuality	7.1	5.0	7.4	7.0	8.0	9.2
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>						
Who'd expect a man with HIV to disclose before sex	82.7	76.0	71.4	63.9	64.8	51.0
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>						
Not want to have sex	55.6	50.1	48.4	44.9	41.8	28.4

There were significant differences in indicators of need by the number of male sexual partners men had in the last year. Men with 30+ male partners were most likely to face discrimination from strangers in public and when using public transport and dealing with tradespeople. Men with no sexual partners were most likely to face discrimination from friends. The greater the number of sexual partners men had the greater was the likelihood they had experienced verbal abuse or physical assault. Expectation of disclosure from prospective partners with HIV decreased with increasing number of sexual partners. Also with increasing partner numbers there was a greater willingness to have sex with a partner who disclosed HIV infection.

- The fewer partners men had the more likely they were to expect prospective partners with HIV to disclose prior to sex, and the less likely they were to want to continue to have sex with a partner who disclosed HIV infection.

### 5.6.9 Outness and values and need

The following table shows how the indicators varied by the degree to which respondents disclosed their sexual behaviour with men. This table shows relationships in one direction. Naturally it is likely that past discrimination and potential for discrimination effects whether respondents inform family members about their (homo)sexual behaviour and sexuality and the proportion of family members informed increases the potential for discrimination.

Whole sample	% by outness (composite measure)		
	all or almost all (n=4976)	some (n=7745)	few or none (n=1662)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>			
Strangers in public	31.8	26.3	7.7
Workmates	13.0	15.7	5.9
Friendships	5.7	11.1	6.1
Other family relationships	7.3	8.4	2.0
Using bars or restaurants	7.3	6.9	2.0
Using public transport and taxis	6.8	5.2	1.5
Shopping	5.8	4.5	1.5
Tradespeople and business services	6.2	4.3	1.1
<b>In the last year have you been...?</b>			
Verbally abused because of your sexuality	41.2	35.2	12.6
Physically attacked or assaulted because of your sexuality	8.5	6.2	4.2
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>			
Who'd expect a man with HIV to disclose before sex	61.0	68.4	84.1
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>			
Not want to have sex	31.4	46.6	76.0

There were significant differences in the indicators of need by the degree of outness to close family, friends and workmates (using the composite measure outlined in section 3.3). Those who were out to all or almost all were most likely to have faced discrimination from strangers, when shopping and when dealing with tradespeople and business services. Men who were out to some were most likely to report discrimination from workmates, friends and other family and in restaurants and using public services. Unsurprisingly those who were out to few or no one faced the least discrimination in all areas.

- Men out to few people or no one were most naive in terms of expectations of disclosure of HIV status before sex. They were also least likely to want to continue to have sex with a prospective partner who disclosed HIV infection.

### 5.6.10 Current relationships with men and values and need

The following table shows how the indicators of need and values varied by relationship status.

Whole sample	% by relationship status		
	Single (n=7033)	Recently partnered (n=3161)	Partnered over 12 months (n =5971)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>			
Strangers in public	23.7	31.0	25.1
Workmates	12.8	16.2	12.6
Friendships	9.3	11.0	6.6
Other family relationships	6.6	9.1	7.2
Using bars or restaurants	5.7	8.9	6.3
Using public transport and taxis	5.0	7.0	4.6
Shopping	4.5	5.7	4.6
Tradespeople and business services	3.5	4.4	5.9
<b>In the last year have you been...?</b>			
Verbally abused because of your sexuality	32.8	40.8	32.4
Physically attacked or assaulted because of your sexuality	7.0	9.0	6.0
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>			
Who'd expect a man with HIV to disclose before sex	69.8	70.3	65.7
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>			
Not want to have sex	48.5	48.9	40.9

There were significant differences in the indicators of need and values relating to relationship status. In almost all cases men recently partnered were more likely to have experienced discrimination and to have been verbally abused and physically assaulted. Those who were recently partnered were also most likely to expect disclosure from a prospective partner with HIV and were most likely to not want to have sex with a man that disclosed his HIV infection.

- Those recently partnered were most likely to have experienced discrimination and verbal abuse and physical assault.
- Those recently partnered were most naive about HIV disclosure by HIV positive men.

