

Managing unprotected anal intercourse

*The perspective of gay men who
have not tested HIV positive*

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Briefing Paper

Preface

In the last year, approximately one third of HIV-uninfected gay men engaged in unprotected anal intercourse (UAI, ie. anal intercourse without the protection of a condom) with another man. This would not be any cause for concern if about 2% had not become HIV infected doing so (one in fifty of those who engage in UAI, or 1,500 men; see Hickson *et al.*, 1997).

Understanding why men have UAI is essential if HIV prevention is to be effective. Since sex between men accounts for at least three quarters of new HIV infections occurring in England, it will only be through a reduction in HIV acquired in this way that a significant reduction will be made in our national HIV incidence (in England, every year, approximately 2,000 new infections occur among 49,000,000 people).

This paper reports original research data generated by Sigma Research as part of a rolling programme of HIV health promotion facilitation. The data concerns unprotected anal intercourse between men and HIV. All the data comes from men who were resident in England in 1997, had sex with a man in the last year and had not, at the time of interview, been diagnosed HIV positive. This research builds on earlier work (Hickson, Davies & Weatherburn, 1998) and is complementary to other on-going investigations of the perspective of men with diagnosed HIV infection (Keogh & Beardsell, 1997). It is intended as a contribution to an integrated picture of UAI among gay men (see for example Keogh *et al.*, 1998; Keogh *et al.*, 1999).

The methods used in the current research included both face-to-face interviews and self-completion surveys. Therefore, this paper includes data in the form of numbers and proportions, as well as narrative accounts in the men's own words. It is hoped that, through more detailed knowledge of the circumstances under which UAI occurs, and the reasons why it occurs, more HIV health promoters are more able to work with a greater diversity of gay men, more effectively, and more sensitively. The paper is being distributed through the CHAPS Partnership, an England-wide HIV health promotion planning programme co-ordinated by the Terrence Higgins Trust.

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1 Introduction

1.1 REDUCING HIV EXPOSURE DURING SEX BETWEEN MEN

HIV infection is viral. In order for HIV incidence to change, one or more of the behavioural or biological factors contributing to incidence must change. A common strategic target for reducing incidence is reducing the number of instances of unprotected anal intercourse (UAI) between HIV infected men and uninfected men (ie. reducing HIV exposure, see CHAPS SDG, 1998). This activity is referred to as sero-discordant unprotected anal intercourse (s/dUAI). Although it may not be phrased in this way, this has been the central target of gay men's HIV prevention since the beginning of the epidemic and it is the unspoken way in which most HIV prevention with gay men is thought to 'work'.

However, attempts to reduce s/dUAI continue to vary greatly. HIV prevention has varied not only in the approaches adopted to influencing what men do, but in just what it is those influencing them are trying to get them to do, or not do, in order to reduce s/dUAI. The absolute number of occasions of s/dUAI in a given time period is a function of:

- (a) the number of HIV uninfected men who have sex with infected men¹;
- (b) the number of sexual sessions they participate in;
- (c) the proportion of those sexual sessions that feature anal intercourse;
- (d) the proportion of those anal intercourse occasions that do not feature condoms.

Exactly what any HIV prevention intervention is attempting to change is often unclear, and is predominantly informed by the values and ethics of the intervener. Vague exhortations to have 'Safer Sex' for example could mean: do not have sex; do not have sex with infected men; have less anal intercourse; have no anal intercourse; use condoms more often; always use condoms. This diversity partly explains the popularity of the slogan.

In practice, the first necessary but not sufficient condition for engaging in s/dUAI – having sex with someone of a different HIV status – is ignored by the vast majority of gay men's HIV prevention. The origin of this anomaly is socio-historical and has never been fully documented or analysed. We venture to suggest that it is partly a political community response to the contempt, discrimination and harassment meted out by the press, government and statutory authorities, to people with HIV and gay men with HIV in particular. It is also a reflection of the origins of gay men's HIV prevention in the community, prior to the development of an HIV antibody test. Since there was no way of finding out whether you were infected or not, attending to sero-discordance or concordance was of little use in reducing the likelihood you were engaging in HIV exposure. The HIV test changed that irrevocably.

That the approach adopted to influencing the probability men engage in s/dUAI did not change with the widespread availability of HIV testing is, we suspect, the point at which gay men's HIV prevention 'lost the plot'. The goal of activities became not to reduce the probability men engaged in s/dUAI but to ensure they behaved in a certain way. Different groups of HIV

¹The number of s/d sexual sessions can also be thought of as the number of HIV infected men who have sex with uninfected men.

preventers have, at different times since the mid 1980s, advocated a reduction in HIV exposure through either a reduction or elimination of both (c) and (d) above, among all men, irrespective of the sero-discordance of the partners.

