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ACKNO TEDGEMEN

We acknowledge the following who worked on the HIM project in 2001:

Brian Acraman, Janice Bull, Matthew Calvert, Lara Cassar, Dale Colins, Anthony Creighton, Trevor Dougherty, Matthew Hua, Paul Kelly, Sara Lubowitz, Daniel Madeddu, Tamo

Introduction

Health in Men (HIM) is a long-term study of an open cohort of HIV negative gay and bisexual

Related to this study are the Positive Health (p

Representative samples of gay and other homos

Demographics

The men recruited into HIM in its first wave of data collection were drawn from diverse sources (see Table 1). The majority were recruited through gay community events and venues, gay press advertisements and notices, gay organizations, or by word of mouth. Approximately 10% were participants in the earlier SMASH study, which ran from 1993 to 1999 (Prestage, Noble, Kippax et al., 1995). Former SMASH participants we were

Table 2: Age of participants (n = 450)

	n	%
Under 25	46	10.2
25-29	75	16.7
30-39	176	39.1
40-49	114	25.3
50 and above	39	8.7

As expected, the majority of the HIM participants were Anglo-Celtic/Australian (Table 3).

Table 3: Ethnicity (n = 449)

	n	%
Anglo-Celtic/Australian	348	77.5
European	54	12.0
Asian/Pacific Islander	31	6.9
South/Latin American	8	1.8
Middle Eastern	4	0.9
Aboriginal/Torres Strait Islander	1	0.2
Other	3	0.7

A slight majority of men in HIM had no religious affiliation or were atheist or agnostic (see Table 4). Among those who had religious affiliations, most were of the Christian kind.

Table 4: Religion (n = 448)

	n	%
None/atheist/agnostic	255	56.9
Catholic	54	12.0
Anglican	34	7.6
Other Christian	37	8.3
New Age	26	5.8
Buddhist	17	3.8
Other	25	5.6

As shown in Table 5, over three-quarters of the HIM participants were in full-time employment. Few men were in receipt of pensions or other social security benefits. Only one man was engaged predominantly in sex work, although more men had been paid for sex in the previous six months (see Table 20) and at least some of these continued to earn at least a proportion of their income through sex work.

Table 8: Current residential location (n = 449)

	n	%	
Gay Sydney	326	72.6	
Western Sydney	25	5.6	
Other Sydney	90	20.0	
Newcastle or Wollongong	2	0.4	
Canberra	1	0.2	
Rural NSW	5	1.1	

Note: 'Gay Sydney' includes the postal codes of 2000 to 2012, 2015 to 2017, 2021 to 2044, 2050 and 2052.

Table 9 shows that slightly more than 70% of the HIM participants recruited in the first year had been living in Sydney for more than five years. Few of the participants were recent arrivals in Sydney.

Table 9: Length of residence in Sydney (n = 450)

	n	%	
< 1year	23	5.1	
1-2 years	40	8.9	
3-5 years	65	14.4	
More than 5 years	320	71.1	
Living elsewhere	2	0.4	

Just over half of the HIM participants 'currently' had regular male partners. As shown in Table 10, three participants had both male and female partners at the time of interview. Among those who had a current, regular, male partner (n = 254), 142 (55.9%) were living with their partner.

Table 10: Gender of current regular partner/s (n = 450)

	n	%
Male	251	56.4
Male and female	3	0.7
No partners currently	196	43.5

Table 11 shows that around 8% of the HIM men recruited in the first year had children and among them, over half (22 out of 33) had dependent children (under the age of 18).

Table 11: Children (n = 448)

	n	%
No children	415	92.6
Children under 18	22	4.9
Children 18 and above	11	2.5

Sexual relationships

In the six months prior to the survey, over two-thirds of HIM participants had a primary regular partner. Nearly 17% of the total sample had other regular partners.

Table 12: Reported sex with male partner/s in the previous six months (n = 450)

	n	%
Primary regular partner	305	67.8
Other regular partner/s	74	16.4
Casual partner/s	360	80.0

Note: Categories are not mutually exclusive.

