The TAXI-KAB Study

Thinking **A**bout e**X**posure to **I**nfection – **K**nowledge, **A**ttitudes, and **B**eliefs

The TAXI-KAB Study Report 2012

The Kirby Institute, University of New South Wales

Jack Bradley
Garrett Prestage
Ben Bavinton
Martin Holt
Dean Murphy
Rebecca Guy
Phillip Keen
Iryna Zablotska-Manos
Graham Brown
Geoff Honnor
Colin Batrouney

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Copyediting:	Jack Bradley
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For further information, please contact Associate Professor Garrett Prestage, CFI Building, Corner of West and Boundary Streets, Darlinghurst NSW 2010, Australia
Tele: 02 9385 0900 | FAX: 02 9385 0920 | Email: gprestage@kirby.unsw.edu.au

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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 expeosure to HIV, and the appearance of HIV antibodies in the blood serum. Seroconversion is often accompanied by flu-like symptoms

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

HIV-serononconcordant – the HIV status of at least one partner is not know, 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 seoconcordant couple to have unprotected sex with each other, but not to have sex (or have unprotected sex) with other people. It involves a period of talking, testing, trusting and repeated testing.

PASH Study – Pleasure and Sexual Health Study

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

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 of 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

Prevention Revolution – integration of significant changes in biomedical prevention and developments in HIV testing to effect substantial reductions in HIV transmission

Quantitative research – investigates measureable aspects of selected phenomena in ways amenable to statistical description & analysis. Often based on data collected via 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

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 transmitted infection

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

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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)

Background and methods

This study was developed against a backdrop of major changes in the HIV prevention landscape. The emergence of new prevention approaches and technologies offers the potential to profoundly impact prevention engagement with Australian gay men but relatively little is known about the level of knowledge and hence preparedness of gay communities to engage with this new prevention paradigm. These fundamental shifts in HIV prevention responses and in treatment methods will profoundly affect HIV prevention education within gay communities:

1. Non condom-based risk reduction – serosorting, strategic positioning, viral load, and withdrawal. Increasingly, gay men are relying on these techniques, either as post-hoc rationalization or as prior risk assessment.
2. HIV treatments effectiveness. Increasingly, HIV treatments are becoming more effective and more tolerable, and easier to use, and infected individuals are increasingly being encouraged to commence treatments at much earlier stages of disease progression than was previously the case. Gay men are more aware of this than other population groups. These changes potentially alter the perceived (and actual) nature and extent of the threat HIV poses to gay men's lives in profound ways.
3. Treatment as prevention. In reducing viral load, HIV treatments effectively reduce the transmissibility of HIV an infected individual to their sexual partners and, therefore, the potential risk they pose to uninfected individuals. In this context, treatment guidelines are being altered to increase earlier uptake of treatments. Gay men are increasingly aware that this is the case and are likely to reassess previously held beliefs about relative risk.
4. Pre-exposure prophylaxis. Pre-exposure prophylaxis has been shown to be effective in reducing the likelihood of HIV infection. PrEP has been recommended for use in the US. Rare examples of informal, and prescribed use of PrEP by Australian gay men have emerged in recent Periodic Survey data. In particular, men who repeatedly access PEP are likely candidates for PrEP. It is highly likely that gay men at substantially increased risk of infection will become more aware of PrEP and be inclined to access it.

5. Rapid and home-based HIV testing. Rapid HIV tests have been available internationally for the past decade but have remained relatively unknown among gay men in Australia, except for the occasional individual who accesses such tests while overseas. Such tests were not supported in Australia's National HIV Testing Policy before 2011 and have only been available in Australia since 2012. These recent changes to the National HIV Testing Policy mean that rapid tests are gradually becoming more widely available in Australia. Home-based HIV testing, which is not supported in the National Testing Policy, has been approved for use in the US. This will mean that rapid test kits will become increasingly available for purchase for personal use, both online and internationally. Australian gay men are likely to increasingly access these tests for self-testing through these methods.

Men's knowledge, attitudes and beliefs (KAB) about these issues are central to their potential success and effective implementation as each issue relies of changes in gay men's behaviour. Also, all five issues are dependent on aspects of each of the others, and affect the implementation of each other, and they all carry the potential to profoundly affect the nature of the response to HIV in Australia and internationally. In each case, there are multiple existing modes of behaviour, policies, and accepted beliefs that are potential barriers to their implementation. Apart from risk reduction, the recent changes in HIV prevention address all these issues. Changes in gay men's understandings of HIV risk and the way they employ risk reduction will also affect the implementation of these changes in HIV prevention: Some men may use PrEP and home testing to enable more effective serosorting; or they may use strategic positioning in the context of treatment as prevention; or they may rely on withdrawal as a consequence of an overall assessment about the relative threat that HIV poses in this new paradigm.

In this context, it is very likely that gay men's beliefs are going to be increasingly challenged by new information about HIV prevention, and that many men will undergo some fairly substantial shifts in attitudes, that may well be reflected in changes in behaviour. Some of this may be subtle, but other such shifts may be profound. In order to address these, and to implement proposed changes in HIV prevention, we will need to monitor gay men's KAB about HIV, both to inform program planning and policy direction and to assess the relative effectiveness of its implementation. Currently, we have limited data about gay men's KAB up to 2010. These data mostly preclude the significant research findings and substantial changes in policy of the past two years, and they are relatively general in nature. Especially, the particular policy implications of the 'proposed changes mean that many details relating to the five broad issues will need to change. Very little of the data on gay men's KAB include the specific sorts of details that would help to inform these particular policy changes.

The TAXI-KAB study was established to collect these data from gay men, before there were likely to be substantial changes in use of treatments or uptake of increased testing and new testing technologies. These data will provide baseline information about gay men's knowledge attitudes and beliefs about these changes in HIV prevention.

Subsequent studies will therefore be able to use aspects of the TAXI-KAB study to revisit particular issues and it will also provide one possible means of assessing whether there have been changes on any of the measures used.

Methods

Potential study participants were recruited into the study either by referral from gay community organizations, or by self-referral. Weblinks to the study website were provided on relevant organizational, clinical and community websites to enable individuals to self-refer where possible. The study website will provide all the information and consent requirements for the study, and individuals can then directly access the online survey component themselves.

The online questionnaire consists of eight main parts: 1) Demographic and other relevant descriptive details, similar to what is asked in the Periodic Surveys; 2) Details about their testing history and recent sexual behaviour, again similar to what is asked in the Periodic Surveys; 3-7) Details about men's KAB regarding each of the five issues detailed above; and 8) Details about men's attitudes toward the specific proposals being developed for the implementation of the 'Prevention Revolution'.

We will aimed to recruit approximately 1,000 participants, including at least 100 HIV-positive men, 150 men aged under 30 years, 100 men who have not previously been tested for HIV, and 250 men who have recently (past six months) engaged in unprotected anal intercourse with casual partners.

Men over the age of 18 who are resident in Australia and who have engaged in homosexual sex in the previous year or who self-identify as homosexual or bisexual re eligible for inclusion in the study.

Recruitment

Men were recruited into the study mainly online, but also more broadly through advertisements in gay media, gay community sources, and through national and state-based HIV organizations.

A group page was set up on a popular social networking site with details of the study through which men were invited to join, and were invited to spread the link among their social networks for others to join as well. This also allowed us to post regular calls for participation, updates on the research, and to utilized the focused advertising available through this website and the page we had established.

Paid banner advertisements and targeted, paid email approaches through popular gay dating and hook-up sites as well as social sites were also used, and free direct email approaches through community organisations were conducted throughout the course of the recruitment period.

Online Survey

A website was created as a portal to provide information about the TAXI KAB study and to direct recruitment directly to the survey. This website also contained information and links to our research partners, funding information, ethics and privacy parameters, and links for men who wanted to also participate in other or future research.

The TAXI KAB online survey collected data from homosexually active men from mid-September until early December 2012. Along with demographic information, the survey gathered information based around the five main themes identified in the background section. The questionnaire also included questions about the specific circumstances of their most recent sexual encounters, as well as their HIV testing history. These men were also given space to enter qualitative answers to many of the key questions that were asked.

Participation Rates and Sampling

The TAXI-KAB survey was a challenging experience for many survey respondents. To obtain baseline data on the range of issues that underlie the proposed and expected changes to HIV-prevention among gay men in coming months and years, it was necessary for the survey questionnaire to encompass a broad range of topics, many of which included issues with which Australian gay men were unfamiliar. Although on average the final survey questionnaire took no longer than many other surveys to complete (approximately 20-25 minutes), it became increasingly clear as the study progressed that many men who were participating were finding the challenge very difficult indeed. In particular, they appeared to find it difficult to reflect on, and offer an opinion about, changes in HIV-prevention technology about which they had not previously heard. This in itself is interesting but in the interests of reducing the burden of the survey as much as possible, we made several decisions that affected both the final sample size, and the range of questions in the study. We removed several questions that were deemed less central to the study's purposes early during the survey period. We also amended the overall target: Rather than an overall target of 1000 men who provided complete responses to the questionnaire, we aimed instead to meet the sub-targets for HIV-positive men (at least with respect to having completed the questions about use of treatment as prevention), men under 30 years of age, men who had engaged in unprotected anal intercourse in the previous six months, and men who had not previously been tested for HIV. In the end we met all of these targets except that of untested men.

In seeking to achieve these targets, many men commenced the survey but did not complete it. In considering these data it has become clear that there are substantial and significant differences between those who completed the survey and those who did not. As might be expected, those who did not complete the survey appear to be less well-informed, and found it far more difficult to express an opinion on the issues raised in TAXI-KAB. We have therefore presented the data separately for those men who completed the survey and those who did not. You will find the relevant tables in the appendix of this report, and table numbers will correspond with the data tables presented in the body of the report, with an alpha character added to denote that table's relationship to the consolidated table in the main body of the report. The number of respondents in the 'incomplete' sample is, of course, variable as they dropped out of the survey throughout. It was not possible to identify any particular points in the survey where men were more likely to discontinue. They simply gradually dropped out, mostly throughout the first half of the survey – most of those who persevered to about half-way managed to complete the survey.

Profile of the men in the sample

About the men

In general, this was a sample of well-educated, urban-dwelling gay men. The sample displayed typical characteristics of other study samples of this sort previously conducted in Australia.

Location

As expected, the more populous states were where the majority of the respondents lived. The following table breaks down participation by state.

Table 1: State and territory of the respondents

State	n = 1218	%
New South Wales	530	*43.5*
Victoria	329	*27.0*
Queensland	178	*14.6*
Northern Territory	15	*1.2*
Western Australia	67	*5.5*
South Australia	45	*3.7*
ACT	36	*3.0*
Tasmania	18	*1.5*

Ethnicity

Most of the men in this sample were born in Australia, and more than half of those born overseas were born in predominantly Anglo-Celtic countries (New Zealand, the United Kingdom and the United States primarily.) In terms of cultural or ethnic background, over two thirds were of Anglo-Celtic background. Men who did not complete the survey were less likely to report being of Anglo-Celtic background (see appendix 2A).

A very small proportion of men were of Aboriginal, Pacific Islander, or of Torres Strait Islander background, among others.

Table 2: Cultural/Ethnic background

	n = 1266	%
Anglo-Australian	820	*64.8*
Other Caucasian	197	*15.6*
Aboriginal Australian	11	*0.9*
Asian	59	*4.7*
Other	88	*12.5*
Unstated	91	*1.5*

Age

The age at which the men were recruited ranged from 18 years to 84 years old, with a distribution similar to previous studies using similar recruitment methods. Men who did not complete the survey tended to be younger. (see appendix 3A).

TABLE 3: Age at time of recruitment into the study

	n = 1410	%
Missing data	158	*11.2*
<25 years old	275	*19.5*
25 – 29 years old	180	*12.7*
30 – 39 years old	272	*19.3*
40 – 49 years old	253	*17.9*
50 – 59 years old	195	*13.8*
60 years or older	77	*5.5*

Education

As with most other samples of mainly homosexual men, education levels were high with over half having completed some university education, including over one in four who had completed postgraduate study.

