SURVEY '91

A Survey of AIDS-Related Knowledge, Attitudes and Behaviours Among Gay and Bisexual Men in Greater Vancouver

Submitted to
AIDS Vancouver's
Man to Man Program

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AIDS VANCOUVER
MAN TO MAN

1992

FOREWORD

Over the last two years I have had the pleasure of developing an innovative series of programs designed to increase the level of safer sex awareness and behaviour among Gay and Bisexual men in Vancouver. All of these programs are executed under AIDS Vancouver's umbrella project called **MAN TO MAN.**

This attempt to conduct a knowledge, attitude, and behaviour survey of Gay men is the latest addition to MAN TO MAN, a focussed attempt to make sure that our efforts at HIV education and health promotion are evaluated on an ongoing basis; that we can be accountable for our work, the direction that it may take, and the influence it may have on behaviour change.

This survey was completed with an extremely modest budget and indeed, those of us involved in its execution by no means claim any expertise in the area of research itself. We gave ourselves permission to use the survey not only to learn about safer sex behaviour patterns but as well, to have the experience of conducting research in the community. I am pleased with the result, with our efforts, and look at this document as a symbolic commitment to a more formalized series of research and evaluation projects in the future.

To that end there are a number of individuals who deserve a special note of appreciation. Orest Wasarab adapted a previously constructed survey into the tool that was used to collect data for Survey '91. Orest also administered the survey and was responsible for all of the data collection. Barb Justason-Walker has been invaluable in helping to take what data was collected and attempting to make some sense of it in the initial drafts of this report. Dr. Rick Marchand, Manager of Education Services at AIDS Vancouver, not only provided his guidance and commentary, but allowed his original work in 1989 to be adapted for the purposes of this study.

Finally, a note of appreciation to 499 Gay and Bisexual men who of their own volition took the time to complete this survey and share with us intimate details of their lives. They represent the constituency that we are accountable to with this document and all of our projects from MAN TO MAN.

Christopher A. R. Koth
Vancouver, July, 1992

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- Survey '91 is a study of attitudes, knowledge and behaviour of Gay and Bisexual men toward safer sex practices, the transmission of HIV and preferred methods of education about HIV/AIDS.

- 499 Gay and Bisexual men completed the questionnaire (in July '91). Survey '91 was self-selecting in nature; therefore, results appear to reflect the views and practices of the more mainstream, pro-active Gay men.

- The purpose of Survey '91 is to determine the reported safer sex practices of Gay and Bisexual men; how risk is perceived; the extent to which there is correct information about safe and unsafe sex; and the extent to which having the correct information translates into behaviour.

- This report also allows for a comparison of results from a similar survey conducted by AIDS Vancouver in 1989.

Respondent Profile

- 96% of men in Survey '91 are Gay; 4% are Bisexual; 64% are single; 35% have a lover; 1% are married.

Perceptions of Vulnerability

- 92% believe HIV infection could happen to them. This perception rises proportionately with the level of formal education.

Knowledge

- The vast majority correctly identify the risk levels associated with all the behaviours for which we tested; however, fully 35% did not provide correct answers to all the questions. Areas of poorer-than-average knowledge include...

  - Lower income groups: less likely to correctly identify anal *insertive* intercourse as "high risk"; marginally less likely to be aware of the risk levels in oral sex.

  - 46 to 65 age cohort: significantly less likely than average to associate any risk with oral sex in either position.

  - Men with high school education: less likely than average to say that oral sex is at least low risk; less likely than average to be aware of the risk of taking in semen.

How Men Learn About Preventing AIDS

- Popular sources for information about AIDS are Gay newspapers and books, pamphlets, friends, media, AIDS Vancouver programs (including info centres in bars, outreach in baths, rubberwear parties, safer sex workshops).

Rate of HIV Testing

- 84% have been tested. The highest frequency is among men earning $46K or more (91%).

HIV Status

- Overall, 18% are HIV positive or have AIDS.
- Among men who are HIV+ or have AIDS, 42% earn less than $10K or are on social assistance, compared to the 19% average for respondents.
- 26% earning $46K or more are HIV positive or have AIDS, compared to the 10% average that earn $46K or more.
- Men who are HIV+ or have AIDS demonstrate a superior awareness of risk activities for the transmission of HIV/AIDS.

Safer Sex Behaviour

- Half masturbate with their partner.
- Half use condoms.
- One-quarter have stopped having anal sex.
- One-tenth have stopped all sex.
- Half of the men who say they'll "be practicing safer sex for a long time" take condoms when they go out to bars, baths or parks.
- Among men who are HIV+, half (48%) "always" use a condom in either the *insertive* or *receptive* positions during anal intercourse.

Planned Safer Sex Practices for the Future

- 95% say they'll be having safer sex for a long time.

What Influences Change

- Among men who say they have begun practising safer sex in the last year, the following have had the strongest influence in their change in behaviour:
  - education

- media
- knowing someone with HIV/AIDS
- friends and family
- an HIV test

How Men Have Learned or Want to Learn About HIV/AIDS Prevention

- Media (TV and radio) (45%), Videos (32%), Posters in baths, parks, bars and public places (29%) are men's top picks.
- Just 15% opt for private advice over the phone.
- Half (46%) state that friends have been a primary source of information about HIV prevention.
- Just 5% state that school has been a source of learning about HIV/AIDS prevention.

I INTRODUCTION

A. What is Survey '91?

Survey '91 is a study of the attitudes, knowledge, and behaviour of Gay and Bisexual men with regard to safer sex practices, the transmission of HIV and the preferred methods of education about HIV and AIDS. Initiated and sponsored by AIDS Vancouver's Man to Man program, this study is based largely on the responses of 499 men in a mail-back/drop-off survey conducted in July '91.

Included as well are some of the data collected in a similar 1989 study, *Fighting AIDS with Education: Report of the Gay Community Needs Assessment*, by Richard Marchand, Ph.D. Among the findings of Survey '91 is that Dr. Marchand's 1989 report is as relevant today as it was then and should be considered required reading. The Survey '91 report is more focused on the results and with an assumption that Dr. Marchand's study will be referred to for recommendations.

B. Purpose

> *"It seems to me we'd all benefit by knowing the explicit safe sex practices of other Gay men."*
>
> [Survey'91 respondent]

This statement is our purpose. We wanted answers to questions that point to knowledge, behaviour, attitude and perceptions:

> What are the reported safer sex practices of Gay and Bisexual men?
>
> Are they accessing accurate information?
>
> Does having that information translate into behaviour?

The data collected in this survey are the foundation of an ongoing commitment of AIDS Vancouver's Man to Man programs to learn about, and to address the HIV education needs of the Gay and Bisexual community in Vancouver. Results of this study will influence the enhancement of its programs now in place and identify areas where new programs can be developed.

II. METHODOLOGY

499 Gay and Bisexual men in Vancouver completed the survey. Surveys were distributed at Gay events and through retail outlets and restaurants throughout July 1991 and were returned by mail to AIDS Vancouver or were dropped off at collection boxes located at the following points:

- Octopus Books
- East End Food Co-op
- La Quena
- Little Sister's
- Gay and Lesbian Centre
- Doll & Penny's
- PWA Society
- AIDS Vancouver

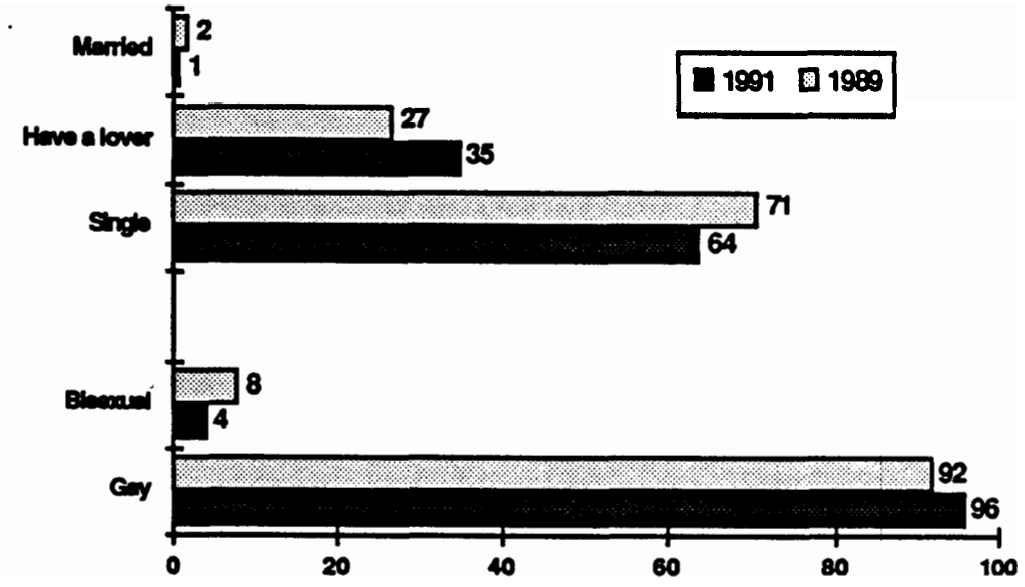
Readers should be aware of the self-selecting nature of Survey '91. The respondent base may not reflect the Gay community as a whole. Due to the intangible nature of those in the Gay community who are not "out," it is difficult to know just what is a proper random sample of this population. Those who are not connected to established community organizations and activities are difficult to reach. Men who don't self identify are less likely to answer such a survey since they are less apt to participate in established Gay events, institutions or patronize the restaurants and retail outlets at which Survey '91 surveys were distributed. Results of this survey, therefore, reflect the more mainstream, pro-active Gay men in the community.

III ANALYSIS

A. Respondent Profile: Painting the Picture

Respondents for Survey '91 represent the more "mainstream" or "out" Gay community. All respondents are male[1]. Ninety-six percent of respondents are Gay and four percent are Bisexual. Thirty-five percent are involved in a relationship and 64 per cent are single. Just one per cent—four respondents in this survey—indicate that they are married. These figures vary marginally from figures noted in 1989.

