FIGHTING AIDS WITH EDUCATION

REPORT OF THE

Gay Community Needs Assessment

VANCOUVER 1989

by Richard Marchand Ph.D.

AIDS VANCOUVER

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GAY COMMUNITY NEEDS ASSESSMENT

VANCOUVER, B.C.

EXECUTIVE SUMMARY

WHO WAS INVOLVED?

Information for the Gay Community Needs Assessment was collected in two main ways:

- 347 gay and bisexual men responded to an AIDS Survey;
- 79 people, either in the gay and bisexual community, or working closely with the community in AIDS education, were interviewed.

Demographics from the AIDS Survey indicate respondents represent the "mainstream" gay community.

- 92% gay, 8% bisexual;
- 93% Caucasian, 7% Native, Asian, Metis, Black, Hispanic, Mullato;
- 94% from the Greater Vancouver area;
- 82% between ages 21 and 45, 2% under 20;
- 26% earn $20,000 to $29,000, 20% earn under $11,000;
- 71% are single, 27% with lover, 2% married;
- 46% have university education, 21% high school, 21% college;
- 48% are affilitated to one or more gay organizations;
- 87% have known someone with AIDS;
- 71% have been tested for HIV;
- 22% know they are HIV positive;
- 4% have AIDS.

Those 79 interviewed represent a range of AIDS educators, gay community businesspeople, gay and bisexual men from various racial, ethnic, disabled groups, and representatives from over 25 gay organizations in the Vancouver area. As well,

physicians, therapists, social workers and researchers were interviewed. 70 interviewees self-identified as gay or bisexual.

This same community has been most affected by AIDS in British Columbia—over 600 reported cases as of October 1989 or 93% of the cases. The HIV infection rate for gay and bisexual men who have been tested is around 20%.

AIDS KNOWLEDGE

Knowledge about AIDS prevention is high in the gay community. The AIDS Survey shows that 96% (334) of gay men know anal receptive intercourse without a condom is high risk; 86% (288) that anal insertive is high risk. The message that anal insertive is a high risk activity still needs to be reinforced among gay and bisexual men. 96% (321) rated oral sex either low or high risk. But as we know from other studies on behaviour change, this knowledge does not necessarily translate into practice.

SAFER SEX TRENDS

Those involved in the survey and interviews indicated they are practising some form of safer sex. In the AIDS Survey (N=347),

- 47% (164) say they always use a condom for anal sex;
- 38% (133) say they insist on a condom when in the receptive position of anal sex;
- 26% (91) say they have stopped anal sex;
- 17% (58) say they sometimes use a condom for anal sex;
- 14% (47) say they have stopped having sex.

But safer sex behaviours are not **consistently** followed—

- survey responses indicate inconsistencies and contradictions in stated safer sex behaviours, for example, a quarter of those who said they always use a condom for anal sex, also stated they had had unprotected anal sex within the year;
- each person develops a unique repertoire of safer sex behaviours based on different interpretations of safer sex and varying levels of risk tolerance, and so communicating about safer sex needs to a partner becomes crucial;

- although people intend to practise safer sex, and many do so most of the time, people do "slip up" and engage in high risk activity.

UNSAFE SEX

Anal sex without a condom continues. 32% or 107 survey respondents have had unprotected anal sex within the year. Reasons for this 107 not using condoms include,

- 33% (35) of them not thinking about condoms in the moment of passion;
- 28% (30) influenced by drugs or alcohol;
- 19% (20) say they pull out before ejaculation;
- 14% (15) dislike using condoms;
- 14% (15) didn't have one available;
- 13% (14) felt uncomfortable asking their partner to wear a condom;
- 8% (8) attribute not using a condom to anger or depression;
- under "other", 31% wrote something about the relationship to their sex partner as reason for not wearing a condom. Other studies show gay men have different sex with casual and regular partners. Relationships ranged from monogamous lovers to friends. Sometimes HIV status was given—both HIV positive or negative. Unprotected anal sex would only be safe between two HIV negative men. To remain HIV negative, any anal sex outside of the relationship would need to be safe. Those explaining unprotected anal sex by relationship, make the assumption that the sex is safe. Experience tells us that this is not always the case.

It appears then that at least 74 gay and bisexual men have had unsafe sex within the past year. This represents 21% of AIDS Survey respondents. This number is probably higher—given that unprotected anal sex with regular partners is not necessarily safe. We can only speculate that this figure is even higher in the general gay population. After all, this survey was self-select. Those experiencing denial for example would not be prone to respond to a survey on AIDS.

THE EXPERIENCE OF CHANGE

Psycho-social experiences of gay and bisexual men adjusting to the reality of AIDS and to personal behaviour changes were discussed in interviews. Other studies show that gay

men who have a positive self-image, are connected with the gay community and have known someone with AIDS are more likely to be successful in sustaining sexual behaviour changes. Experiences of change include,

- denial—some men are denying they are at risk, denying they are gay or or bisexual, or denying they are HIV positive;
- fear—it still exists within the gay community; fear of PWAs, of men HIV+, of getting a fatal illness, of death;
- testing—facing decisions of whether to be tested for HIV; facing the test results;
- talking about AIDS, HIV and safer sex—it appears to be inappropriate to tell a friend that you've had unsafe sex. Who can you tell if you "slip up"? Language is still developing and the community is finding its way regarding how and when to talk about these subjects;
- risk tolerance—people have different tolerance levels for risk. Deciding on your risk comfort level and then communicating that level can be a major communication difficulty;
- negotiating safer sex—people have different interpretations of what is safer sex and these practices need to get talked about so that everyone can have safe and comfortable sex.

AIDS PREVENTION

This assessment shows that the gay community has mainly learned about AIDS prevention through non-interactive conceptual approaches such as reading print material. When asked in the AIDS Survey (N=347) where they have learned about AIDS prevention,

- 58% (202) said gay newspapers and books;
- 56% (192) said pamphlets;
- 43% (150) doctor;
- 35% (123) TV and video;
- 33% (116) friends;
- 32% (110) AIDS Vancouver.

Gay men want more sophisticated and positive messages to help them deal with the complex issues around sustaining changes in sexual behaviours. They need innovative programs delivered in ways that promote positive interactions with other gay men, that encourage participation in the community and that act as continuous reminders of the safer

sex message. When asked how they want to learn about AIDS prevention in the future (N=347),

- 44% (152) said video;
- 32% (111) said posters;
- 31% (106) said workshops;
- 30% (102) said through information at the bars and baths;
- 27% (94) said through plays.

OUTREACH

Gay men experiencing denial over this disease were difficult to reach since involvement was self-selective, but were identified as requiring special educational interventions. As well, a range of groups within the gay population were identified as not receiving appropriate information. Outreach strategies are needed for,

- gay youth;
- bisexual and married men—who do not identify with the gay community and do not see themselves at risk;
- HIV positive men, especially in some stage of denial about the infection;
- Native gay men;
- gay and bisexual men from various racial and ethnic minorities;
- disabled gay men;
- gay IV drug users;
- lesbian communities;
- men just coming out;
- rural and small town gay populations.

MAJOR RECOMMENDATIONS

- Continue basic information on HIV transmission and prevention to the gay community—a range of materials to go out in various ways. The challenge is to be innovative and responsive to the community. The shelf life of messages is short but vigilance must be continuous. Specifically, this means: distributing condoms, safer sex cards, pamphlets to the community; running poster campaigns; and promoting resource centres and libraries of AIDS information to the gay population.

• Broaden the scope of information to address issues of fear and discrimination against people with AIDS and men testing HIV positive. Recommend: posters exploding fears and myths; involvement of PWAs in gay community educational activities.

• Develop a range of educational activities that would encourage gay men to participate in a communicative approach toward sustaining the changes that are required to practise safer sex every time. A long term strategy for education of gay men must include campaigns that can address a spectrum of needs around HIV issues and have a clear positive message. Recommend: safer sex and communication workshops be organized for gay and bisexual men; produce an educational video on communication issues related to AIDS awareness and prevention targeted at gay men; live presentations on AIDS prevention to the gay community through bars, clubs; create a prevention education program for bathhouses.

• AIDS education and program delivery in the gay community needs to be proactive. This means: using advertisements, reports and newsletters to create a higher profile of the activities of AIDS organizations; encouraging AIDS educators to initiate prevention projects in the gay community; using gay community venues, resources and volunteers to develop educational programs.

• Outreach programs must be developed to several groups within the gay community. AIDS educators need to ensure the entire community is receiving appropriate educational materials. Recommend: liaison be established between AIDS educators and various identified groups within the gay population; appropriate prevention materials be produced; a TDD system to provide confidential informationand advice to the hearing-impaired; a "1-800" number for province-wide lay counselling and AIDS prevention information.

• Evaluation needs to be an integral part of AIDS prevention programs. Recommend: surveys, assessments and focus groups to help keep AIDS educators responsive to gay community needs.

RICHARD MARCHAND, Ph.D.
AIDS VANCOUVER
DECEMBER 1989

INTRODUCTION

"The thing I see the most is just the sadness with it all."

This statement by a man involved with several gay sports teams has stayed with me throughout this study. He says so simply and eloquently what thousands of people here and around the world are experiencing—sadness. But people move forward through crisis, often propelled by insights only crisis can bring. I saw a high level of awareness and concern expressed by gay men and lesbians about AIDS prevention. I also witnessed the deep anger at the homophobic background against which AIDS educators—mainly organizations like AIDS Vancouver and the PWA Society and a handful of physicians, street nurses, therapists and social workers—conduct a humanitarian effort essential to the survival of everyone.

With the number of AIDS cases reported in British Columbia at over 600 and an HIV infection rate for tested gay and bisexual men running at 20%, the bottom line in any research has to be stopping the spread of this syndrome. Back in 1983, AIDS Vancouver was the gay community's response to the devastating effects of this disease. Without a doubt, the organization has had an impact in British Columbia. It's impossible to know how many lives have been saved—information went out and action followed. Yet, individuals are still being diagnosed with AIDS—228 projected new AIDS cases for 1989, and others continue to seroconvert to HIV at a rate of 4%. So, we have not finished yet with basic education on AIDS prevention.

Although we now talk of high risk activities rather than high risk groups, the gay and bisexual male population continues to be the most affected by AIDS. In recent times very little new educational programming has been distributed to them. Now that AIDS educators and the community have a few years of experience with this disease, it's become clear that more sophisticated prevention messages are needed . This certainly has been the AIDS experience in other North American cities.

The purpose of this research is to assess the educational needs of the gay and bisexual male population in the Greater Vancouver region concerning AIDS prevention, specifically,

- to get a reading on the level of AIDS prevention knowledge currently held by gay

and bisexual men;

- to find out how these men are translating their knowledge about preventing AIDS into their sexual behaviours;
- to give gay and bisexual men a forum for suggesting educational strategies and programs that could assist them in keeping up-to-date on AIDS information and in making and maintaining the necessary behavioural and attitudinal changes to prevent their developing AIDS;
- to identify gay sub-groups outside of the "mainstream" gay population that perhaps need specific educational attention.

Where education gaps are identified by this study, I will recommend program and community development initiatives that could be undertaken by AIDS educators for the gay and bisexual population.

I'd like to acknowledge the B.C. Centre for Disease Control, Ministry of Health for making this assessment possible with their financial assistance. I'd also like to acknowledge the staff and volunteers of AIDS Vancouver for their cooperation and labour. Lastly, thank you to the hundreds of people who filled out surveys, came to interviews and contributed their concerns about stopping AIDS.

WHAT NEEDS? WHOSE NEEDS?

> "If there is one thing about which a needs assessor ought to be very clear, it is that needs are nothing more than a construct—their attribution is inferred on the basis of data. ...To badly parody Shakespeare, there are no needs save that inference shall make it so." (Scissons, 1984)

In assessing the education needs of the gay community, my first consideration was to examine the concept of need. Undertaking a needs assessment study automatically assumes an orientation to **need**. But what kind of needs and whose needs were to be identified?

AIDS Vancouver commissioned this study in order to identify the **gaps** in prevention information and educational programs for the gay community. Lesser consideration was

given to community development issues. Because of time and budget constraints, gaps in support services programs were not directly considered, although it was recognized that this study of the gay community might inform support work.

Who does AIDS education for Vancouver's gay community? AIDS Vancouver was the first. Since 1983 AIDS Vancouver has been providing information both to the public and in particular to gay men. In the early years high risk **groups** were of more concern than high risk **behaviours** and so the gay male population was the focus of most educational activities. In the last few years, as the organization has tried to fulfill its mandate of providing information to the general population, no sustained programming has gone out to the gay community. In talking to gay men for this assessment, they remembered well-attended community forums, the condom lady visiting the gay bars, a few safe sex workshops, and some gay specific print material. One pamphlet for gay men that used explicit language disappeared from circulation after it was reported in the press that an adolescent had received the material in the mail. In the past two years specific educational needs of gay men have largely gone unaddressed.

At AIDS Vancouver education and prevention programs are centred on the concept of **saving lives**. These programs include,

- a helpline where members of the public can be informed anonymously about preventing the transmission of HIV—gay people regularly phone for information;
- a speakers' bureau where basic information on AIDS and AIDS prevention can be provided to groups—a few gay organizations have used this service;
- a system of collecting, producing and disseminating print materials on AIDS and AIDS prevention—the gay population has been a major user of print;
- a resource centre where members of the public can undertake self-directed learning on AIDS prevention—occasionally used by gay men;
- a Body Positive drop-in offering support and education to those with HIV infection has been ongoing for 3 years—mainly used by gay men.

Some of these programs have been put on hold while the organization grapples with financial difficulties and anticipates the recommendations of this needs assessment.

Since 1986 the People With AIDS Society, a community self-help coalition, has been working to increase the options of people with HIV and AIDS. The Society's activities include,

- education programs to meet a variety of members' needs such as peer information

sharing, and access to print material and physicians;
- education to the public, including the gay community, about people with HIV and AIDS through speaking engagements;
- education to all levels of government about the needs of people with HIV and AIDS.

Although the provincial government's Ministry of Health provides AIDS education to the general population, they have left the work of AIDS prevention in the gay community up to community-based organizations. Gay people can phone the provincial AIDS phone line for information, or receive pamphlets. However, in this assessment the gay community did not perceive the provincial government as providing AIDS education to them. The provincially run street clinics educate some sectors of the gay community about AIDS. Street nurses and an AIDS therapist provide information and support to male prostitutes and street-involved people—some of whom are gay or bisexual.

The City of Vancouver funds a needle exchange program and some of their clients are gay and bisexual men. The city also has an AIDS in the workplace education program for all municipal workers. Any gay city employee would received some AIDS information in this way.

St. Paul's Hospital offers some education to gay and bisexual men with HIV or AIDS. Social workers offer information on safer sex and available community services. There's also a handful of physicians in Vancouver with a large caseload of gay patients, many with AIDS or HIV infection. These physicians are an important source of prevention information for many gay men.

Also a group of therapists in Vancouver, many of whom are gay, provide one to one counselling for men with HIV or AIDS. Education is always a part of support.

A few gay organizations have provided AIDS education for their members—mainly inviting a speaker to address the membership. Sports teams often include a condom with registration at a tournament—a reminder to practise safer sex.

Education has mostly meant providing information, always with the hope that people would make behaviour changes. And so firstly, this needs assessment is concerned with identifying whether gay men are receiving appropriate information on AIDS prevention.

However, studies in Canada and United States have informed us that information, by itself, is insufficient to effect behavioural changes. Educational programming in Toronto and Seattle, for example, is shifting its attention from solely delivering information to **motivating** people to act on AIDS prevention information and to **sustaining** those behavioural changes. And so secondly, this assessment is concerned with finding out if gay men are making behaviour changes based on their knowledge of preventing AIDS and whether they are able to sustain those changes.

This assessment examines needs put forward by informed "experts" such as AIDS educators, researchers, physicians, social workers and therapists who have been working closely with the gay community—what can be called **prescriptive** needs. But that's not the whole story. Turning the assessment around and asking gays and bisexuals what **motivates** them to change gives another perspective on the informational needs of the community. Many of the experts wear two hats: self-identifying as gay and therefore members of the gay population, and experienced professionals in the AIDS field.

Although this research follows the community development model of needs assessment, it stops short of having members of the gay community involved directly in the program development process. But as future educational programming continues to evolve, this base-line research can set the stage for further comprehensive evaluation more aligned with community development strategies.

Because no specific educational programming for gay men is going on at this time, the disprepancy between what is and what should be becomes very wide ranging. People pointed to past and present strategies of AIDS Vancouver, to other AIDS educators and to particular levels of government as facilitators and barriers to AIDS education. Individuals appraised their own competence at being able to translate AIDS information into comfortable behaviours. Gay men shared their perceptions of what they felt is needed for themselves and other gay men in Vancouver—responses grounded in their experience of the community as it copes with a major health crisis over time.

Other men had specific demands to express, based on their involvement in AIDS educational activities. Some men, familiar with AIDS education in other cities, made comparisons between what is happening in Vancouver and elsewhere. The open-ended interviews I conducted with members of the gay and bisexual community served to help some people identify latent needs and develop a new level of awareness on issues. An

AIDS Survey provided a large number of gay and bisexual men with a reflective tool for expressing what they do and what they want.

In my four months of collecting data, I was both informed and changed by the research experience. In the end, I was left to organize what people told me—to act as a catalyst in articulating the educational needs of the gay community.

THE GAY COMMUNITY:

Diversity

> "There's lawyers and doctors, architects and dancers, and bartenders. It goes through that whole spectrum. Social workers, nurses. People have no idea. Because the gay community is not particularly visible and many of our gay men are closeted, perhaps at work, people are not even aware that they are working with gay people. We're such a homophobic society that we've made sure people stay in closets at work....If we asked every gay person in this country to walk off their job for a day in protest for all of the discrimination against gay people, we'd close this country down. And that's the realities and people don't want to see that. I don't think you can categorize the gay community any differently than the straight community. All boundaries are crossed."

> "The gay community is a diverse, loosely connected network of gays and lesbians. There are...people who frequent the bars, people who are involved in social, political and religious organizations...There are people who cruise the parks, quite closeted whose only sexual outlet may be tea-rooms around town or the beaches, the parks. Other people are involved in monogamous relationships or living in comfortable bungalows in Surrey or Delta. People in high school, people who are just discovering their attraction for other men or women, people who are younger —12, 13, 14, who are just wondering why they feel different. What is the name they put for this attraction? People who are older. People in the process of coming out....It's a diverse group."

To assess needs in a particular population, it's important to know something about that community. The gay community is an elusive population, difficult to locate, if you don't know what to look for. We really have no way of knowing what a random sample of the gay population is. One reason is we don't know its actual size. We still use the Kinsey Report of the 1950s that found the size of the gay population to be ten percent of the whole.

We now know something more about the gay population in our society by the existence of visible gay communities.

The concept of gay community evolved as large numbers of gay people became more "visible" in Western societies. Visibility not only exposed the magnitude of gay existence to society but to gays themselves. This was not always a comfortable situation because gays found themselves to be as diverse in attitude, politics and lifestyle as everyone else. Yet, the common experience of breaking through sexual repression has brought gays together as a social and political movement.

Most major cities in North America have a gay neighbourhood. Small businesses, clubs and community centres are common. These are hallmarks of a thriving, active community life. Vancouver's gay community is typical. The centre of gay life is the West End where there are bookstores, bars, restaurants and other small businesses oriented almost exclusively to gays.

Another focus of Vancouver's gay community is the Gay and Lesbian Centre. This is home for a number of organizations and meeting place for many others. Under one roof we find Angles (the community newspaper), Christ Alive Metropolitan Community Church, Food Bank, the Gay and Lesbian Switchboard for information and counselling, a support group called Hominum, a Legal Advice Clinic, the Out on the Shelves Library, PFAME (a fundraising group), The Gay and Lesbian Youth Group, Gay Games III offices, Front for Active Gay Socialism and the Persons With AIDS Society. Fifty gay, bisexual and lesbian organizations show something of the communities diversity. Gay men can join a swim team, square dancing club, an addiction support group, or a male chorus.

This assessment is most concerned with identifying the educational needs of mainstrean gay men; those who participate in community life in whatever way. Within the mainstream, we find a range of socio-economic status, religious and political beliefs and education levels. We find single men and men in relationships.

The gay community does not necessarily mean whole gay population. A second concern of this research is to look beyond the mainstream gay man to other, less visible satellite groups of the gay population. Here we find Asian-Canadian gay men, Native gay men, gays with disabilities, the hearing-impaired, those still in the closet, young gays and street-involved gay men. Not surprisingly, the less visible they are, the harder they are to reach.

A person or an organization working with this population must gain their trust. Even as a gay identified researcher, on contract for a gay identified organization (AIDS Vancouver), locating the hidden, closeted population was difficult. But I did meet a few such men. Men who did not want a tape recorder used or would not even give a first name. Remember I was asking them personal questions about their sexual behaviours, attitudes and HIV status.

It takes time to get cooperation and to build trust. During the four months of collecting data for this assessment, much of the time was spent developing a network of contacts in order to identify and talk to as diverse a group as possible. As the network became more intricate, the hidden gay population became more visible. But I sense I barely opened the closet door. The gay community is located along a hidden / out continuum and individuals experience disclosure as an everyday issue. This is an important consideration for planning AIDS prevention programs.

COLLECTING DATA

Data was collected in a number of ways:

- a community-wide survey was run;
- confidential interviews were conducted with selected members of the gay and bisexual male population, as well as with selected and experienced professionals such as physicians, therapists, social workers and researchers working with gay and bisexual men;
- meetings and discussions were held with AIDS educational organizations;
- observations were made of evidence of AIDS education in Vancouver;
- observations were made about how gay and bisexual men talked about AIDS and safer sex in everyday life;
- literature on needs assessment, behavioural change and AIDS educational programs was reviewed.

Interviews were the main source of information from gay and bisexual men. Here I had an opportunity to ask about safer sex practices, condom use, attitudes toward PWAs and

AIDS prevention in Vancouver, and to observe how people talked about these issues. We also discussed ideas on AIDS education and the work they perceived as needing to be done. Other interviews were conducted with professionals working in the area of AIDS. Many of these professionals are gay and were able to address AIDS education from the perspective of AIDS worker and member of the gay community.

Interviews and indepth discussions were held with 79 people including:

- 8 representing AIDS Vancouver and its Board of Directors,
- 2 representing the PWA Society,
- 25 representing gay organizations in Vancouver,
- 9 representing gay businesses, such as bars and baths,
- 2 AIDS researchers,
- 2 social workers,
- 10 AIDS educators from Vancouver, Toronto, Montreal and Seattle,
- 4 therapists,
- 5 physicians,
- 12 gay or bisexual men, not affiliated with organizations, some representing various sub-groups within the gay community.

At least 70 of those self-identified as gay or bisexual.

Quotes used in the text are anonymous. A code represents a particular constitutency. "AIDS educator" refers to people working in the AIDS field including government people, staff and board of AIDS organizations and health educators. "Gay businessperson" denotes a bar or bath owner or manager. "Gay community leader" represents someone who has acted as a public spokesperson for the gay community. Other categories are self-explanatory. Ethnicity, age or affiliation to an organization are sometimes referred to if deemed informative. But care was taken to respect the anonymity promised in the study.

Major concerns in the open-ended interviews included:

- perceptions about the gay community and about the impact of AIDS educators, like AIDS Vancouver and the provincial government, on the gay community;
- level of knowledge about AIDS and AIDS prevention in the community, including where gay and bisexual men learn about AIDS and AIDS prevention;
- sexual behaviours and condom use of some interviewees and information about sexual practices of clients and friends;
- attitudes and feelings seen as facilitators or barriers to education;

• and lastly, future strategies for AIDS education.

These interviews were taped, transcribed and organized into expressed themes for analysis and interpretation.

The **AIDS Survey** (see Appendix 1) was designed after conducting a dozen exploratory interviews and in consultation with a committee of experienced researchers. The purpose of the survey was to get data to compliment the interviews and to hear from a large number of people in the community. Specifically, information was gathered on:

- knowledge of risky sexual behaviours,
- sexual practices of gay and bisexual men,
- attitudes towards AIDS, PWAs and those with HIV, safer sex,
- AIDS information sources,
- ways to learn more about AIDS,
- demographics: trying to locate a "community".

The AIDS Survey was run in the July issue of Angles. Also, 1500 surveys were distributed throughout the community: 850 were available from the AIDS Vancouver office, the PWA Society, the Gay and Lesbian Centre, Little Sister's (a gay bookstore in the West End of Vancouver) and Octopus Books (an alternative bookstore in Vancouver East); 650 surveys were circulated in stamped self-addressed envelops to gay organizations and selected individuals.

396 surveys were returned: 35 from women, 6 from heterosexual men who appeared not to be having sex with other men, 2 were not complete enough to be usable, 6 arrived too late for analysis, and 347 from self-identified gay and bisexual men. This report includes information from these 347 replies.

Who answered the AIDS Survey:

- 92% gay
- 8% bisexual
- 93% Caucasian
- 94% from Greater Vancouver
- 26% earn $20,000 to $29,000
- 50% between ages 31 - 45
- 71% single
- 46% university education

- 48% affiliated to gay organizations
- 87% have known someone with AIDS

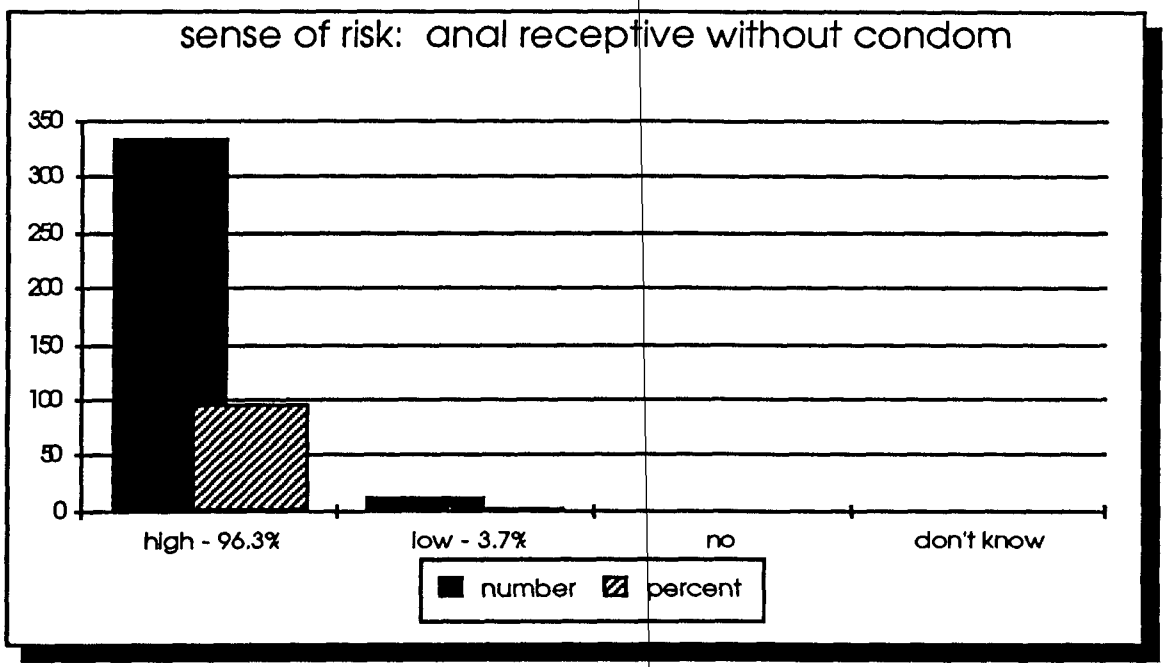
To summarize who filled out this self-selected survey: Mainly gay Caucasian men between the ages of 21 and 46, single, from the Vancouver area, well-educated with almost half belonging to a gay organization. This is no surprise. This picture probably represents Vancouver's mainstream gay community. As confirmation, when I asked representatives from gay organizations to describe their membership, this is close to the typical response. Please refer to Appendix 2 for a further breakdown of demographic information on the AIDS Survey respondents.