Table 4: Level of education reached

	n = 1231	%
Up to 4 years of high school	110	*8.9*
Year 12/HSC/SACE/TEE/VCE	267	*21.7*
Tertiary diploma or trade certificate	251	*20.4*
University degree or CAE	338	*27.5*
Postgraduate University Degree	265	*21.5*

Employment status

Respondents were asked about their current employment status. Over 85% of those asked were in some form of employment, with more than half indicating a full-time work position.

Table 5: Employment status

	n = 1239	%
Employed full-time	748	*60.4*
Employed part-time	127	*10.3*
On a pension or social security	77	*6.2*
Student	172	*13.9*
Unemployed	42	*3.4*
Other	73	*5.9*

Sexuality

The men were asked a number of questions about aspects of their sexual identity. Most men (more than 85%) identified as gay or homosexual, and more than 9% as bisexual. As might be expected in a study recruited primarily through gay resources, less than 2.0% identified as heterosexual.

Table 6: Sexual identity

	n = 1313	%
Gay/homosexual	1156	*88.0*
Bisexual	130	*9.9*
Heterosexual	9	*0.7*
Other	18	*1.4*

Social engagement with other gay men

As is used in the Australian Gay Community Periodic Surveys (Holt et al, 2011), men were asked what proportion of their friends are gay, and how much time they spend with these friends. Just under 5% of men reported having no gay or homosexual friends, but this was more common among men who did not complete the survey (see appendix 7A).

Table 7: Amount of gay or homosexual friends reported

	n = 1316	%
None	72	*5.5*
A few	397	*30.2*
Some	416	*31.6*
Most	413	*31.4*
All	18	*1.4*

Similar to other studies such as the PASH study (Prestage et al, 2009), just around 35% of the men who completed the survey reported spending little or no time with their gay friends. This was more common among men who did not complete the survey (see appendix 8A).

Table 8: Free time spent with gay or homosexual friends

	n = 1306	%
None	85	*6.5*
A little	436	*33.4*
Some	458	*35.1*
A lot	327	*25.0*

Summary

While this sample is broadly similar to that of other samples of gay men, the differences between those who completed the survey and those who did not are particularly noteworthy. Men who did not complete the survey were younger (see appendix 3A) and less socially engaged with other gay men (see appedix 7A and 8A). They also tended to be of non Anglo-Celtic background, and were slightly less well educated (see appendix 4A).

Beliefs about safe sex and risk-reduction

Attitudes towards condoms

As in other studies, the men in TAXI appeared to experience considerable dissatisfaction with the experience of condom use.

Table 9: Condom attitudes within the TAXI sample: n *(%)*

	Strongly disagree	Disagree	Agree	Strongly agree
I enjoy using condoms	**307**(*28.4*)	**491**(*45.5*)	**219**(*20.3*)	**63**(*5.8*)
Condoms are uncomfortable	**171**(*15.8*)	**429**(*39.8*)	**338**(*31.3*)	**141**(*13.1*)
Condoms reduce physical sensations during sex	**96**(*8.9*)	**251**(*23.2*)	**455**(*42.1*)	**279**(*25.8*)
Condoms make sex more exciting	**427**(*39.6*)	***530***(*39.2*)	**97**(*9.0*)	**23**(*2.1*)
Condoms interrupt the flow of sex	**149**(*13.8*)	***318***(*29.4*)	**423**(*39.2*)	**190**(*17.6*)
They make it more difficult to keep an erection	**172**(*15.9*)	***330***(*30.4*)	**309**(*28.5*)	**274**(*25.3*)
Condoms ruin sex	**254**(*23.6*)	***506***(*47.0*)	**209**(*19.4*)	**107**(*9.9*)
Condoms make sex simpler	**235**(*21.7*)	***446***(*41.3*)	**302**(*27.9*)	**98**(*9.1*)
I find it easy to use condoms	**142**(*13.1*)	***270***(*25.0*)	**466**(*33.1*)	**204**(*18.9*)
Condoms irritate me when I am being fucked	**328**(*30.9*)	***428***(*40.3*)	**184**(*17.3*)	**123**(*11.6*)

Risk Reduction

Participants were asked their beliefs about risk reduction as it applied in the following scenarios.

Table 10: Beliefs about risk reduction and relative risk

	Strongly disagree	Disagree	Agree	Strongly agree
It is safer for an HIV-negative man to fuck (be the top) rather than get fucked (be the bottom)	**229**(*21.8*)	**217**(*20.7*)	**489**(*46.6*)	**114**(*10.9*)
If an HIV-negative man is always the top, he probably won't get HIV	**413**(*39.4*)	**519**(*49.5*)	**107**(*10.2*)	**9**(*0.9*)
If the top withdraws before he cums, an HIV-negative man (bottom) probably won't get HIV	**468**(*44.7*)	**488**(*46.6*)	**82**(*7.8*)	**9**(*0.9*)
If an HIV-positive man is always the bottom, he probably won't pass on HIV to his sex partners	**488**(*46.7*)	***471***(*45.0*)	**78**(*7.5*)	**9**(*0.9*)
It is safer for his sex partners if an HIV positive man gets fucked, rather than fucks them	**326**(*31.3*)	***304***(*29.2*)	**370**(*35.6*)	**40**(*3.8*)
If an HIV-positive man withdraws before he cums, then he probably won't pass on HIV to his sex partners	**544**(*52.3*)	***437***(*42.0*)	**49**(*4.7*)	**11**(*1.1*)
If someone has a sexually transmitted infection (like syphilis or gonorrhea) he is more likely to get or to pass on HIV to his sex partners	**118**(*11.3*)	**199**(*19.0*)	**370**(*35.3*)	**361**(*34.4*)

Summary

For the most part, the men in this sample were fairly cautious in their beliefs about condom use, safe sex, and risk reduction. Although they generally disliked condoms, they mostly believed they were necessary and offered a sense of security. Also, while many men recognized that using risk reduction strategies, such as strategic positioning, was safer than not using such strategies during unprotected anal intercourse, they nonetheless mostly believed that these strategies did not make it particularly less likely that HIV infection might occur.

HIV testing and treatment

Men were asked about their previous HIV testing, and their knowledge about testing practices and the meaning of specific terms.

Almost 90% of these men indicated they had a prior HIV test. Just over one in ten men clearly indicated they had never been previously tested.

Table 11: Previously tested for HIV

	n = 1189	%
No	152	*12.8*
Yes	1037	*87.2*

Those men who reported having previously tested for HIV were asked how long it had been since they were last tested for HIV. About a quarter of these men had not tested for one year or more prior to this survey.

Table 12: Period since last HIV test

	n = 1011	%
Less than a week ago	33	*3.3*
1 – 4 weeks ago	157	*15.5*
1 – 3 months ago	256	*25.3*
4 – 6 months ago	159	*15.7*
7 – 12 months ago	136	*13.5*
1 – 2 years ago	110	*10.9*
More than 2 years ago	158	*15.6*

HIV Status beliefs

Of the 1020 men in TAXI who indicated they had been tested, around 80% indicated that they tested negative at their most recent test. Among the men who completed the entire survey, more than 1 in 5 reported and HIV positive test result (see appendix 13A).

Table 13: Reported HIV status

	n = 1020	%
HIV-negative – I do not have HIV	794	*77.8*
HIV-positive – I have HIV	205	*20.1*
I don't know my HIV status	21	*2.1*

Intentions for testing

Participants were asked what their usual pattern for testing for HIV was; how many times a year they had tested for HIV. The slight majority of the men surveyed indicated a testing regimen of at least once every six months, and just under half following a testing pattern of once a year or less.

Table 14: Testing frequency intentions

	n = 1017	%
Monthly	10	*1.0*
Every three months	249	*24.5*
Every six months	266	*26.2*
Annually	200	*19.7*
Less than once a year	292	*28.7*

Reasons for testing

Men were asked about reasons for delaying or avoiding HIV testing, and what their reasons for this might be.

Table 15: Barriers to testing for HIV (last 12 months)

	n = 1129	%
I haven't done anything risky	412	*36.5*
I don't want to know the result	143	*12.7*
I don't want to be seen getting a sexual health checkup	77	*6.8*
I don't want my family or other people to know	90	*8.0*
The process of getting tested is too much hassle	190	*16.8*
My doctor doesn't bulk bill	76	*6.7*
I don't like having to return for the results	191	*16.9*
I don't want to go to the doctor about this	80	*7.1*
I don't want to have to discuss my sex life	124	*11.0*
I don't like needles	99	*8.8*
I haven't had any symptoms or an illness that made me worry	187	*16.6*
Nothing – I never put off getting tested	414	*36.7*
Some other reason	118	*10.5*

Contexts of testing

They were also asked about their testing practices, such as where they were tested and how the results were provided. Not unexpectedly, most men either test through their regular doctor or a sexual health clinic.

Table 16: Where the men were tested

	n = 709	%
My regular doctor	339	*47.8*
First available doctor	42	*5.9*
Sexual health clinic	274	*38.7*
Community organization	8	*1.1*
Gay sex venue	2	*0.3*
Community event	1	*0.1*
I was tested interstate or overseas	14	*2.0*
I did it myself at home	3	*0.4*
Some other location	26	*3.7*

Most men (when asked how they got the results of their most recent HIV test) also specified that they collected them on a return visit to the doctor or nurse on a later date.

Table 17: Method of receiving results from most recent HIV test

	n = 808	%
I went back at a later date to see the doctor/nurse	585	*72.4*
I got the results over the phone	123	*15.2*
They sent me a text message	11	*1.4*
They emailed me	19	*2.4*
They gave me the results about 30 minutes later, after the test	19	*2.4*
I did the test myself	4	*0.5*
The results of my most recent test are not ready yet	8	*1.0*
Some other way	25	*3.1*
I didn't go back for my test results	14	*1.7*

HIV testing knowledge

In this sample, background knowledge about HIV test results and HIV-positive health testing results was high. Nearly everyone correctly identified the definition of testing HIV-positive.

Table 18: Defining the term 'HIV-positive'

	n = 1153	%
They do not have HIV	17	*1.5*
They do have HIV	1128	*97.8*
I don't know what it means	8	*0.7*

Slightly fewer understood terms like “HIV viral load” and “undetectable viral load”. One in eight did not understand the term “viral load” correctly.

Table 19: Defining the term ‘HIV viral load’

	n = 1208	%
The weight of the virus	17	*1.4*
The amount of virus present in someone’s body	989	*81.9*
The amount of virus ejaculated when someone cums	27	*2.2*
The number of typed of HIV in someone’s body	19	*1.6*
The amount of time someone has been infected with HIV	5	*0.4*
I don’t know what it means	151	*12.5*

The majority of men understood the term ‘undetectable viral load’, but one quarter either did not know, or misunderstood the meaning of the term.

Table 20: Defining the term ‘undetectable viral load’

	n = 1204	%
They don’t have HIV	17	*1.4*
They have too little HIV in their body to be measured by standard testing	776	*64.5*
The weight of the virus is too small to be measured by standard testing	128	*10.6*
They have a form of the virus that standard tests cannot measure	87	*7.2*
They have been infected for such a long period of time that the virus can no longer be measured by standard tests	12	*1.0*
I don’t know what it means	184	*15.3*

Summary

Most men had been tested for HIV, with a somewhat higher proportion being HIV-positive than is generally found in Australian samples of gay men. For the most part, men had a good understanding of how to interpret HIV test results, but nonetheless, up to a quarter did not understand concepts of viral load. Commonly, most HIV-negative men still return to their doctor at a later date to receive their HIV test results. The most common reason for not having an HIV test is a belief that they have not done anything ‘risky.’ A substantial number indicated that there were structural barriers to being tested, such as the need to return some days later to receive their test results, or the need to see a doctor.

HIV-positive participants

Test results and treatments

Among the 148 men who reported being HIV-positive, at least three quarters reported an undetectable viral load at their last HIV blood test. Only a few did not know their viral load, or were unsure of their most recent viral load test results.