Reducing (c), the proportion of sexual sessions that feature anal intercourse, is the approach adopted in the promotion of non-penetrative sexual activities (although it is possible the adoption of these activities is an extension to the sexual repertoire rather than replacement; ie. the result is simply that men do more 'safer' acts and not fewer 'unsafe' acts). More recently, what is known as 'the condom code' has become more dominant; the reduction or elimination of (d) among all men. It is vital to remember that whilst these community responses were occurring, others concerned with 'the AIDS crisis' were suggesting reduction (a) by somehow removing men from the population or by reducing both (a) and (b) by suggesting sex between men be censored, discouraged or legislated against. It certainly was not to be encouraged.

What most of these responses had in common was their silence about the possibility of employing sero-discordance and concordance information to reduce the likelihood of being involved in HIV exposure during sex. The reason this is unfortunate is that many gay men, when taking risks, do employ such information (see Hickson, 1994). HIV prevention is trying to influence men to remain 'safe' without mentioning one key way in which men chose to do this: by sexually discriminating between partners on the basis of their assumed HIV status. That this is possible, and differentially so in different contexts, is, we would suggest, the central concept HIV prevention with gay men must engage with.

1.2 THE USE OF EVIDENCE REGARDING UAI BETWEEN MEN

Figure 1.2 illustrates how theories about why s/dUAI occurs mediate between HIV incidence and the aims of HIV prevention. When we carry out health promotion activity intended to reduce the probability men will engage in s/dUAI, we are employing theories both about why s/dUAI occurs, and theories about how our activities will reduce its likelihood.

Not all people who share the goal of reducing incidence do so for the same reasons. While most people will be able to agree that reducing s/dUAI is necessary in order to reduce HIV incidence, there is far less consensus on theories as to why it occurs and the values of those who wish to reduce it. Unsurprisingly then, there are a variety of approaches that can be adopted in order to reduce s/dUAI, each of which is informed by our values, or ethical position.

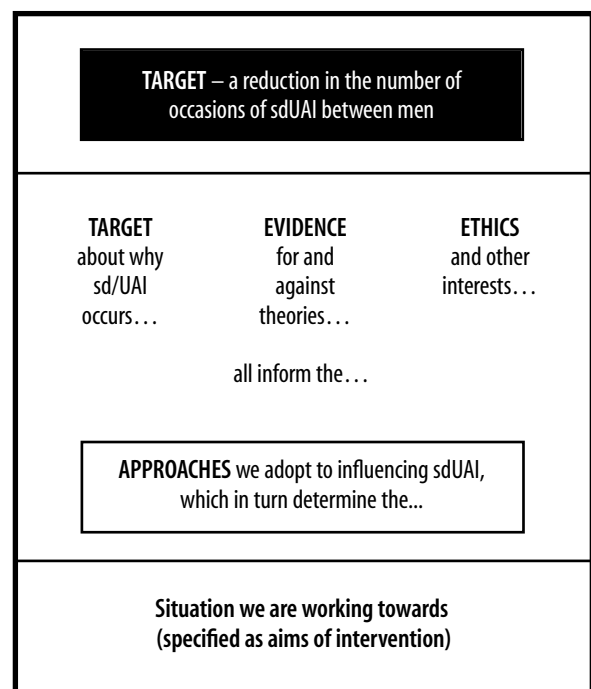


Figure 1.2 The place of evidence about sdUAI in determining intervention aims

Another body of knowledge which informs the approaches we adopt is evidence. Evidence is information that is gathered and reported in a systematic and transparent manner that is relevant to decision making. We use evidence both for and against the theories we use to account for s/dUAI, and it is within the same theories that we interpret the evidence. We also use evidence to make judgements about whether or not approaches are likely to be effective (ie. do they actually influence s/dUAI).

Ethics and theories precede evidence, and underlie any evaluation of health promotion activity. Tones and Tilford put it in the following way:

“Since there are wide divergences of view about the purpose of health education, indicators of performance should logically be derived from a statement of the values underpinning the programme goals.” (p. xvii)

This paper contains evidence for and against approaches to influencing s/dUAI. Hence, it is relevant to the aims of interventions. Conversely, it provides further exploration of the needs of gay men (who have not been diagnosed with HIV) with regard to sexual HIV exposure.

The data reported is, to a large extent, pre-intervention. The men who had not engaged in UAI rarely suggested HIV health promotion as an influence on how they came not to have UAI. Instead, they talked about those aspects of themselves and their lives that were important or not (some of which may have been influenced by health promotion). Similarly, the men who had engaged in UAI rarely mentioned health promotion activities that they felt they ‘needed’. Instead, we hope health promoters will be able to use the rich accounts of past events to consider what changes they could aspire to bring about, which would reduce the probability gay men engage in s/dUAI in the future.

