“IT’S ABOUT A LIFETIME”

Men’s Stories about Sexuality, Relationships and Safer Sex

FINAL RESULTS FROM THE
MEN’S ATTITUDES ABOUT RELATIONSHIPS AND SEXUALITY (M.A.R.S.) PROJECT

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M.A.R.S. PROJECT: EXECUTIVE SUMMARY

Objective: To explore feelings and beliefs about sexuality, relationships and safer sex amongst gay, bisexual and other men who have sex with men living on Vancouver Island and the Gulf Islands in British Columbia, Canada.

Research methods: Community-based research project used qualitative, unstructured interviews lasting 1-3 hours. Participants were recruited through a promotion campaign; outreach at gay community events; "snowball sampling;" a key informant in a remote area; newspaper ads; and ads in the "personals." Two focus groups were held in Victoria.

Participant profile: 84 men: 52 from Greater Victoria and 21 from rural or remote locations; 67 identify as gay, 12 as bisexual, 2 as heterosexual and 3 do not identify with any particular orientation; the mean age is 39 years, 16 participants are under the age of 30; the majority are white and 7 are First Nations men; 50 participants are single, 16 are in a same-sex relationship, 13 are separated or divorced and 4 are married to women.

Results

- Feelings of low self-worth are a determinant of risk for HIV infection.
- Coming out enhances self-worth.
- Social and internalized homophobia impacts on feelings of self-worth.
- Childhood sexual abuse affects self-worth and sexual practices in later life.
- Substance abuse can also be a consequence of sexual abuse, homophobia and feelings of low self-worth. Substance abuse co-exists with unsafe sex.
- Condoms are a barrier to intimacy.

Conclusions

- Safer sex involves much more than condoms and sexual activities.
- Safer sex is linked to men's feelings about themselves, their personal relationships and the social environments they grow up and live in.
- Gay and bisexual men want and need to share their stories and experience as gay and bisexual men (not simply in relation to HIV/AIDS).
- Much can be learned about safer sex and determinants of risk for HIV infection by listening to men's stories about experiences that are not specifically HIV/AIDS-related.
- The "MSM" category is not a useful one. Heterosexual men who have sex with men have qualitatively different experiences from gay and bisexual men. This has important implications for safer sex education efforts.

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1.0 INTRODUCTION

1.1 The Project

In 1995, as part of Phase II of Canada's National AIDS Strategy, the National Health Research Development Program at Health Canada announced a call for proposals for a multi-centre study of community-based qualitative research on the determinants of risk for HIV infection amongst men who have sex with men and women who are at high risk. Among the eight proposals accepted for funding was the *"Community-based Research on the Determinants of HIV-Related Risk Behaviour Among Men Who Have Sex With Men [Vancouver Island Region],"* based at AIDS Vancouver Island in Victoria. This project was later re-named the *Men's Attitudes about Relationships and Sexuality (M.A.R.S.) Project*.

The rationale for the four qualitative research projects on men who have sex with men was largely informed by the national *Men's Survey* (1993) conducted by the Canadian AIDS Society. The project was funded by Health Canada during Phase I of Canada's National AIDS Strategy. The *Men's Survey* was a quantitative study of 4,803 men who have sex with men in cities across Canada. It examined sexual behaviours, HIV prevention strategies, and attitudes about HIV and AIDS. Participants were recruited for the study through gay-identified venues such as bars, community dances, and bathhouses. Openly gay and bisexual men comprised 89.1% of the sample.

While the *Men's Survey* provided the first *national* data on attitudes toward HIV and AIDS, safer sex and the sexual behaviours of gay and bisexual men in Canada, the sample population reflected the experiences of men residing in the largest metropolitan centres in the country (in particular Toronto, Montreal and Vancouver). For example, while 683 men surveyed lived in Vancouver, only 58 men from Victoria were included in the BC-Prairies sample. No other Vancouver Island city was selected for participation and there were no attempts to target men in rural areas on the Island. The *Men's Survey* served as a useful mapping of gay and bisexual men in urban contexts. However officials in Health Canada and others began to recognize the need for more in-depth, qualitative research on HIV-related risk determinants, especially in smaller Canadian communities.

The *Men's Attitudes about Relationships and Sexuality (M.A.R.S.) Project* was established as a collaborative university/community venture between AIDS Vancouver Island and the University of Victoria. To enhance the community-based nature of the research, the project was housed at AIDS Vancouver Island and not at the university. The Principal Investigator was based at AIDS Vancouver Island and the research team included Dr. Marilyn Walker at the University of Victoria.

The M.A.R.S. Project is guided by three fundamental premises: first, that HIV and AIDS and "determinants of risk" for HIV infection cannot and should not be separated from the broader context of the lived experience of gay, bisexual and other men who have sex with men in Canada and elsewhere; second, that preventing the spread of HIV amongst

gay, bisexual and other men who have sex with men involves more than developing and delivering safer sex education campaigns; and finally, that qualitative research which enables men to tell their life stories *as* gay, bisexual and other men who have sex with men, represents an important methodology for research on this population.

The M.A.R.S. Project interviews followed an unstructured (narrative) approach. There was no formal interview schedule. Interviews took on the format of an intimate one-on-one conversation between the researcher and participant. Participants tended to drive the interviews as they shared their stories, experiences, emotions and beliefs in an atmosphere that was not judgmental. This method of data collection proved an effective means of engaging men in sharing their feelings and experiences.

Many participants in the M.A.R.S. Project discussed how rarely (if ever) they'd had the opportunity to discuss many of the issues they raised in the interviews. Some talked about how cathartic and "therapeutic" it was to be able to talk about difficult issues such as sexual abuse and homophobia as well as "taboo" subjects like unprotected anal sex. Some began to analyze their beliefs and feelings during the interviews, asking rhetorical questions such as "Why did I say that?", "Why do I think that way about that?" or "I've never really thought about that till now, but it's really interesting and important, isn't it?" These and other comments indicate that the opportunity to discuss issues related to sexuality, sexual identity and safer sex is deeply meaningful, and perhaps even health promoting for many men.

1.2 Promoting the Project

In July 1996, a meeting was arranged with Vancouver-based, Victoria-born artist Joe Average to discuss the prospect of commissioning a piece of his art to serve as the promotional image for the project. A piece of Joe's work had just been selected as the official image of the 11th International AIDS Conference in Vancouver. Joe graciously donated a wonderful image to the project and agreed to attend the project launch in Victoria. The project image was printed on posters, T-shirts, matchbooks, small stickers and cards.

The M.A.R.S. Project was launched at a public media event in an art gallery in downtown Victoria in September 1997. With Joe Average in attendance signing T-shirts and posters, the launch was highly publicized across the Island. The launch precipitated a large number of calls through the toll-free telephone number.

1.3 The Research Setting

The Vancouver Island Region

Vancouver Island is home to approximately 600,000 of British Columbia's 3.8 million residents. It is a big island (more than 33,000 square kilometers) characterized by rugged terrain, a temperate climate and a number of far flung communities connected

by a relatively weak road and transportation infrastructure. The majority of the residents are located along the southern tip of the island in Greater Victoria (330,000), and along the eastern coast of the Island in the Nanaimo (100,000) and Comox Valley (65,000) regions. The remainder of the population lives in smaller towns and rural communities that are more or less isolated from the three central regions. Approximately 20,000 people live on a series of smaller, largely rural islands known as the Gulf Islands. These islands are connected to Vancouver island by ferry service.

As the largest urban centre on Vancouver Island and the capital of British Columbia, Victoria has many of the gay/lesbian amenities typical of a small metropolitan region. Victoria's "gay life" is overshadowed by its close proximity to Vancouver, one of Canada's "gay meccas" and to Seattle, Washington. While Victoria does not have a "gay ghetto" equivalent to Vancouver's West End or Seattle's Capitol Hill, the downtown core boasts of two gay bars, a bathhouse, and several "gay-friendly" cafes, bookstores, and galleries as well as the offices of AIDS Vancouver Island (AVI), the Victoria Persons With AIDS Society (VPWA) and the Victoria AIDS Respite Care Society (VARCS). In Nanaimo, there is one gay bar, a few gay-friendly cafes and businesses and a branch office of AIDS Vancouver Island. The North Island AIDS Coalition, a smaller AIDS Service Organization in Courtenay (in the Comox Valley), serves the north Island.

AIDS Vancouver Island

Founded in 1985 in Victoria, AIDS Vancouver Island (AVI) is the most established and largest AIDS Service Organization on Vancouver Island. With an annual budget of over $1 million dollars, it is the second largest AIDS Service Organization in British Columbia. The organization's mandate encompasses the entire Island region (including the Gulf Islands).

Situating the research in an ASO posed a number of challenges for the researchers. Many front line workers view research with some suspicion and are critical of using resources for research that they believe would be better spent on direct service to HIV-positive people. Some potential participants, especially men who are not gay identified and/or HIV-positive, are reluctant to connect with an AIDS Service Organization. Finally, it is important, and sometimes challenging, to separate the research from the politics internal to many ASOs. At the same time, however, housing the M.A.R.S. Project at AVI enhanced the organization's profile both locally and nationally; facilitated the participatory nature of the research project; and contributed to a sense of ownership of the research among many gay and bisexual men.

2.0 THEORETICAL FRAMEWORK: Health Promotion and Population Health

Early in the AIDS epidemic, concerned individuals and communities developed knowledge and organized to try to keep each other well. These efforts were remarkably successful as gay men worked together, distributing condoms and information. Over time, theory was adopted to support and improve HIV prevention work. The predominant theory informing HIV prevention efforts has been "health promotion."

Health promotion focuses on individual risk behaviours within the context of community support. The primary goal of health promotion is individual behaviour change. Supporting goals include social justice and community development (Trussler and Marchand: 5-9).

The 1986 Ottawa Charter for Health Promotion forms the framework for much health promotion work. The Charter's goal is to increase people's control over their own health (World Health Organization, 1986). In relation to AIDS, the Charter has allowed for public funds to support HIV prevention efforts. It encourages skills building to increase health options, supports the creation of healthy environments, and endorses the distribution of health enhancing materials such as clean needles and condoms. While early publicly funded HIV prevention efforts often relied on simplistic messages and vague descriptions of sexual activities between men, recent years have seen the development of multifaceted approaches to HIV prevention among men who have sex with men. These include small group counselling, community outreach, community mobilization, stress reduction counselling, peer education and skills training. Experience demonstrates that prevention does work and "many gay/bisexual men would not be alive today if it weren't for rigorous prevention efforts" (DeCarlo: 1).

Health promotion has proven a relatively successful model for the prevention of HIV transmission. However, new infections continue to occur among men who have sex with men despite a generally high level of sophisticated knowledge regarding HIV transmission. Clearly, there is not the direct causal relationship between knowledge, attitudes, intentions and actions often assumed in HIV prevention activities (Kippax: 9). Some writers look to internal, individual factors to explain the discrepancy between what is known and what is actually done. Mischewski suggests that 'desire' is the missing factor. While most prevention work focuses on rationality, "desire is by definition about surprise, spontaneity, play or improvisation" and thus cannot fully incorporate conscious risk assessment, negotiation skills, and other prevention strategies (Mischewski: 2).

Walt Odets calls for increased attention to psychological issues to be incorporated into HIV prevention activities among men who have sex with men. He claims that prevention educators have paid too little attention to the role of feelings in human sexuality (Odets: 11). For Odets, "sex is important and compelling precisely because it *is* an altered state of consciousness. Education needs to help men connect what they know with what they do *without* destroying the altered state" (Odets: 16).