Table 21: Most recent viral load test result for those reporting as HIV-positive

	n = 201	%
Undetectable	154	*76.6*
Detectable	43	*21.4*
I don't know/I'm unsure	4	*2.0*

CD4 test results

Most HIV-positive men knew the results of their most recent CD4 test results, even though the percentage of men who were unsure or didn't know their CD4 count was slightly higher than was the case for viral load.

Table 22: Most recent CD4 test result for those reporting as HIV-positive

	n = 203	%
<200	11	*5.4*
201 – 350	11	*5.4*
351 – 500	43	*21.2*
500 and above	121	*59.6*
I don't know/I'm unsure	17	*8.4*

Use of anti-retroviral treatments for HIV

More than three quarters of the HIV-positive men reported being on an anti-retroviral treatment regimen.

Table 23: Positive men in TAXI on anti-retroviral treatments for HIV

	n = 201	%
No	31	*15.4*
Yes	170	*84.6*

These men were also asked about where they procured their medications:

Table 24: Where positive men got their medications for HIV

	n = 163	%
Doctor	16	*9.8*
Pharmacy	34	*20.9*
Hospital	82	*50.3*
Specialist clinic	61	*37.4*
They are posted directly to me	6	*3.7*

Delaying treatment

HIV-positive men who indicated that they were not on treatments were asked about their reasons for not being on treatments. Despite the small number of men who were not on treatments, it was clear that they mostly chose not to begin treatments due to clinical indicators of relatively good health.

Table 25: Reasons for not being on treatments when HIV-positive

	n = 31	%
I haven't made a decision about taking treatments, yet	5	*16.1*
My doctor has advised against it	7	*22.6*
My T-cells (CD4 count) are still fairly high	25	*80.7*
My viral load is still fairly low	15	*48.4*
I haven't experienced an AIDS-related condition	6	*19.4*
A friend or my partner advised against taking treatments	2	*6.5*
Someone at a community organization advised against taking treatments	0	*0.0*
I generally avoid taking medication	6	*19.4*
I want to preserve my future options for as long as possible	12	*38.7*
I decided not to go on treatments myself	5	*16.1*
I experienced treatment failure	0	*0.0*
I am on a treatment break	0	*0.0*
I never have unsafe sex with HIV-negative men	2	*6.5*

[answers were not mutually exclusive]

We also asked these men to indicate why they had chosen to start HIV medication. Aside from reason such as doctor's advice and test results indicating that their health required it, several men reported that they wanted to 'preserve their immune system for as long as possible'.

Table 26: Reasons to begin anti-retroviral treatment

	n = 39	%
My doctor advised that I should	27	*69.2*
My T-cell (CD4) count was getting too low	24	*61.5*
My viral load was getting too high	16	*41.0*
I was getting too many infections	10	*25.6*
A friend or my partner advised that I should be on treatments	2	*5.1*
Someone at a community organization advised I should be on treatments	0	*0.0*
I personally decided I should be on treatments	22	*56.4*
I think medications are a sensible way to deal with infections	17	*43.6*
I want to preserve my immune system for as long as possible	23	*59.0*
I want to reduce the chances that I might infect someone else	20	*51.3*

NOTE: Items not mutually exclusive.

Treatments and trust: Advice from their doctor

A very high proportion of men who had sought or been given advice by their doctor about anti-retroviral treatments indicated that they agreed or strongly agreed with their doctor's advice.

Table 27: Feelings about doctor's most recent anti-retroviral advice

	n = 200	%
Strongly disagree	9	*4.5*
Disagree	7	*3.5*
Agree	80	*40.0*
Strongly agree	104	*52.0*

They were also asked to express in free text their reasons for either agreeing or disagreeing with their doctor. There was a range of reasons for their decisions, but most of the affirmative answers concerned issues of trust, indicating a good relationship with that doctor. Others based the decision on such things as the fact that they had being doing well up to this point and their test results reassured them about the advice given.

> "*It's working and I'm feeling well, so I trust him."*

Or...

> *"If it ain't broke, don't fix it."*

A far smaller number expressed reasons that those men did not trust their doctor as much, ranging in intensity from ...

> "*I always do my own research. If I don't agree with a doctor's suggestion, we negotiate until w(e) agree."*

... to the rather more sceptically expressed:

> *"I don't often agree with my doctor's advice. It is based on current guidelines and I don't think those guidelines always translate as best practice when applied to individual circumstances."*

HIV-positive men were also asked about the specific advice itself, and what had been indicated to them by their doctor about starting, stopping, or changing their treatment routine. Most commonly they were advised to remain on their current regimen.

Table 28: Doctor's most recent advice concerning treatments for HIV

	n = 201	%
I should be on anti-retroviral treatments	11	*5.5*
I should stay on my current anti-retroviral treatments	150	*74.6*
I should switch treatments	9	*4.5*
I should wait until clinical signs show that it is necessary	31	*15.4*

Summary

Most of the HIV-positive men in the sample were on treatments, and had undetectable viral load and high CD4 counts. Most commonly, decisions about treatment appeared to based on health indicators and they tended to follow and accept their doctor's advice concerning treatment regimens.

Attitudes to HIV treatments and treatment as prevention

Beliefs about treatments

We asked the men their beliefs about anti-retroviral treatments. These questions were asked of all men in the study, regardless of their own HIV status.

Table 29: Opinions about HIV anti-retroviral treatment

	Strongly disagree	Disagree	Agree	Strongly agree
They are effective and will help extend HIV positive men's lives	**13**(*1.5*)	**28***(3.1)*	**554***(62.2)*	**296***(33.2)*
They improve HIV positive men's health	**15**(*1.7*)	**67***(7.6)*	**557***(62.9)*	**247***(27.9)*
They have serious side effects	**22**(*2.5*)	**242***(27.7)*	**479***(54.7)*	**132***(15.1)*
They are complicated to take	**61**(*7.1)*	***456****(53.0)*	**287***(33.3)*	**57***(6.6)*
They should be avoided until absolutely necessary	**203**(*23.5*)	***428****(49.5)*	**190***(22.0)*	**44***(5.1)*
They are mostly easy to take	**44**(*5.1*)	***232****(27.0)*	**503***(58.6)*	**79***(9.2)*
They have few serious side effects	**90**(*10.5*)	**405***(47.3)*	**326***(38.0)*	**36***(4.2)*
They are toxic and will eventually damage people's health	**82***(9.6)*	**394***(46.0)*	**330***(38.5)*	**51***(6.0)*
They can reduce the chances of someone passing on HIV	**123***(14.1)*	**292***(33.5)*	**365***(41.9)*	**92***(10.6)*
Taking them can reduce the chances of someone getting HIV	**157***(18.1)*	**355***(40.9)*	**296***(34.1)*	**59***(6.8)*

Knowledge of treatment as prevention (TasP)

Few men were aware of the evidence for treatment as prevention.

Table 30: Belief that there is research available for treatment as prevention

	n = 916	%
Yes – In heterosexual sex	72	*7.9*
Yes – in male homosexual sex	15	*1.6*
Yes – in any sexual situation, homosexual or heterosexual	222	*24.2*
No – this has not been shown for any type of sex	190	*20.7*
I don't know	417	*45.5*

Also, few men believed that treatment as prevention was likely to reduce the chances of an HIV-positive man infecting his HIV-negative partners.

Table 31: Belief that treatment as prevention would prevent HIV transmission

	n = 917	%
Very unlikely	36	*3.9*
Unlikely	156	*17.0*
Likely	356	*38.8*
Very likely	217	*23.7*
I don't know	152	*16.6*

Men were asked their opinions about whether HIV-positive men should commence treatments for the purposes of reducing the chances of infecting their partners. They were asked to qualify their opinion according to whether they believed HIV-positive men should do this regardless of the benefits to their own health. Despite the general scepticism about the likelihood of treatments to reduce the likelihood of infection, the majority of men felt that HIV-positive men should commence treatment to protect their partners. However, they mostly qualified this by indicating that it must also be in the interest of the HIV-positive partner's health.

Table 32: Belief that positive men should be on treatments as a preventative measure

	n = 907	%
No, HIV treatments make no difference to the risk of passing on HIV	253	*27.9*
No, they should never go on anti-retroviral treatment	4	*0.4*
They should not commence treatments, unless it is also good for their health	56	*6.2*
They should commence treatments, but only if it is also good for their health	347	*38.3*
Yes, always	247	*27.2*

Overwhelmingly, HIV-positive men indicated that they would take treatments to protect their partners. Nonetheless, while about three quarters of HIV-positive men who indicated they agree or strongly agree with personally taking Treatment as Prevention (TasP), most still indicated that they would continue to use condoms with HIV-negative partners.

Table 33: HIV-positive men's attitudes related to treatment as prevention for HIV

	Strongly disagree	Disagree	Agree	Strongly agree
I would take HIV treatments to prevent me from passing on HIV	**19***(9.7)*	**19***(9.7)*	**53***(27.0)*	**105***(53.6)*
Even if I was on treatments, I would still use condoms with sex partners who were not HIV positive	**10***(5.1)*	**27***(13.8)*	**65***(33.2)*	**94***(48.0)*
Taking HIV treatments protects me from other infections	**107***(55.2)*	**46***(23.7)*	**27***(13.9)*	**14***(7.2)*
If my viral load is undetectable, I would not always need to use condoms with sex partners who are not HIV-postitive	**72***(36.7)*	**61***(31.1)*	**50***(25.5)*	**13***(6.6)*

Would HIV-negative men rely on treatment as prevention?

Few HIV-negative men indicated that they would rely on treatment as a preventative measure to have unprotected anal intercourse with HIV-positive partners. However, more than a third disagreed that they would be willing to have protected anal intercourse with an HIV-positive partner.

Table 34: HIV-negative attitudes towards using treatment as a prevention method

n = 680	Strongly disagree	Disagree	Agree	Strongly agree
Have anal sex with a condom with an HIV-positive man	**161***(23.7)*	**120***(17.6)*	**249***(36.6)*	**150***(22.1)*
Fuck (top) an HIV-positive man without a condom if he was taking anti-HIV medications	**430***(63.3)*	**176**(25.9*)*	**60***(8.8)*	**13***(1.9)*
Get fucked (bottom) by an HIV-positive man without a condom if he was taking anti-HIV medications	**507***(74.9)*	**140***(20.7)*	**22***(3.2)*	**8***(1.2)*
Fuck (top) an HIV-positive man without a condom if he had an undetectable viral load	**489***(72.4)*	**140***(20.7)*	**33***(4.9)*	**13***(1.9)*
Get fucked by (bottom) an HIV-positive man without a condom if he had an undetectable viral load	**489***(72.4)*	**140***(20.7)*	**33***(4.9)*	**13***(1.9)*

Summary

Most men understood that HIV treatments had made a significant difference to the health of HIV-positive people. Nonetheless, there remains considerable scepticism about side effects and the long-term outlook. The majority of men remain unaware of the effect of HIV treatments on preventing HIV infection, and were mostly quite sceptical about it. Despite this, they tended to believe that HIV-positive men should use treatments to protect their partners, as long as it was also in their own health interests. HIV-positive men mostly agreed that they would use TasP to protect their partners, although they nonetheless mostly felt that they would continue to use condoms with HIV-negative partners. HIV-negative men mostly indicated that they would not rely on HIV-positive men's use of TasP and would continue to avoid unprotected anal intercourse with HIV-positive partners.

PEP and PrEP

Use of PEP

We asked a sub-set of the men about their post-exposure prophylaxis (PEP) use. A small proportion (only about one in 20) reported that they had taken PEP, similar to other national studies (Hull, et al, 2012).

Table 35: PEP use among a subset of the men in TAXI-KAB

	n = 81	%
No	77	*95.1*
Yes, once	3	*3.7*
Yes, several times	1	*1.2*

Among the small number who reported use of PEP, prescription was by a doctor. One person reported purchasing the medication while overseas on a trip.