The authors recognise they also have ethical positions and that these inform the questions we ask and which questions we research to answer them. Sigma Research shares the collaborative planning framework Making It Count (CHAPS SDG, 1998). This research is not, therefore, concerned with what HIV prevention activities might give ‘us’ better control over men’s sexual behaviour, but with what changes an HIV health promotion intervention might strive to bring about to increase the control men themselves have over s/dUAI.

1.3 METHODS

The report uses two very different kinds of data to look at UAI from the perspective of men who have not tested HIV positive: a large sample self-completion survey; and conversational, in-depth face-to-face interviews from a smaller sample. We elicited both quantitative and qualitative data from men in an attempt to present as rounded a picture as possible. The report alternates between these two types of data, the generation of which is described below.

Quantitative data from a self-completion survey

The National Gay Men’s Sex Survey took place in six cities in summer 1997 (see Hickson *et al.*, 1998). This is a short self-completion survey, filled in on-the-spot at gay community events. In London, it occurred at the London Lesbian, Gay, Bisexual and Transgender Pride festival, on Clapham Common, South London. This survey recruited 1574 men who had not tested positive for HIV, and who had sex with a man in the last year. Men were asked if they had ever engaged in UAI and, if so, how long ago was their most recent occasion of UAI: in the last month; in the last six months; in the last year; in the last five years; or more than five years ago.

Those respondents who indicated they had engaged in UAI within the last year (N=610) were given the following instruction: "The next set of questions are about the most recent occasion you had a fuck without a condom (either way, whether or not either of you came). Try to recall that most recent occasion now." They were then asked a series of questions about that occasion. First, three questions about previous sex with that partner, to which they could indicate 'yes' or 'no'. Answers to these questions were used to categorise the 'type' of UAI men were recalling.

<i>'Had you had sex with that man before?'</i>	(1) Men who indicated 'no' to this first question were recalling a 'Casual UAI'
<i>'Had you fucked with him before?'</i>	(2) Men who indicated 'yes' to the first question but no to this second question were recalling a 'First AI' UAI
<i>'Had you fucked with him without a condom before?'</i>	(3) Men who indicated 'yes' to the second question but 'no' to this third question were recalling a 'First UAI' UAI
	(4) Men who indicated 'yes' to this third question were recalling a 'Regular UAI'.

Men were asked the following closed-ended questions about their most recent experience of UAI:

<i>'On that occasion, who fucked who without a condom?'</i>	I fucked him without a condom he fucked me without a condom we fucked each other without condoms.
<i>'Whose choice was it not to use a condom?'</i>	It was mainly my choice it was mainly his choice we both chose equally neither of us chose, it just happened.
<i>'At the time, how concerned were you that you weren't using a condom?'</i>	I wasn't at all concerned I was a little concerned I was very concerned.
<i>'Thinking back, how much do you regret not having used a condom on that occasion?'</i>	I don't regret it at all I regret it a little I regret it a lot.

Qualitative data from face-to-face semi-structured interviews

In-depth semi-structured interviews were conducted with 74 gay or bisexual men, who had not received an HIV positive diagnosis. They were invited to participate in the interviews from our panel of respondents recruited as part of the CHAPS R&D Programme. A letter was written to all panel members who lived in or near the cities of London, Brighton, Birmingham, Manchester, Leeds and Bristol, inviting them to participate in an interview.

Prospective respondents who called were told the interview would last approximately 60-90 minutes, confidentiality and anonymity were assured, and they were offered ten pounds toward travel expenses. Interviews for London residents were conducted in the Sigma interview rooms, and for residents in the other areas, in rooms generously provided by CHAPS partners in those locations.

The interview schedule included a wide range of questions covering a variety of topic areas. The topic area, relevant to this paper concerns the respondents' sexual behaviour in the last year. Specifically, respondents were asked questions on:

- ▶ numbers of sexual partners
- ▶ whether they engaged in anal intercourse (AI)
- ▶ if so, numbers of partners with whom they had AI and/or unprotected anal intercourse (UAI)
- ▶ experience with condoms

Those who had instances of UAI in the last year were asked to describe in some detail the two most recent occasions in which they had engaged in UAI

- ▶ the level of concern about the UAI at the time
- ▶ level of regret about UAI following the incident
- ▶ perceptions of their partner's and their own HIV status
- ▶ what they had said to each other regarding their HIV status

All of the interviews were conducted face-to-face, audio recorded and fully transcribed. A theme based qualitative analysis was conducted on the transcripts focussing on what men said about individual sexual sessions, or a series of sessions with the same partner.

