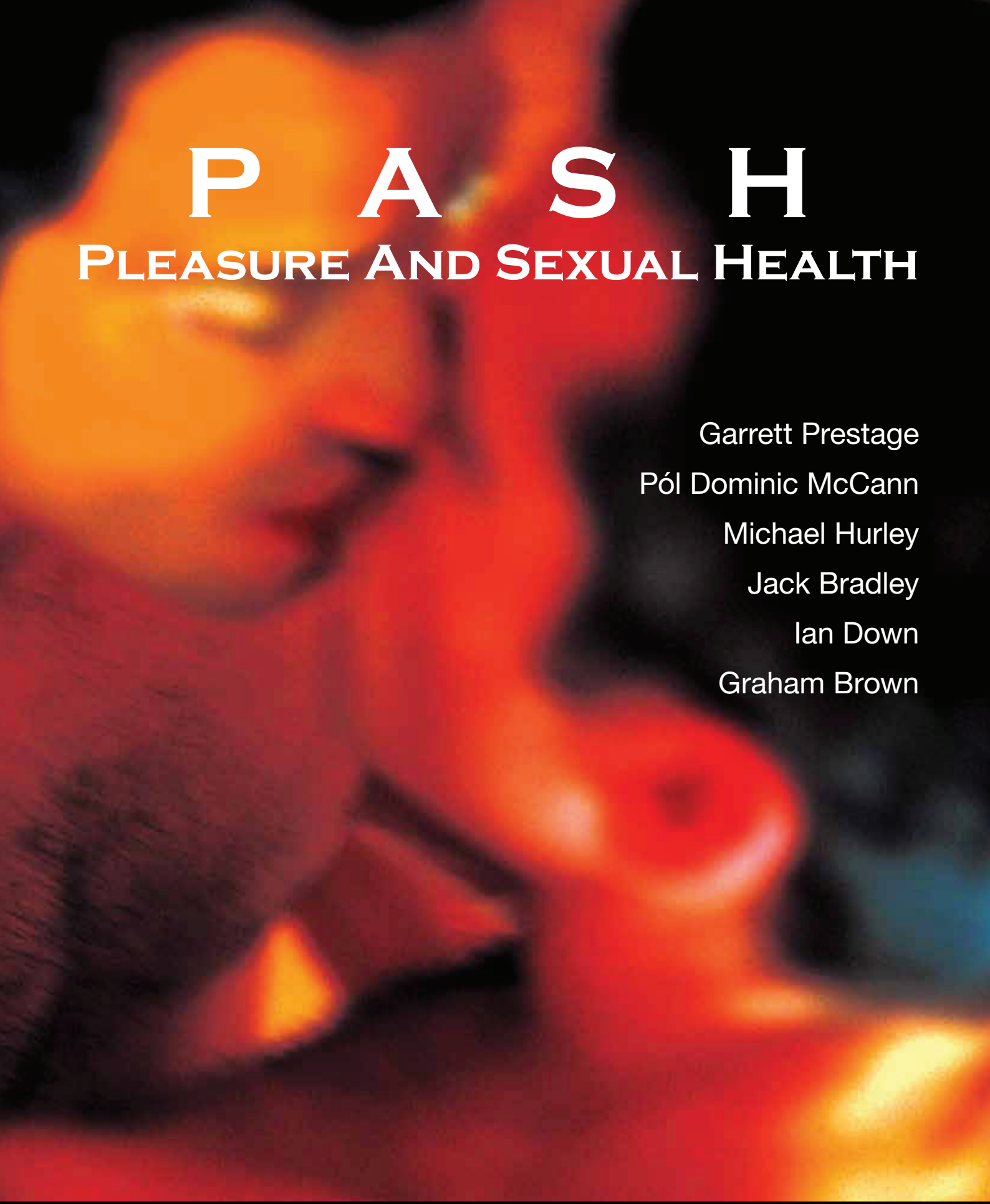

P A S H

Pleasure And Sexual Health

Garrett Prestage
Pól Dominic McCann
Michael Hurley
Jack Bradley
Ian Down
Graham Brown

UNSW THE UNIVERSITY OF NEW SOUTH WALES
LA TROBE UNIVERSITY

Pleasure and Sexual Health

The PASH Study

2009

Garrett Prestage[1,2], Pól Dominic McCann[1], Michael Hurley[2], Jack Bradley[1], Ian Down[1,2], Graham Brown[3].

1. National Centre in HIV Epidemiology and Clinical Research, The University of New South Wales
2. Australian Research Centre in Sex Health and Society, La Trobe University
3. Western Australian Centre for Health Promotion Research, Curtin University

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For further information contact A/Prof Garrett Prestage
Level 1, CFI building
Corner Boundary and West Streets
Darlinghurst NSW 2010 AUSTRALIA

Telephone: 02 9385 0900 Facsimile: 02 9385 0920

Email: gprestage@nchecr.unsw.edu.au

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Interviewing
Jack Bradley, Ian Down

Data Entry
Lara Cassar

Transcription
Jodie Cawood, Jack Bradley

Cover and website design
Steve Frendo

Online questionnaire design
Pól Dominic McCann

Proofreading
Louisa Wright

Contents

Glossary of Terms and Acronyms

AIDS acquired immune deficiency syndrome

ART antiretroviral therapy/treatment

barebacking term becoming more frequently used to mean unprotected anal intercourse outside the context of negotiated safety

casual partner sexual partner with whom there is no expectation of an ongoing relationship. This may involve a one time only sexual encounter, or several sexual encounters.

fisting sexual or erotic play involving hand-in-anus contact (brachioproctic intercourse)

fuckbuddy repeated sexual partner with whom one occasionally has sex on an ongoing basis, not necessarily involving an emotional attachment

HIV human immunodeficiency virus

HIV-seroconcordant both partners are of the same HIV serostatus, either HIV-positive or HIV-negative

HIV seroconversion the process of becoming HIV-positive (confirmed by antibody testing), following exposure to HIV; and the appearance of HIV antibodies in the blood serum. Seroconversion is often accompanied by a flu-like illness

HIV-serodiscordant both partners are known (as a result of testing) to be of different HIV serostatus, i.e. one partner is HIV-positive and the other partner is HIV-negative

HIV-serononconcordant the HIV status of at least one partner is not known, i.e. HIV-positive and untested, HIV-negative and untested, or both untested

HIV serostatus the condition of having or not having detectable antibodies to HIV in the blood (confirmed by testing). One may have either a positive or negative serostatus. Those who have not been tested for HIV, or cannot be certain they have not seroconverted since their most recent HIV test, have an unknown serostatus

negotiated safety a definite spoken agreement between a seroconcordant couple to have unprotected sex with each other, but not to have sex (or unprotected sex) with other people. It involves a period of talking, testing, trusting and repeated testing.

party n play the combination of sex and drugs in a party context, often abbreviated as PnP or P-N-P

PLHIV people living with HIV

post-exposure prophylaxis (PEP) a procedure, including the use of drugs, used to reduce the risk of infection within 72 hours after a possible exposure to HIV has occurred, That is, antiretrovirals are administered to reduce the risk of HIV transmission after unprotected intercourse with a serodiscordant or nonconcordant partner

pre-exposure prophylaxis (PrEP) a drug or procedure used to reduce the risk of infection before possible exposure to HIV has occurred, e.g. antiretrovirals administered to reduce the risk of HIV transmission before a sexual encounter

quantitative research investigates the measurable aspects of selected phenomena in ways amenable to statistical description and analysis. Often based on data collected through structured questionnaires.

qualitative research investigates why and how selected phenomena occur using systematic description and analysis. Often based on unstructured or semi-structured open-ended interviews.

regular partner sexual partner with whom there is an expectation of an ongoing relationship. May be called a 'boyfriend', 'partner' or 'lover'.

rimming sexual or erotic play involving mouth-to-anus contact (analingus)

seroconcordant see HIV seroconcordant

seroconversion see HIV seroconversion

serodiscordant see HIV serodiscordant

serononconcordant see HIV serononconcordant

serosorting there are multiple definitions of 'serosorting'. For the purposes of this report we define it as selecting sexual partners on the basis of a perceived common or shared HIV serostatus that may or may not be confirmed by knowledge of HIV test results

serostatus see HIV serostatus

SOPV sex on-premises venue. Includes saunas, sex shops and sex clubs.

STI sexually transmissible infection

strategic positioning choosing to take either the insertive or receptive role in anal intercourse, depending on one's own HIV serostatus, in order to reduce the risk of HIV transmission

UAI unprotected anal intercourse

UAIC unprotected anal intercourse with casual partners

UAIR unprotected anal intercourse with regular partners

watersports sexual or erotic play involving urine (urolagnia)

Executive Summary

The PASH Study collected both quantitative and qualitative data from mainly homosexual men to ascertain their understandings of pleasure and how it affects the decisions they make about sex. Men were recruited from a range of sources including gay community events, online social networking websites, and gay dating websites. A website presented information about the study and provided a gateway to the online survey; men also had the option of being interviewed face-to-face. 2306 men completed the survey and 40 were interviewed in depth. We explored men's current understandings of the risk of HIV transmission and their feelings about HIV and AIDS. In particular, we asked men about their motivations for their decisions to use or not use condoms on specific occasions.

It is clear in PASH that for most of the men the practical immediacies of achieving pleasure, avoiding risk and taking care of the self and others in sexual situations are consistent with their more general desire to prevent HIV infection or transmission. However, for some of the men, negotiating risk-free sexual pleasure involves a constant fretting about safety and the reliability of condoms that appears to override any easy pleasure in sex. For some others, a general ethical consensus around the desirability of avoiding HIV infection or transmission is accompanied by circumstantial risk-taking practices somewhat at odds with their more general beliefs and desires.

There are two different but related domains of desire at work here. The first involves wanting to avoid infection, and what makes that possible. It is constituted around disease, condom use and risk, and a desire for no disease, no risk and no need for condoms. The second involves what counts as sexually desirable, and how that desire may be satisfied. It is constituted around pleasure. These two domains are potentially present when sex is negotiated circumstantially. Both are involved in care of the self and others. The practical challenges in negotiating the tensions between the desire to stay HIV-negative or to not transmit HIV, condom use and sexual desire and pleasure are ongoing.

Summary of findings

In most respects the men in the study appeared to be very similar demographically and in terms of their social engagement with other gay men to most other samples of Australian gay men. The average age of respondents was 35, and the majority were university-educated, sexually active and HIV-negative.

In general, while we purposefully recruited men from all jurisdictions, there was little difference across the country in terms of the key issues around perceptions of risk and in their behaviour. Men in some of the less populous states, particularly Queensland and Western Australia, had some difficulties with access to supportive, gay-friendly health services and with perceived stigma, but nonetheless, their behaviour and their beliefs about HIV and risk were mostly similar to those found in other states.

Most men in the study had safe sex most of the time and when they did not they often employed a range of strategies to minimise the risk of HIV transmission. These strategies ranged from the fairly sensible, such as HIV-positive men sero-sorting for sex together, to the much less sensible, such as HIV-negative men making assumptions based on how a partner looked. In other cases, though, many men just simply decided to take a risk. Much of the decision-making involved appeared to be rapid, only partially 'informed' and often included a momentary break with a general intention to avoid risk. Mostly, though, even in these 'heat of the moment' situations, men appeared to make some sort of risk calculation, however poorly framed or rationalised those calculations may have been. Often their decisions about non condom-use were based on an assessment that they could take a risk with this partner, or on this occasion, or under these circumstances. Some of these men seem more likely to speak of 'hot', 'raw' and 'taboo' sex in describing episodes of UAIC, but many were also likely to revert to a sense of moral failure when assessing what they had been doing.

Amongst many of the non HIV-positive men, much of this behaviour occurs in a general context where diagnoses of AIDS are relatively rare, and there is considerably diminished experiential knowledge of what is involved in living with HIV. Over half knew no one who had died of AIDS, almost a half spent no time with PLHIV and only a small minority knew anyone diagnosed with HIV in the previous year.

Even so, some men told of coming of age in the midst of an epidemic, and others told of their experience of their friends dying. Men who had achieved majority in a pre-AIDS society told of initial fear in an ill-informed and media-infused hysteria in the early days of the epidemic – and how some of those fears dissipated as more was learned about how HIV was treated and treatments advanced. Yet others seemed to have relatively little experience with HIV in their lives and appeared not to be particularly concerned with it. Men's stories included being traumatised into a fear of sex by the representations of or experience of the lives of those living with HIV and AIDS, as well as stories of blithely incorporating a range of strategies the men considered safe into their sex lives. In practice, at least for these latter men, safe sex has been rewritten to include risk reduction. Some men questioned safe sex messages, and many men made case-by-case choices on what level of risk they were prepared to accept in specific situations, with specific partners.

For many, HIV is no longer the absolute threat it once posed and their attitudes to risk are more relaxed than even they care to admit themselves. We may be seeing a discursive squeeze in safe sex cultures between what is desired and what is needed for infection avoidal that makes it difficult for those who engage in UAIC, especially occasional risk-takers, to face up to what they are doing. These men require information they can trust – factual, non-emotive information about relative risk to allow them to make their own informed decisions – but they also require *health promotion that includes community development and engagement strategies* supportive of ongoing self-awareness of what they are doing.

Background

Participant (Melbourne, 28, HIV-negative):

> *HIV used to be a big unknown. It was the big, scary, bad guy over in the corner that I didn't know very much about and sort of kept it that way. Because if you, by not knowing, it was easier to be afraid of. You could just leave it as a big, scary thing. And that was a good motivator for me, in most situations, for not taking risks … I'm looking for more information these days because I'm having more interactions with people who have HIV … And knowing that information makes me, it doesn't make me less risk averse, or am I making better decisions? I don't know. It's hard to know what is a risky or not a risky decision … And I like to think of myself as a rational person, and that I approach these things, and should be able to deal with them, in the same way. The reality is that you don't. And that if you've got a piece of information, you deal with that, that knowledge in a very different way to when you don't have that piece of information. And also you make, you make a call about how much you want to worry about it. Like if I'm going to a sex-on-site premises, my intention there is not to have a philosophical think about the risk of HIV and, and how people deal with that. My intention there is to get off. And so inherently there's a, there's a decision that happens there. You, you make a decision consciously or otherwise that … there's a risk. But you ignore that. Or you, you take that risk.*

Interviewer: For what reason?

Participant: *For the pleasure.* [laughs gleefully]

In the past fifteen years, both the social context in which gay men live their lives, and the nature and effect of the HIV epidemic, have changed substantially, and this has likely had considerable bearing on shifts in gay men's attitudes, beliefs and behaviour. Michael Hurley, an Investigator for this study, has previously observed that:

> "While the lives of many gay men have been irrevocably changed by the experience of HIV and its effects, there are now many others who haven't had the same experience. The upshot in daily life for many gay men, at least some of the time, and irrespective of their HIV status, is a decentering of the risks of HIV infection. This decentering is arguably multi-dispositional, formed both inside and outside of an ongoing awareness of safe sex 'lore' and of what infection and treatments can bring. In that sense it's a stance involving a range of assertions, refusals and calculations that is both life affirming and sometimes very shortsighted." (Hurley, 2003: 3).

The introduction of effective antiretroviral treatment (ART), and the substantially improved health outcomes for people living with HIV (PLHIV), probably means that HIV no longer has the same implications for many gay men that it once did. Also, the increased use of the internet by gay men, particularly in relation to developing social networks and finding sexual partners, has altered the way that gay men relate to each other and how they develop sexual networks.

In our opening quote pleasure functions as both rationale and reward for sexual behaviour. It is this attitude which explains what is seen by some in public health only as irrational behaviour. As Race (2009: ix) puts it: "… pointing to pleasure can function as a claim on understanding, an insistence on agency and a sort of challenge. Situated in this way, pleasure offsets the actuarial calculation of risks and harms with a more situated inquiry into the terms of everyday life …" Here we report on the multiple dimensions involved in situating sex and pleasure and, where it occurs, the offsetting of risk.

Recent trends in infections and behaviour

Among gay and other homosexually active men, rates of HIV have increased significantly internationally and in Australia since the late 1990s (Centers for Disease Control, 2005; Guy et al., 2007, 2008). This has corresponded to a period of increased rates of unprotected anal intercourse (UAI) among gay men (Dodds et al, 2000; Dukers et al, 2001; Chen et al, 2002; Elford et al., 2002; Zablotska et al, 2008a). While some UAI is safe, these increases in sexual risk behaviour raise concerns about the relationship between beliefs about the risk of HIV infection and condom use. Increasingly, many gay men have adopted strategies that they believe minimise the risk of HIV transmission, such as reliance on sero-sorting, undetectable viral load and strategic positioning during UAI (Prestage et al, 2001; Van de Ven et al 2002; Prestage et al, 2009a). The risk of transmission associated with these specific behaviours is considerably less than it is with receptive UAI with an HIV-positive partner, but remains higher than for condom-protected intercourse (Jin et al, 2009). Such risk-reduction strategies often rely on a degree of familiarity with the men's sex partners and on assumed knowledge of HIV serostatus. In recent years, in Australia, increasing proportions of men disclose their HIV serostatus with casual partners (Zablotska et al, 2008b). This has corresponded with a period of increases in the proportion of men who report that their unprotected anal intercourse with casual partners (UAIC) is restricted to men of the same HIV serostatus (Mao et al, 2006).

Nonetheless, the highest risk for HIV infection among gay men remains unprotected receptive anal intercourse with casual partners who are not known to be HIV-negative (Jin et al, 2009; Volk et al, 2006). Further, men who are more sexually active, who participate in sexually adventurous networks, and who 'party n play'[1] in intensive sex partying contexts, are at particularly high risk (Hurley and Prestage, 2009). Studies of men who have recently been infected with HIV can provide very important insights into the specific contexts in which their HIV infection occurred: What makes these men different to those who do not seroconvert? What distinguishes the circumstances in which they were infected? What are the factors that lead them to take a risk when they might usually be very 'safe' in their behaviour? The HIV Seroconversion Study (Prestage et al, 2009b), a companion study to PASH, provides key information about how those who are at risk of infection were thinking about this issue at the time of their HIV seroconversion, which can help to contextualise the attitudes and beliefs of gay men more broadly.

[1] 'Party n play' refers to the combination of sex and drugs in a context of partying.

The term 'safe-sex fatigue' was challenged by Kippax et al (1993) in relation to 'negotiated safety'. They stressed that UAI did not always mean unsafe sex, and that we should examine the context within which a sexual act takes place in order to understand whether there is any risk involved. Later, HIV-prevention work used this more contextual understanding of UAI to develop interventions that could help minimise the risk in these circumstances (such as 'Talk, test, test, trust'[2]). Education campaigns which only authorise 100% condom use all of the time risk alienating those for whom this message is redundant, as well as potentially leaving them un-informed about how to distinguish relatively safe from unsafe risk-reduction. Dowsett (2009) renewed the critique of 'fatigue' in a call for more socially-oriented prevention interventions.

In the context of relatively effective anti-HIV medication, the concept of 'safe-sex fatigue' fails to explain the reasons that men may now choose to have UAI. Hurley (2003) suggested that safe sex 'has an increasingly abstract relation to HIV as both epidemic and virus'. Adam et al (2008) explain that in the current sexual landscape, men try to balance sexual desire against a virus which is now seen as less threatening and they do so in a wider social world which is not always averse to risk-taking behaviours. The motivations to continue to practice safe sex can be diffused as men may be conflicted in the trade-off between the immediate pleasure of 'hot' sex and the 'more abstract outcome located somewhere in the future' – that of a healthy life. Van de Ven et al (2002) echo this point, describing gay men's attempts to create risk-management strategies to balance risk and sexual pleasure. Gay men have increasingly employed risk-reduction strategies that do not rely solely on condom use. In particular, sero-sorting has become increasingly common among gay men (Mao et al, 2006; Mansergh et al, 2002).

Condom use has never been an especially welcome addition to gay men's sexual repertoires and there has never been total compliance with the use of condoms. While gay men did widely adopt them in the late 1980s in huge numbers over a very short period of time – to avoid death from AIDS – this was not always the behaviour for all gay men (Davis, 2008). And, of course, some men have undoubtedly become bored with using condoms while others actively dislike and resist using them (Crossley, 2004).

Anti-retroviral treatments - ART

The introduction of relatively effective antiretroviral drugs in the mid-1990s seemed to bring men back from the point of death and restore them to vastly improved health. Dubbed the 'protease moment' by Eric Rofes (1998), the impacts of these drugs were both physiological and social. First, they prolonged life and improved quality of life. In doing so, they removed many of the visible markers of HIV from the social environment. Karposi's sarcoma and wasting became less publicly visible; the shuffling, ghostly walking dead became fewer; death notices in the gay press shrank from double-page spreads to issues where not a single AIDS-related death notice appeared; and AIDS wards began closing beds. In the absence of these visual

[2] HIV-prevention model developed by ACON (the AIDS Council of NSW) in 1996 for HIV-negative seroconcordant regular partners wishing to practice 'negotiated safety'.

reminders, many gay men began to re-evaluate the severity of the threat that HIV presented in their lives (Shernoff, 2006; Sullivan et al, 2007; Vanable et al, 2000). Gold and Skinner (2001) postulated that a decrease in visibly ill people led some men to place trust in ART and decreased viral loads as protective measures against infection. Carballo-Diéguez and Bauermeister (2004) argued that a new sense of sexual optimism has begun to emerge. What had been a nearly-universal fatal illness was increasingly seen as a chronic, manageable illness. Between 1994 and 2008 AIDS diagnoses and AIDS deaths fell by about 90% in Australia. Nonetheless, while this means longer life expectancy, Shernoff et al (2006) warned that 'chronic illness is not the same as a mild or unimportant medical condition'. The seroconversion study (Prestage et al, 2009a) pinpoints the social and emotional challenges many men experience in the period after diagnosis. HIV Futures 6 (Grierson et al, 2009) indicates both general reporting of well-being by PLHIV and ongoing minority experience of stigma and discrimination against PLHIV. Later, we detail aspects of what is involved in being sexually active as HIV-positive gay men, and the challenges inherent in HIV-negative men's demands for disclosure of HIV serostatus when disclosure is often automatically attached to sexual rejection

Accompanying the introduction of ART has been the uptake of viral load testing as a marker of clinical progression. As ART has reduced measurable levels of the virus in a patient, it also holds out the possibility that an infected person might be less infectious, or even non-infectious.

Barebacking

This new-found 'optimism' in the prospects of an HIV infection and in reduced transmissibility of HIV, has been accompanied by increases in UAI (Halkitis and Parsons, 2003; Vanable et al, 2000; Van de Ven et al., 1999). Van de Ven et al (2002) noted the association between UAI and treatment optimism, but they did not equate this with causality: The link was strongest among men who had UAI with regular partners. However, shifts in sexual behaviour are also at least sometimes accompanied by the development of a capacity to improvise in new sexual contexts (McInnes et al, 2001), and high levels of self-care (Hurley, 2002; Race, 2003). This suggests that short-term dispositional shifts associated with UAI and risk reduction may also be open to intervention (Hurley, 2003). While there was an increase in UAI, it was not a sudden and total abandonment of the use of condoms. Safe sex largely remains the norm in casual encounters, and most UAI still occurs within the confines of seroconcordant relationships (Crawford et al, 2006). Also, most men remain cautious about the effectiveness of ART (Van de Ven et al, 2002). However, the increases in UAI often occurred primarily in groups of highly experienced 'sexually adventurous' players (Hurley and Prestage, 2009; Smith et al, 2004; McInnes et al, 2002).

UAI outside the context of negotiated safety has increasingly been termed as 'barebacking' (Adam, 2005; Carballo-Dieguez et al, 2009). The men who bareback frequently cite treatment optimism and knowing fewer people developing AIDS as motivating factors (Mansergh, 2002). Race (2007) suggested that some gay men understand the risk of HIV infection relationally in a dynamic 'that involves intimate negotiation

between two or more persons as well as changing technologies and conditions'. Elford (2006), however, claimed there was no empirical evidence that HIV-positive men were citing treatment optimism or low viral loads as a rationale for barebacking. The Internet was cited as providing a way for HIV-positive men to sero-sort, and then engage in UAI without any risk apart from the possibility of infection with treatable STIs.

Negative attitudes to condoms are not uncommon. Men who have difficulty maintaining erections with condoms, especially while on drugs, have been found to be more likely to engage in UAI (Halkitis and Parsons, 2003). Men who have a clear intention to have safe sex prior to sex tend to be more likely to use condoms (Prestage et al, 2009c). Gold and Rosenthal (1998) discuss 'on-line' and 'off-line' thinking to describe how men make decisions in the 'heat of the moment', or more rationally when they are not under pressure. Often men describe an emotional barrier which condoms represented to them (Dowsett et al, 2008) giving them cause to reconsider using them and in some cases, abandon them.

Men described as sexually adventurous are more likely to have UAI (Kippax et al, 1998; Smith et al, 2004) and to do so regardless of the HIV serostatus of their partners (Halkitis and Parsons, 2003; Prestage et al, 2009c). For the most part, however, HIV-positive men restrict their UAI to other HIV-positive men (Rawstorne et al, 2007), and often those HIV-positive men who have sex with men of unknown serostatus utilise techniques such as strategic positioning to reduce risk to their partners (Van de Ven et al, 2002).

Sexually adventurous men, both HIV-negative and HIV-positive, are identifiable by a range of behaviours including: Having multiple partners, attendance at circuit and sex parties, use of drugs for sexual enhancement, and attendance at sex-on-premises venues (SOPV). 'Intensive sex partying' describes the contexts in which these men often play, and when HIV-negative men engage in UAI in these contexts they are at significantly increased risk of HIV infection (Hurley and Prestage, 2009).

For HIV-positive men who engage in UAI in more sexually adventurous contexts, Garrett Prestage (an Investigator for this study) et al (2009c) reported that about half did so with other HIV-positive men. Also, if they were unsure of their partner's status, they were more likely to take the receptive position. Men who did not know their own HIV serostatus were more likely to take the insertive position, or perhaps to take the receptive position with men who had told them they were HIV-negative. Men who reported they had tested HIV-negative tended to restrict their UAI to other HIV-negative men.

Internet

Gay dating websites have changed gay men's dating practices and substantially affected traditional gay meeting places such as bars and SOPVs (Race, 2010). A subset of these websites is dedicated to bareback sex, and while UAI is still considered something that most gay men do not discuss, these sites provide a forum for UAI to be discussed, and sexual encounters involving UAI arranged. Van de Ven et al. (1998)

queried whether the positive-positive sero-sorting that they had observed was a strategy by HIV-positive men to insulate other men from infection while allowing HIV-positive men to have more relaxed sex, or if it was simply due to the socialising patterns of HIV-positive men. Of course, it could also be that HIV-positive men may be looking for more natural or comfortable sex in general. It could be that they see sero-sorting as an option for UAI not just because they do not want to infect others with HIV, but also because they do not like sex with condoms very much. The rise in bareback sites has provided a platform for men who wanted to find partners for UAI (Halkitis and Parsons, 2003). Dedicated barebacking sites create the opportunity for sero-sorting with a degree of anonymity, allowing the negotiation of UAI and potentially eliminating the need to disclose verbally. Men can select or ignore sexual partners based on reading a profile, rather than discussing HIV serostatus with its attendant possibility of embarrassment if one man rejects the other (Shernoff, 2006).

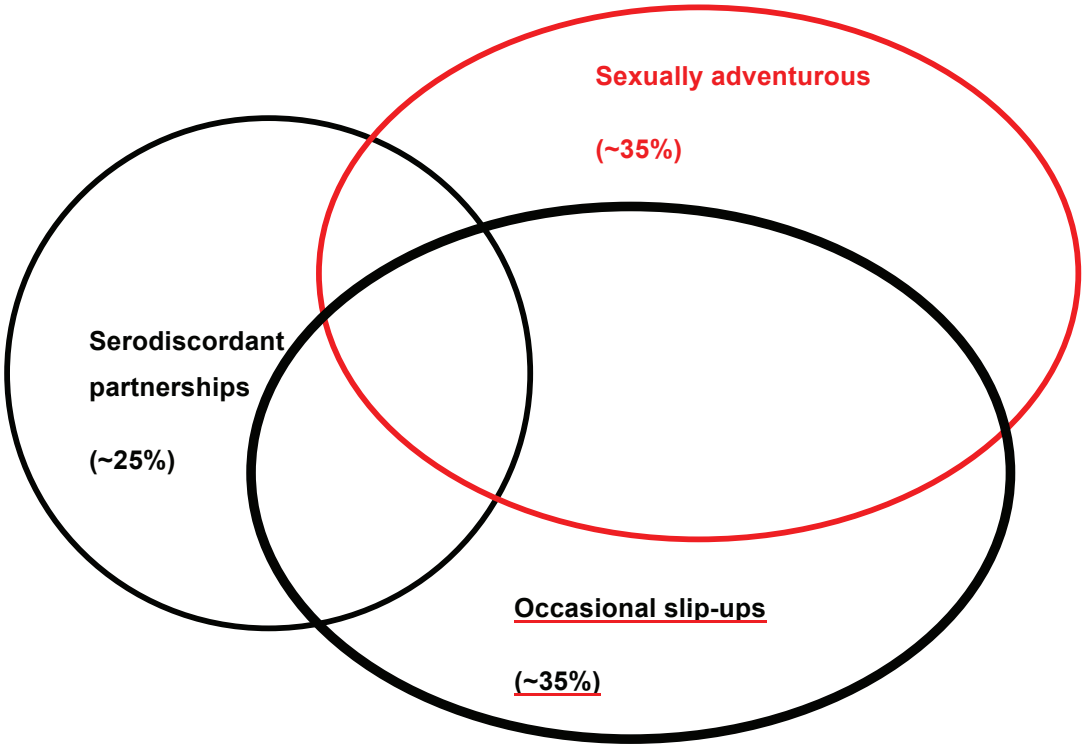
Bareback websites are seen by Dowsett et al (2008) as more than "passive sexualized 'spaces'". They provide an 'architecture' in which sexual personas are created. These sites allow men to create new, versions of gay masculinity in a collective environment – one makes a persona via online profile and it is noted and cruised by others with hopefully similar interests. The authors call the development of such sites 'a significant shift in the history of sexuality … Men using these sites are able to engage in a process of endless renovation of their sexuality … There is shared language and images that utilize resources from what we call the masculine'. The sero-sorting – by both HIV-positive and HIV-negative men – which occurs on these sites is dependent upon accurate information about serostatus, and its efficacy is compromised when men do not disclose or ascertain their partners' serostatus. Halkitis and Parsons (2003) found that although most bareback sex on these sites was positive-positive sero-sorting, 42.9% of HIV-positive men had had UAI with HIV-negative men or men of unknown HIV serostatus within the previous three months. Mansergh et al (2002) also found that a 'sizeable percentage of the HIV-positive barebackers said they had receptive bareback partners who were HIV-negative or of unknown status'. In a study of men attending a sex resort in the American south, Crosby et al (2004) found that 21.7% of men who reported being HIV-negative had not been tested in the past year, and 5.3% of all men had *never* been tested, suggesting that, at least for a minority of these men, the reliability of sero-sorting is flawed. Much of this research is from the USA, and testing rates may differ regionally, nationally and internationally, as well as over time. Recent Australian research with a national sample of men recruited online found that 22% were untested for HIV, and that 37% of untested men reported UAI with their last casual male partner (Holt et al., in press). The same study found that 35% of HIV-negative men reported UAI with their last casual male partner, and although the majority of these men thought that their partner was concordant (HIV-negative), 20% reported a partner of unknown or HIV-positive status.

Who is at risk?

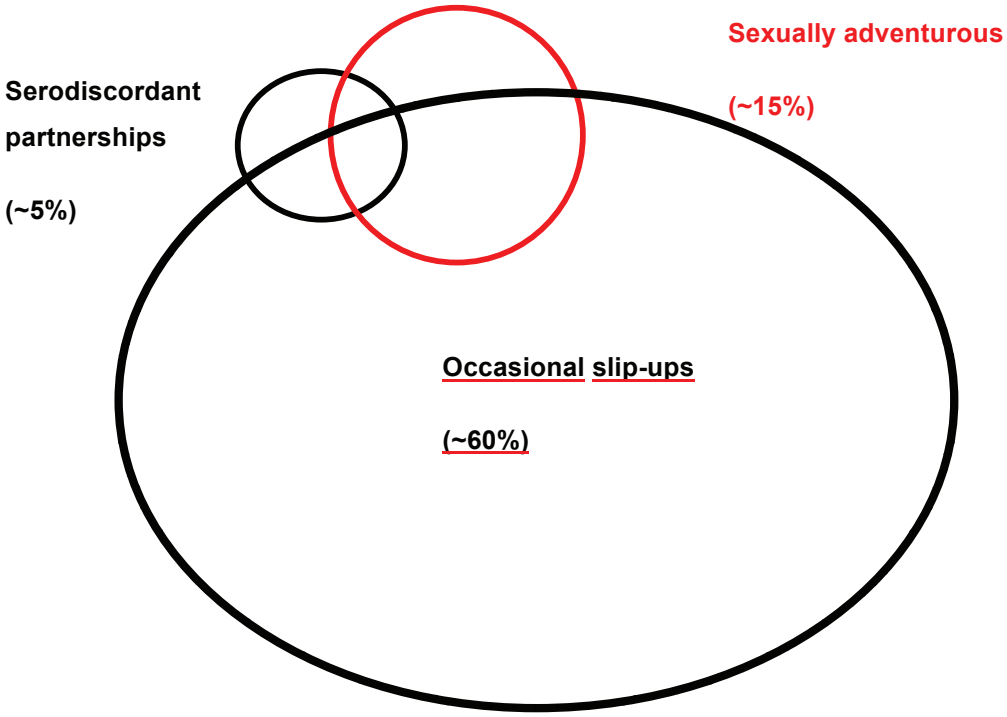
Among gay men in Australia, using social research data we can infer a sense of who are the men at greatest risk of HIV infection to make very rough estimates. The HIV Seroconversion Study and analyses of HIV seroconversion within the Health in Men cohort, as well as implications that can be derived from other behavioural research, suggest three broad categories of men who most commonly appear among recent HIV diagnoses: Men in serodiscordant relationships, who probably account for about a quarter of new infections; men who play in sexually adventurous networks or can be described as being sexually adventurous themselves, who probably account for about a third of new infections; and men who mostly play 'safe' but occasionally 'slip up' or fail to stick to their own predetermined rules about safe sex. They also probably account for about a third of new infections.[3] These categories are not definitive (and there are a few men who do not fit any of these broad categories) and the men in them are not the same over time or in every circumstance. There is considerable overlap: Many men in serodiscordant relationships are also sexually adventurous, and others mostly play safe with each other but occasionally 'slip up'; many sexually adventurous men are also committed to consistent condom use but occasionally slip up. Nonetheless, some of the men in each of these categories remain in that category long-term while others do not: Serodiscordant relationships can be either long-term or newly established; men who play in sexually adventurous networks may do so regularly over many years, or may do so for a brief period or even just once; men may occasionally slip up repeatedly over many years, or just once or twice in a brief time period.

The following Venn diagram helps to illustrate the overlap between the categories and the putative relative proportion of total infections associated with each category.

[3] Note: These estimates were calculated by Garrett Prestage and Martin Holt (National Centre in HIV Social Research), and the accompanying diagrams below were derived from this same collaboration.



These broad categories, however, would be represented very differently as proportions of non HIV-positive gay men. In behavioural surveillance surveys – the Gay Community Periodic Surveys – the proportion of non HIV-positive gay men in serodiscordant relationships is considerably less than ten percent, probably between five and eight percent. Similarly, the proportion of non-HIV-positive men who might be defined as sexually adventurous is relatively small, depending on what indicators are used to define 'sexually adventurous'. Being fairly generous, perhaps about fifteen percent of non-HIV-positive men could be described as being sexually adventurous. However, the proportion of gay men who occasionally 'slip up' would include a much larger proportion of gay men.



So, in terms of the proportions of men who seroconvert, these three categories are relatively equal in size, but in terms of the target population for HIV-prevention work, their relative size is very different indeed. These estimates could suggest that work with men in serodiscordant relationships would be the most efficient target for intervention, followed closely by sexually adventurous men. However, the considerable crossover between these categories makes it difficult to work solely with one or other of them. Also, to ignore any one of these groups of men would most likely result in limited long-term impact on infections, particularly given many men in each category interact with each other or fall into more than one category themselves. So, any consideration of the issues involved, and possible interventions, needs to be differentiated not by the categories as such but in terms of both adventurousness and occasionality.

Even if these rough estimates for these three categories are reasonably reliable, it does not help inform HIV-prevention work other than to indicate the main priorities for that work. The content of that work depends entirely on the circumstances of, and motivations for, UAI among men, both HIV-negative and HIV-positive, within each category. What do they think about their risk behaviour? How concerned are they about HIV? Or other STIs? What strategies do they use to minimise risk? These are the questions we sought to investigate. In a context of changed prospects for people with HIV infection, where ART has meant that PLHIV can expect to live fulfilling lives despite their infection, and where many gay men's sexual behaviour has changed substantially in recent years, and where the methods of meeting sexual partners, and communicating with them, have expanded considerably as a consequence of the internet, these questions are of key importance. How gay men understand the consequences of HIV infection and the impact of treatments can only be understood in relation to these recent changes. Likewise, how they interact with other gay men, and how they seek to minimise the risk of HIV transmission, necessarily involves these changes in understandings of risk and social/sexual interaction.

Our purpose, then, was to investigate current understandings of HIV and beliefs about relative risk among Australian gay men, and where they fitted in relation to desire and pleasure. This work was undertaken with a view to the HIV-prevention task at this time. So, our orientation was toward an analysis of risk and pleasure in the context of the possibility of HIV transmission. These issues necessarily intersected with those of the experiences of HIV diagnosis and living with HIV, but the lived experience of being HIV-positive was not a focus for this study. The HIV Seroconversion Study (Prestage et al, 2009b) and studies such as HIV Futures (Grierson et al, 2009) deal with these issues more directly, although the issues that emerge from the PASH study undoubtedly provide additional insights.

We explored understandings about the effects of anti-HIV treatments and of how that has changed the way men think about the likelihood and consequences of HIV transmission. Key to this was also an exploration of how gay men interact sexually – the kinds of sexual negotiations and decision-making

that take place in this context. This is undoubtedly different across the three broad categories of men at risk of HIV infection, particularly with respect to the relative place of both risk and pleasure in their lives and how they balance these. Our task is to understand how these issues play out within different contexts and among the different groups of men at risk.

The concept of 'risk' itself poses a challenge. In public health, we typically look at issues such as HIV and other STIs as posing a 'risk', with the presumption that our task is to eliminate or minimise that risk. This is the position of rational actors, who make decisions based on a 'risk-calculation' to minimise potential harms (firstly to themselves and secondarily to others) while maximising potential rewards. However, this perspective is usually founded on the premise that individuals will primarily be concerned with the first half of this calculation (to minimise harms), and the maximising of rewards is only secondary, if it is given any real consideration at all. This may not necessarily be the way everyone approaches such calculations. Some may give great weight to the need to keep risk as minimal as possible in their lives and may be willing to sacrifice much that would give them pleasure to achieve this. Others, however, may consider risk as unavoidable in life and balance risk and pleasure much more equally, while yet others may actually thrive on risk and see risk as a necessary component of their capacity to find pleasure. And, of course, these kinds of considerations often depend on particular circumstances: Someone who takes great risks in some aspects of their lives may be very cautious in others; and over time, the same person might be much more concerned about potential risks at one point in their life but be much more interested in the pursuit of pleasure at other times.

This calculation of relative risk against relative pleasure is an individual calculation, reflecting individual priorities, preferences and psychologies, but it also occurs in a social context, and, in the case of something like HIV, in a physiological context. The extent to which specific pleasures are valued and specific risks are feared is dependent at least partly on how they are perceived within particular subcultures and by society more broadly, and on the extent of their actual effect. The extent to which HIV poses an immediate threat to one's health and life-prospects cannot be discounted, and the fact that the availability of treatments has modified this threat equally needs to be considered. But, similarly, the sex practices that carry the greatest risk for HIV transmission bring more than just a simple physiological pleasure; they often carry great symbolic value that has major psychological importance to individuals. Sexual performance, particularly through sexual intercourse, resonates at a deep cultural and personal level with concepts of both masculinity and femininity. Sexuality, and the capacity to connect physically with another person, is often central to individuals' self-image. An understanding of the relative place of both risk and pleasure – in this case, HIV and sexuality – is not just necessary, but is the primary issue for us in attempting to assess how gay men are responding to the changes in HIV and what they are thinking about these issues.

While the impact of HIV and the sexual health of both individual gay men and of the gay community as a whole was the broad focus of the research, we approached sex from the position that men pursue sexual pleasure as much as they try to minimise the risk of disease transmission. We understand that men enter sexual situations with the intention of enjoying the exchange, not necessarily focusing on potential danger or health risks. We have framed our investigation of the issues from this perspective.

Methods

We used a mixed-method approach, incorporating both qualitative and quantitative data collection and analysis. The quantitative data were collected through a survey hosted online. This allowed us to collect responses from across the country, including regional, rural and remote areas. The qualitative data were collected by in-depth interviews in Perth, Adelaide, Melbourne, Sydney, Brisbane and Cairns, and by free text comments within the survey questionnaire.

Ethics approval was obtained from The University of New South Wales and La Trobe University.

Aims of the study

The aims of the PASH Study were to:

- Interview gay men about their current beliefs and understandings of HIV, and of the risk of HIV transmission, and the relations between these and pleasure;
- Inform HIV organisations and state health departments about the contexts of risk behaviours and motivations for these behaviours identified through this study, while providing each jurisdiction with specific information to develop tailored approaches specific to their individual needs;
- Consider current gaps in policy and program development and implementation, including in the research base.

Eligibility

Eligibility criteria for the study included: being male aged over 18 years; having had sex with a male in the past five years or self-identifying as gay or bisexual; and living in Australia.

Recruitment

Men were recruited to the study mainly online but also more broadly through gay community sources, such as gay community events, venues and medical clinics around the country and through national and state-based HIV organisations. Local recruiters were employed in each mainland state.

A group page was set up on a popular social networking site with details of the study through which men were invited to join; 335 men did so. This allowed us to post updates on the research, and for men to invite their friends to participate in the research. Paid banner advertisements were placed on gay dating websites as well as social networking sites. Organisers of gay venues, events and organisations were asked to post links to PASH directly on their websites, or through emails to their memberships. In total, 4125 men were referred to the survey, of whom 2306 provided sufficiently complete survey questionnaires for inclusion in analysis. Data reported here are of these 2306 men.

Table 1 a: Recruitment source n=2306 (%)

Recruitment source	%
Online promotion	34.1
Social networking site	17.0
Direct email	16.0
Through friends	12.0
Gay organisation	8.4
Gay community event	2.2
Gay venue	1.8
Gay media	1.6
Medical practice	0.2
Other / Unknown	6.7

Online survey

A website was created which contained information about PASH: our research partners, funding, ethics and privacy, and links for men who either wanted to be interviewed or go to the online survey.

The PASH online survey collected data from homosexually active men from June to October, 2009. As well as demographic information, the survey gathered information on the themes identified in the interviews: risk; pleasure, and community. They were asked about their sexual desires and enjoyment, their opinions on safe sex, and the impact HIV and other STIs have on their sex lives. The questionnaire included questions about the specific circumstances of their most recent sexual encounters, as well as their HIV testing history. Men were also able to enter qualitative comments to some of the key questions in the online survey.