Use of PrEP

We asked all non HIV-positive men about their pre-exposure prophylaxis (PrEP) use. A small proportion (less than one in 20) reported that they had taken PrEP.

Table 36: PrEP use among the non HIV-positive men in TAXI-KAB

	n = 692	%
No	665	*96.1*
Yes, once	18	*2.6*
Yes, several times	9	*1.3*

Among the 27 men who reported any use of PrEP, most were prescribed anti-retrovirals by a doctor. One person reported purchasing the medication for PrEP over the internet and another purchased PrEP medications while on an overseas trip.

We sought to identify the reasons why men who reported use of PrEP believed they were using it but there also appeared to be some confusion with PEP and its purpose. Some men may not have understood the difference, while others may have used PEP as PrEP. Only twelve of the 24 men who reported use of PrEP had done so in the previous six months and only two men indicated they were still using PrEP at the time of the survey. Among the men who reported any use of ARVs as PrEP there were several different patterns identified. Only five of the 24 men reporting PrEP use actually indicated that they had done so to prevent being infected due to a possible future exposure, and only six men clearly reported using PrEP before they had sex (including four who indicated that they used PrEP both before and after sex. Only twelve of the 24 men who reported use of PrEP had done so in the previous six months and only two men indicated they were still using PrEP at the time of the survey. Nine men reported using PrEP on some, or at least a few, days during the previous six months. Most (22 men) indicated that they used PrEP every day. One man indicated he used PrEP when he thought he might have sex with an HIV-positive person, or if he thought he might have 'unsafe sex. Among the six men who reported use of PrEP before sex, three did so more than 24 hours before sex. Also, among the 26 men who reported use of antiretrovirals after sex, 21 indicated they had done so within 24 hours of having sex.

PEP and PrEP: What have they heard, and what do they know?

We asked what men know about the evidence for PEP and PrEP. Few men were aware of any evidence for PrEP.

Table 37: PrEP knowledge and awareness in the TAXI men

	n = 787	%
Yes – in heterosexual sex	30	*3.8*
Yes – in male homosexual sex	27	*3.4*
Yes – in any sexual situation homosexual or heterosexual	133	*16.9*
No – this has not been shown by research for any sex	112	*14.2*
I don't know	485	*61.6*

Although more men believed there was evidence for PEP, about half were unsure.

Table 38: PEP knowledge and awareness in TAXI men

	n = 785	%
Yes – in heterosexual sex	4	*0.5*
Yes – in male homosexual sex	45	*5.7*
Yes – in any sexual situation homosexual or heterosexual	326	*41.5*
No – this has not been shown by research for any sex	72	*9.2*
I don't know	338	*43.1*

Beliefs about PEP and PrEP

We asked men about the correct usage of HIV medications designed to prevent or control HIV, and if they believed they worked at all. Over a third did not believe that taking HIV medications could reduce the chances of HIV infection, either as PEP or PrEP. One third indicated that the best way to use them was to take them every day.

Table 39: Beliefs about usage methods of anti-retrovirals to prevent HIV

Q. Of the options below, which is the best way to reduce the chances of getting HIV: Taking anti-HIV medications...

	n = 742	%
… immediately before sex	30	*4.0*
… each day for a few days before sex	78	*10.5*
…every day	238	*32.1*
… one day before sex, and one day after sex	121	*16.3*
…not at all. Taking anti-HIV medications will not reduce the chances of getting HIV	275	*37.1*

Regardless, the majority of men did not believe that using HIV medications would reduce the chance of infection.

Table 40: Belief that HIV medications could fail as a preventative

	n = 774	%
Very unlikely	41	*5.3*
Unlikely	234	*30.2*
Likely	407	*52.6*
Very likely	92	*11.9*

Intentions for the use of PrEP

We asked HIV-negative men whether they would use PrEP if it became available. Over three quartes indicated that they would use it fi they believed it would prevent infection, but only a third indicated they would actually use PrEP when it becomes available for use in Australia. While many men remained sceptical about PrEP, over half still indicated they would use it even if it was not completely effective. Nearly half indicated they would consider not using condoms sometimes if they knew that PrEP was effective.

Table 41: Attitudes towards PrEP among HIV-negative men

	Strongly disagree	Disagree	Agree	Strongly agree
I am going to take HIV medication (PrEP) to prevent me from getting HIV as soon as it becomes available to me	**133***(23.4)*	**226***(39.7)*	**148***(26.0)*	**62***(10.9)*
I would take pills before and after sex if it would prevent me getting HIV	**51**(*8.9*)	**84***(14.7)*	**262***(45.7)*	**176***(30.7)*
I would take HIV medication (PrEP) to prevent me from getting HIV even if it wasn't 100% effective	**107**(*18.7*)	**166***(29.0)*	**224***(39.2)*	**75***(13.1)*
I would be worried about taking HIV medication (PrEP) to prevent me from getting HIV on an ongoing basis	**37**(*6.5)*	***95****(16.7)*	**288***(50.5)*	**150***(26.3)*
I would still use condoms if I was taking HIV medication (PrEP) to prevent me from getting HIV	**21**(*3.7*)	***84****(14.8)*	**250***(43.9)*	**214***(37.6)*
Taking HIV medications (PrEP) to prevent me getting HIV would also protect me from other infections	**228**(*40.4*)	**255***(45.1)*	**65***(11.5)*	**17***(3.0)*
I would feel protected if I were taking HIV medications to prevent me from getting HIV	**87**(*15.4*)	**230***(40.7)*	**212***(37.5)*	**36***(6.4)*
If I was taking HIV medication (PrEP) to prevent me from getting HIV, I would consider not using condoms with some sex partners	**160***(28.2)*	**142***(25.0)*	**209***(36.8)*	**57***(10.0)*
I am worried about the side-effects of taking anti-HIV medication to prevent getting HIV	**20***(3.5)*	**53***(9.3)*	**292***(51.4)*	**203***(35.7)*
I would take a pill every day if it meant I didn't have to always wear condoms	**142***(24.8)*	**168***(29.4)*	**156***(27.3)*	**106***(18.5)*

Attitudes about the implications of PrEP

We also asked HIV-negative men what they thought about PrEP overall. The majority were concerned that PrEP could reduce people's willingness to use condoms and play 'responsibly', and most remained committed to the belief that condom use was a better guarantee against infection. Most men felt that more research into PrEP was needed. The majority nonetheless believed PrEP should be introduced as soon as possible. Also most rejected the idea that PrEP should only be limited to those who are 'unable to make their partners use condoms.'

Table 42: Overall attitudes towards PrEP among HIV-negative men % (n = 545)

	Strongly disagree	Disagree	Agree	Strongly agree
PrEP means condoms are not as important anymore	*37.4*	*45.9*	*14.8*	*1.9*
PrEP will make people less responsible	*5.9*	*19.9*	*53.9*	*20.4*
PrEP should only be provided to people who are at highest risk of HIV infection	*18.1*	*40.6*	*29.0*	*12.3*
PrEP should be free of charge for gay men	*5.3*	*25.0*	*39.1*	*30.6*
PrEP should only be given to those men who are unable to make their partners use condoms	*31.2*	*50.6*	*11.9*	*6.2*
Condoms are more effective than PrEP	*3.3*	*9.6*	*43.2*	*43.8*
More research needs to be done to show if PrEP works	*1.2*	*4.3*	*48.2*	*46.3*
PrEP is effective in preventing HIV infection	*5.3*	*34.8*	*55.6*	*4.4*
HIV drugs should only be taken by people who are HIV positive	*12.7*	*51.6*	*28.0*	*7.7*
People who want PrEP should pay for it themselves	*17.7*	*48.0*	*27.6*	*6.7*
PrEP means people will have more sexual freedom	*7.6*	*31.3*	*51.5*	*9.6*
PrEP will stop the spread of HIV	*10.4*	*25.7*	*50.5*	*13.4*
PrEP should be introduced in Australia as soon as possible	*3.1*	*10.3*	*52.7*	*33.9*

Would HIV-negative men rely on PrEP?

As with relying on treatment as prevention, few HIV-negative men indicated that they would rely on PrEP to have unprotected anal intercourse with HIV positive partners.

Table 43: Attitudes towards relying on PrEP to have unprotected anal intercourse % (n = 550)

	Strongly disagree	Disagree	Agree	Strongly agree
I would be willing to fuck (top) an HIV positive man without a condom if I was taking anti-HIV medications	*59.5*	*24.5*	*12.7*	*3.3*
I would be willing to get fucked (bottom) by an HIV positive man without a condom if I was taking anti-HIV medications	*69.3*	*21.2*	*7.3*	*2.2*
I would not rely on taking anti-HIV medications to prevent me from getting HIV	*9.1*	*7.3*	*27.2*	*56.4*
I would prefer to take anti-HIV medications so I don't have to bother with condoms	*50.4*	*27.7*	*14.8*	*7.1*
I would only have sex with an HIV-positive man if I am taking anti-HIV medications	*48.4*	*32.7*	*13.0*	*5.9*
I would prefer to use condoms even if I was taking anti-HIV medications	*6.6*	*12.0*	*29.7*	*51.6*

Would HIV-positive men rely on HIV-negative men to take PrEP?

Similarly few HIV-positive men indicated that they would rely on HIV-negative men taking PrEP to have unprotected anal intercourse with them. Nonetheless, more than half said they would be willing to engage in receptive unprotected anal intercourse with an HIV-negative man who was taking PrEP. This may suggest that some men would consider the use of PrEP as an adjunct to other risk-reduction strategies.

Table 44: HIV-positive men's attitudes towards HIV-negative men and PrEP % (n=152)

	Strongly disagree	Disagree	Agree	Strongly agree
I would be willing to fuck (top) an HIV negative man without a condom if he was taking anti-HIV medications	*27.6*	*34.9*	*29.6*	*7.9*
I would be willing to get fucked (bottom) by an HIV negative man without a condom if he was taking anti-HIV medications	*21.1*	*22.4*	*37.5*	*19.1*
I would not rely on an HIV-negative sex partner taking anti-HIV drugs to prevent me passing HIV on to him	*8.5*	*22.2*	*48.4*	*20.9*
I would prefer an HIV-negative sex partner takes anti-HIV medications so we don't have to bother with condoms	*23.0*	*40.8*	*30.9*	*5.3*
I would only have sex with an HIV-negative man if he was taking anti-HIV medications	*33.3*	*56.0*	*10.0*	*0.7*
I would prefer to use condoms even if my sex partner was taking anti-HIV medications	*16.7*	*31.3*	*34.7*	*17.3*

Willingness to pay for PrEP

The majority of HIV-negative men were aonly willing to pay up to $50 per month for PrEP.

Table 45: Amount HIV-negative men were prepared to pay for PrEP (monthly)

	n = 662	%
Nothing	121	*18.3*
Up to $25	172	*26.0*
$26 - $50	201	*30.4*
$51 - $75	49	*7.4*
$76 - $100	86	*13.0*
$101 - $250	23	*3.5*
$251 - $500	5	*0.8*
More than $500	5	*0.8*

Acceptability of PrEP dosing schedules

We asked men about how likely they would be to accept various PrEP dosing regimens. Men were far more inclined to report that they would use PrEP intermittently, in relation to potential risky events, than they would be to use PrEP every day.

Table 46: Acceptability of PrEP dosing schedules – hypothetical

n = 535	Very unlikely	Unlikely	Likely	Very likely
Every day	*35.0*	*29.7*	*22.2*	*13.0*
For a few days before and a few days after sex	*22.1*	*28.1*	*35.7*	*14.1*
One day before and one day after sex	*20.4*	*21.5*	*37.5*	*20.6*
Before, during, and after a period of potentially risky sex	*16.9*	*11.5*	*33.9*	*37.6*

Summary

Few men reported use of either PEP or PrEP, but knowledge of either was fairly low, and it was particularly notable that many men remained unaware of the evidence for either. Mostly, they remained very sceptical about the possible effectiveness of PrEP, but they were nonetheless interested in gaining access to PrEP. Although, most indicated that they would continue to use condoms and avoid taking risks during sex, a substantial minority said that they would consider not using condoms with some partners if PrEP was available. Few men were willing to pay substantial amounts to pay for PrEP. Although they mostly understood that PrEP would need to be used every day to be most effective, they were less inclined to actually do so and tended to be more interested in intermittent use, to coincide with periods of potentially riskier sex.