FIGURE 1
RESPONDENT PROFILE 1991 VERSUS 1989
SEXUAL ORIENTATION/RELATIONSHIP STATUS
(%)



1 One transsexual was surveyed.

Three per cent say they are intravenous drug users.

Nearly half of all respondents (49 per cent) have at least some university education; 22 per cent attended college; 21 per cent high school; eight per cent technical school; one per cent public school (grades one through eight).

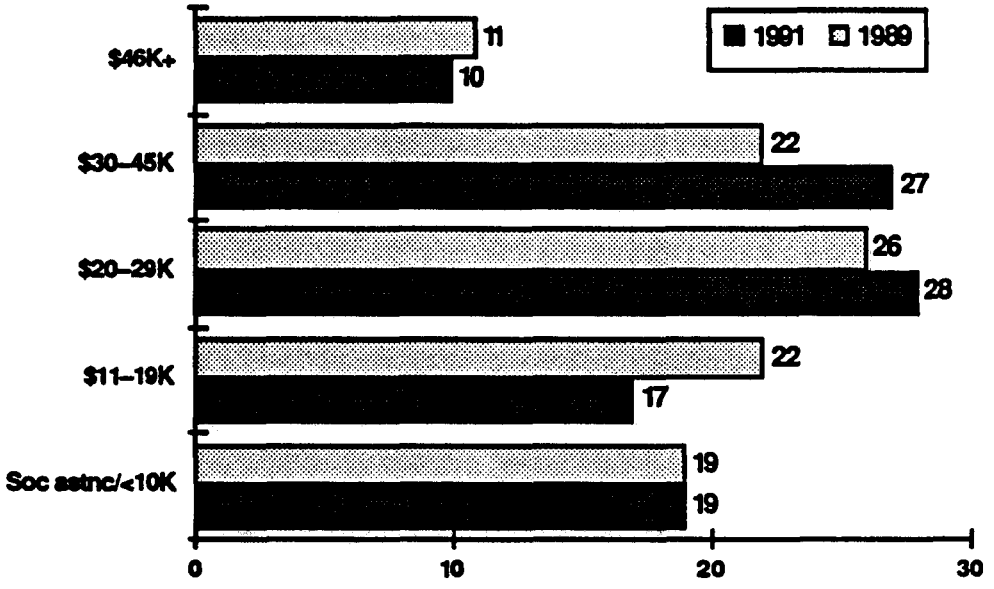
Seventeen per cent are 25 years or younger; 31 per cent are between 26 and 30 years of age; 44 percent, are between 31 and 45 years of age; just eight per cent are over 46 years of age. None of this survey's respondents is over 66 years of age.

TABLE 1
RESPONDENT PROFILE 1991 VERSUS 1989
AGE

	1991 %	1989 %
20 years and younger	n/a	2
25 years and younger	17	n/a
21 to 30 years	n/a	32
26 to 30	31	n/a
31 to 45 years	44	50
46 to 65 years	8	16
66 years and older	0	1
	100	100

The majority (55 per cent) have an annual income of between $20K and $45K: 28 per cent earn $20K to $29K; 27 per cent earn $30K to $45K. Nineteen per cent have an annual income of less than $10K or are on social assistance. Seventeen per cent earn between $11K and $19K. Ten per cent are in this survey's high income category earning $46K or more.

FIGURE 2
RESPONDENT PROFILE 1991 VERSUS 1989
INCOME
(%)



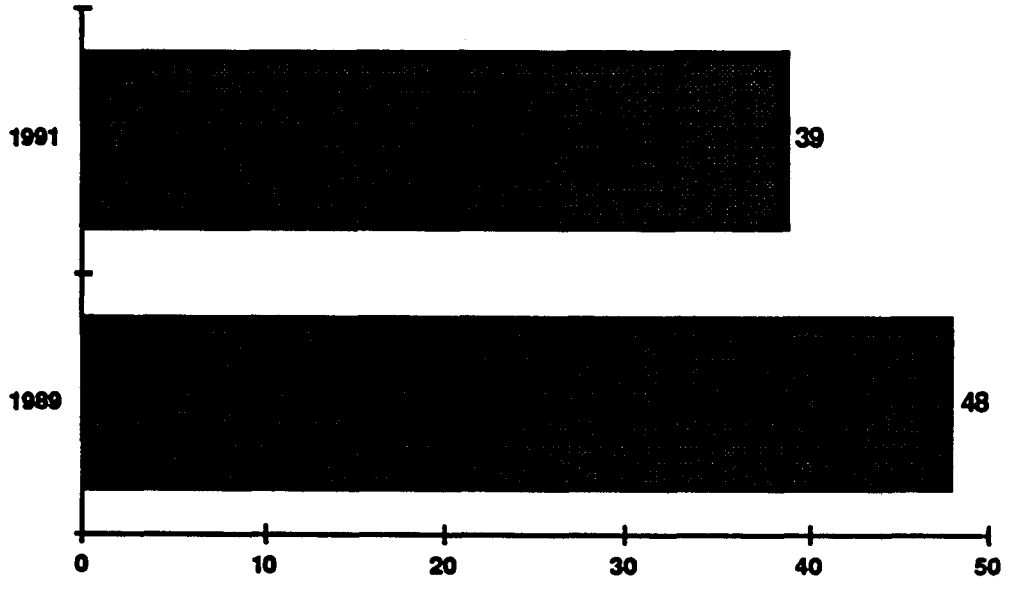
The majority (89 per cent) are Caucasian; three per cent are Asian; two per cent are Latino; two per cent are native Canadian; one per cent are East Indian; less than one-half of one per cent (0.43 per cent) are Black. The number of respondents in these groups is too small to analyze results with regard to ethnicity.

Four per cent identified themselves as having a disability or special need.

The majority of respondents (86 per cent) live in Vancouver; nine per cent live in the Fraser Valley; and the remaining five per cent are from Burnaby, North shore, Richmond, New Westminster, the remainder of British Columbia and outside British Columbia. The number of respondents living in places other than Greater Vancouver are too small to analyze for place of residence.

Thirty-nine per cent claim to be affiliated with at least one Gay or AIDS organization compared to 48 per cent in 1989.

FIGURE 3
RESPONDENT PROFILE 1991 VERSUS 1989
AFFILIATION WITH A GAY OR AIDS ORGANIZATION
(%)



Sixty-six per cent say they are HIV-negative; 17 per cent are HIV-positive; another 17 per cent don't know their HIV status; and one per cent have AIDS.

TABLE 2
RESPONDENT PROFILE 1991
HIV STATUS

	1991
Been tested rate	84
HIV-negative	66
HIV-positive	17
AIDS	1
Don't know/not been tested	17

B. Perception of Vulnerability

> *"People need to be reminded that despite recent developments, AIDS may not be cured in this life time—or by the time they get it!"* [Survey '91 respondent]

How vulnerable do Gay and Bisexual men believe they are to HIV infection?

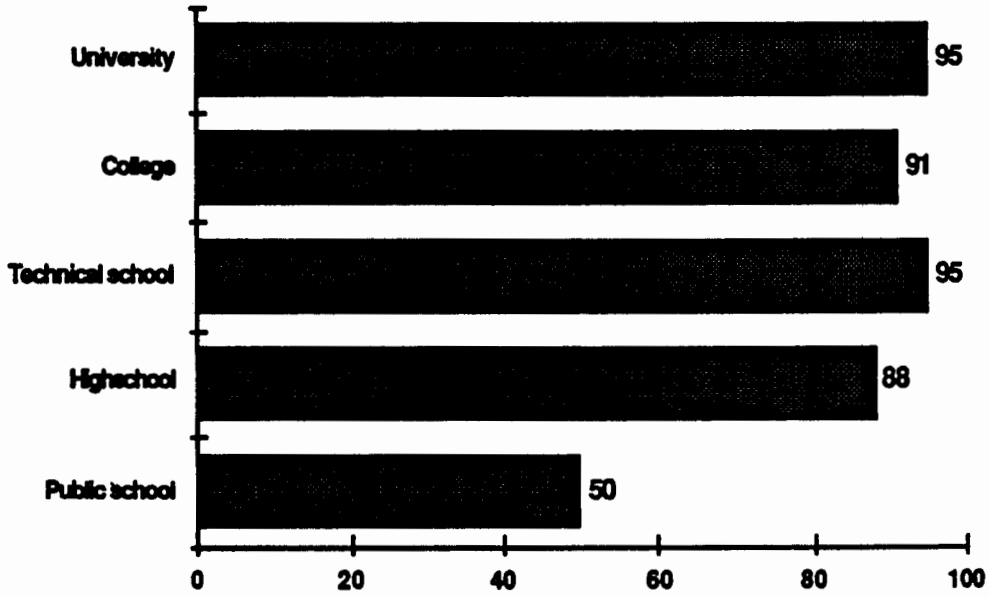
The majority (92%) say that HIV infection could happen to them. Age has no impact on agreement with this indicator. Young men are as likely as older men to indicate that they believe HIV infection is a possibility. However, the number of men who claim that this question is not applicable to them does rise with age. Seven per cent of men over 46 years of age checked the "not applicable" box for this question. This may be a reflection of how older Gay men have embraced the issues and challenges of safer sex and follow through with a

commitment to keep safer. Other results in this study indicate that men over the age of 65 have known someone with HIV/AIDS (71%) and, therefore, may have been directly impacted by the issue.

Income has some impact on perceived vulnerability. Among those who earn between $30K and $45K, 95 per cent believe that they could become infected. However, those in this survey's highest income category ($46K and over) along with those earning $11K to $19K are less likely to have this view (88 and 89 per cent respectively).

Belief that they are at any risk does rise with level of formal education. While 95 per cent of university-educated men believe they could become infected, 88 per cent of those with a high school education share this view.