In-depth interviews

In the online survey, men were also able to volunteer for a follow up in-depth interview: 786 men volunteered to be interviewed, of whom 40 were interviewed.

Themes for the interviews were drawn from the literature review, and the interview schedule was determined by the principal investigators and community partners. It included four major themes: a comparison of incidents of unprotected and protected sex; how men assessed risk; the importance of pleasure; and community engagement.

The content of earlier interviews allowed further refinements to be made to the focus of later interviews, and as transcripts were studied, the data informed the content of the online survey.

Second-round interviews

We aimed to gather a sample that covered a range of ages and experiences. The first round of interviews attracted a high proportion of men who exclusively had protected sex, and so we began theoretical sampling for men who sometimes or never used condoms. The interviewing process continued as the survey collected quantitative data, and the results of each method were examined in conjunction with the other.

Key Indicators

The PASH data cover a broad range of issues in order to address the question of what gay men are thinking about HIV at this point in the epidemic. There are three key indicator items that are necessary to properly consider these issues in context. The first is the men's state of residence: This is important because the study has been funded separately by five different states and it is therefore necessary to consider how each state sample differs on these issues. The second is HIV status: Men's attitudes and beliefs about HIV are undoubtedly affected fundamentally by their own personal relationship to HIV – whether they are infected themselves or not. And the third is sexual risk behaviour: How men think about HIV risk is likely to be very different depending on whether they have, or do, engage in sexual risk behaviour themselves or not.

Given the importance of these three items, we present the findings for these items, separately, here in this first section of the survey results. For the remainder of the report, in each section, we include a brief summary of how the particular issues addressed in that section differ on these three key items.

States

Among the total number of men who commenced the survey, most of those who failed to provide their state of residence did not go on to complete the survey and so were not included in the analysis. After exclusion of these individuals, the distribution of those who commenced the survey and those who completed the survey was similar. Of those who provided sufficiently complete survey questionnaires for inclusion in analysis, about a third lived in NSW and a quarter in Victoria; numbers from each of the other jurisdictions were distributed as might be expected for a sample of gay men.

Table 2 a: Distribution by states n (%)

State of residence	Commenced survey	Completed survey
NSW	1132 (27.4)	764 (33.5)
Victoria	910 (22.1)	640 (27.8)
Queensland	543 (13.2)	352 (15.3)
Western Australia	324 (7.9)	219 (9.5)
South Australia	235 (5.7)	162 (7.0)
Elsewhere	191 (4.7)	160 (6.5)
Unknown	790 (19.2)	9 (0.4)

HIV status

Most men had been tested for HIV, with almost one in ten having tested HIV-positive, and three quarters testing HIV-negative. Among men who had never been tested, almost all nonetheless believed themselves to be HIV-negative. In total, nearly one in ten indicated they believed they were HIV-positive and almost all the rest believed they did not have HIV.

Table 2 b: HIV status n (%)

HIV serostatus	HIV test results	Perceived HIV status
HIV-positive	217 (9.4)	224 (9.7)
HIV-negative	1738 (75.4)	2076 (90.0)
Unknown	351 (15.2)	6 (0.3)

Sexual risk behaviour

The most reliable measure of sexual risk behaviour that is used is unprotected anal intercourse with casual partners (UAIC). For most Australian behavioural research among gay men, having engaged in UAIC in the previous six months has been the usual measure for estimating sexual risk behaviour. In this study we collected information about UAIC in the previous six months, up to one year, and over twelve months prior to survey.

Well over half indicated that they had *never* engaged in UAIC and about a quarter indicated that they had done so within the previous six months. The meaning of the word 'never' may be questionable here: At least some of the men who indicated they had never engaged in UAIC were of an age that their sexual careers had begun prior to the advent of the HIV epidemic in Australia, so their use of the word never may have been meant as 'in the context of HIV' or may have been meant as 'not at all recently'. Regardless, it is remarkable that such a large proportion of gay men can claim to have not engaged in UAIC for very extended periods of time. **Nonetheless, in total about a third had engaged in UAIC in the previous twelve months.**

Table 2 c: History of unprotected anal intercourse with casual partners n (%)

When last engaged in UAIC	%
Never engaged in UAIC	1372 (59.5)
Engaged in UAIC over one year ago	211 (9.2)
Engaged in UAIC 7-12 months ago	117 (5.1)
Engaged in UAIC up to 6 months ago	606 (26.3)

Profile of the Sample

In general, this was a sample of well-educated, urban-dwelling, gay men, not unlike samples found in other studies of gay men in Australia.

Geographic distribution

As would be expected the majority of men lived in the most populous states. This was a very urban sample. Nonetheless, nearly one in five lived outside major city areas.

Table 3 a: Place of residence n (%)

Location of residence	
NSW	*764 (33.5)*
Darlinghurst/Surry Hills	5.3
Other Inner Sydney	12.7
Suburban Sydney	7.3
Newcastle/Wollongong	2.3
Other NSW	4.6
Unstated NSW	1.3
Victoria	*640 (27.8)*
Inner Melbourne	10.8
Suburban Melbourne	13.1
Other Victoria	3.6
Unstated Victoria	0.3
Queensland	*352 (15.3)*
Brisbane	8.0
Other Queensland	6.8
Unstated Queensland	0.5
Western Australia	*219 (9.5)*
Perth	8.4
Other WA	1.1
South Australia	*162 (7.0)*
Adelaide	6.2
Other SA	0.8
Elsewhere/unknown	*169 (6.9)*
Canberra/ACT	3.9
Tasmania	1.4
Northern Territory	1.2
Unstated	0.4

Demographic profile

The mean age was 35.1 years, with little difference across the states. Respondents ranged in age from 15 to 87 years old. Over three quarters (76.5%) in this study were born in Australia, and nearly half those born elsewhere were born in predominantly Anglo-Celtic countries (New Zealand, the United Kingdom, and the United States). Nearly two thirds reported being of Anglo-Celtic background (62.9%); only 11.7% reported clearly being of non-European background, with 1.6% reporting Aboriginal or Torres Strait Islander background.

As with most other samples of mainly homosexual men, education levels were quite high with over half (53.6%) having completed some university education, including 24.5% who had completed postgraduate study. However, respondents outside of NSW and Victoria tended to be less well-educated. Most (83.9%) respondents were in paid employment, with many indicating they held managerial (17.2%) or professional (35.9%) positions.

Sexual identity and relationships

Most (79.1%) men identified as gay or homosexual and 9.3% as bisexual. One in ten (9.5%) did not indicate their sexual identity at all. Over half (55.9%) reported having a primary regular partner or boyfriend in the previous six months. Half (49.2%) of the men with a primary partner reported living with their partner. One third (34.9%) of men in relationships indicated that this relationship was less than one year duration, while nearly as many (29.4%) had been in that relationship for more than five years. One quarter of the sample (25.5%) indicated that they had other regular partners, the majority (56.6%) reporting up to three such partners.

Differences in the sample across states

There was little difference in the profile of the sample across the states and territories. As has been found in other samples, education and occupation status tended to be higher among men in NSW, Victoria and the ACT.

Differences in the sample and HIV status

As has been found in other samples, HIV-positive men were older (mean age was 42 years) than men who believed they were HIV-negative (mean age was 34 years), whether they had been tested or not. HIV-positive men were also somewhat less likely to have received any university education. HIV-positive men were more likely to identify as gay than were men who reported being HIV-negative, and they were slightly less likely to have a primary partner. However, among men who had a primary partner, HIV-positive men tended to have been in that relationship for a longer period than non-HIV-positive men.

Differences in the sample and risk behaviour

There were few differences in the sample according to whether they had engaged in UAIC or not. Men who had never engaged in UAIC had a mean age of 34 years, whereas men who had ever engaged in UAIC, whether recently or over a year ago, had a mean age of 37 years. Men who had recently engaged in UAIC were somewhat less likely to have received university-level education, or to be in a professional occupation. As might be expected, men who had never engaged in UAIC were more likely to report having a regular partner, presumably because many of these men were in monogamous relationships or had negotiated safety agreements in place. A little less than half (43.4%) of men who reported UAIC in the previous year also reported having a primary regular partner. Men who had recently engaged in UAIC were also more likely to report having other regular partners.

Summary remarks

For the most part, the men in this sample were similar to men in other samples of Australian gay men. They mainly lived in major urban areas, with an average age in their mid-30s, and were fairly well-educated, often in professional-type occupations. Mostly they identified as gay or homosexual, although there were many who declined to indicate their sexual identity. About half were in relationships, but also about a quarter had other regular partners, such as fuckbuddies.

Gay Community Engagement

As with other internet-based studies of gay men in Australia, a substantial proportion of men in this sample were not closely affiliated with the gay community and had limited social connections with other gay men or with people living with HIV (PLHIV). Measures of this included having gay friends, using gay venues, and participation in gay community and gay social events. Nonetheless, for the most part, men in this sample appeared to have strong social connections with other gay men.

Social engagement with gay community

One third (31.6%) of men indicated that most or all of their friends were gay men and only 20.9% reported spending 'a lot' of their free time with gay friends. Just as many (31.8%) said that none or few of their friends were gay men and 38.3% reported spending little or no time with gay friends. While nearly three quarters (71.4%) indicated they were not very or not at all involved with the gay community, the majority (57.0%) nonetheless identified 'very much' as gay.

Meeting sexual partners

As would be expected in an internet-based sample, the most common method of meeting sexual partners was through the internet. About a third reported meeting partners at gay bars and a similar proportion at gay sex-on-premises venues.

Table 4 a: How men met sexual partners in previous six months N=2306 (%)

%	Never	Occasionally	Often	No response
Gay bar	62.5	28.8	7.2	1.4
Dance party	77.9	17.2	3.1	1.9
Gym	85.4	10.7	2.3	1.6
Private gay party	72.2	22.4	3.6	1.7
Sauna	65.9	22.9	9.6	1.6
Backroom	82.9	11.4	3.9	1.8
Other sex club	81.3	12.2	4.9	1.6
Commercial sex party	94.0	3.5	1.0	1.5
Private sex party	88.1	8.3	1.9	1.7
Leather event	89.9	6.7	1.3	2.0
Through sex work	92.2	4.9	0.4	2.6
Beat	72.5	17.7	8.3	1.5
Online through internet	37.5	36.2	24.7	1.6
Straight bar	81.8	14.9	1.7	1.6

Contact with HIV epidemic

Just one in six (18.3%) men indicated that they knew more than five people living with HIV (PLHIV) and only 5.8% reported spending 'a lot' of their free time with PLHIV. One third (33.6%) said they knew no PLHIV and nearly half (48.9%) reported spending no time with PLHIV. Over half (56.6%) knew nobody who had died of AIDS, while 11.2% knew more than five. Despite this low level of social contact with PLHIV, 15.3% reported knowing a friend who had been diagnosed with HIV in the previous year.

Differences in community engagement across states

Men in NSW were somewhat more likely to report being involved in the gay community and to have more gay friends than men in other states. Men in Queensland tended to have fewer gay friends overall. When asked about where they met their sexual partners, men in Victoria were somewhat more likely to report meeting their partners in sex-on-premises venues and men in Queensland were least likely to do so. However, it was also the case that Victorian men were most likely to meet partners at gay bars. South Australian men were least likely to meet partners at gay bars. Men from Victoria and NSW were somewhat more likely to meet partners at a leather event. There was no difference across the states in the use of the internet, beats or private parties to meet sexual partners. Unsurprisingly, given relative prevalence rates, men in NSW tended to have more social contact with PLHIV, but the difference was not as large as might be expected.

Differences in community engagement and HIV status

HIV-positive men were generally more involved in gay community life than men who believed they were HIV-negative. Over half (56.7%) of HIV-positive men reported having mostly gay friends and a third (32.1%) indicated they spent most of their time with gay friends. HIV-positive men were more likely to report meeting sexual partners at sex-on-premises venues, sex parties and beats, but there was no difference by HIV serostatus in likelihood to meet partners through the internet or at gay social venues. As would be expected, HIV-positive men knew far more PLHIV and had far more social contact with them than did men who believed they were HIV-negative. One third (33.7%) of HIV-positive men knew more than ten people who had died of AIDS.

Differences in community engagement and risk behaviour

Men who had never engaged in UAIC were generally less involved in gay community life and had fewer gay friends than men who had engaged in UAIC, whether recently or in the past. Men who had ever engaged in UAIC, and especially those who had done so recently, were more likely to report meeting sexual partners in general, regardless of the method of meeting or the type of venue or event. Men who had never engaged in UAIC had fewer social connections with PLHIV and were less likely to know

someone who had died of AIDS. However, among men who believed they were HIV-negative, there was little difference in the extent of their social connections with PLHIV between those who had engaged in UAIC and those who had not.

Summary remarks

Some men in this sample were highly connected to gay community life and to the HIV epidemic while others were not. Being an internet-based sample, it is not surprising that the most common method of meeting sexual partners was through the internet, but nonetheless a substantial proportion of men also used gay community commercial venues, including both gay bars and sex-on-premises venues. While NSW men reported slightly stronger gay community engagement (on most measures), Victorian men were more likely to use gay community venues to meet sex partners. As has been found in previous studies, HIV-positive men tended to have strong social connections with other gay men. However, although they used sex-on-premises venues more often, there was little difference in their use of gay social venues to meet partners. Men who had never engaged in UAIC appeared to be considerably less socially connected to the gay community and other gay men than were those who had engaged in UAIC, whether recently or in the past, and they were also less likely to use a range of methods to meet sex partners. Those who had recently engaged in UAIC were most likely to use most methods to meet partners. It may be that men who had never engaged in UAIC are generally less closely affiliated with gay community life, while those who have recently engaged in UAIC are more sexually active in general and therefore more likely to be actively seeking sexual partners.

Overall, this sample had relatively limited social connections with PLHIV compared with many other samples of Australian gay men, although fairly similar to other primarily online samples. HIV-positive men, as would be expected, had much stronger connections, but there was little difference across the states. Being socially connected with the HIV epidemic appeared to have little effect on likelihood to engage in UAIC in this sample.

Self-Esteem Issues

It is often argued that men engage in sexual risk behaviour due to low self-esteem. We asked men about their self-esteem – how they felt about themselves.

Rating of sexual attractiveness

We asked men to rate their own sexual attractiveness on a scale from 1 to 10. The mean score was 6.37 with a median of 7. The standard deviation was 1.63.

Measure of self-esteem

We administered the Rosenberg scale for measuring self-esteem (Rosenberg, 1979). Most men responded in ways that suggest they were relatively comfortable with themselves.

Table 5 a: Self-esteem measure N=2306 (%)

%	Strongly agree	Agree	Disagree	Strongly disagree	No response
On the whole, I am satisfied with myself.	25.0	53.8	12.3	2.5	6.5
At times I think I am no good at all.	7.6	34.9	33.2	17.4	6.9
I feel that I have a number of good qualities.	39.1	51.5	1.4	1.1	6.8
I am able to do things as well as most other people.	37.4	49.7	4.7	1.3	6.9
I feel I do not have much to be proud of.	4.3	14.8	46.4	27.5	6.9
I certainly feel useless at times.	7.1	35.0	32.3	18.5	7.2
I feel that I'm a person of worth.	34.0	51.3	6.2	1.7	6.9
I wish I could have more respect for myself.	13.2	34.8	30.6	14.4	7.0
All in all, I am inclined to think that I am a failure.	3.3	10.6	42.5	36.4	7.2
I take a positive attitude toward myself.	29.1	49.4	12.6	2.0	6.9

We applied the simple method of calculating a score between 10 and 40. The mean score for this sample was 30.2 and the median was 30, with a standard deviation of 5.53.

Those men who did report problems with their own self-esteem often ascribed this to broader issues concerning their sexuality which then has consequences in terms of sexual risk behaviour:

> (Regional Queensland, age not provided, HIV-negative) *I am a good guy … but have very low self esteem, a very negative self concept and have no confidence. I mostly feel I need to use alcohol to get me to feel comfortable being intimate with a guy and then the level of inhibition goes crazy. You don't think about condoms or if you do it ruins the sex, cos you spend the whole time worrying.*

Emotional consequences of risk behaviour

Often men who reported having engaged in behaviour they considered risky described feelings of remorse, guilt and self-hate for their actions. Although these feelings did not usually appear to affect men's overall mental health or self-esteem overall, they were undoubtedly problematic for individuals. Sometimes these feelings arose from having sex even when it did not involve any discernable risk:

> (Canberra, 25, HIV-negative) *HIV is something that I worry about a lot … even if I've been safe.*
>
> (Adelaide, 39, HIV-positive) *I still worry even though I always use a condom for anal sex.*
>
> (Hobart, 18, HIV status unknown) *One big problem I personally have is having casual sexual encounters with fuckbuddies or people I don't know too well, then regretting it afterwards. Although it hasn't happened yet, I can* [also] *see this happening to me with unprotected sex.*

For some men, feeling worried about what they did is mixed up with feelings of guilt:

> (Adelaide, 30, HIV-negative) *Need to ensure that I do not contract it. Playing safe will ensure this, but sometimes unprotected sex occurs, and I feel worried/guilty that I have put myself at risk.*

In other cases, however, the fear of HIV has meant that some men feel unable to enjoy themselves sexually and express feelings of paranoia that are confused with their feelings about themselves as gay:

> (Adelaide, 33, HIV-negative) *It is something I am scared of and this is probably preventing me from having a lot of sex, even though I would love to have more sex with different people. I get paranoid about it and have been obsessed with it in the past, thinking that I would get it just because I'm gay.*

And others simply find it impossible to ever relax enough in sex to be able to enjoy the experience completely:

> (Perth, 42, HIV-negative) *It has affected my sex life a lot I think. I always feel worried when having sex and thinking about HIV a lot, which isn't a nice feeling to have when you think of something that should be fun and nice.*

For some, the stress of constantly having to be conscious of the risk of HIV transmission affected their emotional well-being in general:

> (Melbourne, 37, HIV-negative) *… living with the constant risk is hard, in end you end up thinking that one day you will just end up getting it. Fatigue is big. It's almost like you think even if I try really hard I will still probably end up with it. I'm 37. I have lived with the threat of this thing killing me ever since I was a teenager. It's killed some of my friends, my mentors. It's fucked. It's also hard to always 'always' care about it – you want to forget about it – to be like straight people. That's the problem. So I get why some people just give up and stop practicing safe sex.*

Differences in self-esteem across states

There was no discernable difference across the states in how men rated their own sexual attractiveness or on the measures of self-esteem.

Differences in self-esteem and HIV status

There was no discernable difference between HIV-positive men and men who believed they were HIV-negative in how they rated their own sexual attractiveness or on the measures of self-esteem.

Differences in self-esteem and risk behaviour

There was no discernable difference between men who had never engaged in UAIC and those who had done so, either recently or in the past, in how they rated their own sexual attractiveness or on the measures of self-esteem.

Summary remarks

In general, there was little evidence in this sample that low self-esteem was a particular issue, or that it was a factor in whether men engaged in sexual risk behaviour. There was, however, some evidence that the constancy of sexual negotiation in relation to risk is emotionally wearing for many men. While this was no a primary subject of this research, the repeated citation by the men themselves that the ever-present need to always remain vigilant to the possibility of HIV transmission was clearly an issue of some concern for them and they often felt it detracted from their capacity to relax during sex, and even affected their relationships.

HIV and STI Testing

We asked men about being tested for HIV and other sexually transmissible infections (STIs) and their HIV test results.

HIV testing history

Most men in PASH have had an HIV test (84.8%), with 9.4% having tested HIV-positive, and 75.4% testing HIV-negative. Among men who had not tested HIV-positive, 58.8% indicated they had been tested in the previous year and 55.9% indicated they normally are tested annually – slightly lower than has been found in other studies.

As would be expected, there were variations by state: Somewhat higher proportions of men were tested in NSW and Victoria than in the other states; also NSW reported the highest HIV prevalence rate. There was, however, an unusually high proportion of South Australian respondents who reported being HIV-positive, which was presumably an artefact of the recruitment process in that state.

Most men who had never been tested believed that they were HIV-negative (97.7%). Among the men who had never been tested for HIV, by far the most common reason given for why they had not been tested was that they felt themselves to be at low risk, although nearly half indicated they did not know where to go for a test.

Table 6 a: Reasons for having *never* tested for HIV (n=351) %

Reasons given for not having been tested	%
Am at low risk	60.7
Unsure where to go	41.9
Difficulties getting appointment	21.9
Do not want to be seen at sexual health centre	19.9
Do not want family to know	19.4
Do not want other people to know	18.8
Prefer not to know	17.4
Concern about stigma	13.4
Doctor does not bulk bill	10.8
Do not trust doctor's confidentiality	9.4
Costs too much	6.6

Note: Items not mutually exclusive – multiple responses were possible.

Men who had never been tested mainly indicated that if changes were put in place to make testing more convenient they would be more likely to be tested. Having tests available at gay venues was cited by about one in eight untested men.

Table 6 b: Incentives to increase likelihood of being tested (n=351) %

What would encourage you to be tested :	%
Able to obtain results in few minutes	65.2
Home testing	64.4
Greater convenience	50.1
No need to see doctor	37.3
If could trust doctor's confidentiality	36.2
Testing at gay venues	13.7

Note: Items not mutually exclusive – multiple responses were possible.

The majority of men who had tested HIV-negative indicated that they are tested for HIV at least annually, although about a third are tested less often.

Table 6 c: Frequency of HIV testing among HIV-negative men (n=1738) %

How often usually tested	%
Monthly	0.9
About three monthly	12.9
About six monthly	26.6
Annually	26.6
Less than annually	30.6
No response	2.4

Similar to responses provided by men who had never been tested for HIV regarding what would likely make them more inclined to be tested, men who tested HIV-negative mainly indicated that if changes were put in place to make testing more convenient they would test more often. Having tests available at gay venues was cited by about one in five HIV-negative men.

Table 6 d: Incentives to increase frequency of being tested (n=1738) %

What would encourage you to test more often:	%
Able to obtain results in few minutes	75.2
Home testing	65.5
Greater convenience	58.4
No need to see doctor	41.8
If could trust doctor's confidentiality	28.9
Testing at gay venues	19.7

Note: Items not mutually exclusive – multiple responses were possible.

The difficulties in fitting an HIV test into a busy lifestyle was a key issue in how often, or whether, men were tested, and some men felt that this was exacerbated by the attitudes of some health service providers:

> (Adelaide, 22, HIV status not known) *I should get tested on a regular basis. However, due to how busy I normally am, it is difficult to find time to make an appointment and organise. It is also embarrassing talking to some doctors who will give you a look that makes you feel as if you have done something wrong because you ask to be tested for HIV and then they get really serious, due to the stigma still attached to what it means if you have HIV.*

Reasons for HIV test

When asked why they were last tested for HIV, HIV-negative men mostly indicated that they just wanted to know their HIV status. About a quarter were tested because they believed they had done something risky.

Table 6 e: Reasons for last HIV test among HIV-negative men (n=1738) %

Why did you have your last HIV test:	%
Wanted to know HIV status	70.6
Regular testing pattern	43.9
Did something risky	23.6
Negotiated safety arrangements	15.4
Changed partners	11.7
Doctor suggested it	10.9
Had an illness	8.3
Partner asked him	6.0
Partner did something risky	6.0
Had sex with HIV-positive partner	5.5
Condom broke	3.4
Taking PEP	1.8

Note: Items not mutually exclusive – multiple responses were possible.

Confidence in HIV test results

Men who had tested HIV-negative were mostly very confident or certain of their HIV status. Men who had never been tested for HIV but nonetheless believed they were HIV-negative were equally as confident that they did not have HIV.

Table 6 f: Confidence in not having HIV %

%	HIV-negative (n=1738)	Untested (n=340)
Not at all confident	0.4	0.6
Only slightly confident	1.5	1.2
Fairly confident	13.5	11.2
Very confident	46.2	47.8
Absolutely certain	38.3	39.1

STI testing

The majority of men (57.1%) indicated that they were tested at least once a year for other STIs. This is a somewhat lower rate of STI testing than is the case for HIV.

Table 6 g: Frequency of STI testing (n=2306) %

How often do you usually test for STIs	%
Monthly	0.9
About three monthly	14.9
About six monthly	21.2
Annually	20.1
Less than annually	34.4
No response	8.6

Similar to the barriers to HIV testing, the most common barriers to STI testing cited related to lack of sufficient time and inconvenience. Also, more than a third indicated some difficulty finding a gay-friendly doctor and some embarrassment discussing these issues with the doctor. About a quarter indicated having problems with up-front costs due to lack of bulk-billing services.

Table 6 h: Barriers to STI testing (n=2306) %

%	Never	Occasionally	Often	No response
Having enough time	30.1	35.5	24.0	10.4
Finding a convenient doctor	48.3	25.5	15.7	10.5
Difficulties getting appointment	49.8	29.2	10.6	10.4
Finding a gay-friendly doctor	49.9	21.9	17.7	10.5
Embarrassment talking to doctor	53.3	20.7	15.8	10.2
Doctor does not bulk bill	60.1	16.3	12.0	11.6
Costs too much	61.8	18.5	9.2	10.6

Note: Items not mutually exclusive – multiple responses were possible.

About half the men (53.3%) indicated that they felt they were being tested for STIs often enough but over a third (37.3%) believed they probably should be tested more often.

Regular partners and HIV testing

Among men with a primary regular partner, most had had an HIV test (78.1%), but 15.0% were uncertain as to whether their partner had been tested. Of those whose regular partner had been tested, 9.4% had tested HIV-positive. Overall, 90.4% believed their partner was HIV-negative and 7.8% believed he was HIV-positive, with 1.9% completely uncertain of their partner's HIV serostatus. Most men were either very confident (37.2%) or absolutely certain (42.8%) of their regular partner's HIV serostatus.

Differences in testing across states

There was very little difference in HIV testing patterns across the states and territories. The distribution of HIV prevalence in the sample was similar to what would be expected from the pattern of HIV infections nationally, except that there was a relatively higher HIV prevalence reported in the South Australian sample. This result is most likely an artefact of the recruiting process in that state. For the most part there was also very little difference across the states in reasons for HIV testing or not testing and in perceived barriers to increased testing, except that a somewhat higher proportion of Queensland respondents (39.0%) expressed concerns about doctor confidentiality. Regarding STI testing, men in Queensland, South Australia and Western Australia were tested for STIs slightly less often than were men in NSW, Victoria and the ACT. Men in Queensland and Western Australia were slightly more likely to cite problems with a lack of bulk-billing and difficulties finding a gay-friendly doctor as barriers to being tested. Queensland men were also more likely to report some embarrassment talking to their doctor about these issues, with about half citing this as a barrier to STI testing. Men in NSW were somewhat more likely to believe their pattern of STI testing was adequate compared with other states, while men in Western Australia were the most likely to believe they should be tested for STIs more often.

Overall, there was little difference across the states in the likelihood of men to know the HIV serostatus of their primary regular partners. Nonetheless, men in Queensland were somewhat less likely to know whether their partner had been tested for HIV.

Differences in STI testing and HIV status

There was considerable difference in STI testing patterns between HIV-positive men and men who believed they were HIV-negative, with more than three quarters of HIV-positive men reporting they were tested for STIs at least every six months compared with just a third of HIV-negative men. In fact, the majority of the HIV-positive men reported being tested for STIs every three months; this is most likely related to the fact that 86.5% of HIV-positive men reported that they believed they were tested for STIs when they received their regular viral load and CD4 count blood tests, which are usually

performed quarterly. Most (84.7%) HIV-positive men believed they were being tested for STIs frequently enough, but nearly half (43.7%) of HIV-negative men felt they should be being tested more often.

Table 6 i: STI testing and HIV status (%)

%	HIV-positive (n=224)	Believed HIV-negative (n=2076)
Less than once a year	7.6	37.4
Annually	8.5	21.4
At least every six months	77.2	32.7
No response	6.7	8.5

Inconvenience was more often cited as a barrier to STI testing among HIV-negative men: Whereas nearly half (46.1%) of HIV-negative men reported difficulty getting an appointment with a doctor for STI testing, this was true for only 29.3% of HIV-positive men; also 48.3% of HIV-negative men reported some difficulty finding a convenient doctor compared with 25.0% of HIV-positive men; and 68.9% of HIV-negative men reported sometimes not having enough time to be tested for STIs compared with 42.6% of HIV-positive men. HIV-negative men were also slightly more likely to cite problems with a lack of bulk-billing as a barrier to being tested, with about a third indicating that up-front costs sometimes restricted their capacity to be tested. **HIV-negative men were also more likely to report some embarrassment discussing these issues with their doctor:** 43.1% cited this as a barrier to STI testing compared with 18.6% of HIV-positive men. HIV-negative men also reported more difficulties finding a gay-friendly doctor (46.7% vs 21.9%). Given the HIV-negative men were also less gay community attached this is perhaps not surprising. However, it also suggests there is room for non-gay medical clinics to make it clearer they are gay friendly.

Among men in relationships, HIV-positive men were more likely to report that their primary regular partner had been tested for HIV. As might be expected, HIV-positive men were more likely to report being in a relationship with other HIV-positive men.

Table 6 j: HIV testing among primary regular partners and HIV status (%)

%	HIV-positive (n=104)	Believed HIV-negative (n=1148)
Don't know if partner tested	4.9	14.3
Partner not tested	4.9	7.2
Partner ever tested	90.3	78.5
Partner tested HIV-positive	44.2	4.1
Partner tested HIV-negative	44.2	73.6
Partner's test result unknown	2.0	0.8

Differences in testing and risk behaviour

Men who had never engaged in UAIC were also less likely to have been tested for HIV or to have tested HIV-positive. Among men who had tested HIV-negative, those who had engaged in UAIC were more likely to be tested at least annually, and were more likely to cite risky behaviour as the reason for their most recent test (particularly those who had engaged in UAIC in the previous six months). **For the most part, men who had engaged in UAIC were more likely to indicate they would increase their testing practices if HIV testing was more convenient; this was particularly noticeable with respect to receiving test results in a few minutes.** Among men who had never been tested, those who had not recently engaged in UAIC were more likely to state that they had not been tested because they are at low risk; however, those who had engaged in UAIC at some stage were more likely to indicate that they simply did not want to know if they had HIV. Among those who believed they were HIV-negative, whether they had ever been tested or not, those who had engaged in UAIC were less confident they did not have HIV than were those who had never done so.

Table 6 k: HIV testing and recent or past sexual behaviour (%)

%	Never engaged in UAIC	Engaged in UAIC over one year ago	Engaged in UAIC in previous year
Total sample	**n=1372**	**n=211**	**n=723**
Never tested for HIV	18.0	8.5	11.9
Tested HIV-positive	5.5	7.1	17.6
Believes self to be HIV-negative	94.2	92.9	81.3
Tested HIV-negative	**n=1053**	**n=178**	**n=507**
Last tested for HIV in previous year *	66.2	71.3	79.9
Tested for HIV at least annually *	63.0	68.5	75.1
Last tested because did something risky *	14.3	24.7	42.4
Would test more if could receive results in few minutes *	71.6	77.5	81.9
Very confident or certain does not have HIV *	90.2	84.6	72.3
Never tested	**n=246**	**n=18**	**n=82**
Very confident or certain does not have HIV **	91.6	77.8	76.0
Never tested because I am at low risk **	67.5	72.2	41.5
Never tested because I do not want to know **	14.3	38.9	22.6

Regarding STI testing, there was very little difference in the barriers to STI testing between men who had ever engaged in UAIC and those who had never done so. However, **men who had engaged in UAIC in the previous year also indicated having a more frequent pattern of testing for STIs**, with 54.0% saying that they were tested for STIs at least every six months.

Overall, there was little difference in men's likelihood to know the HIV serostatus of their primary regular partners between those who had engaged in UAIC and those who had not. However, men who

had recently engaged in UAIC were somewhat less likely to know whether their partner had been tested for HIV, but they were also more likely to report that their partner had tested HIV-positive – mostly because they were seroconcordant HIV-positive partners.

Table 6 l: Primary regular partner's HIV testing and recent or past sexual behaviour (%)

%	Never engaged in UAIC (n=856)	Engaged in UAIC over one year ago (n=96)	Engaged in UAIC in previous year (n=301)
Don't know if partner tested	12.1	12.5	17.6
Partner not tested	7.6	4.2	6.3
Partner ever tested	80.3	83.3	76.1
Partner tested HIV-positive	6.1	4.2	12.6
Partner tested HIV-negative	73.5	76.0	63.1
Partner's test result unknown	0.9	3.1	0.3

Summary remarks

Mostly, men in PASH tested for HIV and STIs at similar rates to previous samples and HIV prevalence was distributed across the states as would be expected with the exception of South Australia, as was previously noted. Most men who had not been tested for HIV believed they were HIV-negative, and had not been tested because they believed themselves to be at low risk. Also, of the men who had not been diagnosed with HIV, whether they had been tested or not, most were quite confident that they remained uninfected. Most men tested for HIV as part of regular screening or due to an expectation that they needed to monitor their HIV status; only a minority were tested for HIV because they felt they had placed themselves at risk, but this was more common among men who had actually engaged in recent risk behaviour. Greater convenience of testing and of receiving test results were the main factors that men felt might increase their likelihood of being tested or testing more frequently. **Despite fairly high rates of testing overall, it is of some concern that about one in five men in relationships did not know the HIV serostatus of their primary regular partners, although they mostly had some idea of what they believed their partner's HIV serostatus was. Mostly, this lack of clear knowledge of regular partners' HIV serostatus applied to men who believed themselves to be HIV-negative.**

There were some particular concerns about access to appropriate, gay-friendly, health services in Queensland and Western Australia that may play a role in restricting testing patterns, at least for STIs in those states. Nonetheless, some degree of reluctance to discuss HIV in general may be a particular factor in Queensland, given that men in that state were also somewhat less likely to know if their primary regular partners had been tested for HIV.

Men who had engaged in UAIC, and particularly those who had done so in the previous twelve months, were more likely to have been tested for HIV and to be tested more frequently for both HIV and other STIs. **Among men who were not HIV-positive, those who had engaged in UAIC were less confident that**

they did not have HIV. They were also more likely to indicate that they would test more often if they could receive the test results more quickly.

Regarding STI testing, HIV-positive men appeared to test quite often but this also appears to have been based on their belief that they were routinely tested for STIs at the same time as they received their quarterly tests for viral load and CD4 count. If this belief was indeed correct then HIV-positive men would indeed be routinely tested for STIs quite frequently, but if the belief was misplaced then it may well be that their rate of testing was much less frequent than they believed. HIV-negative men, on the other hand, tested for STIs much less often – indeed, less often than many of them believed they should be tested. The main reasons for their lack of regular STI (and HIV) testing were related to the issue of convenience and access to services: Many HIV-negative men faced difficulties accessing health services and found they lacked sufficient time to be tested as frequently as they themselves thought ideal.

Sex Work

Men who have engaged in sex work have often been found to be at elevated risk of HIV infection due to a greater likelihood to engage in sexual risk behaviour in their private lives. While male sex workers rarely report UAI in the context of sex doing sex work, they are often reported as being more likely to do so with casual non sex work partners.

Being paid for sex

More than one in six men (18.3%) report having ever been paid for sex, with 100 men (4.3%) having been paid for sex in the previous year.

Paying men for sex

Nearly one in four men (23.6%) reported having ever paid another man for sex, with 155 men (6.7%) having paid a man for sex in the previous year.

Differences in sex work across states

There was very little difference in the likelihood to have been paid for sex, or to have paid someone for sex, either recently or in the past, across the states and territories.

Differences in sex work and HIV status

There was very little difference between HIV-positive men and men who believed themselves to be HIV-negative in their likelihood to have recently been paid for sex, or to have recently paid someone for sex. However, HIV-positive men were more likely to report having ever engaged in sex work at some time, and to have ever paid a man for sex.

Differences in sex work and risk behaviour

Men who had recently engaged in UAIC were slightly more likely to have recently been paid for sex, but they were no more likely to have recently paid another man for sex.

Summary remarks

As has been found in other studies (Prestage et al, 2007), men who engaged in sex work, either recently or in the past, appear to be at somewhat elevated risk of HIV infection, and current or recent sex workers are somewhat more likely to report recent UAIC.

Sexual Behaviour

For the most part, this sample behaved sexually much like other samples of gay men in Australia. A small proportion (8.6%) reported having no sex with men in the previous six months. Over half (55.6%) reported having had sex with one or more regular partners in the previous six months, and 69.0% indicated they had had sex with one or more casual partners during that time. The majority of those reporting sex with regular partners also indicated that they had had sex with casual partners in the preceding six months.

Sex with regular partners

Among the 1281 men who reported having had sex with a regular partner in the preceding six months, 1229 indicated having a primary partner such as a boyfriend or lover. More than two thirds of those with a primary partner (70.7%) did not always use condoms with their regular partner during the previous six months. One in eight (13.4%) did not have anal intercourse with their primary partner.

The majority (53.6%) of the men in relationships said that they also had at least one other regular partner, such as a fuckbuddy. The mean number of other regular partners was 3.6 men. A little less than half (45.2%) of the men who had other regular partners had engaged in UAI with any of those other regular partners in the previous six months. The majority (67.8%) of those who reported UAI with any other regular partners also reported UAI with their primary regular partner.

The majority of men in a relationship have some sort of agreement about condom use, both inside and outside the relationship. For HIV-negative men, a negotiated safety agreement normally applies to the agreement specifically between primary partners (boyfriends). However, some men described similar arrangements with fuckbuddies and friends with whom they had sex:

> (Brisbane, 29, HIV-negative) *…he said he wanted to try. And I said, "Fine. As long as all the tests are done, we're both clear and we don't, you know, do the … don't have unprotected sex outside of this".*

Sex with casual partners

Some men had a large number of partners, while many reported between one and ten in the previous six months. Among the 1590 men who reported having sex with casual partners in the preceding six months, the mean number of casual partners was 14.5 and the median number was 6. Well over a third (38.1%) indicated that they had engaged in UAI with a casual partner in the preceding six months. One in six (16.9%) reported that they had not engaged in anal intercourse at all with casual partners during that time. Overall, the range and frequency of sex practices with casual partners reported in this sample were similar to what has been found in other samples of Australian gay men.

Table 8 a: Sexual behaviour with casual partners in previous six months (%)

%	Never	Occasionally	Often	No response
Oral intercourse				
insertive without ejaculation	2.4	27.0	70.1	0.6
insertive with ejaculation	40.0	37.5	20.6	1.8
receptive without ejaculation	1.7	27.7	69.9	0.7
receptive with ejaculation	48.4	29.1	20.8	1.7
Rimming				
partner rimmed him	27.5	51.4	19.7	1.4
rimmed partner	38.5	39.6	20.4	1.4
Fisting				
insertive	84.9	11.3	1.8	2.0
receptive	91.2	5.2	1.9	1.7
Group sex	55.9	35.6	6.7	1.8
S/M and B/D	80.8	13.8	3.5	1.9
Watersports	77.2	17.4	3.6	1.8
Protected anal intercourse				
insertive	37.2	34.9	26.4	1.4
receptive	40.8	31.5	25.2	2.6
Unprotected anal intercourse				
insertive without ejaculation inside	76.5	18.2	2.8	2.5
insertive with ejaculation inside	78.6	13.2	4.9	3.3
receptive without ejaculation inside	77.5	16.5	3.0	3.0
receptive with ejaculation inside	80.5	10.8	5.4	3.3

Note: Items not mutually exclusive – multiple responses were possible.

Differences in sexual behaviour across the states

Overall, there was very little difference in sexual behaviour across the states.

Differences in sexual behaviour and HIV status

HIV-positive men were somewhat less likely to report having a primary regular partner than were men who believed they were HIV-negative (46.4% vs 56.4%) but there was little difference in their likelihood of them having other regular partners, such as fuckbuddies. Among all men with a regular partner, however, there was very little difference in their likelihood to engage in UAI with those partners between HIV-positive men and men who believed they were HIV-negative. With casual partners, HIV-positive men were much more likely to report having engaged in most sex practices, including S/M, fisting, watersports, rimming and group sex, regardless of whether this was in the insertive or the receptive position. This did not, however, apply to oral sex: HIV-negative men were as likely to engage in oral sex, in both the insertive and receptive positions, as were HIV-positive men, except with regard to receptive oral sex that included ejaculation in the mouth; HIV-positive men were more likely to engage in that specific practice. While overall HIV-positive men were more likely to engage in anal intercourse

with casual partners than were men who believed they were HIV-negative, especially in the receptive position, this was at least partly dependent on the use of condoms. HIV-negative men were more likely than HIV-positive men to report anal intercourse when it included condom use, but with respect to UAI with casual partners, HIV-positive men were more likely to report this behaviour, especially in the receptive position, and regardless of whether ejaculation occurred or not.

Differences in sexual behaviour and history of sexual risk behaviour

Men who had recently engaged in UAIC were also more likely to report having engaged in most sex practices with casual partners: Among men who reported any sexual contact with casual partners in the previous six months, those who had recently engaged in UAIC were also more likely to report having engaged in S/M, watersports, fisting, group sex and rimming with casual partners than were those who had not recently engaged in UAIC. They were also more likely to engage in both oral and anal intercourse in general.

Summary remarks

The sexual behaviour described in this sample is very similar to what has been found in other samples of gay men, including the patterns of differences (or lack thereof) across the states, and the types of differences between HIV-positive and HIV-negative men. Also, the associations between sexual risk behaviour (UAIC) and other sex practices are similar to those found elsewhere. So, at least from a strictly behavioural perspective, this is not an unusual sample.

Most Recent Sexual Events

We asked men to report on two recent sexual events: The most recent occasion in the previous year when they had used a condom when having anal intercourse with a casual partner; and the most recent occasion in the previous year when they had not used a condom when having anal intercourse with a casual partner. 1302 men indicated that they had used a condom for anal intercourse with a casual partner in the previous year, and 617 men indicated that they had engaged in UAI with a casual partner during the previous year. 543 men reported that they had engaged in both of these activities in the previous year. We asked in detail about both of these occasions.

Location of most recent casual sex encounter

Most men reported that their most recent casual sex encounter occurred in Australia, with only about one in twenty indicating that it had occurred elsewhere, regardless of whether a condom was used or not. Nearly half the men indicated that they had met their most recent casual partner through the internet and about one in five met their partner at a sex-on-premises venue. Again, there was little difference in where they met between partners with whom they used a condom and partners with whom they did not use a condom. Nearly two thirds reported that their most recent sexual encounter with this casual partner occurred at home, about equally split between their own home or that of their partners. About one in five indicated that it occurred at a sex-on-premises venue. There was little difference in the location of the encounter regarding whether a condom was used or not

Nonetheless, the perception of what others are doing in each particular situation may sometimes have a direct bearing on someone's decision whether or not to use a condom. Although mostly men described their most recent UAIC as having occurred at home (either their own or their partner's), when asked why he did not use a condom on this last occasion, this man explained:

> (Adelaide, 44, HIV-positive) *I was in Sydney at a sex club and everyone was barebacking.*

Age of most recent casual partner

Mostly, men reported that their most recent casual partner was relatively young, with over a third reporting their partner was in his twenties and another third in his thirties, regardless of whether they used a condom or not. Generally, men indicated that their most recent casual partner tended to be of a similar age to themselves.