Other data sources that informed this needs assessment were telephone discussions with the AIDS Committee of Toronto, comité sida aide montréal, and meetings with the Northwest AIDS Foundation and the AIDS Prevention Project both in Seattle, Washington. As well, I visited many gay bars, clubs, bathhouses and businesses to see what AIDS information was available or in view for the average user.

AIDS KNOWLEDGE:

what the community knows...

ABOUT ANAL SEX



Those who answered the survey were very knowledgeable about the risks of transmitting the HIV virus. 96.3% (334) indicated that anal receptive intercourse without a condom is high risk. This is in keeping with the guidelines set out by the Canadian AIDS Society and the message put out by AIDS educators.

This figure also compares favourably with the latest results from research undertaken by the Seattle-King County AIDS Prevention Project in Washington state. Here 99% of the 944 men involved in the study said that receptive anal intercourse without a condom is either very risky or fairly risky.

There was more variation in responses to the perceived risk of anal insertive intercourse without a condom than to the risk of anal receptive intercourse. 12.8% (43) set this as a low risk activity; 1.2% (4) as a no risk activity and .6% (2) didn't know. Physicians and therapists I interviewed indicated their concern with a myth expressed by their clients: that being the active partner in anal sex was safe. Obviously the message that anal insertive intercourse without a condom is a high risk activity has not reached everyone in the gay community.

Keeping in mind that the self-selected people who answered the survey are probably more involved in gay community activities and more aware about AIDS issues, these figures may reflect a higher awareness compared to the general gay population. They do give us an indication that knowledge about AIDS prevention is generally high in the gay community. However, the message that anal receptive and anal insertive intercourse are both considered high risk activities needs to be reinforced.

Of the 96.3% or 334 who checked anal receptive intercourse without a condom as a high risk activity, 30% of those (101) indicated elsewhere on the survey that they have had unprotected anal sex without a condom in the past year. Similarly 30% (87) of the 288 who indicated anal insertive intercourse without a condom as a high risk activity also had unprotected anal sex within the past year. Even though some of the unprotected anal sex may have been in a low risk or no risk context, most of these men were not in a monogamous relationship where both partners had been repeatedly tested and both tested HIV-. So **knowledge does not automatically translate into practice.** Facilitating the integration of knowledge into sustained safe sexual behaviour is the second wave of AIDS education needed in the gay community.

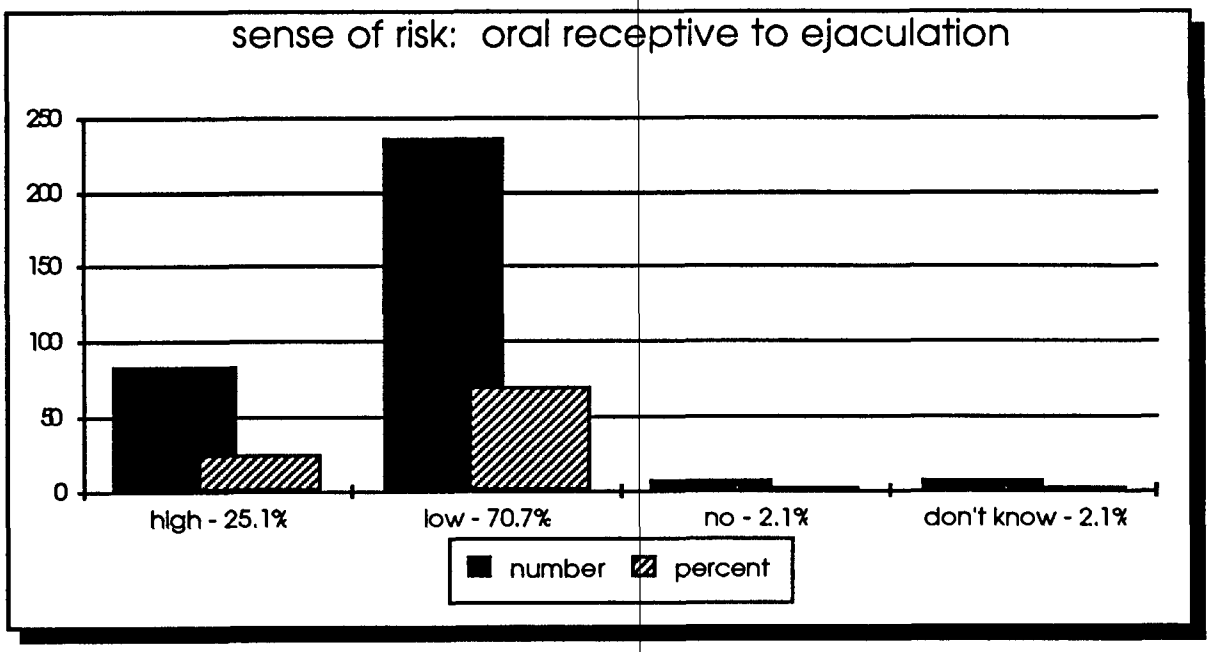
ABOUT ORAL SEX

> "It's amazing how many people out there think oral sex is safe without a condom. Well, it's debatable and as long as it's debatable, I always push the theory if there's a risk." (member of S/M community)
>
> "If in fact oral sex is transmitting this virus, it must be doing it extremely rarely and very inefficiently because we have never seen it." (gay physician)
>
> "...they're not using condoms for cocksucking because there seems to have been some report that says that cocksucking is believed now to be okay without condoms. You can even swallow the cum without worrying anymore is what some

of them are saying. Those are disputed medical beliefs but they're getting wide publicity." (gay therapist)

"I think a lot of the gay community thinks that oral sex is safer. I think that there's some doubt whether it's a low risk or a medium risk, but they don't think it's seen as being a high risk." (gay white male, age 30)

When the Canadian AIDS Society set oral receptive sex to ejaculation as a low risk activity, the move was controversial at the time and still remains a grey area. Oral sex even as a low risk activity means that there is theoretically still some risk of HIV transmission. AIDS Vancouver literature, for example, advises that oral sex with a latex condom is still the safest. Oral sex without a condom is low risk if there are no mouth sores or bleeding gums. The AIDS Committee of Toronto, although more explicit about saying that transmission of HIV through oral contact without a condom is "very very unlikely", still cannot give a 100% guarantee of safety. The AIDS Prevention Project in Seattle has been more cautious. They state clearly that latex condoms should be used for oral-genital contact.



There continues to be a range of opinions in the gay community about oral sex and survey results reflect this. Coming down on the side of caution, 25.1% (84) of respondents

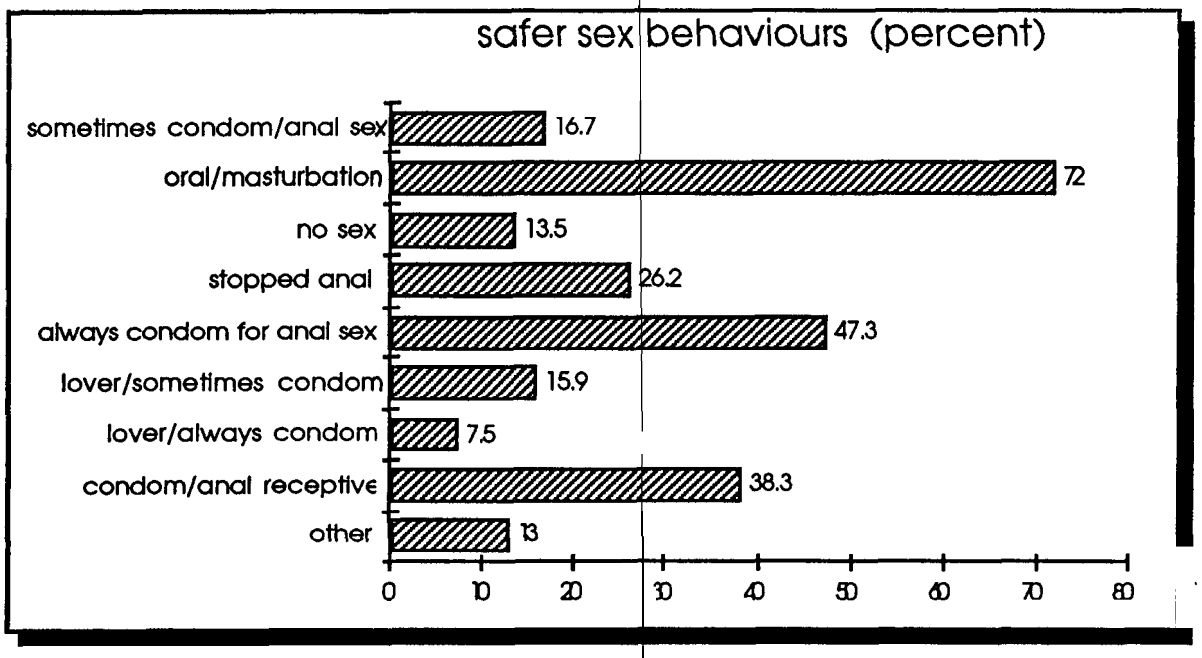
classified oral sex as a high risk activity. 70.7% (237) checked oral sex as a low risk activity. 2.1% (7) said there was no risk and 2.1% (7) didn't know. These results would indicate that gay men are reading safer sex information.

Of the people I interviewed, most were familiar with the oral sex controversy, had read both Canadian and U.S. literature on the subject, and had make some decisions about the risk level they could tolerate: oral sex active role only, oral receptive with condom, without condom, no ejacualtion in the mouth, ejaculation in the mouth. Researchers in Seattle also found varied opinion about the risks of oral sex: 88% rated oral sex to ejaculation as very or fairly risky; 52% felt it risky if they swallowed the semen and 30% rated this half-way between very risky and not risky.

A RANGE OF SEXUAL PRACTICES

"Sensible sex will only be widely accepted when it serves to integrate gay men into a community they have participated in building." (from *Sex and Germs* by Cindy Patton)

SAFER SEX BEHAVIOURAL TRENDS



Those gay and bisexual men surveyed were given the opportunity to check any number of safer sex behaviours that they engage in and add their own. Studies in New York, San Francisco and Chicago indicate that gay and bisexual men have been modifying their sexual behaviours in order to reduce risk of HIV infection and transmission. This is not to say that the men follow their chosen practices consistently or that some of the practices engaged in are completely safe. But it does point to trends in the sexual practices of gay and

bisexual men and raises a number of issues that can inform further research and strategies for AIDS education in the gay community.

Oral Sex and Masturbation

> "The condom is not a part of my life because I don't have intercourse. The VD Clinic is suggesting that you should always have a condom on when you're having oral sex. But practically, it just doesn't make sense to me that that needs to get to that level of paranoia. So I don't use them." (gay man, affiliated to a gay organization)
>
> "I'm finding more people are just giving up fucking for cocksucking rather than have to deal with condoms." (gay therapist)
>
> "I think we have to start shifting gears from condoms specifically. I think the focus has totally been on using condoms. Blow jobs, hand jobs are something that can happen on the trails, on the beaches. (gay counsellor and educator)

Most men—72% (250)—answering the survey included oral sex or masturbation as one of their safer sex activities. 81 of those respondents also checked that they do not engage in anal sex. Oral-genital and masturbatory sex practices have been presented to gay and bisexual men by AIDS educators as a way of reducing risk of HIV infection. There is an indication from the survey and the interviews that some men are consciously lowering their risk of HIV infection by not engaging in anal sex.

Using Condoms for Anal Sex

> "How safe are condoms? The condom may break. Those things are true, but I think we have to weigh risk factors. We have to know what are the good condoms. We have to know what are the good water soluble lubricants." (gay community leader)

Wearing a condom during anal intercourse has been promoted in AIDS education as a significant way of reducing one's risk of HIV infection or transmission. Almost half the men who responded to the survey—47.3% (164)—indicated that they **always** use a condom for anal sex. However, 44 of those 164 stated elsewhere on the survey that they have had unprotected anal sex in past year.

16.7% (58 respondents) checked the statement that they **sometimes** use a condom for anal sex. Within this same groups of 58 men, 6 also checked that they have stopped having sex altogether, 7 of them checked that they have stopped having anal sex, and 24 checked that they always use a condom for anal sex. What this points to is the inconsistencies in what people say about their sexual practices and that many of the respondents were not describing what exactly they do now, but rather what they usually do in a particular situation over a period of time.

38.3% (133) of the respondents checked that they make sure their sex partner is wearing a condom when having anal receptive sex. Elsewhere 45 of these respondents stated that they have had unprotected anal sex within the past year. Of course this could be anal receptive, anal insertive or both. This discrepancy was not anticipated so there is more to learn in follow-up research.

No Sex With Others

> "I know somebody who hasn't had sex for six years, except for masturbation. Fear. A lot of people have given up fucking because they think it's unsafe." (gay community leader)
>
> "I think through the guilt and the fear and the loss that many people have suffered. There's people that are just paranoid out there to have sex. What kind of mental conflicts are going to arise from that?" (gay businessperson)

13.5% (47) of those answering the survey checked that they are not having sex with others at the moment. 16 of those checked no other sexual practice, with the other 31 selecting from the whole range of options offered. We can only speculate: a) perhaps they've decided not to engage in sex, and mostly that's true; but sometimes they slip up and have sex with someone, or b) they've just recently decided to stop having sex and want to report on the range of sexual activities they've been engaging in.

5 of the 47 made a comment under 'other' that tended to clarify their checking no sex. Comments like "auto sex—by myself", "abstain", "cuddling, wrestling, tickling, just sleeping together" indicated at least some physical contact with other men. Another wrote, "partner died of AIDS—17 year relationship—celibate at this time—very cautious and aware of safe sex practices."

There are reasons to believe that abstinence may pose a threat. Problems could arise if the men are not having sex out of fear or discomfort with negotiating safer sex. They may hold off from not having sex for a period of time. But then act out of control and engage explosively in some form of unplanned and unsafe sex. U.S. studies have shown that extreme behaviour changes like eliminating rather than modifying transmission-relevant behaviours can lead to a higher rate of readopting high-risk behaviours. Helping gay and bisexual men become aware of the strategies they are using and the options they have at reducing risk is a direction for AIDS prevention programs.

No Anal Sex

> "In my experience and what people are telling me is that people are not having anal intercourse. They're not even risking it with condoms." (gay man affilitated with sports team)
>
> "I know a larger number of men who have stopped eroticizing anal sex and they don't fuck anymore rather than wear a condom." (gay therapist)

Some men stated that they have stopped having anal sex—26.2% (91). A closer look at this group shows that elsewhere in the survey 13 of the 91 men said they have had unprotected anal sex within past year. Again modifying risk behaviour may be more realistic that eliminating risk behaviour. However, eliminating anal sex may not be a drastic change for some men: various men who stated that they do not engage in anal sex, also said that either a) they didn't have much anal sex before AIDS and so eliminating it from their repertoire of sexual practices was not difficult or b) that even though they had participated in anal sex, they usually didn't enjoy the experience and so again eliminating the behaviour was not difficult.

Sex with a Lover

> "When you first meet somebody that you're going to go home with, it seems there's very little that is left to do. It's very vanilla the first time you have sex with someone. If you ever see them again, it just seems to slowly evolve until you're introducing more things, both gray area things like possibly unsafe sex that you might consider doing, as well as all these other aspects of sexuality like role playing. I do feel as you get to know somebody you do expand out of perfectly safe sex into more unsafer sex." (gay man affiliated with sports organization)

"It looks like two individuals who are HIV+ and healthy, there probably is no risk for them to have unprotected sex. If they've been both switching positions then there's not much point in them getting tested, and the odds are they'd both be the same status. If one person has been continuously on the bottom, the other one continuously on the top, then they probably should be tested, then choosing whether or not they continue to practise unsafe sex. Or if they choose not to be tested, then I think they should use safe sex. But if they've both been tested and they're the same status and it is a closed relationship, then I'm not convinced that there's need for safer sex. If they're different status and the person on the bottom is HIV+, then safer sex is needed." (gay physician)

AIDS adds another level of discourse and stress to the everyday lives of gay couples. Two categories for men in relationships were provided in the survey. It is clear from other research like the Vancouver Lymphadenopathy-AIDS Study that the type of partner—casual or regular—does influence the sexual practice. At the same time AIDS educators have been stressing that safer sex requires altering behaviours with **all** partners. What is not clear is whether sex partners, both HIV+, are at risk during unprotected anal sex. There is a growing concern that they should be using a condom.

15.9% (56) of the respondents checked that they don't usually use a condom with their lover, while 7.5% (26) checked that they always use a condom with their lover. Of immediate note is that the total number of men indicating condom use with lovers (81) does not equate to demographics on relationship status (92), leading me to think that perhaps some of those remaining eleven men don't consider sex with a lover as part of their safer sex repertoire or don't have sex with their lover. Indeed a few of these men wrote that safer sex or condom use was not applicable.

Respondents could also enter the amount of time the couple has been together. Time together ranged from 6 months to 23 years for those 56 who don't usually use a condom and from 4 months to 14 years for those 26 who always use a condom. It was speculated in exploratory interviews that couples may start out using condoms, but then not use them consistently as the relationship proceeds. Although 4 to 6 months may seem like too short a time to stop using condoms in a relationship, the survey was not sensitive enough to discern the circumstances of the couple. There are many things both partners must consider when deciding not to use condoms: past sexual history, repeated testing and sex outside the relationship.

Of the 56 who stated that they don't usually use a condom, 34 (60%) of those men indicated elsewhere that they have had unprotected anal sex within the past year; of the 26

who indicated that they always use a condom with their lover, 7 had unprotected anal sex within the past year. It's not clear whether the unprotected anal sex is within or outside of the relationship. Reasons for unprotected anal sex include pulling out before ejaculation, under the influence of drugs or alcohol, no condom available, or the passion of the moment.

Some of the 13% (45) who checked 'other' wrote something about relationships and sex partners: From one man, "Not applicable. We both are HIV-." Another alluded to the problems that can develop, "No longer together after I discovered someone fucked him without a condom." Another scenerio read, "always use a condom except when fucking my lover who is negative, as I am." One respondent changed 'we don't usually use a condom' to 'we didn't' and added under 'other', "but since he had an affair we do use condoms."

Other Safer Sex Practices

Many of the 13% (45) who wrote something under 'other' made comments that reveal a variety of safer sex behaviours:

- 7 men mentioned such things as kissing, tit play, frottage, massage and cuddling;
- 2 indicated that they had cut down on the number of sex partners;
- 4 men wrote they were more selective in choosing their sex partners, with one stating, "I pick straight men who are not promiscuous.";
- one man said he pulled out before ejaculation when he had no condom;
- another said that he "looked for signs of other STDs";
- 3 men said they don't ejaculate in the mouth, and another man said he spit out the sperm and rinsed his mouth after oral sex;
- use of sex toys, porno movies and fantasy were all mentioned.

Safer Sex Conclusions

Beyond the behavioural trends that this survey question points to, what can these men's responses about what they do for safer sex tell us.

- First, that each has developed a unique repertoire of safer sexual practices.
- Secondly, that this repertoire is not fixed but appears to change over time,

probably in response to new situations, people and information.

- And thirdly, that inconsistencies and apparent contradictions in stated safer sex behaviours probably reflects the level of risk a person can tolerate and sustain in a given situation as he consciously or unconsciously decides on those gray-area behaviours between completely safe and high risk.

The respondents to this survey apparently have a high degree of knowledge about high risk behaviour, but that does not mean safer sex is consistently being practiced. How gay and bisexual men define safer sex varies widely. Other studies would concur, there are still men who continue to have unsafe sex. Those still not practising safer sex may be highly resistent to change. Education beyond basic risk reduction information is needed by gay and bisexual men for them to sustain consistent safer sex behaviours. Education for change is needed.

UNSAFE SEX CONTINUES

"I have seen frightening numbers of people in my counselling practice that are not practicing safe sex to this day." (gay therapist)

"I would think that your survey would show that most people are pretty aware of what activities are safer, what's not as safe. So then the real question is not so much about awareness at this point, but if you know what's safe and what's not safe, what are you doing with that knowledge? To me that's the crunch question. I have a feeling we know most of us what to do but where I'm concerned is that even though we know, I have a feeling as well, and this is just based upon my perception, talking to other people, reading, I have a feeling that there is still too much unsafe sex happening out there." (gay community leader)

"People that I've gone home with, it's been fairly even split but it's been extreme splits. I've been home with a guy who wanted to do anything and everything and didn't believe in safe sex and that was a few months ago. It was basically the attitude, if I was going to catch it, I would have caught it by now." (gay man, age 35, affiliated with several gay organizations)

"I find with the contacts I make, you still have to educate people yourself. More people than you should have to." (member of S/M community)

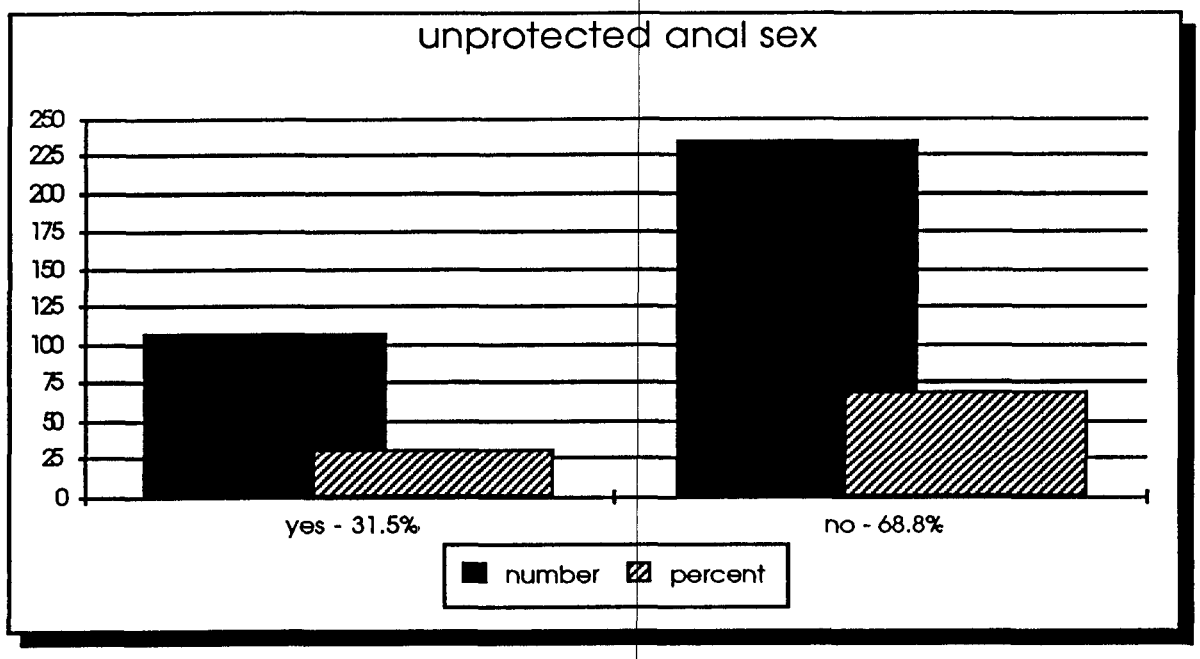
"There appears to be a small group of seronegatives who continue to practice very high risk activities. We have identified a persistent group of seronegatives who, despite practising fairly frequent sex with casual partners will not always use a condom with receptive anal intercourse, despite being negative, despite the partner being casual, and this persists into 1989. There appears to be this small group of very hard to reach individuals." (AIDS researcher)

Generally when people refer to having unsafe sex, they are most often referring to anal sex without a condom. Although there are other kinds of unsafe sexual behaviours, to date researchers have identified unprotected anal sex, both in the receptive and insertive positions, as the highest risk sexual activities for the transmission of HIV. The only sure protection from HIV transmission for gay men is to not engage in anal sex. Some would promote this option.

But using a condom has been identified as greatly reducing the risk of transmission. The condom however does not offer 100% protection: leaks can be found in condoms that allow the HIV virus to pass through the membrane, condoms break, condoms can be improperly used. Since the condom was identified as offering the best protection from viral infection during intercourse, AIDS organizations have promoted its use as a way for gay and bisexual men to modify risky sexual behaviour.

We know that gay and bisexual men are using condoms, but we also know that they are not using them consistently. The big question is how much unsafe sexual activity is actually going on. People in the gay and bisexual communities that I spoke with wondered too about the amount of unsafe sex that might still be going on. Some had experiences with friends or sex partners that made them realize that not everyone was having safer sex. A few individuals talked candidly about their own reasons for not always having safer sex. Also concerned were the physicians, therapists and social workers who have witnessed the seroconversions of some gay men because they continued to engage in unsafe sexual behaviours.

In the AIDS Survey, 31.5% (107 respondents) said that they had had anal sex without a condom sometime during the past year. The other side of the story, of course, is that 68.8% (236 men) said that they had not had unprotected anal sex in the past year. A closer look at the 107 respondents that did not use a condom for anal sex reveals information that has implications for AIDS education and points to the need for always taking responsibility for protecting yourself.



Of the 107 respondents who had unprotected anal sex, 101 of them knew receptive anal sex to be a high risk activity, 6 said it was a low risk activity. Of the 107, 87 said insertive anal sex was a high risk activity, 16 said it was low risk and 1 said it was no risk. The variation in response to the risk of anal insertive intercourse parallels the response of the whole survey population. Perhaps information has not been clear about the risks of anal insertive sex and that a condom is meant to protect both partners. And so even though most of the 107 respondents indicated that they know the risks of unprotected anal sex, they continue to engage in this sexual behaviour.