Most commonly, the HIM participants had between two and ten male sex partners in the previous six months (see Table 13). Over a third of the men had more than ten male sex partners during this period.

Table 13: Number of male sex partners in the previous six months (n = 450)

	n	%
None	5	1.1
1	82	18.2
2-5	120	26.7
6-10	75	16.7
11-50	134	29.8
More than 50	34	7.6

Of those who had regular partner/s in the previous six months, Table 14 shows that the majority had one regular male partner.

Among those who currently had a primary regular partner, nearly 80% reported that they had been in such a relationship for at least 6 months. As shown in Table 18, over a quarter of the HIM participants were in a relationship which had lasted for more than five years.

Table 18: Length of relationship with current primary regular partner (n = 253)

	n	%
<6 months	55	21.7
6-12 months	37	14.6
1-2 years	50	19.8
3-5 years	45	17.8
More than 5 years	66	26.1

As shown in Table 19, the five most common places for men to meet male sex partners were: gay bars/dance bars, friendship networks, gay saunas, private gay parties and the internet. Of note, nearly 50% of the HIM men used the internet in the last year to find male sex partners. Also, considerable proportions of HIM participants reported using pools and beaches, mixed bars, gay dance parties, gay social groups or events, gay sex clubs or sex-on-premises venues, beats and trips overseas. Few men utilised sex workers.

Table 19: Places to find male sex partners (in the previous 12 months) (n = 450)

	n	%
Gay bars/dance bars	323	71.7
Straight bars	68	15.1
Mixed bars	176	39.1
Gay dance parties	222	49.3
Private parties with other gay men	238	52.9
Gay sex parties	73	16.2
Gay social groups/events	157	34.9

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Although 96 men (21.3%) had ever been paid for sex during their lifetime, only a few had been paid for sex in the preceding six months (Table 20). Also, few of the HIM men paid others for sex in the six-month period, although 117 men (26.1%) had done so during their lifetime. One participant reported sex worker as his occupation (see Table 5).

Table 20: Sex work in the previous six months (n = 450)

	n	%
Was paid for sex	14	3.1
Paid others for sex	28	6.2

Note: Categories are not mutually exclusive.

Association with gay community

The HIM participants were predominantly gay or homosexually identified (Table 21).

Table 21: Self-identification (n = 450)

	n	%
Gay/homosexual/queer ¹	425	94.4
Bisexual	16	3.6
Other	9	2.0

¹40 self-identified as 'homosexual' and 5 as 'queer'.

As shown in Table 22, almost two-thirds of participants had a large proportion of gay friends.

Table 22: Number of gay friends (n = 450)

	n	%
None	1	0.2
Some or a few	168	37.3
Most or all	281	62.4

Table 23 further illustrates gay connectedness with nearly two-thirds of men in HIM spending 'a lot' of free time with other gay men.

Table 23: Proportion of free time spent with gay men (n = 450)

	n	%
None	2	0.4
A little	28	6.2
Some	123	27.3
A lot	297	66.0

As shown in Table 24, the majority of HIM participants read every issue of local gay newspapers and some issues of national gay magazines.

Table 24: Readership of gay press (n = 450)

	n	%
Local gay newspapers ¹		
Never	3	0.7
Some issues	129	28.8
Every/most issues	316	70.5
National gay magazines		
Never	137	30.4
Some issues	237	52.7
Every/most issues	76	16.9

¹Missing n = 2.

HIV and the epidemic

The majority (over 70%) of HIM participants had an HIV test in the last year with a large proportion having had a test in the previous six months (see Table 25).

Table 25: Time since most recent HIV test (n = 450)

	n	%
< 1 week	2	0.4
1-4 weeks	48	10.7
1-3 months	103	22.9
4-6 months	99	22.0
7-12 months	70	15.6
1-2 years	66	14.7
More than 2 years	37	8.2
Never tested	25	5.5

Table 26 shows that of those in a relationshiTabl8,et moso(t)-1.7(sthree-quart w)6.3r(ts 2)9.7(a113.4(d)-

Based on the participants' understandings or assumptions, Table 27 shows that among those who had other regular partners, over 60% had such a partner in the previous six months whose HIV status was unknown.