### 5.6.11 HIV sero-concordancy of relationships and values and need

The following table shows how the indicators of need varied by the HIV concordancy of current regular relationships with a man. It only includes men with a current regular relationship with a man. It also only shows the relationship in one direction. It is likely that the knowledge of the HIV concordancy of their own current relationship reflects whether they expect disclosure from HIV positive partners and whether they would want to continue to have sex with a partner who disclosed HIV.

Men in a relationship	% by HIV sero-concordancy of current relationship		
	Sero-concordant (n=6000)	Sero-concordancy unknown (n=2432)	Sero-discordant (n=724)
<b>In the last 12 months have you experienced discrimination because of your sexuality in relation to ....?</b>			
Strangers in public	26.4	28.1	29.9
Workmates	14.2	13.7	11.7
Friendships	8.6	7.3	7.5
Other family relationships	8.1	7.0	8.7
Using bars or restaurants	7.7	6.3	6.5
Using public transport and taxis	5.5	5.6	5.3
Shopping	5.3	4.4	4.9
Tradespeople and business services	5.6	5.0	6.2
<b>In the last year have you been...?</b>			
Verbally abused because of your sexuality	34.8	36.2	37.8
Physically attacked or assaulted because of your sexuality	7.0	6.6	9.5
<b>I'd expect a man with HIV to tell me he was positive before we had sex</b>			
Who'd expect a man with HIV to disclose before sex	73.6	58.3	44.0
<b>If a man you were going to have sex with told you he was HIV positive, would you...?</b>			
Not want to have sex	47.3	39.9	15.0

The sero-concordancy of any current relationship was not related to indicators of need relating to discrimination and verbal abuse. However, those men in sero-discordant relationships were most likely to report having been physically attacked or assaulted because of their sexuality.

Men reporting being in a sero-concordant relationships were most likely to expect HIV disclosure from a prospective sexual partner and men in sero-discordant relationships were least likely to. Those in sero-concordant relationships were least likely to want to continue to have sex with a man who disclosed HIV and men in sero-discordant relationships were most likely to want to continue to have sex with a man who disclosed HIV status. Presumably these values reflect their current relationships and their concordancy and vice versa.

## 5.7 SUMMARY & IMPLICATIONS FOR PROGRAMME PLANNING

These implications for programme planning should be read in conjunction with those at the end of Chapters 3 and 4 and with our complementary reports from GMSS from 1997 to 2001 (Hickson, Reid *et al.*, 1998; Hickson, Weatherburn *et al.*, 1999; Weatherburn *et al.*, 2000; Hickson, Reid *et al.*, 2001; Reid *et al.*, 2002). Read alongside *Making it Count* (Hickson *et al.*, 2003) they are intended to suggest where the emphasis in HIV prevention programmes might have the greatest impact on the achieving equity of HIV health promotion aims.

### 5.7.1 *Aims poorly met for many men*

Although we have observed an overall decrease in recent years, expectations that men with HIV will tell a prospective sexual partner their HIV status are still very widespread. Over a third of all men not tested HIV positive both expected a positive partner to disclose their status prior to sex and would not want to then have sex if they did. In this climate, it is difficult to see what incentive men with HIV have for disclosing their HIV status. Disabusing negative and untested men of the notion that positive HIV disclosure will happen (and that their risk assessments can be based on such an assumption) remains a vital health promotion aim.

Despite advances in social and political equality, everyday cruelty and harassment of gay and bisexual men continues. A third of all men had been verbally abused in the last year. One-in-four has experienced discrimination from strangers in public (verbal and physical abuse) with the workplace being the next most common site of abuse and discrimination. Men who are younger and those who are most open about their sexuality were particularly likely to experience discrimination and abuse.