Most prevention messages encourage gay men to use condoms "every time" without giving consideration to the meaning of semen, skin to skin contact and anal sex to men's expressions of sexuality and sexual pleasure. For Odets, the suggestion that the exchange of body fluids can and should be given up for a lifetime is homophobic. The exchange of bodily fluids and anal sex are not simply "risk activities," they are an important aspect of intimacy.

> *"The idea that* any *level of risk is unacceptable is true only if the behaviour in question is of no value or importance* whatsoever. *The ease with which*

educators have been willing to make that assumption on behalf of gay men is an expression of homophobia" (Odets: 8).

The most significant factor that Odets believes should be taken into account in prevention is the increasing identification of HIV-negative men with HIV-positive men. HIV prevention messages often target the gay and bisexual community generally as though there were no difference in the thoughts, feelings and goals held by positive and negative men. The gay community is often addressed as a whole in relation to issues such as protected sex, responsibility for prevention, testing and treatment issues. This is a *political* idea that potentially reinforces HIV-negative men's sense of inevitability about contracting HIV (Odets: 11-13).

Health promotion has been a driving force behind the community-based response to HIV/AIDS and community involvement is cited as one of the most important components of it. Generally, AIDS Service Organizations (ASOs) have taken on the primary responsibility for HIV prevention work among men who have sex with men. ASOs have also assumed a dominant role in many gay communities, largely due to the immediacy of the epidemic, but also due to the funneling of community resources into the organizations. Health promotion has proven relatively successful and a sophisticated organizational system has grown around it. But even in the early 1990's, questions were being asked about the efficacy of single-issue strategies in addressing broad health promotion concerns (Wong: 3). While health promotion tends to focus attention on internal, individual factors to explain sexual behaviour, population health examines broader social and environmental issues for explanations that will help bring an end to the AIDS epidemic and improve health in the overall population.

In recent years there has been a shift in the language and priorities of policy makers away from health promotion towards the related, but significantly different, model of "population health". It is a whole population model that attempts to explain the complex interplay of various social and personal influences on health and draws attention to the broader context of individual risk states. Population health emphasizes the importance of large scale economic and social policy as a means to improve the health of the whole population or sub-populations. Importantly, the population health framework contributes significantly to an analysis of the relationship between socio-economic disparities and health status.

The population health model has emerged out of global research into the key factors and conditions that influence the health of populations. Fraser Mustard and John Frank of the Canadian Institute for Advanced Research are the main proponents of the population health approach and the related determinants of health. They argue that the complex interactions among the determinants of health have much greater impact on health than any one specific determinant. Health Canada has elaborated on population health research and identifies the determinants of health as: income and social status, social and support networks, education, employment and working conditions, social environments, biology and genetic endowment, personal health practices and coping skills, healthy child development, health services, gender, and culture (Health Canada, 1996). Frank argues that "a person's immediate social and economic environment and

the way that this environment interacts with his or her psychological resources and coping skills may influence the determination of health status much more than was recognized in early epidemiological studies of chronic disease etiology" (Frank, 1995). For Mustard and Frank, the population health approach enables policy makers, health professionals and others to re-evaluate our conceptions of individual and collective health and specific health and disease pathology.

Population level determinants such as education, employment, and income disparity indirectly influence individual level determinants like personal health practices, biology and genetic endowment to shape health outcomes or at-risk states. For example, determinants of health research has shown how poverty has a negative impact upon health status. Low income may lead to unsafe and crowded housing, low-quality food, inadequate use of health services and treatments, and stress-related disorders (Shah, et al., 1987). Frank observes that more health services can only mitigate the negative health consequences caused by poor nutrition, unstable housing and difficult or unhealthy social relationships. In fact, Mustard and Frank note that "the health effects of social relationships may rival the effects of well-established health risk factors such as smoking, blood pressure, obesity and physical activity" (Mustard and Frank, 1991). In terms of risk factors for HIV, then, social support, social and self acceptance, and emotional well-being may play an important role in either contributing to or challenging health status.

In their interpretation of the population health model as it relates to HIV/AIDS prevention, Trussler and Marchand weigh the determinants of health according to how they contribute to the health status of the population. For Trussler and Marchand, the socio-environmental effects on any disease are measured by the following ratio: physical environment 10 percent, health services 25 percent, and biological influences 15 percent. They argue that personal coping skills, health choices and the social and economic environment account for the remaining 50 percent (Trussler and Marchand, 1997).

While health promotion focuses on individual risk behaviours and their social determinants, population health focuses on the general circumstances affecting health over which individuals have very little control. Thus, groups of people (sub-populations or communities) can be seen to be vulnerable to acquiring HIV, not only because of their behaviours, but because of their social situation. Population health contributes the notion of "social vulnerability" to AIDS prevention work and de-emphasizes the prominence of individual life-styles (Evens et. al, 1994).

3.0 RELATED RESEARCH

Since the emergence of the AIDS epidemic in Canada in the early 1980's, an estimated 13,140 men who have sex with men in Canada have tested positive for HIV and thousands have died from AIDS-related illnesses. Despite 15 years of relatively successful HIV prevention education targeted at gay, bisexual and other men who have sex with men, 132 men in British Columbia contracted HIV through sex with other men in 1997. While 1997 epidemiological data from the British Columbia Centre for Disease

Control indicate an overall decrease in the number of new HIV infections amongst men who have sex with men (including younger men), researchers at the BC Centre for Excellence in HIV's *Vanguard Project* in Vancouver[1] argue that a "second wave" of new infections may be occurring amongst younger gay and bisexual men.

Vanguard data indicate that approximately one half of the young men participating in the study who have regular sexual partners and one quarter of participants with casual sexual partners report having unprotected anal sex in the year prior to participation in the study. According to Vanguard Coordinator Stephanie Strathdee, these data "suggest a disturbing trend towards increasing levels of unprotected anal sex among young gay and bisexual men in the Vancouver area" (Strathdee, 1998:7). Strathdee warns of a "relapse" back to unsafe sex amongst younger gay and bisexual men.[2]

Vanguard data indicate that socio-economic factors and past experiences of sexual abuse are key factors in the high-risk sexual activities of many of the participants.[3] Approximately one third of all Vanguard participants report having experienced childhood sexual abuse. Men who experienced abuse between the ages of 12 and 17 were much more likely to engage in high risk sexual behaviours, and men who were sexually abused before the age of 12 were more likely to experience abuse later in life (Strathdee, 1996).

A recently completed study of 40 gay and bisexual men in Montreal who experienced sexual abuse concluded that sexual abuse can lead to four patterns of behaviour. Some men experience a lack control over their sexual desires. They say they are more "promiscuous" than they want to be, they feel powerless in relationships and "at the service of their sexual partners." A second pattern is characterized by participants as feeling tormented by feelings of shame, guilt and "an interminable questioning of their 'real' sexual identity or orientation." A third behaviour pattern is described as rebellious, wary of authority figures and "believing only in their own standards" of sexual behaviour. Men exhibiting this pattern are likely to resist HIV prevention messages. Finally, some

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[1] The Vanguard Project is a quantitative, longitudinal study of 684 gay, bisexual and other men between the ages of 18 and 30 who have sex with men. Recently data from this research indicate an HIV prevalence rate of 2% amongst participants.

[2]Strathdee fears that the highly publicized success of new antiretroviral therapies and a general "AIDS fatigue" are facilitating a return to unsafe sex, particularly amongst younger gay and bisexual men. A 1997 study by Rafael Diaz on the effect of protease inhibitors on (safe or unsafe) sexual practices amongst 246 gay and bisexual Latino men in Los Angeles, Miami and New York City found that "very few men -–about 15% -–said they were less concerned about HIV now." In fact, the same study found that 20% of the men indicated that they were actually "more worried than before". Diaz concludes that "the new treatments are reshaping the way people understand the disease, but it's not as simplistic as we thought" (Gallagher, 1997:34). The jury may still be out on the actual impact of the new AIDS drugs. Further research on the issue in Canada is required.

[3]Strathdee notes that "young men with less than a high school education were nearly twice as likely to be risk-takers" and that "young gay men with a history of sexual abuse were twice as likely to be risk-takers" (Strathdee, 1997: 2).

men are “reconciled” with their past experiences of abuse (usually as the result of therapy or a significant life event) and feel that they have “maximize control over” their lives (Dorais:17-20).

Both the Vanguard data and Dorais’ research indicate relatively high levels of unsafe sex between men; the deleterious effect of sexual abuse on men’s identity formation and sexual behaviours; and the need for HIV prevention efforts to address the issue of sexual abuse and other determinants of risk for HIV infection. While the Vanguard project has sought to identify cause and effect relationships between social determinants and unsafe sex, other research has focused in-depth analysis on the meanings of sex between men.

A qualitative Australian study of 97 non-gay identified men who have sex with men (conducted by Bartos, McLeod, and Nott) explored the meanings associated with participants’ sexual encounters with other men. This study examined the typology of the meanings of sex between men; the types of men most likely to have unsafe sex; the importance of various sexual practices (including penetrative and receptive anal sex); and decision-making about unsafe sexual activities. The research uncovered the deep meanings men attach to their sexual relations with other men and the implications of these meanings for HIV prevention education.

Bartos, McLeod and Nott note that many men continue to engage in unsafe sexual activities, particularly unprotected anal sex, despite years of prevention education and being well informed of the risks for HIV infection. They argue that the discrepancy between knowledge and practice is based on a number of factors, including a personal dislike or physiological reaction to condoms; the notion that condoms are “disruptive” to the sexual experience; and the importance of anal sex—especially *unprotected* anal sex—as a signifier of intimacy, attachment, and “real sex” between men (Bartos: 46-51).[4]

The Australian research indicates that for some men “unsafe sex functions as a form of consummation of a relationship” and serves to facilitate and deepen the “feeling and experience of love, belonging and security [that] are all embodied symbolically within penetrative sex” (Bartos: 51). Perhaps most importantly, the Australian study reminds us of the obvious: that sex between men is multifaceted, personal and should not be reduced to neat categories of ‘good’ and ‘bad’ behaviour. In fact, the Australian data indicate that what Strathdee terms a “relapse” may be part of a more complex scenario:

There is a pattern to the unsafe sex that many of these MSM [men who have sex with men] engage in. They view the sex in individual terms. It is a matter of a special relationship with one special person. The sex is a way of consummating that

[4]The Australian study suggests that sex is not a “rational” activity. Similarly, safer sex or unsafe sex may not fit into rational and irrational categories. If safer sex is not wholly rational, then it may be problematic to use the terms “relapse” or “failure” to describe men who do not consistently engage in safer sex. As Bartos et. al state, for some men, the consequences of possible HIV transmission are outweighed by the benefits of the sexual activity (Bartos: 57).

relationship, and unsafe sex operates as a more powerful consummation than safe sex. A sexual encounter with one other person, or single relationship, is not placed into a pattern of wider behaviour. It exists in its own terms, and every event or relationship will be considered unique. Rules about sexual behaviour do not carry over from one sexual encounter to another, every sexual event/relationship has its own rules (Bartos: 53).

Like Strathdee and Dorais, the authors of the Australian study argue that self-esteem influences the safer or unsafe sexual practices of MSM. They note that high self-esteem "gives men the capacity to successfully negotiate safe sex," while low self-esteem is associated with "a general feeling of powerlessness, a lack of capacity to negotiate the safety of a sexual encounter and a greater willingness to engage in any sex that is offered" (Bartos: 61).

While the Australian study sheds much needed light on the complex meanings associated with sexual activities between men and serves to remind us that we are dealing with sex and love--deeply emotional and complex issues— it still assumes that there exists a "culture of negotiation" between men who have sex with each other. Even though the authors acknowledge that "the negotiation of condom use requires a level of communication which may otherwise not be part of the sexual encounter," they assume that 'healthy', 'informed' and 'uncoerced' men negotiate safer sex practices (even if they sometimes "slip up" in the process of having sex). This view reinforces the idea that men should negotiate safer sex with each other because it is the "right" thing to do. Recently, however, a qualitative study involving interviews with 92 gay and bisexual men in San Francisco has called that assumption into question.