FIGURE 4
PERCEIVED VULNERABILITY TO HIV INFECTION BY EDUCATION
(%)



Single men are somewhat more likely than those who are involved in a relationship to indicate that they could become infected (94 per cent and 90 per cent respectively).[1]

Agreement does not vary between Gay and Bisexual men.[2]

Affiliation with a Gay or AIDS organization has no impact on an individuals perceived vulnerability to HIV infection.

C. Knowledge

Anal Intercourse

Ninety-five per cent correctly identify[3] anal *receptive* intercourse without a condom as a "high risk" activity. However, somewhat fewer, 87 per cent, recognize that anal *insertive* intercourse without a condom is also a "high risk" activity. Although a strong majority have correct knowledge about the risk level of both these activities, these figures do not reflect any real change in knowledge since 1989.

Across the demographic indicators, there are some interesting differences in perceptions.

Respondents who are on social assistance or earn $10K or less are less likely than average to correctly identify anal *insertive* intercourse as "high risk" (80 per cent versus the 87 per cent average). However, this same group is as likely as the average to identify anal intercourse in the

1 Among the survey's four married respondents, three agreed and one disagreed that HIV infection could happen to them.

2 Exercise caution when interpreting analysis for bisexual men. Cell sizes are small (n=18).

[3] The Canadian AIDS Society *risk standards have been adopted.*

receptive position as "high risk" (94 per cent versus the 95 per cent average).

Men earning between $20K and $29K and those earning $46K and over are more likely to indicate that anal *insertive* intercourse is a "high risk" activity (91 and 92 per cent respectively versus the 87 per cent average).

While respondents with a technical school education are more likely than average to indicate that anal *insertive* intercourse is a high risk activity (92 per cent versus the 87 per cent average), they are somewhat less likely than average to indicate that the *receptive* position is high risk (90 per cent versus the the 95 per cent average).

Men who have never been tested for HIV are less likely than average to correctly identify that anal *insertive* intercourse is high risk (82 per cent versus the 87 per cent average), although their awareness of the risk associated with the *receptive* position is on par with the average.

Oral Sex

Oral sex *receptive* to ejaculation is identified by 94 per cent as a risk activity: 65 per cent say "low risk"; 29 per cent say "high risk."[1] These numbers do not reflect any real increase or decrease in knowledge since 1989; however, somewhat more men now than in 1989 perceive taking in semen as a high risk activity (1989: 25 per cent)

Eighty per cent and 90 per cent respectively believe that "getting" and "giving a blow-job" is a risky activity.

[1] *While oral sex is considered by the* Canadian AIDS Society *to be a "low risk" activity, we have accepted "low risk" and "high risk" as correct responses.*

Lower-income respondents are less likely to consistently demonstrate an awareness of any risk associated with oral sex. While their answers to all three questions about oral sex are not significantly below average statistically, the consistency of this lower-than-average pattern is worth noting:

- Taking in semen during oral sex receives low or high risk marks from 91 per cent—the average is 94 per cent;

- "Getting a blow-job" is considered a low or high risk activity by 77 per cent—the average is 80 per cent; and

- "Giving a blow-job" received "low" or "high risk" marks from 85 per cent—the average is 90 per cent.

Those earning between $30K and $45K demonstrate a marginally lower-than-average awareness of <u>any</u> risk associated with "getting a blow-job" (76 per cent versus the 80 per cent average).

Analysis of age reveals remarkable consistency with the average across all knowledge-testing questions. Poorer-than-average marks were recorded only for the 46-to-65 age cohort on two questions. Respondents in this group are significantly less likely than average to associate <u>any</u> risk with "getting" or "giving a blow job" (63 and 71 per cent respectively versus the 80 and 90 per cent averages).

Level of education has an impact on knowledge. Men with a high school education are less likely than average to correctly indicate that oral sex is low risk (71 per cent versus the 80 per cent average). This group also perceives a lower awareness of a risk in taking in semen during oral sex: 87 per cent associate <u>any</u> risk with this activity compared to the 94 per cent average.

Whether a man is HIV-positive, HIV-negative, has AIDS, or does not know his HIV status has surprisingly little impact on the results of the individual knowledge-testing questions with two exceptions: Men who are HIV-positive are more likely than average to indicate that oral sex is low risk (86 per cent versus the 80 per cent average). When compared to the averages for questions about risk activity, affiliation with a Gay or AIDS organization has no impact on any of the knowledge-testing questions.

Intravenous Drug Use

As indicated in the reporting of the gross figures, an average of 98 per cent correctly identify the sharing of unsterilized needles as a high risk activity; there are no significant differences across age, income, education, relationship status, HIV status, or affiliation with a Gay or AIDS organization.

Among this survey's 14 intravenous drug users, 13 correctly identify the sharing of unsterilized needles as high risk—one respondent said low risk.[1]

[1] *Exercise caution when interpreting these data. Cell sizes are small (n=14).*

The Knowledge "Test"

> *"There is so much conflicting information out there. What is safe? What are the degrees of risk? Is anything truly safe?"* [Survey'91 respondent]

Almost all men surveyed correctly identify the sharing of unsterilized needles as a higher risk activity (98 per cent). Almost as many men also correctly identify the risk associated with unprotected anal sex (*receptive*) and oral sex (*receptive to ejaculate*) (95 and 93 per cent respectively). Ninety and 87 per cent have correct knowledge about the risk associated with giving a blow job and (*insertive*) anal sex, respectively. Fully 20 per cent of men in Survey '91 do not associate any risk with getting a blow job.

TABLE 3
CORRECT KNOWLEDGE LEVELS

	Percent
"Sharing unsterilized needles is...high risk"	98
"Getting fucked without a condom is... high risk"	95
"A guy cumming in your mouth is... high risk/low risk"	93
"Giving a blow-job is... high risk/low risk"	90
"Fucking without a condom is... high risk"	87
"Getting a blow-job is... high risk/low risk"	80
Have all the correct knowledge	65

A majority of men have correct information about all the risk activities. Analysis of all knowledge-testing questions on a respondent-by-respondent basis, however, reveals that over one-third do not have all the correct information.

Demographic Analysis of Correct Knowledge

Among men who are between 31 and 45 years of age, seven-in-ten (71 per cent versus the 65 per cent average) have correct knowledge. Just 59 per cent of men over 46 years have correct knowledge. The other age cohorts are consistent with the average.

Across income, men in the lower income category, earning $11K to $19K, and those earning over $46K demonstrate the highest levels of correct knowledge (70 per cent and 74 per cent respectively versus the 65 per cent average).

Men with a technical school background along with those who have a university education are more likely than average to possess correct information about risk and safer sex. (77 per cent and 71 per cent respectively versus the 65 per cent average).

An analysis of correct knowledge by HIV status reveals that men who are HIV-positive are more likely than average to have correct knowledge (73 per cent). Interestingly, men who don't know their HIV status are also more likely to be aware of the all the risks (74 per cent).

Affiliation with a Gay or AIDS organization appears to have some impact on awareness levels: almost three-quarters (74 per cent) of men who are affiliated with a Gay or AIDS organization have correct knowledge about risk levels.

Sources of Education

We asked respondents, "Tell us the top three ways you have learned about preventing AIDS."

Learning about HIV infection is a private matter for Gay and Bisexual men—perhaps as much a reflection of the less interactive nature of available educational materials as a preference. The family doctor is near the top of the list with 34 per cent indicating that he or she has been an educational resource; however, men are more likely to learn about HIV prevention through information in Gay newspapers (e.g., Angles), Gay columns (e.g., West Ender) and books and pamphlets (55 per cent each). Television and radio appear to have played a major role as well (38 per cent). Over one in five indicate that public forums and posters have played a role in their HIV prevention education (23 and 22 per cent respectively). We realize that there is a distinction between a source of information and the content and validity of that information as well.

TABLE 4
WHERE GAY AND BISEXUAL MEN HAVE LEARNED ABOUT AIDS PREVENTION
1991 VERSUS 1989

	1991 %	1989 %	Net Change %
Gay newspapers and books	56	58	-2
Pamphlets	55	55	±0
Friends	**46**	**33**	**+13**
TV/radio	38	35	+3
AIDS Vancouver Programs	35	32	+3
AIDS Vancouver help line	**16**	**32**	**-16**
Info centres in bars	13	n/a	n/a
Outreach in baths	3	n/a	n/a
Rubberwear party	3	n/a	n/a
Doctor	34	43	-9
Public forums	23	16	+7
Posters*	**22**	**12**	**+10**
Daily newspapers	19	25	-6
PWA Society	18	16	+2
Workplace*	10	6	+4
STC/ATEC clinic	6	n/a	n/a
Fundraising events in bars*	11	6	+5
School*	5	3	+2

* *May be sponsored by AIDS Vancouver.*

There are some important changes since 1989. The most notable increase is "friends." Thirteen per cent more men claim to have learned about AIDS prevention from friends than in 1989, perhaps indicating that AIDS is being discussed more candidly in society as a whole. An increase is also noted for posters, probably reflecting the increase in the number of safer sex posters being produced.[1]

Across income, television and radio are indicated as educational sources for those earning over $30K. Gay newspapers and books and pamphlets remain the top two picks of this group. Men with a technical school background are more likely to list their doctor among

[1]AIDS Vancouver has sponsored several posters since 1989, which deal candidly with oral and anal sex.

their top three prevention educators, along with pamphlets and friends. Relationship status has no impact on men's picks.

HIV status, however, does somewhat influence these results: Men who have been tested and know that they are HIV-positive are more likely to indicate that their doctor is one of their top three sources of education about preventing HIV/AIDS. This group's other main sources are consistent with the main sources reported for the average.

Impact of Place of Learning on Awareness Levels

How successful is the education?