2 Not having unprotected anal intercourse

This section looks at how long ago it was since men had UAI, and among those who had not done UAI in the last year, what men in interviews said about not doing so. As men can have AI without having UAI, have sex without AI, and not have sex with others, men who have not had UAI fall into three distinct groups: no sex, sex but no AI; and AI always with a condom. As about 97% of the survey sample and all of the men in the face-to-face interviews had sex with a man in the last year, we do not consider gay men who do not engage in UAI because they did not have sex.

2.1 RECENCY OF UAI

Figure 2.1 uses survey data to show the time-frame for men's most recent UAI.

The majority (61%) did not engage in UAI in the last year, including 31% who had never engaged in UAI (the top section of the column) and 30% who had engaged in UAI but not in the last year.

Overall, 39% indicated they had engaged in UAI within the last year (the bottom three sections of the column). Of these more than half had also done so in the last month.

In the qualitative sample of 74 men, 25 (34%) had engaged in UAI in the last year. What they said about those events is reported in the next two sections. This section summarises what the other 49 men said about not having UAI in the last year. Eleven men (22% of those who reported no UAI in the last year) said they had no anal intercourse at all. The other three quarters who had no UAI (38 men) reported always using condoms for AI in the last year. Of these, thirteen had never engaged in UAI, twelve had not engaged in UAI for over five years and twelve had engaged in UAI within the last five years (but not the last year).

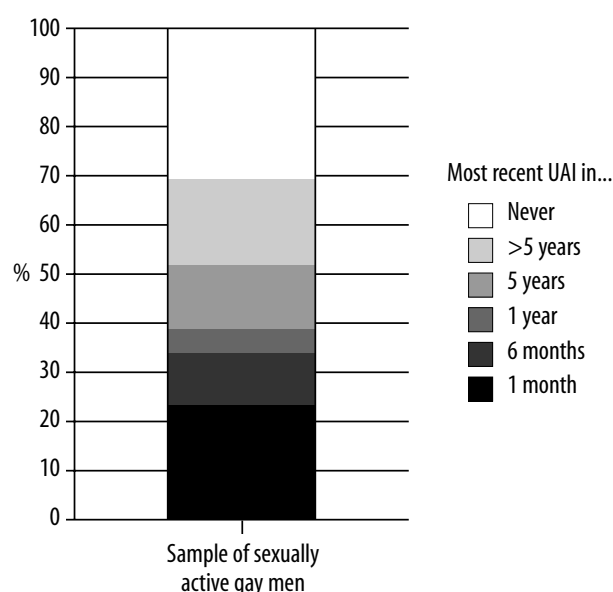


Figure 2.1 Proportion of men whose most recent UAI was within particular time periods (LGBT Pride '97, N=1574 men who had sex with another man in the last year)

2.2 “I CAN’T SEE HOW YOU GET ANY PLEASURE OUT OF THAT”: NO ANAL INTERCOURSE IN THE LAST YEAR

The primary reason men gave for not engaging in AI was the absence of desire to do so. Some men have never engaged in AI because they fear it will be a painful, rather than pleasurable experience.

I think partly it is because I am quite worried about [AI] as it is a new experience and I am scared it will hurt and I am not sure if I like the concept itself. I am not saying it is unnatural but for me, I am just not sure that my ass is designed for someone to shove a cock up it. I don’t like the idea of me fucking someone either. It is the whole idea of it that I don’t find appealing.

– Early 20s, Brighton, No AI

Others have engaged in AI at some point in the past, found that they did not enjoy it and do not intend doing so again. Of course, this does not preclude the possibility that they may engage in AI in certain circumstances at some point in the future.

For me personally, I just can’t see what the pleasure is at all. I was willing to try it once, but never again. I can’t see how you get any pleasure out of that [AI] – it all seems so messy and I wouldn’t be able to cope with that. The main reason for not fucking is that I don’t want to do it, but if I ever did do it I would use a condom.

– Mid 20s, West Midlands, No AI

I don’t fuck because it hurts too much. If someone tried to fuck me I would tell them to stop after a few minutes because it hurts me. The pain is the main reason I don’t fuck.

– Late 20s, Yorkshire, No AI

For some, not having AI is perceived as an avoidance, associated with various other negative considerations, including the fear of becoming infected with HIV.

Well, I find fucking distasteful generally. HIV is the main reason for that. The one time I did have anal sex it was a situation where I was having sex and he wanted me to fuck him. I fancied him a lot, but I explained that I really did not like doing that and I am scared because of AIDS. Then he said ‘oh I am negative’ and pulled out a certificate of an AIDS test that he had a week before. He said he would use a condom anyway so I decided to try it seeing how it seemed doubly safe. I did kind of enjoy it, but it isn’t really what I want to do with a man. It is just too smelly although it is quite a nice sensation. It would be much more painful if I was the recipient. God! I can’t imagine that at all!