The 1997 study conducted by the San Francisco AIDS Foundation in partnership with the Centre for AIDS Prevention Studies at the University of California at San Francisco, sought to explain the reasons why men continue to engage in unprotected anal sex. Like the Vanguard and Australian studies, the San Francisco study found that while most men had incorporated condom use into their sexual practices with other men, some experienced difficulty in remaining "consistently safe".

The San Francisco AIDS Foundation (SFAF) study determined that men were engaging in sexual activity--often unsafe sexual activity--in order to "fulfill or solve, in escapist-like fashion, a non-sexual need or personal difficulty." Some of these difficulties included "social isolation", disappointed love, a longing for intimacy, a sense of low self-worth, a need to affirm masculinity, or a wish to escape from the trauma of HIV" (SFAF: 3). Perhaps more importantly, however, this study calls into question the extent to which a "culture of negotiation" or "negotiated safety" has actually taken root between gay, bisexual and other men who have sex with men. The study found, for example, that while the participants generally agreed that it was important to know if their sexual partners were HIV positive or negative, they "experienced profound difficulties in openly discussing HIV or condom use with their partners" (SFAF: 4). Many of the men interviewed appear to resort to a variety of "faulty assumptions and/or inference of nonverbal cues such as living conditions, cleanliness, appearance and certain sexual behaviors" rather than straight forward discussion of specific safer sex practices (SFAF: 5).

The San Francisco research found that, overall, “direct or open communication about HIV serostatus and HIV risk was ... extremely difficult or rarely done.” Rather, many men employ non-verbal strategies to communicate their sexual desires. These “non-verbal” strategies tend to fly in the face of years of AIDS prevention education which has encouraged men to openly discuss or “negotiate” everything from their HIV status, to condom use, to means of enhancing safer sexual pleasure. The San Francisco study also found that HIV positive men tend to feel a “sense of responsibility” not to infect others with the virus.

This summary is not intended to represent an exhaustive review of research literature related to the M.A.R.S. Project. Rather, it is meant to point to some contentious issues and to issues that have emerged as central themes in the M.A.R.S. research project. These themes, and other M.A.R.S. data, are discussed in detail in section 6.0 Results and Observations.

4.0 METHODOLOGY

4.1 Qualitative and Narrative Methods in HIV/AIDS Research

> *“At the individual level, people have a narrative of their own lives which enables them to construe what they are and where they are headed.” (Polkinghorne, 1988)*

Qualitative community-based research on HIV/AIDS-related issues began to emerge in the late 1980's. Qualitative research employs a methodology that is “hermeneutic”, that is, it “involves a continuing dialectic of iteration, analysis, critique, re-iteration, re-analysis, and so on” leading to the “emergence of a joint and negotiated understanding [of the research topic]...among all inquirers and participants” (Lincoln: 7). In addition, qualitative research shifts research away from viewing participants as ‘objects’ or ‘subjects’ to recognizing them as active participants or co-investigators (Habana-Hafner and Reed, 1992; Barnsley & Ellis, 1989). This approach recognizes that the participants are also “experts” in the research. Since qualitative research is suited to exploring “deep meaning” in human affairs, it represents an excellent means of exploring issues related to sexuality.

Narrative research is a form of unstructured qualitative inquiry, especially suited to community-based research on complex social issues. Narrative research “data” typically include life and social histories, case histories, journals, and oral history. Unlike a structured questionnaire which presumes a certain predictability of responses and removes the individual researcher somewhat from the process, narrative interviews are typically much more conversational. Through the open-ended dialogue that occurs between interviewer and participant, narrative interviewing facilitates the collection of stories in a manner in which key issues are related and interwoven by participants rather than by pre-determined, structured questionnaires. This is especially significant

for research exploring the experiences of members of marginalized communities, whose voices and experiences have been more or less ignored, stifled or suppressed.

Narrative research facilitates a richer understanding of our knowledge of people's lived experience, as well as the ways in which this experience is informed by other important factors. For research participants, narrative provides the opportunity for the research process to be empowering and illuminating. In the M.A.R.S. Project, for example, many men noted how few opportunities they have to talk about their experience as gay or bisexual men; their experiences of coming out; or of the effects of social and internalized homophobia on their health and well-being. Many participants noted how the opportunity for participation in the interviews was both illuminating and empowering.

4.2 The Narrative Approach in the M.A.R.S. Interviews and Focus Groups

The M.A.R.S. Project incorporated two main methods of data collection: in-depth interviews (in-person and over the telephone) and focus groups. A total of 84 interviews were conducted with men across Vancouver Island and the Gulf Islands. Two of the interviews were conducted over the telephone. The others were face to face and took place in a variety of locations, including the offices of AIDS Vancouver Island in Victoria and Nanaimo; an office at the University of Victoria; and in participants' homes and businesses.

Two focus groups were conducted in Victoria. The first focus group consisted of men who signed up at a project table at the 1996 Gay and Lesbian Pride Day Festival in Victoria. This focus group was held in July, 1996 (approximately two months before the official project launch). The first focus group enabled the research team to experiment with the narrative method. The second focus group took place in November, 1997 at AVI with the "staying negative group", a support group for HIV negative men.

Rather than generating discussion based on a set of predetermined questions, each M.A.R.S. interview began with the interviewer introducing the purpose of the project and then simply inviting participants to start by telling a little bit about themselves. For example, the interviewer began the interview with something like: "Tell me a little bit about yourself; who you are, where you're from, whatever you like...". This unstructured approach triggered a variety of responses. Some men began to tell their stories and would talk for at least half an hour without interruption. Other men would respond with a sentence or two or ask for a more specific question. In each case, reflection and insight emerged as participants assessed their own situations, values, beliefs and practices as well as the sexual choices they make.

Considerable attention was paid to ensuring that participants felt at ease in the interview context. The amount of time needed to establish this level of comfort varied by participant and ranged from a few moments to, on a few occasions, a quarter of an hour or more. Participants were invited to ask questions about the project. Each consented to having the interview tape recorded and were told that the tape recorder could be turned

off at any time. Interestingly, few men ever asked that it be stopped. As men told their stories, most forgot about the presence of the tape recorder.

Participants noted that it was important to feel that there were no 'right' or 'wrong' answers. They also described the interview process as respectful and non-judgmental. Many men felt that the interviews represented a rare chance to break the "cone of silence" around discussion of unsafe sex practices, and felt relieved and unburdened after discussing what they *really* think, feel and do. The interviews typically lasted from one and a half to two and a half hours. They concluded when the participant indicated he had nothing further to say.

4.3 Challenges in the Interviews

The narrative approach requires interviewers to be flexible, adaptable and comfortable with allowing the interview to unfold as a collaboration between the two parties. In some interviews, participants proceeded to tell their stories with little prompting from the interviewer, and engaged in analysis of their own experiences as they were relating them. For others, it was necessary for the interviewer to ask for clarification; prompt the participant about difficult issues; ask direct questions; or bring the interview back 'on track'. Since the narrative approach involves an active engagement between participant and interviewer, the impact of the process on the researcher is of importance.

In the M.A.R.S. interviews, participants discussed intimate and emotional issues, sometimes for the first time. The interviews often involved the revealing of secrets; the sharing of intimacies; recollections about abuse or trauma; and painful experiences relating to homophobia. Deeply personal and often painful issues concerning family, rejection, self-worth, death and dying were often discussed. Since three of the five interviewers were gay men, they often had experiences similar to those described by participants. The gay interviewers were often involved in the interviews at a deep emotional level. Consequently, the gay interviewers sometimes reflected on their own experiences, including emotionally painful and difficult ones. Perhaps due to the personal nature of the interviews and the focus on sexuality and sexual experiences, gay male interviewers sometimes experienced sexual tension and/or advances during or immediately after the interview. Hence it was important for interviewers to have opportunities to discuss the interviewing experience with other members of the project team.

4.4 Recruiting participants

Promotional materials proved to be an effective means of enabling individuals to recognize the project and for recruiting participants. Some of these materials, i.e. posters, business cards, stickers and matchbooks, were useful for "snowball sampling", as participants were asked to take a few stickers and cards and pass them on to others they thought might be interested in participating in the project. In addition to snowball sampling, participants were recruited through advertisements in gay and non-gay newspapers across Vancouver Island, including community weeklies in Victoria and smaller communities.

Advertisements were also placed in the “personals” section of Monday Magazine, a weekly news and arts magazine in Victoria. In an effort to attract closeted gay and bisexual and other men who have sex with men, two project volunteers telephoned all of the “men seeking men” voice personals in Monday Magazine (several participants had indicated in their interviews that a large number of heterosexual and/or married (to women) men access and operate these voice personals). Members of the project team worked in partnership with staff at the North Island AIDS Coalition in Courtenay who contacted gay men in that region to let them know about the project and invite them to participate. In addition, a website and e-mail address were established for the project. In total, eight participants contacted the project to request an interview via e-mail. A “survey” on issues relevant to the research, with largely open-ended response boxes, was also placed on the website. A total of ten men completed the survey.

Finally, a key informant was located in a remote region of Vancouver Island. This proved to be crucial to gaining access to men in this area. The key informant personally introduced the Principal Investigator to approximately 10 men over the course of three separate trips to the region. It is highly unlikely that these men would have been willing to come forward to participate in the research otherwise. For example, prior to making contact with the key informant, advertisements announcing the research were placed in the local weekly newspaper. This advertisement brought no response from the region. During the first interview arranged by the key informant, the participant noticed the project image on promotional materials the researcher had brought to the interview. The participant noted that the image looked familiar and asked if that was the same image that had appeared in the local newspaper. Upon hearing that it was the same image and the same project, he replied, “We wondered where that had come from...it seemed to come out of nowhere...like the coke bottle in the film *The Gods Must Be Crazy*”. He commented that while he thought the image was attractive and the text non-threatening, there was no way he would have been willing to call the number to participate.

The M.A.R.S. project was not promoted as an “AIDS-oriented project” per se and the terms HIV, AIDS and safer sex were not incorporated into any of the promotion materials. Some men commented that they were attracted to the research precisely *because* it was not an “AIDS-focused study”. Many suggested that they would not have participated if it was marketed as an “AIDS thing”. Some explained how they find much “AIDS-research” to be “moralistic”, “judgmental” or “preachy”.

5.0 OVERVIEW OF PARTICIPANTS

At the launch of the M.A.R.S. Project, a young reporter from a local Victoria radio station began questioning the Principal Investigator about the research: “So this is a Vancouver Island-wide study of about gay men and other men who have sex with men?”. A look of curiosity came over her face and she added: “Well Victoria I can understand, but do you really think there are any other gay men or men who have sex with men outside of Victoria on Vancouver Island?”. This report is a rather long answer to that question.

The M.A.R.S. Project proposed to interview between 50 and 100 gay, bisexual and other men who have sex with men from across the Vancouver Island region, reflecting a

diversity of age, ethnicity (particularly aboriginal/First Nations), and geographic location. In total, 87 participants were interviewed. Three interviews were excluded due to the poor quality of the tape recording. The research sample consists of 84 interviews. The following is a breakdown of the sample by age, ethnicity, sexual orientation, level of outness, the gender of participant's regular sexual partners, and participants place of residence in the region.