Table 27: HIV status of other regular partners in the previous six months (n = 74)

	n	%
Negative	30	40.5
Positive	8	10.8
Unknown	45	60.8

Note: Categories are not mutually exclusive.

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Table 28 shows that the majority of the HIM men had some contact with people living with HIV. Over a third had a current/former partner whose HIV status was positive. About 9% of men in the first enrolment intake of the HIM cohort were currently living with an HIV positive person. Approximately 20% of the participants personally knew someone who had tested HIV positive for the first time (i.e., they had seroconverted) during the previous year.

Table 28: Contact with HIV positive people (n = 450)

	n	%
Personal acquaintances who are HIV positive		
None	68	15.1
1	47	10.4
2	46	10.2
3-5	123	27.3
6-10	62	13.8
More than 10	98	21.8
Don't know their HIV status/NA	6	1.3
Close friends who are HIV positive		
None	110	24.4
A few	181	40.2
Some	69	15.3
Most or all	17	3.8
Don't know their HIV status/NA	73	16.2
Free time spent with HIV positive people		
None	80	17.8
A little	124	27.6
Some	92	20.4
A lot	76	16.9
Don't know their HIV status/NA	78	17.3
Current/former HIV positive partner/s	166	36.8
Living with HIV positive person/s ¹	42	9.4
Personal acquaintances who were diagnosed HIV positive in the previous 12 months		
None	314	69.8
1	67	14.9
2	15	3.3
3-5	10	2.2
Don't know/NA	44	9.8

 1 Missing n = 1.

Most of the HIM participants personally knew someone who had died following AIDS, but relatively few in the past year (see Table 29).

Table 29: Contact with people who died following AIDS (n = 450)

	n	%
Personal acquaintances who died following AIDS (ever)		
None	144	32.0
1	54	12.0
2	45	10.0
3-5	74	16.4
6-10	38	8.4
More than 10	93	20.7
Don't know	2	0.4
Personal acquaintances who died following AIDS (in the previous 12 months)		
None	330	73.3
1	40	8.9
2	18	4.0
3-5	7	1.6
6-10	2	0.4
Don't know/NA	53	11.8



In the total sample, 353 men (78.4%) had some knowledge of post-exposure prophylaxis (PEP) and among them, 29 men (8.2%) reported ever receiving PEP.

Sexually transmissible infections (STIs) and hepatitis A/B vaccination

Nearly half of the HIM men reported having had a test for STIs in the previous six months. Over 10% of the men had never tested for any STIs (see Table 30).

Table 30: Time since last test for STIs (n = 450)

	n	%
< 1 week	4	0.9
1-4 weeks	36	8.0
1-3 months	86	19.1
4-6 months	87	19.3
7-12 months	67	14.9
1-2 years	53	11.8
More than 2 years	64	14.2
Never tested	53	11.8

Table 31 shows that among those who had ever been tested for any STIs prior to their entry into the study, according to their reports on the results of these tests, non-specific urethritis or Chlamydia was the most frequently implicated STI.

Table 31: STI tests ever (n = 397)

Over 12 In the past n (%) n (%) n (%) n (%)

Sexual practice and safe sex

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The following Table 35 has two parts. The first is based on the total sample and shows that approximately two-fifths of the men reported any unprotected anal intercourse with their regular primary partner in the previous six months. The second is based on a reduced sample and shows that among those who had a primary regular male partner in the six months prior to the survey, nearly two-thirds had any unprotected anal intercourse.

Table 35 : Condom use with primary regular male partners in the previous six months (n = 450)

	n	%
Total sample		
No such partner	145	32.2
No anal intercourse	41	9.1
Always protected	76	16.9
Any unprotected	188	41.8
Men who had a primary regular partner		
No anal intercourse	41	13.4
Always protected	76	24.9
Any unprotected	188	61.6

Table 36 shows engagement in unprotected anal intercourse (UAI) by match of serostatus in primary regular relationships. As shown, UAI was much more common in sero-concordant relationships.