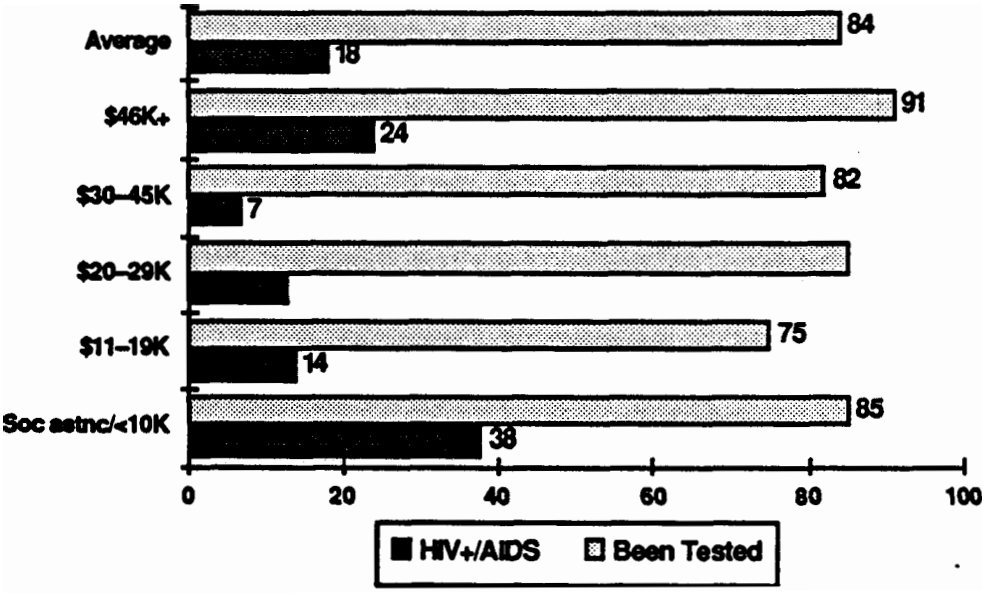
Several learning sources distinguish themselves for their impact on levels of correct knowledge.

While a preference to learn through non-interactive media has been documented earlier, it appears that learning is most effective in an interactive setting. Among those who say they have learned about preventing AIDS through public forums, 73 per cent have correct knowledge, while across the total base, only 65 per cent have correct knowledge. Over three-quarters (77 per cent) of those who say their workplace has been source of learning have correct knowledge. Seven-in-ten (71 per cent) list television and radio as a source have correct knowledge. The most remarkable difference across this measure is the AIDS Vancouver helpline. Seventy-eight per cent who listed the AIDS Vancouver Helpline as one of their learning sources have correct information about the risk of HIV infection in all the activities we listed.

D. Who Has Been Tested

A majority of men in this study have been tested for HIV infection (84 per cent).[1] Across age, men between 31 and 45 years of age are more likely to have been tested (88 per cent). Those in the highest income group (those earning $46K and more) are more likely to have been tested than their lower-earning counterparts. Just three-quarters (75 per cent) of those earning $11K to $19K have been tested, compared to the 84 per cent average.

FIGURE 5
"BEEN TESTED" AND INFECTION RATES
BY INCOME
(%)



[1] *We assume that the men who indicated they are HIV-negative have indeed been tested.*

Level of formal education has no impact on men's likelihood of having been tested. Of note, men who are affiliated with a Gay or AIDS organization are marginally more likely than the average to have been tested (86 per cent).

HIV Status

Two-thirds (66 per cent) of the respondents indicate that they are HIV-negative; 17 per cent are HIV-positive; one per cent have AIDS; and fully seventeen per cent report that they don't know their HIV status.

The most remarkable difference is found among those on social assistance/earning less than $10K. Almost two-in-five (38 per cent) are HIV-positive or have AIDS. These numbers point more to the impoverishment of AIDS (infected men's capacity to work is reduced) and should not be interpreted to point to a higher risk group.

While the prevalence of infection is higher among those in the lower income category, the over-$46K group's infection rate is also an important figure. Fully one-in-four (26 per cent) of those earning $46K and more are HIV-positive. (No one in this income category state they have AIDS).

Distribution of HIV Infection/AIDS by Demographics

As the table below illustrates, in our sample HIV infection and AIDS are most likely to be found among men between 31 and 45 years of age, men on social assistance/earning less than $10K, men from a technical school back ground, and single men.

The table below illustrates distribution of HIV+ and AIDS infection within the respondent group. These distributions are calculated only

on the HIV+/AIDS infected subgroup; absolutely no comparison is made to the respondent group as a whole. Further, they do not point to risk in any demographic group. The table reads vertically as follows: "Among those respondents in Survey '91 who are HIV+ or have AIDS, 66 percent are between 31 and 45 years of age."

TABLE 5
DISTRIBUTION OF HIV INFECTION/AIDS ACROSS THE RESPONDENT GROUP[1]

	Distribution %
Age	
25 years and younger	9
26 to 30 years	21
31 to 45 years	66
46 to 65 years	4
	100
Income	
Social assistance/less than $10K	41
$11K to $19K	14
$20K to $29K	20
$30K to 45K	11
$46K and over	14
	100
Education	
Public school	11
High school	22
Technical school	29
College	19
University	19
	100
Relationship Status	
Single	66
Have a lover	32
Married	3
	100
Gay/AIDS Organization Affiliation	
Yes	52
No	48
	100

1 These distributions illustrate frequency within the respondent subgroup (AIDS/HIV+) only.

E. Behaviour

> *"After losing lots of people to AIDS, I only have safer sex. In five years, I have been with three or four people including my lover."* [Survey'91 respondent]

We asked the respondents to tell us how they practise safer sex.

Just over half (51 per cent) say they always use a condom; almost one-quarter (23 per cent) have stopped having anal sex; nine per cent say they have stopped all sex (we assume they are celibate); just over half (53 per cent) say they usually masturbate with their partner.

Among the 29 per cent who say they are in a relationship, the group is split quite evenly between those who use condoms and those who "don't usually" use condoms (14 and 15 per cent respectively). Over one-half (52 per cent) say they usually have oral sex; just eight per cent say they "sometimes" use condoms; over two-in-five (42 per cent) make sure their partner is wearing a condom during anal sex.[1] As the table below illustrates, several trends have solidified since 1989.

1 Exercise some caution when interpreting these data. The "multi-mention" nature of this question produces less reliable results for the population as a whole than a question that produces an answer (i.e., Yes"/No" or "Agree/Disagree") from each choice.

TABLE 6
SAFER SEX BEHAVIOURAL TRENDS[1]

	1991 %	1989 %	Net Change %
"I usually jack off with my sex partner(s)."	53	72	-19
"I always use a condom when I'm fucking someone in the ass.	51	47	+4
"I usually have oral sex.	51	n/a	n/a
"I make sure my sex partner is wearing a condom when I'm being fucked in the ass."	42	38	+4
"I've stopped having anal sex.	23	26	-3
"I've had a lover for ___ years and we <u>always</u> use condoms."	15	8	+7
"I've had a lover for ___ years and we <u>don't</u> usually use condoms."	14	16	-2
"I've stopped having sex with others for now."	8	14	-6
"Sometimes I use a condom when I fuck someone in the ass."	8	17	-9
Other/miscellaneous	9	13	-4

The rate of men in relationships using condoms has almost doubled from eight per cent to 14 per cent since 1989; although the number of men in relationships who say they don't usually use condoms has remained about the same since 1989. The rates of condom use in anal *insertive* and anal *receptive* intercourse are also slightly higher since 1989. And, since 1989, men are less likely to say they "sometimes" use a condom.

1 Note that question wording for Survey '91 differs somewhat from wording in 1989.

"Safer" Sex Practices

Who really does practise safer sex? While the answer categories for this question offered 10 choices, only six responses in this survey represent real and consistent low-risk behaviour:

- "I always use a condom when I'm fucking someone in the ass."
- I've stopped having anal sex.
- I've stopped having sex with others for now.
- I've had a lover for _____ years and we always use condoms.
- I make sure my partner is wearing a condom when I'm being fucked in the ass.

Of the 51 per cent who say they always use a condom during anal sex, 23 per cent report having had unsafe anal sex in the last year. While this may point to inconsistent behaviour, it also may indicate a renewed commitment to practise safer sex.

Prevalence of Condoms in Social Settings

Less than half (47 per cent) say they "usually" take a condom to bars, baths, or parks. This rate represents statistically no change since 1989.

When we analyze the relationship between these two questions—planned safer sex practises versus packing a condom—we find that among those who say they will be practising safer sex for a long time, only half (48 per cent) pack a condom when they are going out to bars, baths, or parks.

Other Safer Sex Practices

Almost one-quarter (23 per cent) of respondents say they have stopped having anal sex. The highest level of this form of "abstaining" across all demographic indicators is found among 26-to-30-year-olds (30 per cent). Those earning between $30K and $45K are more likely than average to have stopped having anal sex (28 per cent versus the 23 per cent average). Interestingly, those who don't know their HIV status are also more likely to have stopped having anal sex (29 per cent).

Just one in ten (nine percent) say they "have stopped having sex with others for now." Across the demographic indicators, age has the only impact on this rate: men 46 years of age and older are more likely to say they have stopped having sex (18 per cent).

Over half (53 per cent) say they usually masturbate with their sex partners. Age, level of formal education, and HIV status all have an impact on this rate: men between 31 and 45 years of age, those who have a college education, and those who don't know their HIV status are more likely than average to say they masturbate with their sex partners (60, 58, and 58 per cent respectively versus the 53 per cent average).

Correct Knowledge and Safer sex Practices?

Sixty-five per cent of men in this survey have all the correct information on how to prevent HIV infection. However, being aware of how to prevent HIV infection does not necessarily translate into behaviour.

Among those men who correctly identify the risk of having unprotected anal *insertive* intercourse (high risk), three-in-ten (30%)

state this as a practice. Among those men who correctly identify anal *receptive* intercourse as high risk, 58 per cent do not check the box, "I make sure my sex partner is wearing a condom when I'm being fucked in the ass."