5.1 Demographics

AGE	NUMBER
Under 20	1
20-24	5
25-34:	28
35-44	20
45-54	24
55-64	5
65+:	1
Under 30:	16

Despite presentations and other contacts with the University of Victoria Lesbian, Gay and Bisexual Students Association, the Victoria Youth Pride Society and other efforts to recruit younger men to the project, only six participants are below the age of twenty five. The small number of younger men in the research represents a limitation in the data and restricts the extent to which differences in beliefs and experiences by age can be factored into the analysis.

ETHNICITY	NUMBER
White/Caucasian	71
Aboriginal/First Nation	7 (includes Métis)
Other	6 (e.g. Southeast Asian, Asian, Middle Eastern)

These figures are relatively consistent with Census data for Victoria and Vancouver Island. For example, the population is predominantly white and aboriginal people represent approximately 8% of the population.

SEXUAL ORIENTATION	NUMBER
Gay/homosexual	67
Bisexual	12
Heterosexual	2
Don't know	3

Approximately 80% of participants self-identified as "gay" or "homosexual" (no participants self-identified as "queer"); 14% identified as bisexual; 2% as heterosexual and three participants (3%) could not classify their sexual orientation.

LEVEL OF OUTNESS	NUMBER
Very out	54
Somewhat out	21
Not out	6
Not Applicable	3

Of those participants who self-identified as gay or bisexual; 78% described themselves as being “very out” or “totally out” to others about their sexual identity; 30% described themselves as “somewhat” out; and 9% described themselves as “not out” at all to others about the fact that they are gay or bisexual.

GENDER OF PARTICIPANT'S REGULAR SEXUAL PARTNERS	NUMBER
Males	72
Females	5
Both males and females	7

Approximately 86% of respondents reported that their regular sexual partners were males only, compared to 6% whose regular partners were females only and 8% whose regular sexual partners were both male and female.

PLACE OF RESIDENCE	NUMBER
Greater Victoria	52
Nanaimo	7
Courtenay/Comox/Campbell River	7
North Island	9
Gulf Islands	7
Other	2

Approximately 62% of interview participants were recruited from the Greater Victoria area; approximately 30% reside elsewhere on Vancouver Island; and 8% reside on the Gulf Islands. Approximately 20% of the participants live in rural or remote areas.

5.2 Pseudonyms

All of the participants have been assigned a randomly selected pseudonym. *Any* resemblance to actual men is wholly accidental These fictitious names appear throughout the Results and Observations section of the report to provide the reader with an opportunity to get to know the speakers. Brief non-identifying biographies of each man are listed in Appendix 1.

6.0 RESULTS AND OBSERVATIONS

6.1 Determinants of Risk for HIV

The M.A.R.S. Project data is a complex web of intersecting, overlapping and sometimes contradictory issues and themes. Untangling this web and bringing diverse individual stories and experiences into coherence has been challenging. The powerful and compelling stories that men shared defy cause and effect analysis and predictive explanations. Through an analytical process involving summarizing, interpretation and comparison, several important, consistent and inter-related themes regarding risk for HIV infection emerged. These themes are self-worth, homophobia, substance use, coming out, sexual abuse (especially childhood sexual abuse) and social support. Though they are categorized independently here for the purposes of discussion, they should not be seen to be mutually exclusive.

The Relationship Between Homophobia, Self-worth and Safer Sex

Self-worth (or self esteem), refers to how we feel about ourselves at any given point in time. Self-worth is not static. How we feel about ourselves and our abilities varies from situation to situation and is often related to the context in which we find ourselves (e.g. work, social, familial, etc.). Most people have insecurities and self-doubts and experience the struggle between who they are and who they wish they were. Likewise, many people experience insecurities about themselves in relation to sex, sexuality and relationships. While issues related to self-worth are commonplace in our society, feelings and emotions related to self-worth emerged as one of the most significant issues in the M.A.R.S. interviews.

In many interviews, self-worth serves as an organizing principle around which other issues cohere and intersect. The vast majority of gay and bisexual men interviewed discussed experiencing strong feelings of guilt and shame about their sexual orientation, especially when they were entering puberty, becoming sexual and growing up. Many men discussed strong and often unpleasant emotions related to being “different”. Some, though not all, felt alone and afraid of who they were becoming and what would become of them as older gay or bisexual men. Some experienced violence or threats of violence from family members, friends and others because they were gay or bisexual. Still others found it “painful” or “frightening” to come out to their family and friends.

The vast majority of participants discussed the effects of social and internalized homophobia on their lives. Not surprisingly, older men tended to discuss homophobia more than younger men. Generally speaking, older men had a more difficult time coming to terms with their sexual orientation and in coming out to people close to them.

For many men, these experiences had a negative impact on their feelings of self-worth and self confidence and created a “void” which only sex could fill:

> *“Like sex was a need that had to be filled because there was nothing else; there was nothing else there that would fill that part of my life. And now*

that part of my life has grown smaller where I don't have to have someone in the sack to feel good about my life...I was promiscuous, extremely promiscuous. It was always this eternal search for love, for someone to love me." (Will)

"The ridicule, the dirty comments, the fag jokes, these things had a tremendous impact on keeping me in the closet. Being in the closet yet having the need to express my sexuality in some way forced me to engage in sexual activity in parks, in bathhouses, public toilets. Staying in the closet means having a relationship [with a man] isn't an option...instead of having one steady partner you find sex where you can, when you want it.." (Dwayne)

Negative feelings about themselves were demonstrated in many different ways for different men in the interviews. For some men, negative feelings of self-worth overrode the importance of practicing safer sex:

"Learning from an early age that being gay is sick, disgusting, something to be ridiculed...you start to internalize it...[it leads to] depression, anxiety, lack of self esteem and fear...so much negative energy was contained in me and...lots of sexual encounters were a way of blowing out all that pent-up repression. Unsafe sex is better than a razor blade." (Don)

"I have an undergraduate degree in science, so I know the scientific risks of HIV transmission and no matter how much intellectually I know about the risks, I seem to have difficulty actually putting the precaution into practice. I guess largely, it has a whole lot to do with this sense of guilt and shame and depression that I get. When I am least careful [about safer sex] is when I am getting lowest about myself, my esteem is really low, and I guess I sort of hope that my being more comfortable with myself, then I will feel more comfortable to practice safe sex and feel safe...[sometimes] I am so self-hating that I am not really concerned [about getting HIV]...I want to see what I can do to overcome this strange psychological thing but it happens in my head." (Dave)

For some men, a lack of self-worth has the effect of causing them to be passive and submissive in sexual encounters and unable to discuss, let alone demand, safer sex:

"I could be taken advantage of from not knowing how to draw boundaries or even knowing what my boundaries are...I'm afraid to be caught with my guard down...so an unsafe interaction could happen to me." (Dwayne)

"In my early sexual experiences I would be silent. I kind of laid there and if somebody wanted to do something they did. I had no inclination, no thought that I could be active myself in the whole experience...for me it was a great embarrassment. It was just, you know, this was just having sex and , you know, that is the way it would be...I didn't feel confident,

comfortable approaching people my own age...not having a voice, being too shy to come up with safer sex or approaching the subject...For me [safer sex] was a great embarrassment. It was almost humiliation to come out with words like condom or to talk openly and expressly about safer sex...And to buy them, to actually have people seeing you buy them..." (Nathan)

Some men talked about the importance of having positive gay role models in their lives or simply positive conceptions of gay life and gay men. They discussed the ways in which this has impacted positively on their lives—on their sense of self-worth; their sexual relationships with other men; and their self-confidence about being gay in society. For example a 38 year old man described how his parent's gay best friend had a positive effect on his life and feelings about himself:

"I don't think I even knew he was gay growing up...he had been part of our lives since I was six years old...The first gay bar I was dragged into guess who was the first person I see? There he is sitting on a stool. He was a wonderful, wonderful man. Very caring, very open...We never discussed being gay and I regret that...but it was a big, big influence for me...I never felt that I was the only one. I think that helped me a lot." (Scott)

Another 32 year old man described a similar situation:

"I was gay when I was eight. I told my parents when I was 16. I told them again when I was 21...We talked about it...I was very lucky that my parents do have gay friends that they have known for years and they talked to them about [my being gay] more than they did to me...I think they just let me fit in...they were concerned but they respected that it was something I had to figure out. It wasn't anybody else's sexuality, it was mine." (Stewart)

One 33 year old man described how knowing gay people when he was younger contrasted to the negative things he'd heard about homosexuality. He attributes his sense of relative self-acceptance to these positive influences:

"So [my parents] would sort of imply that homosexuality is not wrong or they would say kind of things that you would get the picture that ooh this is not kind of right yet they had close friends...so I've had a lot of positive gay role models...so I guess compared to a lot of other people I haven't had a really bad experience...you know, like bad embarrassment or the emotional scars in dealing with my sexuality. I mean there obviously must be some but uh yeah I don't uh, it is just I don't know exactly...I guess I've been lucky." (Chuck)

This is in stark contrast to men who did not have this experience. Many men discussed feeling "different" from their peers when they were growing up but had no understanding of what it meant to be gay or even that they could live happy and rewarding lives as gay

people. Some men talked about the negative effects of not having positive gay role models; of not having any positive re-enforcement of their emerging sexual orientation; and of feeling like they were alone in the world. This situation was especially acute for older men. One 45 year old man noted how for him there was no word for homosexuality forty years ago and nobody ever talked about it. Another man described how he went to the park to meet men for sex when what he really wanted to do was simply meet other gay men. Many men described growing up gay without role models as causing them to become introverted, quiet and 'loners'. Others talked about being "terrified" that they might be gay precisely because they had no idea what that really meant.

> *"I had to go out and find the people and find the sex and uh find out what it was about without having any guidance along the way or anything to work from." (Andrew)*

> *"Coming out as a gay person you want the role models or the guidance. Coming from a small town and not having gay contact, no role models or whatever...trying to figure out for myself what is gay? What is being gay all about? As a teenager I discovered porn magazines so most of the information I was getting about what it is to be gay was sex, sex, sex...so I thought I had to go find sex to validate my being gay." (Nathan)*

> *"I wasn't aware of the other opportunities for meeting gay people and I didn't know until I was probably thirty, I didn't know anybody personally, any man that was gay, I wasn't aware of anybody socially that was gay so I felt uncommitted. I felt alone." (Dave)*

> *"Well most of it I guess is the terror of the unknown and the terror of the known. So the unknown is that, it is unknown. And the known was that gay people are perverts and gay people are bad and gay people are all going to hell and you know everything else. And then the two of the mix, the unknown with the known. Gay people are you know, you can't trust them and it goes on like that. But the terror, I think it was just totally an unfocussed something. It was just terror. Terror of being found out. And I didn't know what I was going to be found out for." (Brian)*

The M.A.R.S. interviews suggest that negative feelings men have about themselves causes them to engage in unsafe sexual activities. Moreover, low self-worth often manifests itself in a number of other ways, including: an inability to say no to unwanted sexual advances from other men; an inability to conceptualize, maintain and enforce their boundaries (especially in relation to "negotiating" safer sex); the inability to avoid, or get out of, unhealthy and even destructive relationships; problematic use of alcohol and other drugs; and, ultimately, the inability to believe that their health and well-being is worth preserving and enhancing. The importance of social homophobia in contributing to these feelings and experiences cannot be over-emphasized and should be considered a crucial part of HIV prevention for gay, bisexual and other men who have sex with men.

While there is clearly a relationship between low self-worth and unsafe sex for many gay and bisexual men, not all unsafe sex can or should be attributed to a lack of self-worth. One participant went to great lengths to explain that he likes to have unsafe sex. He was adamant that this was not due to a lack of self-worth or that he has a death wish. Rather, he engages in unsafe sex because he wants to. For him, unprotected sex is simply a more fulfilling expression of his sexuality.