Of the 107 who had unprotected anal sex in the past year, 13 of them stated elsewhere that they do not engage in anal sex, and 44 stated that they always use a condom for anal sex. These inconsistencies point to the modifications people have made in their sexual behaviours, and at the same time show us the difficulties people can have in sustaining these changes over time.

A closer look at the education levels of this group of 107 who had unprotected anal sex shows that those with high school education were more likely to have engaged in anal sex

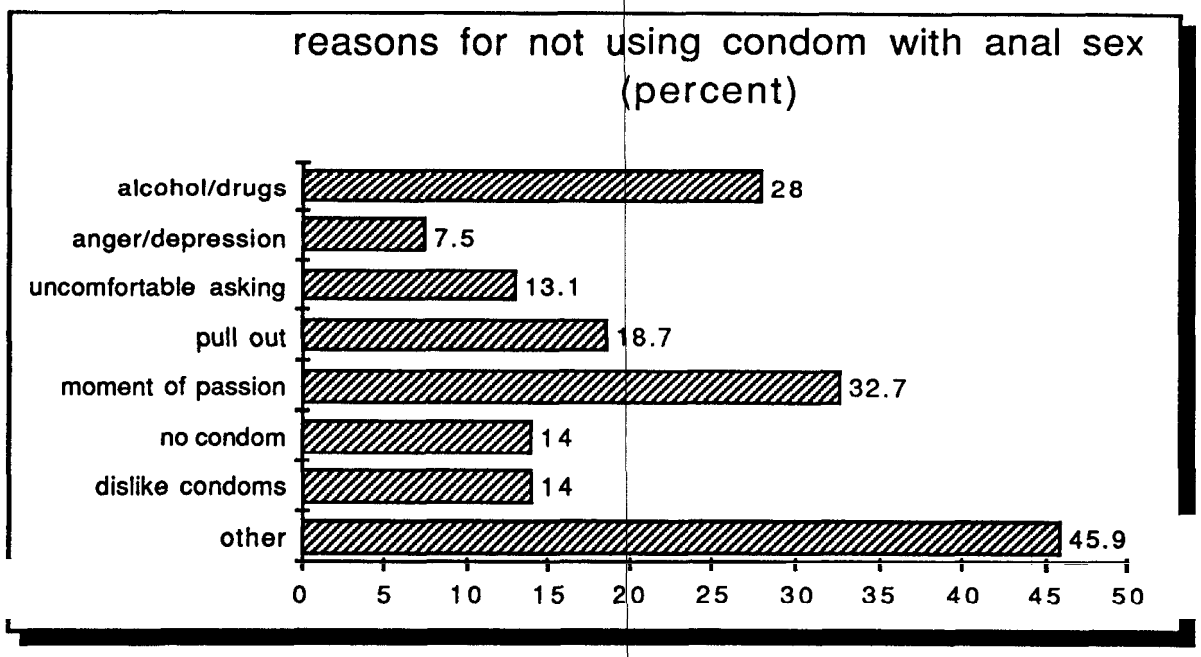
without a condom than those with university education. 4 out of 10 men with high school education engaged in unsafe anal sex; 1 out of 4 university educated men engaged in this unsafe activity. Although this needs to be more closely examined, it does point to the concern of many that comprehensive AIDS education must go on at the high school level.

27 of the 107 respondents who said they have had unprotected anal sex also indicated that they had tested HIV+ and 5 of those indicated that they had been diagnosed with AIDS. Let me say here that this in no way is meant to imply that these men knew their HIV and health status while engaging in unsafe sex. This behaviour may have taken place before testing was done. Clearly though their sex partners were at very high risk of getting infected with HIV. This points to the fact that we all need to take responsibility for our own behaviour by ensuring that the sex we engage in is safe. Another 20 of this 107 indicated that they have not been tested and do not know their HIV status—a certain percentage of that 20 may also be HIV+.

NOT USING CONDOMS

> "One guy'll say, 'I probably got it anyway.' Another will say, 'I can't cum.' 'It doesn't feel right.' I feel stupid.' 'I was embarrassed.' There's a lot of reasons why they still aren't using condoms. 'He was a nice man.' Of course, I'm always there to bust their balloon because *nice men do die of AIDS.*" (gay businessperson)

In this survey, the respondents who indicated that they had had unprotected anal sex within the past year were asked to check some reasons for having anal sex without a condom. Finding out why men are not using a condom every time for anal sex can give an indication of the educational messages and programs that might be successful in promoting condom use. Seven reasons were provided on the survey based on information from exploratory interviews and from the Vancouver Lymphadenopathy-AIDS Study. 'Other' option was included where men could write in their own reasons.



Alcohol and Drugs

"I have a friend who's a gay physician in Montreal and he figures that the epidemic in the gay community is alcohol not AIDS. That's his perception as a practitioner and perhaps he's seeing a whole lot more than we are here. But certainly drugs and alcohol play a big factor in a lot of the lives of a lot of the people. And let's face it, we're all human. And after a couple of drinks everybody throws caution to the wind." (social worker)

"The thing that worries me is when they go and get drunk. And inhibitions go out the window. That's when accidents can happen. Overall I still think that the majority, and I would put that way up at around 90%, are behaving." (gay businessperson)

"On a general basis, no [ie. people don't use condoms]. 90% no. For the people that I know. A lot of it is they drink. It's just another thing that's going to happen. You can get hit by a bus tomorrow." (gay man affiliated to several gay organizations)

"Meeting someone for a one night stand and just getting carried away and forgetting, usually alcohol associated. Alcohol is a real problem for gay people as a whole and I think it really does add in when people are getting infections as well." (gay physician)

"[Unsafe sex] goes along with drug and alcohol abuse. Risk factors increase because people's judgement is decreased." (person living with AIDS)

In the AIDS Survey 30 men listed alcohol and drugs as a reason for their not using a condom for anal sex. Most people I interviewed in the gay and bisexual community talked about how alcohol and drugs alter decision-making abilities. Without a doubt they contribute to gay and bisexual men failing to maintain sexual behaviour changes. The way alcohol and drugs impair people's judgement of a situation naturally leads to failure to use a condom. IV drugs are a double problem. There is a risk of HIV transmission if needles are shared, and unsafe sex when the user is high.

Because bar life is so integral to gay culture, alcohol is a common accomplice in gay sex. The community needs even more awareness of the fatal consequences of the sex and alcohol mix. Seattle, for example, has just launched a two-year media campaign aimed at getting out the message that alcohol and drugs affect your judgement and that can increase your risk of AIDS.

Low Self-Esteem

> "In some instances, we got people that are ucomfortable with their sexuality, self-loathing is certainly a part of it. People who are still not comfortable with who they are. And it's because of this self-loathing that they'll actually put themselves at risk to catch an infection. It's a form of suicide, an indirect form of suicide. But how to get to these people, I don't know. I've had one who seroconverted within the past month that I desperately tried to get to a psychiatrist before he converted and initially he wasn't prepared to deal with it, and now that he is prepared to deal with it, he's already seroconverted." (gay physician)

> "I think a lot of them take a fatalistic attitude. A lot of it's depression, social pressure and personal problems." (gay man affiliated to several gay organizations)

Although only 8 respondents on the survey indicated that anger and depression were factors in their not using a condom for anal sex, many of the people I interviewed talked about self-esteem issues as co-factors. Some gay and bisexual men have difficulty establishing a repertoire of safer sex behaviours that they are comfortable with and can sustain. Low self-esteem was already an issue in the gay community before AIDS. Now low self-esteem appears to play a part in keeping gay and bisexual men from not integrating safer sex information into practice.

AIDS education exists against a background of homophobia. Gay and bisexual men are conflicted with mixed messages: "take responsibility for your health and the health of other gay men and practice safer sex" versus "you're sexual practices are inheritantly evil and have brought this disease upon you." This is a difficult climate in which to do education—but it is being done and with a fair degree of success. But many gay and bisexual men need more than information on condoms, they need a context for dealing with the social and personal **alienation** they experience in their daily lives.

Negotiating Condom Use

> "Maybe you're not into fucking, but if you leave your condom right there on your bedside, it lets anyone who comes be aware that you're taking some precautions. So it's there. So they see it and it's there. If anything does come up, they're more likely, instead of trying to push anything on you, they're going to see the condom and so they're going to respect it. You've set a limit already, without having to say anything embarrassing. You've already said something by having your condom beside your bed." (gay businessperson)

13.1% or 14 respondents said that they did not use a condom because they felt uncomfortable asking a sex partner to use one. Comfort with condoms is an issue that's being addressed in other cities across Canada and the U.S. The current educational solution is workshops where facilitators de-mystify condoms by getting gay and bisexual men to handle them and talk about them in a socially safe context. Or workshops where gay men can learn to assert with their sex partner the choice they made to always use a condom.

No Condom—No Ejaculation

> "Coitus interruptus is not going to work. Coitus interruptus is a major risk factor today in terms of what's going on in terms of the transmission of this disease. So we got to get through the fact that that is not safe and is not even bordering on safe." (gay physician)

18.7% or 20 respondents checked that they pull out before ejaculation during anal sex. Some gay and bisexual men believe that pulling out lowers the risk of HIV transmission. While it may lower the risk somewhat, anal sex without a condom is still a high risk and information on this needs to be clear.

Moment of Passion

> "Rather than simply talking about condoms, dental dams or rubber gloves, we need to talk about how to negotiate safer sex. And how to do it easily in a moment of passion." (gay community leader)

The single most specific reason given for not using a condom during anal sex is not thinking about condoms while in a moment of passion—32.7% or 35 respondents. Although "moment of passion" may be kind of an ethereal concept, it seems to be one gay and bisexual men can relate to. And it points to the difficulties of maintaining sexual behaviour changes. Clearly safer sex is not an automatic response in a sexual situation.

No Condom

> "A lot of it is not being prepared, having convinced themselves that it's not going to happen, therefore not taking the condom with them and of course it does happen. Some of it's self-destructive behaviour on the part of the individuals and how we're going to get to those people I don't know." (gay physician)

14% or 15 respondents indicated the reason for anal sex without a condom was no condom being available. Questions this raises are: Should condoms be more readily available? Should a person be responsible for his own health and ensure he has a condom? Do men know of other sexual options beyond intercourse?

Dislike Using Condoms

14% or 15 respondents checked that they do not like using condoms as the reason for not using one during anal sex. It seems that the history of the condom and man's dislike for it run parallel. Men complained about not liking condoms before AIDS; they still do. But now it's a matter of saving lives.

Elsewhere on the survey, men were asked to agree or disagree with the statement "I'm more comfortable using condoms now." 59.6% (204) of the men answering this survey

agreed with this statement. Only 17% (58) disagreed. And an interesting number, 23.4% (80) said it was not applicable. Obviously they think they don't need to wear condoms.

Other Reasons for not Using Condoms with Anal Sex

50 (45.9%) of the 107 men, who said they had had unprotected anal sex within the past year, wrote in a reason for not using a condom. Their comments include:

- 1 said that he was not the receptive partner;
- 4 men stated that the condom broke;
- 4 men stated that they pull out before ejaculation (even though this was a category provided for in the question);
- another wrote, "Sometimes don't use a condom for about a minute then put one on. Just a little pre-cum exchanged.";
- 1 said condoms were not comfortable for him;
- 1 attributed his not using a condom to stupidity;
- 2 said that it only happened once or twice.

Some comments were more reflective in nature like "I stopped when I realized what I was doing." One disturbing comment was, "Partner coerced me into having anal intercourse at a very climatic point in our love-making."

Condoms in a relationship: Many comments focused on not using a condom because of the relationship between the sex partners—anal sex without a condom is limited to certain people or a single person:

- 1 said his partner was a virgin;
- 1 said he doesn't use a condom with a regular partner;
- 1 only has unprotected anal sex with friends;
- 3 said they trusted their partner;
- 9 stated that both partner and respondent were HIV-;
- 2 stated that both were HIV+;
- 6 said they were in a monogamous relationship;
- 12 said the unprotected anal sex was with a lover; one man wrote, "lover of 1 1/2 years, first 6 months used condoms. After both being tested negative, we no longer use comdoms."

Depending on the two partners, anal sex with another man might be safe. But many variables must be considered by the couple in a relationship, including trust. As a gay physician commented, "Even though the partner may say that they are monogamous that doesn't have to be the case." Speaking from experience one gay man wrote, "Partner did not want to use a condom and I was in love. Relationship has now ended. Will know better next time."

Attributing "safeness" to another: One man wrote that he doesn't use a condom with someone he assumes is safe. This raises another reason a gay man might not use a condom for anal sex—because, for whatever reason, he perceives the other man to be safe, that is, not HIV infected. Several people from the gay community drew this to my attention during interviews:

> "They meet a partner that looks healthy. They tell me, 'this guy I got together with looked so healthy.' He was obviously someone that a person didn't have to do safe sex with because he looked so healthy." (gay physician)

> "I know a man who says I only practise safe sex with 5's or lower on my scale of 10. And if you're a 6 or higher on my subjective scale of looks...then I don't want to lose the chance... So I'll do unsafe things just for the opportunity of having sex with the hunk... And I've heard this from many men who don't know each other and they have a similar kind of think on this. That safe sex is only for people who are minimum to moderate attraction. And if they're really hot potentially, throw caution to the wind." (gay therapist)

> "I think there's a fairly high rate of slippage of people who intended to have safe sex but occasionally slip up and don't. Alcohol is a factor. Thinking that the other person seemed like a low risk person. I don't think they have a very valid way of knowing though." (gay physician)

This type of denial is not limited to just the gay community. A recent study on AIDS and youth said that teens believe the kind of people they know and have sex with wouldn't get AIDS. Again attributing safeness to particular groups based on irrelevant factors. We need to address the many sides of denial.

Unsafe Sex Conclusions

At the very minimum 74 (21%) gay and bisexual men reported having at least one instance of **unsafe** anal sex. 107 reported **unprotected** anal sex, but 33 referred to that anal sex as being with a particular partner—the assumption being that it might have been safe

because both partners were HIV-. If this is not the case, the number involved in unsafe sex will be higher than 21%.

Consider also that some may have forgotten about unsafe encounters during the past year. Remember too this was a self-select survey—those in denial wouldn't be answering it. So the percentage of gay and bisexual men in the population having at least one experience of unsafe sex in the past year may be much greater than our survey indicated. It's clear that more thorough and sustained education campaigns promoting the safer sex message are needed in the gay community.

THE EXPERIENCE OF CHANGE

"With AIDS, gay men have been forced to consider risk and to take responsibility for understanding and deciding the possible consequences of their sexual practice." (from *Sex and Germs* by Cindy Patton)

How safer sex behaviours are integrated into a gay man's life is reflected in how well he copes with the ambiguity and instability those sexual situations present to him. Learning new behaviours means coping with paradox. To maintain stability in response to these pressures, the individual must change; but to achieve change the individual must experience uncertainity.

Because we organize our experience of the world in terms of self, new experience has an immediate impact on how an individual sees himself and feels about himself. Some men easily attempt new strategies and engage in problem-solving, information-gathering and decision-making behaviours in order to reach their desired goals of developing comfortable safer sex practices.

Studies on adult learning show that those adults with a higher self-esteem and more positive self-image will be more ready to accept change. Success with making and maintaining change in sexual behaviours follows a similar pattern. But we also find gay men denying experience they perceive as inconsistent with their self-image.

RISK DENIAL

"I think that **denial** is probably not as prevalent amongst the gay community as it once was. I think now the straight population, they're still denying. They're still convinced for the most part that they're not at risk." (gay man, member of gay sports team)

"Doctors are now seeing new seroconversions in the gay community. It's upwardly mobile well-educated, middle-class men who are seroconverting. Where have they been all these years? It's like the teenager who figures she's never going to get pregnant. It's that level of denial and I think the level of denial is still in the gay community." (social worker)

"A phenomena that I've noticed all through the AIDS crisis is the obstinacy which so many people attempt to downplay the significance of it as a personal threat to their lifestyle. They definitely downplay it. And I think it's a natural reaction. It's such a horrifying phenomena that I think anyone would attempt to downplay it." (gay actor, director)

"I have a sense that there's a turning happening not only with our community but with the city as far as involvement. The denial is finally waning a little bit. Still there's lots of people who say it'll never happen to me." (gay community leader)

"It's trying to break that level of denial for healthy people to say, wait a minute this could happen to you. One slip up. That's all you need is one slip up. This is not a disease that can be treated with a shot of penicillin." (social worker)

Even though the community pulse says that denial is not as strong as five years ago, concern was expressed for those gay and bisexual men who still have not accepted the threat of AIDS and HIV infection and have not initiated the changes they need to make in their sexual behaviours. What about young people who may have a feeling of immortality and immunity from disease? What about older gay men, not closely affiliated with the gay community, professional and generally closeted? What about men who have sex with other men, are perhaps married and who don't identify themselves as gay or bisexual? Bisexuals told me that denial is how some of their friends, both straight and bisexual, are coping with AIDS.

It's difficult to get first hand information on denial—those experiencing denial are not usually consciously experiencing it. They are not apt to pick up a survey on AIDS and fill it out; they're not likely to volunteer for an interview on safer sex practices. Physicians and therapists said many of their clients are dealing with denial issues—sometimes for months after learning of HIV infection, sometimes years. Therapy is likely the most effective strategy for dealing with long-term denial.

Just what percentage of seroconversion is due to men denying their vulnerability to this disease is not known—probably most. Many in the community wondered aloud how education could reach people who persist in denying their risk. As a first step, referral to therapy or a support group can at least get the person talking about the issues. That means developing more support resources in the province and promoting the availability of those resources. Community education is then needed to reinforce and sustain their change efforts.

FEAR OF PEOPLE LIVING WITH AIDS & HIV

> "A lot of people when they find out they have AIDS, they lose their gay friends because people are afraid of them." (person living with AIDS)
>
> "It's infuriating to see people in the last years or months of their lives, not only continuing to experience homophobia but experiencing it in new ways, and at points in their lives when their defenses might not be what they might want them to be." (AIDS educator)
>
> "And still the phobias about AIDS—people drinking out of glasses or touching someone. I see that still going on. And if you read the information states that there's no fear there but I still see there's a lot of tension and it's fear. I don't think it's hate or disgust. I think it's more fear." (gay businessperson)
>
> "I think that safe sex is only one aspect of the information. The other part of education is we're treating people who are sick because of a virus not because of a lifestyle." (gay community leader)
>
> "We can talk education in terms of high risk activities and transmission, but I also think that there needs to be a great deal done just to sensitize people about what AIDS is , how it affects people. I mean even in the gay community there's a lot of discrimination and bad attitudes toward people that have AIDS or HIV." (person living with AIDS)

It's probably fair to say that people living with AIDS and HIV experience a lot more discrimination from the heterosexual population than from the gay community. After all, the gay community has had a number of years to get accustomed to the disease. At the same time, there is clear evidence of discrimination by members of the gay community against people living with AIDS and HIV infection. There is fear of catching AIDS, fear of death and misconceptions about how the HIV virus is transmitted. There are also many irrational fears.

Overt discrimination occurs in denial of housing and employment to people living with AIDS and HIV. On a more subtle level, people living with AIDS told me about friends who stopped calling or stopped hugging; people living with HIV told me about their fear of being ostracized by friends, of having no one to talk to about their health concerns.

In my research I heard generalized statements made by gay men about the type of person who gets AIDS, where they get it and how they get it. There are many misconceptions about the disease—sometimes made by gay men who are not dealing well with AIDS issues. One said, "It's the leather crowd that gets AIDS." I found the men in the leather community among the most conscientious about practicing safer sex and about educating others. Another told me, "Men who go to the baths get AIDS." Going to the baths does

not give you AIDS—unsafe sex does. Or this comment, "I'm always the active partner in anal sex so I don't have to worry." Both anal receptive and anal insertive are high risk activities.

In the AIDS Survey, people were asked to agree or disagree with certain statements regarding people living with AIDS and HIV infection. Keep in mind that 87% of the survey's respondents indicated they have known someone with AIDS. While 82.8% (285) of the respondents disagreed with the statement, "PWAs make me feel uncomfortable," 11.9% (41) people agreed and 5.2% (18) said it was not applicable to them.

76.6% (262) disagreed with the statement, "Ever since a friend got AIDS, I've not wanted to see him," while only 1.8% (6) agreed. 21.6% (74) of the respondents said it was not applicable, perhaps indicating they had no friends with AIDS at this moment.

30% (101) agreed that they wouldn't even have safer sex with a man who was HIV+. Some gay men told me that given a choice they wouldn't get into a relationship with a man HIV+. And one man recounted an anecdote about his friend who is HIV+. He ran a classified ad to meet someone and in the ad stated he was HIV+. The response—none. Months later he ran the same ad but didn't mention HIV. This time—many replies.

The gay community needs more education about people living with AIDS and HIV infection. Myths about who gets AIDS and how HIV is transmitted must be addressed.

HIV TESTING

> "I've had two tests in the last year and I've been seeing the same guy for four months now and he tested negative. I had the first test because the guy I was seeing demanded it and just had it again recently because it was a decision on our part. Since we know that within the last year we had both tested negative, have the test again to make sure, so that we didn't have to practice safe sex." (gay man)
>
> "A lot of people who've been tested and they've tested negative and they think that every time they get a negative test they have a clean slate and they can go out and be risky again." (gay man, affiliated with gay organization)

No community standard exists on whether to be tested or not. When tests were first developed, gay community leaders came out on the side of not being tested. Over the years anti-testing feelings seem to have faded to the point that now individuals make their own

decisions on testing. Very recently gay newspapers have run ads from AIDS organizations encouraging gay men to have the test. The reason—early treatment for HIV infection is becoming a viable option.

There's a range of reasons for why a gay man might decide to be tested for HIV, for instance, getting involved in a relationship. The preference for gay couples is to not practice safer sex if it's not required and the test is seen as a way of clarifying this. But along with getting the test there's a myriad of issues to resolve: What if one partner tests HIV- and the other HIV+?; Will there be sex outside the relationship? If so, is there a committment of trust between the two prohibiting unsafe sex elsewhere?

Experiencing symptoms such as a persistent dry cough, night sweats, a fever that lasts more than two weeks, or swollen lymph nodes that could indicate HIV infection is another reason for being tested. For some men having an unsafe sex experience is reason enough to be tested.

Whatever the reason, the decison to have the test is left to the individual. AIDS Vancouver, for example, advises that all those being tested receive pre and post test counselling. Gay men considering the test often phone the AIDS Vancouver helpline. This intervention is known to help many men move forward with their decision. For some, decision ends a period of denial. They are taking a step forward. It's not an easy decision—there's the fear of discrimination and the fear of having a fatal disease.

After the test results are known, the gay man is faced with further new decisions and changes. Sometimes denial returns, no matter whether the HIV status is positive or negative. The AIDS Vancouver helpline volunteers try to counsel many repeat callers who test negative to HIV but get caught in an unsafe sex-get tested vicious circle. On the other hand, one gay man in therapy denied his infection for two years after receiving a positive result.

To date the provincial records show that nearly 12,000 gay and bisexual men have been tested with an HIV+ rate of around 20%; over 200 gay IV drug users have been tested with an HIV+ rate of nearly 10%; 162 male prostitutes have been tested with a 4% HIV+ rate. In our survey 70.9% (246) of the respondents have had an HIV test, of those 30.5% (75) tested positive.

TALKING ABOUT AIDS, HIV, AND SAFER SEX

"[My friends and I] do talk about safe sex and they do practice it. If there's ever times that they've slipped up, I haven't heard about it. I know they're as close to me as I am to them and **I would never tell them about my slips**.... My boyfriend and I don't use condoms... This is not something that I would discuss with them. It's something personal, very personal that would be almost the only thing that I wouldn't share. I would never pass that on to anybody else saying, "oh you've been seeing each other now for a year, why are you still using condoms. That's not something I would pass on. But individually, yes I feel it's fine." (gay man, member of sports team)

"AIDS issues rarely come up. I think it might come up if someone has died. References to condoms--sometimes in a joking way. But it doesn't really come up a lot. I don't know why." (gay man, member of sports team, affiliated with gay organization)

"Most of the fellows when I'm talking to them, and they still talk about meeting somebody, they're all talking safe sex, they're all talking condoms. Even to the awareness of using certain lubricants and so forth. They're aware. They're farther advanced than Joe Public out there." (gay businessperson)

"How often do you go out with friends and talk about safe sex? You talk about sex, but has anyone ever said the word 'safe' in the whole conversation. It's something you don't want to talk about. There's a wall there that we can't seem to get away from." (gay businessperson)

"People who are HIV+ in the community will rarely admit it." (gay therapist)

AIDS and sex—quite a topic of casual conversation. It's difficult to bring up one without somehow raising or denying the other. AIDS has positioned gay people and their sexual practices in society quite differently from ten years ago. Now we can hear about anal sex and oral sex on TV. On some level it would seem that this disease has helped us break through our repressed ways of talking about sex. Has AIDS actually made the everyday face-to-face conversations about sex and condoms any easier?

A closer look at the gay community reveals that many gay men are still learning to put sex and AIDS into a comfortable perspective. Gay men do talk about AIDS. It's pretty difficult not too. 87.1% of the men who answered the survey know someone with AIDS and over 70% have been tested for HIV. It's the health risk of the community and a social and cultural backdrop in the day-to-day lives of many gay men—AIDS fundraisers, condoms, the Quilt, newspaper headlines, testing positive, testing negative, funerals, the obituary column, anxiety.

Gay people already have some experience talking about "sensitive subjects in appropriate ways"; after all that's what "coming out" is about. But how you talk about AIDS and safer sex behaviours, where and with whom are still evolving culturally. Explicit language used in safer sex information for gay men is comfortable for many, but appalling to some. In the same way, talking about safer sex practices in an explicit way is only appropriate with some people in some contexts.

In my research interviews, I took my cues on appropriate language from the person. Most of the gay and bisexual men I spoke to reported that telling friends about unsafe sexual encounters had become an inappropriate—difficult to tell and difficult to hear. Friends didn't want to know if you slipped up and didn't use a condom. And while this may indicate the pervasiveness of the safer sex message, it does not reflect the reality of sexual life. We know people still continue to have unsafe sex. Who do they tell? Do they have to keep it inside like an ugly secret? Find a therapist?

Safer sex and condoms when they come up in a social situation, are usually talked about humorously. Telling friends to "play safe". And, "don't forget your rubbers".