What is challenging about these numbers to AIDS education/ prevention efforts is how little impact correct knowledge has on behaviour. While educational efforts are successfully informing the community, the marketing of safer sex has been less successful.

Expectations of Safer Sex in the Future?

The overwhelming majority (95 per cent) agree that they'll be having "safer sex for a long time." This view is up marginally (although not statistically significantly) since 1989 (92 per cent). While this view may reflect future intentions, it is less likely to reflect future behaviour. Many men may feel they know about safer sex. These data, however, reveal that fewer men have a complete understanding of safer sex guidelines. Neither safer sex knowledge, nor safer sex intentions automatically translate into safer sex behaviour.

Men 25 years and younger are somewhat more likely to agree (98 per cent versus the 95 per cent average). Expected long-term safer sex practices do not vary significantly with income except among those on social assistance: fourteen per cent either disagree or checked the "not applicable" box in response to this question.

Education has little significant impact on this measure.

Relationship status does influence expected long-term safer sex practices. While an overwhelming majority (97 per cent) of single men say they will be having safer sex in the future, a slightly smaller

majority of men in relationships share this view (91 per cent). Agreement varies between Gay and Bisexual men. Ninety-five per cent of Gay men plan to practice safer sex "for a long time" versus 90 per cent of Bisexual men.[1]

Surprisingly, awareness of their HIV status does not influence these figures. Men who know they are HIV-negative are as likely as those who are HIV-positive to claim that they plan to have safer sex for a long time. Those who don't know their HIV status are marginally less likely to agree. Of note, the four respondents who have AIDS, all agree that they will be practicing safer sex for a long time.

Although just 12 intravenous drug users answered this question, it is interesting to note that this group is less likely than average to anticipate that they will be practising safer sex in the future (86 per cent versus the 95 per cent average).

Once again, affiliation with a Gay or AIDS organization has no impact on planned future safer sex practices.

F. Influences in Change

We assessed men who have "reduced the amount of risky sex" they have in the last year to learn what motivated their change in behaviour. Education is by far the strongest influence in their behaviour change (82 per cent). Two-thirds (66 per cent) say that media coverage was a factor. Another two-thirds (65 per cent) say that knowing someone with AIDS/HIV-positive was a factor. Two in five (39 per cent) say that encouragement by friends and family played a role

[1] *Exercise caution when interpreting analysis for bisexual men. Cell sizes are small (n=20)*

in their safer sex practices. And one-third (34 per cent) say that an HIV test motivated their change.[1]

How Do Men Want To Learn

Electronic media are the educational vehicles of choice.

Respondents were asked to check all that apply, and fully 45 per cent chose television and radio, and 32 per cent want to see videos on HIV prevention. Three in ten (29 per cent) say they would like to see posters in bars, baths and public places. Just 15 per cent would like to learn through private advice over the phone. The remaining choices—including workshops, literature in bars or baths, public forums, information through various Gay or social organizations, mail, live theatre, and resource centres—gathered scores of 18 to 24 per cent.

[1] *Exercise caution when interpreting these figures. Cell sizes are small (n=44).*

The following table compares how men have traditionally learned about preventing AIDS to how they want to learn.

TABLE 7
HOW GAY AND BISEXUAL MEN HAVE LEARNED COMPARED TO HOW THEY WANT TO LEARN ABOUT AIDS PREVENTION 1991

	How They Learned %	How They Want To Learn %	Net Diff. %
Gay newspapers and books	56		
Pamphlets	55		
Friends	46		
TV/radio	38	45	–7
AIDS Vancouver Programs	35		
AIDS Vancouver help line	16	15	+1
Info centres in bars	13	23	–10
Outreach in baths	3		
Rubberwear party	3		
Public forums	23	22	+1
Posters	22	29	–7
Daily newspapers	19		
PWA Society	18		
Workplace	10		
STC/ATEC clinic	6		
Fundraising events in bars	11		
School	5		
Workshop		24	
Gay social etc. organizations		20	
Mail		23	
A play about HIV/AIDS		19	
Videos		32	

IV Conclusions and Recommendations

Survey 91 exists as an informal attempt to take a snapshot of the knowledge, attitudes, and behaviour of Gay and Bisexual men with respect to safer sex, HIV, and AIDS. The study is meant to follow up on the more formalized study conducted by AIDS Vancouver in 1989 documented in the report by Dr. Rick Marchand titled " Fighting AIDS With Education: Report on the Gay Community Needs Assessment".

It is clear that over the last two years the level of awareness about HIV/AIDS and safer sex has experienced some increase among the population of Gay and Bisexual men. For example, since 1989 there has been a noted increase in the number of people who feel that insertive anal sex is a high risk activity. With respect to behaviour, there is a definite more observable increase in the **volume** of safer sex activity that is being practiced. For instance, in 1989 17% of respondents stated that they "sometimes" use a condom when having anal sex compared with only 8% for 1991. As well there is a definite increase in the number of people ensuring that condoms are being used during anal sex.

This should not however, be seen to indicate that the work of organizations such AIDS Vancouver is complete. The results of this survey suggest that where people have been exposed to information about safer sex, and HIV/AIDS, not enough has been done to reinforce what people know (Knowledge) into a consistently observed pattern of what people do when having sex (Behaviour); the increases in an awareness level and an adherence to safer sex practices are only slight at best. It also appears that HIV prevention education work may be entering a new epoch in its focus where programming that aims to **sustain** a permanent commitment to safer sex behaviour now be put into place.

It is interesting to note that the value of interactive workshops which have been shown to increase the level not only of awareness but of a commitment to safer sex is underestimated. Almost one quarter of respondents stated that they would like to learn about safer sex through a workshop, yet only 3% stated that they learned about safer sex by attending a workshop. This inconsistency may possibly be explained by those individuals who suggest that learning how to use a condom and learning what safer sex is, at its most basic level, is no longer what is needed, more than a workshop that focuses on the issues related to the **maintenance** of safer sex, all of the time.

With respect to one specific area of awareness, most men correctly identify the sharing of unsterilized needles as a high risk activity. HIV prevention educators and advocates can consider that the high risk of this activity continues to be effectively communicated. It is noted, however, that with those engaging in high-risk behaviour—the infection rate is 17 per cent among those who know their HIV status—there is less awareness of the real risk levels associated with anal and oral sex.

Some of this may relate to the **inconsistency** with which information is provided to a target group. People continue to receive information from a variety of sources within a variety of settings (community organizations, doctors offices, government run clinics). Perhaps it would not be unreasonable to suggest that inconsistent behaviour may in fact result from an inconsistency in the tone and pattern of education that has been presented to Gay and Bisexual men to date.

Other possible explanations for this may be:

Continuing societal discomfort with Gay sexuality: the tendency in television programming and news coverage is to target more

"innocent victims" of AIDS/HIV (i.e., hemophiliacs, children, dentists' patients, recipients of blood transfusions, etc.);

A latent discomfort with the topic of HIV/AIDS and prevention within the Gay/Bisexual community; and

Poor outreach of education and educational materials into the community. Certainly, this survey reveals how little schools have played a part in disseminating information despite the obvious opportunities that present themselves in a school setting.

Gay and Bisexual men are utilizing non-interactive ways to educate themselves—available material is largely passive/non-interactive in nature. Though print materials themselves offer an immediate way to spread information, there do appear to be limitations to this learning modality. A hard-hitting message on a poster first seen last month may have encouraged safer sex then, but this month the message is fading along with the poster. What seems to shine through from this particular survey is that while individuals may have read a safer sex brochure produced in 1985, and felt that they then had "all of the facts", it would seem important that individuals also be accessed when information changes through time.

For example, the acknowledged "debate" among HIV/AIDS educators with respect to oral sex, and its associated risk levels, rages on and is seen by some to exist as the most difficult area in which to provide guidelines about safer sex. HIV/AIDS educators and prevention workers may wish to promote information in such a way as to suggest that 'this is what we know now' or 'this is how our knowledge of risk of oral sex has changed since 1985' so that individuals do not feel that education occurs in one isolated moment, rather than as a process of change and reeducation through time.

This survey may reflect the more "out" Gay community, and the language of safer sex throughout the invisible boundaries of the Gay community may still remain at the "closet" door.

> *"It is not enough to give information to the 'out' Gay community. There are so many utterly clueless!! young people out there. You <u>have</u> to get into schools, TV, radio."*
>
> *"Where does the notion of support come into telling someone that they may have been at risk. You can just provide information without someway of supporting change"*
>
> *"I think it's important to do outreach, to get those of us not active in the Gay scene, per se, better informed"*
>
> *"I feel 'younger' Gays need more 'AIDS' Education!!!"*
>
> *"There are still people out there that think AIDS can be contacted by a simple hug or handshake. That's why I feel there should be more information done on one of our local TV stations in Vancouver, do some kind of sitcom about AIDS. <u>Everyone</u> must come to realize that AIDS is not contacted by shaking hands, hugs, touching, etc."*
>
> [Survey '91 Respondents]

These statements by four men in Survey '91 reflect the need for penetration of education and "marketing" of safer sex into all levels of society—into the Gay community to encourage safer sex practices; into society as a whole (a) to more effectively infuse the closeted Gay community with correct information

and (b) to present the facts and dispel the myths about infection risk; and to express the needs of infected individuals.

The Gay community is a diverse segment of our population representative of all aggregates and strata in society. AIDS educators find it challenging to access more isolated and closeted members because we cannot point to the community on a map. Disclosure is entirely a matter of personal choice. This "choice" is the basis for one of the many challenges facing AIDS prevention educators.

Education materials about HIV/AIDS prevention are more likely to reach the "out" Gay community. While, efforts with this group must continue—and be strengthened—the entire "closeted" Gay community is being ignored by all but the most mainstream material. This mainstream material (television, radio, magazine ads—often by condom manufacturers) tend to present information in the context of heterosexual relationships. Education efforts should be increasingly presented within the context of Gay male relationships.