Changes to HIV testing

We asked the men about their knowledge of testing frequency guidelines, and what the recommended intervals were. Over three quarters believed the recommendation was for at least six-monthly testing. One in eight did not know of any guidelines.

Table 47: Testing frequency knowledge among TAXI KAB men

	n = 714	%
Every three months	329	*46.1*
Every six months	232	*32.5*
Every year	63	*32.5*
At least once every few years	4	*0.6*
I don't know of any guidelines about this	86	*12.0*

We also asked them about guidelines recommendations for HIV testing in relation to risky sex. Most agreed that any unprotected anal intercourse with either an HIV-positive partner or any casual partner warranted additional HIV testing.

Table 48: Testing recommendations relating to recent risky sexual behaviour

n = 535	No, another test is not recommended	Probably it is recommended he test again	Definitely, he should get another test
He had anal sex without a condom with his HIV-positive boyfriend	*2.2*	*16.5*	*81.3*
He had anal sex without a condom with a casual partner	*1.1*	*22.0*	*76.9*
He had anal sex with a condom with an HIV-positive man	*61.5*	*23.1*	*15.4*

Window periods for HIV testing

Most men understood that they needed to wait some time after a risky event before an HIV infection could be identified through an HIV test. Almost half believed they needed to wait at least three months.

Table 49: Knowledge of waiting periods for HIV detection

	n = 707	%
It would show up immediately	6	*0.8*
Within a few hours	12	*1.7*
A few days	47	*6.6*
Two weeks	63	*8.9*
Six weeks	179	*25.3*
Three months	295	*41.7*
Six months	34	*4.8*
I don't know how long he needs to wait	71	*10.0*

Interactions with doctors and GPs

A subset of HIV-negative men was asked about their interactions with their doctor. The majority usually discussed their sexual behaviour with their doctor before an HIV test, but the doctor less commonly discussed safe sex or window periods.

Table 50: Topics discussed with doctors prior to HIV testing

n = 57	Never	Occasionally	Often	Always
Your sexual behavior	*8.8*	*33.3*	*24.6*	*33.3*
What is safe and unsafe	*26.3*	*38.6*	*17.5*	*17.5*
Whether or not you need to be tested	*26.8*	*35.7*	*14.3*	*23.2*
How long you should wait between unsafe sex and testing, to ensure reliable results for your HIV test	*31.6*	*35.1*	*14.0*	*19.3*
How long you need to wait to receive results	*12.3*	*17.5*	*29.8*	*40.4*
Nothing – the doctor rarely discusses anything with me about my HIV test	*72.0*	*18.0*	*6.0*	*4.0*

Although most men agreed that these discussions with their doctor were at least sometimes useful, a substantial minority did not feel they were useful.

Table 51: Importance that discussions should occur about each topic

n = 57	Never	Occasionally	Often	Always
Your sexual behavior	*12.5*	*30.4*	*37.5*	*19.6*
What is safe and unsafe	*28.6*	*28.6*	*30.4*	*12.5*
Whether or not you need to be tested	*17.9*	*23.2*	*44.6*	*14.3*
How long you should wait between unsafe sex and testing, to ensure reliable results for your HIV test	*10.7*	*26.8*	*41.1*	*21.4*
How long you need to wait to receive results	*10.7*	*26.8*	*41.1*	*21.4*

While the majority did not experience any difficulties with their doctors about these discussions, and most said it reminded them about safe sex, almost half felt at least somewhat embarrassed, a third felt they needed to conceal any risky behavior, and a quarter felt they had to prove that they needed to be tested.

Table 52: Attitudes and reactions to sexual discussions with doctor

n = 56	Not at all	Somewhat	Very much
Like I have learned something new	*46.4*	*41.1*	*12.5*
Reminded of the importance of safer sex	*17.9*	*42.9*	*39.3*
Embarrassed	*52.7*	*38.2*	*9.1*
Like any other patient	*23.6*	*54.5*	*21.8*
Like I need to prove that I need to be tested	*70.9*	*23.6*	*5.5*
That I shouldn't tell the doctor about any risky behavior	*66.1*	*26.8*	*7.1*
Worried that I have put myself at risk	*39.3*	*51.8*	*8.9*
Worried that I many have put others at risk	*51.8*	*44.6*	*3.6*
Glad that the doctor is interested in my life	*32.1*	*41.1*	*26.8*
Bored	*66.1*	*30.4*	*3.6*

Awareness of rapid testing

We asked about all men about their awareness of the different types of testing methods that are available internationally. Only a minority were aware of rapid testing or home testing.

Table 53: Knowledge of overseas availability of testing types

	n = 717	%
Rapid tests which allow results to be delivered within 30 minutes	380	*53.0*
Tests that use blood obtained from a finger prick	315	*43.9*
Tests that use fluid collected from your mouth using a stick or swab	191	*26.6*
Tests using a urine sample	70	*9.8*
Blood tests that deliver the results to your doctor within one week	367	*51.2*
Tests that can be conducted at home without a doctor's help	237	*33.1*
Blood tests that take three months to deliver a result	157	*21.9*
Tests that can detect HIV immediately after having unsafe sex with an HIV-positive partner	40	*5.6*

We also asked about men's awareness of whether those same tests are available within Australia. Only about one in eight were aware of the availability of rapid testing in Australia.

Table 54: Knowledge of Australian availability of testing types

	n = 717	%
Rapid tests which allow results to be delivered within 30 minutes	94	*13.1*
Tests that use blood obtained from a finger prick	100	*13.9*
Tests that use fluid collected from your mouth using a stick or swab	53	*7.4*
Tests using a urine sample	35	*4.9*
Blood tests that deliver the results to your doctor within one week	494	*68.9*
Tests that can be conducted at home without a doctor's help	16	*2.2*
Blood tests that take three months to deliver a result	121	*16.9*
Tests that can detect HIV immediately after having unsafe sex with an HIV-positive partner	16	*2.2*

We assessed HIV-negative men's perceptions of the reliability of such tests. As a substantial proportion were unaware of such tests, it was difficult for them to assess the reliability of these tests. Only one in six felt they were very reliable.

Table 55: Confidence in rapid HIV test results

	n = 582	%
Not at all reliable	16	*2.7*
Not very reliable	47	*8.1*
Somewhat reliable	198	*34.0*
Very reliable	104	*17.9*
I don't know anything about these tests	217	*37.3*

Overall, they had little knowledge of the window periods involved in such tests

Table 56: Knowledge of window periods for rapid HIV testing

	n = 581	%
Immediately	14	*2.4*
A few days	56	*9.6*
Two weeks	49	*8.4*
Six weeks	111	*19.1*
Three months	129	*22.2*
Six months	12	*2.1*
I don't know anything about these tests	210	*36.1*

The majority appeared to understand what a positive result on a rapid test would mean, though.

Table 57: Rapid HIV test reactive results: what do they mean?

	n = 558	%
I definitely have HIV	22	*4.0*
It is very likely that I have HIV	126	*22.7*
I might have HIV	380	*68.3*
I probably don't have HIV	9	*1.6*
I don't know	19	*3.4*

Three quarters understood that they should seek a confirmatory test if they tested positive on a rapid HIV test. The majority would seek advice from a doctor.

Table 58: Intentions following a reactive rapid HIV test result

	n = 717	%
Ring an HIV organization for advice	243	*33.9*
Book myself in to get a blood test confirmation of results	512	*71.4*
Ignore it	2	*0.3*
Talk to a friend or my partner for advice	107	*14.9*
Keep it to myself	37	*5.2*
Find out more about what the test result means	231	*32.2*
I don't know	14	*2.0*
Seek advice from a doctor	404	*56.3*

Access to rapid testing

We asked HIV-negative men how likely it was that they would ever use rapid tests. Most men indicated they might use such tests.

Table 59: Intentions towards using rapid tests if they were available in Australia

	n = 579	%
Not at all likely	42	*7.3*
Not very likely	51	*8.8*
Somewhat likely	199	*34.4*
Very likely	287	*49.6*

About one in eight reported that they had taken a rapid test at least once preiously.

Table 60: Experience taking rapid tests

	n = 581	%
Never	509	*88.1*
Yes, once	49	*8.5*
Yes, more than once	20	*3.5*

Over half of those who had previously used a rapid test had done so overseas.

Table 61: Where those with rapid test experiences had taken them

	n = 69	%
Australia	29	*42.0*
Overseas	40	*58.0*

Most of those who had used a rapid test previously had obtained it through a sexual health clinic. A small number had used it at home.

Table 62: Use of a rapid test – location

	n = 69	%
Sexual health clinic	42	*60.9*
Private doctor	4	*5.8*
Gay community organization (such as an AIDS council)	6	*8.7*
Gay bar	2	*2.9*
At home	9	*13.0*
Other	6	*8.7*

We also asked them about how they obtained the test itself, and most had obtained it from a health practitioner. A small number had purchased the test online.

Table 63: Procurement of rapid test kit among those who had used one

	n = 68	%
From a doctor or nurse	50	*73.5*
Through a community organization	9	*13.2*
I bought it off the internet and did it myself	7	*10.3*
I bought it overseas and did it myself	1	*1.5*
A friend gave me the test	1	*1.5*

The majority of HIV-negative men indicated they would likely purchase a rapid test to use at home if they could.

Table 64: Intention to purchase and use rapid tests if they were to become available

	n = 559	%
Very unlikely	80	*14.4*
Unlikely	83	*14.9*
Likely	204	*36.6*
Very likely	190	*34.1*

Most men indicated that they might sometimes use a home test kit to test their sex partners, with about a quarter suggesting they might always use a rapid test to test their partners if it was available.

Table 65: Intended usage of rapid tests – partners types

n = 163	Never	Occasionally	Often	Always
Casual partners	*23.2*	*24.1*	*23.6*	*29.1*
Regular partner(s) or boyfriends	*21.7*	*22.2*	*35.8*	*20.4*
Fuckbuddies	*20.2*	*16.0*	*36.6*	*27.2*

Men were more likely to use a home test kit with partners they knew. Nonetheless, nearly half would test a sex partner they had just met and a third would use it to test someone at a sex venue.

Table 66: Intentions for testing a casual partner

	n = 707	%
When having sex with someone I just met	308	*43.8*
When having sex with someone at a sex venue or sauna	234	*33.6*
When having sex with a fuckbuddy or friend, so we can check our status	483	*68.5*
When I bring someone home for sex	359	*51.1*

While the majority felt that the health care system should at least partly pay for home testing, about a third felt that it should be entirely the responsibility of the person using the test.

Table 67: Opinions on responsibility of payment for home tests

	n = 713	%
The customer – each person who wants to use the test	223	*31.3*
Medicare or the health care system	141	*19.8*
Shared costs between the customer and the health care system	343	*48.1*
Someone else	6	*0.8*

Mostly, men were unwilling to pay more than $30 for a home test kit.

Table 68: Expressed cost ceilings for rapid HIV home test kits

	n = 706	%
Nothing	74	*10.5*
Up to $20	309	*43.8*
$21 - $30	165	*23.4*
$31 - $40	59	*8.4*
$41 - $50	68	*9.6*
$51 - $75	13	*1.8*
More than $75	18	*2.5*

Summary

Most men understood that there are recommended guidelines for HIV testing among gay men, although there was some confusion about the specifics of those guidelines. Awareness of rapid testing was fairly low, but most HIV-negative men were interested in being able to access such tests, including for home testing, and including for the purposes of testing their sex partners. Despite a lack of awareness of these tests, they tended to understand the limitations of these tests, and that if they had a reactive test then they would need to have a confirmatory HIV test at a clinic. A small number of men had already accessed home testing either overseas or by purchasing a test kit over the internet.