A whole range of communication patterns and **strategies** are going on between potential sex partners regarding condoms and safer sex. Some men are very **assertive** in telling others they only practice safer sex—at least their version of safer sex. Other men feel very uncomfortable bringing up the subject, hoping that everything will resolve itself in some **unspoken** manner.

People living with AIDS are apt to be very cautious telling others and much consideration will go into who to tell and how to tell. It's been described as a second coming out experience. I heard several anecdotes from those involved in gay organizations and sports teams who talked about men suddenly disappearing from the group's activities. Then rumours, only to hear sometime later that the person had died of AIDS. We don't ask, "do you have AIDS?" It's too personal, too painful, too unknown.

Men testing HIV+ are not likely to talk about their status, even with friends. Communicating an HIV+ status is new territory for gay men and the strategies differ from individual to individual. Some deny the test result. They can't even tell themselves. Others reflect, trying to find the right time to tell a potential sex partner, to tell their family.

AIDS issues and safer sex are talked about in the gay community more than in the wider heterosexual communities. Nevertheless, communication is not open and easy for everyone. Stigma, fear of dying, denial, low self-esteem, internalized homohobia, issues of trust and safer-sex efficacy all influence the ways many gay and bisexual men communicate about AIDS and safer sex. The gay community is still finding its way. Educational activities that promote communication among gay men about this disease and its prevention would be one direction.

RISK TOLERANCE

> "There's still some people that will take enormous risks." (gay therapist)
>
> "Always a condom, even for oral sex I've always insisted on a condom. That's a matter of doubt. It's a grey area but for myself I decided I prefer to keep it this way." (bisexual man)
>
> "There can be some real misconceptions about what is safe and what isn't safe today. To give you a brief example, a man who was HIV+ and his partner was negative and I asked them if they were practising safe sex. And he said, 'oh yeah, we're practising safe sex.' And I said, 'what do you mean by safe sex?' There was just dead silence and he said, 'well, maybe we could buy a few more condoms and not buy as much beer.' Their idea of safe sex was to use a condom when they had another couple over. But they were still both having outside sexual contacts." (social worker)
>
> "I had a friend over and we were just talking one night and for him he tests negative. If somebody fucks him, they wear a condom. But not only must they wear a condom but they can't ejaculate while they're inside. Other people you don't have to wear a condom, but you have to pull out before. I don't think there's many people who would say, 'safe sex, I'll reject it.' But once you start talking, there's this real range." (gay therapist)
>
> "[The variation in oral sexual behaviour] does show that people are reading the information and reading different sources of information and trying to make their decisions." (gay physician)
>
> "One of the things to remember is that safe sex information is given out under the key assumption that people are going to make a rational, logical choice. In order to make that kind of decision, we have to deal first with our feelings. That's something that in our culture we don't do very well. In a lot of these cases, even if they know the information, there's denial that goes on, there's confusion. The more confusion there is the less attention that's paid to the risks." (bisexual man)

Even after a gay man accepts he may be at risk, he has to interpret the safer sex information to decide on the level of risk he can tolerate. Safer sex information should tell him clearly

his options and his risks. He'll have to decide if he'll refrain from anal sex even with a condom because there is some risk. Or if he'll have oral sex with or without a condom. If he has oral sex without a condom, should he make sure not to get sperm in his mouth? Should he cut down on the number partners he has? But if he only masturbates with them, how risky can that be?

Some men are cautious—they limit sexual behaviours to activities that are completely safe, with no chance of HIV transmission. Most men I spoke to operate within the low risk zone—use condoms for anal sex, engage in oral sex without a condom. Other men are risk-takers—either denying their risk or able to tolerate great risk.

In the community we see a range of safer sex practices depending on level of risk tolerated in a certain context with a particular person. But as our survey indicated over 30% of respondents had engaged in high risk sexual activity within the past year. Though intentions may have been to always have safer sex, "slip ups" do happen. Often alcohol and drugs alter our intentions.

Deciding on a level of risk tolerance can come about consciously or unconsciously. Some men I interviewed had consciously decided on what safer sex they would have and what practices they would not engage in. Others were not so sure and safer sex depended on situations and people. Sometimes sexual encounters would get out of control and they'd end up doing something they didn't want to. Some, on reflection, decided that maybe their version of safer sex was not so safe after all.

Couples have double the options to consider when deciding what's safe and what isn't safe between them. One young gay man outlined how developing a relationship with another man changed his safer sex practices—they started out with very safe sex and as they got more involved introduced sexual practices into the relationship that were considered riskier.

Some gay men need the opportunity of examining risk in closer detail before making a comfortable decision. Counselling is one option. Print material might try addressing decision-making more directly. Workshop situations could give some gay men the chance of putting a decision to rest.

NEGOTIATING SAFER SEX

"When you're having sex with someone, you trust that person enough to know when you say, 'do not cum in my mouth,' you mean do not come in my mouth. And if the person does. Well. One person in our group, he hasn't been out for very long, he slept with somebody and he was so scared because this person had done that to him." (young gay man)

"There is degrees of safeness. The issue usually has been to get people to say, if you accept this as your level of risk, you at least need to let the partner know that because that person might have a different level of what's safe. **My level of safe might not be your level of what is safe.** Given that it's grades of risk, can we talk about that? Not just assuming that we're meaning the same thing. So I've seen that with people who test negative and positive." (gay therapist)

"I don't think people really talk about AIDS a lot. It's sort of like condoms. People use them but for example it's very rare to run into someone who wants to play with them. Or if someone has a level of uncomfortability with them about being able to discuss it. I think people have a sense of relief when a condom is pulled out." (AIDS educator)

"From my own experience I am absolutely accustomed to having safe sex, at least my own interpretation of safe sex. It doesn't bother me anymore. The sexual contacts that I have seem to be about where I'm at. It's unspoken. It's automatic. But I don't really give them a chance because I always have the rubbers with me." (gay actor)

"With one person I must admit that I [don't use condoms]. We've both been tested and we're both negative. We've talked about it between ourselves. I think when it comes right down to, it's a matter of trust and I trust him and he trusts me." (gay man, member of gay sports team)

"I think a whole lot of education goes on in bed when people say, 'you got to be careful', or 'here's a rubber'." (AIDS educator)

Gay men have to be able to communicate their level of risk to a sex partner in a way that makes both feel comfortable and safe. A range of negotiating patterns exist when two men are about to have sex. From unspoken use of condoms to setting explicit limits on particular sexual behaviours. From respecting your sex partners limits to ignoring them. In the Seattle AIDS Prevention Project, although 10% said they would do anything sexually if they really liked a guy, 88% of the respondents said they would stop a sexual partner if they didn't like what he was doing. 38% of our AIDS Survey sample said they would make sure a guy was wearing a condom for anal sex.

Trust is a factor in negotiating safer sex between people. You want to feel secure that your requests will be respected. And for example, if couples are to forego the use of condoms, then each must trust that the other will not endanger him. As one gay man put it, "I don't

want to live on the side of being totally untrusting." Gay men need to build trust in all relationships.

Communication prior to sex would seem essential, but it doesn't always happen. 14 respondents in our survey said that they had unprotected anal sex because they were uncomfortable asking their sex partner to wear a condom. Many AIDS organizations are running safer sex workshops for gay men. Negotiating safer sex with a partner is a major concern. Feeling comfort and a sense of control over this interaction help gay men to maintain a safer sexual life.

EDUCATION FOR CHANGE

> "It is essential that AIDS education incorporate positive notions about coming out with the new information about necessary changes in sexual practices. Studies of men who have successfully changed their sexual practice show that the most important factors influencing their decision have been positive feelings about being gay and the sense that they are able to make changes that will be effective..." (from *Sex and Germs* by Cindy Patton)

People acknowledge that unsafe sex is going on—they see it, they hear about it, they participate in it, although they may not like to talk much about it. But the overwhelming sense of the gay community is that change has been taking place—gay men are adopting responsible sexual behaviours and as a result community life is different from a decade ago. But personal change, even within a community that actively strives for social change, is a difficult process. How to deal with change? People that I interviewed said,

- keep information on safer sex issues up-to-date and accessible,
- get gay men talking more about safer sex issues,
- encourage positive messages about being gay and making change,
- and make sure people have constant reminders about only practicing safer sex.

> "You're talking about for someone to change not only something as fundamental as sexual behaviour and not just for a year—you're talking about for life. That's a tough act." (AIDS researcher)

> "There's a clear indication that's coming out now that people that have been practising safe sex for a few years are having trouble. **They're relapsing.**" (gay AIDS educator)

> "People hear only what's comfortable for them to hear." (social worker)

What kind of educational programming will contribute to lowering the seroconversion rate in the community? Gay and bisexual men continue to become infected with HIV. A physician connected to the Vancouver Lymphadenopathy-AIDS Study following 700 homosexual men reported:

> "We're still seeing a seroconversion rate of 3 to 4% of this particular closed cohort of people. When you think that this particular group of men have been followed for about 7 years. They're educated every time they come in. They have their blood tests done, initially it was every six months, now it's every one year. They're a highly educated group of people and yet we're still seeing seroconversion. ...

What's happening in the larger community who's not having access to that kind of sustained education."

The Lymphadenopathy Study was not designed account for those seroconverting—they appear to be part of a group of men who persist in engaging in anal sex without a condom. It follows that some men in the gay community have also resisted making changes in their sexual behaviours. And even though most gay men appear to have made some adjustments in their sexual practice, because of different interpretations of safer sex and lack of confidence in one's ability to sustain change, unsafe sex happens. This against a background of drugs and alcohol, and homophobia.

Eliminating risky behaviour altogether is unrealistic. **Modifying behaviours** to minimize risk has been the thrust of AIDS education—wearing a condom decreases the risk of infection. Maintaining those changes though requires continuous attitudinal and psychological adjustment. This means education beyond the do's and don'ts of sexual practice to education that encourages low risk practices that are responsible, consistent and sustained. Education for change.

The gay community will likely always have AIDS information needs. People continue to come out; people need reminders; people want to know what's current. This means information that is accessible to a range of people in the gay and bisexual population; positive messages about gay identity and sexuality that foster responsible decision-making and communication with sex partners.

But this also means education beyond just information. Programs that address the variety of difficulties gay and bisexual men experience in sustaining safer sex practices need to be developed. Proactive education strategies that create opportunities for increased communication among gay men is the direction for AIDS prevention to take.

INFORMATION NEEDS

Prevention Information: a current perspective

"I think the educational materials are just not there as much anymore. You see ads in the gay newspapers about giving money to AIDS Vancouver and articles about what AIDS Vancouver is doing. But AIDS Vancouver is not providing information on what is safe sex, what are the danger zones, who are the people

who are still at risk, why these people aren't being reached." (gay man affiliated with gay organization)

"It seems to have declined as far as the push for getting information out. It sort of peaked maybe a year or two ago. And now I guess people are assuming, like with my club, that if people haven't heard about safe sex by now, where have they been in the last three years." (gay man affiliated with gay organization)

"AIDS Vancouver has generally, with their education, not been a gay educator. They haven't done any specific programs... They've avoided it. They've tried to say we're an overall educator." (Person living with AIDS)

People in the gay community have experienced a slowing down of available information on AIDS prevention during 1989. The public media has moved on to other issues. AIDS Vancouver has been experiencing funding difficulties and internal re-organization. The provincial government has never addressed AIDS and the gay community head on. One gay man referred to the general complacency in society as "AIDS fade."

But the need for AIDS information is very real. 84% of those responding to the AIDS Survey disagreed with the statement, "I'm tired of hearing about AIDS." The helpline at AIDS Vancouver offers information and referral to the public—usually over 1000 calls a month, many from gay men. The Body Positive drop-in continues to attract people, mostly gay and bisexual men.

Gay men travelling to other cities have noted the range of material and educational activities offered to other gay communities. But in Vancouver, they see no education campaigns specifically for gay and bisexual men.

Prevention Information: what's missing?

"I think we should now start saying there should not be anal sex at all of any sort with somebody who actually has AIDS. ...Seroconversion with a sexual partner who has AIDS is more likely than seroconversion with a sexual partner who's just HIV+. The virus load in a PWA is very high just before death." (gay physician)

"One of the areas we need to target is the fact that anal insertive is a risk." (gay physician)

"I think the push for safer sex has got to be sexual activity that poses no risk. Not how to minimize risk. Having intercourse with a condom is still a risk. It's a risk if the condom breaks, if the condom's not properly used, if the condom isn't used at all. There are a lot of things that anyone can do that pose no risk." (AIDS educator and counsellor)

"To say to gay men that because one of your sexual activities is not very safe when it's not protected, is no reason to say to gay men, 'well we don't know how safe a condom is, so maybe you shouldn't practice anal sex at all'." (gay community leader)

"We always say don't exchange body fluids but that isn't the whole picture. It's a question of in exchanging body fluids, don't get it into the blood stream. People need to have that kind of reinforcement." (gay man affiliated with gay organization)

"One thing that I found really useful was there was a consumer survey of different condom brands and the ones that are most reliable and the least reliable." (bisexual man)

"Not only do we have to get out the messages as to condoms, we have to get out the messages to the fact that you can not use certain lubricants. And I'd name them." (gay physician)

"I think that probably the biggest question in terms of education is what is safe and what is not, what can I do and what can't I do." (gay physician)

Physicians and others in the community have concerns that specific information on safer sex practices, condoms and lubricants isn't reaching the gay and bisexual population. In putting out prevention information, AIDS educators need to ensure that,

- the information is current, reliable and accurate;
- there is a system for reviewing material to ensure its accuracy;
- the information is available in a number of forms to reach a diverse adult population—for example, print, oral, visual;
- there is a system of distributing that information to reach a diverse community—in the bars, to Asian gay men, to rural communities, etc.

INFORMATION SOURCES

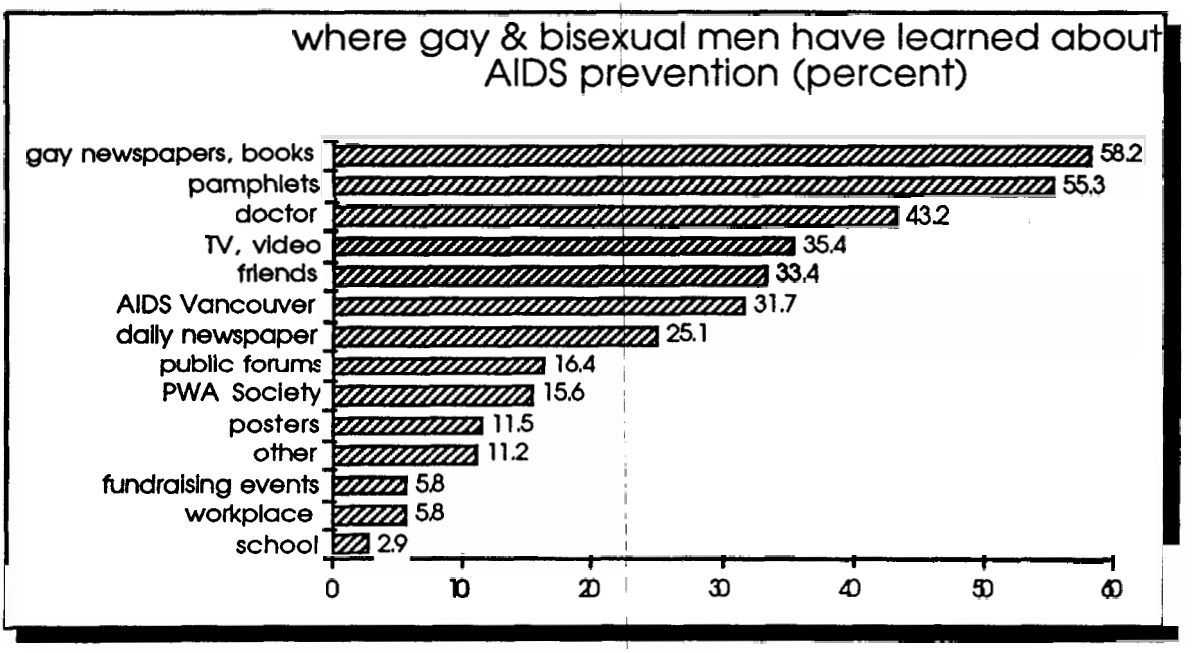
"Reading the newspaper, reading information put out by organizations like AIDS Vancouver and talking with my GP who is actually quite good at keeping up with the latest things." (gay man, member of sports team)

Knowing where the gay community has learned about AIDS prevention can advise AIDS educators about effective educational directions. Based on the AIDS Survey, the main source of AIDS prevention information has been gay newspapers and books—58.2% (202) of the survey respondents selected this choice. Gay newspapers around North America have been diligent in covering AIDS issues—from the politics of AIDS to prevention and treatment information. Even though Angles, with a circulation of over

10,000, covers AIDS issues, this medium could be used more effectively. Perhaps a regular AIDS column that would,

- increase awareness and encourage discussion on a wider range of AIDS prevention issues,
- communicate the work of AIDS organizations,
- publicize and promote AIDS educational activities.

This is probably easier to suggest than to actually do—Angles is run by volunteers. But AIDS educators might move toward encouraging more writing on AIDS issues to keep the gay community better informed.



The amount of print information available on AIDS these days is more than one person can keep track of. How can AIDS educators ensure that books and journals are accessible to the gay population in British Columbia? The AIDS Vancouver Resource Centre and Library, the PWA Society Resource Centre, the provincial government's video library and Out on Shelves—the Gay and Lesbian Centre's library—should develop a strong network in order to,

- promote AIDS resources to the gay population;
- encourage more self-directed learning on AIDS issues;
- review new books and journal articles on AIDS issues for the gay community in the gay press or in organizational newsletters;
- make AIDS materials more available to gays in smaller towns and in rural communities around the province.

55.3% (192) of the respondents indicated pamphlets as a source information. Pamphlets have been a major information vehicle for AIDS organizations. AIDS Vancouver has extensively supplied the gay community with pamphlets over the years, either locally produced or from other AIDS organizations. While pamphlets remain an efficient communication vehicle for synopsizing a lot of information, people are tiring of the basic safer sex information. Because information needs are changing, creativity in using pamphlets is even more necessary.

For 43.2% (150) of the respondents, the doctor has been a trusted source of AIDS prevention information. This trend is likely to continue. For some gay men, particularly closeted ones, this is their major source of information—it's discrete and direct. As one disabled gay man put it, "I didn't think it was a problem not using a condom in the dominant role of anal sex, but my doctor pointed out the possibility of infection."

Least selected as a source of information on AIDS prevention is the school. Of course the survey respondents tended to be older and it's only been in recent years that AIDS education is occuring in some school districts. Many in the gay community feel that more attention has to be given to getting AIDS prevention information into the school system. And that includes colleges and universities.

Fundraising events and the workplace have also not been major sources of AIDS prevention information. In interviews some people wondered if AIDS educators have been working with gay businesses in Vancouver to help them develop an AIDS workplace policy. Others in the community felt that, even though fundraisers are not specifically educational events, they raise community awareness about AIDS issues and perhaps are an only source of AIDS education for some gay men.

EDUCATION FOR EMPOWERMENT

> **"I think people are pretty well pamphleted to death.** Most of the pamphlets that are coming out, we read five years ago and know what's happening. Pamphlets may be effective in high schools or in areas where there is basic unfamiliarity but within the gay community, we're past that." (gay actor /director)

> "I think generally that the speakers bureau [at AIDS Vancouver] provided a good basic package. After a couple of years though I think it was dwindling. The needs of the community were changing. People were getting information but I do think that they needed more. They needed different ways of learning about the impact of AIDS in the community and in their personal lives, other than just by didactic ways. There are more creative ways of doing it." (gay social worker)

> "...getting people together to talk about [AIDS prevention] instead of just reading information, talking about it with their friends, talking about it with their sex partners." (gay man affiliated with gay organization)

Most people interviewed feel that

- the gay community is beyond the basic information on AIDS prevention;
- most gay men are aware of safer sex as a way of prevention;
- many are practicing safer sex in their lives;
- those who are not practicing safer sex needed more than just the availability of information;
- new educational efforts are needed in the gay community for those trying to maintain behaviour changes.

The overall thrust of these suggestions is to go beyond the passive accumulation of knowledge. Suggestions from the community point to participation, interaction and strategies that directly involve gay men in integrating safer sex more fully into a life long practice.

Interactive Participation

> "The interaction amongst people themselves is very educational." (gay businessperson)

> "You need people to become active in being educated, not just sitting back and letting others run it past them." (person living with AIDS)

> "People have to talk. It's not a matter of phoning AIDS Vancouver. You've got to be able to talk about safe sex." (gay businessperson)

> "From my perspective the people who are lacking, either ignoring information that's there or are just unaware of it are the people who don't participate that much

in the community. Not that they are necessarily closeted, but they're just not involved in the public gay community." (gay physician)

"I would like to see educational strategies that involve a lot of participation." (gay therapist)

"Part of education is making it okay to talk about what's your level of acceptable risk, what's my level of acceptable risk, and agreeing on something. It's not just negotiating, 'well are we having safe sex or not?' It's more complicated than that." (gay therapist)

Many people suggested that a stronger presence or a higher profile in the gay community would be an effective strategy for AIDS educators, especially AIDS Vancouver. Others expressed the need for gay men to get involved more in their health issues. AIDS prevention programs must encourage interactive participation by gay men. No easy task, but one that can help uncover some of the complex issues of making changes and keeping safe.

Safer Sex Efficacy:

gay is okay...

"People who have problems with issues in their life like alcoholism or drugs, or have difficulties with relationships, or have a lot of guilt around their sexuality are probably the one's who have the most difficulty dealing with the AIDS issue." (gay physician)

"You have to be able to work on your own sexuality,on your **own homophobia**." (gay man)

"People aren't interested in getting involved. I think it comes from **internalized homophobia**. I mean I've looked at the issue for a long time and I think gay people don't sometimes believe that they're okay." (gay therapist)

"If society as a whole were more accepting of homosexuality, it would help. But we're not going to change society overnight." (gay physician)

"And some of our clients don't want to be associated with either the PWA Coalition or AIDS Vancouver. They have their own reasons, 'AIDS Vancouver is a gay organization. I don't want to be seen as gay.' Primarily it's their own **insecurity** about their sexual orientation." (social worker)

"I believe that AIDS education involves education of gay is okay. I believe AIDS education involves getting over stigmas people have." (gay therapist)

and so am I...

> "Unless people feel really positive about who they are, I don't think you'll get a maximum commitment toward safe sex and towards healthy sex." (bisexual man)
>
> "Self-esteem is the most important thing. If a person has self-esteem, then they'll look after their body and they'll look after their mind. Take that away and you're not going to look after either. That's where the eduation has to come in." (gay businessperson)
>
> "I think that sexual behaviour is tied directly into one's sense of one's worth....And those people who are still continuing with high risk are those people who have never had a sense that they are lovable or worth loving." (gay community leader)

People from the gay community repeatedly brought up internalized homophobia as a major influence on people's inability to make the behaviour changes they want to make. Homophobia, fear of homosexuals and homosexuality, is widespread in the larger heterosexual community. Because gay people are raised in that culture, it is not surprising that they adopt many of the attitudes about themselves held by the larger society.

Coming out helps many gays begin to deal with these negative feelings about themselves, but that's only the beginning. Living as a gay person means coming out again and again as you go about your ordinary life. Often more extensive education and counselling are necessary to overcome internalized fear and negative feelings. Some say because we live in a homophobic society that we never really rid ourselves of internalized homophobia. Nevertheless, we do want to minimize it and not be controlled by its effects.

Internalized homophobia along with other issues of self-esteem affect how a gay person perceives himself, his place in the world and his sense of personal control over life changes. What people in the community told me was that they want educational programs that will enhance a gay person's ability to initiate behaviour change and sustain it. This is especially crucial for gay men resisting change because of denial or fear. Those having difficulties maintaining change in their sexual practice need to develop their self-worth to the point where they can confidently negotiate the safer sex they want with the person they want.

"reinforce, reinforce, reinforce"

> "It seems to me most have in the back of their mind what is safe sex and what is not safe sex, what they should or shouldn't be doing. but they need **reminders.**" (gay physician)
>
> "You have to keep educating and **reminding**. People learn and have lots of knowledge, then in a certain situation they don't use it." (gay businessperson)
>
> "We have a lot of anecdotes of people who have been essentially following safer sex guidelines but became infected in 1989 and who say, 'I've been really good at it but then I went to a party and I had too much to drink.' Like a lapse. And as we know it just takes a single **lapse.**" (AIDS researcher)
>
> "Safe sex and the message of safe sex has gone out very well. What I think is needed is sustainance of that information, and a **constant reminder** that safe sex has to be done every time...and positive messages of reinforcement that safe sex is fun." (gay physician)

Change in sexual behaviour is not just for the short term—no cure for AIDS is in sight. AIDS organizations have to prepare for long range educational efforts. Not so easy. We know from experience that people trying to quit smoking or lose weight can have a very difficult time adjusting. However, a lapse in sexual activity can be fatal. The question now seems to be: can AIDS educators, who experienced some success in getting people to change behaviours in the first years of this disease, **sustain that success over the long run** ?

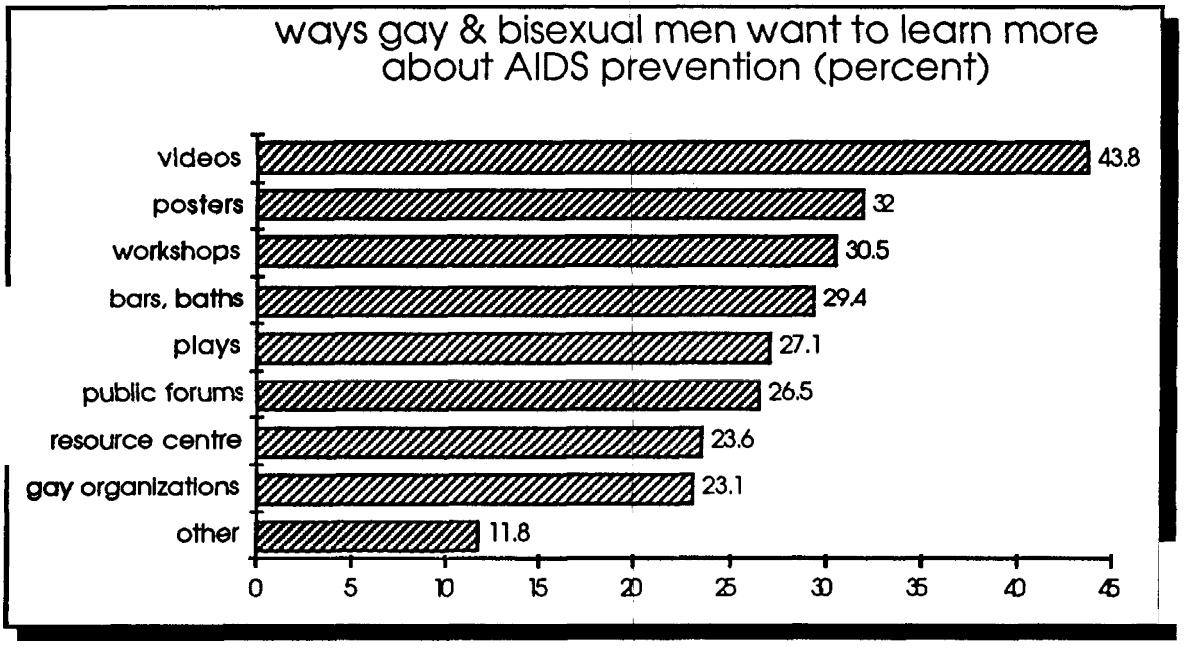
In the AIDS Survey, 91.5% of the respondents agreed with the statement, "It looks like I'll be having 'safer sex' for a long time." Even so, many people felt that as media attention on AIDS issues declines and as safer sex is talked about less, the chance of someone having an unsafe encounter increases. They worry about complacency setting in. Reminding gay men about safer sex, in new and innovative ways may well be the only long term answer to AIDS prevention.