> *"You know, I watch what I eat. I meditate. I don't cultivate destructive relationships. I stay away from destructive people. I love life. I love living. I have fun. I have new relationships with my family that have been growing over the last four years. I have all of these things. I think that all the proof is in the pudding...that I like life and I want to live life. And when it comes to having sex with a man, if I feel like it and the man wants to fuck me without a condom, I don't say no. Come up my ass, I couldn't care less." (Grant)*

Self-worth, Substance Use and Safer Sex

For many of the M.A.R.S. participants, alcohol and other drugs serve as both an enhancer and an anesthetic in relation to sexual activity. Some men talked about drinking or using other recreational drugs in order to summon up the "courage" to approach other men or simply relax in the company of other men.

> *"I think the alcohol is certainly an ice breaker for a lot of people and it still is even in this day and age - you know gay bars are about the only place that a lot of people think that you can meet someone, well not the only, but the one place that a lot of people think to meet other gays." (Mark)*

It's possible that one of the goals of drinking in sexual scenarios is precisely to allow rules to be broken. Alcohol and other drugs can be used to deny sexual risk and to relieve anxieties and tensions related to the sexual encounter itself. Some of the men noted how they use alcohol or drugs in order to be sexual with other men. Some men discussed how their use of alcohol or drugs would not cause them to have unsafe sex, while others were concerned that this has happened to them before and might well happen again in the future. For some M.A.R.S. participants, alcohol and drug use influenced sexual behaviours but was not seen to be a *cause* of unsafe sex. Rather, internalized homophobia and feelings of low self-worth contributed to excessive alcohol and drug use as well as unsafe sex.

> *"I'm not sure that gay is really what we are meant to be...[I] would not have sex with a man unless I drink...never, never, never." (George)*

> *"I try to use condoms as much as possible, but it [unsafe sex] does happen especially when I get kind of down again. Sometimes you get into bed and forget about all the good things you are suppose to be doing...you forget - like when you get drunk...I just get drunk and want to have sex*

and I don't care about anything anymore... I guess that is the whole idea about getting drunk." (Patrick)

Coming Out, Sexual Identity and Safer Sex

The research revealed a relationship between coming out, gay men's feelings of self-confidence and their safer sexual activity. The majority of gay participants described the positive effects of coming to terms with their sexual identity and coming out to others. Men talked about the "liberating" effects of coming out:

> *"What was excruciating was the self-acceptance. That was the biggest resistance I had...I had a lot of guilt and shame attached to feeling attracted to men. Coming out and learning to accept myself was absolutely liberating and amazing." (Dwayne)*

> *"My world changed when I came out. I suddenly realized that it was up to me to be happy...you know, nobody else was going to make me happy." (Lorne)*

> *"Coming out was something that made me very, very happy. My friends noticed it right away; 'Why are you so happy so all of a sudden?" I had to tell them I had to come out and I am happy with who I am." (Tyler)*

A number of men discussed the relationship between coming out and safer sex. One man described his journey of being in denial about his sexuality and feeling very depressed and suicidal. He described how coming out gradually to others has begun to re-shape his life, his feelings about himself and how coming out has increased the likelihood that he'd practice safer sex:

> *"What is amazing to me right now is that I am out to my family—I am out to my wife and my daughter (whatever she understands about that at four), but once my mother and my brothers and my sister know [I'm gay], I think I will feel more comfortable being out to everybody. And that is when I'm pretty sure that I would have greater confidence and I would feel better about myself and would actually take the necessary precautions [to practice safer sex]." (Michael)*

For many gay and bisexual men, coming out represents a significant step on the road to building self confidence and having a greater sense of control over their lives, including their relationships and sexual experiences.

> *"I told my ex-wife that as soon as I tell [come out to] my mom I will be able to get on with my life. I will be able to establish a relationship with another guy you know, and just progress from that point on. As soon as I told my mom this big weight came off my shoulders and I'll had no problems meeting other gay men...Right now I am the happiest I have ever been in my life because coming out of the closet is the best thing that I could have*

done...I was a really ugly person and nobody would have liked me [but] as I got rid of that person I was more comfortable with who I was." (Colby)

"My first sexual experience was very awkward and very strange, not positive...there was still a lot of shame and um, I felt physically gross, especially after the first few times...well maybe not literally physically gross but unclean or something. I felt extremely vulnerable and exposed. I felt violated because I didn't really know what I was doing. I was terribly naive, terribly, terribly naive." (Dwayne)

The interviews with bisexual and straight men did not reveal a similar relationship between self-identity and safer sex. For example, contrary to the views of a number of gay men and many in the HIV/AIDS movement, there was little evidence to show that bisexual, married and/or straight men have less knowledge about HIV transmission, about safer sex practices and are unwilling to engage in safer sex. Bisexual and straight men reported that it is gay men who sometimes approach them for unsafe sexual encounters. For example, one married man told us:

"There have been times when I have had to say you put the wrapper on that thing or whatever. Some gay men don't like condoms apparently, and I have some ask me not to use a condoms, but sorry guy... I can be outta here. You play safe or I am not playing with you at all. If you are asking me not play safe, it is obvious that you have been successful in asking other people not to play safe. You can use a condom." (Ken)

Some gay men indicated that they assume if another man is straight or bisexual he is very unlikely to have HIV and therefore there is less need to worry about safer sex with these men.

"I would probably break that rule [to use a condom] if I knew the person really well. Like say it was a straight guy, a bisexual guy. If I knew them for a period of time and I knew their background and stuff like that, where I was quite certain they just weren't the type of person that is slutting around or something like that, I can see not completely practicing that safe sex thing again. Perhaps forgoing a condom or something like that." (Warren)

The Effects of Sexual Abuse on Sexual Behaviours and Safer Sex Practices

Although interviewers did not ask direct questions about abuse, approximately one third of the participants discussed having experienced sexual abuse. Usually this abuse was perpetrated by an older man, sometimes an authority figure, and most often known to the participant (i.e. father, uncle, other relative or friend of the family). This finding is consistent with other research. For example, the Vanguard Project in Vancouver has determined that approximately one third of their participants have experienced sexual abuse. Key themes that emerged from the discussions about sexual abuse were power imbalances in later relationships; being in a dissociated state during sex with men as an

adult; and a sense of compulsive promiscuity amongst those who had experienced sexual abuse.

An underlying motif that surfaces repeatedly in the M.A.R.S. interviews during discussions of sexual abuse is the issue of power and control. Overwhelmingly, men who experienced sexual abuse associated the abuse with feelings of fear, a sense of helplessness and physical pain. Some of these men were very small children at the time of the abuse, others were adolescents. Men who experienced sexual abuse as children or adolescents described a sense of powerlessness in relation to their abuser. One man described his experience of abuse from the age of seven:

> *"I was held at knife point and made to touch the guy and stuff like that and I was made to bring my nephew into it, and it just kind of escalated from there. I told my mom that this guy had been pulling my pants down and stuff like that and she just told me to stay away from him. But she didn't realize, and I wasn't able to express to her, that he was threatening by knife point to castrate me and hang me up from a tree...The fear was stronger than the security that my parents could give me." (Kurt)*

Another man, who was raped at the age of 15 by a cousin, described the pain and the consequences the abuse in his later life:

> *"It really frightened me and it hurt. And I made goddamn sure I was never involved with someone who could overpower me...I was almost afraid to have intercourse with a woman...I was afraid I wouldn't know how, like I wouldn't do it right...I was always afraid that I was going to hurt them and I guess that goes back to that." (Vince)*

A man whose uncle penetrated him with his fingers when he was a very small child talked about the power imbalance and how frightening that was.

> *"I see this as a power thing. My uncle's intentions were not unpleasant but they probably at the time were quite frightening to me...There was a hell of a power trip." (Rodney)*

Another participant described how the abuse has had the effect of perpetuating a sense of powerlessness with other men.

> *"Safety in that if I don't know the guy I'm with and maybe this is a media-induced worry you know but I am not a big guy and I don't like heavy situations and my worry is that somebody might grab me in the course of our play and make me do something I don't want to." (Martin)*

Feelings of helplessness can lead to guilt, shame and to a sense of self-blame. In the experience of one man who was repeatedly abused by his father for a number of years:

"One of the things that happened with my father in terms of abusing me, he was calling me a faggot after he did it, and sort of, well, placing the blame on me." (Darrin)

Sometimes, sexual experimentation is redefined by others as abuse. For example, after a consensual tryst with a couple of schoolmates in high school, a participant described how he was subsequently reported to the principal and sent on to a psychologist for observation. His parents were brought in and reacted by blaming him. He seems to be left with a deep confusion about the actual nature of the event:

"'How could I do this to them?' So all of a sudden it was my fault. I was to bear everything that I had done that maybe in some ways was natural for me and in some ways I had no control over. Like I felt I was at fault I was at blame for being molested. Um, you know those were all the scars for me to carry and at times I felt I was cursed." (Kurt)

For many men the pain associated with their experiences of sexual abuse recurs in the form of flashbacks to the abusive event. Flashbacks may occur long after the event and after an extended period of healing. One participant described how the flashbacks occur when he has anal sex with other men, even with men he finds understanding and supportive:

"It was just like 'no' I am not ready for this. I can't because...so much pain and so much flashbacks to me. So I am still dealing with all of these issues." (Tom)

Many men who experienced childhood sexual abuse described being in a "dissociated state" when, as adults, they have sex with men. They revealed how being in a dissociated state impacts on their ability to practice safer sex:

"I remember one night, going to the Baths and having sex with a fellow who in my haze I remember him basically trying to infect me. He had a cut on his knuckle and I remember him, the sad thing was that I was there and I watched it...[He} took the bandage off and like basically anally stimulated me with his finger and without the bandage on. And like I am not doing anything about this. I am not saying no; I am not saying yes. I am just being there as, like basically having abandoned all hope of anything at that point I guess." (Joseph)

"Because my history starting from a very young age was extreme sexual abuse I went through many years of being sexual and, um, not thinking about safe sex because I wasn't really there. I was just going through the motions...I spent so much time in public washrooms in like a dissociated state or whatever...Just needing to get off." (Rick)

Many men talked about how their experiences of sexual abuse created a sense of compulsive promiscuity. They described how the abuse had the effect of causing them

to engage in sex whenever and wherever they could. For many, this meant searching for sex in public places (i.e. parks, washrooms, etc.) and engaging in unsafe sex.