Table 36 : Condom use and match of HIV serostatus in primary regular relationships (n = 291)

	No UAI n (%)	Any UAI n (%)
Sero-concordant negative (n = 215)	61 (28.4)	154 (71.6)
Sero-discordant (n = 29)	15 (51.7)	14 (48.3)
Sero-nonconcordant (n = 47)	32 (68.1)	15 (31.9)

Among the 291 men who had a primary regular partner, over a fifth had no agreement regarding sexual practices within the relationship.

Table 37: Agreements with primary regular partners about sex within relationships (n = 291)

	n	%
No sex	1	0.3
No anal intercourse	11	3.8
Anal intercourse always with a condom	72	24.7
Anal intercourse can be without a condom	23	7.9
All anal intercourse is without a condom	121	41.6
Other	1	0.3
No agreement	62	21.3

There was a higher percentage of men who had not reached any agreement with their primary regular male partner in terms of sex outside the relationship (Table 38). Approximately a quarter of the men agreed not to have casual sex.

Table 38: Agreements with primary regular partners about sex outside the relationship (n = 291)

	n	%
No sexual contact with casual partners	74	25.4
No anal intercourse with casual partners	37	12.7
All anal intercourse with casual partners is with a condom	94	32.3
Anal intercourse with casual partners can be without a condom	1	0.3
Other	6	2.1
No agreement	79	27.1

Around a fifth of the overall sample reported that they had broken their agreements (Table 39). Among them, over half ever told the other partner, yet less than a quarter ever renegotiated agreements with their primary regular partner.

Table 45 : Condom use with casual male partners in the previous six months (n = 450)

	n	%
Total sample		
No such partner	90	20.0
No anal intercourse	47	10.4
Always protected	178	39.6
Any unprotected	135	30.0
Men who had casual partners		
No anal intercourse	47	13.1
Always protected	178	49.4
Any unprotected	135	37.5

Table 48: Use of Viagra

	n	%
Ever used Viagra (n = 450)	82	18.2
With primary/other regular partners $(n = 307)^1$		
Never	259	84.6
Occasionally	44	14.4
Often	3	1.0
With casual partners (n = 360)		
Never	297	82.5
Occasionally	58	16.1
Often	5	1.4

¹Missing n = 1.

Relatively few of the HIM participants (only 16 men all told) injected any drugs in the six months prior to the baseline interview (Table 49).

Table 49: Injecting drug use in the previous six months (n = 450)

	n	%
Cocaine ¹	3	0.7
Methamphetamines (Speed/Crystal) ¹	12	2.7
Other Amphetamines or Uppers ¹	2	0.4
Ecstasy or other forms of MDA1	2	0.4
Psychedelics/Hallucinogens (LSD) ¹	0	_
Downers (Barbiturates, Tranquillisers) ¹	1	0.2
Heroin, other opiates or painkillers ¹	0	_
Other 'party drugs' (Special K or Rohypnol) ²	1	0.2
Steroids for bodybuilding/sports ¹	5	1.1
Any injecting drug use	16	3.6

Note: Categories are not mutually exclusive.

Among those who had injected drugs during the six months prior to the survey, only one man reported reusing a needle after someone else had used it. No participants had reused needles or other injecting equipment when injecting steroids in the same period. As the percentages presented in Table 50 refer to a reduced base (i.e., based on 16 men who had injected drugs in the previous six months), caution should be taken when interpreting these data.

¹Missing n = 1; ²Missing n = 2.

General health and well-being

The vast majority of HIM participants self-rated their general health as good, very good or excellent (see Table 51).