# References

---

- Bourdieu P, Passeron JC (1977) *Reproduction in education society and culture*. Sage Publications, London.
- Coleman D & Salt J (eds) (1996) *Ethnicity in the 1991 Census Volume One: demographic characteristics of the ethnic minority populations*. HMSO, London.
- Department of Health (2001) *The national strategy for sexual health and HIV*. Department of Health, London  
[www.doh.gov.uk/nshs/bettersexualhealth.pdf](http://www.doh.gov.uk/nshs/bettersexualhealth.pdf)
- Department of Health (2002) *The national strategy for sexual health and HIV: implementation action plan*. Department of Health, London  
[www.doh.gov.uk/sexualhealthandhiv/pdfs/77007betterpresersex.pdf](http://www.doh.gov.uk/sexualhealthandhiv/pdfs/77007betterpresersex.pdf)
- Hickson F, Reid D, Weatherburn P, Henderson L, Stephens M (1998) *Making data count: findings from the National Gay Men's Sex Survey 1997*. Terrence Higgins Trust, London (020-7831 0330).
- Hickson F, Weatherburn P, Reid D, Henderson L, Stephens M (1999) *Evidence for change: findings from the National Gay Men's Sex Survey 1998*. Sigma Research, London  
[www.sigmaresearch.org.uk/reports.html](http://www.sigmaresearch.org.uk/reports.html)
- Hickson F, Nutland W, Weatherburn P, Burnell C, Keogh M, Doyle T, Watson R, Gault A (2003) *Making it Count: a collaborative planning framework to reduce the incidence of HIV infection during sex between men*. Sigma Research, London, 3rd Edition  
[www.sigmaresearch.org.uk/reports.html](http://www.sigmaresearch.org.uk/reports.html)
- Hickson F, Reid D, Weatherburn P, Stephens M, Brown D (2001) *Time for more: findings from the National Gay Men's Sex Survey 2000*. Sigma Research, London  
[www.sigmaresearch.org.uk/reports.html](http://www.sigmaresearch.org.uk/reports.html)
- Hickson F, Weatherburn P, Reid D (2002) *Vital Statistics Scotland 2001: findings from the Gay Men's Sex Survey 2001*. Sigma Research, London  
[www.sigmaresearch.org.uk/reports.html](http://www.sigmaresearch.org.uk/reports.html)
- Johnson A, Wadsworth J, Wellings K, Field J, Bradshaw S (1994). *Sexual Attitudes and Lifestyles*. Blackwell Scientific Publications, Oxford.
- NAM (2002) NAMbase (PC-based programme). NAM, London  
[www.aidsmap.com](http://www.aidsmap.com)
- Office of National Statistics (2003) *Census 2001*. Office of National Statistics, London  
[www.statistics.gov.uk/census2001/](http://www.statistics.gov.uk/census2001/)
- Reid D, Weatherburn P, Hickson F, Stephens M (2001) *Know the score: findings from the National Gay Men's Sex Survey 2001*. Sigma Research, London  
[www.sigmaresearch.org.uk/reports.html](http://www.sigmaresearch.org.uk/reports.html)
- Richters J, Grulich A, Ellard J, Hendry O, Kippax S (2003) HIV transmission among gay men through oral sex and other uncommon routes: case series of HIV seroconverters, Sydney. *AIDS*, 17, 2269-2271.
- Townsend P & Davidson N (1982) *Inequalities in health: The Black Report*. Penguin, Harmondsworth.
- Weatherburn P, Davies P, Hickson F, Hartley M (1999) *A class apart: the social stratification of HIV infection among homosexually active men*. Sigma Research, London  
[www.sigmaresearch.org.uk/reports.html](http://www.sigmaresearch.org.uk/reports.html)
- Weatherburn P, Stephens M, Reid D, Hickson F, Henderson L & Brown D (2000) *Vital statistics: Findings from the National Gay Men's Sex Survey, 1999*. Sigma Research, London  
[www.sigmaresearch.org.uk/reports.html](http://www.sigmaresearch.org.uk/reports.html)
- Weatherburn P, Dodds C, Branigan P, Nutland W, Reid D, Keogh P, Henderson L, Hickson F, Stephens M (2003) *Successful measures: evaluation of CHAPS national HIV prevention campaigns targeted at gay men, 2001 – 2003*. Sigma Research, London  
[www.sigmaresearch.org.uk/reports.html](http://www.sigmaresearch.org.uk/reports.html)
- Weatherburn P, Hickson F, Reid D (2003) *Net benefits: gay men's use of the internet and other settings where HIV prevention occurs*. Sigma Research, London  
[www.sigmaresearch.org.uk/reports.html](http://www.sigmaresearch.org.uk/reports.html)
- Wilkinson R, Marmot M (eds.) (1998) *The solid facts: social determinants of health*. Centre for Urban Health, Copenhagen  
[www.who.dk/document/E59555.pdf](http://www.who.dk/document/E59555.pdf)
- World Health Organisation (1986) *The Ottawa Charter for health promotion*. WHO, Geneva  
[www.who.dk/AboutWHO/Policy/20010827\\_2](http://www.who.dk/AboutWHO/Policy/20010827_2)
- Young M (Ed.) (1971) *Knowledge and control: new directions for the sociology of education*. Collier-Macmillan, London.