> *"There was a lot of fear associated with the idea of being gay [especially] because of the connection of being gay, being a man and having sex with a man was very similar to my father being a man and me being a child and being sexually abused by him. So that you know it was almost set up that I was sort of acting out the sexual abuse by abusing myself by involving myself in degrading activities in public parks." (Keith)*

> *"The only negative impact [of the sexual abuse] for me...is that it makes me want sex a lot." (Michael)*

> *"And of course in complete denial of what I was doing. So being, if you are in denial of what you are doing I think you are not even going to admit that you need to be safe about it and I think unfortunately that is true for a lot of people. Even if you are accepting that you are gay, you know if you are in denial about it you are in the bush fucking somebody you know. You are not going: "Oh I should be safe," you know. Um I think that that's the truth. It's horrible but I, um the last ten years, last eight years my sexual activity certainly has changed dramatically. A large part of that is because I have worked through a lot of the sexual abuse. So I am not just acting out sexual abuse, I am not just wanting to get off you know what I mean? So going to bushes and washrooms and all this stuff isn't now part of my world. It's not part of my life anymore...but there were many years right up until maybe nineteen, twenty years old where like I wasn't safe about it and I am very lucky to be alive." (Rick)*

The Importance of Social Supports

Mustard and Frank note that "the health effects of social relationships may rival the effects of well-established health risk factors such as smoking, blood pressure, obesity and physical activity" (Mustard and Frank, 1991). Social support emerged in the M.A.R.S. interviews as an important element in contributing to self-worth, stronger relationships and a subsequent reduction in the risk of acquiring HIV. Many M.A.R.S. participants found support within the gay community:

> *"I guess coming out and talking about AIDS and talking about homophobia and talking about having sex, you know not just having sex with men...My friends know that I am gay, so it is something I can talk about. Um maybe not so much with my straight friends because you know, they are still adjusting to the new me, but certainly with my gay friends ...talking about my sexual practices is something I can do now. Whereas before I had only myself and not even my doctor because it meant coming out to my doctor and for me that was a big deal." (Keith)*

> *"I have a pretty good gay family around. That is one of the things that I decided to do a number of years ago, was to develop a gay family. I have*

got some long term friends...and I think of them as a gay family, a gay support group in some respects...[And they can say] 'you are a fool,' 'what the fuck are you doing?' 'get rid of him,' that kind of thing...I can talk to them..." (Andrew)

"Just discussion groups...you talk about issues pertaining to gay men or to lesbians...I was part of a group back home. It was great because you meet people there who have experienced some of the same things that you have and you can feel reassured that you are not the only one who went through that. Some of the other people went through similar experiences. And you actually get to meet people who don't go to bars." (Kevin)

"Yeah. I have a place in the gay community now. And I always wanted it but I just like not being out I couldn't. But now, it just felt so comfortable. That first night we went to the bar...and it was just like you know...we were hugging and kissing and it didn't bother me one bit and I thought then that it was like I was home." (Pierre)

Other men identified belonging to the broader community and being "out" among a predominantly straight group as more important:

"Part of the gay community? No I'm not. It seems odd for a couple that has been together for so long but it's just the way it worked out...We have a saying between the two of us that most people...their whole life revolves around being gay where we tend to be the opposite. We like to have life first...We are on the net a lot and we meet a lot of very lonely, lonely gay men and they all live in the cities." (Scott)

The existence of social supports and a sense of belonging to a community are very important to most of the gay and bisexual men who participated in the M.A.R.S. Project. Social support and a sense of community contribute to men's feelings of self-worth and increase opportunities for meeting other men. While these elements may also be important to heterosexual men who have sex with men, these men do not want to develop close ties to the gay community. In fact, for one participant, getting to know men other than in a sexual context is completely out of the question.

"My inclination seems to be for a chance, brief meeting, an encounter...See, I am comfortable with it so long as I don't know anybody. When I do then I have a problem...I just don't feel comfortable with people that I know that way [socially]. If I don't know them then it is different for some reason and it is okay, non-threatening...No personalization I suppose or something like that. It's hard to say. I can't define it. But it is not threatening whereas knowing somebody just isn't an option." (Mike)

Younger men seem generally to have had a relatively easier time coming out and connecting to a community than had older men in the study. However, many of the younger men still found it difficult to connect with other men in a context that was not

sexual. One young man found that reaching out through HIV/AIDS-related activities broadened the context in which he could meet others.

> *"I first came out in grade nine...and I started to go on the Internet and I talked to a lot of people that way and then like I learned a lot of stuff from the Internet and talking to other people...just that I wasn't alone...[I thought] I was pretty much the only one...it gave me like support. Because like I made friends on the Internet and I talked to them a lot...there are some gay teen like channels but I don't know, most people going in there were looking for younger guys for sex or something like that so you usually didn't get much conversation. So I would usually go with the AIDS channel and I talked to people in there because no one was really, I don't know, it was just, it wasn't a sex channel. (Ryan)*

6.2 Other Substantive Issues and Themes

Condoms and Intimacy

Condoms are a staple of safer sex. Generally speaking, Canadian HIV prevention messages promote the use of a condom for anal intercourse "each time and every time" regardless of HIV status or the nature of the relationship agreements between the sexual partners. Introduced as a "stop gap" emergency measure early in the AIDS epidemic, condoms are now promoted to men who have sex with men as a lifelong solution. Many of the men of the M.A.R.S. Project however, are not using condoms every time. For many men, condoms detract from feeling close or intimate with other men.

> *"I wanted to (have unprotected sex) because it felt like we were more intimate and because we were like boyfriends and he didn't like using condoms at all. He absolutely refused which sort of had an impact on me as well and I thought, well okay, if he is refusing to wear a condom, I am okay with that. And it didn't bother me that I was allowing that to happen." (Will)*

> *"Safer sex is bummer in a lot of ways...because in a way it sort of, you know, gets in the way. It's a little screen between you and the person you are with." (Frank)*

Safer sex is about more than condom use and negotiation skills. The ability to talk about safer sex and condoms with a sexual partner comes with a sense of intimacy and commitment to the other person. HIV prevention education has urged men to discuss or verbally "negotiate" condom use, HIV status and safer sexual practices. In the M.A.R.S. interviews, the overwhelming majority of men indicated that they do not verbally negotiate safer sex. Many men talked about not feeling comfortable talking about sex and sexuality, including issues related to safer sex. Interestingly, most men indicated that their ability or willingness to "negotiate" safer sex or discuss sex with their partners comes with a greater level of commitment and intimacy. Decisions between men about

condom use are statements about trust, commitment and the stability of the relationship. For many men, condoms introduce a premature level of intimacy:

> *"He wanted to get fucked but he didn't have rubbers. Sure I could have went into the living room and got my coat and pulled them out of my pocket but I thought no. I mean I couldn't go that far into it [safer sex "negotiation] and it was a casual one night deal and that was the end of it." (Bill)*

For some men, it is the condoms themselves that get in the way of consistently practicing protected sex. Condoms are awkward and reduce sensation.

> *"Didn't like the lack of sensation part of it. Didn't like the condoms not co-operating with dick part of it. Didn't like all of that part." (Grant)*

> *"I don't like condoms. God I have tried to sexualize it, or make it fun, or make it romantic, but I don't like them. Period." (Harry)*

Trust, Intimacy, Relationships and Safer Sex

Many men discussed issues about trust, intimacy and relationships. Some men discussed how men are "pigs" and "dogs", how they "think with their dicks" and "can't be trusted". Trust between men emerged as an important issue in the research, affecting both men's self-concept and relationships with each other.

> *"Men are pigs when it comes to sex. We are. I'm a man and I'll admit to that here on the spot. Like I said to my sister, she was all pissed off because her boyfriend messed around with her and I said, you know, men are dogs. They're animals and when it comes to thinking, they think with their penises, and they do it's true. There are very few men that I know who wouldn't, at the drop of a hat if they had a chance for a blow job, do it." (Will)*

> *"I should say I do trust [men] to not give 100% of themselves. Even if they give 50%, you know, I trust them not to do that. I trust them to screw around on me if we get into a relationship. I trust them to be unscrupulous and uncaring and self-centred and self-involved and all of those good things. So that is what I trust [other men] to be." (Brian)*

> *"I maintain the right time, the right place and right circumstances most men at some time or other in their life will allow something to happen...I think that for most men... their dick does the talking and they may feel bad about it afterwards and they may feel guilty about it afterwards...but [men] have weaknesses and can stray." (Al)*

Men who held more positive views about other men described the strong relationship between trust, intimacy and safer sex.

"I always have the potential to [become depressed] and when I am like that I am less caring about my personal well-being and [willingness to] practice safe sex. So I think for that reason I hope to be in a somewhat longer term relationship where my partner would sort of be caring for me during times when I feel less towards precaution or whatever. So I am pretty sure that I want to use a condom but I don't...it's the lack of taking time to actually talk to the person and we don't—even for a few minutes—and to do something personal, something with less focus on sex. I guess I wouldn't have a problem practicing safe sex if I was in a relationship or something." (Dave)

"If I'm going to be sexual with a man and get to know him and share a level of intimacy, you know, a rubber isn't going to be a turn off because I'm going to be caring about him. But if he was just a nameless person in the bush, um, it would take on a different meaning, you know...The reality is, it's not very nice to say but the reality is I don't really give a shit about the guy in the bushes since I'm just getting off with him. And I've had enough experiences to know that's how other men are too. You don't care. You don't see them again, hopefully. Most people don't want to see each other again, so safe sex is a turn off [in the bushes]." (Rick)

Most men seem to be very well versed in safer sex information and say they have confidence in their ability to maintain safer sex practices. But, for many men, underneath it all lurks a profound fear of AIDS. Even those men who are informed and able to be honest and open about their desires, lack confidence that safer sex will in fact protect them from HIV when they are sexual with other men.

"...we continue to get tested and we are okay. We figure, from what I have read, we are okay. But the point of all this safe sex is that, um obviously, the point is safe sex, but the underlying thing for me is that um it, it can just eat you up you know. You are so worried about being safe it is almost like political correctness you know. It is like um I found that when I was so worried abut it got to the point of why bother having safe sex. You know instead of going out tonight and cruising the clubs or whatever, I'll watch a porn tape, jerk off, and then I'll go the clubs and socialize." (Lorne)

M.A.R.S. participants were, generally speaking, highly informed about HIV transmission, safer sex messages and the "continuum of risk". It is clear from the interviews that HIV prevention efforts have been effective. However the interviews also reveal that the relationship between intimacy and trust and safer sex, especially for gay and bisexual men, has not been given adequate attention in HIV prevention education.

Always Safer Sex Except...

A number of men discussed how they usually practice safer sex but sometimes they don't. This corresponds to other research that reveals that men do not always practice safer sex. The question remains: should they? In the M.A.R.S. interviews a number of reasons why men did not always practice safer sex surfaced:

"Getting to know the person as well as you can before getting into bed. That is the safest sex that I can think of...The majority of the time I'm engaged in intercourse it is safe sex...with a condom. Uh the times that haven't been quite would be with someone I've been trying to get for awhile. Finally, okay, finally getting that you don't care. It is like you finally get the one that you want. But I, the majority of time it is with condoms." (Christopher)

Some men discussed how, despite knowing all about HIV transmission, they are sexual beings who need sexual experiences—including unsafe sexual experiences. Most of the men who spoke about this believed that this is a natural inclination:

"I'm aware of the dangers out there, but sometimes you just get so hungry, you know, it is like you don't care...If I am touched in a certain area of my body, which is quite sensitive and you know it is like it just feels so good and I want that to last and so it is like you know keep doing that and eventually they end up coming home with me and just one thing leads to another. So it is like, although I do have my [type] it is just like anyone who knows what to do and how to do it and where to do it. It's okay like we're going home...Sometimes you regret it [afterward]. It's like is he or isn't he [HIV positive]? Am I or aren't I [HIV positive]?" (Christopher)

Anal Sex

While some of the men interviewed disliked anal sex and did not incorporate it into their sexual repertoire, many men spoke about the special importance of anal sex for them. Some men discussed how anal sex is "an emotional thing", for others it signifies trust or intimacy, while others viewed anal sex as the marker of a "serious" relationship and expression of commitment. It is instructive to listen to what some men have to say about anal sex.

"Practicing anal sex has such a stigma to it that to do that you have to, from my experience, which is limited, there is sort of two ways to do that. Either you are totally in the closet and sort of deny that you are [having anal sex] or you come out and try to accept yourself and that comes sort of a long ways down the road. Like you know right after I came out that is the first thing that I did as soon as I started my first relationship when I met someone I liked...because [anal sex] is the ultimate in gay sex." (Tyler)

"I don't know. I've thought about this before...It must be something about the penetration. I mean there is penetration anyway if I have got some guy's cock in my mouth, what is the difference? It's here, it's here [touching his heart]... It's just, I don't know, it is an emotional sort of thing and that's where it's coming from. I don't know why, it's just there. It's just a deeper, more guttural feeling I suppose, the actual act is more involved. And for some reason I have evolved into a person where it means something other than a one night stand kind of thing because a blow job is equal to a one night stand and anal intercourse is equal to marriage." (Brian).