Sexual Behaviour

The sexual behaviour of the men in this sample was much the same as that found in other studies of Australian gay men.

Sex partners

About a quarter of the men reported having more than ten sex partners in the previous six months.

Table 69: Number of sex partners – last six months

	n = 716	%
None	45	*6.3*
One	120	*16.8*
2 – 5	218	*30.4*
6 – 10	121	*16.9*
11 – 20	98	*13.7*
21 – 50	76	*10.6*
More than 50	38	*5.3*

Just under half had engaged in group (three or more present) sex in the previous six months.

Table 70: Frequency of group sex – last six months

	n = 717	%
Never	395	*55.1*
Once	94	*13.1*
A few times, but no more than 5	188	*26.2*
Monthly	29	*4.0*
Every week	11	*1.5*

Regular partners

Just over half of the men who completed the survey indicated that they had a primary or regular partner or boyfriend in the previous six months.

Table 71: Sex with a regular partner – previous six months

	n = 715	%
No	332	*46.4*
Yes	383	*53.6*

Over half the men who had a regular partner reported some unprotected anal intercourse with that partner in the previous six months

Table 72: Incidences of anal intercourse - regular partners – last six months

n = 365	Never	Occasionally	Often	Always
I fucked him with a condom	*62.2*	*5.5*	*14.5*	*17.8*
He fucked me with a condom	*58.6*	*7.1*	*14.4*	*19.9*
I fucked him without a condom, but pulled out before I came	*68.6*	*5.5*	*20.2*	*5.7*
He fucked me without a condom on, but pulled out before he came	*66.8*	*4.9*	*19.8*	*8.5*
I fucked him without a condom on, and came inside him	*55.2*	*6.0*	*17.2*	*21.6*
He fucked me without a condom on, and he came inside me	*51.6*	*6.3*	*18.6*	*23.5*

One in eight of those with a regular partner indicated he was HIV-positive, and one in seven did not know their partner's HIV status.

Table 73: Regular partner's most recent HIV test results

	n = 381	%
Positive	46	*12.1*
Negative	277	*72.7*
I don't know/he hasn't been tested	58	*15.2*

Among those with an HIV-positive partner, 41.7% reported that he was taking anti-retroviral medications. The majority did not know their partner's viral load.

Table 74: HIV-positive partner's most recent viral load test

	n = 100	%
Undetectable	31	*31.0*
Detectable	10	*10.0*
I don't know/I am unsure	59	*59.0*

Casual Partners

Three quarters of the men who completed the survey indicated having sex with a casual partner in the previous six months.

Table 75: Sex with casual partners – last six months

	n = 713	%
No	156	*21.9*
Yes	557	*78.1*

About a quarter of the men who reported sex with casual partners reported some unprotected anal intercourse with any a casual partner in the previous six months.

Table 76: Incidences of anal intercourse – casual partners – last six months

n = 365	Never	Occasionally	Often	Always
I fucked him with a condom	*39.4*	*10.6*	*23.4*	*26.6*
He fucked me with a condom	*37.2*	*11.8*	*27.4*	*23.7*
I fucked him without a condom, but pulled out before I came	*70.1*	*9.6*	*17.2*	*3.0*
He fucked me without a condom on, but pulled out before he came	*72.6*	*7.8*	*16.3*	*3.4*
I fucked him without a condom on, and came inside him	*73.5*	*8.1*	*12.7*	*5.7*
He fucked me without a condom on, and he came inside me	*72.5*	*8.2*	*12.7*	*6.5*

The majority of men discussed HIV status with at least some casual partners and over a third did so with most of their partners. Viral load was discussed with at least some casual partners by about one in five men.

Table 77: HIV-status and viral load status – disclosure incidences

n = 552	None	A few	Around Half	Most	All
How many casual male partners did you tell your HIV status, before you had sex?	33.9	18.3	7.1	19.2	21.6
How many of your casual partners told you their HIV status before you had sex?	34.7	23.6	10.7	15.3	15.6
How many casual partners did you ask their HIV status before sex?	44.7	17.6	7.5	14.5	15.6
How many casual partners did you tell your viral load before sex	79.8	5.7	2.0	4.9	7.7
How many of your casual partners told you their viral load before sex	79.8	10.1	2.6	3.2	4.4
How many casual partners did you ask their viral load before sex?	85.4	5.8	0.6	4.2	4.0

Serosorting and strategic positioning practices among participants was asked in terms of how often they made choices about which sexual position to take, based on their knowledge (if any) of the partner they were having sex with.

Table 78: Serosorting and strategic positioning practices

n = 262	Never	Occasionally	Often	Always
I made sure we had the same HIV status before we fucked without a condom	31.7	15.6	21.0	31.7
I took the top role (I fucked him) because his HIV status was different to mine, or unknown to me	65.5	16.9	10.2	7.5
I took the bottom role (he fucked me) because his HIV status was different to mine, or unknown	74.6	14.9	7.3	3.2
When I fucked him, I pulled out before cumming because his HIV status was different to mine, or unknown to me	70.5	18.7	5.6	5.2
When he fucked me, I made sure he pulled out before cumming because his HIV status was different to mine, or unknown to me	73.8	16.1	4.4	5.6

A minority of the men who reported any unprotected anal intercourse with casual partners also reported considering some form of risk reduction other than condom use.

Table 79: Serosorting and strategic practices

n = 218	Never	Occasionally	Often	Always
I made sure his viral load was low or undetectable before we fucked without a condom	*74.3*	*10.1*	*7.8*	*7.8*
I took the top role (fucked him) because his viral load was high, or unknown to me	*75.1*	*12.4*	*4.8*	*7.7*
I took the bottom role (he fucked me) because his viral load was low, or unknown to me	*75.8*	*14.7*	*6.2*	*3.3*
When I fucked him, I pulled out before cumming because I wasn't sure my viral load was low or undetectable	*85.6*	*9.1*	*1.9*	*3.4*
When he fucked me, I made sure he pulled out before cumming because I couldn't be sure his viral load was low or undetectable	*78.7*	*12.6*	*3.4*	*5.3*

Methods of meeting men for sex

The most common method of meeting men for sex was the use of mobile apps and online cruise sites. About a third reported use of sex venues and a quarter used gay bars to meet sex partners.

Table 80: Methods/venues for meeting men for sex

n = 680	Never	Occasionally	Ofen
Gaydar™ or Manhunt™	*52.2*	*35.9*	*11.9*
Other online dating or cruise sites	*53.1*	*34.1*	*12.8*
Mobile apps (Grindr™, Scruff™, etc.)	*50.4*	*31.6*	*18.0*
Gay bars	*71.5*	*26.3*	*2.1*
Dance parties	*88.5*	*11.1*	*0.5*
Gym	*93.3*	*6.2*	*0.5*
Beat	*72.6*	*21.2*	*6.2*
Gay sauna	*67.1*	*25.1*	*7.8*
Gay sex-on-premises venue	*66.1*	*25.1*	*8.8*
Sex worker	*93.7*	*5.9*	*0.5*
Private sex parties	*82.8*	*14.5*	*2.7*

Concluding Remarks

The men in this study were broadly similar to what has been found in other studies of Australian gay men. This was also true of their sexual behaviour. However, a substantial proportion of men did not fully complete the survey questionnaire, and the men who did not complete the survey appeared to be younger, somewhat less socially engaged with gay men in general, of non anglo-celtic background, and slightly less well-educated. These men tended to be less well-informed about HIV and less engaged with HIV services.

For the most part, the men in this sample were fairly cautious in their beliefs about condom use, safe sex, and risk reduction; those who did not complete the survey were perhaps even more cautious. Although most men generally disliked condoms, they mostly believed they were necessary and offered a sense of security. Also, while many men recognized that using risk reduction strategies, such as strategic positioning, was safer than not using such strategies during unprotected anal intercourse, they nonetheless mostly believed that these strategies did not make it particularly less likely that HIV infection might occur.

Most men had been tested for HIV, with a somewhat higher proportion being HIV-positive than is generally found in Australian samples of gay men. Those who did not complete the survey were less likely to have been tested. For the most part, men had a good understanding of how to interpret HIV test results, but nonetheless, a not insignificant number did not understand concepts of viral load. Those who did not complete the survey had somewhat less understanding of these details. Commonly, most HIV-negative men still return to their doctor after several days to receive their HIV test results. The most common reason for not having an HIV test is a belief that they have not done anything 'risky', but a substantial number indicated that there were structural barriers to being tested, such as the need to return some days later to receive their results, or the need to see a doctor.

Most of the HIV-positive men in the sample were on treatments, and had undetectable viral load and high CD4 counts. Most commonly, decisions about treatment appeared to be based on health indicators and they tended to follow their doctor's advice.

Most men understood that HIV treatments had made a significant difference to the health of HIV-positive people, although those who had not completed the survey were somewhat less aware of these developments. Nonetheless, for most men, there remains considerable scepticism about side effects and the long-term outlook. The majority of men remain unaware of the effect of HIV treatments on preventing HIV infection, and were mostly quite sceptical about it. Despite this, they tended to believe that HIV-positive men should use treatments to protect their partners, as long as it was also in their own health interests. This seeming contradiction may be at least partly due to their lack of knowledge on the issues: They are sceptical because they do not know enough about it to feel confident; however, if they are convinced of its effectiveness then they would expect HIV-positive men to make use of it for this purpose. HIV-positive men mostly agreed that they would use TasP to protect their partners, although they nonetheless mostly felt that they would continue to use condoms with HIV-negative partners. HIV-negative men mostly indicated that they would not rely on HIV-positive men's use of TasP and would continue to avoid unprotected

anal intercourse with HIV-positive partners. Troublingly, a large proportion of HIV-negative men seemed to purposefully avoid any form of sexual contact with HIV-positive men.

Few men reported use of either PEP or PrEP, but knowledge of either was fairly low, and it was particularly notable that many men remained unaware of the evidence for either, particularly among those who had not completed the survey. Mostly, HIV-negative men in this study remained very sceptical about the possible effectiveness of PrEP, but they were nonetheless interested in gaining access to PrEP. Although, they generally indicated that they would continue to use condoms and avoid taking risks during sex, a substantial minority said that they would consider not using condoms with some partners if PrEP was available. Few men were willing to pay substantial amounts to pay for PrEP. Although they mostly understood that PrEP would need to be used every day to be most effective, they were less inclined to actually do so and tended to be more interested in intermittent use, to coincide with periods of potentially riskier sex.

Most men understood that there are recommended guidelines for HIV testing among gay men, although there was some confusion about the specifics of those guidelines. There was less understanding of testing guidelines among the men who failed to complete the survey. Awareness of rapid testing was fairly low, but most HIV-negative men were interested in being able to access such tests, including for home testing, and including for the purposes of testing their sex partners. Despite a lack of awareness of these tests, they tended to understand the limitations of these tests, and that if they had a reactive test then they would need to have a confirmatory HIV test at a clinic. A small number of men had already accessed home testing either overseas or by purchasing a test kit over the internet.

Overall, these data suggest a high degree of cautious scepticism about developments in HIV testing, treatment and prevention, and a lack of awareness of recent evidence for the role of antiretrovirals in preventing HIV infection. This was especially the case among those who were less engaged in gay community life (as evidenced by those who failed to complete the survey). Implementation of current HIV strategy targets for treatment uptake, increased testing, as well as any potential for future use of PrEP as an adjunct to other risk reduction strategies, will likely be limited by this lack of current information among the primary target population. Enhanced community discussions and education activities to inform gay men about recent advances in HIV treatments and the options for and benefits of HIV testing, are essential.

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Appendix – Tables Supplement

Table 1A: In which state or territory do you live?