FUTURE THINKING ABOUT AIDS PREVENTION

In the AIDS Survey, I wanted gay and bisexual men to do some future thinking. Given the opportunity, I asked, what ways would they want to learn more about AIDS prevention? A variety of options were offered, as well as a space for other ways, to cover a range of adult

learning styles: experiential, abstract, reflective. Their choices can be read as a strategy for helping individuals to change meanings, values and behaviours in their lives.

Watching videos on AIDS prevention and safer sex, seeing posters in bars, baths and public places, and talking about safer sex in a worshop were the most preferred options. It should be no surprise that gay men heading into the 90's would have a strong visual preference. This visual sense carries over into people's experience of HIV infection and AIDS. One AIDS educator showed me a colour poster of the HIV virus and told me how much easier it had become explaining HIV infection to clients since he had something to point to. Visual metaphors seem to convey the experience—a virus in the body, a stigmatized disease. Paradoxically the hidden needs to be made visible.



Workshops connect well with the participatory learning that people in the community suggested. Learning to talk about risk, relationships and safer sex in the context of a workshop would develop men's experience with the real life issues of AIDS.

Videos

> "Visual material is good. Get some good videos out there. Most people really like videos. You can't deny when you've got that staring at you. One video had a patient who was 22 and he looked like he was 52, and I just would ask people to give an academic guess as to his age. And people were just appalled that he was 22 years old. So that really impacts on people, makes people sit up." (social worker)

In the AIDS Survey by far the largest response to ways to learn more about AIDS prevention was videos—43.8% (152) of the respondents. Probably many of the respondents own VCR, rent videos and might take home a video on safer sex if one were available to them from a convenient locale. Videos can also be integrated into other educational activities: meetings, presentations, workshops. And they are already used in gay clubs—music videos, erotic videos—what about safer sex videos?

Safer Sex—Here We Come produced by the Victorian AIDS Council for the Australian Federation of AIDS organizations is a series of discussion trigger videos. It covers a number of communicative and attidudinal difficulties gay men experience around developing sexual relations with other men in the age of AIDS. Used in a group context, the video can act a conduit for examining language and behaviour issues. More such videos are needed for community education programs.

Posters

> "[AIDS Vancouver] did a poster with a safety pin on it, two men standing there who were about as sexually involved with each other as two teddy bears. I think when you're doing posters around sexuality, you have to make them look sexual. If people are turned on by what they see, and what they see is promoting safe sex, you've done something which is unique." (gay community leader)

> "I think posters are important because a lot of people don't pick up stuff. Posters get people's attention. As long as they have the explicit information saying, 'use a condom for fucking.' Do it in a way that's affirming people's sexuality." (gay man affiliated with gay organization)

> "I think what's needed is posters in bars, posters in places where gay people congregate that are humorous but give a serious message to remind gay people always that they have to be doing safe sex in every situation." (gay physician)

> "There are some very slick posters. All of them quite erotic. Not in dirty way but just very slick or very sensual. I think that's the way to get people because most of

> us don't have very rational reactions to AIDS, and so the blackboard approach, the straight-forward give them the facts, it's not that way. The images that elicit an emotional response or emotional recognition are the one's that are the most effective. I like the catchy sayings, even though part of me doesn't like that glossiness, it does catch the eye. It is what people see." (Native gay man)
>
> "I look at sustainance in terms of reminding posters, especially in bars where people are going to drink, to remind people that it's not only safe sex 90% of the time. When it comes to rectal intercourse, that this sustained safe behaviour has to occur 100% of the time." (gay physician)

In the survey 32% (111) of the respondents selected seeing posters in bars, baths and public places as a way of learning more about AIDS prevention. People in the gay community identified posters as an important educational device that would act as a **reminder.**

Posters appeal to people in other ways than pamphlets. Visual images elicit both emotional and reflective responses. And many people feel the message should be quite explicit. Never mind having to phone someplace to get a message—give a message. Humour can also be used to deliver effective messages on a sensitive and personal subjects—people often remembered the humorous posters used in The Netherlands, Germany and Denmark.

Workshops

> "I was at the Stonewall Rally in Seattle and the NorthWest AIDS Foundation gave out little packettes with condoms and instructions for use. Also listings of various workshops that they have and that's the sort of thing that our membership would be interested in. Workshops in safe sex, ineroticizing safe sex." (gay man affiliated with gay organization)
>
> "Why not have sex and intimacy workshops for the gay community." (person living with AIDS)
>
> "[Workshops] have got some huge limits that wouldn't work for people that don't fit into the coffee clatch mentality of people that want to sit around their living room and giggle over condoms. That isn't the sort of thing that kids on the street are interested in hearing about, that isn't the kind of thing that someone who's doing drugs uses. So I think that they should only be a fraction of the total picture." (AIDS educator and counsellor)
>
> "What's good about a workshop is the topic is AIDS and safe sex, so that's what's addressed, that is what's talked about. And talking about it with other people makes a huge difference." (bisexual man)
>
> "I participated in two of those programs and I thought they were very very good. I did an AIDS Health Project in San Francisco. And my best friend did Talking Sex

in Toronto and thought it was great. We compared notes and they were very similar experiences for both of us." (gay therapist)

"It's really difficult for a lot of people to go to group situations, particularly when they're vulnerable or hurt or confused, scared. One on one gives them a much larger sense of control and safety." (AIDS educator)

"The best way of educating that I've been aware of has been small group settings where people get together and talk about anything from their fears to lifestyle changes, safe sex that kind of small group educational process rather than have two hundred people in a room with three experts up at the front. From time to time that mightn't be a bad idea. Best is the intensive smaller experience." (gay therapist)

Our survey put safer sex workshops as the number three choice of ways the community wants to learn more about AIDS prevention—30.5% (106) of the respondents. Workshops, however, got mixed reviews in interviews . Many enthusiatically suggested such options, others were concerned that it might financially jeopordize other educational efforts such as posters or counselling. I see workshops as a good reinforcing post-counselling activity.

Workshops for gay men have been used by other AIDS organizations. Good evaluation work has not yet shown their true effectiveness. But the community wants them available; our survey endorsed them and in a Seattle survey, 80% of respondents said they wanted to attend a "Home Party"—a safer sex workshop in someone's home.

The workshop does provide a participatory way to get gay men together to talk about AIDS issues. It's an option that people want, and an alternative that many may try. Other issues identified in this needs assessment such as self-esteem and relationships best fit the small group setting.

On a trip to the Northwest AIDS Foundation in Seattle, I had the opportunity to attend a self-esteem workshop (part one of a three part series on dating; the other parts, intimacy and relationships). It was attended by 15 gay men. The facilitator led them through a series of discussions and experiential exercises always making them aware of the strategies they were using in their interaction with potential dates, especially concerning issues of safer sex and HIV infection. The Foundation also offers workshops to couples and HIV+ men, as well as safer sex workshops.

AIDS Information at the Bars and Baths

> "Have a place in every bar where there's pamphlets that are updated every month. It's costly, but if we could photocopy them and just have them there. If they read the first two sentences and it sinks in that's better than not having anything at all." (gay businessperson)
>
> "Put the clubs together and make 25,000 cards up with suggested safe sex practices and have your 16 outlets distribute them on one Thursday, Friday, Saturday and you would have impact. People would read them and people would keep them." (gay businessperson)
>
> "One of the things they're doing in the States...they have safes in little packages available at the bar. Take one. They're given away. For what it costs. There's instructions on the back. The more it's in front of them." (gay businessperson)
>
> "It could be AIDS awareness week or night, just do something for an hour, and rotate to other bars. Somebody at a table right at the door as people come in." (gay therapist)

29.4% (102) of the respondents to our survey selected picking up AIDS information at the bars and baths. Using the bars, clubs and bathhouses as a vehicles for distributing print information on AIDS prevention was suggested by many people including owners and managers. This is happening in a very organized way in other cities like Toronto and Seattle but not much evidence of print material in the various venues here in Vancouver was in evidence.

Size of pamphlets was a topic that came up often with interviewees:

> "Guys don't like walking out with big flyers. They like something they can put in their hand, read it and say, 'oh I want to keep this, ' and put it in their back pocket. We've had quite a bit of experience with using flyers, and we find that everything that is pocket size, they'll keep." (gay businessperson)
>
> "The little pamphlets that have something spelled out in black and white that people can put into their pockets and take home really are very helpful." (gay physician)

If the objective is to have gay men take and read prevention information, it has to be convenient to pocket. Most times they will not be reading the information where they picked it up, but will read it if they get it home. Standard size pamphlets will work in some places, but smaller size cards were emphasized by many for bar and club venues.

Condoms can also be picked up. In Seattle for example over 7000 condoms are distributed monthly from plexiglass boxes located at the bar of every club. And the condoms come

with a message: how to use them and a schedule of education events coming up for gay and bisexual men, and of course phone numbers.

Plays

> "I think [theatre] is an excellent tool if you have the resources to use it. I think it's a great educational resource, a great awareness-making resource. But you have to have what it takes to do a production in an authentic credible manner. You can't just throw something like 'the Normal Heart' together." (gay actor/director)
>
> "I know in New York and in other places they've used theatre techniques to bring the message across. There are other techniques besides printed information." (person living with AIDS)
>
> "Put together a travelling troupe who do perhaps a small play. There's some wonderful queens in this town. Music has a very strong way of touching people. A troupe that in eight weeks visited all the bars, with a promo package telling which bar they're appearing on which date." (gay businessperson)
>
> "[The play] cut across a lot of issues. It cut across issues like being gay, being Native. It cut across issues like being alienated from your family, alienated from your community, alienated from your people. The nice thing about drama is that you can say things in a drama that you can't say otherwise." (AIDS educator)
>
> "...if AIDS Vancouver could have a series of talks or meetings at the bars, have an open forum, people can ask questions, you'll answer them, you'll hand out safes, you'll hand out pamphlets. Then the next week you're at a different club. At nine they're not that busy." (gay businessperson)

27.1% (94) of the respondents to the AIDS Survey selected a play as a way of getting AIDS information. Theatre extends the boundaries of education. Plays can deal with complex and highly charged issues and have a substantial impact on an audience.

Plays allow for expressing a range of emotions—from humour to musicals to drama. Plays could be staged in a variety of venues—in the traditional theatre, but also in gay clubs. Participatory theatre—like questions from the audience—would be useful. The potential for theatre as an education resource has yet to be fully explored in a city quite rich in little theatre.

Public Forums

26.5% (92) of the respondents who answered this survey suggested listening to speakers at a public forum as a way of learning more about AIDS prevention. A few years ago public forums were a major way of getting information out to the gay community. I didn't find much support for public forums with the people I interviewed. My guess would be that a few highly focused public forums could take place each year around specific and very current topics. As an example, a public forum on where our immigration policy stands regarding gay men, PWA's or people testing HIV+ entering the country might be relevant.

Resource Centre

> "If [a resource centre] was publicized as something that was open to everybody, to the whole community." (bisexual man)
>
> "The resource centre needs to be promoted. It hasn't been promoted. There are promotion things to do within the library community.... Advertising in Angles. Posting notices in various places. Posting notices inbars. Posters throughout the West End, community centres, health clinics." (AIDS educator)
>
> "I expect that the gay men's community would be users of the resource centre because there's a lot of very interesting material about AIDS that is not all that available..." (gay educator)

23.6% (82) of the respondents said they would use a resource centre on AIDS information. This would appeal to certain people—particular those who are more self-directed in their learning. The AIDS Vancouver Resource Centre has proven very valuable for student researchers in the Vancouver region. With promotion, it could be a well-used vehicle for health education in the gay community and a research tool for organizations doing AIDS education and support.

Gay Organizations

> "If you belong to an organization, then I really think it's that organization's responsibility to pass AIDS information to you because it could be the only way you might get it." (gay man, member of gay sports team)
>
> "About a year ago someone from AIDS Vancouver came and spoke to us. We do that periodically to get updated because we are aware some people just don't keep up with the latest information. Whenever a newsworthy item comes up we

usually include it in our newsletter." (gay man of colour affiliated to gay organization)

"When there is information that needs to go out, it would help if AIDS Vancouver would recognize that organizations are a real major part of that." (gay community leader)

"I think that a very small percentage of the gay community here is in any way politically or socially active in upfront gay organizations. They barely support the community centre." (gay therapist)

"[AIDS Vancouver] should try to reach out to groups in some way. Maybe they should ask if they can come, sometimes groups don't always know about asking them." (gay man, member of leather community)

"When we go to tournaments, usually the condoms are part of the registration package. You open it up and get pamphlets and maps, a condom and some lube. It's usually funny. It's come to be expected though." (gay man, member of sports team)

Even though 47.8% (166) of the respondents stated that they are affiliated to one or more gay organizations, only 23.1% (80) suggested that getting AIDS information through them was a way to learn more about AIDS prevention. The infrastructure of organizations that make up part of the gay community could be considered as a distribution system. The AIDS Survey was distributed this way. Organizations were very co-operative in making sure their membership received a copy. More information could be directed into the gay community simply by AIDS educators using a gay organization's mailing list or newsletter to announce events, or new education projects.

Some organizations have offered AIDS education to members, using print material, videos, or guest speakers from AIDS Vancouver or the PWA Society. Other organizations had never considered having speakers address their membership on AIDS issues. With many sports teams, condom distribution has become common practice at tournaments.

The potential of gay community organizations in AIDS education has yet to be fully realized. Organizations may have their own creative ways to pass along material or advice on AIDS prevention.

Other Ways of Learning

41 people responded to "other" and wrote in a response:

- 20 of the respondents referred to public media like TV and newspaper as a place

where more AIDS prevention information should be available;

- 3 mentioned schools;
- 2 emphasized workshops;
- books, outreach and taped information were also named.

One single, Caucasian man between 21 and 30 wrote a lenghtly letter. Some excerpts:

> "The choices are mostly too passive—ie. we go to you (AIDS Van.) I would like to see AIDS Van. take a more aggressive stance—ie. you come to us. Some suggestions are: trained safer sex volunteers providing a presence and answers to questions in the bars. ... Also, if condoms are available in public schools, then why are they not available at bars and other places where members of our community congregate? ... What I'm saying is to promote safer sex through aggressive programs which will reach more people at places where increased awareness may be needed. ..."

REACHING OUT

The "mainstream" community of gay and bisexual men:

- have come out of the closet, to some degree—they've self-identified as gay or bisexual, and have come out to friends, perhaps family and work, and are not overly concerned with others knowing their sexual orientation;
- are often affiliated to a gay organization, and attend community events;
- read gay newspapers;
- go to gay bars and clubs;
- know about AIDS prevention;
- practice some form of safer sex;
- are Caucasian, fairly well-educated and mainly live in the West End of Vancouver.

But **they do not make up the whole gay population.** So this assessment has attempted to identify other groups within the gay population that may require special educational efforts.

Concern was expressed in interviews about sectors of the gay community that are not understood even by the mainstream gay population. For example, not much is known about gay youth, in or just out of high school who are in the process of coming out—a vulnerable and confusing period of existence. A little more is known about street-involved youth, especially those involved in prostitution activities. Here, education is going on, but more resources and support could be more forthcoming from the gay community.

The most talked about yet mysterious groups are bisexuals and married men who have sex with other men but are fearful of being identified as homosexual. Everyone talks about them but they are difficult to access. People believe this group is not getting safer sex education and is engaging in high risk sexual activities.

Others believe the group most in need is those testing HIV-positive. Counselling resources are too few and people could be in denial possibly for years before altering sexual behaviours.

Another group that falls outside of direct educational efforts is gay Native men. Often not accepted in Native communities, alienated from AIDS organizations catering to the needs of the mainstream gay community, this group could use special outreach attention.

Vancouver's multicultural landscape is barely reflected in AIDS education. For instance, although many Latino gay men feel fully integrated into mainstream society and can access the resources they want, others are experiencing language and cultural barriers to safer sex information. The gay community cannot assume visible minority groups will provide their gay men with the educational resources they may need. Community-based organizations need to establish links to these minority communities through outreach programs and volunteer recruitment.

The disabled community is also concerned about AIDS education and doing something about it. Workshop facilitators and speakers will be trained to provide AIDS information to disabled people throughout British Columbia. AIDS educators need to lend their expertise to ensure that programs for the disabled population also address the needs of gay disabled men.

Many gay hearing-impaired men are members of the Northwest Rainbow Alliance of the Deaf where some AIDS information is available. Deaf gay men have not found service organizations for the general deaf community sensitive to their information needs. This sector of the gay population is somewhat organized and already wanting to establish education links with community-based AIDS organizations.

Not enough attention has been given to the gay IV drug user. Messages and information that go out to the gay community need to emphasize the link between sex and drugs.

Lesbians in Vancouver are concerned about safer sex information. The myth must be broken that women don't get AIDS, after all over 10,000 women in the United States alone have been diagnosed.

Concern was also expressed for men just coming out—this can happen at any age. Support groups in Vancover are providing some AIDS education. In this research, concern was also expressed for older gay men and gay men living in smaller British Columbia communites.

GAY YOUTH

> "When you look at the predictors of who changes their behaviour and who doesn't...one of the best predictors is knowing someone who's died of AIDS. That's why you worry about these young adolescent men. They haven't seen this carnage." (AIDS researcher)
>
> "...young people believe there is a low probability of them being infected by HIV regardless of their personal behaviours." (from *Canada Youth & AIDS Study*)

Gay youth—defined here as 20 and under—are a major concern to people in the gay community. Only 2.3% (8) of those answering the AIDS Survey identified themselves as "20 or under," a sample too small to analyse. This simply shows that it will take more than a survey to reach this sector of the gay population.

In this study, two youth groups were identified:

- those in high school or just graduated, and in the process of coming out;
- street-involved youth, many self-identified as gay or bisexual.

High School / Coming Out

> "If you're a fifteen year old kid in grade 10, what sort of education are you getting and can you relate to that education. That's something that AIDS Vancouver should really be looking at seriously. Exactly what is happening in our schools. That's where we've got to be getting to people—at a very early age. I'm not sure we know enough about what's going on. Some schools I'm sure have excellent programs. But I'd like to see some sort of survey, or some leadership through the BC Teachers' Federation." (gay community leader)
>
> "An area that would ultimately hit all gay people is hitting the high schools and junior high schools as well." (gay physician)
>
> "Get out to the schools, talk to the counsellors, try and get into the human development programs. They do allow speakers coming in." (gay man, affiliated with gay organization)
>
> "They have the basic information, but they don't know how it translates into their day to day lives, into their relationships, into their sexual lives." (gay man, social worker)
>
> "The immediate experience is not there. No one you know directly has AIDS. But it's known about and it's on our minds. You're concerned and you want to do something and you have that empathy but it hasn't hit home yet." (gay university student)

"Whenever you look at safe sex advertisements on TV, it's always geared toward the heterosexual couple. What kind of message are young people coming out of the closet getting." (social worker)

"When we discussed AIDS, [these gay youth] showed how they felt—a lot of anger, a lot of fear. Their reactions against men who are HIV+ was nothing less than sad. AIDS phobia. And a lot of them are not willing to practice safe sex." (gay youth counsellor)

In British Columbia each school board is responsible for how it implements an AIDS education program for its high school students. No one in the gay community seemed too certain about the effectiveness of these programs, but the feeling was that adolescents are coming into the gay community totally unprepared for dealing with safer sex. Many young people are just in the process of coming out—a confusing enough experience, without much community or societal support. Add to that a litany of do's and don'ts about sexual practices. Then send the young person out to a bar to meet someone. It's a scenario for disaster. A stronger presence by AIDS educators in outreach to gay youth groups, coming out support groups and campus gay groups will reinforce any education that is already going on.

More involvement needs to happen with high schools, colleges and universities. First of all finding out how AIDS education is happening and the curriculum used. Are the counsellors in the education system adequately trained to deal with safer sex and coming out issues? Community-based organizations such as AIDS Vancouver and the PWA Society need to examine the role they can play? These organizations, as well as the provincial government's street nurse program, are already visiting high school and college classes, but human and financial resources are in short supply.

Street-Involved Youth

"I don't think you would find a kid working on the street who would work without a condom. They're very good about that. In terms of working, we have really protected the johns, but the kids make a distinction between that is work and this is love. And so with one another, one of indicators of affection, of trust, of differentiating between sex which is work and sex which is affection or love is no condom." (gay AIDS counsellor)

"To me the biggest problem that you have is the street hustler. A lot of them are illiterate, a lot of them are from broken homes, they have no family, no parental guidance, and all they have is their peers on the street. And there's a lot of old men who play stupid games with these kids." (gay businessperson)

"They are not really seen as gay community. They are seen as hookers." (gay counsellor)

"What I would like to see is to have one or two people in the [AIDS Vancouver] office, not specifically designated but who would be willing to take on adolescents. Because unfortunately we're getting more HIV+ adolescents." (gay man, health care worker)

"These kids don't know how to access services...and if we could have a little less reliance on print media. A lot of these guys can't read or they can't read English." (gay counsellor)

Services exist for street-involved youth:

- street nurses provide health and AIDS education;
- a qualified therapist does AIDS counselling and education;
- a needle exchange program for those who are IV drug users.

I didn't see any programs or much sharing of information and resources between AIDS organizations and youth service organizations. Youth workers tell me they are overwhelmed by the difficulties of trying to do AIDS education with a population that is isolated from any larger community support and is preoccupied with the day-to-day difficulties of survival. AIDS is just another problem among many.

Street youth continue to be diagnosed with AIDS. When they are, they usually disappear from sight. Rumours about testing HIV+ can amount to banishment or violence from the small street community. Many of these adolescents identify themselves as gay or bisexual, yet they are judged uneasily by the "mainstream" gay community.

Street-involved youth definitely have a need for more education—a "Pizza and AIDS" educational night with talks from two PWAs was very well attended. The Canada Youth & AIDS Study concluded that health professional were in the best position of providing AIDS education to these street-invoved adolescents. But those working in Vancouver wish for greater gay community support.

BISEXUALS and MARRIED MEN

"Unfortunately most bisexuals are not organized. They're not really aware of issues dealing with bisexuality, their own sexuality, and of course, AIDS is one of those things. They know it's there through Newsweek and Time, but no real awareness. It's difficult for a man who lives out in the suburbs and might have a

few sexual encounters every once in a while with men to really be aware of AIDS issues." (bisexual man, affiliated with bisexual organization)

"Those in the closet clearly are a problem. How you're going to reach them I don't know." (gay physician)

Widespread concern was expressed in the gay community for bisexual and married men who have sex with other men—safer sex education may not be reaching them. This may be the most difficult group to reach with AIDS education. They are not easy to access, even for anonymous research.

Bisexual men with links to bisexual organizations appear to have a high level of safer sex awareness. They too expressed concern about those not connected to the gay population but engaging in sex with other men. Even very aware bisexual men felt that workshops, especially in someone's home where men and women could learn more about safer sex and other AIDS issues, would be a welcomed educational activity.

After advertising this needs assessment in the gay community newspaper, Angles, I received a very telling letter from a bisexual man. It speaks of the fears and concerns of someone living in the closet. Here are some exerpts:

"I am one of the many bisexual and gay men who live in the suburbs and have little or no contact with the 'mainstream' gay community. I am sure my situation is not uncommon....At 30 I married, hoping a regular heterosexual relationship would diminish my gay tendencies but this has not been the case.

As I am not a member of the gay community I feel I am viewed as an outsider or an unknown. This makes sexual contacts very difficult with the one group that understands 'safe sex'. As a result I tend to seek other men in 'risky' situations such as parks and peep shows.

Everyday men 'cruise' the parks of the lower mainland. These men and their wives are at risk because there is no current information available—ie. most men will not telephone AIDS Vancouver from their office desk.

...We did not choose to be the way we are and especially for the 'suburban bisexual', life is a constant circle of fear, frustration and desire. The pain is intense especially if you have married in the hope of achieving 'normality'.

In my situation I have very little information as to which activities are safe and which are not. The latest public information I have see was that published in the Vancouver Sun 18 months ago...

...it is vital to put up-to-date information where men gather to meet for sex. Public washrooms, particularly in places like Stanley Park and Central Park should not only dispense toilet paper, but also condoms and safe sex literature. The extremely conservative will not like this...but men have been having sex with each other for thousands of years..."

THE HIV-POSITIVE GROUP

> "The friends that I know, some of them are in counselling, others just float and are fighting themselves. A good friend of mine is positive and he keeps going on these little flip out trips." (gay man affiliated with gay organization)
>
> " Virtually everyone who does a test positive does it on their own. AIDS Vancouver doesn't tap into support with them. It's a large number....I think their need is the most urgent." (gay man, AIDS educator)
>
> "The very technical imparting of information seems to be better done through the pamphlets, through the Body Positive Support Group, through talking about it. Most of the people who come for counselling have the information. So if it's something that comes up with me, it's because for example they're having difficulty practising safe sex. Or they're having difficulty being sexual at all because of the feelings that they're having about themselves. Or they're having difficulty being sexual with their partner." (gay therapist)
>
> "I've heard of support groups for people who are HIV+ here in Vancouver. I hear they are poorly attended. I don't know why because there's lot of HIV+ people out there. Maybe it's just that the word doesn't get out. Maybe there needs to be a huge poster at St. Paul's at the AZT clinic. Maybe people just aren't reading Angles." (gay therapist)

According to provincial government testing statistics (as of 31 May 89) 19.5% of gay and bisexual men testing for HIV have a positive result: approximately 2326 positive out of 11,875 tested. Gay IV drug user add another 21, another 8 male prostitutes. In the AIDS Survey 30.5% of respondents who have been tested reported that they tested HIV+.