Sexuality of most recent casual partner

About two thirds of men indicated that their most recent casual partner was gay-identified but about one in five were unsure of his sexuality, regardless of whether it was an occasion when a condom was used or not. The majority also described their most recent casual partners as masculine, but were

equally likely to describe these partners as either 'dominant' or 'submissive'[4]. Men were also asked to rate the sexual attractiveness of their sexual partners with a score from 0-10 with 10 being the most attractive. In describing the most recent casual partner with whom they used a condom, the mean score was 7.1, and slightly higher for the most recent casual partner with whom they did not use a condom, with a mean score of 7.4.

Some men expressed a preference for partners who were homosexually-identified:

> (Sydney, 57, HIV-negative) *But generally I seek out sex with men that would be also homosexual. Or see themselves, or see themselves as that…. I think what, what appeals to me is that I really think there'd be … and I know it can only, I know in that sort of situation it might be 10 minutes or an hour, or a couple of hours. And it's not like falling in love, and not like developing an emotional relationship. But I think there's, there's an emotional connection that works better and by, I don't know; I just feel like I'm, my, my needs are being understood more. Or my, in fact my needs are being understood, whereas I think closeted people, they just want their needs met.*

This same man went on later to explain that he would require a condom with a man who was not open about his homosexuality:

> (Sydney, 57, HIV-negative) *Because I think closet, closet cases live a lie. So I think maybe whatever they say, you don't know if it's true or not.*

Prior acquaintance with most recent casual partner

About half the men had met their most recent casual partner with whom they used a condom prior to this particular occasion, and slightly more than half of those with whom they did not use a condom.

Table 9 a: When first met most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Just met him on this occasion	49.5	41.5
Less than a month ago	16.6	14.3
1-6 months ago	16.1	16.4
Over six months ago	17.0	25.1
No response	0.9	2.8

Men who had used a condom with a recent casual partner were less likely to report that they knew this partner well or that they trusted this partner completely, than were men who did not use a condom with a recent casual partner.

[4] Note: Not the same as 'top' and 'bottom'.

Table 9 b: Relationship with most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Knew him very well	9.2	20.3
Trusted him completely	12.4	20.4

Note: Items not mutually exclusive – multiple responses were possible.

One third of men who had used a condom with a recent casual partner and a little less than half of men who did not use a condom with a recent casual partner reported previously having sex with this partner. One in six of the men reporting non-condom use with a recent casual partner indicated they had previously had sex with this partner more than five times; those reporting condom use with a recent casual partner were about half as likely to have had this number of previous sexual encounters with this partner. Mostly, regardless of whether they had used a condom on this most recent occasion or not, those who had previously had sex with this most recent partner also reported having previously had anal intercourse with him. However, among those who had previously had anal intercourse, those who had used a condom on the most recent occasion usually had used condoms on all previous occasions, but this was true of only a minority of men who reported not using a condom on the most recent occasion.

Table 9 c: Previous sexual encounters with most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Previously had sex	33.1	43.9
More than five previous sexual encounters	8.1	16.6
Previously had anal intercourse *	82.4	89.7
Never used condoms during previous sexual encounters**	2.0	43.5
Sometimes used condoms during previous sexual encounters**	20.3	30.8
Always used condoms during previous sexual encounters**	77.7	25.7

* Based only on men who reported previous sexual encounters with this partner.
** Based only on men who reported previous anal intercourse with this partner.

Having some prior acquaintance with a partner was often a very important consideration in whether a respondent felt that it was 'safe' not to use a condom:

> (Adelaide, age not provided, HIV-negative) *We discussed our HIV-negative status and I have known this guy for years and have had sex with him before using condoms. This time we wanted not to use them after a discussion.*
>
> (Melbourne, 27, HIV-negative) *It's probably because the people whom I've actually met and know and everything else, I would be more likely to already know if they were positive or negative. Or, more to the point, if they were positive. I'd be more likely to know. I believe I would have already found out.*

Interestingly, though, as was the case for this respondent, often the discussion about HIV status only occurred once, at the initial or another relatively early encounter. **At subsequent encounters it is often**

assumed that both partners' HIV serostatus has remained unchanged, even if they have not discussed the possibility that either partner might be engaging in UAIC with other men simultaneously.

HIV serostatus of most recent casual partner

The majority of men believed their most recent casual partner was HIV-negative, regardless of whether they used a condom or not. Nonetheless, on the most recent occasion when they used a condom nearly half did not actually have any direct knowledge of their partner's HIV serostatus. Men knew the HIV serostatus of less than a third of their casual partners on occasions when they did not use a condom. **Among those who knew their most recent casual partner was HIV-positive, the majority did not know if he was on treatments or what his viral load was, regardless of whether a condom was used or not.**

Table 9 d: Beliefs about the HIV serostatus of most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Believed he was HIV-positive	2.3	14.7
Believed he was HIV-negative	52.5	55.9
Did not know his HIV status	44.2	28.0
(Thought he was probably HIV-positive)	(4.5)	(6.0)
(Thought he was probably HIV-negative)	(37.8)	(21.1)
No response	(1.9)	(0.9)
No response	1.1	1.3

On the most recent occasion when they used a condom, about a third of the men reported that they had direct knowledge of the HIV serostatus of their partner, and, on the most recent occasion when they did not use a condom, a majority said they had such knowledge. A few men reported that they learned about their partner's HIV serostatus after they had sex but **mostly they were informed either on a prior occasion or before they had sex on this most recent occasion**.

Table 9 e: Knowledge of HIV serostatus of most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Was never told	66.2	48.2
Learned his HIV status from his online profile before sex	7.8	4.7
Was told on a previous occasion	11.0	21.9
Was told on that occasion before sex	13.3	20.7
Was told later	1.9	4.5

On the most recent occasion when they used a condom with a casual partner, over a quarter of the men reported that their partner disclosed his HIV serostatus, but a similar proportion just assumed his HIV serostatus. Among men who had recently engaged in UAIC, however, nearly half of these recent partners told them their HIV serostatus, but still there was about a quarter of these men who simply

assumed the HIV serostatus of their partner at the time. Trusting one's partner was also an important factor for many men, especially among those reporting recent UAIC.

Table 9 f: How learnt of HIV serostatus of most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
He told me	27.6	45.5
I asked him	20.0	26.4
His HIV status was listed on his online profile	23.0	20.4
From something else on his online profile	4.5	6.0
Someone else told me	1.2	2.6
By the type of sex he wanted	17.5	16.7
By how he looked	14.5	12.3
I trusted him	27.1	37.9
I just assumed	28.0	24.1

Note: Items not mutually exclusive – multiple responses were possible.

Men who reported a recent occasion of condom use with a casual partner were somewhat less confident in their belief about the HIV serostatus of this partner than were the men who reported recent UAIC about the partner with whom they did not use a condom. Nonetheless, **most men were not especially confident of their partner's HIV serostatus, whether they had used a condom or not**.

Table 9 g: Confidence in belief about HIV serostatus of most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Not confident at all	14.6	8.4
Only slightly confident	16.8	14.4
Fairly confident	38.3	32.9
Very confident	24.2	29.7
Absolutely certain	3.8	11.5
No response	2.3	3.1

Based on whether men were actually informed of their most recent casual partner's HIV serostatus prior to having sex, and their belief about their own HIV serostatus, about a quarter of occasions when a condom was used were HIV seroconcordant as well as nearly half of occasions when a condom was not used. The majority of men did not know the HIV serostatus of their most recent casual partners, particularly on occasions when they used a condom. On occasions when a condom was not used, nearly half reported this to be with a seroconcordant partner, including over a third who were HIV-negative seroconcordant.

Table 9 h: HIV seroconcordance with most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Concordant	***28.3***	***44.8***
HIV-positive	0.3	8.3
HIV-negative	28.0	36.5
Discordant	***3.4***	***2.5***
HIV-positive + HIV-negative partner	2.3	1.0
HIV-negative + HIV-positive partner	1.1	1.5
Non-concordant	***68.4***	***52.8***
HIV-positive + unknown status partner	8.7	9.4
HIV-negative + unknown status partner	59.5	43.1
Unknown status + any partner	0.2	0.3

Based on the men's own perception of their most recent casual partner's HIV serostatus, as opposed to when a belief in seroconcordance was based on direct information, most men believed that their most recent casual partner was HIV seroconcordant, regardless of whether a condom was used or not.

Table 9 i: Beliefs about HIV seroconcordance with most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Concordant	***83.4***	***87.0***
HIV-positive	1.9	14.1
HIV-negative	81.5	72.9
Discordant	***13.3***	***10.9***
HIV-positive + HIV-negative partner	8.5	3.7
HIV-negative + HIV-positive partner	4.8	6.2
Non-concordant	***3.3***	***3.0***
HIV-positive + unknown status partner	0.8	0.8
HIV-negative + unknown status partner	2.3	1.9
Unknown status + any partner	0.2	0.3

On the most recent occasion when they used a condom, over a third of the men reported that they had informed their partner of their own HIV serostatus, and, on the most recent occasion when they did not use a condom, a majority said they had done so. A few men reported that they had informed their partner of their own HIV serostatus after they had sex but mostly they did so either on a prior occasion or before they had sex on this most recent occasion.

Table 9 j: Disclosure of HIV serostatus to most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Never told him	63.2	45.7
He learned my HIV status from my online profile before sex	1.4	1.3
Told him on a previous occasion	11.7	23.5
Told him on that occasion before sex	21.3	24.1
Told him later	2.4	5.4

For the most part, the majority of men did not express particular concern about the HIV serostatus of their most recent casual partner.

Table 9 k: Concerns about HIV serostatus of most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Degree of concern that he might be HIV-negative		
Not at all concerned	36.9	41.7
Very little concern	17.2	16.4
Somewhat concerned	15.0	12.5
Very concerned	13.2	9.9
Didn't think about it	14.1	12.3
No response	3.6	7.3
Degree of concern that he might be HIV-positive		
Not at all concerned	23.3	30.3
Very little concern	22.2	21.1
Somewhat concerned	23.7	22.5
Very concerned	18.5	11.2
Didn't think about it	10.8	10.4
No response	1.5	4.5

Drug use at most recent casual sex encounter

The majority of men reported use of alcohol or other drugs at the most recent casual sex encounter, regardless of whether they used a condom or not. Over a third reported use of illicit drugs, and about as many used alcohol. About one in eight reported use of erectile enhancement medication.

Table 9 l: Drug use at most recent casual sex encounter (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Any alcohol	38.8	37.4
More than five drinks	13.6	17.2
Viagra/Cialis	11.6	13.0
Amyl nitrite	29.3	30.0
Cocaine	1.2	1.8
Crystal methamphetamine	2.4	5.2
Ecstasy	6.2	6.8
GHB	1.9	2.9
Heroin	0.0	0.2
Marijuana	8.8	8.9
Speed	1.5	1.1
Ketamine – Special K	0.5	0.5
Hallucinogens	0.5	0.0
Any illicit drug use	36.8	38.9
Any injecting drug use	1.1	4.1

Note: Items not mutually exclusive – multiple responses were possible.

Few men reported injecting drug use, though it was somewhat more commonly reported at the most recent occasion when a condom was not used.

Although drug use was common, it was not necessarily a factor in men's decisions about the kind of sex they had or whether they used a condom:

> (Perth, 44, HIV status unknown) *We were both of the same status, and negotiated not to use condoms. Although there was drinking and drugs involved,* [drug] *use did not influence or impair my decision making. It was consensual, informed and negotiated.*

Sexual behaviour with most recent casual partner

Men were about equally likely to report taking the insertive or receptive position during anal intercourse, regardless of whether a condom was used or not. **On those occasions when a condom was not used, men were about as likely to report ejaculation inside the anus as they were withdrawal prior to ejaculation.** However, withdrawal prior to ejaculation may have been as much about delaying and extending the sexual encounter as risk minimisation. About one in six reported having engaged in group sex on the most recent casual sex encounter, whether or not a condom was used. Almost a quarter of men reported some other form of 'cum play' at their most recent sexual encounter, and many did so on an occasion when they used a condom. This sort of cum play may represent an overlooked aspect of risk behaviour for a minority of men.

Table 9 m: Sex practices with most recent casual partners (%)

%	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Insertive anal intercourse		
Withdrew before ejaculation	n/a	35.3
Ejaculated inside	65.5	32.7
Receptive anal intercourse		
Withdrew before ejaculation	n/a	37.7
Ejaculated inside	60.7	36.6
Ejaculated over his anus	5.8	13.5
He ejaculated over my anus	5.5	14.4
I rubbed my semen over his anus	5.0	13.0
He rubbed his semen over my anus	4.8	16.9
Masturbated using his semen as lubricant	13.8	18.6
He masturbated using my semen as lubricant	16.1	20.6
Group sex	17.6	15.4

Note: Items not mutually exclusive – multiple responses were possible.

Decisions about condom use during most recent casual sex encounters

The majority of men who reported a recent casual sex encounter in which a condom was used indicated that the decision to use a condom was mutual. However, in over a third of cases nothing was said and in a small number of cases one or other partner had insisted on condom use.

Table 9 n: Decisions about condom use during most recent PAIC encounter n=1302 (%)

How it was decided to use condom	%
Both agreed to use condom	52.1
Both agreed to put condom on	36.5
Neither of us said anything	36.8
I asked him to use condom	14.5
He asked me to use condom	7.3
I insisted on using condom	19.7
He insisted on using condom	8.6

Note: Items not mutually exclusive – multiple responses were possible.

The majority of men who reported a recent casual sex encounter in which a condom was not used indicated that nothing was said between them about condom use. In a third of cases the decision not to use a condom was mutual. However, in a small number of cases one or other partner had insisted on not using condoms.

Table 9 o: Decisions about non-condom use during most recent UAIC encounter n=617 (%)

How it was decided not to use condom	%
Both agreed not to use condom	32.5
Neither of us said anything	54.0
I asked him not to use condom	4.5
He asked me not to use condom	7.8
I decided not to use a condom without his permission	4.5
He decided not to use a condom without my permission	9.6
I insisted on not using condom	1.9
He insisted on not using condom	4.5

Note: Items not mutually exclusive – multiple responses were possible.

The borders between deciding not to use a condom and being persuaded, pressured or forced not to do so can sometimes be blurred. In this case, an HIV-negative man tells how he felt unable to say 'no' to a particular partner whose HIV serostatus he did not know:

> (Melbourne, 28, HIV-negative) *He went to, he sort of, you know, pulled me over so he could, so he could fuck me. I've gone, "No, no, need to use a condom." He's like, "No, no, it's okay. Trust me, trust me. It's alright." And I've gone along with that. And then, yeah. He fucked me without a condom … And yeah, I sort of was caught up in the moment or had difficulty saying no, or yeah, I didn't push back … The recollection I have of that moment was of it being a … soft and tender, and intimate moment. And so him sort of quietly saying, "It's okay, it's okay, it'll be, you can trust me – it'll be fine," words to those effect … So there wasn't a, it didn't feel like he was forcing it on me. … There was pressure to do it but, but I wasn't very good at saying "no" to him, at the best of times … I, I protested, initially. But yeah, that disappeared fairly quickly.*

Other men felt that they were increasingly under pressure from their sexual partners to discard condoms and were finding it increasingly difficult to be as 'safe' as they wanted:

> (Melbourne, 43, HIV-positive) *Practising safe sex has been taken out of my hands … the BB bullies … demand everyone else fit with them or it isn't on. My negative partner insists on not using condoms or denying me sex … So I am now trying to negotiate risk reduction instead. Every time I go to a sex club the only possibilities are no condoms – try and open one and the guy runs away.*

Mostly, men who reported a recent casual sex encounter in which a condom was used indicated that they put the condom on themselves. About one in five men put the condom on their partners.

Table 9 p: Who initiated condom use during most recent PAIC encounter n=1302 (%)

Who initiated condom use	%
Both agreed to use condom from the start	44.6
I put condom on myself	54.2
I put condom on him	19.4
He put condom on me	19.6
He put condom on himself	50.5
I put condom on – he said nothing	37.0
He put condom on – I said nothing	32.7
Someone else put condom on	1.7

Note: Items not mutually exclusive – multiple responses were possible.

Mostly, men who reported a recent casual sex encounter in which a condom was not used indicated that they did not use a condom from the start. About one in ten men indicated that their partner had not used a condom without their explicit permission.

Table 9 q: Who initiated non-condom use during most recent UAIC encounter n=617 (%)

Who removed condom	%
We never used condom from the start	75.1
We decided during sex to stop using condom	7.8
I took condom off – he said nothing	4.1
He took condom off – I said nothing	6.2
He took condom off – I only noticed later	2.1
I took condom off – he never noticed	0.3
I noticed during sex he had not used condom	9.1
Someone else took condom off	0.0

Note: Items not mutually exclusive – multiple responses were possible.

Some men described encounters where the question of condoms simply did not come up. It was never suggested by either partner and there appeared to have never been any intent to use one, although there may have been no intent not to use one either:

> (Sydney, 48, HIV-negative) *Well I think … 'I'll never see him again.' I don't think we'd even discussed the fact of HIV. In fact, I'm sure we didn't. I don't think he even had any condoms on his, on his dressing table when I went around there. So it sort of wasn't, he was one of the guys I didn't actually, I didn't actually ask. Nor did he ask me. We just went for it and that was it. You know, there was a certain amount of, of build-up. And I think when that happens you, you know, you throw caution to the wind, I suppose, stupidly enough. And I knew that I wouldn't see him again … there was no conversation going on afterwards, so I pretty much knew that he wasn't gonna be around*

Some men described encounters where the decision not to use a condom was made entirely by their partner. In this case, an HIV-negative man who routinely uses condoms with casual partners had

prepared specifically for the arrival of a younger, very attractive, casual partner he had met online by ensuring that condoms and lube were both available and visible by the bed:

> (Brisbane, 51, HIV-negative) … *he was on top of me. He was rubbing my cock against his arse and put it in, basically, which I was not expecting. I had, prior to his arrival, made sure that condoms and lube were next to the bed and available. And when he did that it was a slight surprise to me. I said, "There are condoms here," and he said, "No, that's okay".*

When asked how he reacted to this situation, he indicated that he continued without a condom, partly because he felt less at risk as the insertive partner but mostly because the sex was exciting:

> (Brisbane, 51, HIV-negative) *I was excited, sexually excited. It was great fun. Up, certainly up to that point it was great fun – afterwards, for that matter. And so I just went with it.*

And this next man described how a casual partner in a sex venue simply sat on him and put his penis inside him:

> (Sydney, 32, HIV-negative) *I was in a sauna in* [state capital]*. It was … like a threesome or something we were having. It just, this guy sort of just hopped on me and I was thinking, "Fuck, you don't have a condom on." So I was like … I think he was sort of riding me for a bit and then I had to, … it just hit me … I moved him off and, and sort of … changed the positions of what we were doing … I thought, "Oh fuck," you know, "I'm at a sauna," you know, "doing it without a condom. This guy I don't even know from a bar of soap."*

He had a sexual health check shortly after this encounter to reassure himself.

Reasons for decisions about condom use during most recent casual sex encounters

Two thirds of men who reported a recent casual sex encounter in which a condom was used indicated that they used a condom because they did not know their partner's HIV serostatus, and one in six indicated being uncertain about their own HIV serostatus as the reason for using a condom. A majority indicated that they always use condoms, either as a top[5] or as a bottom[6]: Most of these – 40.4% of the total – indicated that they always use a condom regardless of whether they are taking the insertive or the receptive role. About one in six said that they did not use condoms with their primary regular partner and therefore always used condoms with other men.

[5] A preference for the insertive role during anal intercourse
[6] A preference for the receptive role during anal intercourse

Table 9 r: Reasons for using condom during most recent PAIC encounter n=1302 (%)

Why did you use condom:	%
I did not know his HIV status	66.3
I did not know my own HIV status	18.3
We were not the same HIV status	6.3
I always use condom as a top	57.6
I always use condom as a bottom	57.6
I was not on treatments	3.4
He was not on treatments	1.8
I did not know my viral load	4.6
I had high viral load	0.5
I did not know his viral load	4.2
He had high viral load	0.4
I do not use condoms with primary regular partner	17.1

Note: Items not mutually exclusive – multiple responses were possible.

The most common reasons for men reporting that they did not use a condom during a recent casual sex encounter was a belief that they had the same HIV serostatus as their partner, either they 'knew' this to be the case or they believed it to be true. Only a minority of men indicated that they *never* use condoms.

Table 9 s: Reasons for not using condom during most recent UAIC encounter n=617 (%)

Why did you not use condom	%
I thought he had the same HIV status	33.5
We were the same HIV status	31.4
I never use condom as a top	8.9
I never use condom as a bottom	8.9
I was on treatments	6.5
He was on treatments	3.7
I had undetectable viral load	5.7
He had undetectable viral load	3.2

Note: Items not mutually exclusive – multiple responses were possible.

Among men who reported a recent occasion when they used a condom with a casual partner, the majority said that their own feeling that using condoms is not really a problem was 'very much' a factor in their decision to use condoms on that occasion, as was the belief that condoms remove 'the worry' out of sex. Other issues that seemed to play an important role for many men were an agreement to always use condoms and a desire to protect each other. The desire to ejaculate safely inside one's partner and uncertainty about being able to trust each other were factors for some men as well.

Table 9 t: Statements about using condom during most recent PAIC encounter n=1302 (%)

How much did the following reasons apply to your decision to use a condom:	Not at all	Somewhat	Very much	No response
Condom use is not a problem	10.6	28.7	57.7	3.1
Condoms remove the worry	5.2	38.3	54.4	2.1
We agreed to always use condoms	30.9	21.5	38.4	9.2
I wanted to protect him	23.8	28.3	40.7	7.2
He wanted to protect me	30.7	27.3	32.6	9.4
I wanted to ejaculate inside him	41.7	24.7	27.2	6.4
He wanted to ejaculate inside me	45.6	24.7	22.4	7.4
I was not sure I could trust him	35.2	33.1	22.8	9.0
He did not trust me	51.2	28.4	9.0	11.4

Among men who reported a recent occasion when they did not use a condom with a casual partner, many men indicated that their own, or their partner's, preference not to use condoms or feeling that their partner was particularly 'hot, that they were 'horny' or got 'caught up in the moment' were 'very much' factors in their decision not to use a condom on that occasion. Other issues that seemed to play an important role for many men were a desire to ejaculate inside each other and feeling that they could trust each other. Drugs and alcohol, and not wanting to think about HIV were factors for only a relatively small proportion of men.

Table 9 u: Statements about not using condom during most recent UAIC encounter n=617 (%)

How much did the following reasons apply to your decision not to use a condom:	Not at all	Somewhat	Very much	No response
I prefer not to use condoms	20.4	30.6	44.3	4.7
He prefers not to use condoms	21.2	32.0	36.9	9.9
I wanted to ejaculate inside him	43.9	21.8	25.4	8.9
He wanted to ejaculate inside me	45.6	18.6	27.3	8.4
I trusted him	21.8	42.2	29.0	7.0
He trusted me	19.7	41.9	31.1	7.3
I could not be bothered using a condom	57.4	26.2	8.9	7.4
I wanted to feel closer to him	30.6	35.6	26.7	7.1
He wanted to feel closer to me	29.0	36.9	24.6	9.5
I got caught up in the moment	24.6	33.5	35.4	6.5
I didn't want to ruin the mood	40.6	32.8	19.4	7.1
I thought he would refuse sex if I asked to use a condom	79.6	11.5	2.1	6.8
He was hot	17.6	43.2	31.9	7.3
I was feeling horny	9.2	37.9	47.6	5.3
I was drunk	67.0	12.9	10.5	9.5
I was on drugs	73.0	10.8	5.7	10.5
Condoms are a hassle	42.2	32.2	19.6	6.0
Condoms make me think about HIV	54.9	26.1	9.5	9.5
I wanted to forget about safe sex	51.5	25.1	13.8	9.7

This sense that the best of intentions to play safely sometimes gave way to the heat of the moment was a fairly common theme when men were trying to explain why they did not use a condom:

> (Melbourne, 38, HIV-negative) *Using condoms and lube: I know I should do it all of the time but sometimes in the 'excitement' of the moment they just don't get used.*

Other times, men clearly stated that this particular partner was very attractive and that combined with other factors contributed to their willingness to not use a condom:

> (Melbourne, 28, HIV-negative) *There are probably two factors on his side that meant I had unprotected anal sex with him. One was that he was incredibly good-looking. He was hot. And the other was the sort of emotional manipulation that was involved. Be it sexually or otherwise, it happened beyond the bedroom.*

However, the fact that a casual partner was particularly attractive was not always an incentive to not use a condom. Here a man indicates that the fact that his partner was attractive but insisted on a condom resulted in him using a condom:

> (Perth, age not provided, HIV-negative) *Because he wouldn't have sex if we didn't, and he was hot.*

For other men, though, they felt that their decisions not to use a condom were based on some form of honest and open negotiation, but that ultimately relied on trust which was often more emotional rather than based on carefully considered reason:

> (Sydney, 57, HIV-negative) *They'd need to tell, they'd need to tell me that they were certain of their HIV status as, as negative. They'd need to tell me that they're certain that they don't have other much more easily contracted STIs. And, and I think I would, I'd just assess if they were lying or not. Maybe that, maybe that's what makes me think they're not lying. Yeah, okay; what makes me think they're not lying?*

Trust often appears to be based on getting to know a partner to some way, and feeling that they have shared some information about themselves, making some sort of emotional connection. This man contrasts an unwanted experience of UAIC with a stranger in a sauna with UAIC during an encounter where he is able to spend some time talking to his partner beforehand:

> (Sydney, 32, HIV-negative) *I didn't know him from a bar of soap … I didn't even know where he came from, didn't even know … That was a little bit more scary. It's a bit different since you, you meet someone, you talk to somebody. You sort of get an understanding prior to having sex, whereas this was just, just some random guy out of a, he could have been off the streets, you know, a homeless person that sleeps around with millions and millions, you know.*

This man explains how he was fairly unconcerned about HIV after a partner introduced him to condomless sex for the first time. He was asked if he had been worried about the possibility of HIV infection after the event:

(Brisbane, 29, HIV-negative) *Not really because I guess … no, no there wasn't. Because I guess I sort of, I guess trust … maybe trust is … had faith, I guess. Had faith in that, what he told me was, you know, was true. So … And that he was negative, and all that.*

Feelings about most recent casual sex encounter

Overall, men generally described their most recent casual sex encounter as being a positive, enjoyable and exciting experience, although **men who reported an occasion when they did not use a condom tended to describe those occasions somewhat more positively**.

Table 9 v: How described most recent casual sex encounter (%)

This 'very much' applied to me:	Most recent PAIC (n=1302)	Most recent UAIC (n=617)
Just wanted to enjoy what we were doing	49.5	55.9
I wanted to enjoy being with him	36.4	43.4
It was fun	51.8	58.0
It was hot sex	43.6	53.2
I did not want to hold back	29.1	41.8
It was the type of sex I enjoy	43.8	53.8
He was sexy	36.7	42.0

Note: Items not mutually exclusive – multiple responses were possible.

Some of these items clearly referred to being spontaneous and 'going with the moment' as opposed to being concerned about other factors, including the risk of HIV transmission. Other items, though, were a simple assessment of how enjoyable that particular sexual encounter was.

Differences in most recent casual sex encounters across the states

Men in Queensland were somewhat less likely to report meeting their most recent casual sex partners, regardless of whether a condom was used or not, at a sex-on-premises venue, or that their most recent sex encounter had occurred at such a venue. Men in both Queensland and Western Australia were somewhat more likely than men from other states to report meeting their most recent casual partner through the internet, irrespective of condom use on the most recent occasion.

Men in Queensland, Western Australia, Tasmania and South Australia tended to be more likely to describe their most recent casual sex partner as being bisexual than were men in other states, regardless of whether a condom was used or not.

Men in Queensland and South Australia were more likely to indicate that they believed they knew the HIV serostatus of the most recent casual partner with whom they used a condom because they trusted him. Among men who reported recently using a condom with a casual partner, men from South Australia were somewhat more likely than those from other states to have some prior acquaintance with their most recent partner.

Other than a slight tendency for men in NSW and Victoria to report use of amyl nitrite at the most recent casual sex encounter where a condom was not used, there was very little difference in patterns of drug use across the states.

There was also little difference across the states in what the men did sexually at their most recent casual sex encounter, including in which position they engaged in anal intercourse, regardless of whether a condom was used or not. The reasons for the men's decision either to use or not use condoms at their most recent casual sex encounters were very similar across all states, and it appeared that the decision to either use or not use condoms was initiated by either partner in similar ways across the states.

Differences in most recent casual sex encounters and HIV status

HIV-positive men were somewhat more likely to report that their most recent casual sex encounter, whether a condom was used or not, took place at a sex-on-premises venue, where they were also more likely to have met their most recent casual partner as well. HIV-negative men were more likely to report having met their most recent casual partner through the internet, especially those partners with whom they used a condom; they were also somewhat more likely to have met those partners with whom they did not use a condom through friends.

HIV-positive men tended to report that their most recent partners were somewhat older than were the most recent partners of men who believed they were HIV-negative, regardless of whether a condom was used or not. This is not surprising as gay men who are HIV-positive in Australia tend to be older than those who are not HIV-positive, and given that men generally reported their sexual partners to be of a similar age to themselves it would therefore be expected that HIV-positive men's sexual partners would likewise be somewhat older than the partners of men who were not HIV-positive.

Among men who reported recently using a condom with a casual partner, men who believed they were HIV-negative were somewhat more likely than HIV-positive men to have some prior acquaintance with their most recent partners. HIV-negative men were also more likely to have always used condoms with partners with whom they had some prior acquaintance, regardless of whether they used condoms on the most recent occasion or not.

Based on direct information (such as being told their partner's HIV serostatus), **HIV-positive men and men who believed they were HIV-negative were about equally likely to report that their most recent casual partner was the same HIV serostatus as themselves, regardless of whether a condom was used**.

Table 9 w: 'Knowledge' of HIV seroconcordance at most recent UAIC encounter and HIV serostatus n=615 (%)

Seroconcordance	HIV-positive (n=115)	Believed HIV-negative (n=500)
Seroconcordant – both had same HIV status	44.3	45.0
Serodiscordant – one HIV-negative and other HIV-positive	5.2	1.8
Nonconcordant – one or both partners' HIV status unknown	50.4	53.2

While three quarter of HIV-positive men presumed their most recent casual partner was also HIV-positive, nearly all the men who believed they were HIV-negative believed their most recent casual partner was also HIV-negative. Nonetheless, about one in five HIV-positive men believed that the most recent casual partner with whom they did not use a condom was HIV-negative. Most HIV-negative men believed their most recent partner had also been HIV-negative regardless of whether they used a condom or not.

Table 9 x: Presumed HIV seroconcordance at most recent UAIC encounter and HIV serostatus n=615 (%)

Seroconcordance	HIV-positive (n=115)	Believed HIV-negative (n=500)
Seroconcordant – both had same HIV status	75.7	90.0
Serodiscordant – one HIV-negative and other HIV-positive	20.0	7.6
Nonconcordant – one or both partners' HIV status unknown	4.3	2.5

HIV-negative men were somewhat more likely to indicate that they believed they knew the HIV serostatus of the most recent casual partner, whether they used a condom or not, because they asked him, from the way he looked, and because they trusted him. They were also more likely to indicate that they knew the HIV serostatus of the most recent partner with whom they did not use condom because of the type of sex he wanted. HIV-positive men were more likely to indicate they believed they knew the HIV serostatus of the most recent casual partner with whom they did not use a condom because they saw it on his online profile.

At their most recent casual sex encounter, regardless of whether they used a condom or not, HIV-positive men were more likely to report illicit drug use in general, but in particular they were more likely to have used amyl nitrite, crystal methamphetamine, and marijuana; they were also more likely to have used erectile enhancement medications, and to have injected drugs.

HIV-negative men were more likely to report having taken only the insertive position during anal intercourse at their most recent casual sex encounter, whether a condom was used or not. HIV-positive men were more likely to report having taken the receptive position, although they did not necessarily restrict themselves to that role. Other than that HIV-positive men were more likely to be 'versatile' (take both the insertive and the receptive position), when they were with a partner they believed to be HIV

seroconcordant there was little difference between HIV-negative and HIV-positive men in their relative likelihood to take either the insertive or receptive position during UAIC. For HIV-negative men who did not know if their partner was HIV serocondordant, there was also little evidence of men restricting themselves to either role. However, HIV-positive men were more likely to restrict themselves to the receptive position during UAIC with a partner they did not know to be seroconcordant. It appears that among men who engaged in UAIC with partners who were not known to be seroconcordant, **the use of strategic positioning as an alternative strategy to reduce the risk of HIV transmission was not common, but if it was being used it was more likely to be used by HIV-positive men**.

Table 9 y: Presumed HIV seroconcordance and sexual position at most recent UAIC encounter and HIV serostatus n=615 (%)

Seroconcordance		HIV-positive	Believed HIV-negative
Believed to be seroconcordant		***(n=87)***	***(n=450)***
	insertive only	23.0	35.1
	receptive only	28.7	40.2
Believed to be not seroconcordant		***(n=28)***	***(n=50)***
	insertive only	14.3	34.0
	receptive only	53.6	32.0

HIV-positive men were also more likely to report having group sex at their most recent casual sex encounter. They were also more likely to have masturbated while using their partner's semen as lubricant, and to have allowed their partner to ejaculate over their anus or to have allowed their partner to rub his semen over their anus.

At the most recent casual sex encounter where they used a condom, HIV-positive men were a little more likely than HIV-negative men to indicate that their partner initiated the condom use while men who believed they were HIV-negative were somewhat more likely to indicate that they had both wanted to use condoms on that occasion. Nearly two thirds of HIV-negative men indicated that a factor in why they used a condom on that occasion was that they always use condoms, either when they take the receptive or the insertive role during anal intercourse; this was true of only about a quarter of HIV-positive men. Well over a third of HIV-positive men, and just a handful of HIV-negative men, said that they used a condom because their partner was not the same HIV serostatus as themselves, whereas more than two thirds of HIV-negative men said they used a condom because they did not know the HIV serostatus of their partner. Indeed, one in five of the men who believed they were HIV-negative (including 17.9% of men who had tested HIV-negative) indicated that they had used a condom because they could not be sure of their own HIV serostatus.

Table 9 z: Reasons for using condom during most recent PAIC encounter and HIV serostatus n=1301 (%)

%	HIV-positive (n=147)	Believed HIV-negative (n=1154)
I did not know his HIV status	49.0	68.6
I did not know my own HIV status	7.5	19.8
We were not the same HIV status	39.5	2.1
I always use condom as a top	27.2	61.5
I always use condom as a bottom	28.6	61.4

Note: Data missing for one man.
Note: Items not mutually exclusive – multiple responses were possible.

When describing the reasons they felt were important factors in their decision to use a condom with a recent casual partner, nearly two thirds of HIV-negative but only one third of HIV-positive men cited the fact that they felt that condom use was not difficult, meaning that for them there was nothing so problematic about using a condom that they felt would impede their capacity to use one on this occasion. HIV-negative men also tended to feel more strongly that they weren't sure they could trust their partner and cited this as a reason for using condoms. Over half the HIV-positive men, however, felt strongly that their desire to protect their partner was an important consideration in their decision to use condoms; HIV-negative men were more likely to cite their partner's desire to protect him as being an important factor in their decision to use a condom, with more than a third indicating they felt this had 'very much' influenced their decision on that particular occasion. Also, while the majority of both HIV-negative and HIV-positive men agreed that a part of their considerations in the decision to use a condom was their belief that condoms remove the worry from sex, HIV-negative men tended to feel this more strongly.

Table 9 aa: Statements about using condom during most recent PAIC encounter and HIV serostatus n=1302 (%)

Proportion indicating the following reasons applied 'very much' to the decision to use a condom:	HIV-positive (n=147)	Believed HIV-negative (n=1155)
Condom use is not a problem	36.1	60.5
We agreed to always use condoms	21.1	40.7
I wanted to protect him	56.5	38.8
He wanted to protect me	17.0	34.6
I was not sure I could trust him	10.2	24.3
He did not trust me	7.5	9.1
Condoms remove the worry	44.2	55.8

Note: Items not mutually exclusive – multiple responses were possible.

At the most recent casual sex encounter where they did not use a condom, men who believed they were HIV-negative were slightly more likely than HIV-positive men to indicate that their partner had not used a condom without their permission, and they were also more likely to indicate that neither of them had said anything about condoms on that occasion. HIV-positive men were a little more likely than HIV-negative men to indicate that their partner initiated the condom use while men who believed they were

HIV-negative were less likely to indicate that they had both decided not to use condoms on that occasion. **There was little difference between HIV-positive and HIV-negative men in whether they indicated that they *never* use condoms, either when they take the receptive or the insertive role during anal intercourse.** Half the HIV-positive men, and just a quarter of HIV-negative men, said that they did not use a condom because their partner was the same HIV serostatus as themselves.

Table 9 ab: Reasons for not using condom during most recent UAIC encounter and HIV serostatus n=615 (%)

%	HIV-positive (n=115)	Believed HIV-negative (n=500)
We both agreed not to use condoms	52.2	28.1
I thought he had the same HIV status	25.2	35.6
We were the same HIV status	51.3	26.7

Note: Items not mutually exclusive – multiple responses were possible.

Very few men who believed they were HIV-negative and that their partner on that last occasion was HIV-positive indicated that they had not used condoms because their partner was on treatments or had undetectable viral load. However, among HIV-positive men who had engaged in UAIC with a partner they did not know to be seroconcordant, one quarter indicated that having undetectable viral load was a factor in their decision not to use condoms, and for more than a third being on treatments was a consideration in their decision not to use condoms. It appears that among men who engaged in UAIC with partners who were not known to be seroconcordant, the use of these sorts of clinical markers as an alternative strategy to reduce the risk of HIV transmission was not common, but if it was being used it was more likely to be used by HIV-positive men. It is perhaps used as an additional, 'back-up', form of risk-reduction in situations where some level of risk is involved:

> (Regional NSW, 54, HIV-positive) *With* [HIV-]*negative: … with a condom. If the guy wants to fuck without I will because my* [viral load] *is undetectable and transmission risk is small; I will however normally pull out before I cum.*

Some men made agreements with relatively short-term partners that were similar to 'negotiated safety' arrangements within regular relationships. This HIV-negative man made such an agreement with a visiting backpacker he dated for three months during his time in Sydney:

> (Sydney, 32, HIV-negative) *… we made an agreement as well that if he was to sleep with other guys, it has to be with a condom and he has to let me know if he does sleep without a condom, and then we'll start using condoms … Or if I was the same. So it doesn't matter if he was sleeping at, around, but if it was without a condom, he had to let me know because, because we were doing unsafe sex.*

When describing the reasons they felt were important factors in their decision not to use a condom with a recent casual partner, HIV-negative men tended to feel more strongly that they could trust their partner and cited this as a reason for not using condoms. More than a third of the HIV-negative men,

however, felt strongly that they simply got caught up in the moment and that this was an important consideration in their decision not to use condoms. HIV-negative men were less likely to cite their own preference for condomless sex as being an important factor in their decision not to use a condom, but nonetheless well over a third said that this feeling had 'very much' influenced their decision on that particular occasion. So, for the HIV-positive men it was much more about sexual pleasure, although this may have different consequences; while for HIV-negative men the risk calculation is more present – in the form of 'trust' – though that is not necessarily how they thought about it at the time.

Table 9 ac: Reasons condom was not used during most recent UAIC encounter and HIV serostatus n=616 (%)

Proportion indicating the following reasons applied 'very much' to the decision not to use a condom:	HIV-positive (n=115)	Believed HIV-negative (n=501)
I wanted to ejaculate inside him	37.4	22.6
He wanted to ejaculate inside me	45.2	23.4
He prefers not to use condoms	53.9	33.1
I prefer not to use condoms	63.5	39.9
I got caught up in the moment	21.7	38.7
I trusted him	22.6	30.5
He trusted me	20.9	33.5

Note: Items not mutually exclusive – multiple responses were possible.

In describing how they felt about the most recent casual sex encounter in which they did not use a condom, HIV-positive men were somewhat more likely to say that it was the kind of sex they enjoy. In most other respects, HIV-positive men and men who believed they were HIV-negative described their most recent casual sex encounter, whether a condom was used or not, in fairly similar ways.

Differences in most recent casual sex encounters and history of sexual risk behaviour

We could only analyse differences between those who had recently engaged in UAIC and those who had not, with respect to the most recent occasion when they used a condom. In this regard there was little difference between men who had engaged in UAIC, either recently or in the past, and men who had never done so regarding where they met their most recent casual partner or where they last had sex with this partner. Men who had recently engaged in UAIC were somewhat more likely to indicate that they knew the HIV serostatus of their most recent casual sex partner.

At their most recent casual sex encounter where they used a condom, men who had ever engaged in UAIC (ie, on other occasions), particularly those who had done so recently, were more likely to report illicit drug use in general; in particular they were more likely to have used amyl nitrite.

Men who had recently engaged in UAIC were more likely to report some form of 'cum play' at their most recent casual sex encounter where they used a condom. This includes ejaculating or rubbing his own semen over his partner's anus, using his partner's or his own semen as lubricant for mutual masturbation, and letting his partner ejaculate or rub his semen over his own anus.

Not surprisingly, when the men who had recently engaged in UAIC also reported a recent occasion when they *used* a condom, their decision to use a condom on that occasion was less likely due to a general commitment on their own part to always use condoms, either in the receptive or insertive position. They were also less likely to have an agreement to always use condoms with this particular partner. Men who had recently engaged in UAIC were more likely to feel that there was some difficulty in using condoms and tended not to agree that condoms remove the worry from sex. They were also less likely to ascribe the desire to protect their partner, or their partner's desire to protect him, as being important factors in the decision to use condoms on this particular occasion. They were, however, somewhat more likely to indicate that the final decision to use a condom was that of their partner on that occasion.

Summary remarks

In general, there was little difference between men's recent partners with whom they had used a condom and those with whom they had not used a condom, or in where they met or where they most recently had sex with him. However, overall HIV-positive men were more likely to indicate they met their partners at a sex-on-premises venue, while HIV-negative men more often met partners through the internet, as did men from the less populous states. Although all men were about as likely to have some previous acquaintance with those partners with whom they had used a condom as with those with whom they had not used a condom, they did tend to report knowing better the men with whom they had not used a condom and trusting them more. They were also more likely to have previously had sex with them. Indeed, men who had recently engaged in UAIC were also more likely to have some prior acquaintance with partners with whom they used a condom as well.

Overall, most men believed their most recent casual sex partner was HIV seroconcordant, regardless of whether they used a condom or not. Nonetheless, men who reported recent condom use with a casual partner were less likely to know the HIV serostatus of that partner and to have been directly informed of their partner's HIV serostatus. However, in general it appears that **men who believed they were HIV-negative often tended to assume their partners' seroconcordance rather than relying on direct information, and they were more likely to say that they trusted their partners**. For the most part, however, men were not overly concerned in general about the HIV serostatus of their most recent casual sex partner, despite what might be seen as a preference among men who did not believe themselves to be HIV-positive for HIV-negative partners in general. What men prefer in the abstract is not always the same as what actually happens when dealing with a real person in a real situation.