– Early 20s, Brighton, PAI only

It is certainly true that some men avoid AI as a means of being absolutely sure they are not exposed to HIV. However, for the majority who do not have AI, the existence of HIV is simply one reason among many. These various reasons include: lack of enjoyment, anxiety about the physical safety of the activity, considerations of hygiene, or never having encountered the level of trust and intimacy required for them to consider (U)AI.

2.3 “BUT I STILL USE THEM”: PROTECTED ANAL INTERCOURSE (PAI) ONLY IN THE LAST YEAR

Having sex, engaging in anal intercourse and always using condoms is the most common pattern of anal intercourse and condom use among gay men over a 12 month period. In face-to-face interviews, the overwhelming reason to always use condoms for AI was as protection from infection with HIV (and other STIs). In many cases, substantial fear of being exposed to HIV was expressed and men cited this fear as a reason for condoms always being used.

I always choose safety for myself and my partner. That is just the way it is for me. I mean it isn't just HIV that I am worried about, there are all sorts of other illnesses and infections you can catch so it is just safer and that's it. I don't see the point of taking any risks.

– Late 20s, Leeds area, PAI only

It is interesting that this respondent did not consider the possibility of condom failure during PAI as any risk. 'Not taking any risk' was a common but very variable concept in the interviews, and was invoked as a reason for a variety of behaviour patterns. Sometimes men evoked strong emotive reasons to justify a sexual decision as no risk, whilst discounting the risk they were taking:

From my point of view the risk of infection of HIV is so great that it [UAI] is unacceptable. It is totally unacceptable to me as a person who wishes to preserve as much of my life that I can. I have friends who have HIV and have seen a couple die of AIDS and that has had a tremendous effect on me so I do not take any risks and always have used condoms.

– Early 40s, Manchester, PAI only

Men who always use condoms rarely talked about sexual activities other than anal intercourse as an alternative to UAI. The key difference between men who do not have anal intercourse and those who do so always with a condom is predominantly how much they value AI in their sexual life, and not their perspective on HIV.

I am so scared of getting HIV that I always insist on using condoms or my partners putting one on. I would rather not have sex than not use a condom.

– Mid 20s, Birmingham, PAI only

Many of these men had found it easy to incorporate condoms into their sexual interactions and had not experienced any practical problems doing so. Many had also developed strategies that allowed them to introduce condoms prior to penetrative sex without any substantial awkwardness or discomfort. An often used statement was 'No condom – no fuck':

I find it very easy to use condoms. I practised a lot with them before I used them and that really helped me to feel comfortable with them. I can put them on in 2 seconds, so it is no problem. I just don't allow myself to fuck without them. I am quite sure that it is more pleasurable without condoms, but what I don't know, I don't miss.

– Late 20s, London, PAI only

I find it so easy to use condoms. There was a bit of a learning curve in the beginning but now it presents no problem for me. I have come up with a ritual around putting one on and can now avoid that awkward 'condom moment' in a sexual encounter.

– Early 30s, London, PAI only

Several men reported that there were occasions when they did experience difficulties with negotiating condom use, particularly if a partner did not want to use them.

I find it easy to use condoms, but sometimes the negotiation skills can be difficult. There is a point in sex where it can be difficult if the condom gets in the way and interferes with the sex. I find it hard to work out how and when to bring up the subject of safe sex. Sometimes my partner does not want to use condoms and that makes it even more difficult.

– Mid 30s, Brighton, PAI only

A minority reported having difficulty while using condoms for AI. Most of these complained of loss of sensation, loss of erection or an inability to achieve orgasm while wearing a condom. These factors were seen to be very detrimental to sexual enjoyment. In spite of these difficulties many were able to maintain consistent condom use for AI.

I find them [condoms] very difficult. They are horrible, but I always use one. It depends if you are active or passive and I am almost always active. I am only passive with one partner. When you are passive a condom doesn't really matter. But when I am active the sensation starts to go using a condom and the longer I fuck the less I feel. Then when you go down [lose the erection] I have to take it off to get up again, and it can be difficult to get in, so it spoils the whole flow and is really distasteful.

– Mid 60s, London, PAI only

I find using them [condoms] very difficult. I can fuck someone with a condom, but I can never come inside a condom when I am fucking. I think it is because I find condoms to be so uncomfortable. They are too tight and in the process of fucking it feels like it is coming off as well. I don't worry about it coming off, but sometimes I have to use two condoms in the process of fucking because it is coming off, or I just put two on to be sure.

– Early 20s, London, PAI only

Some consistent condom users remain tempted to forgo their use in certain circumstances, especially in emotionally significant moments within relationships. These times of intense intimacy test the resolve to always maintain condom use, particularly when faced with partner pressure not to use them.