AIDS Vancouver has been running a Body Positive Support Group for the last three years serving over 500 people with HIV concerns. Education is part of what the group is all about, covering such topics as safer sex guidelines and how to break the news to friends, family, dates, sexual partners. Telling can be a fearful experience for the HIV+ man because rejection by friends, lovers and family is very real. In our AIDS Survey, 30% of the respondents said they would not even have safer sex with a man who has tested HIV+.

From an educational programming perspective, it might be valuable to take some of the more commonly discussed themes of the HIV support group and turn them into one night workshops—that way people know the topic of the evening and can plan to attend. This alternative might motivative other HIV+ men to get involved.

There's a fine line between couselling and education, and although HIV+ men need a variety of ways of learning about safer sex or telling someone their status, they also need counselling opportunities. The HIV-AIDS Counselling Project conference held in Vancouver the fall of 1989 was organized to encourage a greater number of available and affordable resources.

NATIVE GAY MEN

> "Where I come from, we didn't really accept or imbibe the Christian morality. A lot of the other Native groups have, but where I come from me being gay is not an issue at all. I think generally that Native communities in the past have been very accepting of homosexuality and it's still the case where I come from. It's not the case in other places." (Native gay man)
>
> "I don't know how much AIDS Vancouver can extend themselves into the Native community. I think it's got to be a real concerted effort in order to get them to respond. It sounds to me like a support group or a group of Native people functioning in co-operation with AIDS Vancouver to develop proper materials that deal with issues of self-respect and AIDS. It's not going to be done by the brochures." (Native gay man)
>
> "[Native gay men] are alienated from Native populations. They're very reluctant to come out of the closet within their own communities. And then, the gay male organizations that we have are generally urban, middle class to upper middle class. Native people feel alienated. So my impression is that gay Native men fall through the cracks. The existing gay organizations are somehow intimidating to them and their own communities do not offer much." (AIDS educator and physician)

Gay Native men have died of AIDS, others have been diagnosed and still others have tested HIV+. Some have gone to agencies in Seattle out of fear of seeking help in their own community. A gay Native finds himself between two worlds—his Native community and the gay community. No agency is specifically offering education to gay Native men.

Outreach to gay Native men by a gay Native man would be the most sensible and sensitive route to undertake in covering the urgent needs of this sector of the gay population.

RACIAL AND ETHNIC MINORITIES

> "I never thought of AIDS Vancouver as a Caucasian group." (gay man, Chinese)

"We don't see a lot of people from ethnic minorities, and we know they're there. Perhaps AIDS Vancouver is going to have to have safe sex pamphlets geared to gay men who may be East Indian, who may be Chinese, who may be Vietnamese." (social worker)

"There isn't a gay Asian organization here, but go to the bars and there are lots of Asian gay people that I imagine will be fairly closeted within their communities." (gay man, therapist)

"Cultural communities, like the muslim community. A gay man or a man of gay orientation in a muslim community at the age of 19 or 22...our messages are totally meaningless to them. They just do not read that kind of stuff." (gay man, AIDS educator/counsellor)

"I'm working with a few men from South America and the whole dynamic of them with their families is different. And I could see the value if there was enough of them to get together and have that kind of support." (gay therapist)

An overwelming 92.7% (316) of the respondents who answered the survey identified themselves as Caucasian. Very few other self-identified members of racial or ethnic groups answered the survey. Responses came from 8 Native gay men (2.3%), 5 Asian gay men and 2 Asian bisexual men (2.1%), 4 Metis gay men (1.2%), 2 Black gay men (0.6%), 2 Hispanic gay men (0.6%) and 2 Mulatto gay men (0.6%). Compare this breakdown with the racial composition in Seattle's AIDS Prevention Project study where 92% of those involved (944) are White, with 2% Black, 2% Hispanic and 2% Asian.

The Chinese gay men I interviewed were very integrated into the Vancouver gay community with few gay contacts in their own ethnic communities. Vancouver used to have a gay Asian organization but it is now defunct, although a Chinese gay man has left his phone number at the Gay and Lesbian Community Centre switchboard as a contact. Yet, there are many Asian gay men visiting the bars and bathhouses. An arranged interview with an East Indian gay man failed to materialize after he became reluctant to identify himself.

It is difficult to say, from what has been learned so far, what strategy would work best for AIDS education—going to ethnic communities directly with information on AIDS, or targeting gay men from a particular minority. Advice from a group of gay men from various racial and ethnic backgrounds is needed in order to effectively direct educational efforts.

Of course anyone who didn't speak or read English wouldn't have answered the AIDS Survey. Language is sometimes a problem, although not always. Many gay men from

visible ethnic minorities are third and fourth generation Canadian and as such can access services and education available to all gay men. It's not so easy for gay men new to this country still adjusting culturally, and learning the language. A street nurse is learning spanish to more effectively communicate with her clients. Translation of general AIDS material has begun but translation of gay specific prevention information is still needed.

THE DISABLED GAY MAN

> "You hear the cry for more education time and again. And there's no reason to assume the need will be any less from the disabled community. In fact, because of some of the barriers, socially, people are not getting out, the media, you can safely assume that the need is greater there." (gay man, physically disabled)
>
> "I picked up pamphlets and a friend read some of them onto tape for me. And AIDS book came in the mail but it hasn't been read to me yet. Sometimes it is a hassle. (gay men, blind)
>
> "There's a range in mental ability of the people who I've seen. There are people who are quite sharp, quite educated, quite literate, but there are people that come that have no education, diagnosed schizophrenic, history of mental health problems, institutionalization. It's quite varied. There's a serious range there." (gay man, AIDS counsellor)
>
> "One of the member of our group, he's tested positive and his mental capacity isn't quite up there, but he understands about AIDS and safer sex." (Chinese gay man, affilitate with organization)
>
> "I have physical accessibility needs. For instance, if I was planning to attend a meeting that AIDS Vancouver was having, or a workshop, I would want it to be an accessible location, fully accessible washrooms. As far as telephone, printed material, I don't have special needs." (gay man, physically disabled)

For the next two years the B.C. Coalition for the Disabled will be busy planning and delivering programs for the disabled community on AIDS. The Coalition is well-positioned to be able to deliver education programs to this community. It makes sense that experienced AIDS educators lend their expertise in helping the Coalition with this project.

The gay disabled people I interviewed were very able, take charge people and didn't seem to have difficulties getting AIDS prevention information or practising safer sex. One concern was that all AIDS organizations need to be wheelchair accessible and have a wheelchair accessible washroom. On the advice of several disabled gay people, I included a question on the AIDS Survey concerning any special need or disability. 11.2% (39) of the respondents stated a particular need or disability. These included:

- 2 hearing impaired,
- 2 speech impaired,
- 2 with arthritis,
- 2 with alcoholism,
- 2 with learning disabilities,
- 2 with epilepsy,
- 3 with heart disease,
- 1 diabetic,
- 2 identified financial needs,
- 5 identified emotional needs.

7 stated HIV/AIDS as a disability, even though 75 people with HIV and 15 with AIDS answered the survey. A research paper published by the Coalition for the Disabled—"Common Barriers" by Jim Sands looks at AIDS as a disability with both physical and social manifestations affecting the quality of one's life. AIDS seen as a disability is a recent development in how we perceive this disease. Obviously not all PWA's refer to their illness as a disability.

HEARING-IMPAIRED GAY MEN

> Like other groups, some hearing impaired people are functionally illiterate; 'rimming' and 'blow job' are foreign words to them. The ordinary AIDS pamphlets would be beyond their understanding." (written for the researcher by a hearing-impaired gay man)

I interviewed three hearing-impaired gay men. They were not regular interviews with tape recorders, but discussions filled with gestures and writing. The following is information from time spent with two hearing-impaired gay men. Names and circumstances have been altered to respect the confidentiality of the exhange.

Albert and Sam are two hearing-impaired men living in Vancouver's West End. Of course, their apartment is equipped for hearing-impaired people, including a TDD telephone. With a voice relay system they can communicate with friends and access services. I arranged our interview over the phone.

Albert is a few years older than Sam and knows about 15 other gay deaf men in Vancouver. Albert and about 8 of his deaf gay friends belong to an organization called the Northwest Rainbow Alliance of the Deaf. This Alliance includes deaf men from Seattle and Portland. Deaf men among the three cities communicate and meet regularly. Membership in the Alliance is around 45 with about 25 coming from Seattle, and 10 each from Portland and Vancouver.

Albert wrote, "I know about AIDS but not very deeply. I know deaf gays need more knowledge on AIDS." When Albert and Sam met, Sam had a little knowledge about AIDS that he'd gotten at school and through his own reading. Sam asked Albert about AIDS and safer sex and Albert explained.

Both Albert and Sam told me they use condoms if they are having anal intercourse. Albert wrote that he has sometimes turned down anal sex if no condom was available. Sam wrote that he didn't always use a condom for anal intercourse but now he does. It's their experience some hearing impaired gay men don't always use condoms for anal sex. Albert wrote, "I know some but I never ask them in straight talk, only warn them sometimes about unsafe sex."

Albert has some PWA friends. He's also had one deaf friend die of AIDS; he wrote, "I tried to help him but he was in bad spirit, drinking a lot and depressed."

When I asked them if either had ever contacted AIDS Vancouver for information, both said no. Deaf gay men in Vancouver don't get in touch with AIDS Vancouver mainly because AIDS Vancouver does not have a TDD phone system. It struck me that Albert had phoned me to confirm an interview time, why couldn't he phone through the voice relay system. Even though the service is confidential, deaf people feel uncomfortable talking about personal and confidential subjects such getting advice on safer sex and AIDS. If AIDS Vancouver had a TDD system, deaf gay men could phone direct and not worry about a third party. The same holds true for interpreters for the deaf. I could have used one for the interview but I decided that going through another person would change the interaction. My intuition proved correct. Both Albert and Sam were happy that I did not bring an interpreter along. They felt more comfortable talking directly to me in spite of having to communicate with pen and paper.

I asked them about the Greater Vancouver Association for the Deaf, but neither man had anything to do with the organization. Albert wrote, "they don't understand a gay man's life. There are too many hassles."

They do get AIDS education through the Rainbow Alliance of the Deaf. Albert has attended two workshops, one in Florida, the other in Seattle. Information on AIDS and safe sex was given in a lecture format with no interactive participation.

Both Albert and Sam can read pamphlets that are prepared for the larger population, but both agreed that some deaf men would have difficulties.

Albert told me that he has had discussions recently with deaf men in Seattle and Portland around planning a safe sex workshop. The workshop is only in the planning stage, but it was suggested that AIDS Vancouver might be interested in being involved in this activity. He also told me that the Rainbow Alliance is hosting a Western Regional Gay and Lesbian Convention, August 3 to 8, 1990 in Vancouver and that around 300 people would be attending. They'd like to have AIDS Vancouver hold a forum, make a speech or do a workshop—participate in some way.

When I asked if the Rainbow Alliance would be the best group that AIDS educators could work with for being in touch with deaf men, Albert said that this was happening in Seattle and Portland but not here.

GAY IV DRUG USERS

> "The IV drug user who is gay is a group that could be better served." (social worker)
>
> "It would really help if they'd start generating some materials about the fact that intravenous drug use and sexuality may be different behaviours, but in terms of AIDS, they're pretty connected." (AIDS educator)
>
> "Gay men in the West End, who are IV drug users are not wanting to come to the needle exchange table. What we hear is, 'I wouldn't be caught dead at the needle exchange table.'... They want to keep that aspect well closeted. All of this AIDS education prevention around sexuality in the gay community, for the most there'll be something on brochures that are targetted for the gay community about sharing IV equipment, but it's not really given a whole lot of attention. There's a substantial population of IV drug using gay men who don't want to be identified at needle exchange." (AIDS counsellor)

The AIDS Survey showed only a small percentage of the respondents identified themselves as using IV drugs: 1.4% or 5 men, as well as 1 past user. One thing is clear, gay IV drug users are being diagnosed with AIDS. As of June 89 according to provincial statistics at least 16 gay IV drug users had AIDS. 10% of the 211 gay IV drug users tested HIV+. Clearer messages linking drugs and sex have to go out to the gay community. Other cities such as Toronto and Seattle have launched major AIDS campaigns against drug and alcohol abuse and sharing needles directed at the gay community.

THE LESBIAN COMMUNITY

> "I would like to know more about the threat of AIDS to lesbian women." (from the AIDS Survey)
>
> "There are a lot of women who don't think that they're at risk because lesbians traditionally haven't been at risk to sexually transmitted diseases." (gay man)
>
> "What about women?" (from the AIDS Survey)
>
> "I was rather upset to see a questionnaire strictly for men as AIDS is a risk for everyone not just gay men." (from the AIDS Survey)

The AIDS Survey was intended for gay and bisexual men and more generally for men who engage in sexual activity with other men. As such it was kept as non-threatening and ambiguous as possible in order not to discourage any man who might be having sex with other men from responding. As a result 35 women answered the survey: 14 lesbians, 7 bisexual women and 14 straight women. Many lesbians indicated their concerns about AIDS education issues by writing on the survey. An assessment of the educational needs of the lesbian community should be considered.

MEN COMING OUT

> "When I first started coming out and became aware of my homosexual feelings [AIDS] was the first thing that I had to confront and read about. Books from Little Sister's." (bisexual man)
>
> "When you're coming out you're at your most vulnerable state." (gay man, counsellor)
>
> "A lot of men who are just coming out are too shy to say, 'well if I talk about safe sex, I might lose him. I might turn him off.' They're just teetering on the edge.

Whereas they need to be very firm and say, 'hey I'm not going home with you if you're not going to be safe." (gay man affiliated with gay organization)

"I think that's the most crucial time when you're just beginning your sexual practices. My first lover was a horrible man and I could have very easily contracted AIDS and luckily for me I was very aware but still didn't have it impressed enough on me about being safe all the time. We all go through denial at the beginning of our AIDS education, and there was no one to make sure that I got through that quick enough so that I really was being safe." (gay Native man)

"...the mainstream of the gay community isn't static. There are new people coming into it all the time who are going to need AIDS 101." (AIDS educator)

"The ideal would be to get guys directed away from anal sex. But I don't think that's going to happen. That is happening with the guys that are just coming out. That's part of the reason why probably they may be at less risk than the cohort that came out prior to the big chill. The guys that have come out since the big chill seem to be steering clear of anal sex." (gay physician)

Coming out is not just the domain of young people. Coming out can happen at any age. A 35 year old man leaving a marriage and trying to establish an identity that has been repressed can find himself in very stressful sexual situations—sometimes ending in unsafe sex.

No specific education exists for this group except what is being done by other gay community organizations such as The Coming Out Group and Hominum. Their education and support programs cover a broader scope than just safer sex. There is room for involvement by an organization like AIDS Vancouver to assist community organizations in putting together more comprehensive education for men just coming out. Other options that could be explored include target specific posters, ads or workshops.

OTHERS

"It's a very different issue for a man over 50 who's HIV+ than it is for somebody who's 30. Younger gay people are much more comfortable with their sexuality, feel really good about themselves as a human being. A lot of the older fellows are very much in the closet. They may have been in traditional marriages. They may have adult children. And they're horrified when they find out they're HIV+. Most of them have friends who are heterosexual or businesses or they work for other firms. They don't want to be known as gay. They just don't feel they would fit in with the Coalition that's primarily younger men or they don't want to be known at AIDS Vancouver. There isn't anything for them right now. That's one group that we're sadly neglecting. I've had clients who needed to go home and wouldn't accept services from AIDS Vancouver because they somehow felt that some car would pull up to their suburban house with AIDSmobile written all over it." (social worker)

"There's men from outside of Vancouver, or people who are living more closeted lives, more quiet lives in the suburbs who still ask for information on safe sexual activities." (gay physician)

"The method of contacting gay people in Vancouver tends to limit itself to the West End. There are gay people in Kits, North Shore, Surrey, Delta, Port Moody." (gay therapist)

Gay youth is not the only age cohort to be concerned about. Some in the community feel the older gay man is not receiving adequate education and support. The AIDS Survey had 57 men over the age of 45 responding. They did not appear too much different than the total group of respondents—90% of them know PWAs, and15 of the 57 live outside Vancouver.

Many I interviewed asked about men living outside of the Vancouver region. What education and support are they receiving? Men from Clearbrook, the Fraser Valley, New Denver, Port Alberni and Texada Island answered the survey, many of them older gay men. Perhaps an 800 number for the helpline would give some of these men more direct access to AIDS prevention information.

CONCLUDING COMMENTS

Education is still the best way we have of preventing the spread of this disease. The challenge for AIDS educators working with gay communities will be to create prevention programs that are effective over the long run—programs that support and reinforce the changes gay and bisexual men have made in their sexual behaviours.

AIDS Survey demographics suggest respondents are from the mainstream gay community: Caucasian, single, between 31 to 45, university educated and earning between $20,000 and $29,000; Half of them are involved in a gay organization and 90% of them have known someone with AIDS. A community of men at various stages of being "out" about their sexual orientation. It's this community that's been most affected by AIDS to date.

Keeping gay and bisexual men informed about high risk activities will be an ongoing process for AIDS educators. In this study, it's clear, for example, that not everyone sees both positions in anal intercourse without a condom as being high risk. Both anal insertive and anal receptive intercourse are high risk activities for HIV transmission and this message must get out into all sectors of the gay population.

We still find men in the gay community **denying** that they are at risk of getting AIDS. Some view AIDS as a disease that only affects certain sectors of the gay community—those who are promiscuous, those who have anonymous sexual encounters, those who go to the baths, those who drink too much. The list goes on. The truth is that anyone who engages in high risk sexual activities is at risk of HIV infection.

Also denying a risk of HIV infection are men who engage in high risk sex with other men, but do not self-identify as gay or bisexual. Their thinking is that AIDS is a gay disease and they are not gay. The important factor here for being at risk of HIV infection is the sexual activities you participate in, not the group with whom you identify.

For others, denial is connected to a fatalistic view of themselves in the world. They believe that because of past participation in high risk sexual activity, they must already be HIV infected. Yet they may not have been tested. They deny the responsibility of protecting themselves, and possibly others.

Denial can also affect those who have been tested. Some men experience months or years of denial after receiving an HIV+ test result. They cannot accept that they have been infected. Others use a negative status to forget about the issue and return to old behaviour patterns. It's impossible to know the percentage of gay and bisexual men experiencing some form of denial

From our study, it would appear that many gay men, who are aware of their risk and have made changes in their sexual behaviours, **still have difficulty sustaining those changes.** A number of reasons why gay men have difficulty sustaining changes in their sexual behaviours over the long term were identified.

In the AIDS Survey 32% of respondents had had unprotected anal sex in the past year—not using a condom to modify the risks of anal sex. Sometimes reasons for not using a condom point to the condom itself: an allergy to latex, poor quality condom. But more often, not using a condom has to do with the user: a man may not know how to properly use a condom; he may not find condoms erotic; he may experience feelings of sexual urgency that lead him to minimize the risk; drugs or alcohol can influence a man's decision on using a condom. Twenty of the men in the survey believed it safe to have anal sex without a condom as long as they pulled out before ejaculation—this is a high risk activity.

A minimum of 21% (74) of survey respondents engaged in unsafe sex during the past year. Others qualified their unprotected anal sex by describing the nature of the relationship between the sex partners. Men in monogamous relationships don't use condoms; men who have anal sex with friends or regular partners often don't use condoms. Experience tells us that the assumption of safeness some men make about their sex partner is not the reality.

Although people in the gay community are reading the same safer sex information, everyone is coming up with a different interpretation of what is safer sex for them. We all have different levels of risk tolerance. Some men are cautious, others are risk-takers. Some men prefer certain sexual activities more than others. Some men are assertive about what they will do, or won't do, sometimes without considering their partner. Others passively let the sexual activities unfold, and often get themselves involved in sexual activity they may not want to be doing. Men just coming out can be influenced by more experienced gay men into high risk sexual activities. We also find men who will engage in

risky sexual practices because their sex partner appears good-looking and healthy—they attribute safeness to a desired sex partner.

To date, gay men have gotten their AIDS prevention information from a range of sources: the gay press, pamphlets, doctors, friends and from community-based organizations like AIDS Vancouver and the PWA Society. The flow of basic transmission information must continue. But there is also a sense that new and innovative materials **reminding** gay men to always practise safer sex are long overdue—poster campaigns, handy, card-size safer sex information in bars, condom distribution.

As well, there is the realization in the community that providing information alone will not be enough for every gay man. Sustaining sexual behaviour changes often requires a more communicative approach. Adults engaged in ongoing personal life change need opportunities to develop the confidence and communication skills to be able to manage these changes.

AIDS Survey respondents selected videos, posters and workshops as ways to learn more about AIDS prevention. AIDS education can set a climate of positive community building by promoting "safer sex—every time" messages directly to gay and bisexual organizations. New sexual behaviours can be learned, but AIDS educators have to provide a variety of ways for this to happen—culturally appropriate oral presentations in the bars, education in bathhouses, workshops with group animators and video, community plays.

Vancouver's gay population is a diverse community with many satellite groups: for example, gay youth, gay Native men, gay IV drug users, men HIV positive, hearing-impaired gay men. High risk activities can happen with anyone and AIDS educators must ensure that appropriate prevention messages reach the **whole** community.

The community's message to AIDS educators is to take a proactive stance in delivering education. They want the message to be positive, the campaign to be interactive and the programs to be ongoing. Government has left AIDS prevention in the gay and bisexual population up to community-based organizations. Adequate funding to these organizations to get gay community programs up and running is the necessary first step.

RECOMMENDATIONS

1. Basic AIDS information on HIV transmission and prevention must continue to reach the mainstream gay community. With a 4% seroconversion rate and unsafe sexual behaviour still continuing, education of gay and bisexual men in the Vancouver region is not over.

- A greater range of print information on AIDS transmission, attitudes and behaviours is needed in Vancouver's gay community—this material can either be produced locally or purchased from other AIDS organizations around North America:
    - produce pamphlets and creative print materials on safer sex, condom use, drug and alcohol abuse, testing, levels of risk tolerance, services available in Vancouver for gay and bisexual men;
    - run poster campaigns that highlight specific issues: reminding men to always practice safer sex, drug and alcohol abuse, testing;
    - create card-size safer sex information—convenient, pocket-size, easily and regularly available;
    - distribute condoms in matchbooks that have appropriate safer sex messages.

- A system of distributing and displaying AIDS prevention materials in the bars and bathhouses needs to be put into place in Vancouver—Toronto and Seattle can provide good models for materials distribution and display:
    - liaise with owners of gay businesses in Greater Vancouver;
    - design and construct prevention information and condom display cases for Greater Vancouver's gay venues;
    - use the mailing lists, newsletters and regular meetings.of gay and bisexual organizations to distribute prevention materials.

- A committee of AIDS educators and gay community leaders should exist to advise on the accuracy and appropriateness of prevention materials going out to the gay community.

- Encourage Angles, the Vancouver Sun, the Province and other community newspapers to cover more AIDS information and run public service announcements for the gay and bisexual population.

- Resources centres and libraries of AIDS information—specifically those at AIDS Vancouver and the PWA Society, Out on Shelves (the library at the Gay and Lesbian Centre), the provincial government's video library and the Vancouver Public Library—should co-ordinate their work. They can provide services to the gay population, not only in Greater Vancouver, but around the province by:
    - promoting their resources,
    - encouraging more self-directed usage,
    - reviewing books, articles and videos in the press, in organizational newsletters, etc.,
    - making material more accessible to rural gay populations.

2. Basic information to the gay community should be broadened to address issues of discrimination and fear of people with AIDS and men testing HIV positive. Myths still exist about how one gets this disease and who gets it.

- Run a poster campaign to explode myths and fears about AIDS in the gay community.

- Encourage the involvement of PWAs and HIV positive men in gay community educational programs. Providing opportunities for gay men to learn more about HIV infection and AIDS by interacting with PWAs can be an effective educational strategy.

3. Changing behaviours and attitudes requires a second wave of AIDS education. Many adults find it difficult to sustain the changes that are required. More ongoing community support is needed—the kind that comes from encouraging talk between gay men. A range of educational activities that would lead to more community interaction needs to be developed.

- Offer workshops to gays and bisexuals. Because an infrastructure exists by way of gay organizations, it might be more effective to begin by offering a workshop series to members of community organizations and then later to the general gay population. The activity—to get men involved and talking about AIDS issues. The goal—sustained safer sex behaviour. I would recommend three types of workshops in the first year of programming:
    - Workshops to gain entry into the gay and bisexual organizations in Greater Vancouver, to gain trust in the gay community, to review the state of AIDS in Vancouver, and to encourage gay and bisexual men to participate in future workshops;
    - Safer sex workshops for discussing safer sex practices in small groups out of a person's home;
    - Workshops that deal with the communication issues around AIDS and behaviour changes; again small groups out of a person's home—with a video produced in the gay community that will be the focus and trigger for workshop discussion.

- Produce safer sex shows—oral presentations on safer sex and AIDS issues—for the bars and bathhouses. AIDS organizations need to establish working relations with gay theatre groups and club owners and entertainers. Such presentations are intended to target a cross-section of difficult to reach men in the gay population—those abusing alcohol and drugs, those who persist in having unsafe sex, and bisexual and married men.

- An education program for gay bathhouses needs to be initiated—with HIV and STD testing, peer counselling and safer sex information.

These educational activities can be the beginning of prevention programming in the gay community, but AIDS educators need to continue developing campaigns that keep gay community interest and address the evolving issues of the AIDS pandemic.

4. AIDS education must be delivered in a proactive style in the gay community. The gay community is large, diverse and not easily accessible. There is fear and mistrust. If AIDS

educators are to gain community acceptance and credibility, they must go out into the community, not wait for the community to come to them.

- AIDS educators in community-based organizations and government health programs must work more closely with the gay population in developing education services. Advertisement campaigns, accountability reports, organizational and informational newsletters can help keep the gay community informed about educational activities and AIDS issues. Educators must be responsive to the gay population's needs and keep themselves informed through ongoing community research and involvement.

- Consider a system of financial donor and service recognition in the gay community for AIDS work;

- Use gay community resources through active volunteer recruitment in the gay community, and use gay community venues for educational activities;

- Strengthen and encourage communication and networking activities among AIDS educators such as the City of Vancouver, St. Paul's Hospital, the PWA Society, AIDS Vancouver, the provincial government's STD Centre, and gay organizations that offer support services and leadership to the gay and bisexual population.