Drug use, both licit and illicit was relatively common at the men's most recent casual sex encounter, but there was little difference in this regard whether a condom was used or not. HIV-positive men were more likely to report drug use, particularly drugs associated with 'intensive sex partying' and they were also more likely to report having engaged in group sex. Men who had recently engaged in UAIC (ie, in

the previous six months were also more likely to report drug use overall, regardless of whether they used a condom or not at their most recent sexual encounters.

Mostly men reported similar sexual behaviour at their most recent casual sex encounter whether they used a condom or not, although men who reported non-condom use during a recent encounter were also somewhat more likely to report some forms of 'cum play' at this same encounter. Nonetheless, it is worth noting that **some men who used a condom during a recent encounter also engaged in some 'cum play' that might be considered 'risky'** – by others or by the men themselves.

There was little evidence in this sample that men used clinical indicators, such as undetectable viral load or use of anti-HIV treatments, to make decisions about condom use with casual partners; if this sort of strategy was being applied to reduce the risk of HIV transmission, in this sample it appeared to be mainly used by HIV-positive men to make decisions about condom use. Also, while there was some evidence for the use of strategic positioning among some men who believed they were HIV-negative in that they restricted themselves to the insertive position, **among those who had engaged in UAIC with a partner they did not know to be seroconcordant there was little evidence of the use of *any* form of risk-reduction**. On the other hand, HIV-positive men who had engaged in UAIC with a partner who was not also HIV-positive often appeared to restrict themselves to the receptive position, suggesting that **HIV-positive men were more likely to use risk-reduction strategies in general to reduce the chance of HIV transmission**. HIV-negative men appeared to rely almost entirely on knowledge of their partner's HIV serostatus and restricting any UAIC to men they believed were seroconcordant.

In describing how they decided whether or not to use a condom, men who reported a recent casual sex encounter in which they used a condom usually indicated that this was a mutual decision between both partners, whereas **men who reported an encounter in which a condom was not used usually indicated that nothing was said about it by either partner**, and they did not use a condom from the start. Also, HIV-negative men were more likely to describe the decisions about condom use as mutual agreements, whereas HIV-positive men often indicated that the decision to use a condom was that of their partners rather than themselves. In encounters where a condom was used, the insertive partner usually put the condom on himself and given that HIV-positive men were more often the receptive partners this may explain at least some of the reason why HIV-positive men's partners often ended up being the ones who initiated condom use.

In explaining why they had used a condom, men who had recently done so often indicated that they 'always' used condoms anyway and that they used condoms because they did not know their partner's HIV serostatus at the time. This was especially true of HIV-negative men. Men who had recently engaged in UAIC appeared to have less commitment to condom use in general. **The most common**

reason cited for not using a condom among men who recently engaged in UAIC was a belief that their partner was of the same HIV serostatus as themselves, especially among HIV-positive men. It appears that HIV-positive men often relied on direct knowledge of their partners' HIV serostatus to make decisions about condom use, whereas for men who believed they were HIV-negative this decision was more passive; they tended to use condoms more often because they did not know the HIV serostatus of their partners. Those who reported recent condom use often felt quite strongly that condom use was not difficult, and many also felt strongly that they and their partner wanted to protect each other. On the other hand, those who reported a recent occasion when they did not use a condom often expressed a quite strong preference, either their own or their partner's, not to use condoms, and many, especially those who believed they were HIV-negative, felt that they were 'caught up in the moment' and were sexually excited by a very attractive partner on that particular occasion. Their UAIC was circumstantial rather than premeditated.

Mostly, the decision not to use condoms was based on some form of negotiation, although quite a few men indicated that there was no 'decision' because there was no discussion. In a small number of cases there was a degree of sexual coercion and, in a very few, it involved deception.

For the most part, men described these encounters as ones where their partner, rather than the participant, was more likely to ask for condomless sex, to insist on not using a condom, or to deceive the participant. It is possible that this may be due to men feeling less comfortable about disclosing their own intentions not to use condoms compared with describing incidents where other men did so; or **it may be that they reinterpreted past behaviour to make their own position feel more 'acceptable'**.

As found previously in Australian research, **drug use appeared to play little role in the decision to use or not use condoms**; drugs were used as often in encounters where condoms were used as they were in encounters where condoms were not used. Nonetheless, there is a particular combination of drugs – those associated with intensive sex partying – that appear to play a particular role in situations where condoms are not used. Drugs in general may not differentiate whether condoms are used, but some drugs appear to be used more often by some men in circumstances where risk-taking is more likely.

For HIV-negative men in particular, being sexually excited or 'caught up in the moment' and other momentary, circumstantial factors appear to play a key role in rapid decisions about condom use, as does a sense of trust for one's partner. There appears to be a blurred line between physical and emotional desire. Two kinds of desire appear to be involved that are sometimes in tension with each other: One close up (circumstantial and contingent) – wanting to maximise sexual and/or emotional pleasure on that specific occasion; and one more distant, less based in immediate circumstance – wanting to use condoms and stay HIV-negative in general.

Sexual Preferences and Desire

Key to understanding gay men's thinking about HIV and how it affects their own sexualities, is an understanding of their sexual desires, preferences and pleasure. We asked men some questions about what they desired sexually and how they preferred to do those things rather than what they actually did sexually. Sexual preferences are often quite specific: A preference for the insertive or the receptive role during anal intercourse; a preference for one's partner to ejaculate in the mouth or to pull out beforehand. Sexual desire on the other hand can entail quite complex scenarios, involving partner types, locations, specific sexual practices in particular order. Sexual pleasure, however, can be derived from specific experiences, some of which may have been anticipated, or even desired, but some of which may have been unexpected. Such pleasure may be entirely circumstantial and so a similar subsequent situation may not always bring the same pleasurable rewards.

Sexual identities

Sexual identity involves much more than a preference for same-sex or opposite-sex partners. The doing of gay involves, *amongst other things,* marshalling values and desires in relation to circumstance. Halperin (2002) distinguishes between identity and identification, saying 'identification is desire [and] a form of cognition.' We asked men how much they identified with a range of sexual identity and identification statements. The majority identified 'very much' as gay, although many also identified at least 'somewhat' as 'non-scene' – presumably a gay identity does not always need to coincide with active engagement in commercial gay venues and events. About half the men identified at least somewhat with the term 'kinky', but almost as many described themselves as being at least somewhat 'sexually conservative'. A quarter of the men identified at least somewhat as 'sexpigs' and a little less than half as 'partyboys'.

Table 10 a: Sexual identifications n=2306 (%)

How much do you identify with each the following:	Not at all	Somewhat	Very much	No response
Gay	8.5	33.1	57.0	1.4
Leatherman	80.7	13.3	3.6	2.5
Partyboy	51.5	38.4	7.6	2.5
Sexpig	72.3	18.0	7.2	2.6
Vanilla	25.3	53.4	18.4	2.9
Kinky	35.5	48.6	13.5	2.4
Sexually conservative	47.7	43.2	6.6	2.6
Daddy	77.6	16.4	3.6	2.4
Boy	63.5	26.0	8.0	2.5
Non-scene	20.2	43.8	34.3	1.7

Sexual roles

Men were asked whether they saw themselves as being more of a top or a bottom for anal intercourse. About a third (36.6%) described themselves as being more of a bottom – 9.8% as 'very much a bottom' – and almost as many men (31.0%) felt they were more of a top – 10.5% as 'very much a top'. One quarter (26.5%) described themselves as versatile and the remaining 5.9% either indicated they did not like anal intercourse or did not answer the question. When asked whether they viewed themselves as being more submissive or dominant during sex, the majority (54.3%) indicated they were neither, with less than a quarter indicating they tended to be either submissive (21.5%) or dominant (23.1%). When asked whether they felt they tended to be more masculine or effeminate, relatively few (8.3%) described themselves as effeminate and the majority (52.4%) described themselves as being masculine – 12.7% as being 'very masculine'. More than a third (38.3%) felt they were neither masculine nor effeminate.

Sensation-seeking and sexual adventurism

The concepts of both 'sensation-seeking' (Kalichman, 1994; 1995) and of 'sexual adventurism' (Kippax et al, 1998; Smith et al, 2004) have been used in analyses of sexual risk behaviour among gay men. They have both been implicated in the incidence of both UAIC and HIV seroconversion (Kalichman, 1994; Crawford et al, 2003; Kippax et al, 1998; Prestage et al, 2009c). Sensation-seeking has usually referred to a psychometric measure of sexual preferences among individual gay men and understands sensation in physical terms. In contrast, sexual adventurism has been based on a notion of engagement with and participation in particular gay community sexual subcultures, reflecting both an individual's sexual behaviour and his association with other gay men with similar sexual tastes. It involves multiple forms of social identification. We explored both of these concepts.

On the measure of sexual sensation-seeking, the majority of men expressed at least some identification with most of the items on the list except the item referring to being a 'risk-taker' and the item suggesting that they would lie to obtain sex. The items were scaled according to the methods determined by Kalichman et al (1995), with a range of scores from one to four. The mean score was 2.71 and median was 2.73.

Table 10 b: Measure of sexual sensation-seeking n=2306 (%)

How much do each the following apply to you:	Not at all	Slightly	Somewhat	Very much	No response
I enjoy the sensation of fucking or being fucked without a condom	27.4	15.7	23.7	31.5	1.7
I like wild 'uninhibited' sexual encounters	13.2	30.9	33.3	21.5	1.1
I like to have new and exciting sexual experiences and sensations	3.0	19.0	39.5	36.9	1.6
The physical sensations are the most important thing about having sex	5.0	24.6	45.3	23.4	1.7
I enjoy watching porn	4.5	16.1	32.9	44.8	1.6
My sexual partners probably think I am a 'risk-taker'	53.1	27.8	12.3	4.9	1.9
I enjoy the company of sensual people	3.3	15.8	45.1	34.3	1.6
When it comes to sex, physical attraction is more important to me than how well I know the person	14.0	32.2	34.4	17.9	1.5
I have said things that were not exactly true to get a person to have sex with me	48.8	29.4	15.4	4.9	1.4
I feel like exploring my sexuality	4.7	16.6	40.6	36.6	1.4
I am interested in trying out new sexual experiences	2.8	18.6	42.7	34.6	1.4

Often men seemed to reflect on how HIV had affected their views of themselves and their behaviour in more profound ways, bringing them reconsider or reflect on aspects of their sexuality. Men who were more sexually adventurous tended to view HIV as something of an intrusion on their sexuality, while those who were less adventurous sexually were more inclined to view the concept of safe sex as being somewhat liberating in certain ways.

Some men saw the restrictions that HIV had placed on their sexuality, the need to always be 'safe', as somehow affecting their sense of themselves as 'gay':

> (Sydney, 38, HIV-positive) *I think if you talk to a lot of men in the gay society, the concept of safe sex has taken away a big aspect of being gay because all of a sudden that thing that, you know, we were supposedly so "out there" about, so different and so relaxed about has suddenly become this high pressure, stressful activity, full of potholes and pitfalls, and issues, and a whole new level of political correctness that probably for an act which is one of the most primitive acts man can undertake, it's suddenly steeped with a whole heap of issues.*

And some men felt that their sense of being gay had been so linked to HIV that their whole way of being sexual as a gay man was defined by the need to be consciously avoiding risk:

> (Hobart, 31, HIV-negative) *HIV has been a huge discourse from before I was sexually active, so much of my sexuality is defined by latex and ongoing efforts to reduce the risk of HIV … I do notice lots of people are backlashing against that effect. Sometimes I do wonder how much I (my sexuality) has been bonsai-ed by the discourses surrounding HIV and safer sex. The pruning is large, as all enactment of sexuality is governed by thoughts practices and behaviours designed to reduce HIV exposure.*

Others, however, felt they were at low risk of infection because they were not especially adventurous sexually and found the concept of 'safe sex' actually made the prospect of sex more exciting for them:

> (Sydney, 48, HIV-negative) *HIV is a preoccupying health issue but also one, like all STDs, that help to reinforce a certain sexual hygiene that makes sex more exciting, because less risky. I suppose I don't particularly enjoy "risky" behaviour very much.*

While others felt that the prospect of exciting sex would most likely override considerations of risk:

> (North Queensland, age not provided, untested) *I ask myself, if I knew there is a risk of HIV in a particular sexual encounter, would I go ahead? My answer is probably, in the heat of the moment.*

For some men, this need to always consider the potential risk was a very unwelcome intrusion on their sex lives, and affected the way they viewed themselves sexually:

> (Brisbane, 29, HIV-negative) *There is … a sense of drudgery in having to be mindful of it, as though in the midst of pleasure one must retain the sober thought of being careful. It is as though the spectre of a more prudent age is allowed to colonise that moment in the present when one most offends its obsolescent moral codes.*

Sexual preferences

We asked men to set aside their concerns about HIV and imagine that HIV was not an issue, and then to rate how exciting various were sexual practices for them. Expressions of intimacy – an emotional connection, and kissing – were very exciting to a majority of men, as was oral sex, although ejaculation in the mouth was slightly less exciting than doing this without ejaculation, particularly in the receptive position. However, with regard to anal intercourse this was not so straightforward. The majority of men clearly found anal intercourse, both insertive and receptive, very exciting, while ejaculation inside made little difference to how exciting it was to them. But **when a condom was introduced, the proportion of men who found anal intercourse very exciting, whether they were the insertive or the receptive partner, fell dramatically.** So, whereas ejaculation in the mouth tended to make oral sex slightly less exciting, ejaculation in the anus made little difference to how exciting men found anal intercourse – but a condom transformed this sexual practice from something that they mostly found excitingly 'hot' to something that the majority of men seemed to feel was at best 'lukewarm'. Oral-anal contact (rimming), was also very exciting to a large proportion of men: half the men found being rimmed very exciting and a third of the men found rimming their partners very exciting.

Table 10 c: Rating of sexual practices n=2306 (%)

How exciting are each the following:	Not exciting	A little exciting	Somewhat exciting	Very exciting	No response
Being emotionally connected to partner	7.3	14.3	25.8	50.5	2.1
Kissing	1.5	3.8	18.2	74.5	2.0
Oral sex (fellatio)					
insertive	1.6	7.9	24.8	64.0	1.6
insertive + ejaculation	4.8	10.3	21.3	61.7	1.9
receptive	1.5	5.9	20.9	70.3	1.6
receptive + ejaculation	14.3	11.7	16.8	55.2	2.0
Anal intercourse					
insertive with condom	28.0	24.2	26.8	18.2	2.9
insertive without condom	14.7	9.7	17.2	56.0	2.4
insertive without condom + ejaculation	15.9	8.7	15.6	57.5	2.3
receptive with condom	26.6	21.9	27.8	20.6	3.2
receptive without condom	20.5	8.8	14.9	53.7	2.2
receptive without condom + ejaculation	22.4	8.6	13.1	53.6	2.4
Other anal sex					
Being rimmed	10.5	13.1	23.6	50.9	1.9
Rimming partner	20.6	17.5	22.1	37.7	2.1
Fisting partner	64.2	14.2	10.2	9.1	2.3
Being fisted by partner	73.9	9.8	6.6	7.3	2.3
Group sex	29.4	18.3	24.3	25.9	2.0
Rough play	16.1	25.9	26.5	29.1	2.4
Controlling partner	37.1	31.5	19.6	9.4	2.4
Being controlled by partner	33.6	26.3	22.0	15.9	2.3
Sharing semen	27.2	21.0	20.7	28.9	2.2
Using drugs to enhance sex	57.3	16.6	13.4	10.5	2.3
Party and play	48.4	20.6	15.3	12.6	3.2
Watersports	51.7	19.4	12.6	13.9	2.3

The desire for some sort of intimate connection, often expressed through such practices as kissing, is not always a prerequisite for sex, however. Men often indicated that other sex practices, including both oral and anal intercourse, can be enjoyed as purely physical acts without any emotional connection:

> (Melbourne, 27, HIV-negative) *I actually find the most, one of the most intimate and, and sensual things is actually kissing. Even above sex itself … Having said that, I don't necessarily have to kiss them to have sex with them either. It is something more intimate, more special … Whereas the sex is, it's an activity, basically. If you like. So yeah, there are higher standards to kiss someone than there is to sleep with them.*

When comparing intercourse with and without condoms, men often explained how much more exciting and enjoyable it was without condoms:

> (Brisbane, 29, HIV-negative) *I guess just the exhilaration, the pleasure, the sensitivity. Just all felt better.*

There appears to be a tension in men's understandings of sexual excitement between a sort of lustful pleasure and an intimate desire. Men's responses to questions about kissing and emotional connection suggest that some men would prefer that the affective accompany the physical. Yet, other men make a clearer distinction and indicate that they can enjoy these things in different ways. It may be that this depends on whom the sex occurs with, and under what circumstances. This distinction between desire and pleasure may mean that sometimes, for some men, desire gives way to pleasure.

Although ejaculation inside the anus generally made little difference to how exciting most men felt anal sex to be, there were some men for whom 'cum play' was very important and for whom ejaculation inside was a very important part of what they enjoyed about it. For some it was directly linked to the way they viewed themselves sexually:

> (Adelaide, 38, HIV-positive) *I wanted the cum inside me. It's like you are imbuing yourself with the essence of a man/men. That you are claiming some of their masculinity and taking it in as part of your make-up. Like you are owning or claiming men and that you are recomposing yourself from an individual to a collective of men or to a pure state of masculinity.*

Here, semen appears to be talismanic: It is attributed with symbolic power, much more than a simple preference. It is little wonder from this point of view that condoms are seen as disruptive.

Many of the men's comments in interviews suggest that the general field of desire operates to produce a sense of responsibility that in effect covers both what can be personally 'controlled' (behaviour) and what cannot be personally controlled (contextual prevalence, the absence of a vaccine or cure). Notions of responsibility here often seem to include moralised forms of abjection ('I was bad').

However, for some of those who acknowledge their risk taking, but have not seroconverted, responsibility exceeds (goes beyond) notions of moral defect. 'Bad' becomes temporarily 'hot' before reverting to an account of moral failure:

> (Sydney, 23, HIV-negative) *We got to the point where I found it hot as, as so did he. He was fucking me bareback, and I was, I was taking it. It was a taboo call yet again. The taboo thing going, 'Just do me. I want to be bad' … Meth is a bad drug (laughs nervously)*
>
> Interviewer: *Why do you now say (what you do is) bad?*
>
> *Because I enjoy myself too much. Put it that way…Meth was a very rare thing … I didn't necessarily think it* [bottoming UAIC/the session] *was a bad thing. I knew I had done very bad in the control area … I knew it was a bad thing, but I still thought what had happened was very hot. Do you see the lines of difference?*

Elsewhere in this same account, barebacking is as much circumstantial as motive driven. The notion of taboo appears to be the only available explanatory resource for this man. It is closely related to both desire and pleasure, and produces searingly honest, but conflicted, post hoc rationalisation:

it's something that I think… I have to fight. I don't want to be, want to go down that path of, of going, of putting myself in harm's way. But yet something within me wants me to go down, go down that path

Other, less common, sexual practices were very exciting for a minority of men. While they were not always exciting aspects of sexuality for all men in the sample, some men clearly found these activities very exciting, possibly indicative of men participating in certain sexually adventurous subcultures, including the leather and the bondage subcultures.

Differences in sexual preferences and desire across states

There was little difference across the states in how men identified themselves sexually or in how they described their sexual preferences. Overall, there were also very few differences across the states in the way they responded to the questions about sexual sensation-seeking.

Differences in sexual preferences and desire and HIV status

HIV-positive men were more likely to describe themselves as 'sexpigs', 'kinky' and 'leathermen'. Given this, it is not surprising that HIV-positive men were less likely to describe themselves as being 'sexually conservative', 'vanilla' or 'non-scene'. HIV-positive men also generally scored higher on the sexual sensation-seeking scale. **Men who believed themselves to be HIV-negative were less likely to indicate that they identified 'very much' as gay.** HIV-positive and HIV-negative men were equally likely to identify as partyboys. HIV-positive men were more likely to describe themselves as being a bottom (with one in six – 17.4% - describing themselves as being 'very much' a bottom), but there was little difference in the likelihood of HIV-positive and HIV-negative men to indicate they were either more submissive or more dominant, or whether they were more masculine or effeminate.

Differences in sexual preferences and desire and risk behaviour

Men who had engaged in UAIC, especially those who had done so recently, were more likely to describe themselves as 'sexpigs', 'kinky', 'partyboys' and 'leathermen' than those who had not. Given this, it is not surprising that men who had engaged in UAIC were less likely to describe themselves as being 'sexually conservative', but there was little difference in either their likelihood to identify as 'non-scene' or 'vanilla' or the likelihood of those who had not engaged in UAIC to identify in these ways. Men who had engaged in UAIC also generally scored higher on the sexual sensation-seeking scale. There was little difference between those who had engaged in UAIC and those who had not in how much they identified as gay. Men who had recently engaged in UAIC were more likely to describe themselves as being 'very much a bottom' (12.6%), but otherwise there was little difference between men who had engaged in UAIC and men who had not done so in whether they viewed themselves as more of a top or bottom, or more submissive or dominant, or whether they were more masculine or effeminate.

Summary remarks

While overall, the men in this sample did not see themselves as being especially 'adventurous' sexually, there was a relatively small minority of men whose sexual preferences and desires were considerably more adventurous than those of other men. There was very little difference across the states in this regard, but HIV-positive men were clearly more adventurous sexually than were men who believed they were HIV-negative, as were men who had engaged in UAIC and particularly those who had done so recently. This conforms with findings from other studies, including other Australian studies. Previous findings in this regard have mainly been confined to the more populous states, especially NSW, with a lack of research evidence in other jurisdictions. The similarity across the states in PASH does, however, provide some indication that these issues apply across the country and, therefore, that similar work may be appropriate in all jurisdictions, even though it may be applied differently in accordance with local circumstances. How men rated the extent to which they felt specific sex practices were exciting provides some particular insights into men's sexual preferences and desires. For the most part, ejaculation inside one's partner was not an important distinguishing factor in whether men found a particular sex practice exciting. However, it is very clear that the introduction of a condom during anal intercourse reduces the excitement level of that sexual activity substantially, whether in the insertive or the receptive role. The extent of this diminution of the level of excitement suggests that condoms do not contribute directly to men's sexual pleasure and probably reduce it overall.

Attitudes and Beliefs about Condoms

Condoms continue to be a major tool in HIV prevention, and while the majority of men use them the majority of times, not all do so consistently. We asked men about their attitudes towards condoms.

Attitudes toward condoms

While most men agreed that condoms made them feel protected and more secure, only half agreed that they used them all the time. The majority also agreed that condoms reduce sensitivity and that sex feels better without them. A little less than half agreed that condoms are a nuisance and they slow down the sex, while a third agreed that they could not be bothered using condoms all the time and that condoms prevent them from feeling close to their partners.

Table 11 a: Attitudes toward condoms n=2306 (%)

How much do agree or disagree with each the following:	Strongly disagree	Disagree	Agree	Strongly agree	No response
Sex feels better without condoms	7.1	13.8	33.3	43.2	2.6
I can't be bothered always using condoms	29.9	35.1	23.7	8.2	3.1
Condoms prevent me feeling close to my partners	18.9	42.0	26.7	9.3	3.2
Condoms can be fun and erotic	16.3	40.1	34.1	6.3	3.2
I use condoms every time no matter what	13.7	37.3	20.6	25.2	3.3
Condoms are too much hassle	28.0	39.2	23.7	6.1	3.0
If he doesn't want to use condoms I don't bother	44.8	33.0	13.1	5.7	3.4
I only use condoms if he wants to	42.6	37.7	12.1	4.8	2.9
Condoms are a nuisance	20.2	35.4	31.7	9.8	2.9
Condoms make me feel protected	3.3	7.9	49.3	36.9	2.6
Condoms provide a sense of security	3.1	7.6	57.3	29.2	2.8
Condoms reduce sensitivity	5.0	20.2	47.6	24.5	2.6
Condoms slow down the sex	18.5	33.9	38.8	6.4	2.5
Condoms make me worry too much	37.0	44.5	12.4	3.1	3.0

Men's attitudes to condoms tended to fall into three broad categories: Those who felt that they were not a problem; those who accepted their necessity though they disliked them; and those who resented them and found them very difficult.

Some men were very clear that use of condoms did not bother them:

> (Regional Victoria, 35, HIV-negative) *Using condoms. Happy to use them.*

Some men argued that many of the often-perceived problems with condom use were not necessarily the case:

> (Perth, age not provided, HIV-negative) *Condoms are not a problem in sex and if you put it on at the right time it shouldn't break up the flow of sex. The feeling is almost the same, so it doesn't bother me.*

While others could see positive benefits to their sexual experience from using condoms:

> (Regional Victoria, 46, HIV-negative) *I don't have an issue with using condoms whether I'm top or bottom, in fact I prefer it, it means I can suck off a guy after he's fucked me without tasting my ass on his cock.*

In other cases, men may use condoms knowing it is necessary, but they do not always like it:

> (Sydney, 34, HIV-negative) *I feel it is a necessary evil.*
>
> (Melbourne, age not provided, HIV-negative) *Anal sex using condoms – I HATE condoms and the reduced sensation.*
>
> (Sydney, age not provided, HIV-negative) *Condoms. An annoyance but an essential one.*

Some men refuse outright to use condoms, expressing strong hostility to them:

> (Sydney, 47, HIV-positive) *Using condoms – it's boring – I don't do it.*
>
> (Melbourne, age not provided, untested) *Safe sex is the right thing to do. But I do not do it.*

Balancing potential risk versus the perceived loss of intimacy in condom use is explained by this man:

> (Sydney, 42, HIV-negative) *Safe sex is about barriers between people – and barriers prevent intimacy and connection – safe sex sux* [sic] *– I hate it and I know I should be doing it, and I do not, and I feel guilty about that, but being close and connected feels more important than playing safe.*

Some men described condoms as both creating a physical barrier between them and their partners, and making the physical experience itself less pleasurable:

> (Sydney, 48, HIV-negative) *I think it's just the feeling of flesh on flesh. Yes, I think it's, I think it's really essentially that. There's no, if you're wearing a condom, there's a bit of, you know, latex between you and the other guy. And I don't think, I don't think I've ever worn a condom that's been anywhere as nice as not wearing one, if that makes any sense. No matter how thin they make them. I mean maybe it's something about my lack of sensitivity or, or whatever. I don't, I don't know. But there's never been that sort of pure feeling of, of, of pleasure that you get without wearing one.*

And this man explained how the process of using a condom itself distracted from the enjoyment of the sex and of being with a partner:

> (Sydney, 32, HIV-negative) *Without a condom, I guess it feels a lot more real, feels a lot more … the pleasure's a bit more sensual … Because I guess you're more closer to the person and you don't have to worry about the bloody condom breaking, you know. Don't have to worry about, you know, lubing it up all the time if it gets dry and, you just go for the, you just lube the cock up and …* [laughs]

He went on to describe how his decision not to use a condom with one particular partner was mainly about the feelings of connection and intimacy with that partner, whereas with other men it was usually just about the sex and so felt no need to consider not using a condom:

(Sydney, 32, HIV-negative) *I guess it does make you feel a lot more closer to the guy, or to G, towards G a lot more. And it felt more real than … with a condom you know … When I say "real", like you've got the condom on so you've got a plastic shield. So you're, you've got that in-between the two of you. And then if, without the condom it's basically body-to-body, you know. It's real so you know it's actually, yeah, I don't know. But it just feels a lot more better without a condom …* [with G] *I guess there was more feeling and you knew that there was, we had that attraction towards each other … so you felt more for each other. You know, that sort of thing. But whereas with someone who you're just having random sex with, it's just, it doesn't matter how it is, really; it's just, you're just getting satisfied, really.*

Many men talked about condom use as though it was an automatic response, something they did without thinking about it or reflecting on the reasons for their use. This man explains how on the first occasion when a partner introduced him to condomless sex he found it more 'unusual' than concerning:

(Brisbane, 29, HIV-negative) *I don't think I was worried. I guess I found it probably a little bit unusual because whether you call it like what I learnt as a kid of using protection or indoctrination, … that's probably why I was more hesitant, in a way, than actually thinking about contracting HIV or any of that.*

Others seemed to feel somewhat disconnected from the general expectation to use a condom, or at least from what they perceived as a preoccupation with condoms. Here, a man is bemused by being questioned so much about condoms in the study:

(Perth, age not provided, HIV-negative) *You seem to think of nothing but condoms. The world is paranoid.*

Issues using condoms

While the majority of men reported little difficulty using condoms, about a third did agree that condoms make them or their partners lose their erections, while a quarter agreed that condoms do not always fit properly and that the packets are too hard to open.

Table 11 b: Condom use issues n=2306 (%)

How much do agree or disagree with each the following:	Strongly disagree	Disagree	Agree	Strongly agree	No response
Condoms are never available when you need them	43.5	43.7	7.8	2.0	2.9
Condoms make me lose my erection	28.3	31.6	25.4	12.2	2.6
Condoms make my partners lose their erection	25.1	45.6	21.6	4.6	3.2
Condoms don't fit properly	25.5	45.2	21.6	4.8	2.9
Condom packets are too hard to open	27.1	41.5	22.2	6.2	2.9

Some men reported difficulties with using condoms as providing the excuse not to use a condom:

(Sydney, 32, HIV-negative) *Well we were trying to put it on and it was just hard to roll down. And I don't know if the condom was, had expired or I don't know what was wrong with it. So we were trying to, we just gave up and he just said, we just, "Oh, just go for it!" … it was, so it was basically after that time, yeah, it was without a condom.*

Some men explained that condoms were simply uncomfortable when they were the receptive partner:

> (Adelaide, 31, HIV-negative) *Latex condoms make my rectum very sore and uncomfortable.*
>
> (Melbourne, 27, HIV-negative) *I find it quite uncomfortable in that it actually is almost painful and just doesn't, doesn't slide as easily. It doesn't, and usually I end up feeling like I've had practically my guts ripped out in the process.*

However, it is often difficult to separate these very physical problems from an actual dislike of condoms for more emotional reasons. This same man went on in the next sentence to explain:

> (Melbourne, 27, HIV-negative) *And it's the actual feeling of somebody in me like that. Yeah, that that in itself is, is a feeling all of its own.*

Here, the physical problems with using condoms were directly tied to the enactment of a sexual fantasy:

> (Canberra, age not provided, HIV-negative) *I find it very hard to keep hard with a condom. We'd discussed barebacking and agreed. Plus he wanted to have a 'slut' fantasy with a safe man.*

Men's dislike of condoms is often clearly linked to the physical problems they experience using them:

> (Melbourne, 39, HIV-negative) *Honestly I hate them. I usually lose my erection as soon as I try and put a condom on. I also find it a hassle to use multiple condoms in one session.*

Commitment to condom use

We asked men what their usual plan was with respect to condom use. Not surprisingly, most men ordinarily planned to use condoms with casual partners, or, particularly with partners they believed to be HIV-positive, to avoid anal sex altogether. Only a small minority was prepared to consider not using condoms, and these were usually only considered conditionally – ie, under certain prescribed conditions, such as if they used some other form of risk-reduction.

Table 11 c: Usual plan for condom with casual partners n=2306 (%)

What is your usual plan with each the following:	No anal sex	Always use condoms	Condoms if he wants	Conditional non condom-use	No condoms	No response
Casual partner – HIV status unknown	10.0	71.7	7.1	6.4	1.4	3.4
Casual partner – HIV-negative	6.6	63.5	12.5	9.8	4.0	3.6
Casual partner – HIV-positive	37.5	49.3	4.1	2.6	3.3	3.3

However, as is often the case with plans about something in the abstract, the commitment to always use a condom with casual partners does not always translate into practice.

> (Sydney, 57, HIV-negative) *Personal rule is that condoms are used. That's not the case every single time though because if, if they're open to discussion and we can talk about our own situations, and our own histories, sometimes that's, sometimes that's not the case.*

In this case, an HIV-negative man described an incident with a younger, attractive man he had just met online, with whom he did not use a condom, explaining that this was totally out of character with his usual behaviour; yet even though he remained committed to condom use and was determined to use condoms for casual sex in the future, he nonetheless could not guarantee it would not happen again:

> (Brisbane, 51, HIV-negative) *Well no, I did reflect on it because it's the only time, it's the only time I've had unprotected sex. I can't, I certainly can't recall for many years having unprotected sex. I wouldn't like, I wouldn't like to be absolutely concrete about that going back many years. But I cannot … anyway, it's the only time in a long time. And I am concerned about the issues of disease transmission and prevention of it. And … I guess the next time I probably would insist. But I would have said that before he arrived too, probably, if you'd asked me.*

And here, an HIV-negative man explained that he avoided casual sex and when he did have sex with a new partner it was usually with a condom. He then described meeting someone and after dating him for a week they had sex but did not use a condom:

> (Brisbane, 24, HIV-negative) *Which is like not something I normally do. I would normally do. But I don't know; I just felt very comfortable with J and there was talk of what our past relationships were like and such, as well. So I kind of knew that I would be okay with him anyway.*

With a view to the possibility that there may eventually be an effective cure or vaccine or even that treatments were sufficiently effective that some people felt HIV was no longer something to be concerned about, we asked men whether they would continue using condoms if HIV were no longer an issue. Only about a third (35.1%) indicated they would probably continue using condoms, while **two thirds (62.6%) said it was unlikely that they would continue using condoms**, including 38.4% who thought it would be very unlikely.

Effects of condom use

Many men have accommodated condoms into their sex lives with no difficulty, some to the extent that they virtually quote HIV education tags about universal condom use in their answers:

> (North Queensland, 41, HIV-negative) *If it's not on it's not on.*
>
> (Sydney, 21, untested) *Condom, lube. It's brilliant!*
>
> (Sydney, 38, HIV-negative) *Using a condom with lube. It's just what it is.*
>
> (Melbourne, 24, HIV-negative) *Just always use a condom, no matter what.*

Often it appeared that the reason for condom use was secondary to the expectation of their use. It was almost as though their use was so automatic, so much taken-for-granted, that it no longer mattered what the reason was for their use in the first place:

> (Melbourne, 37, HIV-negative) *Always use a condom. It's just what I do. Been drilled into me.*

While oral sex is not high risk, many men did discuss it in terms of having some risk present. This man recounts how the low level of risk is balanced against the pleasure of performing oral sex:

> (Melbourne, 30, HIV-negative) *I don't use a condom for oral sex, although medically I should. At a certain point all enjoyment is taken out of the act and that is where I draw the line.*

For some men, the need for condom use appears to have had a very negative impact on their sex lives. This suggests an underlying problem for many men in relation to condom use – that it significantly reduces the pleasure of the sex act and that they will most likely decide at some point that it is simply too much of a sacrifice. Where this point is differs for each individual. In this case it was oral sex but for many others it included anal intercourse, though usually under specific prescribed conditions:

> (Melbourne, 48, HIV-positive) *Negotiated: if I'm gonna be fucked, I reveal my status. Condoms, leave the choice to the guy after I've disclosed.*

Despite the emphatic negative attitudes towards condoms in general, many men nonetheless spoke of exciting sex lives where they had successfully incorporated condoms without any problems:

> (Melbourne, age not provided, HIV-negative) *Group scenes, lots of guys interacting with little inhibition, lots of fucking, sex with strangers, sex in places where there is some element of danger, risk of discovery – using condoms and taking care to avoid possibility of cum exchange.*
>
> (Brisbane, 54, HIV-negative) *I have developed a sexual repertoire that's safe but raunchy and fun.*

Differences in attitudes to condoms across states

There was little difference across the states and territories in men's attitudes toward and commitment to use condoms.

Differences in attitudes to condoms and HIV status

HIV-positive men generally held more negative views toward condoms and were less committed to their use, either currently or in the future, than was the case for men who believed they were HIV-negative. Also HIV-positive men were more likely to complain about the negative impact of condoms on the sex act or encountering problems in their use.

When considering their usual plans regarding condom use with casual partners, a majority of HIV-positive men usually planned to either use a condom or refrain from anal intercourse with partners they did not know to also be HIV-positive. Nonetheless, a quarter planned to leave this decision to their partners when they did not know their HIV serostatus and with HIV-negative partners one in six left that decision to these partners. With HIV-positive partners a third indicated that the decision about condom use was left to their partners and nearly as many said that they never intended to use condoms with other HIV-positive men. Among men who believed they were HIV-negative, most usually planned to

always use condoms or not engage in anal intercourse with their casual partners regardless of what they believed their partners' HIV serostatus to be. With HIV-positive partners, this intention was even more common and more strongly felt in that a large minority intended to refrain from all anal intercourse with such partners. When HIV-negative men 'knew' their partner was also HIV-negative, slightly more – one in five – were prepared to contemplate UAIC.

Table 11 d: Usual plan regarding condom use with casual partners and HIV status (%)

What is your usual plan with each the following:	HIV-positive (n=224)	Believed HIV-negative (n=2076)
Casual partner – HIV status unknown		
No anal sex	6.7	10.3
Always condoms	45.5	74.7
Condoms if he wants	27.2	4.9
Conditional non condom-use	11.6	5.8
No condoms	4.0	1.2
No response	5.0	3.1
Casual partner – HIV-negative		
No anal sex	8.0	6.4
Always condoms	55.4	64.5
Condoms if he wants	18.8	11.9
Conditional non condom-use	10.7	9.7
No condoms	3.1	4.1
No response	4.0	3.4
Casual partner – HIV-positive		
No anal sex	3.1	41.1
Always condoms	21.7	52.5
Condoms if he wants	33.9	0.9
Conditional non condom-use	7.6	2.0
No condoms	29.9	0.5
No response	3.8	3.0

Differences in attitudes to condoms and risk behaviour

Men who had never engaged in UAIC generally held more positive views toward condoms and were more committed to their use, either currently or in the future, than was the case for men who had engaged in UAIC, both those who had done so in the past but especially those who had done so recently. **Men who had recently engaged in UAIC were particularly uncommitted to condom use**, with 76.9% indicating that it would be unlikely they would use condoms if they did not have to worry about HIV.[7] Also, men who had engaged in UAIC were more likely to complain about the negative impact of condoms on the sex act or encountering problems in their use. Although these findings were true of

[7] A small proportion of men who reported they had never engaged in UAIC also indicated that they did not always use condoms but it may be that they were referring to regular partners in this regard.

both HIV-negative and HIV-positive men, **HIV-negative men who had recently engaged in UAIC were especially more likely to hold negative views about condom use** than were HIV-negative men who had not recently engaged in UAIC.

Table 11 e: Commitment to condoms and recent or past sexual behaviour among HIV-negative men (%)

% agreed with statement	Never engaged in UAIC (n=1250)	Engaged in UAIC over one year ago (n=192)	Engaged in UAIC in previous year (n=576)
I can't be bothered always using condoms	22.8	21.9	50.8
I use condoms every time no matter what	60.6	59.1	22.4
Condoms are too much hassle	20.9	28.7	45.2
If he doesn't want to use condoms I don't bother	9.3	8.7	31.0
I only use condoms if he wants to	10.5	6.2	24.5

Note: Items not mutually exclusive – multiple responses were possible.

When considering their usual plans regarding condom use with casual partners, a majority of men who had never engaged in UAIC usually planned to either use a condom or refrain from anal intercourse with casual partners, regardless of their own or their partners' perceived HIV serostatus. Men who had recently engaged in UAIC, however, often planned to leave this decision to their partners. Among HIV-positive men who had recently engaged in UAIC, more than a third (39.7%) left the decision about condom use to their partner when they did not know his HIV serostatus and with HIV-negative partners a quarter left that decision to these partners. With other HIV-positive men, 41.6% indicated that the decision about condom use was left to their partners and nearly as many (40.0%) said that they never intended to use condoms with other HIV-positive men. Among men who believed they were HIV-negative who had recently engaged in UAIC, most usually planned to always use condoms or not engage in anal intercourse with their casual partners regardless of what they believed their partners' HIV serostatus to be. Nonetheless, with partners whose HIV serostatus they did not know, more than a quarter (29.9%) of the men who believed they were HIV-negative were prepared to contemplate UAIC. When they 'knew' their partner was also HIV-negative about a quarter (24.1%) were prepared to contemplate UAIC if their partner did not want to use a condom and almost as many (23.4%) would discard the condoms under specific conditions; 10.4% simply planned not to use condoms with other HIV-negative men.

While some men were prepared to contemplate UAIC if their partner indicated that was their preference, they also tended to feel that most people would not be very accepting of this attitude. After explaining that if a casual partner asked him not to use a condom he would probably agree to such a request if he was in the insertive position, this man felt that his friends would be upset to know that was how he felt:

(Sydney, 48, HIV-negative) *My friends would be horrified to hear me say that. And I don't tell people that I do that because they make all sorts of bloody judgments … And I don't want you to think that I do it all the time. I really don't. I've done it probably three times* [in the previous twelve months].

Summary remarks

Mostly, men in this sample understood that condoms are necessary to prevent HIV infection and accept that they need to continue using them. However, some men are less accepting of this situation than others and are considerably less committed to their use, either currently or in the future. This was especially true of men who had recently engaged in UAIC, regardless of their HIV serostatus. In some cases, the requirement to use condoms was strongly resented and appeared to have a very negative impact on the men's sex lives. On the other hand, there were also many men who seemed to feel that condom use was largely unproblematic. The almost automatic use of condoms that seemed to apply to some men suggests the building up of habits around condom use, which may be resistant to change (or encouragement).

Importantly though, condom use did appear to have a negative impact on the sex act for most men, although the extent of this impact varied considerably. Nonetheless, it was clear that the balance between risk and pleasure was an important consideration and the extent to which the use of a condom disturbed the pleasurable aspects of a sexual encounter was key to the eventual decision about whether to use a condom or not. Most men appear to remain committed to condom use in most circumstances, but not all men, and the nature of those circumstances depends entirely on the perceived relative risk of HIV transmission: How likely is it that an infection will occur, and what would be the consequences of such an infection. Men who believed they were HIV-negative remain highly committed to condom use in the abstract, but this determination sometimes falters in specific circumstances and with particular partners, especially among those HIV-negative men who had recently engaged in UAIC. Unless they clearly know that their partner is HIV-positive, many are at least willing to contemplate the possibility of engaging in UAIC. Those who mostly use condoms and seem to have little problem doing so, also are most committed to their use in the future, even beyond the threat of HIV.

What Men Think about HIV

We asked men what they thought about HIV at this point in the epidemic.

Awareness of HIV

Most men thought about HIV sometimes but nearly a third did so only rarely. About one in seven men thought about HIV often.

Table 12 a: Frequency of thinking about HIV n=2306 (%)

How often do you think about HIV:	%
Never	2.5
Rarely	29.7
Occasionally	43.4
Often	14.7
No response	9.7

A quarter of the men (26.6%) reported that their involvement in gay community life often reminded them of issues related to HIV. Most men, however, did not often discuss HIV with other people, except perhaps their doctor. They were more likely to discuss HIV with other gay men, whether they were friends or sexual partners, than to discuss it with their family or with heterosexual friends.

Table 12 b: Discussions about HIV n=2306 (%)

How often do the following raise HIV with you:	Never	Occasionally	Often	No response
Boyfriend	41.4	40.8	4.9	12.9
Fuckbuddy	39.7	44.7	5.0	10.6
Casual partners	36.8	47.9	6.1	9.3
Gay friends	28.4	58.9	4.6	8.2
Straight friends	57.9	30.7	3.0	8.4
Doctor	34.2	40.4	16.0	9.4
Family	68.1	21.0	2.3	8.5

Beliefs about HIV

The majority of men agreed that HIV is no longer a death sentence and nearly a third believed that it is becoming a manageable disease and is a less serious threat than in the past. About half believed that rates of HIV infection were increasing in the area where they lived. There were, however, differences across the states in this regard: The majority of respondents in NSW and Western Australia, as well as the ACT and Northern Territory did not agree that HIV rates were increasing, and in South Australia about half believed this was the case; in Victoria and Queensland the majority agreed that HIV rates were increasing.