There have been times where I am tempted to not use a condom with my boyfriend because of love and trust and feeling very close. It is much harder to insist on condoms then. It is not like someone you meet and have a quick fuck. It is even harder because he has been tested and is negative and he thinks I am negative, so it is really hard to turn him down. It is more difficult after a row and we are kissing and making up and I want to show him that I really care. In those times there is a lot of emotional pressure to forgo condoms.

– Early 30s, Birmingham, PAI only

Others found the process of actually fetching condoms and lubrication and the act of putting them on to be so clinical that it detracted from the sexual encounter.

Condoms are just so much bother – you have to get them out and put it on. What I mean is first you have to go out and get the condoms, then you have to put lube on and it is just so, so boring. It is so clinical that you have to put this on not to catch things. I am quite well endowed and not just any condom will fit me, so I have to always have these special ones with me. They cost a lot and it is a bother to have stop what is happening and say 'oh I have to put this on'. But I still use them.

– Mid teens, Bristol, PAI only

The difficulties faced by men who are consistent condom users and those who are not are similar, even if the degree to which they are experienced is not. However, over half of the men in the total sample always used condoms because of their personal commitment to avoid infection with HIV.

3 Relationships between UAI partners

3.1 RELATIONSHIP TO MOST RECENT UAI PARTNER

While the majority of men in the survey had not had UAI in the last year, 39% (610/1574) indicated their most recent UAI was within the last year. Among those who had done so in the last year, 60% (365/610) had also done so in the last month. This suggests that UAI is not an isolated occurrence for many men who do it.

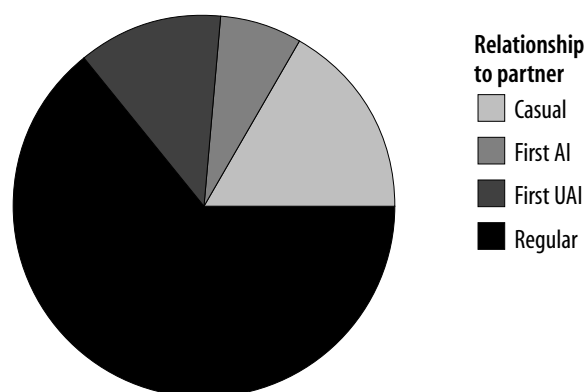


Figure 3.1 Relationship to partner at most recent occasion of UAI (LGBT Pride '97, N=604 men who had UAI in the past year)

Figure 3.1 shows the relationship men had to their most recent UAI partner in terms of what they had done sexually with that partner prior to that most recent occasion of UAI. Two thirds of the respondents (64%) were recalling an episode of UAI with a man they had had UAI with prior to that occasion (ie. a regular partner). On the other hand, 17% were recalling UAI with someone they had not had sex with before that occasion (ie. a casual partner). What is surprising in this figure, is the proportion of men who indicated their most recent UAI was with someone who they had either had sex before but not AI (First AI, 7%), or had had PAI with before and this was the first time they had had UAI (First UAI, 12%).

The first UAI between two men who have had sex previously (or who have engaged in PAI previously) can only, by definition, happen once. That a fifth of all men's most recent UAI were first UAI with a regular partner, suggests many men do not engage in UAI again after having done it once, even with a regular partner. That is, after having had UAI for the first time, men who have started to regularly have sex together, often either break off the sex altogether, do not have AI again or go back to using condoms with that partner. This suggests that not all UAI within regular relationships is a planned decision. Or if it is, men decide it was the wrong decision afterwards and do not do it again.

3.2 SORTING ACCOUNTS OF UAI

A lack of knowledge of the dangers of UAI accounts for very little of the UAI that occurs between gay and bisexual men. The important question then becomes "why do (some) gay men who know about HIV and safer sex (sometimes) take a risk of acquiring or passing on the virus by having UAI?" Many answers or explanations have been proposed and these answers inform, implicitly or explicitly, all HIV prevention activities. It is highly unlikely, however, that there is a single answer to this question and we should be cautious of any explanation that is put forward as the answer. Different people do the same thing for different reasons and individuals do the same thing at different times for different reasons. Answering this question is

not as straightforward as answering questions on the extent of UAI. It is much easier to describe what is happening than it is to describe why something is happening (see Hickson *et al.*, 1998).

In the face-to-face interviews, 25 men (34%) had engaged in UAI in the last year. Examining their descriptions of the circumstances and reasons for engagement, certain themes emerge and are explored in the next two chapters. The organisation of the accounts used two key factors: the relationship between the sexual partners (the sexual precedent), and the respondents' prior intentions with regard to AI (their sexual choices). We first differentiate between UAI with regular and casual partners (which correspond to the two largest segments of the above pie). Regular partners were typically those with whom the respondent had an ongoing sexual and emotional relationship and casual partners were typically one-off encounters (anonymous or not).