Table 51: Self-reported general health (n = 449)

	n	%
Poor	4	0.9
Fair	45	10.0
Good	122	27.2
Very good to excellent	278	61.9

Of the men who used condoms, nearly half reported any associated erection difficulties (Table 52). Less than half of the HIM participants encountered erection difficulties not associated with condom use. Nearly one-fifth of the participants 'occasionally' or 'often' experienced premature ejaculation. Among those who had any receptive anal intercourse in the previous six months, over a third reported difficulties. Nearly a quarter of the men were dissatisfied with sex at some point and to some degree in the previous six months. Over a third reported loss of libido during

Table 54 : Experience of homophobic abuse and discrimination in the previous 12 months (n = 450)

	n	%
Verbal abuse or harassment ¹	246	54.8
Physical threat or intimidation	77	17.1
Being pushed or shoved	43	9.6
Being bashed	14	3.1
Refusal of service	22	4.9
Refusal of employment or promotion ²	22	5.0

HIV vaccine attitudes

A large number of items about attitudes toward HIV vaccines and HIV vaccine trials were included in the questionnaire. Each item was accompanied by a four-point Likert scale of 'strongly disagree' (= 1) to 'strongly agree' (= 4). 27 of the items formed four scales of HIV vaccine attitudes (Van de Ven, Bartholow, Rawstorne et al., 2002). Throughout, some items were reverse-coded so that a higher score is associated with a more positive attitude toward HIV vaccines and HIV vaccine trials.

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This scale contains eight items, for example: 'I would worry about confidentiality if participated in an HIV vaccine trial'; 'Not knowing if I receive the vaccine or the placebo would make me very uncomfortable'; and 'I worry that if I have the HIV vaccine this might pass the real virus on to me'.

As shown in Figure 1, the mean of this scale was 2.72. As a group, the men were somewhat to reasonably comfortable about participation in HIV vaccine trials.

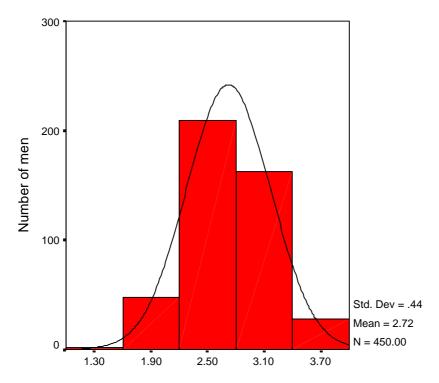


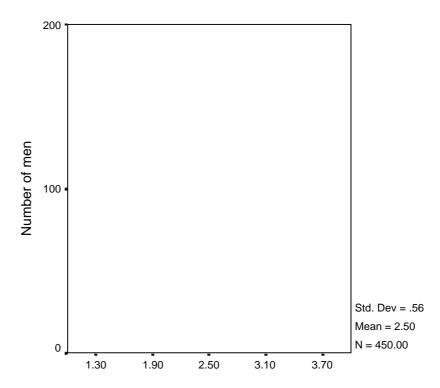
Figure 1. Comfort with participation in HIV vaccine trials

This third scale has six items, for example: 'Being in an HIV vaccine trial means that you don't have to be as careful about using condoms'; 'An effective vaccine will make safe sex less important'; and 'If I were in an HIV vaccine trial I would be more likely to have unprotected sex'.



There are three items in this scale, namely: 'I would participate in an HIV vaccine trial even if I thought the vaccine might not work'; 'I want to take part in HIV vaccine trials because I think it will benefit me personally'; and 'Gay men have nothing to lose by participating in an HIV vaccine trial'.

The distribution of the scale scores, as shown in Figure 4, approximated a normal curve with a mean equal to the median (2.50). It suggests that most of the participants in the HIM study at interviews in 2001 were neither overly willing nor unwilling to participate in HIV vaccine trials.



Summary

The key findings from the first wave (2001) of enrolment into the HIM cohort of HIV negative men (N = 450) are summarised as:

- The majority of the men were recruited through gay community events and venues, gay press advertisements and notices, gay organisations, or by word of mouth. [Table 1]
- The age of the participants ranged from 18 to 75 years with a median of 36. [Table 2] Over three quarters of the men were in full-time employment; [Table 5] approximately 60% were in

- The majority of the men had some contact with people living with HIV. Over a third had a current or former partner whose HIV status was positive. Approximately 20% of the participants personally knew someone who had tested HIV positive in the previous year. Most of the men personally knew someone who had died following AIDS, but relatively few in the previous year. [Table 28]
- Nearly half of the men reported having had a test for STIs in the previous six months. [Table 30]
- Of the 434 men who consented to screening for hepatitis A, B and syphilis, one third

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