Table 12 c: Beliefs about HIV n=2306 (%)

How much do you agree or disagree:	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
HIV is less serious than it used to be	30.4	30.1	24.1	4.4	11.0
Rates of HIV are increasing where I live	10.3	32.0	37.1	10.1	10.5
HIV is no longer a death sentence	15.5	21.3	43.1	11.8	8.4
HIV is becoming a controllable disease like diabetes	26.1	32.2	26.8	4.3	10.5

Some men felt that HIV was an inevitable part of gay life, annoying and unpleasant but not intolerable:

> (Rural Tasmania, age not provided, HIV-negative) *It's manageable and not a death sentence these days. I believe that in twenty years time, 60% of gay men will have it. It's not ever … going to go away or decrease.*

Mostly, this feeling that HIV poses less of a threat than was the case in the past did not mean that men felt less likely to practise safe sex. Nonetheless, there were some men who were fairly unconcerned about the prospect of an HIV infection:

> (Melbourne, 28, HIV-negative) *HIV is no big worry. If it happens it happens and I move on. I have friends who have been positive for 18 years and they are very successful and very healthy. With medication it's not such a big thing anymore!*

This relative lack of concern about HIV sometimes often appeared to be based on simply not having really given it much thought:

> (Perth, 49, HIV-negative) *Well HIV isn't an issue for me as I am not infected and I count myself very lucky as I do take risks by having bareback sex. To be honest I really don't give it much thought …*

But other men who had experienced HIV themselves made a more considered assessment that HIV was no longer the threat to life that it once represented and so is not on their mind as much:

> (Perth, 27, HIV-positive) *HIV is more of an inconvenience these days … It is an issue,* [but] *it's no longer a part of my typical thought process.*

Others had simply stopped being all that concerned about HIV:

> (Sydney, age not provided, HIV-negative) *Am I jaded? Probably. Am I am over HIV? Absolutely. My generation was the one that dealt with the aftermath of the HIV pandemic. Sexy, funky adverts promoting safe sex (if I was single and screwing around) would do very little to encourage me to practise safe sex whether I am 'clean and sober' or 'off my face'.*

While some men just refused to let HIV be a consideration at all in their lives:

> (Canberra, age not provided, HIV-negative) *Quite frankly, HIV can just get fucked. It's not too much an issue with me, but that's because I've never really had to deal with it.*

Despite the sense that in general gay men feel that HIV poses less of a threat than it once did and that an HIV infection can still mean a long and fulfilling life, this does not mean that they are dismissive of HIV. Indeed, among men who believed themselves to be HIV-negative, 72.4% indicated they believed that 'HIV is still a big deal'. A substantial proportion of men remain extremely concerned about the possibility of HIV transmission. For most this is probably just an aversion to any unnecessary risk, but for others their fear of HIV appears to be overwhelming and diminishes their capacity to derive pleasure from sex. The degree of worry that these men feel in their sex lives was often palpable.

> (Sydney, age not provided, HIV-positive) *I guess the safest sex is not to have anal sex at all. I think oral sex is relatively safe. Sex with condoms is mostly safe, but accidents can happen. I only have sex with condoms, but if I do I find it stressful, because I contracted HIV from what I thought was safe sex (using condoms). I have no idea how or who. I prefer not to have anal sex with guys now.*
>
> (North Queensland, 34, HIV-negative) *I feel scared. I know I take a risk with one guy but I feel so close to him and I trust him. I don't know who else he fucks and I can't be sure he is always safe.*
>
> (Melbourne, 34, HIV-negative) *I can't live in fear and never have sex. That would suck. But I can try and minimise the chances of getting HIV. I have a good friend who is positive, and whilst he is healthy, I'm still reminded of some horrible hospital admissions he has told me about in his past, and I do worry for him. So sometimes when I'm having sex, I can be a little over cautious in checking that the condom is on properly, and that the air bubble is out of the tip...*
>
> (Melbourne, 49, HIV-negative) *HIV dominates my life. I think about it everyday. Twenty five years ago, I was horrified when they said it may take as long as ten years to find a cure! I just live with it and do my best to keep myself safe and healthy. It fucks with your head. I would like very much not to have to think about it.*

For some men, this constant fear of HIV has had a profound impact on their capacity to enjoy their sexual experiences:

> (Melbourne, 24, HIV-negative) *It strongly affects my feelings about sex with gay men. Sometimes I think it puts me off altogether. I believe I am paranoid about it but it's something I often can't control. I worry a lot but I have taken a couple of risks before which I find hard to understand so I will often avoid sexual encounters just to be completely safe. I would rather not have sex at all than risk getting HIV.*
>
> (Sydney, 30, HIV-negative) *I know I think about it often. Even when I'm not consciously thinking about it, I know it's had a huge influence on the way I view sex and my sexuality. I'm naturally a very cautious person. The risk of HIV, especially as it was portrayed during the 80s with the Grim Reaper campaign, has exacerbated my paranoia about communication, physicality, and relationships. I always want to 'know' that any person I meet is not a danger to me. But I always worry that it's impossible to know for sure.*

Some men were confused by the contrast between their own fear and what they perceived to be the attitudes of others around them:

(Sydney, 24, HIV-negative) *All in all, HIV is something that is always at the front of my mind and scares me shitless, why aren't more people feeling the same way!?*

While other men were conflicted by their own desire for UAI, and their ongoing fear of HIV:

(Canberra, 33, HIV-negative) *I'm paranoid about it, and have only just started to occasionally fuck without rubbers. I like the sensation, but think I'm too scared to do it very often.*

For some men, their fears are based in the ravages of AIDS on the gay community, and on their friends, in the past, and they continue to live with those impressions:

(Brisbane, 29, HIV-negative) *I am of an age that I remember the Grim Reaper campaign … and was terrified by it; perhaps that hasn't left me. Certainly I think that there is an aspect of amnesia to gay culture, an unwillingness to remember how much it decimated a generation. Those things play on my mind and the prospect of contracting HIV terrifies me if I contemplate it.*

Some men had a background sort of concern about HIV in the abstract, but explained that it was something so far removed from their own lives that they rarely thought about it very much:

(Regional Queensland, age not provided, HIV-negative) *Sure, I worry about it, but it seems so far removed from my life, 'It wouldn't happen to me' kind of thing. The only info I had about it is from movies and little in the media. I don't know anyone or have had anyone discuss it with me.*

Beliefs about HIV treatments

The majority of men disagreed that HIV treatments have reduced the likelihood of HIV transmission, although about half agreed that taking HIV treatments after unsafe sex can prevent infection.

Table 12 d: Beliefs about HIV treatments n=2306 (%)

How much do you agree or disagree:	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
An undetectable viral load makes it unlikely to pass on HIV	21.3	26.7	15.6	3.7	32.8
An undetectable viral load means HIV cannot be detected in semen	19.3	25.8	13.4	3.5	38.0
HIV treatments after unsafe sex can prevent infection	15.1	18.8	38.9	12.2	15.1
HIV positive men who are on treatments are unlikely to pass on HIV if they fuck without a condom	48.6	31.0	4.6	3.0	12.8

Nonetheless, some men do appear to rely on measures of viral load to assess relative risk, particularly men in serodiscordant relationships:

(Sydney, 48, HIV-positive) *We … never use a condom … If my viral load were detectable I am sure I would feel differently, but it is undetectable so we consider the risk to be minimal especially as we have been doing so for years now and he is still HIV-negative.*

And some HIV-positive men clearly believed that having undetectable viral load reduced, or even negated, their likelihood of transmitting HIV to someone else:

> (Perth, 48, HIV-positive) *I am on treatments and have an undetectable viral load. I don't consider myself to be a risk of spreading HIV. I am aware of the Swiss study. If people don't ask I don't tell. There is mutual responsibility when it comes to sex.*

Attitudes toward HIV transmission

The majority of men disagreed that HIV treatments mean they can be less concerned about HIV transmission, although about a third did think HIV treatments had made it easier to discuss unsafe sex.

Table 12 e: Beliefs about HIV transmission n=2306 (%)

How much do you agree or disagree:	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
HIV treatments take the worry out of sex	39.8	44.1	5.0	2.0	9.3
HIV treatments make it easier to talk about unsafe sex	16.9	33.4	29.2	4.9	15.6
Some things I will do now that I previously felt were too risky	37.8	33.0	15.0	2.8	11.4
My friends fuck without condoms more often because of HIV treatments	35.1	26.5	9.2	1.9	27.3
I fuck without condoms more often because of HIV treatments	58.4	26.5	4.8	1.8	8.5

Nonetheless, when asked to reflect on how much risk they were prepared to take, some said that all sex involved some risk, and that the risk of HIV does not mean they need sacrifice pleasure on all occasions. This man, who occasionally engaged in UAIC, explained why he felt his level of risk was acceptable:

> (Sydney, 57, HIV-negative) *I know that I'm doing something that's a calculated risk. I think I, I think I know that HIV is actually very difficult to catch. It's not an easy thing to catch, even if you do get exposure. I … so that's another part of the thing that, in the back of my mind that says, you know, that if I behave this way it'll be safe. I think I, I think I behave safely…That's how I understand it anyway. So … so I, I think with all those things balanced out against each other, I think, I think I'm pretty safe.*

For other men, it seemed that they could only conceive of a sexual encounter in terms of risk, and went to great lengths to minimise any health risk:

> (Perth, 50, HIV-negative) *When hooking up with a guy, I always insist that even though he says he has had a shower before coming over, I ask him to have another when he comes over, including myself if it means being together showering. I then know … that neither has just had sex with someone with the smell of cum over their body … When the sex is over, I always advise them that we have another shower.*

Some men indicated that they were concerned about HIV and sought to avoid it, but nonetheless found themselves taking risks:

(Perth, 52, HIV-negative) *Of course unprotected sex is risky – but sometimes sex is so good you forget the risk.* [I] *always think about HIV but pleasure takes over.*

Beliefs about HIV status

The majority of men agreed that if they know someone's HIV status this can help to negotiate safe sex. Also, while the majority agreed that it is not possible to be certain of someone's HIV status, they did believe that there were some men whose HIV status they personally could know.

Table 12 f: Beliefs about HIV status n=2306 (%)

How much do you agree or disagree:	Strongly disagree	Disagree	Agree	Strongly agree	Don't know
Knowing someone's HIV status is a way to avoid spreading HIV	6.3	11.4	41.6	30.9	9.8
Knowing someone's HIV status is a way to practice safe sex	9.7	15.6	38.2	26.8	9.6
You can never be sure you know someone's HIV status	1.5	4.9	32.6	51.4	9.6
There are some men whose HIV status I can be sure of	12.4	18.8	36.0	23.0	9.8

When they were considering the possibility of negotiating sex based on HIV serostatus in general, men tended to indicate that this was unreliable, but when they considered it with respect to men they might know themselves, this wasn't always so clear. Even so, it is clear that considerations of HIV serostatus did at least suggest for many men the possibility of reduced risk.

Differences in beliefs across states

Men in NSW and Victoria thought about HIV a little more often than did men in other states or in their likelihood to discuss HIV with other people. Nonetheless, men in Queensland, Western Australia and Tasmania were less likely to discuss HIV with their gay friends. There was, however, little difference across the states and territories in how men thought about HIV and risk in general. Although most men agreed that you can never be certain of someone's HIV status, there was some indication that men in Western Australia were slightly less likely to endorse this view. Although the majority of men in all states believed that HIV is no longer a death sentence, men in Queensland and South Australia were somewhat more likely to reject this belief. Men in Western Australia were also somewhat less likely to believe that use of anti-HIV treatments after unsafe sex can prevent HIV infection. Men in Queensland and Victoria were more likely to agree that HIV rates were increasing where they lived than were men in other states. NSW respondents were somewhat more likely to agree that having undetectable viral load means that you are unlikely to pass on HIV.

Differences in beliefs and HIV status

As might be expected, HIV-positive men thought about HIV much more often than did HIV-negative men. Nearly half the HIV-positive men thought about HIV often, while well over a third of men who believed themselves to be HIV-negative indicated they thought about HIV only rarely if at all. Also to be expected, HIV-positive men were much more likely to discuss HIV with other people, including three quarters who reported often discussing HIV with their doctor.

Although there was no difference in likelihood to endorse the belief that you can never be certain of someone's HIV status, HIV-positive men were somewhat more likely to indicate that there were some men whose HIV serostatus they could be certain of, presumably with reference to other HIV-positive men. **HIV-positive men were more likely to agree that rates of HIV infection were increasing, but were also much more likely to believe that HIV is becoming controllable, that HIV is no longer a death sentence and that HIV is less serious than it had been.** HIV-negative men were also somewhat less likely to believe that use of anti-HIV treatments after unsafe sex can prevent HIV infection. HIV-negative men more strongly disagreed with the belief that HIV-positive men on treatments were unlikely to pass on HIV, while HIV-positive men were more likely to endorse the belief that an undetectable viral load makes HIV transmission unlikely. HIV-positive men were much more likely to indicate a belief that their friends were more likely to discard condoms during anal sex due to the impact of anti-HIV treatments – one third indicated that this was the case. HIV-negative men more strongly disagreed that the availability of these treatments had made them more likely to discard condoms. HIV-positive men were more likely to agree that there were some things they were willing to do now that they had previously thought were too risky – nearly half agreed with this statement; nonetheless, one in seven men who believed they were HIV-negative also endorsed this statement. HIV-negative men more strongly disagreed with the contention that anti-HIV treatments had taken the worry out of sex. HIV-positive men were more likely to disagree that undetectable viral load means that HIV cannot be detected in semen, whereas HIV-negative men were more likely to express uncertainty on this point.

Differences in beliefs and risk behaviour

HIV-negative men who had never engaged in UAIC thought about HIV less often than those who had engaged in UAIC, either recently or in the past. Among HIV-positive men, however, their past or recent sexual history had no impact on how often they thought about HIV. In general, there was little difference between men who had never engaged in UAIC and those who had in terms of their likelihood to discuss HIV with other people. However, men who had engaged in UAIC, either recently or in the past, were more likely to discuss HIV with their doctor. Some of this may be due to increased concern about HIV transmission, either on the part of the doctor or of the men themselves.

For the most part, there was little difference in how men thought about HIV and the risk of transmission in general between men who had recently engaged in UAIC, men who engaged in UAIC over one year prior to survey, and men who indicated that they had never engaged in UAIC. Where there were differences, they were mainly between men who never engaged in UAIC, either in the past or recently, and men who had done so at some time.

Men who had never engaged in UAIC were less likely than those who had *ever* engaged in UAIC to agree that HIV is becoming a controllable disease or that HIV is no longer a death sentence, that HIV is less serious than it used to be, or that undetectable viral load makes it unlikely to pass on HIV. Men who had engaged in UAIC most recently, in the previous year, were more likely to agree that HIV treatments take the worry out of sex and make it easier to talk about unsafe sex, that they are now prepared to do some things that they had previously thought were too risky and that they were engaging in UAIC more often now because of HIV treatments.

Table 12 g: Beliefs about HIV risk and recent or past sexual behaviour (%)

% agreed with statement:	Never engaged in UAIC (n=1372)	Engaged in UAIC over one year ago (n=211)	Engaged in UAIC in previous year (n=723)
HIV is no longer a death sentence	51.1	65.1	58.9
HIV is becoming a controllable disease like diabetes	26.9	35.4	38.0
HIV is less serious than it used to be	24.6	32.7	34.8
An undetectable viral load makes it unlikely to pass on HIV	15.2	24.2	25.4
HIV treatments take the worry out of sex	4.9	4.4	11.6
HIV treatments make it easier to talk about unsafe sex	32.5	30.9	38.3
Some things I will do now that I previously felt were too risky	12.4	14.6	29.2
I fuck without condoms more often because of HIV treatments	3.5	3.9	13.3

Note: Items not mutually exclusive – multiple responses were possible.

Men who had never engaged in UAIC more strongly disagreed that HIV is becoming controllable and that HIV is less serious than it had been, while men who had recently engaged in UAIC were somewhat less certain about the issue in general. Although the majority of men believed that HIV is no longer a death sentence, regardless of their own sexual behaviour, men who had never engaged in UAIC were somewhat more likely to reject this belief. Men who had never engaged in UAIC were also somewhat less likely to believe that use of anti-HIV treatments after unsafe sex can prevent HIV infection than were men who had engaged in UAIC, either recently or in the past. Men who had never engaged in UAIC more strongly disagreed with the belief that HIV-positive men on treatments or those with undetectable viral load were unlikely to pass on HIV. Men who had never engaged in UAIC were less likely to indicate a belief that their friends were more likely to discard condoms during anal sex due to the impact of anti-

HIV treatments, and more strongly disagreed that the availability of these treatments had made them more likely to discard condoms. Men who had recently engaged in UAIC were more likely to agree that there were some things they were willing to do now that they had previously thought were too risky – more than a quarter agreed with this statement. They were also somewhat less likely to disagree with the proposition that HIV treatments had made it easier to discuss unsafe safe, while men who had never engaged in UAIC more strongly disagreed with the contention that anti-HIV treatments had taken the worry out of sex.

Summary remarks

The men who believed themselves to be HIV-negative thought about HIV infrequently, although those who had engaged in UAIC thought about it more often than those who had not engaged in UAIC. For some men, engagement in gay community life meant they were more likely to think about HIV and to discuss it with others. Those who seemed fairly unconcerned about HIV often lacked clear knowledge about it, and some resented being reminded of HIV. At the same time, for other men, there is an ongoing fear of HIV. This suggests the need for community discussion about the 'reality' of both the risk of HIV transmission and what it is like to be diagnosed and then live with HIV. Such discussion could lessen some men's ill-founded fears, but could also risk further alienating those men who are tired of being told what to do. These latter men need to be included in the conversation.

The majority of men appeared to agree that HIV is no longer a death sentence and understood that the consequences of HIV infection had changed substantially due to the availability of ART. Nonetheless a substantial proportion of men who seemed to think of HIV infection as though there had been little change at all during the past twenty years. Only a minority of men overall seemed to hold a fairly 'optimistic' view of HIV treatments and their impact on both the long-term consequences of HIV infection and on the likelihood of HIV transmission. However, these views were much more commonly held among men who had recently engaged in UAIC. HIV-positive men were also more inclined toward this more optimistic view. Given that men who believed themselves to be HIV-negative often had little (known) social contact with PLHIV, it is likely that their knowledge of the impact of ART on HIV infections may be limited, making it less likely that their beliefs around HIV would have shifted substantially over time. This is much less the case for the case for HIV-positive men. Those who had engaged in UAIC, however, may be more inclined to be 'optimistic' about the impact of ART, and the consequences and likelihood of HIV infection, because it accords more comfortably with their desires. Regardless, what is very clear is that there is no single set of beliefs, or a unilinear trend in changes in thinking, about HIV. Men who hold very different views about HIV may do so for similar reasons, and may base their views on well-reasoned considerations, or simplistic suppositions. These are issues of personal judgement, however well or poorly formed. Nor do their beliefs about HIV, whatever they may be, necessarily

predict how they will behave. Some men who believe that the consequences of an HIV infection are very dire, nonetheless continue to occasionally engage in risk behaviour. Others who are very confident that the consequences of an HIV infection are now fairly minimal, nonetheless remain vigilant about always using a condom or playing safe.

Responsibility and Disclosure of HIV Status

Disclosure of HIV serostatus between sexual partners is critical to any negotiation of 'safe sex' that does not involve condoms. Men's expectations of each other in this regard and their sense of who is responsible for preventing HIV transmission underlies their capacity to negotiate these strategies reliably. Men were asked about issues of responsibility and disclosure of HIV serostatus.

Disclosure of HIV status

The majority of men believed that both HIV-positive and HIV-negative men should disclose their HIV serostatus to their sex partners, although they felt somewhat more strongly about this with respect to HIV-positive men than HIV-negative men. When applied to themselves, the majority of men agreed either 'very much' or 'completely' that they should always tell their own sex partners their HIV serostatus. Two thirds (64.2%) of HIV-negative men responded in this way, including 44.2% who agreed completely with this sentiment; half (51.9%) of the HIV-positive men also responded in this way, including 35.2% who agreed completely.

Table 13 a: Attitudes about disclosure of HIV status n=2306 (%)

How much do you agree or disagree:	Strongly disagree	Disagree	Agree	Strongly agree	No response
HIV-negative men should always tell their HIV status to partners	6.3	20.5	30.8	40.3	2.1
HIV-positive men should always tell their HIV status to partners	4.3	8.8	17.1	68.0	1.8

The expectation by some HIV-negative men that HIV-positive men should disclose their HIV serostatus, even if they use condoms, can sometimes be expressed very forcefully:

> (Brisbane, 24, HIV-negative) *In general, I think it should be like people need to be really honest about it like very early in everything. Like … if you've got HIV then you need to tell someone if, before you have sex with them so they don't catch it and … it's kind of … if you, if I had sex with someone who was, who had HIV, and even if it was with a condom – actually, it would be with a condom – and they didn't tell me, and I found out later, I would still, it wouldn't be, it's not the same but it'd be in the same feeling as rape. Like that's a major like betrayal. Even if it's a one-night stand, it's a betrayal. You just don't do that. Like I think it's just a moral thing that they just should do … Because things can happen. Like condoms can break. You might have a cut inside your mouth. Like just things could happen so it's something that needs to be disclosed always*.

Responsibility for avoiding HIV transmission

The majority of men also believed that both HIV-positive and HIV-negative men should always use condoms with their sex partners, although, as with disclosure of HIV serostatus, they felt somewhat more strongly about this with respect to HIV-positive men than HIV-negative men.

Table 13 b: Attitudes about responsibility for condom use n=2306 (%)

How much do you agree or disagree:	Strongly disagree	Disagree	Agree	Strongly agree	No response
HIV-negative men should always use condoms	4.8	19.8	29.6	43.5	2.3
HIV-positive men should always use condoms	3.6	9.5	15.7	69.0	2.1

It seems that the responsibility for avoiding HIV transmission is felt fairly equally by both HIV-negative and HIV-positive men. Mostly, HIV-negative strongly felt that it was their responsibility to protect themselves, and HIV-positive men felt just as strongly that it was their responsibility to protect their partners. When asked about the responsibility of HIV-negative men, half the HIV-positive men felt quite strongly that HIV-negative men were also responsible for protecting themselves. Equally, though, just as many of the men who believed themselves to be HIV-negative felt strongly that it was also the responsibility of HIV-positive men to protect them.

Table 13 c: Attitudes about responsibility for HIV transmission (%)

How much do you think this applies to you:	Not at all	Very little	Somewhat	Very much	Completely
HIV-negative men (n=1950)					
It is my responsibility to protect myself	0.4	0.4	4.0	15.2	80.1
HIV-positive men should be responsible for protecting me	22.7	9.2	20.0	17.0	31.2
It is important I stay HIV-negative	0.8	0.6	2.1	17.0	79.5
HIV-positive men (n=210)					
It is his responsibility to protect himself	9.5	8.1	31.9	21.9	28.6
It is important I don't infect my partners	1.0	1.9	4.8	21.1	71.3

While there was a range of views about disclosure, the concerns about possible rejection among some HIV-positive men appeared to have some basis, given the comments from some of the HIV-negative men. The issue of disclosure of HIV serostatus often elicited contradictory views. Here, an HIV-negative man complains that HIV-positive men do not always disclose because they may face sexual rejection, and then states that he would not have sex with men who disclose being HIV-positive:

> (Sydney, 43, HIV-negative) *In the previous years on a number of occasions … very hot guys … told me after sex (luckily with a condom) that they were HIV-positive. Since then I learned not to trust anyone. HIV-positive people tend not to tell you their status in fear of missing out on sex, in fact if they told me that they were positive before having sex I would not have sex with them.*

The issue of responsibility is often vexed and confusing. Here, an HIV-negative man who sometimes engages in UAIC with partners he has just met, occasionally without having even asked their HIV serostatus, says he would react with some hostility if he later discovered a partner was HIV-positive:

(Brisbane, 29, HIV-negative) *Yeah, that would … yeah, that would freak me out, yeah. It would freak me out and I'd probably give the guy a fucking mouthful too. I'd fucking give, give him a good mouthful.*

And then he goes on to admit that he believes it is everyone's responsibility, while still seemingly blaming the HIV-positive partner for not disclosing his HIV serostatus:

(Brisbane, 29, HIV-negative) *Well there's only one person who has responsibility for it all and that's your own … people might argue that, you know, people who are HIV positive … it's their responsibility to tell you. Yes, true, I do agree with that. But anything you do or anything I do, who's responsible? The person. So … yeah. Even if I hadn't asked and I got, I was told, "Yeah, I'm HIV positive," I'd be like, yeah, I'd be like I guess freaking out worried, and give them a mouthful, and yeah, then I'd be out of there …*

And in this case, an HIV-negative man indicates he has sex with HIV-positive men (always with a condom) and does not consider that to be a problem, yet would nonetheless refuse sex with them completely if at any time they had indicated that they wanted sex without a condom:

(Melbourne, 41, HIV-negative) *… if they want to have sex without a condom … then they're more likely to do it … because I know from … years ago, I preferred to have sex without a condom. For me it was a big difference. It felt better … and if these guys that are HIV positive – and I have sex with lots of them, and they love having sex without a condom, and I see it – then yeah, then I know that that's maybe what they want to do, even though I've said that I don't want to do it.*

He suggests that knowing they wanted sex without a condom would mean that he could not trust them to use a condom as he himself knows how much better it is without one.

(Melbourne, 41, HIV-negative) *I would love to have sex* [without] *condoms all the time, but I'd never do it.*

Nonetheless, when asked if it had ever happened to him that a partner had deceived him and not used a condom, he said no, but that it had happened to friends.

Other HIV-negative men found the idea of sex with someone they knew to be HIV-positive so confronting that they would rather not know at all than react badly to this information:

(Sydney, 48, HIV-negative) *… this is gonna sound awful, I suppose but I don't know that I'd want to have sex with someone I know to be HIV-positive. So sometimes, rather than find out, I don't ask … That's a stupid thing to say. Because … I must have come into contact with the virus over the years … If you knew someone was HIV-positive, you probably wouldn't do half the things that you would do with them if you didn't know…*

Here, an HIV-negative man expresses admiration for HIV-positive men who disclose – but then goes on to sexually reject them himself:

(Regional Victoria, 44, HIV-negative) *I look for partners who are HIV-negative. I appreciate the honesty of people who tell me their positive status, but I cannot bring myself to have sex with them.*

Some HIV-positive men, however, felt that the issue of responsibility and the constant need to be concerned about possibly infecting their partners was too great a burden. This man argued that by disclosing his HIV serostatus to his partners and ensuring that they understand the risk, then any decisions that they made are their own responsibility:

> (Sydney, 38, HIV-positive) *I don't want to be in a situation where I'm having sex with a negative partner, and their safety is playing on my mind the whole time … I've been in serodiscordant relationships and when my partner has made the decision to either practice safe sex with me or not practice safe sex with me, I've made sure that their decision was informed and they've known what the risks were. And I've then relaxed because I've said, "You've, as a consenting adult, have made the decision to take that risk." If something happens, I'm not gonna feel any guilt. And likewise, I don't know who I contracted it from, and I don't feel any, I'm not cranky with them or I don't have any negative emotion towards them. I was the one that made the mistake. So yeah. I just don't want that all hanging over my head.*

Other HIV-positive men felt that the responsibility to disclose their HIV serostatus was dependent on the perceived level of risk involved, which can be complicated by each person's beliefs about transmission. This HIV-positive man indicates that he uses strategic positioning to determine whether he needs to use a condom. On this basis it appears he will only disclose his HIV serostatus if asked or if he was to be the insertive partner in an encounter where he did not know his partner's HIV serostatus:

> (Adelaide, 38, HIV-positive) *When I fuck I use a condom for neg guys and I don't with poz guys. I don't disclose my status to neg guys except where we talked first. I always disclose to other poz guys. When I get fucked I never want a condom to be used. My partner uses a condom because we are discordant. Casual partners it is up to them to decide whether they want to fuck with condoms or not. I never insist or ask – it's their choice what risks they are prepared to accept.*

Differences in attitudes toward responsibility and disclosure across states

Men in NSW were somewhat less likely to hold a strong opinion that HIV-positive men should always use condoms, largely due to the higher proportion of HIV-positive men from NSW. Men in NSW and Victoria were also somewhat less likely to hold a strong opinion that HIV-positive men should always disclose their HIV serostatus and men who believed they were HIV-negative in those two states less firmly believed that HIV-positive men were responsible for not infecting them. There was little difference across the states in how much both HIV-negative and HIV-positive men felt themselves responsible for avoiding HIV transmission.

Differences in attitudes toward responsibility and disclosure and HIV status

While a majority of both HIV-negative and HIV-positive men believed that HIV-negative men should always tell their partners their HIV serostatus and should always use condoms, this opinion was more

common among those who believed they were HIV-negative themselves: 50.0% of HIV-positive men and 75.0% of HIV-negative men agreed that HIV-negative men should always tell their partners; 58.2% of HIV-positive men and 76.5% of HIV-negative men agreed that HIV-negative men should always use condoms. When it came to expectations of HIV-positive men, however, the situation was less straightforward. While a large majority of men who believed they were HIV-negative believed that HIV-positive men should always use condoms and should always tell their partners that they have HIV, far fewer HIV-positive men agreed with these statements: 40.7% of HIV-positive men and 91.5% of HIV-negative men agreed that HIV-positive men should always use condoms; 53.2% of HIV-positive men and 90.2% of HIV-negative men agreed that HIV-positive men should always tell their partners their HIV serostatus. Nonetheless, a majority of both HIV-negative and HIV-positive men believed that they were personally responsible for ensuring that HIV transmission did not occur, and they were about equally likely to ascribe responsibility to their serodiscordant partners.

Differences in attitudes toward responsibility and disclosure and risk behaviour

Men who had never engaged in UAIC were much more likely to hold a strong opinion that both HIV-positive and HIV-negative men should always disclose their HIV serostatus and should always use condoms. Men who had recently engaged in UAIC were less likely to hold these sorts of opinions in general. However, when it came to their own personal responsibility and what they expected of their partners, men who had recently engaged in UAIC were little different to those who had not recently engaged in UAIC. Nonetheless, while most HIV-positive men who had recently engaged in UAIC agreed that it is important they do not infect their partners they were somewhat less firm in that opinion than were those who had not recently engaged in UAIC.

Summary remarks

It is sometimes argued that HIV-negative men expect HIV-positive men to take all responsibility for not infecting their partners, and other times it is argued that HIV-positive men expect HIV-negative men to be responsible for protecting themselves. Mostly, these unbalanced views of men's expectations were not supported in these data: While men expected both HIV-positive and HIV-negative men in the abstract to always use condoms and always disclose their HIV serostatus, they mainly agreed that they were personally responsible themselves for avoiding HIV transmission with their partners. HIV-negative men and men who had never engaged in UAIC were more inclined to have these high expectations in the abstract, but even so, they equally agreed that they were personally responsible as well.

Knowledge and Beliefs about Risk

The risk of HIV transmission varies depending on what a person does and with whom they do it. Different sex acts carry different levels of risk and relative HIV prevalence will determine what, if any, risk those acts might have in a given population, and in specific sexual contexts. While these relative risks can be estimated, individuals also have their own perceptions of what are these relative risks, usually reflecting a set of beliefs within particular networks, subcultures and communities. This is one of the reasons identification matters: It links desire and thought processes. Sometimes these perceptions might include well formed estimations of risk, but at other times they may not, or they may be at least momentarily disregarded. Whatever the case, though, these perceptions of risk are very important considerations in determining what an individual is prepared to do with a particular partner in a particular circumstance. This is compounded both by the fact that HIV prevalence is more concentrated amongst inner urban gay men in Brisbane, Sydney and Melbourne, and the increased number of gay men now living with HIV. These factors increase the likelihood that a sex partner will be HIV-positive. We asked men about their perceptions of the risk of HIV transmission for particular sex acts and in different contexts, and also what level of risk they would be prepared to take.

Beliefs about HIV status

We asked men to estimate what proportion of the men with whom they were having sex they thought were most likely HIV-negative and what proportion they thought were HIV-positive, and then asked them why they thought this might be the case. Relatively few thought they were having sex with more than a very few HIV-positive men and the majority believed they were mainly having sex with HIV-negative men. One third believed that all their partners were HIV-negative.

Table 14 a: Proportion of sex partners believed to be HIV-negative and HIV-positive n=2306 (%)

How many of your sex partners do you think are HIV-positive/HIV-negative:	Proportion believed to be HIV-positive	Proportion believed to be HIV-negative
None	42.7	5.8
A few	35.3	8.3
Half	9.6	4.8
Over half	2.6	10.8
Most	3.0	29.4
All	1.5	30.7
Other	0.0	5.4
No response	5.4	4.9

It was fairly common for men to indicate that they made their estimates about what proportions of their sex partners were HIV-positive and HIV-negative on the basis of information they obtained online.

Nonetheless, it was just as common for men to indicate that they specifically sought out HIV-negative men as sex partners.

Table 14 b: Reasons believed sex partners to be HIV-negative and HIV-positive n=2306 (%)

Are any of the following reasons for why you think this proportion of your sex partners are HIV-positive/HIV-negative:	Reasons for proportion being HIV-positive	Reasons for proportion being HIV-negative
I actively avoid sex with HIV-negative men	10.1	8.5
I go to venues where I think most guys are HIV-negative		5.3
I go to venues where I think most guys are HIV-positive	4.5	
There are not many HIV-positive men where I live	15.7	16.1
There are lots of HIV-positive men where I live		5.7
I check their online profiles to see if they have safe sex	38.4	42.5
I check their online profiles for their HIV status	39.4	39.9
I actively seek out HIV-negative men		42.4
I actively seek out HIV-positive men	10.2	
I mainly socialise with HIV-positive men	4.9	

Note: Items not mutually exclusive – multiple responses were possible.

We asked men how likely they thought it would be that a man they met in a range of possible circumstances would have HIV. In general, men thought it likely that any men they met through gay venues or internet sites might be HIV-positive. Only if they met someone through friends was this seen as somewhat less likely in general. However, anyone they met in a sex-on-premises venue they felt was even more likely to be HIV-positive.

Table 14 c: Perceived likelihood of men met in different ways being HIV-positive n=2306 (%)

How likely is it that a man you met in each of the following would be HIV-positive:	Highly unlikely	Unlikely	Likely	Highly likely	No response
At a beat	2.0	14.6	56.9	21.6	4.9
At a sauna	2.0	15.5	57.4	20.3	4.7
At a sex club	1.9	12.0	56.2	25.1	4.9
In a backroom	1.9	11.9	55.0	26.1	5.2
At a sex party	2.1	13.3	55.6	23.9	5.2
Through friends	9.7	40.5	39.4	5.4	4.9
In a gay bar	3.1	25.9	58.5	7.9	4.6
At a gym	5.2	36.8	46.9	6.1	5.0
Through an online cruising site	2.6	23.6	60.1	8.8	4.9

We also asked men how likely they thought it would be that different kinds of men would have HIV. Overall, they generally thought that there was little difference between types of men and that they might all be likely to have HIV, although this was somewhat less likely with regard to someone they met who was from the country. Age appeared to not be considered an important factor, nor were men from overseas seen as especially more likely to have HIV than were men from Sydney or Melbourne.

However, men who were engaged in sex work and sex work clients were viewed as being especially likely to have HIV. Overall, though, a majority of men acknowledged the possibility that someone in any of these categories might be HIV-positive.

Table 14 d: Perceived likelihood of different types of men being HIV-positive n=2306 (%)

How likely is it that each of the following types of man would be HIV-positive:	Highly unlikely	Unlikely	Likely	Highly likely	No response
Sex worker	3.6	17.1	45.4	28.1	5.9
Guy who paid me for sex	2.2	15.5	52.9	22.9	6.5
Leather man	2.0	21.8	58.4	11.8	6.1
Older guy	2.9	26.1	55.0	9.9	6.0
Younger guy	3.6	31.9	50.7	7.6	6.2
International visitor	2.5	19.9	59.5	12.1	6.0
Guy from Melbourne	2.4	24.6	57.1	9.8	6.1
Guy from Sydney	2.3	19.7	59.5	12.7	5.9
Guy from the country	8.3	39.4	39.8	6.2	5.9

Assessments about relative prevalence played a role for many men in their judgements about how much they needed to be concerned about the possibility of HIV infection:

> (Perth, 20, HIV-negative) *It is uncommon in the area in which I live. I only have unprotected sex with men I fairly trust. I suppose it's a risk I'm willing to take to find whatever I'm looking for …*

Often in interviews **men described how they quickly made assessments about the potential risk in particular encounters, although this was often after UAIC had already commenced or at least was just about to happen**. In this case, an HIV-negative man described making an assessment of risk as a casual partner whose HIV serostatus he did not know was about to enter him without a condom:

> (Melbourne, 28, HIV-negative) *I didn't think I was at very high risk, based on the extensive analysis of his sexual past. Like he hadn't been … yeah. He hadn't been with many guys. And, of course, you don't catch HIV from straight people. He hadn't been with many guys. I, even the guys that he had been with, I don't think, I don't think he'd had much anal sex. He certainly, I don't think he'd ever bottomed. He was always the top. Yeah. So I … made a risk assessment.*

For this man, the fact that prevalence was low among heterosexual people and that this particular partner had very little homosexual experience was clearly an important consideration in determining whether he was taking an unreasonable risk or not.

And here, assumptions about age and nationality played a role in rationalising a partner's likelihood of having HIV:

> (Sydney, 32, HIV-negative) *… because he was only 21. So the age was sort of a bit more, sort of let it go a bit because he was quite a young boy. And he, he'd just come over from Ireland. So I'm assuming that, you*

know, he's, he wouldn't be, wouldn't be HIV-positive. Which, he could have been at the time but I think I, I went with that sort of theory.

In accounts like these, there was little forethought about the likelihood of these partners having HIV. Rather, these were rapid rationalisations made in the heat of the moment when UAIC was about to occur or had already commenced.

These assessments of relative risk were often based on pieces of information:

(Melbourne, 27, HIV-negative) *Certainly* [the risk is] *bigger here* [in Melbourne] *than it was in Brisbane. The actual, like percentage-wise, I really wouldn't have a clue. I'm not really sure just how prevalent it is. I said I know it's more prevalent down here than it was back home, but what it is down here I don't actually know.*

Sero-sorting

Sero-sorting, or restricting UAI to sexual partners who are perceived as being of the same HIV-status, is probably the most common non condom-based risk-reduction strategy. It is, of course, self-evident that if both partners are the same HIV serostatus then HIV transmission cannot occur. What is at issue is how much one can rely on knowing a partner's, or indeed one's own, HIV serostatus. For sero-sorting to be effective it requires some negotiation that includes disclosure of HIV serostatus between partners, and regular HIV testing. This requires some degree of trust that the information being shared is both accurate and honest. The extent to which gay men are willing to practise sero-sorting as a risk-reduction strategy, depends on the extent to which they believe that it is possible to accurately know one's HIV serostatus and the extent to which they believe they can trust their partners, either in general or specific partners on specific occasions. We asked several questions about sero-sorting to assess men's beliefs about this as a risk-reduction strategy.

We used Kalichman's (1995) measure of attitudes to sero-sorting in general. The majority of men appeared to agree at least a little that being told a partner has the same HIV serostatus reduces the risk at least sufficiently that they need not worry as much, and does increase the possibility that they might not use a condom.

Table 14 e: Measure of beliefs about risk and sero-sorting n=2306 (%)

If my partner says he is the same HIV status as I am:	I worry less about HIV	I am more likely to have UAI
Strongly disagree	13.7	23.9
Disagree	9.4	11.8
Slightly disagree	6.4	5.7
Slightly agree	24.3	18.2
Agree	26.8	20.3
Strongly agree	16.2	17.2
No response	3.2	3.2

These broad attitudes about sero-sorting, though, are likely to depend very much on the individual's relationship with each sex partner and on the types of assumptions and beliefs about the impact of HIV infection – and other STIs. Here, a man indicates he makes decisions about partner choice based on physical signs of infection:

> (Sydney, 22, untested) *Always use a condom and don't have sex with people who display obvious symptoms of an STI (like sore or rashes on the face or genitals)*

A man's capacity to have reliable information on his partner's HIV serostatus will vary according to how well they know each other. We asked men how likely it was that they would have UAI with both HIV-positive and HIV-negative partners, depending on the nature of their relationship with those men: Whether they were their boyfriends, fuckbuddies, someone they had just met, a casual partner who they have met before, friends, or a 'hot' anonymous man. When they were told a partner was HIV-negative, the better-known the men were to each other, the more likely participants were to consider the possibility of UAI. However, when they were told a partner was HIV-positive, there was little difference in their likelihood to consider UAI, regardless of their relationship with each other.