We also differentiate between encounters where the respondents had intended to have UAI, and those where they had not (unintended). Here we make a distinction between those instances of UAI which a respondent portrayed as unintended and others where a respondent had planned or at least made a firm choice not to use a condom. We also distinguish between instances where only receptive AI occurred, only insertive occurred and instances where both insertive and receptive occurred with a casual partner.

4 Casual unprotected anal intercourse

4.1 ATTRIBUTIONS OF CHOICE

Among those men in the survey recalling casual UAI, over half indicated 'neither of us chose, it just happened', while a quarter said 'we both chose', and the remainder was an even split between the unilateral choice of the respondent or his partner. (Figure 4.1).

In the face-to-face interviews, there were thirteen accounts of unintended UAI with casual partners, from eight different men. Engaging in UAI with a casual partner having meant to use a condom is the 'classic' scenario of unsafe sex. It is the scenario which gave rise to the concept of 'relapse' and continues to be accepted as the 'most risky' kind of sex. An instance of UAI could be considered a 'relapse' or 'lapse' when it infringes the safer sex code of (one or both of) the men involved. In these cases men had not planned to have UAI, may have worried about it at the time and usually regretted it afterwards.

All of the accounts of unintended UAI with casual partners can be described in the broadest sense as a 'lapse' of an expressed desire to always use a condom for AI (at least with casual partners). Men gave a variety of accounts of UAI with casual (or anonymous) partners that contained numerous reasons and explanations concerning the circumstances. Men often find it difficult to articulate the reasons for unintended UAI and when asked to describe and explain them typically state 'it just happened'. Probed for reasons, very few discuss the pleasures of UAI and many fall-back upon a description of the circumstances that mitigate their responsibility for not using condoms (such as excess alcohol or drugs, or a lack of available condoms or lubrication). Some cite factors that overcame any desire to use condoms (such as their partner's inability to maintain an erection with a condom). Although these explanations are not very rich they reflect the status of 'unsafe sex' as a topic around which there are substantial 'boundaries of silence'. Despite the importance of sex within gay communities, discussion of the reasons for (unsafe) sexual practice remain taboo.

4.2 'HE DIDN'T OFFER ONE':

MAINLY HIS CHOICE THAT I FUCKED HIM WITHOUT A CONDOM

There were three accounts of insertive UAI from two respondents. In striking similarity with receptive partners in UAI, both of these men attributed the responsibility for the decision to not use a condom to their receptive partner, thus diminishing their own responsibility. One man

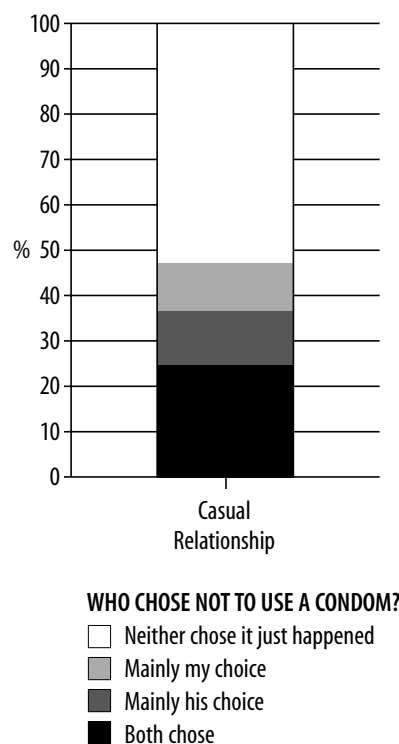


Figure 4.1 Proportion of men recalling casual UAI who indicated not using a condom was mainly their choice, their partners, both or neither (LGBT Pride '97. N=85 who had UAI in the last year, whose most recent UAI was with a casual partner)

also relied on the belief that a short duration of penetration without ejaculation reduced the possibility of HIV transmission.

I fucked him in a role play that went too far. It was his choice to not use a condom because he didn't offer one and I never carry them with me. It was very quick in and out, only about 30 to 40 seconds at a time. I wasn't worried at the time because I thought that it makes a difference how far the cock goes in and for how long. We had not spoken to each other at all because it was a casual encounter. At the time I was just a little concerned, but I don't regret it much because I don't think it was very risky.

– Late 20s, Brighton, UAI with more than one man

4.3 MODALITY IN CASUAL UAI

In the survey, the respondents were receptive (either receptive only or receptive and insertive) in 45% of UAIs with a casual partner. Alternately, respondents were insertive (either insertive only or insertive and receptive) in 85% of UAIs with a casual.