Most education material available to the general public—and therefore the closeted gay community—concentrates on "what you can't do without a condom." AIDS/HIV prevention educators who are planning to begin reaching society as a whole with their messages should construct positive messages (i.e., what you can do with a condom).

Focus education efforts on Gay youth. Habits—whether healthy or unhealthy—that are developed in youth are more likely to persist throughout a lifetime. Long-term control of AIDS/HIV infection within the Gay community—barring any medical solutions—may depend on prevention educators nurturing healthy habits in the youngest members of the Gay community, through role modelling and collective support systems. Thus we all become educators in a sense and can take on this role.

Correct the imbalance between ability to educate and inability to support in the longer term. Education efforts are more likely to succeed in the long term only if a support network is designed and constructed as part of a complete education effort. The hard-hitting messages about preventing AIDS/HIV infection, which appear on posters, pamphlets and other media, should be balanced with counselling and workshops.

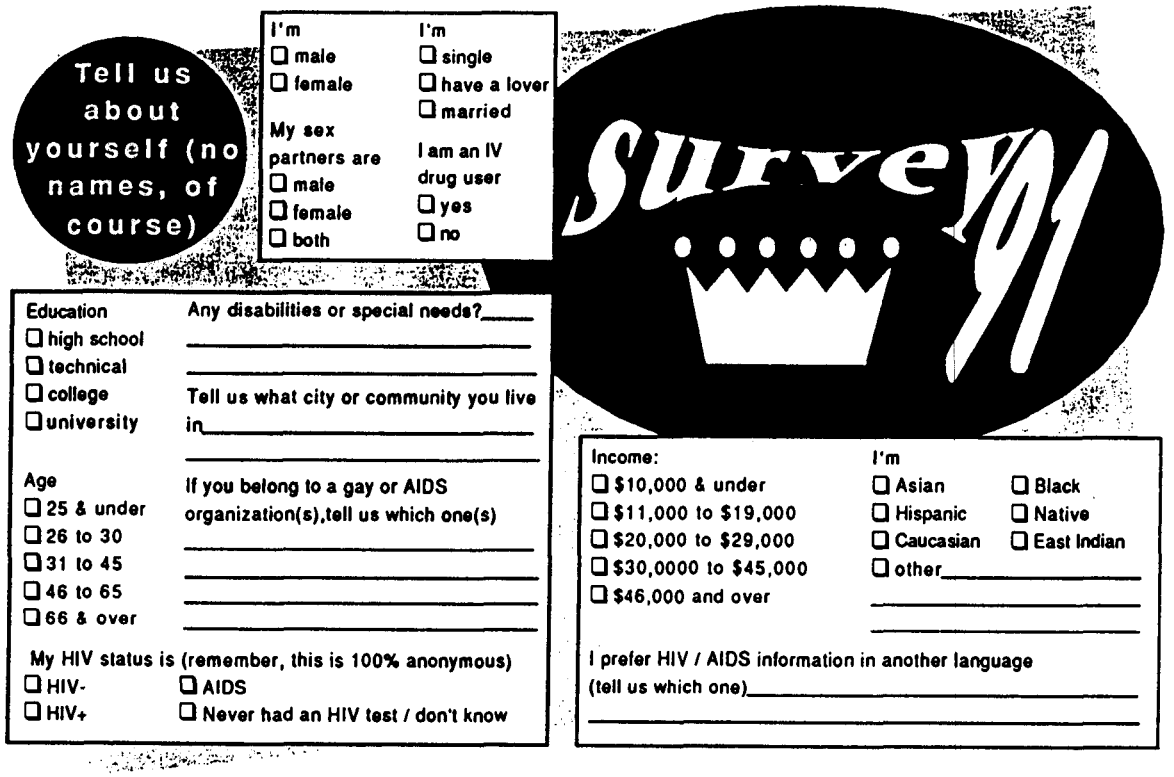
The largest number of Survey '91 participants say they have learned about prevention through gay newspapers and books, pamphlets, friends, TV/radio and AIDS Vancouver programs. When asked how they **want** to learn, the largest number continue to indicate TV/radio and posters, and they go on to list workshops, Gay social organizations, a play about HIV/AIDS and videos.

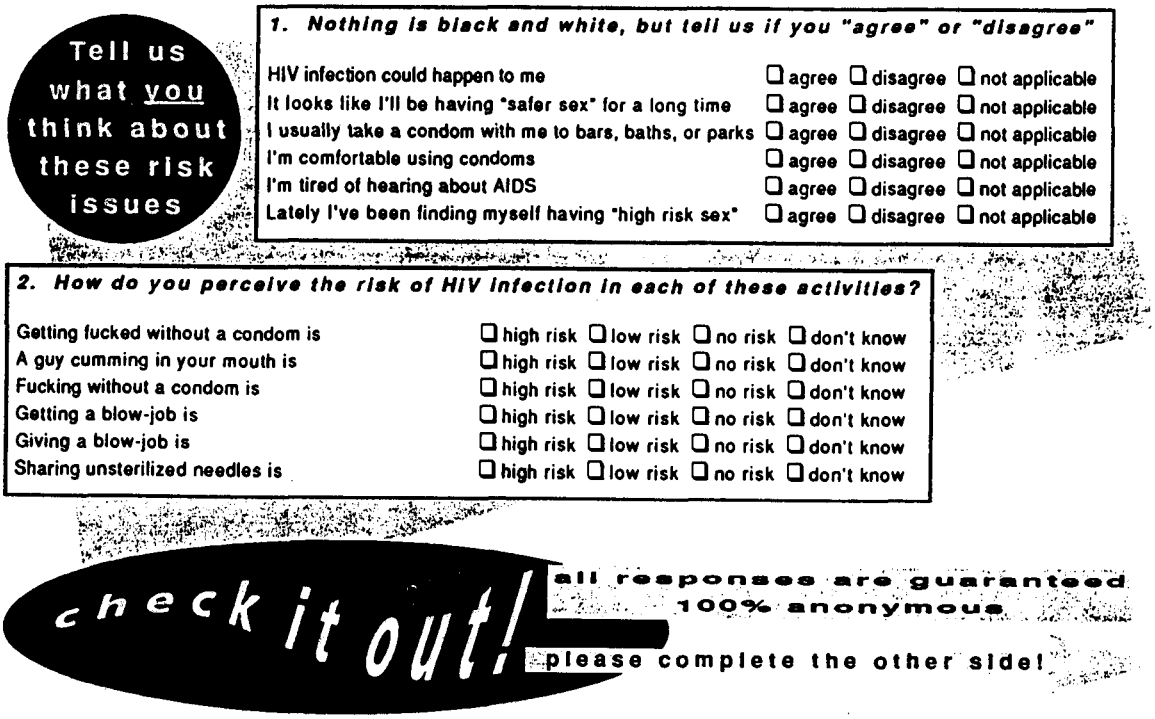
One respondent observed that porn videos don't condone safer sex: "They never show condoms!" He suggests: "...maybe a soft-porn type video should be sponsored through AIDS awareness charities and a major condom manufacturer to show that wearing condoms is actually sexier, more stimulating and fun...". He also suggests that the video demonstrate how to use a condom properly. Clearly these respondents have identified that interactive education along with more instructive, non-interactive means should be developed to complement current education efforts.

Finally, AIDS educators should work to marry the concepts of safer sex and good health. One man suggests that the emphasis should be placed on "preventative measures and techniques other than just 'safer sex'." Educators will agree that the message about safer sex and how to practise it must be communicated, and on an ongoing basis; however, this respondent's suggestion that the emphasis be placed on health is valid. As one of the above quotes mentions, education cannot occur in isolation of support work. Health, emotional, and physical well-being are an additional—not alternative—message that should be communicated.

V. APPENDICES:

A. QUESTIONNAIRE





V. APPENDICES:

A. QUESTIONNAIRE

Tell us what kind of sex you enjoy

3. 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

- ❑ The chances of getting infected are small
- ❑ No condom available
- ❑ I don't like using condoms
- ❑ I pull out before I cum
- ❑ Sometimes in the moment of passion, I don't think about using a condom
- ❑ Sometimes when I'm drunk or high, I forget about using a condom
- ❑ I test HIV-, I feel safe
- ❑ Sometimes I feel angry or depressed and don't think about condoms
- ❑ I'm not comfortable asking a sex partner to use a condom
- ❑ other_____

4. Tell us how you have "safer sex" Check as many boxes as you like.

- ❑ I always use a condom when I'm fucking someone in the ass.
- ❑ I've stopped having anal sex.
- ❑ I've stopped having sex with others for now.
- ❑ I usually jack off with my sex partner(s).
- ❑ 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 condoms
- ❑ I usually have oral sex.
- ❑ Sometimes I use a condom when I fuck someone in the ass.
- ❑ I make sure my sex partner is wearing a condom when I'm being fucked in the ass.
- ❑ other_____

Tell us about how you are learning

5. In the past year, I have reduced the amount of risky sex I have,
❑ yes ❑ no ❑ I was already safe

If "yes", why did things change? (check any that apply)

- ❑ I knew/know someone with AIDS / HIV+
- ❑ an HIV test.
- ❑ media coverage of HIV / AIDS
- ❑ encouragement by friends or family
- ❑ safer sex education
- ❑ other_____

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

- ❑ friends
- ❑ public forums
- ❑ workplace
- ❑ TV,radio
- ❑ posters
- ❑ pamphlets
- ❑ STD or ATEC clinic
- ❑ doctor
- ❑ PWA Society
- ❑ school
- ❑ gay newspaper, books
- ❑ daily newspaper
- ❑ Outreach in baths
- ❑ Rubberwear Party
- ❑ Info Centres in bars and baths
- ❑ fundraising events in bars,baths or public places
- ❑ AIDS Vancouver helpline
- ❑ other_____