Table 14 f: Likelihood of UAI with different categories of HIV-negative and HIV-positive men n=2306 (%)

How likely is it that you would have UAI with each of the following types of man if he told you he was:	Highly unlikely	Unlikely	Likely	Highly likely	No response
HIV-negative					
Your boyfriend	17.1	8.0	23.9	48.7	2.3
A fuckbuddy	41.0	20.7	23.9	11.7	2.7
Someone you have just met	65.1	17.5	8.4	6.1	2.9
A casual partner you have met before	51.1	22.0	16.5	7.8	2.6
A friend	36.4	21.9	27.5	11.4	2.8
A 'hot' anonymous guy	62.4	18.5	9.4	6.8	2.8
HIV-positive					
Your boyfriend	76.9	5.3	3.7	12.0	2.1
A fuckbuddy	81.1	3.3	2.7	10.5	2.4
Someone you have just met	82.8	3.2	1.8	10.0	2.2
A casual partner you have met before	82.0	3.3	2.4	10.1	2.3
A friend	81.1	3.8	2.6	10.1	2.4
A 'hot' anonymous guy	81.7	3.2	2.3	10.1	2.6

Sero-sorting was cited by some men as reason enough to forego condoms, but, for others, it was an augmentation of the safety derived from the use of condoms:

> (Perth, 38, HIV-negative) *Safe sex is having sex with people you know both are HIV negative.*

(Perth, 24, HIV-negative) *Not having any sex at all with HIV-positive men and using condoms for ALL casual partners.*

For some HIV-negative men, being told that a partner was HIV-positive meant they restricted the kind of sex they have, often avoiding anal sex altogether:

(Melbourne, 28, HIV-negative) *We … yeah, we went out to dinner … had really good conversation. Everything was going really well. He came back to my place and we were sort of kissing, and he was, he said, "Look, I need to tell you something. I'm HIV positive." That took me aback a bit because I wasn't expecting that. But, at the same time, I didn't, I sort of didn't want it to be an issue. I was, I was trying not to make it too much of an issue. So he still stayed over and we, yeah, we had sex … but we didn't fuck.*

Some HIV-negative men avoided sex with HIV-positive men altogether:

(North Queensland, 62, HIV-negative) [HIV is] *not an issue and I avoid having sex with HIV-positive guys.*
(Regional NSW, 19, HIV-negative) *I avoid HIV-positive men in sex. I don't like the idea of risk.*

These concerns about the possibility of infection often made HIV-negative men feel uncomfortable because they knew they could play 'safe' and avoid infection but the knowledge that a partner was HIV-positive made the prospect of sex seem fraught:

(Sydney, 32, HIV-negative) *I guess because I'm too scared, you know … I do know that you can have sex with an HIV guy but I think for me it's more, because you know they've got it. Whereas someone who, which, I don't know, it's sort of a hard one to, you know. Because you know that person's got HIV. So I'm a lot more scared that I'm knowing that I will contract it but which, you know, the chances are limited if you use condoms … Whereas to somebody that's meant to be HIV negative and you're having sex with them, I guess, in my mind, I know HIV's not an issue. Which it can be but, yeah. I don't know. It's a very hard one to … You know, if he just told me there and then, "I'm HIV," I'd go, "Whoa! Okay, I'm not sucking you off! If* [necessary] *I'm just gonna wank you and go. But you're gonna cum over there." It's a bit harsh but …*

Some men felt strongly that HIV-positive men should not place others at risk. In some cases the expectations of HIV-positive men's behaviour were very great indeed:

(North Queensland, no age provided, HIV-negative) *Would prefer not to use condoms. HIV-positive. people should not have sex till they get rid of it.*

However, some HIV-negative men found HIV-positive men very attractive. While the following man expressed hesitation at a relationship with an HIV-positive partner due to fears about the partner's possible decline in the future, he described how he found them sexually exciting:

(Sydney, 32, HIV-negative) *On the other hand, I find a lot of 'poz' guys sexy – probably the same disinhibited style that increased their risk in the first place.*

For many HIV-positive men, it was important to them that they not infect anyone else, so restricting all their sex to other HIV-positive men minimised that risk:

> (Melbourne, 26, HIV-positive) *Because I'm positive it is why I only seek out other positive guys for sex, therefore eliminating any chance of infecting someone else.*

Other HIV-positive men indicated a willingness to have sex with condoms with HIV-negative men, but still preferred HIV-positive partners:

> (Sydney, 39, HIV-positive) *Generally sero-sort. Meet lots of guys online who are 'neg' or 'don't know' or 'don't care' who want* [bareback]. *Not into that. Will play safely with neg guys but prefer poz guys.*

For the most part, HIV-positive men trusted in safe sex and used condoms with partners who were not seroconcordant, making their decisions about safe sex based on disclosure. However, sex is not simply about managing risk and so the risk of HIV is not the only factor in men's decisions about who they have sex with. This HIV-negative man expressed the importance of the emotional connection with a partner, which over-rode any considerations of HIV serostatus:

> (Sydney, 45, HIV-negative) *I like to connect at an emotional level and if I like them I don't care if they are positive or negative.*

And, of course, many felt that HIV serostatus was not a factor in decisions about who to have sex with:

> (Sydney, age not provided, HIV-positive) *Being a good lay has nothing to do with HIV status – you just might do different things if you both know.*

Discrimination and stigma are often important issues for many gay men, and the idea that they might be guilty of discrimination is a consideration for some in how they find sex partners. In this case, an HIV-negative man indicates that he consciously tries not to discriminate on the basis of HIV serostatus:

> (Sydney, 46, HIV-negative) *I like to think I don't discriminate against HIV-positive people. I have knowingly had sex with HIV-positive men but we both knew the risks and took appropriate precautions. HIV status does not affect how/when I have sex.*

But here, an HIV-negative man explains that he knows he should not discriminate, but in practice he does so because he wants to avoid any risk:

> (Sydney, 40, HIV-negative) *I have friends who have it and I've been taught that positive people should be treated equally. Yes, I avoid sex with them because there is still a risk.*

Beliefs about HIV transmission and safe sex

The question of the risk of HIV transmission was an important issue for most men, but some men were conscious that there are no straightforward answers and that greater knowledge can have mixed effects on an individual's behaviour:

(Melbourne, 28, HIV-negative) *HIV used to be a big unknown. It was the big, scary, bad guy over in the corner that I didn't know very much about and sort of kept it that way. Because if you, by not knowing, it was easier to be afraid of. You could just leave it as a big, scary thing. And that was a good motivator for me … for not taking risks … I'm looking for more information these days because I'm having more interactions with people who have HIV … And knowing that information makes me, it doesn't make me less risk averse, or am I making better decisions? I don't know. It's hard to know what is a risky or not a risky decision.*

We asked men specifically what they thought about the risk of HIV transmission, what kinds of sex they thought were safer or riskier. A majority agreed that oral sex was unlikely to transmit HIV, although one in ten strongly disagreed with this sentiment. Also a majority seemed to support the concept of strategic positioning – that being the insertive partner is safer than being the receptive partner – but nonetheless one in five strongly felt otherwise. Also, when asked if they believed that by always being the insertive partner an HIV-negative man would be unlikely to be infected, a majority disagreed.

Table 14 g: Beliefs about relative risk of sex practices n=2306 (%)

How much do you agree or disagree:	Strongly disagree	Slightly disagree	Slightly agree	Strongly agree	No response
It is safer for HIV-negative men to fuck than be fucked	21.6	12.1	43.9	14.4	8.1
You are unlikely to get HIV through oral sex	10.5	18.4	40.2	22.9	8.0
If you have a lot of partners you're more likely to get HIV	9.1	12.7	41.1	28.9	8.2
If an HIV-negative man is always the top he probably won't get HIV	35.6	33.2	20.8	2.5	7.9
If his partners always withdraw before cumming he probably won't get HIV	47.9	32.8	9.9	1.3	8.2

This mixed attitude to strategic positioning was often matched in the interviews, where men sometimes referred to it with reservations, as though they crave more certainty to inform their decision making:

(Regional Victoria, 33, HIV-negative) *Occasionally fucking or putting your dick inside someone at the start without a condom can be enticing before you get into it and whack one on. Yes I admit I am of the belief as a top, I am at less risk but I am never sure, and it sometimes does my head in, but look at the world we live in.* ***Sex has become fear*** [emphasis added].

Some men had a vague sense that strategic positioning might reduce the risk:

(Sydney, 48, HIV-negative) *And I suppose friends have told me, or people over the years – well in the last sort of 12 months – that there probably is … less risk of someone who's a top catching HIV than a bottom? Is that, or is it equal, equal for both?*

However, when he was told that there was some evidence that the insertive partner may be at less risk but that there still remained some level of risk that was uncertain, he was quick to emphasise that he understood this difference, as though he expected to hear a lecture on the difference:

(Sydney, 48, HIV-negative) *I know, there's still a risk there, of course. I know that you don't want me to think that you're, you know, saying "go for it!" because I know that you're not saying that.*

Some men were confused about strategic positioning and felt uncomfortable that they had no clear advice or information to guide them:

(Melbourne, 29, HIV-negative) *… the guy who takes my tests says as a top I don't need to worry about it so much. So sometimes I do it and feel like I am missing out on the opportunity to fully enjoy the fuck I am having. And occasionally I am risky and fuck bare, then spend the next month freaking out.*

Men in serodiscordant relationships often felt that non condom-based risk-reduction strategies were important for their relationship and for their capacity to share the level of intimacy with their partner that they desired. In this case, they relied on both strategic positioning and undetectable viral load to minimise the risk of transmission:

(Sydney, 48, HIV-positive) *We originally fucked with condoms but … it's just not as good and he absolutely agrees and wanted to go condomless. This was a source of worry for some long while – I always felt guilty and it took the edge off the sex. Now we are completely comfortable about it and never use a condom – he is topping me always after all. So it's not an issue between us anymore and I never think about it between us. If my viral load were detectable I am sure I would feel differently, but it is undetectable so we consider the risk to be minimal especially as we have been doing so for years now and he is still HIV-negative.*

A majority of men agreed that having more partners increased the risk of infection but there was little support for the belief that withdrawal might offer some protection. Nonetheless, men often mentioned withdrawal as an additional measure of risk-reduction:

(Regional NSW, 54, HIV-positive) *Different strokes for different guys: with negative: all of the above but with a condom, if the guy wants to fuck without I will because my* [viral load] *is undetectable and transmission risk is small; I will, however, normally pull out before I cum.*

(Regional Victoria, age not provided, untested) [Safe sex is] *screening potential partners. Always using condoms with partners you are not familiar with. If no condom used, pull out before ejaculation.*

Some men clearly did believe that withdrawal reduces the risk of infection:

Last night in the park, some hot guy was already greased up and offering his lovely arse to any thick dick. I watched four guys fuck him (including me). They all pulled out before cumming – that's safe sex provided pre-cum not present.

For many men the lack of clear information about levels of risk, particularly for oral sex, remained a frustration:

(Melbourne, 28, HIV-negative) *Sucking is the mysterious one. I did some research recently as a potential partner is HIV-positive and the jury seems out on oral sex and transmission via cum through the mouth. That*

is the most concerning as I am probably very likely to have oral sex with someone whose HIV status I don't know - e.g. picking someone up at a bar or venue. It had made me nervous because the risk/return is too great - a fun night blowing someone vs. getting HIV. I feel that I should do more research and see a doctor for advice and information, but haven't done so yet. It would be nice if there was a definitive answer, but that's probably not possible.

In other cases, the degree of fear about the possibilities of HIV transmission meant that they were unable to conceive of hardly any sex that they might consider 'safe':

(Sydney, 52, HIV-negative) *I avoid HIV-positive guys as there is no safe sex with them, e.g. in nipple play (hot), nipples can suddenly bleed in your mouth.*

Balancing risk and pleasure

Although we did not ask men directly whether it was more important to avoid risk (of HIV infection) or pursue pleasure, many nonetheless offered comments to that effect. In explaining why he decided not to use a condom with a man he had just met in a sauna on the basis only that he had told him he was HIV-negative, this man explained:

(Sydney, 57, HIV-negative) *I think everything has a risk. I still, I still think everything has a risk. But I guess it's a calculated risk, isn't it, in that situation.*

Other men acknowledged that they definitely wanted to avoid HIV infection but still felt that some degree of risk-taking was inevitable if they wanted to enjoy themselves:

(Perth, 27, HIV-negative) *I am scared of HIV, but not enough to not want to take small risks.*

Other men explained that they accept a level of risk, even though they seemed to believe that it was inappropriate to do so:

(Sydney, 48, HIV-negative) *And it's, it's probably very silly, I suppose. But, yeah, I do, I do, I do accept that risk. And I can't really give you any valid reason …*

Some men simply described the enjoyment of sex as something that overrides concerns about HIV and risk:

(Melbourne, 22, HIV-negative) *Jesus mate, it's not an issue for me, I'm 22 and I'm out looking for it 24/7. If I see a hottie I'm in for the chase. I'm in an open relationship so I don't give a shit. I'm a* [tradesman] *by trade and meet some hot tradies in a day's work. I reckon I'm careful enough not to get HIV but I guess we all might stuff up some times.*

The tensions between pleasure and risk create inevitably conflicted feelings:

(Melbourne, 27, HIV-negative) *If the opportunity arose to break the rule* [no UAIC] *I would probably take advantage of it, which defeats it altogether.*

While this man practices various self-management strategies, at different points in the interview he also speaks of a desire for *'the feeling'*, *'a feeling all of its own'*, of wanting *'bare but not HIV'*, and of *'something else driving me towards it…the sheer enjoyment of doing it, of that being done'*.

The balance of risk versus pleasure is also affected by the degree of discomfort or dissatisfaction that men feel with condom use and the degree of risk they perceive in particular sex practices with specific partners:

> (Melbourne, 23, HIV-negative) [I] *only have unsafe sex with my long-term fuckbuddy. Whilst there IS still a risk in what I'm doing, the risk is far outweighed by the pleasure of it. After all, I could get hit by a bus tomorrow, … and have only had stinging, rushed sex because of condoms/water-based lube.*

Other men were simply 'over it' and wanted to feel free of having to worry about HIV anymore:

> (Adelaide, 34, HIV-negative) *Don't think about it too much. Yes it's out there. Yes it's a risk; but after 23 years of being hit over the head by it I am over it! I just want to have sexual fun and enjoy sex without the guilt like most of my straight friends. It really has become a 'gay disease' again in terms of campaigns, education and statistics.*

Differences in beliefs about risk across states

As might be expected, given relative HIV prevalence, men in NSW and Victoria were more likely to believe that their sex partners could be HIV-positive, while men outside those two states were more likely to believe that all of their partners are HIV-negative. When asked why they believed their sex partners to be relatively likely or unlikely to be HIV-positive, there was actually very little difference across the states in their rationales for these beliefs. Men in South Australia, Western Australia, Tasmania and the territories were, however, more likely to cite the fact that there are relatively few HIV-positive men living where they live, and men in NSW and Victoria were more likely to indicate that there are 'a lot' of HIV-positive men where they live, as a reason for believing that relatively few, or many, of their partners are HIV-positive, or, as in the case of the less populous states, for believing that all of their partners are HIV-negative. Also, men in NSW and Victoria were slightly more likely to indicate that they attend venues where they believe the crowd is more likely to include HIV-positive men. Men in NSW and South Australia were somewhat less likely to indicate that they actively seek out HIV-negative partners.

There was very little difference across the states in men's perceptions of the likelihood that men they met in different ways might have HIV or that different types of men might have HIV. This also applied to perceptions of the likelihood that men from Sydney and Melbourne would have HIV.

There was also very little difference across the states in broad attitudes to sero-sorting. However, when asked whether they would consider UAI with a friend who had told them he was HIV-negative, men in NSW and Victoria were slightly less likely to indicate that they might consider UAIC in this case. Also, men in NSW were a little less likely to consider UAI with a casual partner they had previously met and who had told them he was HIV-negative. Otherwise, though, there was little difference across the states in likelihood to consider UAI, and particularly with a partner who had told them he was HIV-positive.

There was also little difference across the states in men's beliefs about whether particular sex practices are more or less risky for HIV transmission. There was a slight tendency for men in Queensland, Western Australia and Tasmania to believe there may be some risk in oral sex than were men in other states.

Differences in beliefs about risk and HIV status

As might be expected, most HIV-positive men believed that some of their partners were also HIV-positive; about a third believed that most or all of their partners were HIV-positive. **Among men who believed they were HIV-negative, however, nearly half believed that none of their partners were HIV-positive, and a third that all of their partners were HIV-negative.**

Table 14 h: Proportion of sex partners believed to be HIV-positive and HIV status (%)

How many of your sex partners do you think are:	HIV-positive (n=224)	Believed HIV-negative (n=2076)
HIV-positive		
None	3.1	47.0
A few	19.6	37.0
Half	21.0	8.3
Over half	15.6	1.2
Most	26.3	0.4
All	4.9	1.1
Other	0.0	0.0
No response	9.5	5.0
HIV-negative		
None	4.9	5.9
A few	27.5	6.0
Half	11.9	3.9
Over half	12.3	10.5
Most	11.5	31.2
All	0.1	33.9
Other	15.2	4.1
No response	16.6	4.5

When asked why they believed their sex partners to be relatively likely or unlikely to be HIV-positive, one quarter (26.8%) of the HIV-positive men indicated that they actively avoid sex with HIV-negative partners. However, HIV-positive men were more likely to indicate that they did not care about the HIV

serostatus of men they had sex with: One third of HIV-positive men (30.4%) and 10.0% of men who believed they were HIV-negative said that HIV serostatus was not a consideration in finding sex partners. Nonetheless, **nearly half the HIV-positive men (46.9%) indicated they actively seek out HIV-positive partners; the same proportion of HIV-negative men (46.2%) indicated that they actively seek out HIV-negative partners**. About a quarter of the HIV-positive men indicated that they attended venues that attracted HIV-positive men (23.2%) or that they mainly socialised with other HIV-positive men (23.7%), and nearly a third (29.5%) reported that there were 'a lot' of HIV-positive men where they lived. HIV-positive and HIV-negative men were equally likely to use information from online profiles to determine the HIV serostatus of sex partners. However, **HIV-negative men were more likely to use online profiles to determine what proportion of their partners was HIV-negative**: 43.9% of HIV-negative men and 29.9% of HIV-positive men used information about whether they practised safe sex for this purpose; 40.9% of HIV-negative men and 30.8% of HIV-positive men used information on their partners' profiles about their HIV serostatus.

There were just a few differences in HIV-negative and HIV-positive men's perceptions of the likelihood that men they met in different ways might have HIV or that different types of men might have HIV. HIV-positive men were more likely to indicate that it was likely that men they met through friends would have HIV – undoubtedly because they socialised with a larger proportion of HIV-positive men in general. Indeed, there was a slight tendency for HIV-positive men to indicate that a somewhat larger proportion of men they met in social contexts would also be HIV-positive. HIV-positive men were also more likely to indicate that a higher proportion of men from Melbourne and Sydney might have HIV.

HIV-positive men generally appeared to subscribe to some form of sero-sorting as risk-reduction in general; a majority of men who believed they were HIV-negative also appeared to agree that sero-sorting reduces risk, but they were much less strongly of that opinion.

Table 14 i: Attitudes toward sero-sorting and HIV status (%)

If a partner tells you his HIV serostatus is the same as yours, how much do you agree that you would:	HIV-positive (n=224)	Believed HIV-negative (n=2076)
worry less about HIV		
Strongly disagree	6.3	14.5
Disagree	3.6	10.0
Slightly disagree	4.0	6.7
Slightly agree	12.5	25.6
Agree	22.3	27.4
Strongly disagree	46.0	12.9
No response	5.3	2.1
not use a condom for anal sex		
Strongly disagree	11.2	25.3
Disagree	3.6	12.8
Slightly disagree	1.3	6.2
Slightly agree	8.9	19.2
Agree	21.9	20.1
Strongly disagree	48.7	13.8
No response	2.6	2.4

When asked whether they would consider UAI with partners who had told them they were HIV-negative, as might be expected HIV-positive men tended to say that this would be unlikely in general, although about a third were willing to consider it – with about one in six willing to do so if they took the receptive position and their partner was insertive only. Men who believed they were HIV-negative themselves tended to be unwilling to consider this as a possibility as well, but it depended very much on their relationship with that person. When asked this question with respect to their boyfriend, two thirds of the HIV-negative men indicated they would be likely to do this; over half the HIV-positive men indicated that it would be highly *un*likely. When asked the same question about an HIV-negative fuckbuddy or friend, more than a third of HIV-negative men considered there was at least some possibility that they might consider UAI with him, although one in eight would only consider this if they took the insertive position. When there was no pre-existing relationship, few HIV-negative men were willing to consider the possibility of UAI with these partners: Two thirds said they would be highly unlikely to consider UAI with someone they had just met or with a 'hot anonymous guy'; even with a casual partner they had previously met, but was not necessarily a friend or a fuckbuddy, half indicated that any consideration of UAI with such a partner would be highly unlikely.

Table 14 j: Likelihood of UAI and HIV status (%)

Would give any consideration to possibility of UAI with:	HIV-positive (n=224)	Believed HIV-negative (n=2076)
HIV-negative partners:		
Boyfriend	38.3	78.1
Fuckbuddy	30.4	37.1
Friend	31.0	41.0
Casual partner met before	29.3	24.4
Casual partner just met	26.3	13.7
Hot anonymous guy	28.9	15.7
HIV-positive partners:		
Boyfriend	71.2	10.1
Fuckbuddy	65.1	8.1
Friend	62.2	7.8
Casual partner met before	60.9	7.6
Casual partner just met	58.8	7.3
Hot anonymous guy	58.7	8.0

Note: Items not mutually exclusive – multiple responses were possible.

When asked whether they would consider UAI with partners who had told them they were HIV-positive, HIV-positive men, of course, mainly indicated that this would be likely; and, of course, men who believed they were HIV-negative were very unlikely to consider this as a possibility, regardless of their relationship with that person.

There was little difference between what HIV-positive men believed about whether particular sex practices are more or less risky for HIV transmission and the beliefs of HIV-negative men. However, HIV-positive men tended to be firmer in their beliefs: That there is little risk in oral sex; that having multiple partners does not necessarily increase the risk of HIV transmission; and that withdrawal before ejaculation in the anus reduced the risk of HIV transmission.

Differences in beliefs about risk and risk behaviour

Men who had never engaged in UAIC were less likely to believe that any of their partners were HIV-positive; about half believed that none of their partners were HIV-positive and well over a third that all of their partners were HIV-negative. Slightly more men who had recently engaged in UAIC indicated that a majority of their partners was HIV-positive, but this was mainly because they were HIV-positive themselves.

Table 14 k: Proportion of sex partners believed to be HIV-positive or HIV-negative and sexual risk behaviour (%)

How many of your sex partners do you think are:	Never engaged in UAIC (n=1372)	Engaged in UAIC over one year ago (n=211)	Engaged in UAIC in previous year (n=723)
HIV-positive			
None	48.3	32.7	34.9
A few	33.2	48.3	35.4
Half	7.6	14.2	12.0
Over half	1.9	0.5	4.6
Most	1.5	1.9	6.2
All	1.7	1.4	1.1
Other	0.0	0.0	0.0
No response	5.8	1.0	5.8
HIV-negative			
None	7.1	3.3	4.0
A few	7.0	9.4	10.5
Half	3.8	4.7	6.6
Over half	9.0	16.6	12.6
Most	27.8	36.5	30.3
All	34.8	21.8	25.6
Other	5.5	6.2	4.7
No response	5.0	1.5	5.7

When asked why they believed their sex partners to be relatively likely or unlikely to be HIV-positive or HIV-negative, there was little difference between those who had engaged in UAIC and those who had not in terms of whether they indicated that they actively avoid sex with HIV-negative partners. Nonetheless, about one in seven of the men who had recently engaged in UAIC indicated they actively seek out HIV-positive partners – mainly because they were HIV-positive themselves; among the HIV-negative men, however, those who had recently engaged in UAIC were slightly more likely to indicate that they actively seek out HIV-negative partners or avoid HIV-positive partners. Men who had recently engaged in UAIC were slightly more likely to indicate that they attended venues that attracted HIV-positive men or that there were 'a lot' of HIV-positive men where they lived or that they mainly socialised with HIV-positive men. However, men who had engaged in UAIC, whether recently or in the past, were slightly more likely to check their partners' HIV serostatus on their online profiles to determine what proportion of their partners were HIV-positive or HIV-negative.

There was very little difference between those who had engaged in UAIC, either recently or in the past, and those who had not engaged in UAIC in their perceptions of the likelihood that men they met in different ways might have HIV or that different types of men might have HIV.

Men who had engaged in UAIC, and especially those who had done so recently, generally appeared to subscribe to some form of sero-sorting as risk-reduction in general; about half the men who had never

engaged in UAIC also appeared to agree that sero-sorting reduces risk, but they were much less strongly of that opinion. Among HIV-positive men these findings were broadly the same, although the number of HIV-positive men who had engaged in UAIC in the past but not recently was very small.

Table 14 l: Attitudes toward sero-sorting and sexual risk behaviour among HIV-positive men (%)

If a partner tells you his HIV serostatus is the same as yours, how much do you agree that you would:	Never engaged in UAIC (n=73)	Engaged in UAIC over one year ago (n=15)	Engaged in UAIC in previous year (n=126)
worry less about HIV			
Strongly disagree	14.1	0.0	3.2
Disagree	5.6	6.7	2.4
Slightly disagree	4.2	0.0	4.8
Slightly agree	19.7	26.7	7.9
Agree	23.9	20.0	23.8
Strongly disagree	32.4	46.7	57.9
not use a condom for anal sex			
Strongly disagree	27.4	13.3	2.4
Disagree	4.1	13.3	2.4
Slightly disagree	2.7	0.0	0.8
Slightly agree	12.3	26.7	5.6
Agree	24.7	13.3	23.0
Strongly disagree	28.8	33.3	65.9

Note: Data were missing for some men.

Among men who believed themselves to be HIV-negative, the same patterns could be found. However, it was particularly clear that **it was those men who had recently engaged in UAIC specifically who were much more likely to subscribe to sero-sorting as a risk-reduction strategy**.

Table 14 m: Attitudes toward sero-sorting and sexual risk behaviour among HIV-negative men (%)

If a partner tells you his HIV serostatus is the same as yours, how much do you agree that you would:	Never engaged in UAIC (n=1251)	Engaged in UAIC over one year ago (n=195)	Engaged in UAIC in previous year (n=574)
worry less about HIV			
Strongly disagree	19.5	9.3	7.0
Disagree	11.8	14.4	5.4
Slightly disagree	7.7	7.2	5.1
Slightly agree	25.3	28.4	28.1
Agree	25.2	26.3	35.3
Strongly disagree	10.5	14.4	19.1
not use a condom for anal sex			
Strongly disagree	34.2	19.0	10.5
Disagree	14.1	21.0	8.2
Slightly disagree	6.6	5.1	6.1
Slightly agree	17.3	25.1	23.0
Agree	16.7	18.5	30.1
Strongly disagree	11.0	11.3	22.1

Note: Data were missing for some men.

When asked whether they would consider UAI with partners who had just told them they were HIV-negative, HIV-negative men who had never engaged in UAIC were generally less willing to consider this possibility than were those who had engaged in UAIC, especially those who had done so recently. Amongst those who had recently engaged in UAIC, this difference was particularly pronounced with respect to partners with whom there was an ongoing relationship, such as friends and fuckbuddies. With respect to partners who had told them they were HIV-positive, men who believed themselves to be HIV-negative were unlikely to consider the possibility of UAI with those partners, regardless of any relationship they might have with them and regardless of whether they had ever engaged in UAIC at all. Nonetheless, even though it was a fairly small minority, those who had recently engaged in UAIC were more likely to consider the possibility of UAIC with HIV-positive partners than were those who had not done so.

Table 14 n: Likelihood of UAI and sexual risk behaviour among HIV-negative men (%)

Would give any consideration to possibility of UAI with:	Never engaged in UAIC (n=1251)	Engaged in UAIC over one year ago (n=195)	Engaged in UAIC in previous year (n=574)
HIV-negative partners:			
Boyfriend	73.8	81.1	86.5
Fuckbuddy	24.4	35.4	65.5
Friend	28.7	40.5	67.6
Casual partner met before	13.7	20.2	49.2
Casual partner just met	7.0	10.3	29.4
Hot anonymous guy	8.2	13.0	31.8
HIV-positive partners:			
Boyfriend	8.0	5.6	16.3
Fuckbuddy	6.0	4.6	14.0
Friend	5.5	5.1	13.8
Casual partner met before	5.7	4.6	13.1
Casual partner just met	5.5	4.6	12.5
Hot anonymous guy	5.9	4.6	13.4

Note: Items not mutually exclusive – multiple responses were possible.

Among HIV-positive men, there was little difference in their likelihood to consider UAI with partners who had told them they were HIV-negative regardless of whether or not they had ever engaged in UAIC, and regardless of the nature of their relationship with those partners. They were generally unwilling to consider this. But with HIV-positive partners, regardless of their prior history of UAIC, they were generally willing to consider the possibility of UAI with such partners.

In most respects, men who had never engaged in UAIC were more cautious in their beliefs about whether particular sex practices are more or less risky for HIV transmission. Only with regard to having multiple partners was there little disagreement between men who had engaged in UAIC and men who had not: Most believed that having multiple partners increases the likelihood of HIV transmission. However, **HIV-negative men who had recently engaged in UAIC were particularly less cautious in their beliefs about the relative risk involved in particular sex practices**. 'Experience' may create confidence in the ongoing effectiveness of risk-reduction, thereby diminishing ongoing regard for the risk involved. Given the particular lack of any degree of protection in the practice of withdrawal (Jin et al. 2009), the minority of men who engaged in UAIC and believed that withdrawal was protective suggests that some particular information on this issue may be helpful.

Table 14 o: Beliefs about the riskiness of particular sex practices and sexual risk behaviour (%)

Proportion who agree that:	Never engaged in UAIC (n=1372)	Engaged in UAIC over one year ago (n=211)	Engaged in UAIC in previous year (n=723)
It is safer for an HIV-negative man to be the insertive partner during anal intercourse	58.1	72.0	70.9
You are unlikely to get HIV through oral sex	64.4	80.0	73.2
If you have a lot of partners you are more likely to get HIV	76.5	74.2	76.3
If an HIV-negative is always the insertive partner he will not get HIV	20.4	29.5	33.1
If all his partners withdraw before ejaculation he probably will not get HIV	8.0	11.1	20.3

Note: Items not mutually exclusive – multiple responses were possible.

Summary remarks

Overall, there were few state differences in men's beliefs about the risk of HIV transmission. Where there were differences they often reflected differences in HIV prevalence in those states and so were possibly based on a reasonable assessment of the local conditions.

The majority of men believed that few or none of their partners were HIV-positive and that the majority were HIV-negative, especially among HIV-negative respondents and among men who had never engaged in UAIC. Much of this belief was based on what they found on men's online profiles, but also many men who believed themselves to be HIV-negative actively sought other HIV-negative sex partners. However, although the majority of HIV-positive men also believed that most of their partners were HIV-negative, they did believe they had a larger proportion of HIV-positive partners, and about as many HIV-positive men actively sought HIV-positive partners as did HIV-negative men seek other HIV-negative partners. This suggestion of a preference for seroconcordant partners did not appear to be an exclusive preference for most men – they sought partners of the same HIV serostatus but generally welcomed partners they did not know to be seroconcordant.

When asked how they felt about the risk of HIV transmission when a partner told them he had the same HIV serostatus as themselves, men tended to feel a bit more comfortable. This was especially true of HIV-positive men and of men – both HIV-positive and HIV-negative – who had recently engaged in UAIC. Men who believed they were HIV-negative, and particularly those who had recently engaged in UAIC, also indicated that they would be more likely to consider UAI with other HIV-negative men depending on their existing relationship with them, but if their partners were HIV-positive then the extent of their relationship with them would have little impact on their likelihood to consider UAI. For HIV-positive men, the extent of their relationship with their partners made little difference to their willingness to consider UAI with them.

Most men were fairly cautious in their beliefs about whether particular sex practices were more or less risky. HIV-positive men tended to be somewhat less cautious in their beliefs, although they mostly agreed broadly with what HIV-negative said. **Men who had recently engaged in UAIC, including those who believed they were HIV-negative, were considerably less cautious in their beliefs** than those who had not engaged in UAIC. Such beliefs may become part of the practical reasoning that occurs circumstantially in sexual encounters involving UAIC. What is clear is that while relatively risky sex occurs between men on occasions, this does not always mean that they are disregarding the risks involved. Mostly, men want UAI, but NOT HIV. And this is the key problem for HIV prevention.

Men's beliefs about relative risk in general were often based on partial knowledge. They tended to piece together pieces of information to make reasoned assessments. Their reasoning was not necessarily wrong but the detailed knowledge required to make an actual assessment of relative risk was often not present. Further, even when the knowledge is present, it may well be overridden by other factors. Some of the men's patchy and incomplete knowledge around HIV and risk reiterates the need to constantly refresh men's knowledge of relative risks, although the resistance many men show to being constantly reminded about HIV suggest that this should be done judiciously and free of moralistic undertones.

Fears and Concerns about HIV Transmission

We asked men about what concerned them about HIV transmission.

Beliefs about the likelihood of getting HIV

Men who had tested HIV-negative and men who had not been tested but nonetheless believed they were HIV-negative were asked how likely they felt they might be to contract HIV. Regardless of whether they had been tested or not, most men believed it was unlikely they might contract HIV.

Table 15 a: Likelihood of contracting HIV %

How likely do you think it is that you might contract HIV?	HIV-negative (n=1738)	Untested (n=340)
Highly unlikely	29.7	29.4
Moderately unlikely	37.1	34.7
About even	19.7	20.6
Moderately likely	7.0	7.4
Highly likely	3.1	1.8
No response	3.4	6.2

The reasons that men thought they were unlikely to contract HIV were mixed, though often related to the fact that they were unlikely to do anything risky. However, the most common reason, cited by well over a third, was that they avoided sex with HIV-positive men.

Table 15 b: Reasons why you are unlikely to get HIV (n=2076) %

Why do you think it is unlikely you might contract HIV?	%
Avoids sex with HIV-positive men	39.9
Never has unsafe sex	35.6
Always stays in control	26.3
In a monogamous relationship	24.3
Only has UAI with partners he is sure are HIV-negative	23.8
Does not have much sex	23.5
HIV is hard to get	8.9
Just doesn't think he will	8.9
HIV treatments have reduced the chances of HIV transmission	3.5
Most HIV-positive men have undetectable viral load	1.4

Note: Items not mutually exclusive – multiple responses were possible.

Despite most of these men being quite confident they would not contract HIV, they were all asked for any reasons why they thought they could possibly contract HIV. Mostly, these concerned the fact that some degree of risk is always present in life, rather than any specific risks related to them personally.

The most commonly cited possibilities were that there is always some risk in sex or that a condom could break. Nonetheless, more than a third of men stated that they sometimes take risks, or play unsafely. To some men, the risk involved was preferable to using a condom.

Table 15 c: Reasons why you might get HIV (n=2076) %

Why do you think you might contract HIV?	%
There is always some risk during sex	65.2
A condom might break	56.3
Sometimes has unsafe sex	34.0
Sometimes takes risks	27.9
Has lots of sex	24.5
Has sex with HIV-positive men	8.9
Sometimes prefers to take a risk than use a condom	8.9
Just thinks he will	8.5
Cannot always recall what he has done	8.5
Has HIV-positive partner	3.3

Note: Items not mutually exclusive – multiple responses were possible.

Some men expressed concern about dropping normal rules of safe behaviour under the influence of drugs or alcohol:

> (Sydney, 52, HIV-negative) *… become uninhibited & promiscuous with alcohol, 2-3 times/year*
>
> (Sydney, 38, HIV-negative) *Generally I practice safe but when intoxicated … I have no idea*

Balancing sexual safety with the degree of attractiveness of some sexual partners was also a common theme:

> (Melbourne, 45, HIV-negative) *90% of the time I insist on condoms and engaging in safe sex. Occasionally I get caught up in the moment and enjoy unprotected sex. A couple of times with really hot guys I will allow them to fuck me bareback. I do find it more pleasurable and the idea more horny.*

Men balanced the perceived risk of HIV against their desire for sexual pleasure:

> (Brisbane, 25, HIV-negative) *I enjoy casual sex as I don't have a partner right now. I generally play safe, but sometimes slip up. There is a risk, but I'm not going to stop having sex because of that risk. However, I'd like to have a partner so I could just have sex with them and not worry about STDs anymore.*

Other men showed levels of concern beyond that which may actually pose a risk, or irrespective of the known degrees of riskiness. Oral sex was seen as a risk by some men. One man said he feared another man's semen penetrating his skin, perhaps through an abrasion of which he was unaware, or by dripping into his anus. Another feared being stabbed with a syringe. The level of concern relative to the risk in these events indicates the extent to which HIV has permeated many gay men's thinking about

their sex lives, providing protection for many, instilling overly cautious attitudes in others, and, for some, actually restricting their capacity to enjoy sex out of an extreme fear of infection.

How HIV-negative men account for not having HIV

Men who had not been diagnosed with HIV were also asked why they believed they were still HIV-negative. Similar to their reasons for why they felt it was unlikely that they would contract HIV in the future, the most frequently-cited reasons for not having contracted HIV in the past were related to not engaging in risky behaviour.

Table 15 d: Reasons why you have not contracted HIV (n=2076) %

Why do you think you have not contracted HIV?	%
Mainly plays safe	45.3
Does not have much anal sex	34.0
Never has unsafe sex	33.1
Does not have much sex	25.9
In a monogamous relationship	23.8
Only has UAI with partners he is sure are HIV-negative	20.8
Always stays in control	13.6
HIV is hard to get	8.0
HIV treatments have reduced the chances of HIV transmission	1.4

Note: Items not mutually exclusive – multiple responses were possible.

Many online answers to open-ended questions reinforced what men had indicated elsewhere in the survey – that they normally 'play safe'. Some men referred to earlier incidents of UAIC, and how the fear of infection made them not want to take any risks again.

Some men expressed concerns about the level of trust they placed in their partners:

> (Victoria, 46, HIV-negative) *I thought I was his only one. I only got tested for the first time three days ago so I am very nervous.*

For some men, their rules were flexible – and possibly exposing them to some risk – while other men were very cautious:

> (Canberra, 27, HIV-negative) *I wear condoms with anyone who is not a close friend.*
>
> (Sydney, 29, HIV-negative) *I'm generally fairly careful.*
>
> (Sydney, 26, HIV-negative) *I would only consider unsafe sex after being in a long term monogamous relationship.*

Although viral load was not frequently cited, for some men it did appear to be a factor in why they believed they were still HIV-negative:

(Sydney, 56, HIV-negative) *I make sure if a guy is positive that he has zero viral load before I will fuck without a condom.*

Similarly, strategic positioning was seen by some as a technique for remaining HIV-negative and they ascribed their lack of infection to the fact that they only took the insertive role during anal intercourse:

(Sydney, 38, HIV-negative) [because] *I'm a total top.*

Sometimes a range of strategies were considered together as protective techniques:

(Regional South Australia, age not provided, HIV-negative) *I'm in a monogamous relationship with an HIV-positive man who has been on his medications for years and has an undetectable viral load and I'm a top and he is a bottom. If he fucked me I would have more chance of contracting HIV.*

How HIV-negative men would react if they seroconverted

Men who had not been diagnosed with HIV were asked how they think they would feel if they contracted HIV. Most commonly they indicated that their friends and family would be upset, and that they would feel guilty. Many also felt that they would not want to tell anyone. Although relatively few indicated that they would feel their life would be over, few felt that the changes in treatments and prognosis of recent years would relieve their fears, and very few indicated that they themselves would be relieved. Almost half believed at least to some extent that their life would be over, though very few thought their sex life would be over (see Table 15f).

Table 15 e: Reactions to prospect of HIV infection (n=2076) %

How much would the following apply if you contracted HIV:	Not at all	A little	Somewhat	Very much	No response
Family would be upset	2.2	4.0	15.1	72.4	6.3
Friends would be upset	3.2	10.9	27.3	52.5	6.2
I would feel guilty	9.2	13.2	23.5	48.2	5.9
Would not want to tell anyone	11.0	25.9	28.1	28.7	6.3
Life would be over	19.7	27.5	27.3	19.7	5.8
Would not scare me as much as in the past	39.3	25.3	21.8	7.3	6.3
Relieved	84.5	5.2	2.2	1.6	6.5

When discussing how they would feel if they contracted HIV or any STI, men often referred to being very concerned about how other people would judge them, often to the point that other considerations of the effect on their own health were barely mentioned:

(Brisbane, 24, HIV-negative) *Like I had an STD test a while ago and the lady called me back, and was like, "Look, we need to talk to you." And I was like, I died. I absolutely died. Everything that went through my head was, "What is everyone going to think of me?" And that's something that I have very, I have high value on that. Like, like I highly, like highly hold my opinion of myself and also what other people think of me*

because, you know, as far as I see it, like whether they mean to or not, everyone's going to judge … Like if someone comes out and get an STD, people abandon them … I just hold my friends in too high a regard to have them look down on me as someone who's "you're gonna get an STD" kind of thing. Like there's such a stigma attached and I just don't want that. Like just couldn't handle it, so … There was a guy I used to work with and … he like My Spaced everyone to tell them he has AIDS … And everyone just cut contact with him … as soon as he goes, "I have AIDS," people are like, "I don't want to hang around with him." So I don't want that to happen to me, ever.

When asked directly whether he would be more concerned about his health or how others would judge him if he was infected with HIV, this same man indicated that he would be more concerned about what others would think:

(Brisbane, 24, HIV-negative) *I care more about what my family would say. Like my mum; it would kill her. Like, you know, my mum and I have our serious ups and downs, but I, I care more about that than I do how it would affect me. I don't, like, you know, we're all gonna die one day. And I'm fine with that; that really doesn't bother me. Like, you know, my time's come … But like I care more about what other people would think; like my family and my close friends. That's, that's what really scares me most ... Look it's exactly what, that; that I don't want to be labelled as, in the eyes of my friends and family, as dirty. I just, I can't, I would not, I would not do well. I would rather die straight away than have like that disappointment that will come from it of … and there's such a stigma attached to it as well. Like having that look in my mum's face and my friends of, "What's everyone gonna think? You're gonna be dirty just like them," and all that kind of stuff, it's just gonna be, it'll just be something so … I'd just never want to see or have to deal with either.*

This man summed it up as:

(Melbourne, 31, HIV-negative) *I have a lot of sex and it's something I would not want to have. On saying that there are worse things to get. The worst thing would be telling my family.*

Men who had not been diagnosed with HIV were also asked what they thought might change in their lives if they contracted HIV. Although few expressed a concern that their sex life would come to an end, most felt that their state of health would be compromised.

Table 15 f: Reactions to prospect of HIV infection (n=2076) %

How much do you agree or disagree that the following would apply if you contracted HIV	Strongly disagree	Disagree	Agree	Strongly agree	No response
Sex life would end	76.8	12.8	2.6	1.3	6.6
Health would not be badly affected	40.1	30.8	20.4	1.5	7.2

For some men, their fear of the consequences of an HIV infection were extreme:

(Regional Victoria, 18, HIV-negative) *HIV is the worst thing that could happen in life besides dying. If I got it I think I would commit suicide.*

Others, however, considered the prospect of HIV infection to be no worse than many other health issues:

> (Melbourne, 45, HIV-negative) … *it is far more liveable now. There are far worse things (even non-sexual diseases) in life including some I have to deal with … catching it would just be more pills for my regimen.*

HIV-negative men's feelings about being HIV-negative

Mostly, men who had not been diagnosed with HIV indicated that not having HIV meant they did not have to be concerned about their health or the prospects of infecting someone else as they would be if they had HIV.

Table 15 g: Feelings about being HIV-negative (n=2076) %

What is good about being HIV-negative?	%
No concern about infecting others	84.5
HIV is still a big deal	72.4
Less concern about health	65.8
No concern about where my semen goes	43.5
No need to use condoms with other HIV-negative men	42.2
Can feel closer to my boyfriend	42.1
Safe sex is hotter	17.5
HIV-negative men are sexier	16.9
Nothing	1.9

Note: Items not mutually exclusive – multiple responses were possible.

Relatively few suggested that safe sex is 'hotter' or that HIV-negative men were more attractive, although even fewer believed that HIV-positive men were more attractive. Few men were able to cite reasons that would make being HIV-positive acceptable, except that **a third did agree at least to some extent that 'raw sex is hotter' and a quarter suggested they might at least be free of having to worry about the possibility of being infected.**

Table 15 h: What would make being HIV-positive acceptable (n=2076) %

Proportion who agreed to any extent (ie at least 'a little'):	%
No need to worry anymore	26.1
HIV is no longer a big deal	17.8
No concern about where my partner's semen goes	27.6
Could forget about condoms	17.4
Could have sex when I wanted	15.0
Can feel closer to my boyfriend	13.3
Raw sex is hotter	33.0
HIV-positive men are sexier	5.9
Nothing	61.9

Note: Items not mutually exclusive – multiple responses were possible.