"When I first met this guy he wanted to have anal sex and I said no...But then as we got closer, I um, we were just so close that one night—I'll never forget it—I um, I finally agreed...And he was so nice to me. It took us a long time and that was OK...It hurt a little bit...it was such tenderness and fondness...and then we did it again...and [while] the first time was surrender, the second time was a relationship...we occasionally indulged in it after that but not all the time...[he] was the right man. It's very personal." (Vince)

One man, recently out of the closet, discussed the relationship between homophobia, self acceptance and anal sex. He noted how, until he came out, he found the idea of anal sex with another man to be disgusting. Now that view has changed:

"Two years ago I could not have imagined ever wanting to have anal sex whereas now I think gay sex is normal enough that I could imagine that I would want to, at some point, have something like that happen. But because of never having done it, I would want it to be in a more intimate setting or whatever with somebody that I knew who could teach me or lead me along or whatever." (Dave)

Many men spoke about both the relationship between anal sex and intimacy and the impact of HIV on that relationship. Many men talked about the attraction to anal sex on the one hand, and the fear associated with HIV on the other. This creates a tension between fear and desire that is difficult to resolve. The following two men summed up this relationship well:

"I may decide to have unprotected sex in a relationship and that would definitely be after testing and a certain amount of trust. Now I'm in a relationship and I feel fairly comfortable and we haven't had unprotected sex but I'm, sometimes I get to the point where I think I'd be comfortable with that and sometimes I think that I wouldn't be comfortable with that...[with HIV]...the two together, it's really hard...Like the whole feeling if you're having anal sex and you're accepting that and you have positive feelings about that and yourself and your partner...and yet the fear of HIV...it's very hard. There's a lot you have to think about." (Jake)

"I prefer anal sex without condoms...It took me a very long time to enjoy anal intercourse, to receiving anal intercourse with a partner...I worked through a lot of shit, homophobia related to anal intercourse...[now]...I believe that anal intercourse between two men that are consenting adults who really feel something for each other is beautiful. It is very, very nice. It's very pleasurable. I've been angry, I guess, like thousands of other gay men that one of the most fun things of sex has been taken away or has been associated with death and has such negativity associated with it. Good grief, it's terrible that this is happening." (Harry)

A lot of the older gay men interviewed talked about their frustrations around a loss of sexual freedom and the need to worry about HIV, especially in relation to anal sex. However many younger men, who've never experienced unprotected sex, talked about how much they would like to experience it. In the words of one younger man:

> *"It would be so nice, since I would only fuck someone that I was really in love with it would be so nice not to have that little bit of plastic between us. It would be so nice to actually be skin to skin. I think about that and it's tempting. It's tempting because it would be nice. I would like that...it would be nice to see what it's like...I would like to know if it feels any different. I am guessing that it would. I would think that it has an extra emotional thing. No I don't think it is a physical thing or anything tangible. It would be something upstairs in my head. We couldn't possibly get closer...it would be an emotional sort of thing. Something about meaning... So I think about it. Before I would do it I would think about it carefully and I would come up with a plan like if you and I'd been monogamous for three or five years or something and we both tested negative then I'd consider it...It would be a big trust thing. It would have to be. I mean it's a huge thing to think about. It's like Russian roulette ..." (Brian)*

Anal sex is a very emotional and special experience for many men. It has significance as a complex and deeply meaningful activity. Consequently, it is perhaps unrealistic to expect all gay, bisexual and other men who have sex with men to use condoms "each time and every time, always and forever", and it is perhaps unwise to talk about a "relapse" to unprotected anal sexual activity amongst men who have sex with men in HIV/AIDS-related research. Obviously, the deep meanings anal sex has for many men needs to be considered more carefully and needs be better incorporated into future HIV prevention education.

Age as a Variable in Safer Sex

> *"I really sense, I mean there is a real division in gay men. Those who were out before; those who came out after." (Art)*

Age can be chronological and it can also be developmental. For many gay men, coming out marks the generational difference. The first stages of the coming out process are a sort of adolescence regardless of a man's chronological age. But the watershed in the gay community is AIDS itself. There is a marked difference in experience between men who came out before and men who came out after AIDS.

> *"[T]here was virtually no problem [before] AIDS. I wasn't even aware of it. I mean it just didn't exist...We never used condoms. We never worried about any of that. There was the odd sexually transmitted disease, occasional thing of crabs, but nothing you know, nothing that wasn't curable. There were no fears." (Scott)*

Men who came out pre-AIDS often express a feeling of loss, a regret that they do not have the same freedom as they once had. For many of these men, sex just doesn't have the same feeling of abandon it once had:

> *"I can't imagine anybody doing what we did back then. Uh you know guys my age we sit around and talk sometimes and we are all fine (HIV-negative), but I wouldn't want to be 18, 19 coming out or being a teenager and just really, you know you are horny and on and on and on because you are so limited because we weren't limited at all. We did everything and anything with no concern whatsoever. Totally uninhibited. And you can't do that now. No way, I mean 'where are the condoms?' You can't do this you know it is just the whole thing. So yeah I think there is a tremendous loss. I don't say that in a negative way, it is just a fact. But I certainly had my time." (Warren)*

> *"...and it would just happen - but that was way before the AIDS scare. Yeah, I think it was pretty good." (Roy)*

For younger men, AIDS is a reality and condoms are a simply a fact of life. Nonetheless, many express an on-going and deep fear about AIDS:

> *"AIDS was on the news in the early 80s. It was all over everywhere and part of our education in school was STDs and HIV was part of this and with little bit of knowledge that was out there I was scared to death. I was so scared that if nothing else, more was found out about it I probably would never have sex with another man. I was so scared at that point." (Jon)*

Both younger and older gay men share a sophisticated understanding of HIV and its prevention. Older men who come out later in life occasionally have less information, but generally speaking, men are well informed about the basics of transmission and prevention. Men coming out well into the AIDS epidemic seem resigned to viewing AIDS as a fact of life.

HIV Status and Responsibility for Safer Sex

M.A.R.S. participants vary in their opinions regarding who, if anyone, should bear the greater responsibility for ensuring that HIV is not transmitted between sexual partners. Some HIV-positive men say that they feel they should be more responsible than their potential partners, because they know their own status and do not want to see anyone else infected.

Still other HIV-positive men believe that men need to take personal responsibility for their own well being. These men do not reveal their status, and while some take extra precautions anyway, still others do not unless specifically requested to by their sexual partner.

Many HIV-negative men agree that responsibility for "safety" rests equally with all sexual partners. In contrast, some men believe that if a potential sex partner does not say that they are HIV-positive, then they must be negative and therefore unprotected sex is safe. They base this assumption on such factors as the man is young, he is good looking, and/or he appears to be straight. Some men simply want to trust others:

> *"I have got condoms but I didn't always use them...I guess I'm a person that believes somebody. If they tell me that they're negative I believe them. But I don't know if I was right to do it..." (James)*

What all these men share is a strong understanding of what the "right" answer is to a question from a researcher about whether they practice safer sex. A short demographic questionnaire distributed at the time of the interviews found that virtually all participants said they practiced safer sex. It is in the stories that the ambiguities reveal themselves:

> *"It used to be that if you said 'no let's use a condom' - then you were positive. Now you assume that if somebody doesn't want a condom that they are positive. If they are willing to have sex without a condom then they must already be positive ...people used to be scared if you wanted to use a condom and now they are scared if you don't." (Stewart)*

The stories also reveal a deep uncertainty regarding the possibility of staying HIV-negative even if practicing safer sex. Some men indicated that while they practice safer sex and believe their personal risk is low as a result, they would still not have penetrative sex with someone they knew to be HIV-positive:

> *"Now if there is someone who is HIV-positive I can still be their friend. I may not want to take the extra risk of having safer sex with them because I still feel that there is still a chance of (acquiring the virus) and that scares me." (Kurt)*

Geography: Rural/Small Town Experience

Many men who grew up in small towns or rural communities reported that they had to move away to come out or meet other gay men They felt trapped, as though they had to escape before they would be able to meet a potential partner. For many, living in small communities now is in many respects an isolating experience. But men stay in these communities for a variety of reasons, including the comfort they feel in a place where people know each other's business. There is a sense of support in smaller communities, even when they feel that they need to keep their sexual orientation in the background. Interestingly, in smaller communities, there is a significant difference between identifying as gay or bisexual. For example, some men note that it is more acceptable to be bisexual in some small towns than it is to be gay.

> *"You could call yourself bisexual and only have sex with men and that is okay but if you call yourself gay the same guys would probably look at you in a different light you know." (Larry)*

However, contrary to conventional stereotypes, some men are very comfortable living as out gay men in small semi-rural communities. For some men, it's a matter of attitude:

> *"[S]trangely enough the most discrimination I have found has not been in the small communities but the larger community the more discrimination I found...(I've) never been harassed...never been approached by a gay basher, never had any problems in that way...I think it is mostly to do with our own attitude. Like we are not afraid to be who we are." (Scott)*

Many men from the smaller communities in the north Island report that sex between men is common and only slightly out of sight, just below the surface.

> *"It happens every single weekend. Every single weekend at least half of the town goes out on a big drunk and rapes happen right, left and centre. Guys getting it on right, left and centre. A few women getting it on here and there you know not as much as the guys. It happens every single weekend. Every single weekend. And it is really bad during the fishing season because all of a sudden there is three hundred guys all getting off of their fishing boats and going and sitting in the bar and it's usually three hundred guys get laid that night and they go to the next port and do the same thing all over again and then they go home to their wives and when they are out there (fishing) they are doing drugs like crazy to keep awake and you know and keep active. I mean IV drug use is extremely common in the fishing industry. Banging coke because it keeps you going. So they are contracting HIV and going home and giving it to their wives. Or they are having sex with men. I've had sex with fishermen. Yeah." (Will)*

First Nations Men and Safer Sex

The First Nations men of the M.A.R.S. Project report that bisexuality is very common among First Nations men, both in the cities and on the reserves. However, while sex between men is common, it is not openly acknowledged in many communities.

> *"Well among the First Nations community there, the ones that I know of and the reserve that I am from, there is an extremely high rate of bisexualism, especially amongst the men. Why this is I don't know, but it is..." (Will)*

Men get together, most often at parties. Alcohol is almost always involved and very few people practice safer sex.

> *"And they don't, they are not practicing safe sex. There is a lot of people that aren't practicing safe sex when they are drunk because it kills the mood..." (Tom)*

Rates of HIV infection are increasing among First Nations people and this is having a profound effect on their communities. In fact, according to men in the M.A.R.S. interviews, First Nations people on reserves are in a very precarious situation. A tragic

outbreak of HIV on reserves may occur if these issues are not addressed. Despite the threat that HIV poses for First Nations people, many of the First Nations men in the M.A.R.S. Project expressed concern that their communities are not taking the risks seriously.

> *"...I have spoken to several First Nations groups and individuals on the effects of HIV and AIDS and we discuss homosexualism, bisexualism as well as heterosexual sex and that it is happening and the possible effects of this disease and what it will have on our community ... Like my generation and the next generation below me the older generation is dying - they are old ... and now we have got this new wave of stuff that is happening, HIV and AIDS that could have a devastating effect on anyone from my age down to people in their 20s and the children are being born HIV positive and then at that rate I try to tell them that in 15 or 20 years there could be no such thing as First Nations people if we don't get a grip on what we are doing. We are ignoring and choosing to ignore and allowing to get ourselves infected." (Will)*

Childhood sexual abuse and substance abuse are significant issues for First Nations men. Many of the First Nations men in the M.A.R.S. Project commented on sexual abuse, either in their own experience or generally in their communities.