	Complete surveys		Incomplete surveys	
	n=707	%	n=498	%
New South Wales	301	*42.6*	225	*45.2*
Victoria	202	*28.6*	125	*25.1*
Queensland	100	*14.1*	74	*14.9*
Western Australia	38	*5.4*	29	*5.8*
South Australia	26	*3.7*	19	*3.8*
Tasmania	9	*1.3*	9	*1.8*
ACT	27	*3.8*	9	*1.8*
Northern Territory	4	*0.6*	8	*1.6*

Table 2A: Ethnic background

	Complete surveys		Incomplete surveys	
	n=717	%	n=693	%
Unstated	2	*0.3*	155	*22.4*
Anglo	495	*69.0*	319	*46.0*
Other Caucasian	154	*21.5*	143	*20.6*
Aboriginal Australian	4	*0.6*	7	*1.0*

Table 3A: Age at time of recruitment into the study

	Complete surveys		Incomplete surveys	
	n=717	%	n=693	%
Missing data	2	*0.3*	156	*22.5*
<25	107	*14.9*	168	*24.2*
25 - 29	87	*12.1*	93	*13.4*
30 – 39	149	*20.8*	123	*17.7*
40 - 49	168	*23.4*	85	*12.3*
50 - 59	144	*20.1*	51	*7.4*
60+	60	*8.4*	17	*2.5*

Table 4A: Level of acquired education within TAXI KAB participants

	Complete surveys		Incomplete surveys	
	n=716	%	n=503	%
Up to 4 years high school	59	*8.2*	50	*9.9*
Year 12 HSC/SACE/TEE/VCE	124	*17.3*	140	*27.8*
Tertiary diploma or trade certificate/TAFE	144	*20.1*	104	*20.7*
University degree or CAE	206	*28.8*	131	*26.0*
Post-grad Univ. degree	183	*25.6*	78	*15.5*

Table 5A: Employment status

	Complete surveys		Incomplete surveys	
	n=716	%	n=510	%
Full-time work	438	*61.2*	302	*59.2*
Part time work	70	*9.8*	56	*11.0*
Pension/social	51	*7.1*	25	*4.9*
Student	82	*11.5*	88	*17.3*
Unemployed	25	*3.5*	16	*3.1*
Other	50	*7.0*	23	*4.5*

Table 6A: Sexual identity

	Complete surveys		Incomplete surveys	
	n=714	%	n=584	%
Gay/homosexual	632	*88.5*	510	*87.3*
Bisexual	68	*9.5*	62	*10.6*
Heterosexual	1	*.1*	8	*1.4*
Other	13	*1.8*	4	*.7*

Table 7A: How many of your friends are gay or homosexual men?

	Complete surveys		Incomplete surveys	
	n=717	%	n=584	%
None	23	*3.2*	49	*8.4*
Some	181	*25.2*	211	*36.1*
A few	250	*34.9*	160	*27.4*
Most	250	*34.9*	159	*27.2*
All	13	*1.8*	5	*.9*

Table 8A: How much of your free time is spent with gay or homosexual men?

	Complete Surveys		Incomplete surveys	
	n=717	%	n=574	%
None	32	*4.5*	53	*9.2*
A little	215	*30.0*	214	*37.3*
Some	271	*37.8*	180	*31.4*
A lot	199	*27.8*	127	*22.1*

Table 9A: Attitudes towards condoms within the TAXI KAB sample : %

How much do you agree or disagree with the following statements:	Strongly Disagree	Disagree	Agree	Strongly agree
Completed Surveys n = 711				
I enjoy using condoms	29.3	46.3	19.7	4.8
Condoms are uncomfortable	15.7	39.4	32.0	12.9
Condoms reduce the physical sensations during sex	7.7	21.5	42.8	27.9
Condoms make sex more exciting	40.7	49.0	8.9	1.4
Condoms interrupt the flow of sex	12.0	28.9	41.6	17.5
Condoms make it more difficult to keep an erection	14.6	29.0	29.0	27.4
Condoms ruin sex	23.3	46.1	20.7	9.9
Condoms make sex simpler	21.9	41.5	28.1	8.5
I find it easy to use condoms	12.5	24.4	46.1	17.0
Condoms irritate me when I am being fucked	29.7	41.5	17.6	11.2
Incomplete Surveys n = 358				
I enjoy using condoms	27.1	43.6	21.5	7.8
Condoms are uncomfortable	15.7	40.9	29.8	13.5
Condoms reduce the physical sensations during sex	10.8	26.9	40.6	21.7
Condoms make sex more exciting	38.0	49.2	9.2	3.6
Condoms interrupt the flow of sex	17.2	30.6	34.4	17.8
Condoms make it more difficult to keep an erection	18.5	33.6	26.4	21.5
Condoms ruin sex	24.0	48.3	17.6	10.1
Condoms make sex simpler	22.1	40.3	27.9	9.7
I find it easy to use condoms	14.4	26.0	37.4	22.2
Condoms irritate me when I am being fucked	32.4	38.0	16.9	12.7

Table 10A: Beliefs about risk reduction and relative risk

How much do you agree or disagree with the following statements:	Strongly Disagree	Disagree	Agree	Strongly agree
Completed Surveys n = 716				
It is safer for an HIV-negative man to fuck (be the top), rather than get fucked (be the bottom)	*18.6*	*19.3*	*50.1*	*12.0*
If an HIV-negative man is always the top, he probably won't get HIV	*38.7*	*50.2*	*9.6*	*1.5*
If the top withdraws before he cums, then an HIV-negative man (bottom) probably won't get HIV	*45.4*	*45.9*	*8.2*	*0.4*
If an HIV-positive man is always the bottom, he probably won't pass on HIV to his sex partners	*46.3*	*45.4*	*7.7*	*0.6*
It is safer for his sex partners if an HIV-positive man gets fucked, rather than fucks them	*29.7*	*27.3*	*39.0*	*3.9*
If an HIV-positive man withdraws before he cums, the he probably won't pass on HIV to his sex partners	*53.6*	*41.6*	*4.4*	*0.4*
If someone has a sexually transmitted infection (like syphilis or gonorrhea) he is more likely to get or to pass on HIV to his sex partners	*9.2*	*16.9*	*37.3*	*36.5*
Incomplete Surveys n = 321				
It is safer for an HIV-negative man to fuck (be the top), rather than get fucked (be the bottom)	*28.2*	*24.5*	*38.7*	*48.7*
If an HIV-negative man is always the top, he probably won't get HIV	*38.7*	*50.2*	*9.6*	*1.5*
If the top withdraws before he cums, then an HIV-negative man (bottom) probably won't get HIV	*42.7*	*48.6*	*6.9*	*1.9*
If an HIV-positive man is always the bottom, he probably won't pass on HIV to his sex partners	*47.1*	*44.3*	*7.1*	*1.5*
It is safer for his sex partners if an HIV-positive man gets fucked, rather than fucks them	*34.1*	*34.4*	*27.8*	*3.8*
If an HIV-positive man withdraws before he cums, the he probably won't pass on HIV to his sex partners	*49.1*	*42.8*	*5.6*	*2.5*
If someone has a sexually transmitted infection (like syphilis or gonorrhea) he is more likely to get or to pass on HIV to his sex partners	*15.8*	*23.5*	*30.3*	*30.3*

Table 11A: Have you ever been tested for HIV?

	Complete surveys		Incomplete surveys	
	n=715	%	n=461	%
No	54	*7.6*	98	*7.6*
Yes	661	*92.4*	363	*78.7*

Table 12A: Period since last HIV test

	Complete surveys		Incomplete surveys	
	n=717	%	n=693	%
Less than one week ago	21	*2.9*	10	*1.4*
1 – 4 weeks ago	101	*14.1*	56	*8.1*
1 – 3 months ago	173	*24.1*	79	*11.4*
4 – 6 months ago	99	*13.8*	58	*8.4*
7 – 12 months ago	88	*12.3*	46	*6.6*
1 – 2 years ago	65	*9.1*	43	*6.2*
3 – 5 years ago	101	*14.1*	57	*8.2*

Table 13A: Based on the results of your HIV tests, what is your HIV status?

	Completed surveys		Incomplete surveys	
	n=656	*%*	n=352	*%*
HIV-negative – I do not have HIV	498	*75.9*	287	*81.5*
HIV-positive – I have HIV	146	*22.3*	56	*15.9*
I have never been tested for HIV	12	*1.8*	9	*2.6*

Table 14A: What is your usual pattern for getting tested for HIV?
Do you get tested:

	Completed surveys		Incomplete surveys	
	n=647	*%*	n=357	*%*
Monthly	3	*.5*	7	*2.0*
Every 3 months	169	*26.1*	79	*22.1*
Every 6 months	174	*26.9*	88	*24.6*
Annually	123	*19.0*	75	*21.0*
Less than once a year	178	*27.5*	108	*30.3*

Table 15A: Reasons for not having tested in previous twelve months

	Completed		Incomplete	
	n = 583	%	n = 405	%
I haven't done anything risky	226	*38.6*	181	44.6
I didn't want to know the result	80	*13.8*	63	15.6
I don't want to been seen getting a sexual health check-	41	*7.4*	34	8.4
I don't want my family or other people to know	40	*6.9*	49	12.1
The process of getting tested is too much hassle	110	*18.9*	77	19.1
My doctor doesn't bulk bill	50	*8.6*	25	6.2
I don't like having to return for the results	125	*21.5*	65	16.0
I don't want to go to the doctor about this	48	*8.3*	32	7.9
I don't want to have to discuss my sex life	71	*12.2*	52	12.8
I don't like needles	55	*9.5*	43	10.6
I haven't had symptoms/illness that made me worry	102	*17.5*	81	20.0
Nothing – I never put off getting tested	270	*40.6*	140	32.1
Some other reason (please specify):	81	*13.5*	35	8.6

Table 16A: Where did you go to get tested on the most recent occasion?

	Completed surveys		Incomplete Surveys	
	n=453	%	n=246	%
My regular doctor	215	*47.5*	118	*48.0*
First available doctor	28	*6.2*	14	*5.7*
Sexual health clinic	174	*38.4*	98	*39.8*
Community organization	3	*.7*	4	*1.6*
Gay sex venue	2	*.4*	0	*0.0*
Community event	1	*.2*	0	*0.0*
I was tested interstate or overseas	11	*2.4*	3	*1.2*
I did it myself, at home	3	*.7*	0	*0.0*
Some other location (specified):	16	*3.5*	9	*3.7*

Table 17A: How did you get the results of your most recent HIV test?

	Completed surveys		Incomplete Surveys	
	n=510	%	n=288	%
I went back at a later date to see the doctor/nurse	368	*72.2*	212	*73.6*
I got the results over the phone	80	*15.7*	43	*14.9*
They sent me a text message	7	*1.4*	4	*1.4*
They emailed me	11	*2.2*	8	*2.8*
They gave me the results about 30 minutes later, after the test	13	*2.5*	5	*1.7*
I did the test myself	4	*0.8*	0	*0.0*
The results of my most recent test are not ready yet	6	*1.2*	1	*0.3*
Some other way (please specify)	13	*2.5*	10	*3.5*
I didn't go back for my results	8	*1.6*	5	*1.7*

Table 18A: What does it mean if someone tests HIV-positive?

	Completed surveys		Incomplete Surveys	
	n=684	%	n=457	%
They do not have HIV	6	*.9*	10	*2.2*
They DO have HIV	676	*98.8*	442	*96.7*
I don't know what it means	2	*0.3*	5	*1.1*

Table 19A: What does 'HIV viral load' refer to?

	Completed surveys		Incomplete Surveys	
	n=717	%	n=478	%
The weight of the virus	10	*1.4*	7	*1.5*
The amount of virus present in someone's body	626	*87.3*	352	*73.6*
The amount of virus ejaculated when someone cums	12	*1.7*	14	*2.9*
The number of types of HIV in someone's body	7	*1.0*	12	*2.5*
The amount of time that someone has been infected with HIV	2	*0.3*	3	*0.6*
I don't know what it means	60	*8.4*	90	*18.8*

Table 20A: What does the term 'undetectable viral load' refer to?