How HIV-positive men feel about their HIV infection

For some men, becoming HIV-positive allowed them to relax and enjoy sex more: Once they had seroconverted, the fear of seroconversion no longer applied:

> (Sydney, 36, HIV-positive) *Sex since becoming positive has been great. Before that point sex wasn't all that much fun. When I was doing risky stuff, the risks were always in the forefront of my thoughts during the sex and afterwards. After I became positive, sex became FANTASTIC. The thoughts about risk were gone and the sex was (and still is) phenomenal.*
>
> (Sydney, 37, HIV-positive) *It's part of my life that I have to deal with, but definitely made my sexual life more pleasurable.*

For this man, becoming HIV-positive was a relief from the pressure of having to always worry during sex:

> (Sydney, 38, HIV-positive) *… my reaction to becoming positive was: thank goodness for that. And I never had any of the depression or anxiety attached to becoming positive, mainly because sex, the concept of safe sex is a bit of a weird concept in that sex is … something that we undertake without a lot of thought and procrastination, and planning. Or at least in its rawest form that's the case. So in that pressure constantly of having safe sex, not slipping up, not making any mistakes, being tested every three months in case something went wrong, having the week of worrying about whether or not I had seroconverted, it was all just, it was taking away from the enjoyment of sex.*

When asked whether there were any things that made being HIV-positive easier, the most common reasons cited were related to being able to be freer sexually. Well over a third agreed 'very much' that 'raw sex is hotter' and a quarter that they no longer need to worry about where their partners' semen goes. A majority suggested to some extent (ie, at least 'a little') that they are at least be free of having to worry about the possibility of getting infected. Nonetheless, a quarter of the HIV-positive men felt 'very much' that nothing makes being HIV-positive easier.

Table 15 i: What makes being HIV-positive easier (n=224) %

How much do each of the following make being HIV-positive easier for you:	Not at all	A little	Somewhat	Very much	No response
No need to worry anymore	33.9	18.8	25.4	15.6	6.3
HIV is no longer a big deal	30.4	27.2	25.4	9.8	7.1
No concern about where my partner's semen goes	25.0	15.2	23.7	27.2	8.9
Can forget about condoms	50.4	12.1	18.3	12.1	7.1
Can have sex when I want	53.6	17.9	11.6	10.7	6.3
Can feel closer to my boyfriend	42.0	13.4	14.7	19.2	10.7
Raw sex is hotter	20.1	16.1	16.1	40.2	7.6
HIV-positive men are sexier	46.4	15.2	18.8	9.8	9.8
Nothing	29.0	19.2	17.0	25.0	9.8

How HIV-positive men would react if they infected a sex partner

HIV-positive men were asked how they think they would feel if they infected a sexual partner. Most commonly they indicated that they would feel guilty, and that they would not want to tell anyone. Many also felt that their friends and family would be upset. **Although some believed that it would be their partners' responsibility, very few indicated that they would not care.**

Table 15 j: Reactions to prospect of HIV transmission (n=224) %

How much would the following apply if you infected someone with HIV:	Not at all	A little	Somewhat	Very much	No response
I would feel guilty	1.8	10.7	12.9	68.8	5.8
Would not want to tell anyone	12.9	20.1	20.5	38.4	8.0
Family would be upset	15.6	12.5	19.2	37.9	14.7
Friends would be upset	13.8	17.4	25.4	31.3	12.1
It would be his responsibility	14.7	22.8	36.2	21.0	5.4
Would not care	75.9	5.4	4.5	8.0	6.3

This man believes he did infect someone else and the experience was particularly painful for him, if not devastating:

> (Regional NSW, 59, HIV-positive) *I think that this did happen once, many years ago. The resultant mental anguish and guilt almost destroyed me. It means that ignorance for me is not an option, and disclosure at an appropriate time a necessity.*

Despite this, many men also made it clear that they felt people should take responsibility for themselves:

> (Sydney, age not provided, HIV-positive) *We all know the risks and we should all look after OURSELVES.*

Overall, it is clear that HIV-positive men tended to feel strongly that they did not want to infect their partners and that it would be something they would feel very badly about. Nonetheless, they simultaneously tended to believe that HIV-negative men should also take some responsibility for themselves. However, all of these considerations are tempered by men's perception of actual risk. Here, a man in a serodiscordant relationship indicates that the lack of clarity around non condom-based risk-reduction strategies had caused him some considerable discomfort until he and his partner had used strategic positioning and his viral load measures to make decisions about condom use for some years and his partner had not been infected:

> (Sydney, 48, HIV-positive) *The first few times we fucked without a condom I felt terrible about it as I was afraid of infecting him, even though he was choosing, with full knowledge of my status, to do so … This was a source of worry for some long while – I always felt guilty and it took the edge off the sex. Now we are completely comfortable about it and never use a condom … So it's not an issue between us anymore and I never think about it between us … as we have been doing so for years now and he is still HIV-negative.*

Differences in concerns about HIV across states

There was little difference across the states and territories in how likely men who were not HIV-positive thought it was that they might contract HIV. When asked about possible reasons why they might contract HIV, the HIV-negative men in NSW and Victoria were somewhat more likely to cite the fact that they sometimes have sex with HIV-positive men than those in other states. There was little difference across the states in reasons given by HIV-negative men as to why they had avoided HIV infection. HIV-negative men in Western Australia were slightly less likely to feel that their friends would be upset if they ever contracted HIV than were HIV-negative men in other states. HIV-negative men in Queensland and South Australia were slightly more likely to indicate that they would feel that their life would be over if they were to contract HIV. Men in Queensland in particular were somewhat more likely to feel that they would not want to tell anyone if they contracted HIV. Nonetheless, while the differences were only slight, HIV-negative men in NSW and the ACT were somewhat more likely to indicate that they believed that HIV remains a significant problem. Otherwise there was little difference across the states in how HIV-negative men felt about not having HIV or in whether they thought there some things might make being HIV-positive acceptable. There was little difference across the states in how HIV-positive men felt about having HIV or in their considerations of whether there is anything that makes being HIV-positive easier for them.

Differences in concerns about HIV and HIV status

While HIV-negative men appeared to mainly be concerned about how the people close to them would react if they were ever infected with HIV, HIV-positive men were more likely to feel guilty themselves

than worry so much about the reactions of other people. Nonetheless, a majority of HIV-positive men did agree that if a sexual partner was infected it would be 'his responsibility'. HIV-negative men generally agreed that while the prospects consequent on an HIV infection may have improved, HIV remains a significant problem and would much prefer to avoid it if possible. Nonetheless, a substantial minority did feel that condomless sex is more exciting than sex with condoms, while relatively few rated safe sex as 'hot'. For many HIV-positive men the only thing that makes being HIV-positive at least a little more acceptable is that they feel sexually freer.

Differences in concerns about HIV and risk behaviour

As would be expected, men who were not HIV-positive and who had never engaged in UAIC were less likely to believe they might ever contract HIV than those who had done so.

When asked why they might possibly contract HIV, men who had not recently engaged in UAIC were more likely to cite condom breakage as a possible risk factor. Although in a fairly small minority,, men who had engaged in UAIC, particular those who had done so recently, were more likely to indicate that they could not always remember what they had done and indicated that this was a potential risk factor. Men who had recently engaged in UAIC were much more likely to indicate that they took risks as a reason for possibly contracting HIV in the future (one quarter indicated that they sometimes prefer to take a risk than use a condom, two thirds indicated that they 'sometimes take risks' and three quarters indicated that they were 'sometimes unsafe'). Also, men who had engaged in UAIC, and particularly those who had done so recently, were more likely to indicate that a possible factor in their likelihood of contracting HIV was related to them having 'a lot of sex', and that they sometimes had sex with HIV-positive men.

When the men who believed they were HIV-negative were asked why they believed they had not contracted HIV, those who had ever engaged in UAIC were slightly more likely to indicate that HIV was not all that easy to contract anyway – although the absolute proportion indicating this remained quite small. Those who had never engaged in UAIC were much more likely to ascribe their avoidance of HIV infection to the fact that they were in a monogamous relationship (one third indicated cited this as a reason). Those who had recently engaged in UAIC were less likely to ascribe their avoidance of HIV to the fact that they did not have much sex, or to the fact that they were never unsafe; however, they were more likely to ascribe it to the fact that they restricted all UAIC to men they knew to be HIV-negative (one quarter indicated this to be the case). Interestingly, **a majority of those who had engaged in UAIC, either in the past or more recently, ascribed their avoidance of HIV infection to the fact that they 'mainly played safe' whereas only a third of those who had never engaged in UAIC gave this as a reason**. Although only a very small proportion of men indicated that their avoidance of HIV infection

may be due to the fact that HIV treatments have made sex safer, this was more commonly cited by men who had recently engaged in UAIC.

Men who had never engaged in UAIC were less likely than men who had engaged in UAIC, either recently or in the past, to feel that if they were infected with HIV in the future they would be less scared than they would have been in the past. While very few men indicated that they would feel relieved if they contracted HIV, HIV-negative men who had recently engaged in UAIC were slightly more likely to feel this way. Men who had never engaged in UAIC felt more strongly that if they contracted HIV their health would be compromised, but they also more strongly disagreed that their sex life would be over. There were also some differences in how HIV-negative men who had never engaged in UAIC felt about not having HIV compared with those who had engaged in UAIC. Men who had engaged in UAIC appeared to place greater value on the fact that they could be freer sexually: Those who had engaged in UAIC, especially those who had done so recently, were somewhat more likely to indicate that some of the things they appreciate about being HIV-negative include the fact that they do not need to be concerned about where their semen goes and that they do not need to use condoms with other HIV-negative men. Although the overall proportions were fairly small, men who had never engaged in UAIC were more likely to say that 'safe sex is hotter'. When thinking about whether they thought there were some things that might make being HIV-positive more acceptable, HIV-negative men who had engaged in UAIC, whether recently or in the past, were somewhat more likely to suggest that 'HIV is not a big deal anymore' (although it was still only a quarter of the men who agreed this was the case to any extent). They were also more likely to indicate that a possible benefit might be that they could forget about using condoms and stop worrying about where their partners' semen goes, and be sexually freer in general. **Men who had engaged in UAIC, and especially those who had done so recently, were much more likely to state that one reason being HIV-positive might be acceptable is because 'raw sex is hotter'. They also were more likely to feel that it might be acceptable because it would mean they could stop worrying about getting infected.**

Nonetheless, despite this apparent preference for condomless sex, there was very little indication that these men would welcome an HIV infection, or indeed, that they would act in any way other than to minimise their risk of infection; at least to the extent that they did not feel they were unreasonably sacrificing their pleasure. In this case an HIV-negative man has explained that he deliberately seeks 'bare' sex – he specifically finds casual partners who are willing to engage in UAIC. However, he explained that he only does so with partners who tell him they are also HIV-negative and that he would say no to UAIC with a partner who tells him he is HIV-positive:

(Melbourne, 27, HIV-negative) *… that would be asking for it, quite literally. I would literally be saying "yes, definitely". Definitely I want it. Obviously I don't want it, even though my behaviour doesn't necessarily indicate that. But I'm not looking for, for it. You know, I'm not looking for, to become positive.*

HIV-positive men who had recently engaged in UAIC were less likely to indicate that they felt their friends or family would be upset, or that they would feel guilty themselves, if they infected a sexual partner. They were also more inclined to feel that it was their partners' responsibility. Also, HIV-positive men who had recently engaged in UAIC were more likely to indicate that at least feeling somewhat freer sexually makes being HIV-positive at least a little more acceptable: Over half (56.8%) said that being able to forget about condoms made being HIV-positive at least a little easier; almost all (91.9%) felt that 'raw sex is hotter' and that made being HIV-positive easier to some extent, including 54.0% who felt 'very much' that it made it easier for them. HIV-positive men who had never engaged in UAIC were more inclined to feel that nothing makes being HIV-positive easier: Well over a third (40.6%) felt 'very much' that this was the case.

Summary remarks

Mostly, the men who had not been diagnosed with HIV were fairly confident of their HIV-negative status, even if they had not been tested, and mostly they based this on their own behaviour. Those who had engaged in some risk behaviour, though, were often very aware of the potential risk and were somewhat less assured of their HIV status as a consequence. When asked why they might possibly be infected, men who had not engaged in UAIC were more likely to refer to condom breakage as a possible reason, presumably because they did not actively put themselves at increased risk. Men who had engaged in UAIC were, unsurprisingly, more likely to ascribe their avoidance of HIV infection to restricting their UAIC to other HIV-negative men, but they were also more likely to explain that they always played safe. For these men it may be that sero-sorting, or restricting their UAIC events to men of the same HIV status, may be considered 'playing safe'.

Although for the most part, men who did not have HIV in this sample believed that being infected by HIV would compromise their health, many did not view it as fundamentally affecting their life prospects, or as an end to their sex lives. Nonetheless, HIV remained a significant issue in most HIV-negative gay men's lives and something they wanted to avoid. They also viewed the prospect of being infected with HIV as something about which to feel guilty, and something they would want to conceal from the people close to them because they felt they would be upset by such news, and it appeared to be something that they feared would result in stigma being directed at them. Nonetheless, HIV-negative men who had engaged in UAIC, especially those who had done so recently, were somewhat more likely to think about the benefits both of being HIV-positive and of their prospects should they seroconvert in terms of their sexuality – their capacity to be sexually freer or more relaxed with their partners; but such

rationalisations do not mean that they wanted to be infected, or even that they did not take all reasonable precaution to prevent such infection. But, for many, 'reasonable' precautions do not necessarily always extend to sacrificing their pleasure. HIV-positive men, on the other hand, were even more likely to express some feelings of responsibility and guilt themselves if they infected a sexual partner, even though the majority believed that it would be their partner's responsibility. Those HIV-positive men who had recently engaged in UAIC were more likely to emphasise their increased sexual freedom, and their greater enjoyment of condomless sex, as things that make being HIV-positive easier to some extent.

HIV-Education and Prevention

We asked men about their awareness of education material targeting gay men to inform them about HIV, and what they thought about that material.

Awareness of HIV-education messaging

Mostly, men indicated an awareness of HIV messaging, but about a third seemed to suggest that they do not pay particular attention to those messages.

Table 16 a: Awareness of HIV-education messaging n=2306 %

How much do you agree or disagree with each of the following	Strongly disagree	Disagree	Agree	Strongly agree	No response
I never see HIV messages	27.8	51.6	8.5	2.3	9.8
I never take notice of HIV messages	19.4	57.2	12.2	2.3	9.0
I see HIV messages but don't pay attention	9.2	44.1	33.5	3.5	9.8
I read some HIV messages	3.1	10.3	70.5	6.2	9.8
I pay attention to HIV messages	5.6	25.0	50.7	10.0	8.7
I always look at what HIV messages say	4.6	32.0	46.0	7.1	10.3

Attitudes toward HIV-education messaging

When asked what they thought about the HIV education material, the majority of men seemed to suggest that there was little to distinguish between campaigns or messages, that they all look much the same and all have the same message: To use a condom. Nonetheless, most men did not complain about the amount of campaign material, and half agreed that they have attractive images.

Table 16 b: Attitudes toward HIV education messaging n=2306 %

How much do you agree or disagree with each of the following	Strongly disagree	Disagree	Agree	Strongly agree	No response
All HIV messages tell me to use condoms	2.0	17.6	42.8	16.7	20.9
HIV messages have attractive images	4.7	35.5	44.3	5.8	9.8
HIV messages are boring	6.0	46.4	34.1	3.8	9.7
HIV messages look interesting	6.6	42.3	39.2	2.5	9.4
HIV messages never tell me anything new	5.0	33.3	43.8	8.8	9.2
HIV messages are always the same	3.9	33.2	47.6	5.5	9.8
There are too many posters and ads about HIV	15.3	52.2	9.2	2.1	21.2

While most men were generally appreciative of HIV-prevention messages and supported their continuation, there were also many criticisms. These criticisms ranged from a feeling that the messages were not hard-hitting enough and failed to show HIV as a sufficient threat through to the belief that the

messages were out of all proportion to the real level of the threat and are designed to make gay men afraid of having sex.

Many men believed that HIV remains a serious, mortal threat and seemed to feel that the messages should remind people that they are literally risking their lives. Often these men referred to the fear-based campaigns of the 1980s and early 1990s:

> (Regional Queensland, 30, HIV-negative) *I wish that the hard-hitting style of the HIV campaigns of the 80s would make a resurgence! Those scared me as a child into using condoms as an adult, and the images are still with me!*

Some suggested that education messages should feature HIV-positive men explaining the reality of living with HIV:

> (Sydney, 24, HIV-negative) *I often wonder why more HIV-positive every-day men (and women!) aren't being asked to talk about HIV and why the government doesn't invest in TV and large-scale educational campaigns!?*
>
> (Melbourne, age not provided, HIV-negative) *I observe a close HIV-positive friend of mine occasionally struggling with his medication regimes and I do not envy him. I would not want to have to contend with that in my life. I wonder if that sort of thing needs to be emphasised in safe sex campaigns.*

Others, however, felt that HIV messaging was based too much on a fear of HIV that was out of proportion to the real risk, and they wanted more realistic information than emotive appeals to fear:

> (Perth, 24, HIV-negative) *All seemed a bit propaganda-ish to me – bit like the 'ICE IS BAD' ads we see all the time on TV and bus-stops; over the top graphics, fonts, images. I think a sensible, quick and helpful brochure with photos of people smiling would be a lot easier to pick up than … guilt-trip publications …*

On the other hand, a few men felt that HIV education material reminded them too much of the risk and found it upsetting to their sex lives:

> (Brisbane, age not provided, HIV-negative) *Plagues my mind constantly – the ads only make it worse. Sex becomes less enjoyable all the time.*

Many men felt that HIV education should provide more information about the levels of risk or protection associated with other forms of risk-reduction besides condom use:

> (Sydney, 57, HIV-negative) *And then the other thing is topping versus bottoming, and infection rates. And I think that's something that needs more education… Well, my understanding is that if you're a bottom you're much more likely to, to contract it because the semen's on mucous membrane. As opposed to topping, when the semen's on skin, or the body fluids are on skin. But I do know it can go both ways. But there is a difference between, I'm sure there's a difference between … because it has been published previously but you don't hear about it.*

There was also some concern among some men about how condoms were represented in HIV messaging:

> (Sydney, 33, HIV-negative) *All that talk about "condoms not being a nuisance" or even "being part of the fun" is simply a lie so don't keep telling us this bs – no wonder no one reads it. However, HIV still being a horrible disease that is not curable is very much an important information and should alone be reason enough to use those annoying things, as much of a hassle as it might be.*

Other men did not want to feel they were being lectured to. In this case, a serodiscordant couple who had been using non condom-based risk reduction strategies for some years had decided to stop discussing it with their doctor to avoid the feeling of being lectured:

> (Sydney, 48, HIV-positive) *We consider the risk to be minimal especially as we have been doing so for years now and he is still HIV-negative. In fact, he has stopped telling his doctor we do this as he doesn't want to hear a lecture from the doctor about how you should always protect yourself. I understand doctors have a duty of care, but again, he is old enough to make his own decisions.*

For some men, there was strong resentment toward the organisations responsible for disseminating safe sex information. This man rails against promoters of safe sex for having failed to treat gay men as adults capable of making their own decisions:

> (Sydney, 48, HIV-positive) *Nothing drove me more crazy than that idiot campaign of the 90s that "Safe sex is great sex". It isn't and saying it was didn't make it so and was insulting and childish. It was all rather biblical - you will believe this because we TELL you it is so. I, and everyone I knew, all felt we were old enough to make our own minds on that, thank you. Plus, I was fucking around a whole lot more back then and whenever I met someone who was into safe sex it was just not as good and was sometimes completely boring which staggers me as sex is just fun! Sure, I contracted HIV from unsafe sex and it's led to my life being very different in ways that I would rather not have happened, but this is how it is.*

The fact that he eventually was infected as a result of his own decisions to ignore the advice of HIV organisations appears to be relatively incidental to him.

While most men broadly adhere to safe sex guidelines most of the time and are appreciative of the reminders HIV education messages provide, some men did express frustration with a 'one rule fits all' approach:

> (Location unknown, 29, HIV-negative) *After years of stressing out because of over-zealous public health campaigns that make gay men think that getting HIV is an inevitable consequence of any unprotected sex, I have realised (and was told by a doctor at the Sexual Health Clinic) that HIV is not as prolific or as easy to catch as we think. When I first came out I worried about contracting HIV so much that it contributed significantly to a stress-related breakdown I eventually (and inevitably) had. Years on, I now realise that like most causes left in the hands of the one-dimensional that the HIV campaign had overstated the issue, and*

ultimately done many conscientious folk like myself a huge disservice. Most gay men DO NOT have HIV!!! I do not have a lot of sex!! Most gay sex is safe!! Condoms make anal sex impossible for some people!!! Having unprotected anal sex a few times in your life with a partner whose status you can never really be sure of, is a little like crossing the street to get a coffee ... you don't have to do it, and there is a chance you could die because of it, but not doing it (on occasion, when you want to) is the very definition of being unalive. I know my story is not unusual. I am a 29 year old gay man who has enjoyed a very active sex life and I have never had an STD of any type. I have less sex now than I ever did. I, like most of my peers, will never suffer from HIV.

Other men had simply switched off from HIV education messages:

(Sydney, age not provided, HIV-negative) *Tired of the campaign and posters - a real fatigue.*

And some men felt that HIV messaging relied too much on print media and publications, and that alternative methods of raising the issues with people needed to be explored:

(Perth, 24, HIV-negative) *In an online age, I read even less and have exposure to next to no literature (because I don't actively seek it). I see HIV mentioned in the gay websites I visit – this survey being found on one of them. Mostly though, they're propaganda-ish … This survey has probably given me the most reflection on my own sex practices that I've had in a long time.*

Several men commented on the process of completing the survey as one that had forced them to reconsider their own behaviours and beliefs:

(Regional Queensland, age not provided, HIV-negative) *This survey has helped me reconsider my attitudes toward safe sex though, and am more likely to suggest it and refuse if they refuse to use protection.*

Differences in responses to HIV messaging across states

There was little difference across the states and territories in men's responses to HIV education messages. They were about equally aware of them and engaged with them regardless of where they lived, and they had similar beliefs about HIV education material.

Differences in responses to HIV messaging and HIV status

In general, there was little difference between HIV-positive men and men who believed they were HIV-negative in terms of how aware they were of HIV education material and what they thought of that material. HIV-positive men were slightly more likely to suggest that HIV messages are boring and that they never say anything new. They were also less likely to indicate that they actively look for HIV messages.

Differences in responses to HIV messaging and risk behaviour

While most men appear to be conscious of the HIV education material targeting gay men, those who have never engaged in UAIC seem to be somewhat more engaged with this material than those who had UAIC, either recently or in the past. **Men who had engaged in UAIC, particularly those who had done so recently, were somewhat less likely to indicate that they pay attention to HIV education material.** They were also slightly more likely to suggest that HIV messages are boring and that they never say anything new. They were also less likely to indicate that they actively look for HIV messages. Men who had recently engaged in UAIC were a little more likely to suggest that there are too many posters and advertisements about HIV.

Summary remarks

Mostly, the men in this sample were very aware of the HIV education material targeting gay men, and were generally accepting of it. However, a significant proportion of men, and particularly the men who have engaged in sexual risk behaviour, tend to view all HIV messaging as 'more of the same'; they tend not to engage with the detail of these messages and see them all as just condom reinforcement. This does not mean they are opposed to the content or the purpose of the messages – in fact they generally see the value in this. However, seeing a valuable purpose in the abstract does not necessarily mean applying it personally.

Other Sexually Transmissible Infections

We also asked men about their feelings about other sexually transmissible infections.

How men would feel if they caught syphilis

Men were asked how they think they would feel if they contracted syphilis. Most commonly they indicated that while it would be inconvenient ('a hassle') and that they would not want to tell anyone, they would not be too worried: About a quarter indicated they felt it would be at least somewhat the case that they would not feel too upset. Many also said they would feel 'dirty'. Nearly half indicated that their family would be upset, and that they would feel guilty although somewhat fewer were concerned about their friends' reactions.

Table 17 a: Reactions to prospect of syphilis infection (n=2076) %

How much would the following apply if you contracted syphilis:	Not at all	A little	Somewhat	Very much	No response
It would be a hassle	4.6	12.4	32.6	39.9	10.6
Would not want to tell anyone	9.2	23.2	24.3	33.1	10.2
I would feel dirty	15.7	19.6	23.8	30.5	10.4
Family would be upset	22.9	17.0	22.2	26.7	11.3
I would feel guilty	15.8	24.6	25.2	24.3	10.1
Friends would be upset	27.7	23.5	22.5	15.0	11.2
I would not be too worried	37.8	24.8	19.8	6.9	10.8

Concerns about sexually transmissible infections

Men who reported an incident of UAIC in the previous year were asked whether they were concerned at the time of their most recent UAIC about the possibility of transmission of sexually transmissible infections. The majority expressed no concern about this in relation to any STIs, except HIV: Half indicated some concern about the possibility of HIV transmission, though only 10.8% indicated being 'very concerned'.

Table 17 b: Concern about transmission of STIs at time of most recent UAIC encounter n=279 (%)

Proportion indicating any level of concern about:	%
Crabs	31.9
Chlamydia	45.5
Gonorrhoea	42.7
Syphilis	43.0
HIV	51.6

Note: Question was only asked of a subset of the total sample.
Note: Items not mutually exclusive – multiple responses were possible.

One third (32.3%) of the 617 men who had engaged in UAIC in the previous year indicated that they had had a sexual health check since their most recent incident of UAIC.

When questioned about other STIs in interviews most men acknowledged they were an issue to be considered but were generally not particularly concerned about the prospect of such infections, mostly because they viewed such infections as treatable and curable:

> (Melbourne, 32, HIV-negative) *… well from my knowledge most of … them, it's a case of a trip to the doctor and, you know, a sort of red-faced conversation, off out the door with some pills, and it's done and dusted.*

Differences in attitudes to STIs across states

There was little difference across the states and territories in attitudes to other STIs.

Differences in attitudes to STIs and HIV status

In general, HIV-positive men felt much less concerned about a potential syphilis infection than did men who believed they were HIV-negative. However, there was little difference in their view that a syphilis infection would be inconvenient or that they would not want to discuss it with anyone.

Table 17 c: Reactions to prospect of syphilis infection and HIV status (%)

Proportion feeling this would not apply at all:	HIV-positive (n=224)	Believed HIV-negative (n=2076)
It would be a hassle	7.4	4.9
Would not want to tell anyone	12.3	10.0
I would feel dirty	37.3	15.3
Family would be upset	45.4	23.7
I would feel guilty	38.9	15.2
Friends would be upset	55.3	28.6
I would not be too worried	30.7	43.6

Note: Items not mutually exclusive – multiple responses were possible.

Differences in attitudes to STIs and risk behaviour

In general, men who had engaged in UAIC, either recently or in the past, felt much less concerned about a potential syphilis infection than did men who had never engaged in UAIC. However, there was little difference in their view that a syphilis infection would be inconvenient or that they would not want to discuss it with anyone.

Table 17 d: Reactions to prospect of syphilis infection and sexual risk behaviour (%)

Proportion feeling this would not apply at all:	Never engaged in UAIC (n=1372)	Engaged in UAIC over one year ago (n=211)	Engaged in UAIC in previous year (n=723)
It would be a hassle	4.5	5.6	6.1
Would not want to tell anyone	10.0	9.1	10.8
I would feel dirty	12.9	21.4	24.7
Family would be upset	22.2	31.3	30.9
I would feel guilty	13.9	23.9	22.4
Friends would be upset	26.9	38.1	37.1
I would not be too worried	45.2	34.0	39.5

Note: Items not mutually exclusive – multiple responses were possible.

The majority of men who had recently engaged in UAIC expressed no apparent concern about STIs in general and only a third had been tested since their most recent incident of UAIC.

Summary remarks

Most commonly, men felt that an infection with syphilis would be inconvenient and not something they wanted to talk to other people about, but a substantial minority were not especially concerned by the prospect of a syphilis infection. This lack of concern was more common among HIV-positive men and among men who had engaged in UAIC at some time. Other research has similarly found that some gay men tend to feel 'dirty' or 'ashamed' at the prospect of a sexually transmitted infection while others see STIs as just a hassle (Holt et al, in press). It also shows that gay men continue to see HIV as much more important than STIs.

Conclusions

At the heart of it, the issue we face is the tension between perceived relative risk and the pursuit of pleasure:

> (Melbourne, 27, HIV-negative) *I do think that, at the moment the, the biggest problem as far as continuing infections with HIV and so forth, why, why people aren't being as, as safe about it, there's a lot more than just the risk that's, that's going on. Something else is, is driving it. Because I mean, let's face it: we're not stupid. No-one really is that, that ignorant that they don't know what's going on because it's advertised so much, the risks and what's around … Yeah, there's something, well I know with me, there's something else driving me towards it. I mean there is just the, the sheer enjoyment of, of doing it, of that being done … And let's face it, we all really, ultimately that is, you know, we all enjoy that. I doubt that you'll find anyone who doesn't enjoy that as a thing in itself.*

Summary of findings

For the most part, the men in this sample were similar to men in other samples of Australian gay men. The patterns of sexual behaviour described in this sample are very similar to findings in other samples of gay men, although the proportion of men reporting UAIC in this sample was somewhat lower than has sometimes been found in samples not primarily recruited via the internet. Nonetheless, it is worth remembering that these data support the often-noted point that most gay men continue to practise safe sex most of the time. Indeed, a substantial proportion, possibly the majority appear to have not engaged in UAIC for an extended period of many years. Even so, for at least a minority of men, there was strong evidence of sexual risk behaviour, and sometimes this behaviour was also sustained. There was little evidence, however, that low self-esteem was a particular issue, or that it was a factor in whether men engaged in sexual risk behaviour.

Overall, men in this sample had relatively limited social connections with PLHIV compared with other samples of Australian gay men. Nonetheless, some men were highly connected to gay community life and to the HIV epidemic while others were not. As has been found in previous studies, HIV-positive men tended to have strong social connections with other gay men, and especially to other HIV-positive men. However, being socially connected with the HIV epidemic appeared to have little effect on likelihood to engage in UAIC among both HIV-positive and HIV-negative men. Men who had never engaged in UAIC appeared to be considerably less socially connected to the gay community and other gay men than were those who had engaged in UAIC, whether recently or in the past. They were also less likely to use a range of methods to meet sex partners. Also, men who had recently engaged in sex work with other men were somewhat more likely to have engaged in UAIC and those who had ever done sex work in their lives were at increased risk of HIV infection overall.

For the most part, the men in this sample were tested for HIV and STIs at similar rates to those found in previous samples and HIV prevalence was distributed across the states as would be expected. Those who had not been tested for HIV usually believed themselves to be at low risk and those men who had not been diagnosed with HIV, whether tested or not, were quite confident that they remained uninfected. Despite this, there were some men who had never been tested who resisted doing so out of fear of finding out they were HIV-positive. For a substantial minority of men, the fear of HIV was almost paralysing their capacity to feel at ease with sexual activity.

Among men who had been tested for HIV, few men were tested because they felt they had placed themselves at risk, although unsurprisingly this was more common among men who had actually engaged in recent risk behaviour. Men who had engaged in UAIC, and particularly those who had done so in the previous twelve months, were more likely to have been tested for HIV and to be tested more frequently for both HIV and other STIs, and they were also less confident that they did not have HIV. Nonetheless, there were some men who had recently engaged in some form of risk behaviour who resisted being tested out of fear of finding out they had tested HIV-positive – although their fear of HIV was sometimes out of proportion to their actual level of risk.

Men often indicated that they would test more often, or, indeed, at all, if they could receive the test results more quickly and if the testing facilities were more easily accessible. Other studies (Rosenberger et al, 2009; Dodge et al, in press) have found that gay men would test more often if testing facilities were more convenient, and particularly if home testing was an option. However, making testing more accessible would be unlikely to assist those whose fear of HIV made them incapable of contemplating being tested at all. These men's fear was often not well-informed: Their inability to see any benefit in testing was usually based on a perception of HIV as a death sentence.

In general, there was little difference between men's recent partners with whom they had used a condom and those with whom they had not used a condom, or in where they met or where they most recently had sex with him. However, they tended to report knowing better and to have previously had sex with the men with whom they had not used a condom and trusting them more. In the interviews, the issue of trust was a very common element in the decisions not to use condoms, particularly for the men who believed they were not HIV-positive. Having some prior acquaintance with a casual partner was important to them, but even more important appeared to be the notion of feeling 'a connection' with a partner. Repeatedly, men described feeling 'a connection' with a partner and then also feeling they could trust them. For the most part, in hindsight, this trust was justified by a positive experience with no obvious negative consequences, but it was rarely based on clear, shared information. And, of course, occasionally this failure to clearly share information resulted in poor outcomes: Unsatisfying experiences, hurt feelings, disappointing relationships, or even HIV transmission. Trust here occupies

the gap between knowledge and belief. Given that 'knowledge' (ie, having reliable information about such things as HIV serostatus and the actual risk of transmission) can never technically be the case but practical reason treats it as knowledge, especially when serostatus is actually discussed, then trust becomes part of 'practical ethics' (Race, 2003) – they trust that the information they have can be relied upon, for particular reasons (this man, this situation). It has to, in a sense, for the act to occur, unless one in effect decides to 'throw caution to the winds'. What may be required is some very plain education material detailing 'steps' to safer risk-reduction.

Not many men in this sample indicated that they used clinical indicators, such as undetectable viral load or use of anti-HIV treatments, to make decisions about condom use with casual partners; if this sort of strategy was being applied to reduce the risk of HIV transmission in casual encounters, in this sample it appeared to be mainly used by HIV-positive men to make decisions about condom use. Nonetheless, within serodiscordant relationships (whether with boyfriends or fuckbuddies), viral load appeared to be an important consideration in the decisions about condom use for many men.

Also, while there was some evidence for the use of strategic positioning among some men who believed they were HIV-negative in that they restricted themselves to the insertive position, among those who had engaged in UAIC with a partner they did *not* know to be seroconcordant there was little evidence of the use of *any* form of risk-reduction. On the other hand, HIV-positive men who had engaged in UAIC with a partner who was not also HIV-positive often appeared to restrict themselves to the receptive position, suggesting that HIV-positive men were more likely to use risk-reduction strategies in general with casual partners to reduce the chance of HIV transmission. HIV-negative men appeared to rely almost entirely on perceived knowledge of their casual partners' HIV serostatus and restricting any UAIC to men they believed were seroconcordant. This might be interpreted as sero-sorting but in some cases might equally be 'sero-guessing' (Zablotska et al, 2009). Most men believed their most recent casual sex partner was HIV seroconcordant, regardless of whether they used a condom or not. However, in general it appears that **men who believed they were HIV-negative often tended to assume their partners' seroconcordance rather than relying on direct information, and they were more likely to indicate that this was based on a feeling that they trusted their partners**. It may be that 'poor' sero-sorting is undercutting a practical ethics of risk based more in science (whether or not partner is 'known' to be seroconcordant).

In describing how they decided whether to use a condom, men who reported a recent casual sex encounter in which they used a condom usually indicated that this was a mutual decision between both partners, whereas men who reported an encounter in which a condom was not used usually indicated that nothing was said about it by either partner, and they did not use a condom from the start. The usually clearly mutual decision to use a condom appeared to be based in an almost automatic

presumption of condom use for many men. The reason for using condoms seemed to be less obvious in this decisionmaking process than was the process itself, as though condom use had become so normalised for many men that the reasons for their use had become fairly unclear and secondary. These men did not really reflect on the reasons for using condoms but simply took it for granted that this would always be the case – and were sometimes surprised that some men might choose not to use them for whatever reason.

Men who had recently engaged in UAIC appeared to have less commitment to condom use in general. Those who reported a recent occasion when they did not use a condom often expressed a quite strong preference, either their own or their partner's, not to use condoms, and many, especially those who believed they were HIV-negative, felt that they were 'caught up in the moment' and were sexually excited by a very attractive partner on that particular occasion. In some cases, they were introduced to condomless sex by another man and this had changed the way they viewed sex thereafter – particularly if the rationale for using condoms in the first place involved limited, intermittent consideration. This exposure to condomless sex was often confusing and conflicting for them. Although, for some, it was also transformative of the way they balanced risk versus pleasure in relation to sex. This balancing was composed potentially of a number of factors, was only sometimes consciously planned, and often appeared to involve some rapid decision-making.

This suggests that whether or not the non HIV-positive men engaged in either PAIC or UAIC, the limited exposure which many of them had to what it is like to live socially, medically and sexually with HIV over time made the relations between condom use and HIV increasingly abstract. Sometimes it was fear-based. In the case of UAIC, it appeared that a general commitment to care of the self and others was often pushed into the background by an immediacy of circumstance that shifted from keeping pleasure, risk and care of the self in the mix to making it a choice between risk or pleasure. While that is of particular concern in sexually adventurous contexts – given the relatively high HIV prevalence and frequency of partner change – it is possibly also as relevant to occasional UAIC when much of the sero-sorting involved appeared to be based on flimsy reasoning, and limited direct communication.

Although drug use by itself made little difference to whether a condom was used or not on particular occasions, HIV-positive men were more likely to report drug use, particularly drugs associated with 'intensive sex partying' (Hurley and Prestage, 2009) and they were also more likely to report having engaged in group sex. Men who had recently engaged in UAIC in general were also more likely to report drug use. Drug use rarely seemed to play a role in the decision to use condoms; drugs were used as often in encounters where condoms were used as they were in encounters where condoms were not used. Nonetheless, drugs associated with intensive sex partying often appeared to play a particular role in situations where condoms are not used. Drugs in general may not differentiate whether condoms are

used, but some drugs appear to be used by some men in circumstances where risk-taking is more likely, and they may facilitate the decision to engage in UAIC, or even make the decision to take a risk easier to contemplate. For some, it seemed the drugs helped to heighten the experience while simultaneously allowing them to set considerations of risk aside temporarily. This is especially important in a context where considerations of infection and risk are so often all-pervasive and interfere with many men's capacity to simply enjoy sex without experiencing constant feelings of concern or worry.

Despite the lack of evidence that drug use distinguishes occasions when condoms are used from those when condoms are not used, men often cited drug use as a reason for having engaged in UAIC. This may be post hoc rationalisation, or may simply reflect the fact that for some men their use of drugs does sometimes affect their decision-making ability, even if, overall, the use of drugs is not a determining factor for most gay men. The fact that drugs used specifically to enhance sexual pleasure are also the most strongly implicated in HIV risk (Prestage et al, 2009) and that sexual risk behaviour can also predict subsequent use of such drugs (Prestage et al, 2008), suggests that drugs are often a tool to enhance sex, particularly in the context of 'intensive sex partying' (Hurley and Prestage, 2009). While for some men their drug use may itself be problematic, in terms of risk behaviour in general what may be a more important issue is the motivations men have for both their drug use and sexual behaviour in these contexts. Also, although there were very few men who reported injecting drug use, men who engaged in UAIC were much more likely to also report this risk behaviour. It may not be that drug use, per se, is responsible for much of the sexual risk behaviour observed among gay men, but its particular role in some gay men's partying and sexual behaviour requires further investigation, particularly in terms of the reasons for using drugs, both individually and within specific sexual networks, and the particular role some drugs play in enhancing men's sexual experiences.

In terms of risk behaviour and condom use, for many HIV-negative men in particular, being sexually excited or 'caught up in the moment' often appeared to play a key role in decisions about condom use, as did a sense of trust for one's partner. Further, when describing these situations where they were 'caught up in the moment', they also usually described some sort of rapid risk-assessment process. Whether this process involved a form of rationalisation during or after the event or an all too brief and ill-founded evaluation of potential risk, at the time, for many gay men these moments of quick reflection at least were an aspect of what occurred on those occasions when they ended up doing something that they might otherwise consider too 'risky'.

While overall, the men in this sample did not see themselves as being especially 'adventurous' sexually, there was a minority of men whose sexual preferences and desires were considerably more adventurous than those of other men. HIV-positive men in general were more adventurous sexually than were men who believed they were HIV-negative, as were men who had engaged in UAIC and

particularly those who had done so recently. Drug use played a particular role in this adventurous sex play, in the context of 'intensive sex partying'. However, it would be a mistake to characterise all sexually adventurous men as putting themselves or their partners at risk all or most of the time. Some were clearly committed to using condoms for all casual sex, while others relied on other forms of risk-reduction. For these men, while being sexually adventurous may involve taking sexual risks in general, it did not necessarily also mean taking risks that might have an impact on their own or their partners' health. Others, though, were much less concerned about the prospects of HIV transmission. While they were willing to minimise that possibility (of HIV transmission) in general, if the circumstances were such that a partner wanted to do otherwise, or they felt otherwise on a particular occasion, then they might occasionally choose not to use a condom. It mainly depended on the circumstances at the time. And yet others, relatively few in number, did not consider the prospect of HIV transmission sufficiently serious to warrant an ongoing sacrifice of their own, or their partners', pleasure. However, even these men could not be characterised as seeking HIV transmission. Not one man in our sample appeared to be actively seeking HIV infection or to infect others.

The men in PASH who did not view HIV as sufficiently serious to sacrifice their sexual pleasure, were mainly men who simply did not regard the consequences of HIV infection to be particularly severe any longer, and placed a premium on their sexuality that overrode the possibility of HIV transmission in their view. In the HIV Seroconversion Study, men who were interviewed described their feelings about having seroconverted in various ways: Some men, while not welcoming it, were fairly relaxed about what had happened to them and saw it as having at least 'simplified' sex for them in some ways; other men though were much more affected by the experience and described feeling quite traumatised by it (Prestage et al, 2009b). In PASH, the lived experience of HIV-positive men was occasionally apparent: Some men described the difficulties they faced, both in terms of the experiences of treatments and illness and in terms of stigma and discrimination, while others described their improved life prospects in the context of ART and were much more relaxed about their HIV infection. Some men described both sets of experiences simultaneously. While the lived experience of being HIV-positive was not a focus for the PASH study, these experiences nonetheless informed much of the way that HIV-positive men responded to the issues of risk and pleasure, and they also informed the attitudes and beliefs of those men who were not HIV-positive but nonetheless had some social and personal contact with PLHIV. How men assessed their sexual behaviour and what they were prepared to sacrifice in order to minimise the risk of HIV transmission was often very directly related to their own experiences of HIV, both currently and over time.

For the most part, ejaculation inside one's partner was not an important distinguishing factor in whether men found a particular sex practice exciting. While semen play appeared to be popular,

particularly with a minority of men, the exchange of semen during a particular sex practice was not the defining factor in making that practice exciting for most men. However, it is very clear that the introduction of a condom during anal intercourse substantially reduced the excitement level of that sexual activity for the majority of men substantially, whether in the insertive or the receptive role. The extent of this diminution of the level of excitement suggests that condoms directly detract from men's sexual pleasure and probably reduce it overall. Many spoke of specific problems in using condoms (such as desensitisation, loss of erection, pain during receptive anal intercourse due to the effects of latex on skin), but possibly an even greater problem for men was the feeling that condoms substantially detracted from the excitement of a direct physical connection and that what they most enjoyed about UAI was the physical and emotional feeling that comes from 'skin-on-skin' during this most intimate act, of intercourse. Also, many felt that condoms were clumsy because they forced a break in the flow of a sexual encounter, and that sex should be able to be experienced with a sense of spontaneity that condoms make difficult to achieve. Sometimes men employ other strategies, including drugs, to make it easier to use condoms (Holt, 2009), although sometimes the drugs were used specifically in the context of UAI to heighten the sexual experience – the 'hotness'.