5. Attention must be paid to developing outreach programs to the various gay satellite communities such as gay Asian-Canadians, gay Hispanics, gay Natives, hearing-impaired gays, gay youth and others. Further educational opportunities should be considered for HIVpositive men.

- Liaison work between AIDS educators and gay people from various groups within the gay population needs to begin so that specific health issues can be addressed and appropriate education programs can be developed. Prevention education programs to target groups should include,

    - production of low literacy AIDS prevention materials;

- liaison work between gay community AIDS educators and Native groups and women's groups involved in AIDS education;
- liaison work between gay community AIDS educators and the B.C. Coalition for the Disabled to address the needs of disabled gay men in AIDS prevention programs;
- translate AIDS prevention information for gay men from ethnic minorities;
- launch a poster prevention campaign on drugs and HIV infection for the gay community;
- develop material and strategies for raising AIDS awareness among bisexuals and men who have sex with other men;
- a TDD system needs to part of any AIDS information phone line; this ensures confidentiality and denotes accessibility to the whole hearing impaired population;
- AIDS Vancouver's helpline offers information and peer counselling. With a "1-800 number" this service would be available to the gay population (and to other populations) in smaller towns and rural communities around the province;
- HIV positive gay men need scheduled and promoted workshops on specific HIV and safer sex concerns;
- gay community AIDS educators need to work more closely with those providing services and education to gay youth, street-involved gays and male prostitutes to encourage inclusion in gay community services and programs.

6. Assessment work should be looked upon as an integral part of the planning process. AIDS education programs cannot be crisis driven. If programs are to be responsive, effective and funded, long range planning and evaluation need be part of any AIDS prevention strategies.

- Develop evaluation resources for testing the effectiveness of prevention materials and educational activities;
- Assess the needs of other groups within the gay population, such as the gay Native men, etc.;
- Take advantage of gay community events such as Gay Pride Week to survey

large numbers of gay men;

- Use focus groups of gay men to do research on AIDS prevention materials.

Appendix 1: The AIDS Survey

AIDS: It's not over. Not by a long shot.

Wishing all of you a hot and healthy summer...but first, check this out...AIDS Vancouver is working on new education programs and wants to know what you guys think. No names please.

1. Check your risk?

Getting fucked without a condom is ❑ high risk, ❑ low risk, ❑ no risk, ❑ don't know
A guy cumming in your mouth is ❑ high risk, ❑ low risk, ❑ no risk, ❑ don't know
Fucking without a condom is ❑ high risk, ❑ low risk, ❑ no risk, ❑ don't know

2. Have you gotten an AIDS test? ❑ yes, ❑ no
If yes, did you test HIV + ? ❑ yes, ❑ no, ❑ don't want to say
Have you known anyone with AIDS? ❑ yes, ❑ no
Do you have AIDS? ❑ yes, ❑ no

3. Nothing is black and white--but give us an agree or disagree here:

People with AIDS make me feel uncomfortable. ❑ agree, ❑ disagree, ❑ not applicable
I'm tired of hearing about AIDS. ❑ agree, ❑ disagree, ❑ not applicable
Ever since a friend got AIDS, I've not wanted to see him. ❑ agree, ❑ disagree, ❑ not applicable
I'm more comfortable using condoms now. ❑ agree, ❑ disagree, ❑ not applicable
I wouldn't even have "safer sex" with a guy who tested HIV +. ❑ agree, ❑ disagree, ❑ not applicable
It looks like I'll be having "safer sex" for a long time. ❑ agree, ❑ disagree, ❑ not applicable
I usually take a condom with me to bars, baths, or parks. ❑ agree, ❑ disagree, ❑ not applicable

4. Check as many as you like to tell us what you do for "safer sex"?

- ❑ Sometimes I use a condom for anal sex (fucking).
- ❑ Most of the time I have oral sex (sucking) or jack off.
- ❑ I've stopped having sex with others for now.
- ❑ I've stopped having anal sex (fucking).
- ❑ I always use a condom for anal sex (fucking).
- ❑ I've had a lover for __ years and we don't usually use condoms.
- ❑ I've had a lover for __years and we always use a condom.
- ❑ I make sure my sex partner is wearing a condom when I'm being fucked.
- ❑ other: _____

5. Have you had anal sex without a condom in the past year? ❑ yes, ❑ no

If yes, check some reasons for having anal sex without a condom:

- ❑ Sometimes when I'm drunk or high, I forget about using a condom.
- ❑ Sometimes I feel angry or depressed and don't think about condoms.
- ❑ I'm not comfortable asking a sex partner to use a condom.

- ❑ I pull out before I cum.
- ❑ Sometimes in the moment of passion, I don't think about using a condom.
- ❑ No condom available.
- ❑ I don't like using condoms.
- ❑ other: _____

6. Tell us the top three places you have learned about preventing AIDS:

- ❑ friends
- ❑ doctor
- ❑ TV, video
- ❑ gay newspapers, books
- ❑ posters
- ❑ pamphlets
- ❑ workplace
- ❑ public forums
- ❑ PWA Society
- ❑ AIDS Vancouver
- ❑ fundraising events
- ❑ daily newspaper
- ❑ school
- ❑ other: _____

7. Give us at least two ways you'd like to learn more about preventing AIDS:

- ❑ talking about safer sex in a workshop
- ❑ picking up AIDS information in the bars and baths
- ❑ listening to speakers at a public forum on AIDS
- ❑ getting AIDS information through a gay social, religious or sports organization
- ❑ seeing posters in the bars, baths and public places
- ❑ watching videos on AIDS prevention and safer sex
- ❑ visiting a resource centre on AIDS information
- ❑ watching a play about AIDS
- ❑ other: _____

8. Don't give us your name, but tell us a little about yourself:

a) I'm ❑ male, ❑ female

b) I'm ❑ gay, ❑ bisexual, ❑ straight

c) I'm ❑ 20 & under, ❑ 21 to 30, ❑ 31 to 45, ❑ 46 to 65, ❑ 66 & over

d) Circle one: I'm Asian, Hispanic, Caucasian, Black, Native, other_____

e) Circle one: single, have a lover, married

f) Tell us what city or community you live in: _____

g) Income: ❑ $10,000 & under, ❑ $11,000 to $19,000, ❑ $20,000 to $29,000, ❑ $30,000 to $45,000, ❑ $46,000 and over

h) If you belong to a gay organization, which one?: _____

i) Education: ❑ high school, ❑ technical, ❑ college, ❑ university

j) Any disabilities or special needs?: _____

k) Are you an IV drug user? ❑ yes, ❑ no

l) Have you ever attended an AIDS fundraiser? ❑ yes, ❑ no

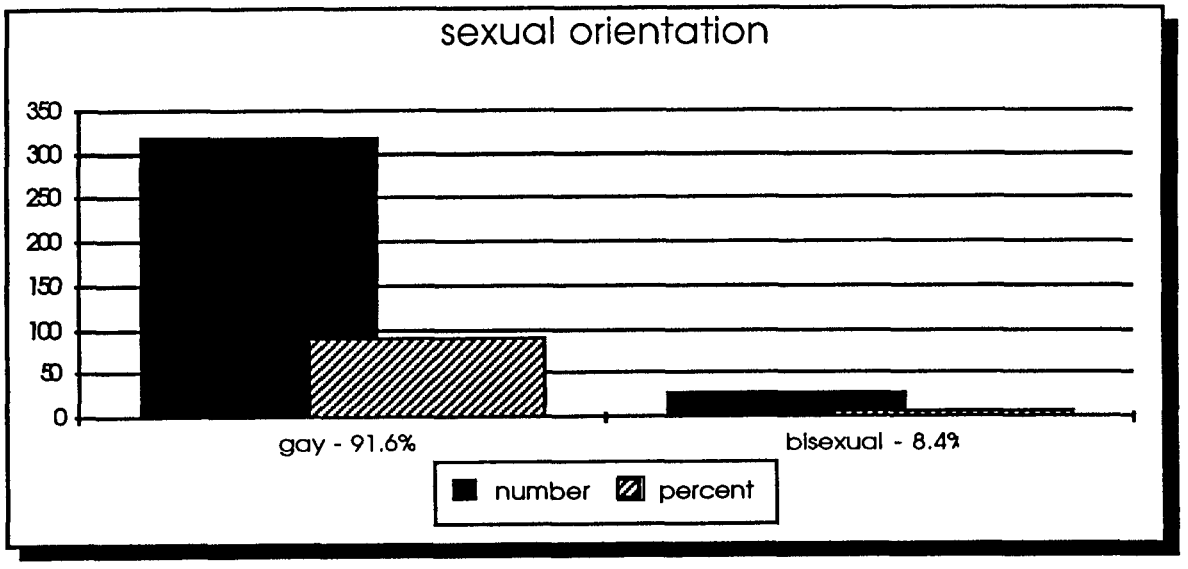
Please mail this survey by July 31, 1989 to...

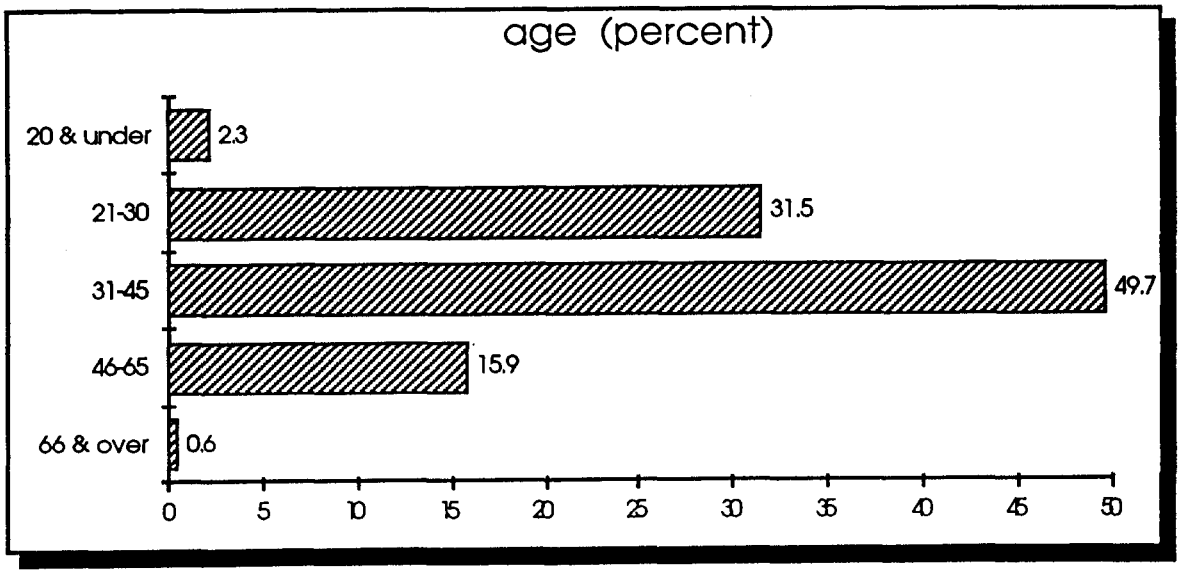
✔**AIDS Vancouver, Box 4991 Main Post Office, Vancouver, V6B 4A6**

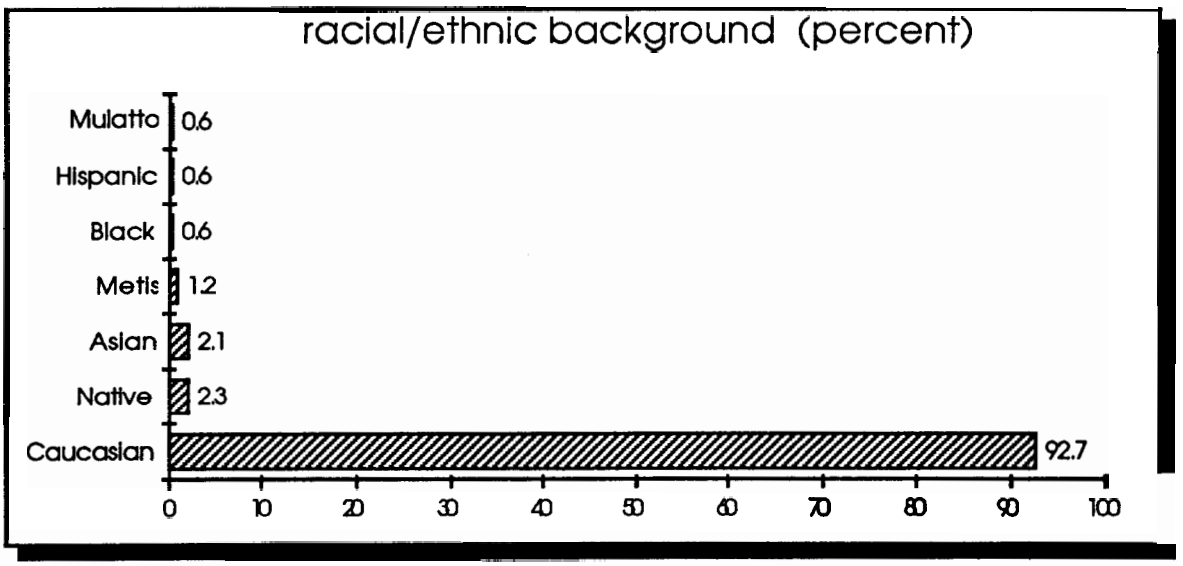
or drop it off at AIDS Vancouver survey boxes located at...

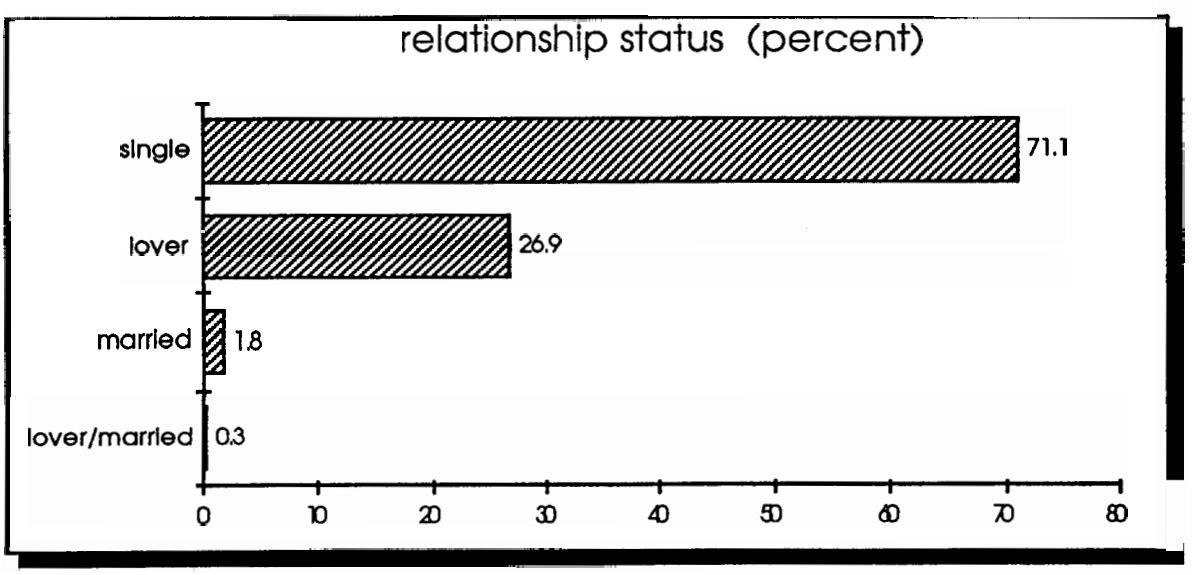
✔**Gay and Lesbian Community Centre,** 1170 Bute Street, Vancouver
✔**AIDS Vancouver,** Suite 509, 1033 Davie Street, Vancouver
✔**Little Sisters,** 1221 Thurlow Street, Vancouver
✔**Octopus Books,** 1146 Commercial Drive, Vancouver

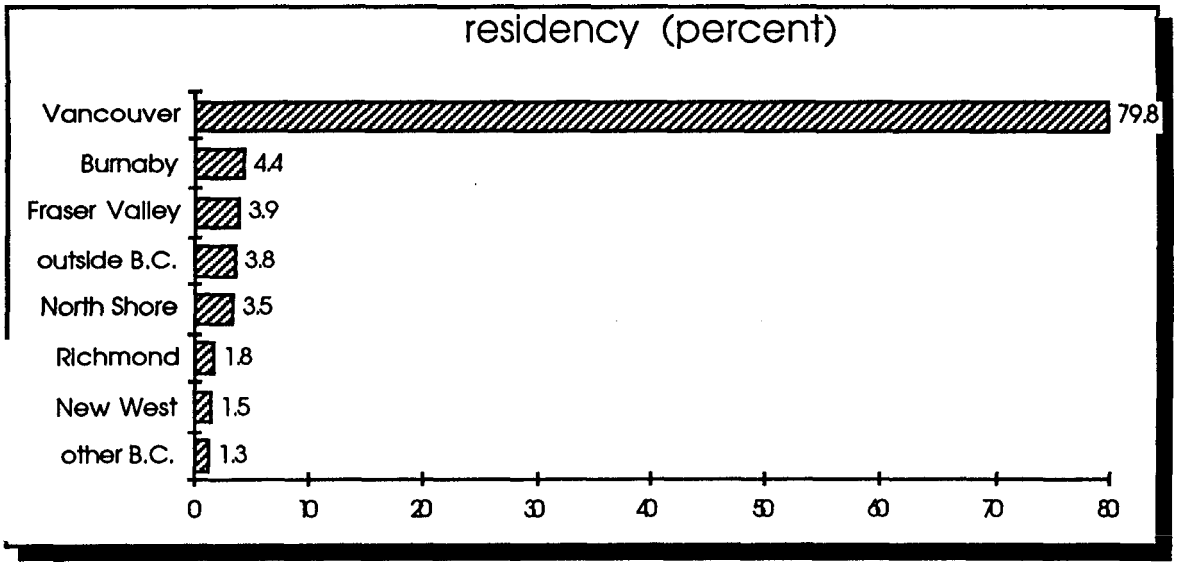
Appendix 2: AIDS Survey Demographics

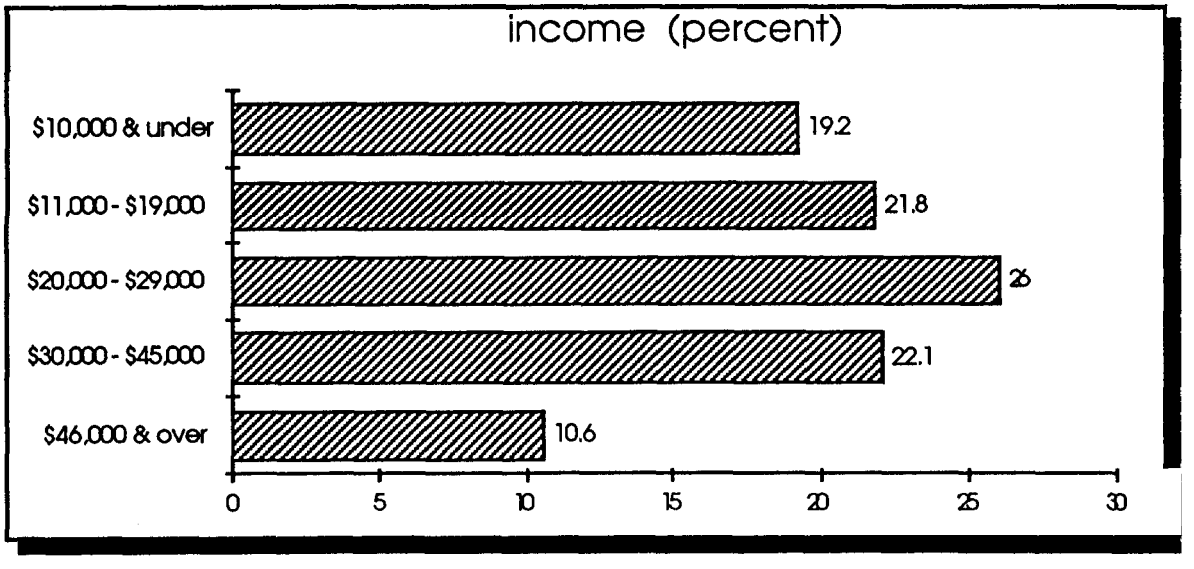


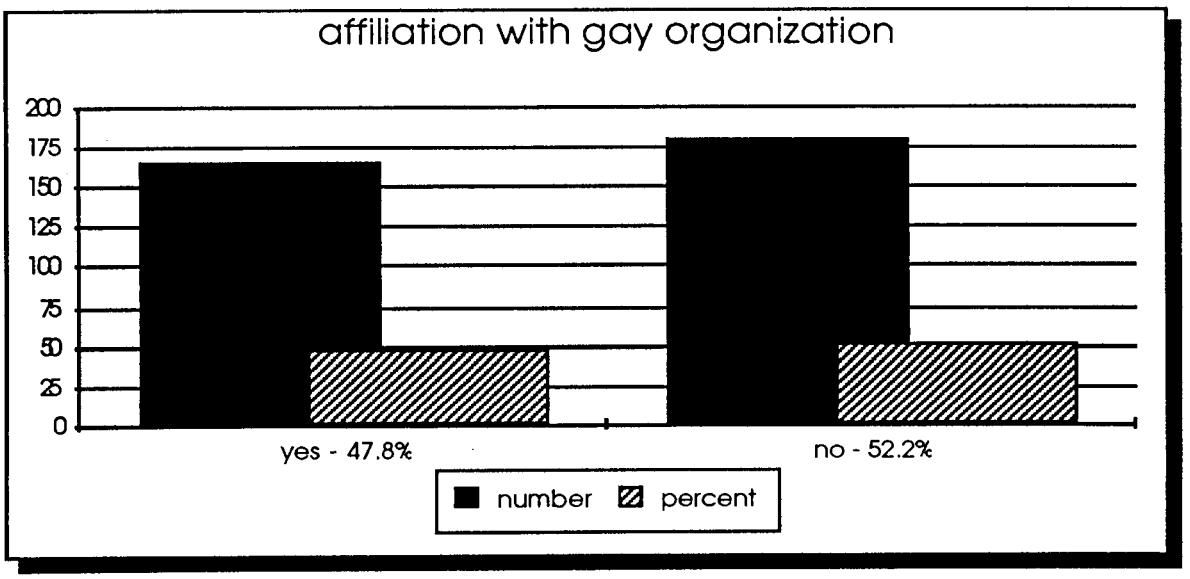


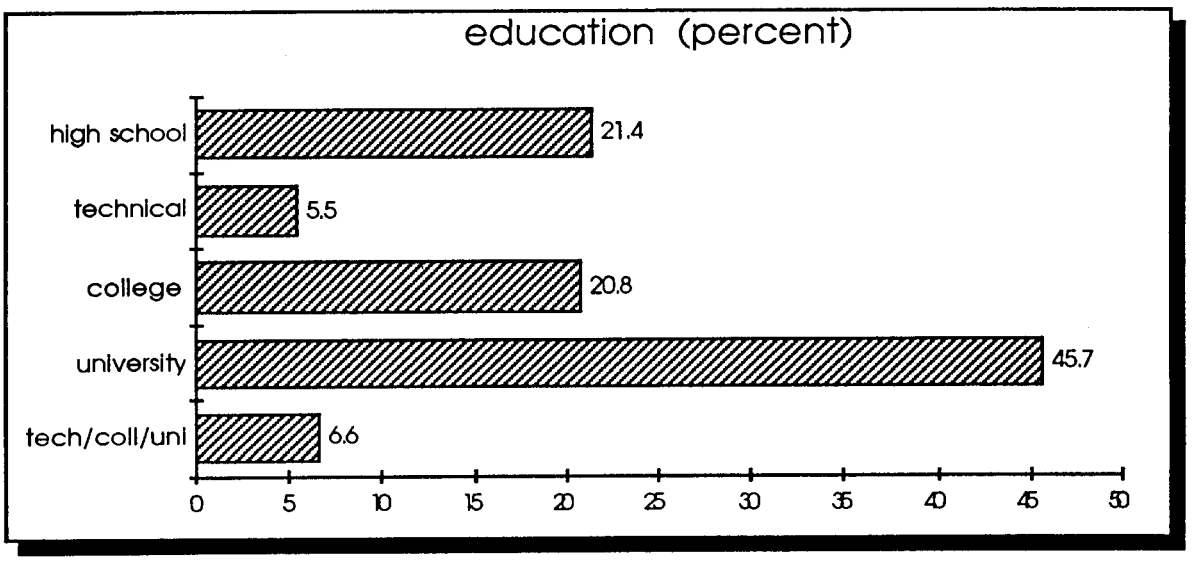

racial/ethnic background (percent)
Mulatto
0.6
Hispanic
0.6
Black
0.6
Metis
1.2
Asian
2.1
Native
2.3
Caucasian
92.7
0
10
20
30
40
50
60
70
80
90
100

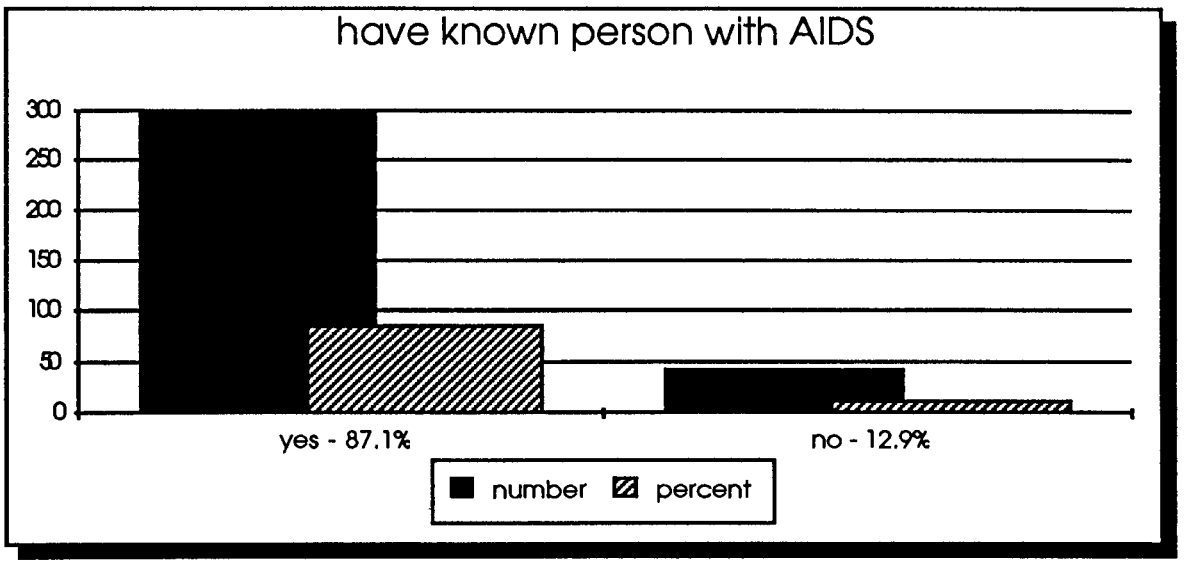

relationship status (percent)
single
71.1
lover
26.9
married
1.8
lover/married
0.3
0
10
20
30
40
50
60
70
80