7. Check at least two ways you'd like to learn more about preventing HIV infection and AIDS

- ❑ talking about safer sex in a workshop
- ❑ getting private advice over the phone
- ❑ picking up HIV / AIDS info in bars or baths
- ❑ listening to speakers at a public forum on HIV / AIDS
- ❑ getting HIV / AIDS info through a gay social, religious or sports organizations
- ❑ getting information through the mail
- ❑ watching TV or radio
- ❑ watching a play about HIV / AIDS
- ❑ visiting an HIV / AIDS resource centre
- ❑ seeing posters in bars, baths and public places
- ❑ watching videos on HIV / AIDS prevention and safer sex
- ❑ other_____

brought to you by
MAN TO MAN
an AIDS Prevention Project for Gay and Bisexual Men
an AIDS Vancouver service

V. APPENDICES:

B. TABLE: AGE, INCOME AND EDUCATION

	(n)	AVG.	AGE				INCOME†						EDUCATION				
			<25	26-30	31-45	46-65	Soc A	≤10K	11-19K	20-29K	30-45K	>46K	Public	HI Sch	Technical	College	University
	(496)	%	(63)	(112)	(162)	(28)	(29)	(64)	(81)	(133)	(126)	(49)	(4)	(102)	(39)	(106)	(241)
1. Agree...																	
HIV could happen to me	(457)	92	90	92	93	89	93	92	89	92	95	88	50	88	95	91	95
I'll be having safer sex for a long	(465)	95	98	94	98	93	86	97	91	97	98	92	75	92	97	97	94
I take condom to bars, baths, pa	(231)	47	35	41	47	59	66	55	54	45	37	47	25	56	39	55	39
I'm comfortable using condoms	(360)	73	67	76	75	64	69	76	73	73	74	74	100	77	85	80	66
I'm tired of hearing about AIDS	(77)	16	16	16	13	8	10	19	11	19	13	15	0	17	19	16	13
Lately, I've been having high-risk	(44)	9	10	10	7	4	21	8	15	5	6	10	0	21	3	8	5
2. Risk...																	
Getting fucked wo condom is...																	
high risk	(471)	95	95	98	94	96	94†		95	95	95	96	100	92	90	94	96
low risk	(21)	4	3	4	5	0	5†		3	5	5	4	0	6	10	5	3
no risk	(1)	0	2	0	0	0	0†		1	0	0	0	0	1	0	0	0
d/k	(3)	1	0	0	1	4	1†		1	1	0	0	0	1	0	1	0
A guy cumming in mouth is...																	
high risk	(146)	29	37	36	27	21	33†		28	27	31	27	25	28	31	34	28
low risk	(320)	65	52	61	66	75	58†		65	69	63	67	75	59	64	59	69
no risk	(14)	3	5	2	3	0	4†		0	2	6	2	0	6	3	4	1
d/k	(16)	3	6	2	2	4	4†		8	2	1	4	0	7	3	3	2
Fucking wo condom is...																	
high risk	(428)	87	87	88	85	85	80†		85	91	86	92	100	87	92	90	85
low risk	(55)	11	11	12	14	7	17†		8	9	13	8	0	10	5	9	13
no risk	(4)	1	2	0	0	7	1†		3	0	1	0	0	1	3	1	0
d/k	(7)	1	0	3	1	0	2†		5	0	1	0	0	2	0	1	2
Getting blow job is...																	
high risk	(24)	5	3	6	8	7	5†		4	4	4	10	0	6	5	8	4
low risk	(374)	75	76	74	76	56	72†		76	79	72	71	100	65	79	76	76
no risk	(90)	18	19	17	15	33	16†		18	17	22	18	0	24	18	17	17
d/k	(8)	2	2	3	1	4	4†		1	1	2	0	0	5	0	1	1
Giving a blow job is...																	
high risk	(53)	11	13	14	11	7	11†		10	10	9	16	0	11	8	12	11
low risk	(388)	79	74	76	81	64	74†		76	81	82	73	100	74	79	75	81
no risk	(43)	9	8	7	7	25	12†		8	9	8	8	0	12	10	10	6
d/k	(10)	2	5	3	1	4	3†		4	0	1	2	0	3	3	2	2
Sharing unsterilized needles is...																	
high risk	(487)	98	95	98	100	100	99†		100	95	98	100	100	98	100	98	99
low risk	(5)	1	5	1	0	0	1†		0	2	1	0	0	0	0	2	1
no risk	(1)	0	0	1	0	0	0†		0	1	0	0	0	0	0	1	0
d/k	(3)	1	0	0	0	0	0†		0	2	1	0	0	2	0	1	0

† Those who earn less than $10K or are on Social Assistance were combined into one group.

V. APPENDICES:

B. TABLE: AGE, INCOME AND EDUCATION

	(n)	AVG.	AGE				INCOME†						EDUCATION				
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3. Anal sex wo condom in last y	(160)	32	40	33	28	14	55	45	35	28	21	39	25	39	44	24	30
Because...																	
...the chances of getting infected	(16)	10															
...no condom available*	(21)	13															
...don't like using condoms*	(31)	19															
...pull out before I cum*	(23)	14															
...passion/don't think about cond	(38)	24															
...drunk or high/forget about con	(33)	21															
...last HIV-, feel safe*	(21)	13															
...feel angry/don't think about co	(11)	7															
...uncomfortable asking partner	(19)	12															
Other*	(85)	53															
Note: Base sizes too small to analyze subgroups.																	
*Based on those who have had anal sex w/o condom in past year.																	
4. How have safer sex																	
Always use a condom fucking up	(252)	51	48	56	49	46	55	45	57	50	49	47	50	51	74	47	48
Stopped having anal sex	(117)	23	19	30	25	25	10	19	23	26	26	22	25	24	15	26	24
Stopped having sex for now	(43)	9	6	7	7	18	14	8	6	11	7	8	25	8	5	10	9
Usually jack off	(263)	53	49	50	60	43	66	44	48	53	56	53	75	54	56	56	49
Lover for # years/don't use cond	(74)	15	16	15	17	18	17	23	15	13	9	22	0	17	16	13	14
1-2 months*	()	0															
3-11 months*	(9)	12															
1-3 years*	(24)	32															
3-6 years*	(8)	11															
6+ years*	(19)	26															
*Based on those who have had a lover for # years and don't usually use condoms.																	
Lover for # years/always use con	(72)	14	16	19	15	14	17	11	11	12	16	18	25	8	23	19	14
1-2 months*	(1)	1															
3-11 months*	(13)	18															
1-3 years*	(23)	32															
3-6 years*	(15)	21															
6+ years*	(4)	6															
*Based on those who have had a lover for # years and always use condoms.																	
Usually have oral sex	(257)	52	59	49	52	57	55	53	49	50	57	37	75	46	51	51	54
Sometimes use condom when fu	(40)	8	6	6	8	7	28	8	14	8	5	2	0	13	10	8	5
Make sure partner wearing cond	(209)	41	49	46	36	29	59	47	46	36	41	35	25	39	49	42	42
Other	(45)	9	8	6	9	18	10	6	15	8	6	14	0	6	8	9	10

† Those who earn less than $10K or are on Social Assistance were combined into one group.

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			<25	26-30	31-45	46-65	Soc A	≤10K	11-19K	20-29K	30-45K	>46K	Public	HI Sch	Technical	College	University
	(498)	%	(63)	(112)	(162)	(28)	(29)	(64)	(81)	(133)	(128)	(49)	(4)	(102)	(39)	(106)	(241)
5. In past year, have reduced ris	(216)	44	43	40	43	50	64	52	43	45	43	33	25	55	49	49	37
Knew/know someone with AIDS/	(141)	65	54	59	74	71	55	42	68	74	74	56	0	74	50	72	63
HIV test*	(66)	31	15	25	41	29	50	39	24	37	22	25	100	30	22	34	32
Media coverage of HIV/AIDS*	(119)	55	35	59	66	71	50	28	62	56	69	44	0	50	50	70	52
Encouragement by friends/family	(65)	30	27	32	31	21	39	30	29	33	28	25	0	24	22	36	34
Safer sex education*	(144)	67	54	66	75	64	67	64	76	56	74	63	0	70	67	60	70
Other*	(31)	14	15	16	19	7	11	15	6	12	22	13	0	11	28	12	16
6. Top 3 ways learned to prevent AIDS																	
Friends		46	52	54	41	50	54†		46	51	40	35	75	50	46	55	41
Public Forums	(232)	23	16	20	27	21	29†		14	23	22	24	0	27	15	26	21
Workplace	(115)	10	14	6	9	14	15†		6	10	9	6	0	6	13	12	9
TV,radio	(49)	36	43	36	40	36	34†		36	29	45	49	25	37	41	41	37
Posters	(190)	22	30	21	19	21	35†		27	16	16	16	50	25	23	25	18
Pamphlets	(106)	55	56	61	52	46	57†		56	56	53	53	75	54	49	60	55
STD/ATEC Clinics	(276)	6	10	4	6	4	12†		5	5	6	2	0	5	6	7	7
Doctor	(32)	34	25	37	36	39	29†		26	36	36	37	75	35	46	39	29
PWA Society	(171)	18	10	14	19	14	33†		16	17	10	12	50	17	10	25	15
School	(90)	5	13	5	1	7	9†		1	6	4	0	0	4	0	5	6
Gay newspaper, books	(24)	56	57	64	49	50	59†		60	56	49	57	0	56	41	56	56
Daily newspaper	(279)	19	25	12	23	16	26†		10	14	24	22	0	17	21	20	20
Outreach in baths	(96)	3	6	3	2	7	9†		5	2	1	2	0	5	5	5	2
Rubberwear Party	(17)	3	3	2	2	7	6†		0	3	4	0	0	3	3	6	2
Info Centres in bars/baths	(16)	13	24	11	10	14	24†		12	14	9	8	0	15	21	14	11
Fundraising events in bars, baths	(67)	11	17	13	7	11	13†		11	12	9	6	0	16	13	16	5
AIDS Vancouver helpline	(55)	16	21	13	16	14	26†		19	13	11	10	0	16	6	21	15
7. Ways would like to learn about prevention																	
Safer sex workshop	(116)	24	22	29	21	16	29†		27	24	19	16	50	21	33	26	22
Private advice over the phone	(77)	15	24	19	14	7	23†		20	14	9	14	0	12	16	16	17
HIV/AIDS info in bars/baths	(114)	23	29	21	23	14	30†		23	22	23	12	0	26	23	23	22
Speakers at a public forum on HI	(111)	22	25	23	19	21	26†		20	22	20	16	0	25	26	24	20
Throuh gay social, religious, spo	(101)	20	32	16	15	25	25†		30	12	16	20	0	19	15	21	22
Mail	(113)	23	19	23	23	16	26†		27	23	19	16	50	25	16	22	23
TV or radio	(227)	45	54	50	40	50	54†		49	36	46	43	25	43	56	44	46
A play	(96)	19	22	16	19	11	27†		21	16	13	16	25	17	10	20	22
Visiting a HIV AIDS resource cer	(86)	16	21	16	15	14	29†		17	16	13	10	0	19	15	17	16
Posters in bars, baths, public pla	(147)	29	36	29	25	25	37†		43	30	21	14	25	37	15	31	28
Videos on prevention	(159)	32	32	32	26	21	35†		33	26	34	29	0	26	26	35	34
Other	(33)	7	11	2	7	14	10†		5	7	3	10	0	6	6	9	5