There were of course a few men who enjoyed the use of condoms, and others who simply did not enjoy anal intercourse at all. And, although most felt that condoms gave them a sense of security, there were some men whose fear of HIV transmission was so great that their need for condom use appeared to be critical to their capacity to relax while having sex, regardless of the context or with whom they were having sex. On the other hand, there were also some men whose hostility to condom use was strongly felt and they simply refused to use them. In a few cases this meant they avoided sex, or at least anal intercourse, altogether, while for others it meant that they engaged only in UAI.

Mostly, however, **men in this sample understood that condoms are necessary to prevent HIV infection and accept that they need to continue using them**. Men who had recently engaged in UAIC, regardless of their HIV serostatus, were considerably less committed to condom use. On the other hand, some men seemed to feel that condom use was largely unproblematic. Importantly though, condom use did appear to have a negative impact on the sex act itself for most men to some extent. Nonetheless, the balance between risk and pleasure was an important consideration and the extent to which the use of a condom disturbed the pleasurable aspects of a sexual encounter was key to the eventual decision about whether to use a condom or not. **Most men remain committed to condom use in most circumstances, but not all men, and the nature of those circumstances depends entirely on how likely they believe it is that an infection will occur, and what would be the consequences of such an infection.**

Men in PASH generally desired condom-free sex, but the possible presence of HIV mediated how the men dealt with this. The Seroconversion Study (Prestage et al, 2009b) and the development of the

concept of 'intensive sex partying' (Hurley and Prestage, 2009) have already suggested that men abandon their own risk reduction practices when the desire for sexual pleasure and/or romantic intimacy displaces other considerations, at least temporarily. At the times this occurred, a general desire not to be infected or not to infect others appears to be overtaken by the possibility of maximising pleasure in a specific set of circumstances. The associated risk of transmission was circumstantial rather than overtly intentional, though it was probably often accompanied by an awareness of the risk involved.

Risk calculations in this sense complicate the general field of desire and create tensions that are sometimes resolved circumstantially and contingently in favour of pleasure, connection and/or love. In adventurous sex, the contingencies appear to include any of: specific sexual practices; idealisations ('a beautiful cock', 'a look' etc), talismanic fetishes ('cum play') and the momentum of the interaction. Momentum in turn may be intensified by drug use, number of partners involved, timing etc. This in turn requires consideration of the immediacy of the decision making involved in many risk events and of the factors involved in trusting (the situation and/or the particular partner/s).

This suggests something that is often forgotten in public health: For gay men all anal sex acts are constantly mediated, among other things, by the awareness of potential HIV risk. The risk is actually relative to prevalence and the status of partners, but, at a general level, the desire for a safe sex ethic expressed as not being infected or infecting others makes risk dispositionally present irrespective of circumstance. Yet when actual sexual activity is occurring, for many gay men, at least some of the time, the ethics become much more situational and practical. Anal sex in that sense always involves mediating desire, pleasure, risk and care of the self and of others. It is a demanding discipline, often closely connected to a sense of self.

For some men, engagement in gay community life meant they were more likely to think about HIV and to discuss it with others. And in that discussion, the likelihood of disclosure of HIV serostatus was also increased. However, a few men discussed how the need to avoid HIV transmission had constrained their capacity to live their lives as gay men, and, for some, HIV and risk avoidance had been conflated with what it means to be gay. **For many, this created a problematic tension between the promised freedom of coming out and being gay, and the obligation to take responsibility for stopping HIV transmission during sex.**

Nonetheless, within these constraints, most gay men found ways to minimise risk and live full sexual lives as gay men. **HIV-negative men who had engaged in UAIC often ascribed their avoidance of HIV infection to restricting their UAIC to other HIV-negative men, because, for these men, sero-sorting was often considered 'playing safe'.** Mostly, while men expected both HIV-positive and HIV-negative

men in the abstract to always use condoms and always disclose their HIV serostatus, and despite any resentments they might harbour about having to worry about HIV, they mainly agreed that they were personally responsible themselves for avoiding HIV transmission with their partners.

Similar proportions of HIV-positive men actively sought HIV-positive partners as did HIV-negative men seek other HIV-negative partners. This suggestion of a preference for seroconcordant partners was not an exclusive preference for most men – they sought partners of the same HIV serostatus but generally welcomed partners they did not know to be seroconcordant. When a partner told them he had the same HIV serostatus as themselves, men tended to feel a bit more relaxed about sex. Men who believed they were HIV-negative, and particularly those who had recently engaged in UAIC, also indicated that they would be more likely to consider UAI with other HIV-negative men depending on their existing relationship with them. Of course, a large proportion of men who believed they were HIV-negative would *never* contemplate UAIC with any partner, even those who told them they were HIV-negative. Indeed, some men were so concerned about the possibility of HIV transmission that they required some assurance of their partners' seroconcordance before they would engage in sex of any kind.

Most men were fairly cautious in their beliefs about whether particular sex practices were more or less risky. In very broad terms, their beliefs about HIV transmission risks were as might be expected. Although the majority of men tended to believe that all UAIC was risky, there were gradations in these beliefs. They tended to believe that receptive UAI was somewhat riskier than insertive UAI, and that withdrawal might reduce the risk a little. Although few HIV-negative men felt that undetectable viral load reduced the risk, and only a minority of HIV-positive men agreed with this, there were some men, particularly among those who had engaged in UAIC, who were firmly convinced of this, and many others who had a vague sense that this might be the case. Overall, HIV-positive men tended to be somewhat less cautious in their beliefs, although their beliefs broadly matched those of HIV-negative men. Men who had recently engaged in UAIC, including those who believed they were HIV-negative, were, in general, considerably less cautious in their beliefs than those who had not engaged in UAIC.

While most men were very aware of HIV messaging and education material, and were generally accepting of it, some men, particularly those who had engaged in sexual risk behaviour, tended not to engage with the detail of these messages and to see them all as just condom reinforcement. They were not opposed to the messages but acknowledging a valuable purpose in the abstract – for 'gay men' in general – does not necessarily mean applying the message to oneself. There was a degree of cynical or weary disregard for the detailed content of much HIV messaging that suggests that many men simply take no notice of these details. However, there were also some men who flatly rejected both HIV messaging in general, as well as the detailed content of those messages. And this rejection came from two diametrically opposed positions. Some men, who often had a strongly-held belief that HIV remained

a direct threat to life, felt that HIV messages were inadequate because they did not portray HIV as sufficiently dangerous; they wanted HIV education material to reinforce reasons for gay men to be afraid of an HIV infection. On the other hand, some men felt that HIV messaging was too fear-based and was consistently trying to frighten gay men into 'behaving themselves'; they wanted HIV education material to provide useful factual information without what they perceived as moralising about condom use and HIV transmission.

Those HIV-negative men who had engaged in some risk behaviour were often very aware of the potential risk and less assured of their HIV status as a consequence. **Although for the most part, men who did not have HIV believed that being infected by HIV would compromise their health, many did not necessarily view it as fundamentally affecting their life prospects, or as an end to their sex lives** – although some men did feel this way. Yet, for most, HIV remained a significant issue in their lives and something they wanted to avoid. Many also tended to view the prospect of being infected with HIV as something about which to feel guilty, and something they would want to conceal from the people close to them because they felt they would be upset by such news. Nonetheless, HIV-negative men who had engaged in UAIC, especially those who had done so recently, often described the benefits both of being HIV-negative and of their prospects should they seroconvert in terms of their sexuality – their capacity to be sexually freer or more relaxed with their partners. **They valued their sexuality and tended to look for the sexual advantages** in each scenario (ie, whether they remained HIV-negative or if they seroconverted). HIV-positive men, on the other hand, were even more likely to express some feelings of responsibility and guilt themselves if they infected a sexual partner, even though the majority believed that it would be their partner's responsibility. Those HIV-positive men who had recently engaged in UAIC were more likely to emphasise their increased sexual freedom, and their greater enjoyment of condomless sex, as things that make being HIV-positive easier to some extent.

State differences

Overall, there was very little evidence for differences in behaviours or beliefs across the states. For the most part gay men in this sample were fairly similar in all states, had similar sex lives, and similar relationships to other gay men, including HIV-positive gay men, and they had similar thoughts about the place of HIV in their lives and the threat that it posed. Where there were state differences they mostly appeared to reflect the relative differences in HIV prevalence in each state, which, reasonably, meant that men thought about how immediate the threat of HIV transmission was depending on whether the local prevalence was relatively higher or lower than in other states. Previously, much Australian research, particularly that regarding associations between sexual risk and 'sexual adventurism', has

been mainly confined to the more populous states, especially NSW. The lack of difference across the states in this sample provides some indication that these issues apply similarly across the country.

There were, however, **some particular concerns about access to appropriate, gay-friendly, health services in the less populous states**, especially Queensland and Western Australia, and the capacity to comfortably discuss sexual issues with others, that may play an important role in restricting testing patterns in those states.

Discussion

Previously, Michael Hurley, an Investigator on this study, has commented on the longstanding evidence that gay men have adapted to HIV from very early in the epidemic and have always sought methods of minimising the risk while maximising their pleasure:

> When rereading the groundbreaking work of the Social Aspects of the Prevention of AIDS research project … I'm *now* struck by how obvious it is in the data that gay men would, if they could, seek a way round the virus. All the clues are there in the persistent presence of withdrawal, only 'topping', and not using condoms. It is also apparent that some gay men also engage in wishful thinking. The ongoing rate of HIV infection tells of the riskiness in these practices. Neither fear nor being informed were stopping unsafe sex (Hurley, 2003: 30).

HIV continues to occupy a significant place in gay men's lives. They continue to place great value on the need to minimise the risk of transmission, and mostly they accept that condom use is central to that task. Also, while of course most HIV-negative men place great emphasis on the need to protect themselves and on a presumed obligation for HIV-positive men to declare their HIV serostatus before sex, mostly, like HIV-positive men, they also acknowledge their responsibility in any sexual encounter and their responsibility to their partners. There is very little evidence to support a culture of blame in this sample: Mostly, both HIV-negative and HIV-positive men believe that everyone is responsible for reducing HIV transmission. Nonetheless, there are some clear, although sometimes subtle, differences in how gay men think about the relative risks posed by HIV, depending on their own behaviours and desires.

Despite the general trend to a belief that the prospects for those infected with HIV has improved substantially in the post-HAART era, a large proportion of gay men still think about HIV in terms of crisis and see the possibility of infection as a direct and immediate threat to their lives. Mostly, they are HIV-negative, although there are also some HIV-positive men who continue to feel this way as well. And, some are older and some are younger. It may be that the older men experienced the impact of HIV on the gay community at its worst and this experience continues to dominate the way they feel about the

issue. For younger men, though, these attitudes are mostly abstract as few of them have experienced the ravages of the epidemic or seen the effects of untreated HIV. However, the main feature that characterises the men who retain this deeply-felt fear of HIV is that they are often men who claim to have *never* engaged in sexual risk behaviour such as UAIC. For many who remain so deeply fearful of HIV, their fears are both abstracted from knowledge and veer toward phobia. They often have relatively limited gay friendship and sexual networks, and limited contact with HIV-positive gay men. However other men are simply risk-averse: Their fear of HIV is a rational one. They know that HIV no longer presents the same threat it once did, but that has had little impact on their attitudes toward risk because any risk of infection is too great in their opinion. In some cases this fear of any risk of infection means that they are restricted in their capacity to enjoy any sexual encounter, even when no discernable risk of HIV infection is apparent. For some this is a specific fear of any STIs, but for others it is a more abstract fear.

Counterposed to these men are the men who feel that HIV has changed sufficiently for them to feel it is now safe enough to be somewhat more relaxed about potential risk. Mostly, they are not blasé about HIV: They still want to avoid its transmission, but they also feel they do not need to let HIV dominate their thinking or dictate how they live their lives at all times. These men are, of course, much more likely to engage in UAIC, although often they employ some other non condom-based risk-reduction strategy. However, this is not always the case and they often report simply feeling that they felt that it was worth taking a risk on a particular occasion, with a particular partner.

In the absence of HIV, the accounts of ‘barebacking’, of UAIC, that are present in this study would be ‘innocent’. Desire is partly constituted by wanting that (i.e. the absence of HIV) to be the case and knowing that it is not. The presence of risk is what changes this. Even so, the sense of ‘bad as hot’ that is evident in many of the interviews produces a temporary sense of power and energy. However, it also produces a concern for men’s own health, both physical and mental. This tension is rarely characterised by any sense of ease in negotiating this field of desire or by a defiance of responsibility.

It seems clear that the general dislike of condoms in combination with circumstantial factors affect condom use by many gay men, sometimes occasionally, sometimes frequently. Given that the occasional non-condom users are often bothered by what they have done, and did not intend at the outset to discard condoms, we could consider that they are still committed to condom use generally. However, it is also possible that the more often some of them practice UAIC, the more often they will continue to do so. In that sense they are at least sometimes multi-dispositional and pulled in different directions simultaneously. Under these circumstances the notion of 'slip ups' can disguise shifting patterns in individual behaviour and how these shifts may be connected to other social factors. This is further complicated by a wider context in which there is a general commitment to 'safety' (understood

as risk reduction combined with a desire not to infect or become infected), but not always to condom use. This suggests the need for non-moralistic interventions that both promote the general use of condoms, but also recognise that for many men there will be times when this does not occur. While the constant reinforcement of a condom habitus is central to HIV education, it needs to be supplemented by a variety of social and cultural interventions that support risk reduction when condoms are not used. This holds for all forms of UAI including negotiated safety. Put simply, for many men, safe sex culture is as much about estimates of relative circumstantial 'safety', as it is about 100% condom use.

Habitus conceptualises the link between wider social factors and individual subjectiiviities (Bourdieu, 1977). It refers to the system of durable and transposable dispositions (perceptions, beliefs, actions, bodily skills, styles, tastes) that individuals make habitual in their everyday life. These dispositions mark out condom use or non-use as social 'practices' rather than simply as behaviours, and require that condom use or non-use be understood in relation to a wider context that produces both 'durability' (habitual behaviour) and 'transposability' (behaviour adjusted to circumstance).

Health promotion requires an explicit acknowledgement that anal sex needs to be accompanied by a constant negotiation of risk, pleasure and care that can be personally challenging. There is an implicit desire for a social ethic of respect for this. Often men in PASH suggested that constant messages that feel like they are accompanied by moralisation in the name of safe sex and risk avoidance may well produce ‘bad as hot’ followed by hot as bad. The latter was experienced by some men as though it often felt like a constraint on their capacity to express their sexuality in general. This is possibly inevitable, but **the associated challenges cannot be simply handed over to a public health imperative that consistently insists on individual responsibility for avoiding infection or transmission at the same time as it restricts the legitimacy of social support for the negotiation of shared practical ethics**. A harm reduction model works with both the realities of risk and the pragmatics of desire to provide individuals with the capacity to reduce their own potential harms (Myers et al, 2004). For such a model to be effective, though, individuals must be both aware of the potential for risk and the specific requirements to reduce that risk, and motivated to reduce any potential harms (Blume and Marlatt, 2003). With both knowledge and motivation, however, the opportunities for self-directed risk reduction are significant. Nonetheless, given that most gay men have a clear commitment to reduce the possibility of infections or transmissions, any continued emphasis on individuals’ responsibility, particularly when not accompanied by an acknowledgement of their role in keeping infection rates relatively low, both individually and collectively, is quite problematic for some men. Ignoring community leadership in this way would disregard both the intricacies involved and the need for community-based interventions that honour these men’s desires without dismissing them as impossible to fulfil.

Gary Dowsett has previously observed that: 'For many practices, the least experienced underestimate the safety, and possibly restrict the range, of sexual activity available to them; the most experienced underestimate the risk of practices they are used to' (Dowsett, 1996: 78). In some ways, the men in PASH provide us with a better understanding of how this is experienced for different types of gay men. Overall, it is possible to summarise the findings in this study as suggesting three broad groupings of men's perspectives in the way they respond to sex, pleasure and risk:

- Risk averse – Those who are generally risk averse, in particular in the context of HIV. They use condoms consistently and would be unlikely to ever take a risk of any sort during sex. This perspective may be as part of a risk averse personal value base and condom use is seen as how sex happens, or may have been influenced through experiences with or concerning HIV that has resulted in a response based in fear of HIV;
- Risk negotiable – those whose starting point is that in life risk is to be minimised and pleasure maximised and the compromise is negotiable. These men have made a conscious choice to generally practise 'safe sex' and continue to use condoms, but when confronted with an opportunity to discard the condoms will often do so if it seems reasonable; and
- Life as risk – those who see life and risk as synonymous. Their starting point is to push boundaries and the experience comes first and then it is adapted to become less risky for possible repercussions. These men often consciously and actively seek or create opportunities to forego condom use.

In all three perspectives there may be a variety of behaviour, PAIC and UAIC, adventurous sex and 'vanilla' sex, monogamous and open relationships. However the proportions may differ.

Logically, those who are most risk averse or even fearful of HIV, and of any risk-taking more generally, are mainly found in the first group of men. However, there are others in this group who are relatively unconcerned about HIV, and their use of condoms is more due to a 'taken-for-granted' expectation that this would routinely be the case than a properly considered desire to avoid HIV infection – they understand that that is the primary reason for using condoms but their experience and understanding of HIV is so limited that this is really just an abstract concept to them.

On the other hand, those men who consciously seek opportunities to forego condom use are almost entirely those men who are fairly unconcerned about HIV, or even those who are 'over' HIV and think that it is no longer sufficiently serious to warrant sacrifices of their sexual pleasure.

No perspective has a monopoly on any behaviour, but the value base or risk/pleasure perspective starting point is different. Men may move in their perspective over time, and the context, emotions and interactions of each sexual moment will still have influence.

As we noted in the introduction, we can identify three broad groups of men at risk of HIV transmission: Those in serodiscordant relationships; sexually adventurous men; and men who occasionally 'slip up' but mostly use condoms. The range of attitudes toward condom use and beliefs about HIV that we have identified in these data can be found among men in all three of these broad groupings. However, their implications may be very different for men in each of these groups. The actual proportions of men in each category whose broad attitudes to risk / pleasure is probably not measurable with our current data. Nonetheless, the following table seems a reasonable assessment of the likely distribution:

	Men who occasionally slip up	**Serodiscordant relationships**	**Sexually adventurous men**
Risk averse	Somewhat more than a few men who occasionally slip up	Small proportion of men in serodiscordant relationships	Small proportion of sexually adventurous men
Risk negotiable	Large proportion of men who occasionally slip up	Large proportion of men in serodiscordant relationships	Somewhat more than a few sexually adventurous men
Life as risk	Small proportion of men who occasionally slip up	Large proportion of men in serodiscordant relationships	Large proportion of sexually adventurous men

Many men in serodiscordant relationships may be very fearful of HIV transmission. This may mean that they never engage in anything that might be risky, but it could also mean that their capacity to enjoy a fulfilling sexual connection in general may be restricted, or even be a source of stress and a barrier between them. In other cases, though, they may actively seek ways to discard condoms for sex with each other, by relying on other forms of risk-reduction. And yet others may simply have decided that attempting to minimise the risks is not worth the sacrifice in sexual pleasure and intimacy between them, especially if they believe that HIV infection no longer represents a significant threat to their health, or that transmission is unlikely in the context of effective treatments. Regardless of their beliefs about HIV and condoms, many men in serodiscordant relationships who otherwise seek to avoid taking undue risks occasionally 'slip up', whether that is because they are overcome by the 'heat of the moment' or they just choose to do so.

It is much less likely that sexually adventurous men would be risk-averse; that would be almost the antithesis of who these men are. However, some sexually adventurous men are also very concerned about HIV transmission and generally avoid UAI, or at least avoid UAI with partners they do not know to be seroconcordant. On the other hand, there are some men who engage in sexually adventurous situations but feel uncomfortable about doing so. Sometimes this discomfort is expressed explicitly as a concern about HIV transmission, but others describe feelings of regret about their sexual activities more generally. Regardless, these men often tend to describe themselves as having been taken over by a passionate desire that they felt they could not control, in the 'heat of the moment'. More commonly though, as has been found previously (Smith et al, 2004), sexually adventurous men often appear to be somewhat blasé about HIV and risk – they try to minimise the risk of transmission but not if it will interfere too much in their sexual enjoyment. And if they are presented with an opportunity to forego condom use that seems to not be overly risky, then they will probably take that opportunity. There is, of course, also a minority of sexually adventurous men who reject condom use entirely and who discount the seriousness of HIV in general.

All of these situations and combinations can be found among the men who mostly remain committed to condom use but occasionally 'slip up' or choose to take a risk on a particular occasion. Some are highly fearful of HIV transmission overall, but others are relatively blasé. Some continue to use condoms under duress (out of a sense of responsibility or self-protection), while others do so with relatively little thought.

Possibly what is clearest from all these considerations is that the notion of a 'risk-calculation' is very complex, circumstantial, and problematic. Men do not simply situate the threat of HIV against the potential pleasure of particular sex acts and make a clear, rational choice from a sexual health perspective. It is entirely dependent on a range of factors: What do they think is the relative likelihood of transmission? In general? In this situation? How severely do they think that HIV infection would impact on someone's life? How important is this particular person to them? How important is sex in their lives? In general? On this occasion? What do other people think about them? Or about their sex lives? How would these people feel if they seroconverted? If they infected someone else? How do they or their partners see risk and pleasure in their life in general?

Yet none of these questions have clear answers. In fact, even the questions that underlie these questions do not have clear answers, and the answers that were previously accepted no longer apply in the same ways: How easily is HIV transmitted? How severely will an HIV infection affect one's life? The previously accepted beliefs that HIV represented a direct threat to one's life, and that HIV could be transmitted through unprotected intercourse with an HIV-positive person are not necessarily so anymore. Nonetheless, the usual expectation is that all gay men will continue to always prioritise the

minimisation of the possibility of HIV transmission over the pursuit of their own and their partners' pleasure. Given that not all condomless intercourse carries the same degree of risk, and that the consequences of HIV infection may be no more life-affecting than some other chronic diseases, the fact that some men choose to prioritise differently should not be surprising.

So, while many gay men continue to behave in ways that represent little or no likelihood of HIV transmission, others appear to be making choices that carry some risk of HIV transmission. And for some of these men, this may represent an increased possibility of infection compared with how they had behaved previously, and certainly when compared with what would be the case if they used condoms every time. It may be the case that the changes that have taken place in regards to treatment in the past fifteen years and the impact this has had on population viral load could result in reduced possibilities for individual HIV transmission. On the other hand, it could also be the case that the wider adoption of non condom-based risk-reduction strategies, or even the choice to take more risks in general, might result in increases in the numbers of new HIV infections. Indeed, both possibilities could happen simultaneously – and may already be doing so. In these changed circumstances, individual gay men are increasingly faced with making a decision about how much risk they are willing to take for the sake of pleasure, and how much of a risk do they actually believe it to be. But, also, as a community, and as a society, we are increasingly forced to ask the same sorts of questions: How many HIV infections are acceptable? To what extent should the public's desire to reduce the health burden in general override individuals' right to an enjoyable, satisfying sex life. Our answers to these questions will determine our attitudes to risk-reduction, and to risk-taking in general, and that, in turn, will determine what kinds of messages and information we believe gay men need. But we already know that not all gay men will agree they need whatever it is we decide. Some will expect more and some may even welcome some curtailment of some (usually other) gay men's rights, while others will resent any intrusion into their right to determine their own lives, regardless of the motivations.

There are two ways of thinking about risk-reduction in general. One begins from a zero-risk premise, that we should measure risk relative to its absence: How much risk is involved? From this perspective, the ideal is no risk and any degree of risk is problematic. On this basis, there is no such thing as 'safe sex', only 'safer sex', and while condom use might be the usual pragmatic baseline for measuring relative risk, it is not entirely without risk. Indeed, some men in PASH avoided all anal sex because they recognised that there was some risk involved; some even opted for no sex at all. The other way of thinking about risk – a reduced-risk premise – measures it against the maximum risk conceivable: How much risk is avoided? From this perspective, anything short of receptive UAI with an untreated HIV-positive partner whose viral load was high, is not quite so unsafe. While the assumed gradations of risk – how much less risky is this activity? – are mostly based on assumptions and beliefs (although they may

often be well-reasoned), they have some logical basis, and, indeed, there is at least some evidence to support some of those assumptions (Jin et al, 2010). A zero-risk premise for HIV risk can never truly be successful (unless there are some very unlikely, fundamental changes in human behaviour), while a reduced-risk premise will always be 'better than nothing'.

The men in PASH who seemed to rely on a zero-risk premise seemed somewhat unprepared emotionally and behaviourally for any failure to remain safe. Those who seemed to operate from a reduced-risk premise appeared to have quite unclear boundaries between what they considered safe and what they considered unsafe. Pragmatically, however, we know there are gradations of risk, even if we cannot quantify them satisfactorily, and we know that many men do not, and probably will not, consistently avoid risk. Those who take a zero-risk approach are surprised when they fail to achieve their own expectations of no (or minimal) risk, while those who take a reduced-risk approach rarely make plans to ensure they can act according to their own rules about what is acceptable risk.

The HIV-prevention task in this current environment is to minimise the risk in whatever gay men decide to do. Those men who choose to use condoms all the time are not so different to those men who decide to rely on some other form of risk-reduction (whether circumstantially or as a regular feature of their behaviour) in at least one respect: They need the appropriate tools to ensure that they can effectively minimise their risk. We can provide them with all the appropriate information and advise them of how best to reduce, or eliminate, the risk of HIV transmission, and, ordinarily, that means urging universal condom use. However, some fifteen years ago we recognised that other factors – desire, love, intimacy – could not be ignored and had to adapt our HIV-prevention work to incorporate negotiated safety. In our current, and very much changed, environment, the spectre of HIV no longer has the same force that it once did. So, in whatever choices gay men make about the degree of risk they are willing to accept in their lives, and how best they wish to try to reduce the likelihood of HIV transmission, our task in HIV-prevention must be to provide them with the tools to allow them to maximise the effectiveness of their choices, and thereby minimising the risks to whatever extent possible. If we fail to do this then we leave gay men alone to try to figure out how to do this, without any guidelines at all, and so they will likely be less effective than they might otherwise be, and there will likely be more infections than there might otherwise need to be.

On the other hand, we need to be able to achieve this without undermining the intention of the majority of gay men to use condoms, in whatever context they decide to do so. However, even those who intend to always use condoms sometimes do not do so, for specific reasons, on specific occasions, with specific men, and their lack of preparation for this possibility also leaves them open to considerable risk. HIV-prevention needs to provide them with the tools to stick to their determination to use a condom, but it also needs to provide them with the tools to minimise their risk when they inevitably

find themselves in a situation they did not really expect to be in and are inclined to choose, for whatever reason, to forego the use of a condom. While individual gay men may be free to adopt a zero-risk approach in their own lives, this is not really possible for HIV-prevention. We know that HIV transmission occurs and this is not likely to cease to be the case, other than by some significant advances in biological prevention. The zero-risk approach to HIV-prevention allows for only one message: Do not take any risks! In the context of a mortal fear of AIDS (either getting it or giving it to others), this message had considerable salience – though not universally. The reduced-risk approach to HIV-prevention allows for a more contextual set of messages: In any given situation you can still reduce your risk by being prepared and arming yourself with the appropriate information.

Future analyses

The data from this study are extensive and there is much more detailed analysis to be completed. The analyses contained in this report are only descriptive of the sample in general. Careful consideration of specific issues, accompanied by more extensive analyses, will be undertaken over coming months. This may affect some of the details of the findings in this report and may suggest slightly different ways of thinking about the implications of the findings.

Recommendations

Recommendations for future research:

1. The expectation that HIV infection rates should, or can, remain stable or even decline is based largely on supposition. Some gay men are not as concerned about avoiding HIV transmission as might be expected by HIV organizations, their own health service providers, or health departments. Increased levels of risk taking among some gay and bisexual men appears to be inevitable, although this may be balanced in part by more effective and widespread use of non condom-based risk-reduction strategies. It is very unclear what would be the most effective HIV-prevention activities in this current context. It is clear, however, that more then ever they need to be multilayered, targeted and able to reach into the social relations between beliefs, values and circumstance. The PASH findings suggest the limits of primarily focussing on social marketing or using fear based approaches which assume a primarily risk averse perspective. Research that examines the potential impact of changes in sexual risk behaviour and in testing patterns, and the acceptability of these among gay and bisexual men themselves, particularly among those at greatest risk, is required to determine what is a feasible, and desirable, mix for HIV-prevention work at this time.

    - *Recommendation: That research be undertaken to determine the relative effectiveness of a range of HIV-prevention interventions and their feasibility and acceptability among gay and bisexual men.*

2. Some men appear to have been very deeply affected in quite negative ways by their fear of HIV, either as a consequence of their experiences at the height of the epidemic, or as a consequence of ongoing information, both formal and informal, that represents HIV and AIDS as essentially unchanged since the introduction of ART. These men often appear to have developed seriously negative views of their sexuality, and even of themselves, and are often severely restricted in their capacity to live fulfilling sex lives, or to develop satisfying sexual relationships.

    - *Recommendation: That research on the effects of living in fear of HIV, and under the stress of a constant need to monitor potential risk be undertaken among gay and bisexual men, and how health promotion strategies can support them to sustain safe behaviour without reinforcing negative and harmful themes.*

3. Those men who are using non condom-based risk-reduction strategies appear to mainly rely on knowledge of partners' HIV serostatus, and are most likely to use some form of sero-sorting. Indeed, the proportion of all UAIC that can be attributed to sero-sorting has increased significantly over time. Yet, in this context, HIV transmission is continuing. This raises some particular questions around the frequency of testing among men who have engaged in UAIC, and about the role of onward transmission by men who have been recently infected but remain undiagnosed. These issues apply especially to those men who are highly sexually active.

    - *Recommendation: That research be undertaken on the optimum frequency of testing among gay and bisexual men who engage in UAIC, and on the role of onward transmission in the rates of HIV transmission, particularly within sexually adventurous and highly sexually active sexual networks.*

4. Drug use appears to play a very particular role in many gay men's sex play, especially when it involves UAIC. Explanations that ascribe causation for sexual risk behaviour to men's drug use seem to be of only limited value, and apply only to some men. Further exploration of the reasons for drug use and how particular drugs are used to enhance sexual pleasure, particularly within specific sexual networks, is required. In particular, we need a better understanding of how gay men are introduced to particular kinds of drug use and how their involvement in particular sexual networks enhances this process.

    - *Recommendation: That research be conducted on how gay men learn about, and are introduced to, drug use, particularly within sexually adventurous and highly sexually active sexual networks.*

Recommendations for policy and program development:

1. There is also an urgent need for factual, non-emotive information about non condom-based risk-reduction strategies. Many men are employing such strategies, at least occasionally, but are mostly doing so without any guidelines as to how to do so in the best way possible. While there is no guarantee of absolute protection from HIV transmission using such strategies, this is also the case for most sexual encounters: Risk is relative. Most men crave sufficient, non-judgemental, factual information to allow them to make their own, informed decisions about how much risk they are willing to take in their own lives. Also, while current practice of these non condom-based risk-reduction strategies is more common within serodiscordant relationships and among men in sexually adventurous networks, it is not confined to them. Men who occasionally 'slip up' or choose to take a risk on a single occasion often also do so on the basis of a limited understanding of these strategies, and they too should be able to benefit from a better understanding of such strategies and how to improve their effectiveness.

    - *Recommendation: That clear policy positions be developed that acknowledge non condom-based risk-reduction to give clear guidelines to HIV health promotion staff.*
    - *Recommendation: That factual information about non condom-based risk-reduction strategies be made available to all gay and bisexual men.*
    - *Recommendation: That community development and engagement strategies support the dissemination and application of this knowledge within gay men's social and sexual networks.*
    - *Recommendation: The policy and program environment needs to acknowledge that increased preparedness to take a risk in sexual behaviour is not only an issue of knowledge but also occurs in a social and value-based context, which is unlikely to respond to simplistic messages or fear-based approaches.*

2. Gay men generally dislike condoms and feel they interfere with the enjoyment of the sexual experience for most men. Yet, nonetheless, most men continue to use them most of the time and are committed to their use to protect themselves and their partners. However, many men largely ignore the detailed content of condom reinforcement messages, and reject messages that attempt to represent condoms as fun or sexy. It may be helpful to provide some simple, clear information about how condoms can be made to enhance some sexual encounters, for some specific reasons, but overall, most men would undoubtedly appreciate an honest approach to condom promotion. Messages promoting condom use that acknowledged their difficulties but also acknowledged their effectiveness and the good will and good judgement of most men to continue using them in most circumstances may be more acceptable to the large proportion of men who simply do not believe messages that they feel provide an unrealistically positive view of condoms.

    - *Recommendation: That factual information about the real experiences of condoms that also simultaneously explain their effectiveness and acknowledge gay and bisexual men's continued use of them be made available to all gay and bisexual men.*
    - *Recommendation: That community development and engagement strategies support the dissemination and application of this knowledge within gay men's social and sexual networks.*

3. Many gay men do not engage in the detail of HIV-prevention messaging and even ignore it. From these men's point of view, an over-reliance on traditional, passive, messaging has led to a feeling that all HIV messages are the same. If men are to take notice of the details of HIV-prevention messages then they need to appear to be very different, challenging, perhaps even controversial, and other formats should be actively supported. Also, in an age where interactivity is increasingly important, a reliance on passive messaging is generally insufficient and ineffective. Some men even noted that participating in this study had made them think more about HIV and themselves than anything else had for some time.

    - *Recommendation: That health promotion strategies be resourced adequately to allow them to be tailored to engage with men with differing perspectives around pleasure, risk and sexual behaviour.*
    - *Recommendation: That more interactive HIV messaging for gay and bisexual men be developed and supported.*
    - *Recommendation: That consideration of controversial and challenging content for HIV messaging for gay and bisexual men be given greater priority and policy support.*
    - *Recommendation: That funding be made available for the development of more socially and personally interactive forms of HIV health promotion.*

4. Many men understand that ART has improved life prospects for PLHIV but they often lack clear information about the ongoing health, and other, issues facing PLHIV. Some men have a fairly well-informed understanding of both the benefits and limitations of ART, and hold fairly realistic views about the implications for HIV infection and about the likelihood of HIV transmission. Others, however, have fairly limited or unrealistic understandings of these issues. On the one hand, some men hold what might be considered overly optimistic views of the effects ART and tend to feel that an HIV infection is of little consequence and that an undetectable viral load reliably indicates that the risk of HIV transmission does not exist. Equally, many other men are living under the impression that AIDS remains as prevalent as it was twenty years ago, and that an HIV infection necessarily has the same life-threatening consequences that it did in the past. Many of these men often appear to be incapacitated by fears that are based in misinformation which can lead to many negative outcomes. Some HIV-negative and untested men are fearful of testing as they would prefer not to know if they are infected. Others, both HIV-positive and HIV-negative, restrict their sex lives in ways that are simply unnecessary and lead to some degree of social isolation or undue pressure on their relationships. Still others occasionally find themselves surprised by placing themselves in relatively risky situations with little or no preparation for how they might handle such situations because they had never contemplated such a possibility due to their own overwhelming fear of HIV. These men are in urgent need of factual, non-emotive information about the effects of ART on HIV infection and about AIDS in Australia to enable them to make their own, well-informed, decisions about their sexual behaviour and about HIV testing.

    - *Recommendation: That health promotion, community development and engagement strategies support the diffusion and application of factual, relevant information, which is both relatable and not fear-based, about the effects of ART on the lives of PLHIV through gay men's social and sexual networks*

5. Some men are at increased risk of HIV transmission due to the nature of their relationships: Whether it is a regular relationship with a boyfriend or lover, or a fuckbuddy relationship, or a strong connection with an occasional sex partner or friend, they feel closely connected to, or in love with, a particular partner and, regardless of their HIV serostatus, desire to express this closeness through their sexual interactions with each other. For many, the desire to ensure that HIV transmission does not occur is the primary consideration and so they seek only to protect each other from this possibility. However, in some cases, condoms represent a very real physical barrier that they find difficult to accept. For other men, HIV itself represents a barrier between each other. Some men simply accept the risk. Some men cannot accept any risk but find the stress on their relationships very difficult. Others cope with it. And still others decide to take the risk but feel remorse or fear as a consequence. In all cases, they require specific, and supportive, information and assistance that recognises that their relationship with each other is at least as important as the need to minimise the risk of HIV transmission.

    - *Recommendation: That men in serodiscordant partnerships, of all types, are prioritised in HIV-prevention work across all states.*
    - *Recommendation: That support services for gay men's relationships be expanded, particularly for men with serodiscordant partners.*

6. Some men are at increased risk of HIV transmission due to the nature of their involvement in sexually adventurous subcultures, where HIV prevalence is often relatively high. Often, these men knowingly accept that they are taking a risk, but others, often the less regular players in these 'scenes', are less aware of the risks they are taking. Regardless, rates of UAIC tend to be much higher within these sexually adventurous networks than is the case among gay men in general, regardless of HIV serostatus. Men in these networks also tend to be highly protective of their sexual rights and place great value on their sexuality.

    - *Recommendation: That men who engage in sexually adventurous networks are prioritised in HIV-prevention work across all states.*
    - *Recommendation: That men in sexually adventurous networks be provided opportunities, through appropriate community development work, to develop their own HIV-prevention activities that are non-judgemental and factually-based.*

7. Some men are at increased risk of HIV transmission due to their greater likelihood to occasionally depart from their own usual pattern of behaviour and rules for prevention of HIV-transmission, whether formally articulated or informally 'understood'. These occasional 'rule-breakings' or 'slip-ups' tend to be highly circumstantial, in response to specific desires and quick 'risk-calculations'. Improved understanding of, and access to PEP, in particular, is warranted in these circumstances. However, many men indicated that they did not feel they had taken a significant risk as a reason for why they did not take PEP after UAIC.

    - *Recommendation: That men who occasionally depart from a normally safe sex regimen are prioritised in HIV-prevention work across all states.*
    - *Recommendation: That men who occasionally break their own rules, or 'slip up', are provided fact-based information and resources, including about the use of PEP, to help them plan better for the circumstances that are likely to lead to such decisions.*

8. Although rates of HIV testing were high and most men tested regularly, there was a substantial minority of men who had not tested in a long time and some who had never been tested. Also some men who, given their sexual behaviour, should probably test quite frequently were not doing so. Time was the main impediment to HIV testing for most men. In most cases, more accessible testing options and the availability of rapid testing were seen as likely incitements to more and more frequent testing.

    - *Recommendation: That alternative options for HIV testing, such as extended hours, community testing sites and home testing be investigated.*
    - *Recommendation: That rapid HIV testing be made available.*

9. Many men are struggling to deal with HIV. Some have endured over two decades of fear, accompanied by the constant stress of monitoring any potential risk during sex. Others feel remorse and fear as a consequence of having sex, sometimes even when the relative risk is probably inconsequential. Other men are almost incapacitated by the fear of infection and risk in general, to the point where some are incapable of enjoying any sexual activity or developing satisfying sexual relationships.

    - *Recommendation: That the fears some men experience in relation to sex and disease transmission be given renewed focus in counselling and peer support work.*

10. Men who engage in sex work are more likely to engage in UAIC, though this is most likely to occur in their private lives rather than in the context of sex work. This is most likely because many male sex workers are also relatively sexually adventurous in other aspects of their sex lives. HIV-prevention work with this population needs to address their sex lives and relationships in general.

    - *Recommendation: That male sex workers be prioritised in HIV-prevention work across all states.*
    - *Recommendation: That support services for male sex workers be expanded with a focus on male sex workers' sex lives and relationships in general in addition to their status as sex workers.*

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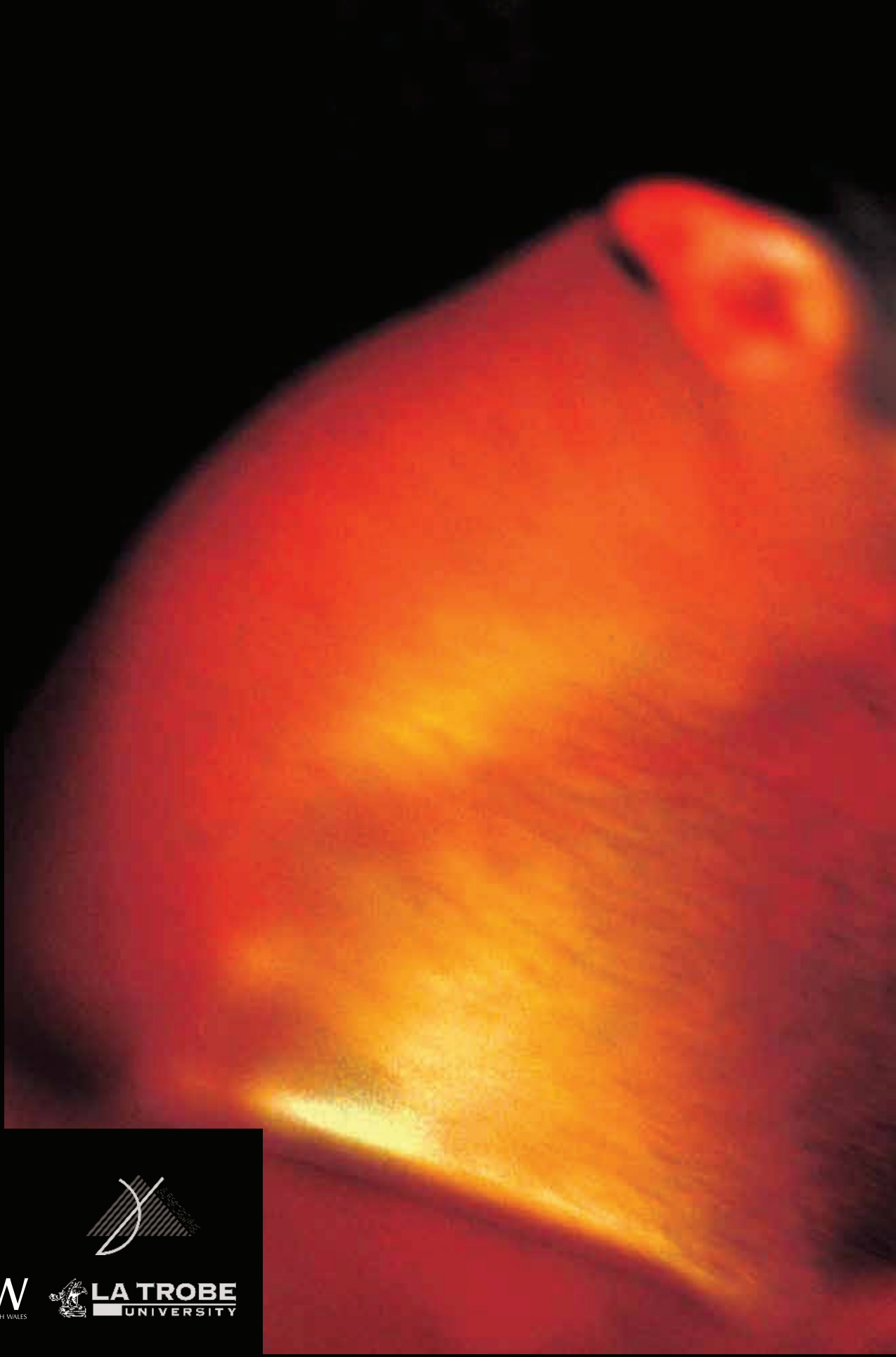

For more information contact:

A/Prof. Garrett Prestage

Phone: +61 2 9385 0900
+61 3 9285 5291

gprestage@nchecr.unsw.edu.au

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