> *"Part of me believes that I am gay because of the sexual abuse that I went through and because of the alcohol problem that exists on the reserve and knowing of a few instances of sexual abuse and knowing that there is only a few that I know of. There has got to be more..." (Colby)*

> *"Almost every single man that I know who is First Nation who is gay or bisexual has been sexually abused in their life. Now I know that that is not the basis, 'oh I turned gay because I got sexually abused when I was a kid' or whatever because I don't believe that anyway but almost every single, every single person who is gay from my reserve was sexually abused as a child. I don't know what it's like on other reserves but on my reserve that was the case." (Will)*

7.0 CONCLUSIONS

Like sex between women and men, sex between men is individual, personal and deeply significant. It *defies* rationality. It is, as Odets reminds us, an altered state of consciousness and, for many people, it is the altered state itself that is desirable. Safer sex between men involves much more than condoms and low risk sexual activities. It is linked to men's feelings about themselves, their personal relationships and the social environments they grow up and live in.

The M.A.R.S. Project research indicates that gay and bisexual men want and need to share their stories and experiences as gay and bisexual men (not simply in relation to HIV/AIDS). Much can be learned about safer sex and determinants of risk for HIV

infection by listening to men's stories about experiences that are not specifically HIV/AIDS-related. The narrative method used in the M.A.R.S. Project facilitated in-depth and fascinating discussions. Since narrative is about collecting stories, there was often little consistency in the ways in which participants related their experiences, what they shared, and how they shared the issues that were important to them. Untangling the central issues and bringing individual stories into coherence proved to be very challenging. The data were not conducive to cause and effect analysis, nor to predictive explanations. Nonetheless, strong, compelling themes emerged. The M.A.R.S. interviews confirm that feelings of self-worth; a sense of belonging in a supportive community; a childhood free of abuse; and a social environment that recognizes and endorses same sex relationships are important determinants of HIV risk reduction.

The M.A.R.S. interviews suggest that in comparison to older men, younger gay participants are generally more accepting of themselves, their sexuality, their relationships with other men and their sexual activities, including safer sex. Homophobia, both social and internal, was more prevalent in the life stories of older men and had a significant impact on their feelings of self-worth. More research needs to be done with younger men on Vancouver Island because they are underrepresented in the M.A.R.S. Project.

Results from the M.A.R.S. Project also suggest that the all-encompassing "men who have sex with men (MSM)" category is not a useful one. Heterosexual men who have sex with men have qualitatively different experiences from gay and bisexual men. This has important implications for safer sex education efforts. In terms of the prevention of HIV, gay identity needs to be nurtured rather than obliterated. Gay and bisexual men have different realities than heterosexual men who have sex with men. They have different expressions of self and identity. Relationships with other men have profoundly different meanings for men who build emotional and sexual relationships together than they do for men whose emotional relationships are exclusively with women. Similar to younger men, heterosexual men who have sex with men are underrepresented in the M.A.R.S. study.

The challenge for HIV/AIDS education and prevention is to assist men in staying HIV-negative while not requiring them give up the desired altered state or to adopt verbal behaviours that are foreign to most of their sexual encounters. Much HIV prevention education and research tends to view sex between men, especially anal sex, as a series of optional "risk activities." It would be unthinkable to characterize vaginal intercourse as similarly expendable. The focus on verbal negotiations and a condom "every time" for sex between men needs to be re-examined by HIV/AIDS prevention educators.

The results of the M.A.R.S. Project indicate that it is important to retreat from the search for single causal factors to end the HIV epidemic amongst gay, bisexual and other men who have sex with men. Rather, we need to understand that safer sex and risk for HIV infection are part of a much broader social, cultural and political context. The complexity of men's lived experience contributes significantly to safer sex practices and to risk for HIV infection: as gay and bisexual men; as heterosexual men who have sex with men; as self-confident or insecure; as HIV positive or negative; as comfortable or awkward in

sexual situations. Discovering more about the complex web of experience particular to men who have sex with men is crucial to the development of effective and informed HIV prevention education, population health theory and healthy public policy.

8.0 RECOMMENDATIONS

8.1 Recommendations for Policy Makers

- Men who have sex with men need to be thought of separately from gay or bisexual men in terms of planning and implementing HIV prevention efforts;
- There is a need to learn more about men's experience of sexual abuse;
- Further qualitative data are required about young men who have sex with men;
- The non-verbal nature of sexual communication among men needs to be acknowledged and incorporated into HIV prevention efforts; and
- Community development work within gay communities needs to be supported, especially in small and rural communities, and should include: mentorships, role models or peer programs.

8.2 Recommendations for HIV Prevention and AIDS Service Organizations

- There is a role for AIDS Service Organizations to participate in community development work within gay communities, especially in smaller centers;
- Part of HIV prevention includes supporting the lives of gay and bisexual men at a number of different points in their lives, e.g. relationship issues, coming out, etc.;
- AIDS Service Organizations need to welcome HIV-negative men through support groups, and other activities in order to facilitate community building;
- The language of HIV prevention currently in use needs to be examined, e.g. "men who have sex with men" is a term that is generally not used by or for members of the gay community; and
- There is a need to reach men who have sex with men and identify as heterosexual in ways that are different from the ways that gay and bisexual men are communicated with.

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APPENDIX: Biographies

The M.A.R.S. Project interviews were anonymous and confidential. All participants read and "signed" a consent form using a code name. The code name was based on the first two letters of their mother's first name (father or other relative if no mother), the first two letters of the month they were born in and the first two letters of the city or town in which they were born. In order to enhance participant's anonymity, interviews were transcribed by two individuals from the University of Victoria with no connection to AIDS Vancouver Island and very little exposure to the gay community. With the possible exception of one of the researchers, no one who actually knew the identity of the participants read and/or analyzed the transcribed interviews.

All of the participants have been assigned a pseudonym. These names have been chosen at random. The person who chose them did not conduct any of the interviews and never knew the real names of any of the participants. *Any* resemblance to actual men is wholly accidental. Note that the term "urban centre" refers to the Greater Victoria, Courtenay/Comox and Nanaimo areas.

Aaron is 29 year old man living in an urban centre. He identifies himself as gay.
Al lives in a larger town. He is 53 years old and identifies as gay.
Allen is gay, 32 years old and living in an urban centre.
Andrew is 58 years old. He lives in an urban centre. He identifies as gay.
Antonio is a 25 year old gay man. He lives in an urban centre.
Art is a 40 year old man living in an urban centre. He identifies as gay.
Arthur is 62 years old. He is gay and lives in a rural area.

Barry is 42 years old. He identifies as bisexual and lives in an urban centre.
Bill is a 34 year old gay man. He lives in a small town.
Brad is a 44 year old man living in an urban centre. He identifies as bisexual.
Bob is a 44 year old man. He identifies as bisexual and lives in a small town.
Brian is 34 years old and gay. He lives in a rural area.
Bruce is 51 years old. He identifies as bisexual and lives in a small town.

Colby is 25 years old. He is gay and lives in an urban area.
Charles is 43 years old. He lives in an urban area and identifies as gay.
Chris is 49 years old. He identifies as gay and lives in an urban centre.
Christopher is a 28 year old gay man living in a small town.
Chuck is a 33 year old man living in an urban centre. He identifies as gay.

Dan is 36 years old. He is gay and lives in an urban centre.
Darrin is 28 years old and lives in an urban centre. He identifies as gay.
Dave is 32 years old. He lives in an urban centre and identifies as gay.
David is a 20 year old gay man. He lives in an urban centre.
Don is 43 years old. He lives in a rural area and identifies as gay.
Doug is a 47 year old man living in an urban centre. He identifies as gay.

Dwayne is 33 years old. He is gay and lives in an urban centre.

Erik is 45 years old. He is gay and lives in an urban centre.
Ed is 36 years old, gay and living in an urban centre.

Frank is 41 years old. He is gay and lives in an urban centre.

Gary is 48 years old. He is gay and lives in a rural area.
George is a 50 year old gay man. He lives in an urban centre.
Gerald is a 33 year old gay man living in a rural area.
Gordon is 44 years old. He lives in an urban centre. He identifies as bisexual.
Grant is 42 years old. He lives in an urban centre. He does not identify with any particular sexual orientation.

Harry is a 53 year old gay man living in an urban centre.
Henry is 38 years old. He identifies as gay and lives in an urban centre.

Jack is 46 years old. He lives in an urban centre and identifies as gay.
Jake is a 23 year old man living in an urban centre. He is gay.
James is 52 years old. He is gay and lives in a larger town.
Jeffrey is a 65 year old man living in an urban centre. He identifies as gay.
Jim is a 31 year old man living in a small town. He identifies as bisexual.
John is 52 years old. He lives in an urban centre and identifies as bisexual.
Jon is a 25 year old man living in an urban centre. He identifies as gay.
Joseph is a 45 year old gay man. He lives in a larger town.

Keith is a 60 year old gay man living in an urban centre.
Kevin is 31 years old. He lives in an urban centre and identifies as gay.
Ken is a 43 year old man living in a rural area. His sexual orientation is ambiguous.
Kurt is 28 years old. He is gay and lives in an urban centre.

Larry is a 48 year old gay man. He lives in a small town.
Lorne is 51 years old. He lives in an urban centre and identifies as gay.

Mark is a 33 year old gay man living in an urban centre.
Martin is a 43 year old man living in an urban centre. He identifies his sexual orientation as fluid.
Matt is 20 years old. He lives in an urban centre and identifies as gay.
Michael is 32 years old. He identifies as gay and lives in an urban centre.
Mike is 31 years old. He lives in a small town and identifies as heterosexual.

Norm is a 28 year old man living in an urban centre. He identifies as gay.
Nathan is 33 years old. He lives in an urban centre and identifies as gay.

Pat is 43 years old. He lives in an urban centre and he identifies as gay.
Patrick is a 24 year old man. He lives in an urban centre and identifies as gay.

Paul is a 33 year old man living in an urban centre. He is gay.
Phil is 39 years old, gay and living in an urban centre.
Pierre is 45 years old. He lives in an urban centre and identifies as gay.

Ray is a 32 year old gay man living in an urban area.
Richard is 40 years old. He lives in a rural area. He is gay.
Rick is 31 years old. He is gay and lives in an urban centre.
Rodney is a 53 year old bisexual man living in an urban centre.
Ron is 47 years old. He lives in an urban centre. He is gay.
Roy is a 48 year old man living in an urban centre. He identifies as gay.
Ryan is 16 years old. He lives in an urban centre and identifies as gay.

Sam is a 34 year old gay man living in an urban centre.
Scott is 38 years old. He lives in an urban centre and he is gay.
Sean is 26 years old. He lives in an urban centre. He identifies as gay.
Steve is 48 years old. He lives in an urban centre. He identifies as bisexual.
Stewart is a 32 year old man. He lives in an urban centre. He is gay.

Tim is 27 years old. He is gay and lives in an urban centre.
Todd is a 48 year old gay man living in an urban centre.
Tom is 34 years old. He lives in a small town and does not identify with any specific sexual orientation.
Tony is a 44 year old gay man living in a rural area.
Tyler is 23 years old. He lives in an urban centre. He identifies as gay.

Victor is a 56 year old gay man living in an urban centre.
Vince is 54 years old. He is gay and lives in an urban centre.

Wally is 45 years old. He is gay and lives in an urban centre.
Warren is a 51 year old man living in a rural area. He is gay.
Wayne is 46 years old. He is gay and lives in an urban centre.
Will is 34 years old. He lives in an urban centre. He identifies as gay.
William is 55 years old. He is gay and lives in an urban centre.