† Those who earn less than $10K or are on Social Assistance were combined into one group.

V. APPENDICES:

B. RELATIONSHIP, HIV STATUS

	(n)	AVG.	RELATIONSHIP STAT.			HIV STATUS				All AIDS org.
			Single	Lover	Married	HIV-	HIV+	AIDS	D/K	
	(498)	%	(301)	(189)	(4)	(310)	(80)	(4)	(79)	(194)
1. Agree...										
HIV could happen to me	(457)	92	94	90	75	92	94	100	92	93
I'll be having safer sex for a long time	(465)	95	97	91	100	94	95	100	92	96
I take condom to bars, baths, parks	(231)	47	52	36	25	44	64	75	34	48
I'm comfortable using condoms	(360)	73	74	72	75	73	76	100	73	79
I'm tired of hearing about AIDS	(77)	16	17	10	50	15	20	25	14	16
Lately, I've been having high-risk sex	(44)	9	8	10	0	7	15	0	12	8
2. Risk...										
Getting fucked wo condom is...										
high risk	(471)	95	97	95	75	96	92	100	94	95
low risk	(21)	4	3	4	25	4	6	0	5	4
no risk	(1)	0	0	1	0	0	0	0	0	1
d/k	(3)	1	0	1	0	0	1	0	1	1
A guy cumming in mouth is...										
high risk	(146)	29	29	29	75	26	32	25	30	27
low risk	(320)	65	64	65	25	67	61	75	63	69
no risk	(14)	3	3	3	0	2	5	0	3	2
d/k	(16)	3	3	4	0	3	3	0	4	2
Fucking wo condom is...										
high risk	(428)	87	88	84	100	87	89	75	82	87
low risk	(55)	11	10	14	0	12	10	25	10	11
no risk	(4)	1	1	1	0	0	0	0	4	1
d/k	(7)	1	2	1	0	1	1	0	4	2
Getting blow job is...										
high risk	(24)	5	5	5	25	3	11	0	6	3
low risk	(374)	75	77	71	75	75	75	75	77	79
no risk	(90)	18	17	21	0	20	14	25	15	16
d/k	(8)	2	1	2	0	2	0	0	1	1
Giving a blow job is...										
high risk	(53)	11	10	13	25	9	13	0	14	7
low risk	(389)	79	81	74	50	82	75	100	73	84
no risk	(43)	9	8	10	25	7	13	0	9	6
d/k	(10)	2	2	2	0	2	0	0	4	2
Sharing unsterilized needles is...										
high risk	(487)	98	96	96	100	96	99	100	99	97
low risk	(5)	1	1	2	0	1	0	0	1	1
no risk	(1)	0	0	0	0	0	0	0	0	1
d/k	(3)	1	1	0	0	1	1	0	0	1

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V. APPENDICES:

B. RELATIONSHIP, HIV STATUS

	(n)	AVG.	RELATIONSHIP STAT.			HIV STATUS				All AIDS org.
			Single	Lover	Married	HIV-	HIV+	AIDS	D/K	
	(498)	%	(301)	(169)	(4)	(310)	(60)	(4)	(79)	(194)
3. Anal sex wo condom in last year ("Yes")	(160)	32	25	45	0	29	41	25	35	30
Because...										
...the chances of getting infected small*	(16)	10								
...no condom available*	(21)	13								
...don't like using condoms*	(31)	19								
...pull out before I cum*	(23)	14								
...passion/don't think about condom*	(38)	24								
...drunk or high/forget about condom*	(33)	21								
...test HIV-, feel safe*	(21)	13								
...feel angry/don't think about condoms*	(11)	7								
...uncomfortable asking partner to use condom*	(19)	12								
Other*	(85)	53								
Note: Base sizes too small to analyze subgroups.										
*Based on those who have had anal sex wo condom in past year.										
4. How have safer sex										
Always use a condom fucking up ass	(252)	51	56	40	25	53	48	75	47	54
Stopped having anal sex	(117)	23	24	22	50	23	21	50	29	22
Stopped having sex for now	(43)	9	10	7	0	7	11	0	11	6
Usually jack off	(263)	53	56	47	100	51	54	50	58	59
Lover for # years/don't use condoms	(74)	15	3	37	25	15	15	25	13	15
1-2 months*	()	0								
3-11 months*	(9)	12								
1-3 years*	(24)	32								
3-6 years*	(8)	11								
6+ years*	(19)	26								
*Based on those who have had a lover for # years and don't usually use condoms.										
Lover for # years/always use condoms	(72)	14	4	33	100	15	15	0	15	13
1-2 months*	(1)	1								
3-11 months*	(13)	18								
1-3 years*	(23)	32								
3-6 years*	(15)	21								
6+ years*	(4)	6								
*Based on those who have had a lover for # years and always use condoms.										
Usually have oral sex	(257)	52	54	47	50	54	44	50	51	54
Sometimes use condom when fucking	(40)	8	9	6	25	6	14	0	9	9
Make sure partner wearing condom	(209)	41	45	37	75	40	48	75	46	47
Other	(45)	9	9	9	25	9	6	0	13	11

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V. APPENDICES:

B. RELATIONSHIP, HIV STATUS

	(n)	AVG.	RELATIONSHIP STAT.			HIV STATUS				All AIDS org.
			Single	Lover	Married	HIV-	HIV+	AIDS	D/K	
	(498)	%	(301)	(169)	(4)	(310)	(60)	(4)	(79)	(194)
5. In past year, have reduced risky sex	(216)	44	46	39	75	43	59	75	34	40
Knew/know someone with AIDS/HIV+*	(141)	65	64	61	100	65	50	33	92	60
HIV test*	(66)	31	29	34	0	24	63	67	8	36
Media coverage of HIV/AIDS*	(119)	55	54	56	0	56	33	33	66	57
Encouragement by friends/family*	(65)	30	32	30	0	26	28	0	42	36
Safer sex education*	(144)	67	67	69	0	26	37	33	35	66
Other*	(31)	14	12	20	0	17	7	33	12	17
6. Top 3 ways learned to prevent AIDS										
Friends		46	49	47	25	49	43	25	42	46
Public Forums	(232)	23	26	20	0	26	19	75	18	25
Workplace	(115)	10	11	6	0	6	16	0	6	10
TV/radio	(49)	36	36	39	100	36	34	25	36	29
Posters	(190)	22	21	24	50	22	20	50	24	22
Pamphlets	(108)	55	56	54	100	59	44	50	63	59
STD/ATEC Clinics	(276)	6	6	5	0	6	5	0	5	6
Doctor	(32)	34	36	31	75	35	46	50	14	32
PWA Society	(171)	18	20	14	0	15	33	100	10	22
School	(90)	5	6	4	0	5	6	0	3	5
Gay newspaper, books	(24)	56	56	56	25	56	45	50	63	56
Daily newspaper	(279)	19	20	16	0	20	16	25	20	17
Outreach in baths	(96)	3	4	2	0	3	5	0	1	3
Rubberwear Party	(17)	3	5	1	0	3	6	0	1	6
Info Centres in bars/baths	(16)	13	15	12	25	15	11	25	11	12
Fundraising events in bars, baths, public places	(67)	11	13	9	0	11	9	25	11	11
AIDS Vancouver helpline	(55)	16	19	12	25	14	20	25	19	21
7. Ways would like to learn about prevention										
Safer sex workshop	(116)	24	28	15	0	25	20	50	16	24
Private advice over the phone	(77)	15	20	6	25	16	15	0	16	13
HIV/AIDS info in bars/baths	(114)	23	25	20	0	21	25	25	32	19
Speakers at a public forum on HIV/AIDS	(111)	22	24	20	25	23	25	25	22	23
Through gay social, religious, sports org.	(101)	20	22	19	75	21	20	50	19	23
Mail	(113)	23	21	27	0	23	20	25	27	22
TV or radio	(227)	45	45	49	0	48	31	25	48	42
A play	(96)	19	23	15	0	20	20	50	16	20
Visiting a HIV AIDS resource centre	(88)	18	20	15	25	15	28	25	14	22
Posters in bars, baths, public places	(147)	29	32	27	0	30	24	0	35	29
Videos on prevention	(159)	32	36	27	0	35	31	0	24	33
Other	(33)	7	6	7	0	6	9	0	6	6

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