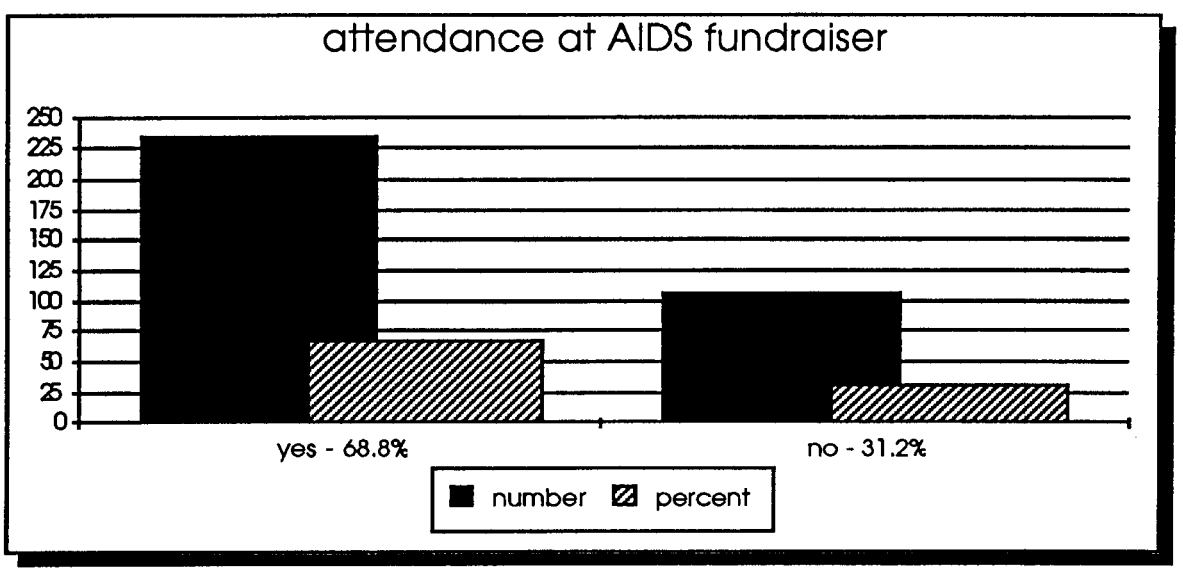

residency (percent)
Vancouver
Burnaby
Fraser Valley
outside B.C.
North Shore
Richmond
New West
other B.C.
79.8
4.4
3.9
3.8
3.5
1.8
1.5
1.3
0
10
20
30
40
50
60
70
80


income (percent)
$10,000 & under
$11,000 - $19,000
$20,000 - $29,000
$30,000 - $45,000
$46,000 & over
19.2
21.8
26
22.1
10.6
0
5
10
15
20
25
30

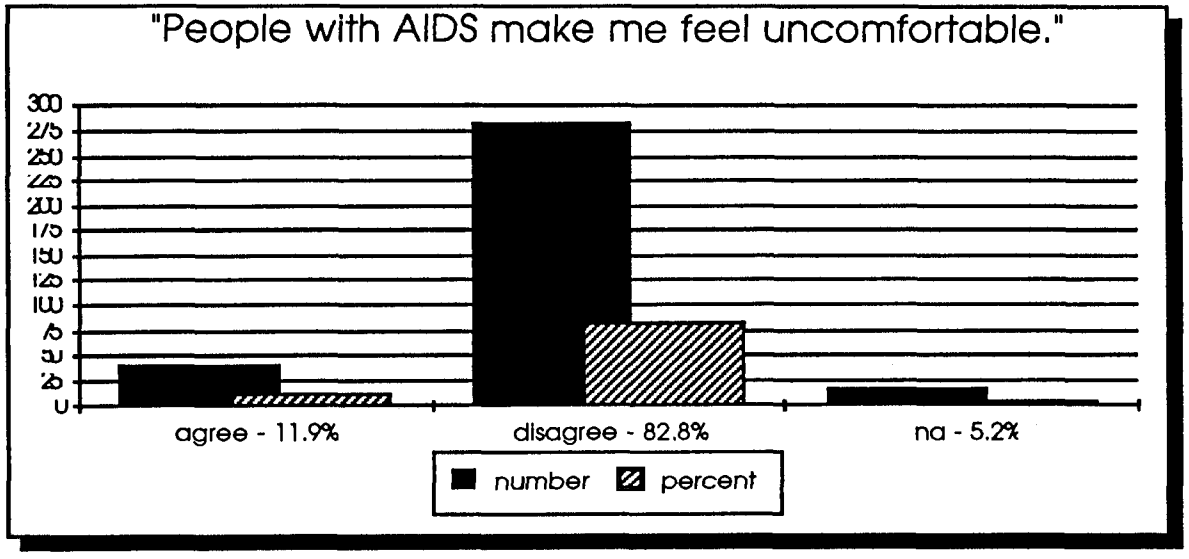

affiliation with gay organization
200
175
150
125
100
75
50
25
0
yes - 47.8%
no - 52.2%
number
percent

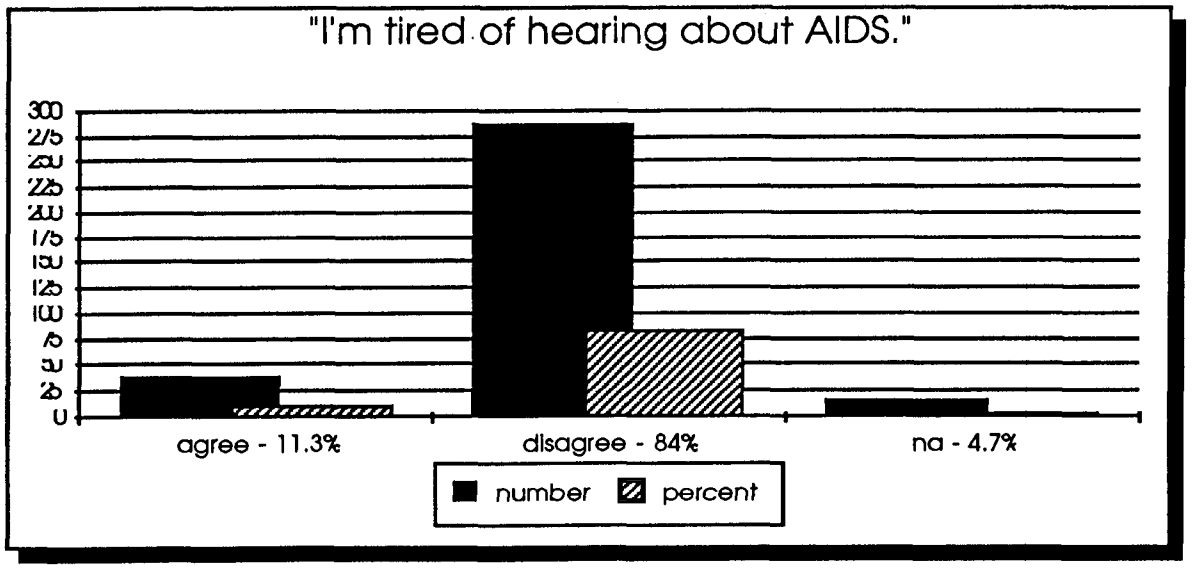

education (percent)
high school
21.4
technical
5.5
college
20.8
university
45.7
tech/coll/uni
6.6
0
5
10
15
20
25
30
35
40
45
50

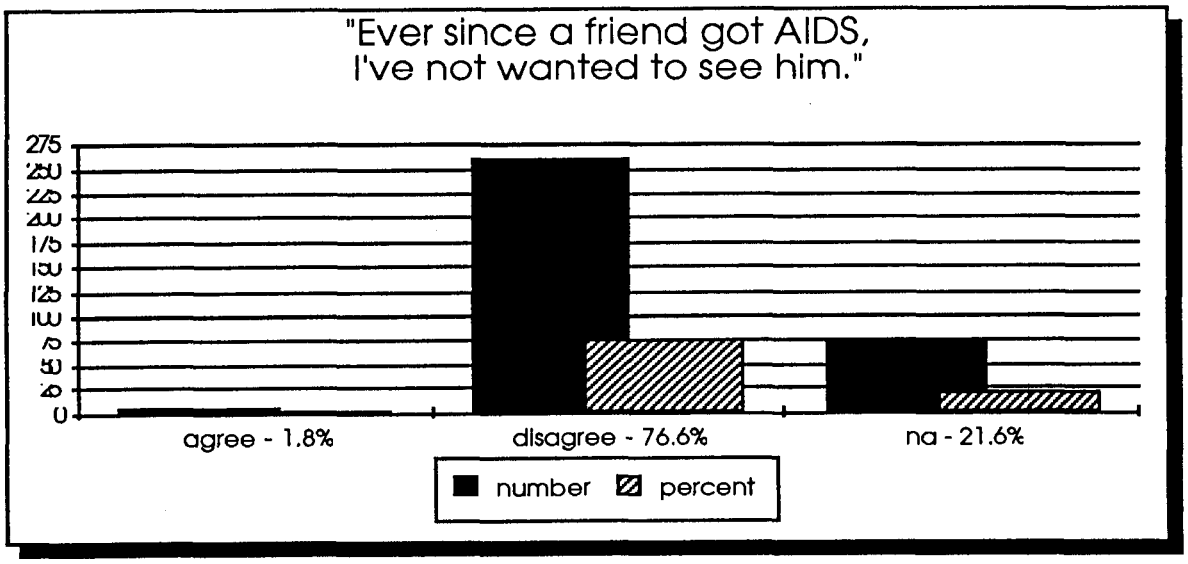

have known person with AIDS
300
250
200
150
100
50
0
yes - 87.1%
no - 12.9%
number
percent

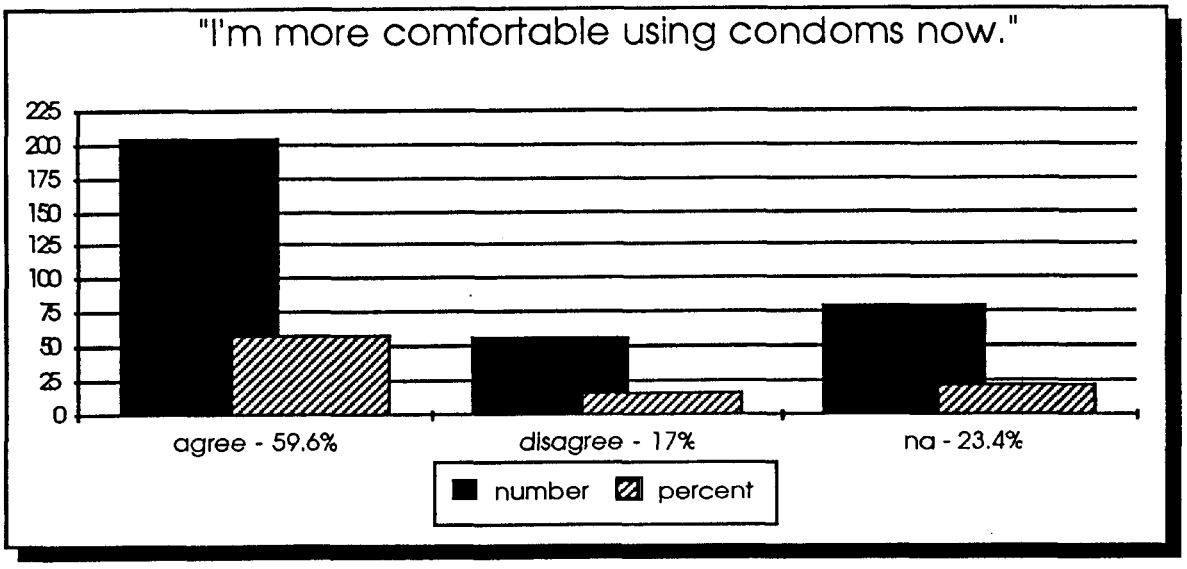

attendance at AIDS fundraiser
250
225
200
175
150
125
100
75
50
25
0
yes - 68.8%
no - 31.2%
number
percent

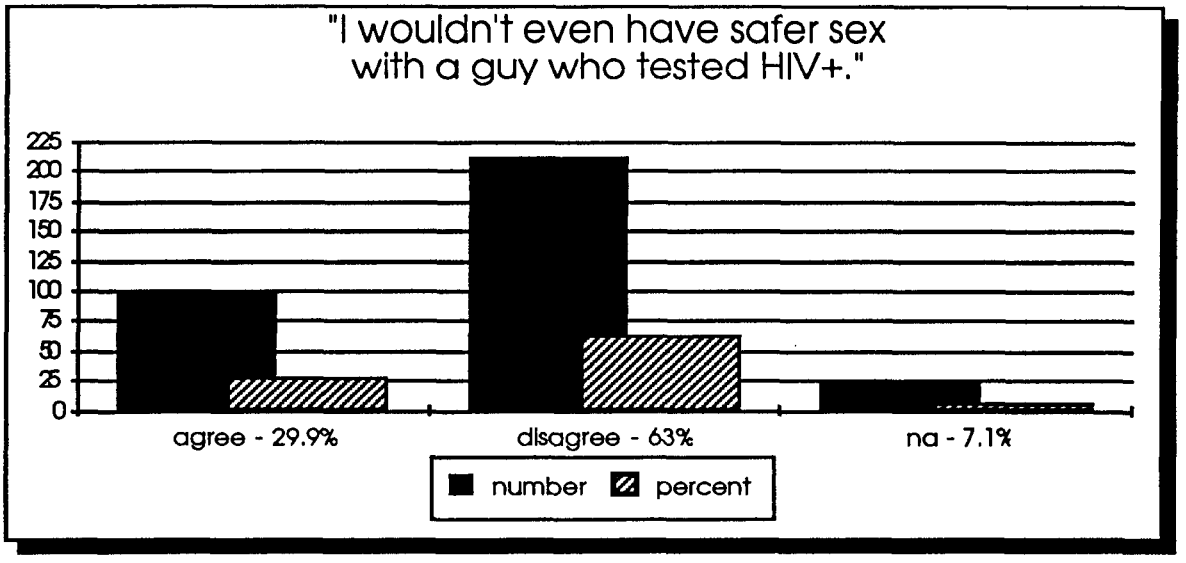
Appendix 3: AIDS Survey Attitudes

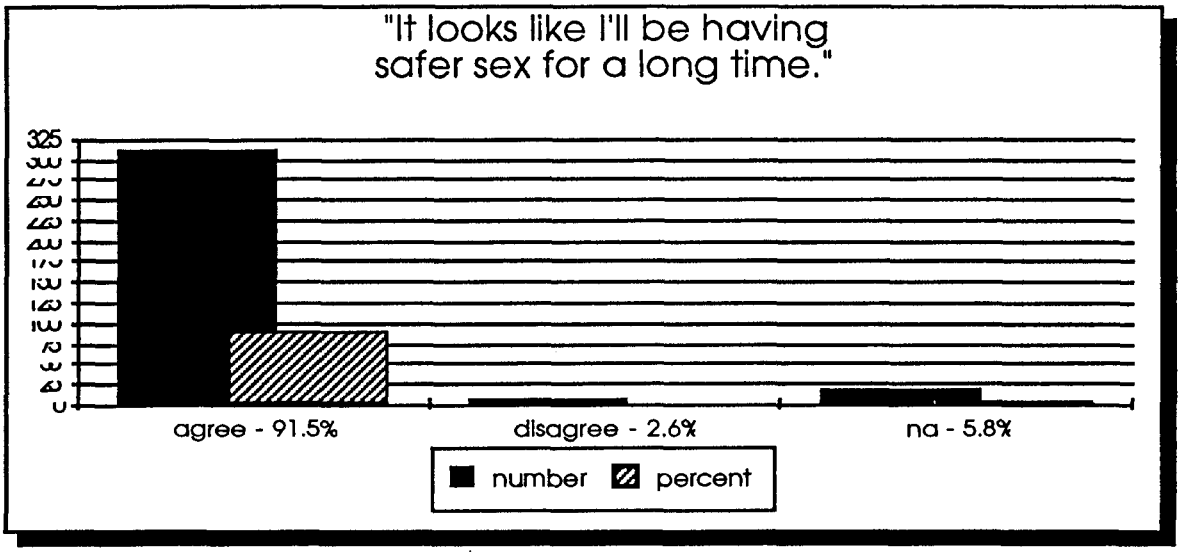


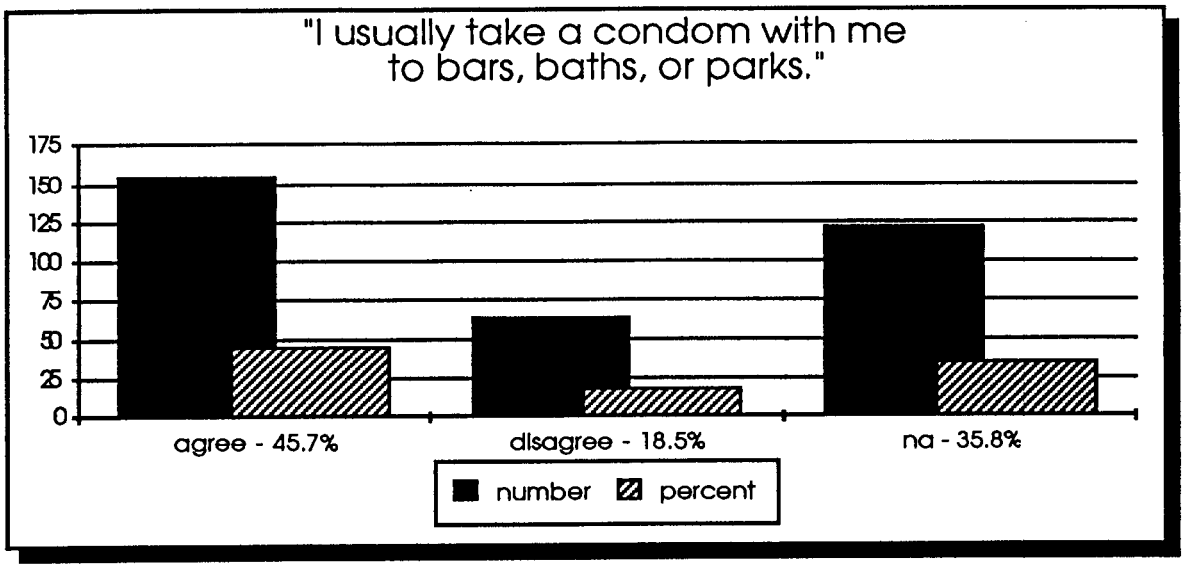



"Ever since a friend got AIDS, I've not wanted to see him."
275
0
agree - 1.8%
disagree - 76.6%
na - 21.6%
number
percent

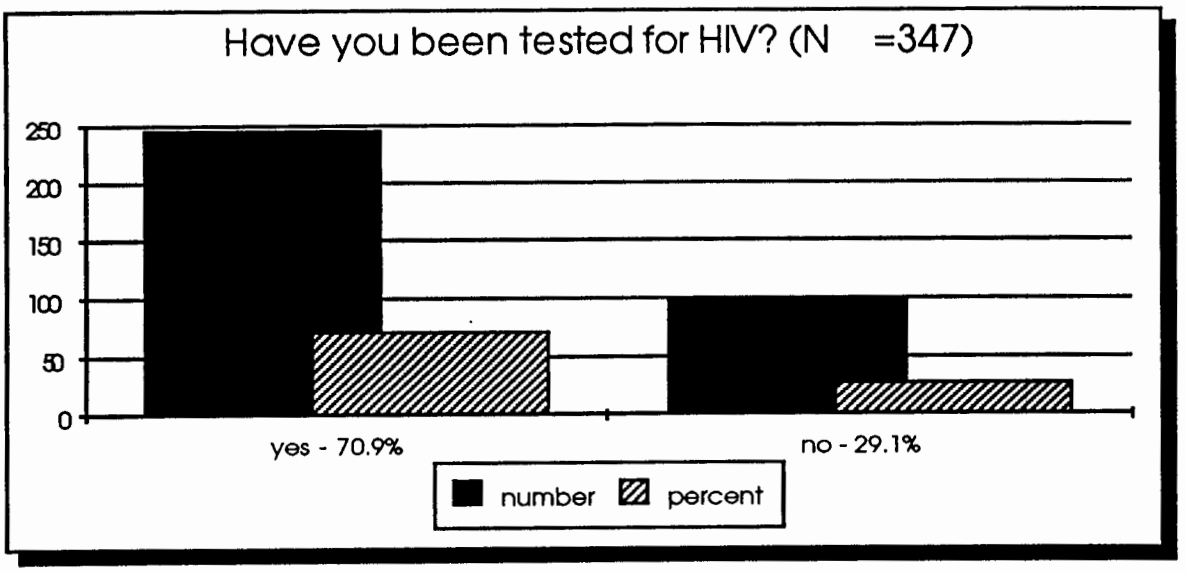

"I'm more comfortable using condoms now."
225
200
175
150
125
100
75
50
25
0
agree - 59.6%
disagree - 17%
na - 23.4%
number
percent

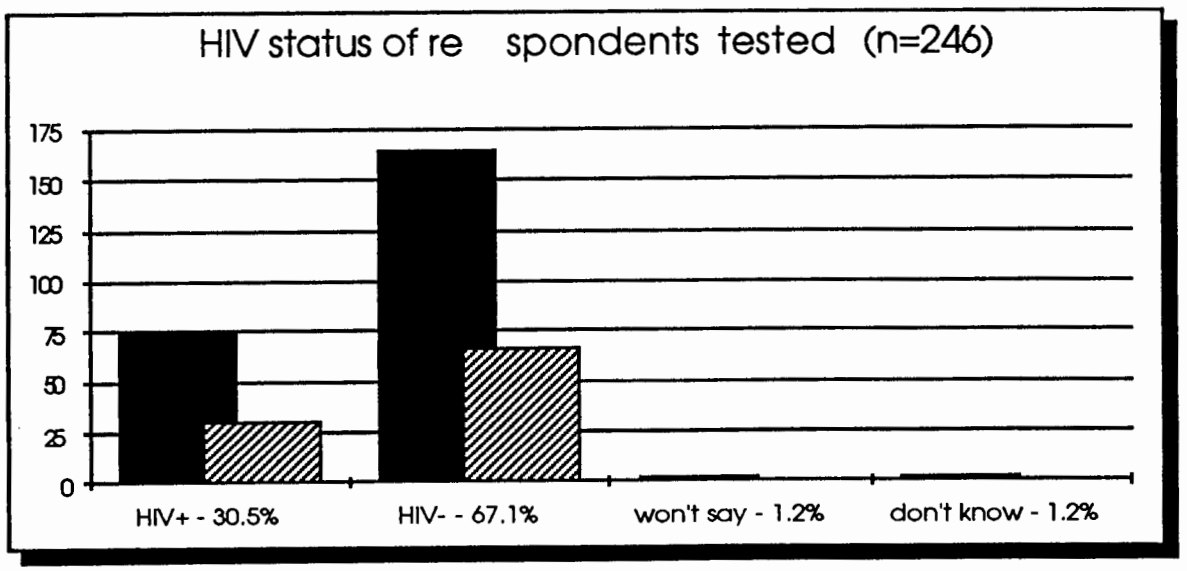

"I wouldn't even have safer sex with a guy who tested HIV+."
225
200
175
150
125
100
75
50
25
0
agree - 29.9%
disagree - 63%
na - 7.1%
number
percent

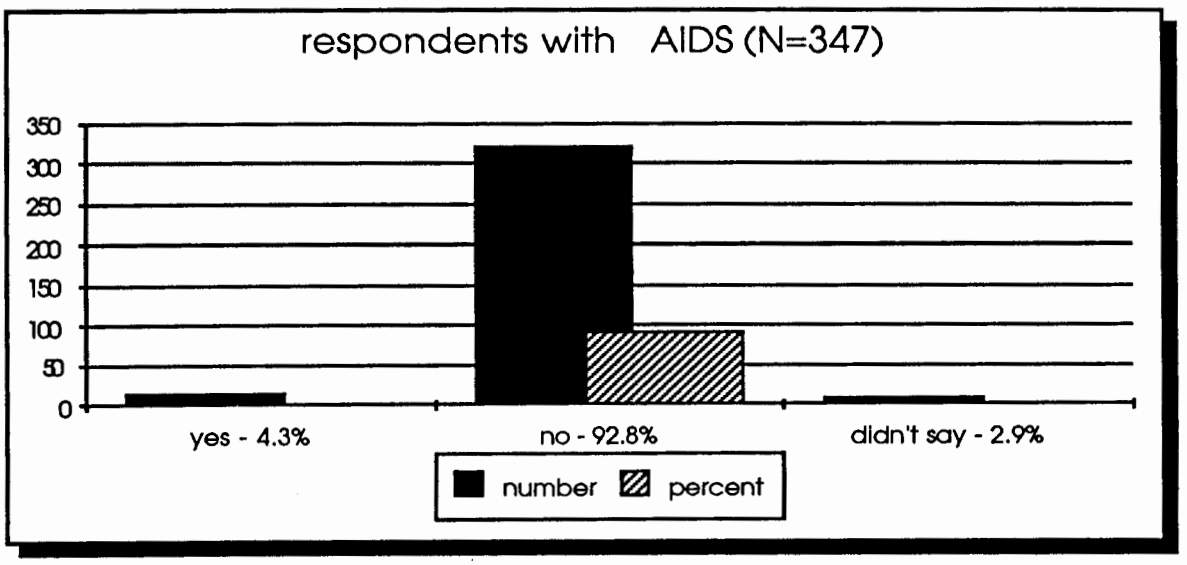

"It looks like I'll be having safer sex for a long time."
agree - 91.5%
disagree - 2.6%
na - 5.8%
number
percent


"I usually take a condom with me to bars, baths, or parks."
175
150
125
100
75
50
25
0
agree - 45.7%
disagree - 18.5%
na - 35.8%
number
percent

Appendix 4: AIDS Survey HIV Status






respondents with AIDS (N=347)
350
300
250
200
150
100
50
0
yes - 4.3%
no - 92.8%
didn't say - 2.9%
number
percent