	Completed surveys		Incomplete Surveys	
	n=717	%	n=693	%
Unstated	2	*0.3*	217	*31.3*
They don't have HIV	8	*1.1*	8	*1.2*
They have too little HIV in their body to be measured by standard testing	514	*71.7*	254	*36.7*
The weight of the virus is too small to be measured by standard testing	73	*10.2*	54	*7.8*
They have a form of the virus that standard tests cannot measure	43	*6.0*	44	*6.3*
I don't know what it means	71	*9.9*	110	*15.9*
They have been infected for such a long period of time that the virus can no longer be measured by standard tests.	6	*0.8*	6	*0.9*

Table 21A: What was the result for your last viral load test for HIV?

	Complete surveys		Incomplete surveys	
	n=144	%	n=54	%
Undetectable	108	*75.0*	46	*85.2*
Detectable	34	*23.6*	6	*11.1*
I don't know / I'm unsure	2	*1.4*	2	*3.7*

Table 22A: What were the results of your last CD4 count?

	Complete surveys		Incomplete surveys	
	n=146	%	n=54	%
<200	7	*4.8*	3	*5.6*
201 – 350	7	*4.8*	4	*7.4*
351 – 500	32	*21.9*	11	*21.4*
500 and above	90	*61.6*	29	*53.7*
I don't know / I'm unsure	10	*6.8*	7	*13.0*

Table 23A: Are you currently on anti-retroviral treatments for HIV?

	Complete surveys		Incomplete surveys	
	n=144	%	n=54	%
No	108	*75.0*	46	*85.2*
Yes	34	*23.6*	6	*11.1*

Table 24A: Where do you get your anti-retroviral treatments?

	Completed surveys		Incomplete Surveys	
	n=130	%	n=41	%
Doctor	14	*10.8*	2	*4.9*
Pharmacy	25	*19.2*	8	*19.5*
Hospital	61	*46.9*	21	*51.2*
Specialist clinic	45	*34.6*	16	*39.0*
They are posted directly to me	5	*3.8*	1	*2.4*

Table 27A: Do you agree with your doctor's most recent advice about anti-retroviral treatments?

	Completed surveys		Incomplete Surveys	
	n=144	%	n=53	%
Strongly disagree	5	*3.5*	3	*5.7*
Disagree	5	*3.5*	2	*3.8*
Agree	55	*38.2*	24	*45.3*
Strongly agree	79	*54.9*	24	*45.3*

Table 28A: What was your doctor's most recent advice about anti-retroviral treatments

	Completed surveys		Incomplete Surveys	
	n=145	%	n=53	%
I should be on anti-retroviral treatments	8	*5.5*	3	*5.7*
I should stay on my current anti-retroviral treatments	110	*75.9*	39	*73.6*
I should switch treatments	3	*2.1*	6	*11.3*
I should wait until clinical signs show that it is necessary	24	*16.6*	5	*9.4*

Table 29A: Please tell us your opinions about HIV anti-retroviral treatments.

How much do you agree or disagree with the following statements:	Strongly Disagree	Disagree	Agree	Strongly agree
Completed surveys n = 670	%	%	%	%
They are effective and will help extend HIV positive men's lives	*0.7*	*3.1*	*61.2*	*34.9*
They improve HIV positive men's health	*1.0*	*6.9*	*62.9*	*29.2*
They have serious side effect	*1.5*	*27.7*	*54.6*	*16.2*
They are complicated to take	*5.6*	*53.4*	*33.8*	*7.1*
They should be avoided until absolutely necessary	*23.3*	*49.8*	*22.1*	*4.8*
They are mostly easy to take	*4.4*	*27.8*	*58.3*	*9.5*
They have few serious side effect	*10.7*	*47.2*	*37.8*	*4.3*
They are toxic, and will eventually damage people's health	*8.3*	*45.5*	*39.7*	*6.6*
They can reduce the chances of someone passing on HIV	*13.1*	*31.9*	*43.3*	*11.6*
Taking them can reduce the chances of someone getting HIV	*16.7*	*40.5*	*35.3*	*7.5*
Incomplete surveys n= 201				
They are effective and will help extend HIV positive men's lives	4.0	3.5	65.2	27.4
They improve HIV positive men's health	4.0	10.1	62.6	23.2
They have serious side effect	6.0	27.6	55.3	11.1
They are complicated to take	11.9	51.8	32.1	4.1
They should be avoided until absolutely necessary	24.1	48.7	21.5	5.6
They are mostly easy to take	7.2	25.1	59.0	8.7
They have few serious side effect	9.8	47.4	39.2	3.6
They are toxic, and will eventually damage people's health	13.3	47.7	34.9	4.1
They can reduce the chances of someone passing on HIV	17.6	37.8	37.8	6.7
Taking them can reduce the chances of someone getting HIV	23.4	42.7	29.7	4.2

Table 30A: Has research shown that an HIV-positive man is less likely to pass on HIV to his sex partners when he is on anti-HIV medication?

	Completed surveys		Incomplete Surveys	
	n= 610	%	n= 197	%
Yes, in heterosexual sex	61	*8.6*	7	*3.6*
Yes, in male homosexual sex	11	*1.5*	4	*2.0*
Yes, in any sexual situation	188	*26.5*	33	*16.8*
No, this has not been shown for any type of sex	145	*20.4*	44	*22.3*
I don't know	305	*43.0*	109	*55.3*

Table 31A: When an HIV-positive man is taking anti-HIV medication, how likely do you think it is that he could still pass on HIV to an HIV-negative man during sex?

	Completed surveys		Incomplete Surveys	
	n= 600	%	n= 159	%
Very unlikely	32	*4.5*	4	*2.0*
Unlikely	134	*18.8*	19	*9.6*
Likely	269	*37.8*	85	*43.1*
Very likely	165	*23.2*	51	*25.9*

Table 32A: Should HIV positive men commence HIV anti-retroviral treatments to reduce their chances of passing on HIV to others?

	Completed surveys		Incomplete Surveys	
	n= 695	%	n= 203	%
No, HIV treatments make no difference to the risk of passing on HIV	183	*26.3*	68	*33.5*
No, they should never go on anti-retroviral treatments	3	*0.4*	1	*0.5*
They should NOT commence treatments, unless it is also good for their health	45	*6.5*	9	*4.4*
They SHOULD commence treatments, but ONLY if it is good for their health	274	*39.4*	70	*34.5*
Yes, always	190	*27.3*	55	*27.1*

Table 33A: How much do you agree or disagree with the following statements about taking anti-retroviral treatments to prevent HIV (Treatment as Prevention)?

How much do you agree or disagree with the following statements:	Strongly Disagree	Disagree	Agree	Strongly Agree
Completed Surveys n = 145				
I would take HIV treatments to prevent me from passing on HIV	*11.0*	*11.0*	*26.2*	*51.7*
Even if I was on treatments, I would still use condoms with sex partners who were not HIV positive	*4.1*	*11.7*	*33.1*	*51.0*
Taking HIV treatments protects me from other infections	*56.2*	*23.6*	*13.9*	*6.2*
If my viral load is undetectable, I would not always need to use condoms with sex partners who are not HIV-positive	*37.9*	*30.3*	*25.5*	*6.2*
Incomplete Surveys N=48				
I would take HIV treatments to prevent me from passing on HIV	*6.2*	*6.2*	*29.2*	*58.3*
Even if I was on treatments, I would still use condoms with sex partners who were not HIV-positive	*8.3*	*20.8*	*35.4*	*35.4*
Taking HIV treatments protects me from other infections	*54.2*	*22.9*	*14.6*	*8.3*
If my viral load is undetectable, I would not always need to use condoms with sex partners who are not HIV-positive	*31.2*	*35.4*	*25.0*	*8.3*

Table 34A: How much do you agree or disagree that you would be willing to do each of the following:

	Strongly Disagree	Disagree	Agree	Strongly agree
Completed Surveys n=548	%	%	%	%
Have anal sex WITH a condom with an HIV-positive man	23.9	17.3	37.2	21.7
Fuck (top) an HIV-positive man WITHOUT a condom if he was taking anti-HIV medications	63.4	26.0	8.6	2.0
Get fucked (bottom) by an HIV-positive man WITHOUT a condom if he was taking anti-HIV medications	75.7	20.3	2.7	1.3
Get fucked (bottom) by an HIV-positive man WITHOUT a condom if he was taking anti-HIV medications	75.7	20.3	2.7	1.3
Fuck (top) an HIV-positive man WITHOUT a condom if he had an undetectable viral load	64.8	22.6	9.8	2.7
Get fucked by (bottom) an HIV-positive man WITHOUT a condom if he had an undetectable viral load	73.1	20.1	4.6	2.2
Incomplete Surveys n = 125	%	%	%	%
Have anal sex WITH a condom with an HIV-positive man	22.4	20.0	33.6	24.0
Fuck (top) an HIV-positive man WITHOUT a condom if he was taking anti-HIV medications	62.1	25.8	10.5	1.6
Get fucked (bottom) by an HIV-positive man WITHOUT a condom if he was taking anti-HIV medications	69.9	23.6	5.7	0.8
Fuck (top) an HIV-positive man WITHOUT a condom if he had an undetectable viral load	61.5	25.4	9.8	3.3

Get fucked by (bottom) an HIV-positive man WITHOUT a condom if he had an undetectable viral load	*68.0*	*24.6*	*6.6*	*0.8*

Table 35A: In the last six months, have you had a course of anti-HIV medication (PEP) AFTER you thought you were exposed to HIV, in order to prevent you getting HIV?

	Completed surveys		Incomplete Surveys	
	n=67	%	n=14	%
No	63	*94.0*	14	*100.0*
Yes, once	3	*4.5*	0	*0.0*
Yes, several times	1	*1.5*	0	*0.0*

Table 36A: In the last six months, have you had a course of anti-HIV medication (PrEP) BEFORE you thought you were exposed to HIV, in order to reduce the chances of getting HIV?

	Completed surveys		Incomplete Surveys	
	n=605	%	n=80	%
No	583	*96.4*	75	*93.8*
Yes, once	13	*2.1*	5	*6.2*
Yes, several times	9	*1.5*	0	*0.0*

Table 37A: Has research shown that an HIV-negative man taking anti-HIV medication BEFORE sex is less likely to get HIV from unsafe sex?

	Completed surveys		Incomplete Surveys	
	n=713	%	n=67	%
Yes – in heterosexual sex	29	*4.1*	1	*1.5*
Yes – in male homosexual sex	23	*3.2*	3	*4.5*
Yes – in any sexual situation, homosexual or heterosexual	125	*17.5*	8	*11.9*
No – this has not been shown by research for any sex	103	*14.4*	7	*10.4*
I don't know	433	*60.7*	48	*71.6*

Table 38A: Has research shown that an HIV-negative man taking anti-HIV medication AFTER UNSAFE is less likely to get HIV?

	Completed surveys		Incomplete Surveys	
	n=711	%	n=67	%
Yes – in heterosexual sex	4	0.6	0	0.0
Yes – in male homosexual sex	40	5.6	4	6.0
Yes – in any sexual situation, homosexual or heterosexual	308	43.3	17	25.4
No – this has not been shown by research for any sex	67	9.4	4	6.0
I don't know	292	41.1	42	62.7

Table 39A: Of the options below, which is the best way to reduce the chances of getting HIV?

	Completed surveys		Incomplete Surveys	
	n=673	%	n=63	%
Immediately before sex	27	4.0	2	3.2
Each day for a few days before sex	71	10.5	7	11.1
Every day	221	32.8	16	25.4
One day before sex, and one day after sex	110	16.3	10	15.9
Not at all – Taking anti-HIV medications will not reduce the chances of getting HIV	244	36.3	28	44.4

Table 40A: When an HIV-negative man is taking anti-HIV medications, how likely do you think it is that he could still get HIV from an HIV-positive man?

	Completed surveys		Incomplete Surveys	
	n=706	%	n=61	%
Very unlikely	39	5.5	2	3.3
Unlikely	214	30.3	18	29.5
Likely	368	52.1	34	55.7
Very likely	85	12.0	7	11.5