There are probably at least two overlapping reasons why more men might have been insertive than receptive in casual UAI. The first is that, given that it is widely known that receptive s/dUAI is more likely to result in HIV infection than insertive, a larger proportion of men are willing to engage in insertive casual UAI, than receptive (Coxon, 1996; Keogh *et al.*, 1998). This effect is probably exacerbated by the absence of men with diagnosed HIV infection from this sample, since it is known that when diagnosed men engage in UAI, many avoid being insertive on the basis that this makes HIV transmission more likely (Keogh *et al.*, 1998).

In addition, it is entirely feasible that men who are receptive in UAI are so with a larger number of different men (and probably more frequently) than are those who are insertive only (Keogh *et al.*, 1998). The patterning of modality certainly suggests men may use information about the probability of HIV transmission when engaging in UAI that may be sero-discordant. This accords with the qualitative data which demonstrates that men engage in insertive casual UAI with the belief that, if HIV exposure is occurring, the probability of transmission is low.

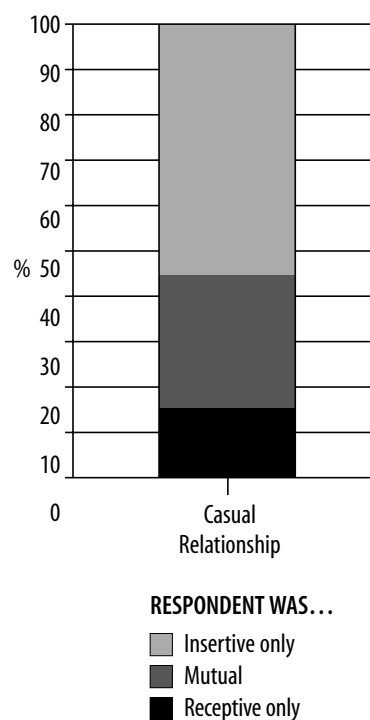


Figure 4.3 Proportion of men recalling casual UAI, who had engaged in insertive, receptive or both on that occasion (LGBT Pride '97, N=85, those who had UAI'd in the last year and whose most recent UAI was casual)

4.4 'HE JUST WENT AHEAD AND DID IT': MAINLY HIS CHOICE THAT HE FUCKED ME WITHOUT A CONDOM

In the qualitative data, there were seven accounts of receptive UAI with casual partners from four different men. Unlike the survey findings, of the men engaging in UAI with casual partners in the last year, the majority had reported receptive UAI and not insertive. In these accounts, the respondents abrogated responsibility for the decision to not use a condom to their partner, citing various reasons such as feelings of depression, low self esteem, excess alcohol consumption and overwhelming sexual desire.

For some respondents these situations occur repeatedly and in a very predictable set of circumstances, usually when the desire to have sex overwhelms any intent to use condoms. In many accounts a prevailing sense of powerlessness results in an inability to negotiate condom use. This may be coupled with an expressed desire to please their partner. It is almost as if being in the 'passive' role brings a certain passivity or submissiveness regarding condom use. The following respondent reported three instances of UAI in the last year, and all followed the same basic scenario.

... when we were at his place we had a little foreplay and oral sex and then he fucked me. He came inside me. I only realised towards the end that he had come. We had talked about condoms at his house. We didn't talk about the sex we were going to have and when it got to the point of penetrating he said that he didn't want to use a condom. Then he just went ahead and did it. I knew it wasn't a good idea ... the second time was a similar situation where I met a man in the sauna and had sex. I asked him to use a condom, but it became apparent when he was penetrating me that he didn't have a condom on. I told him to put one on and he just didn't – I can't remember if he made a face or what ... it was spur of the moment thing and I went along with it. I always have condoms, but they just won't use them.

– Early 60s, Manchester area, UAI with more than one man

Other men expressly stated that the modality of AI was the main factor influencing condom use. Some men always use condoms when insertive, but when receptive they relinquish responsibility for condom use to the (casual) partner.

If I am active I tend to always use a condom, but if I am passive it is usually because I am pissed so then I let them do all the work. If they don't use condoms then that is just the way it is. The last time I was in a cruising ground and both of us were up for it and it just happened. He fucked me. I was thinking 'this is stupid', but it was exciting and I was into it. He came inside of me. There were no words exchanged and it could have been anybody.

– Early 50s, Brighton, UAI with more than one man

In other accounts, the passionate desire to have sex and unwillingness to interrupt the sexual process to use a condom constitute the main explanation for 'lapses'.

... if you are being fucked by a guy and he pushes his dick inside of you and you know there isn't a condom on it where there should be one, but you also know that he is in you already. So you just let him carry on. I know my thought process when I am doing it. I know it is not good, but then I think 'oh just let him carry on with it' ... sometimes there are no condoms and I really want to be fucked, so I just do it anyway. On the whole I have more unsafe sex when I have been drinking and using poppers. That isn't always the deciding factor because I can have safe sex when I am doing those things too... It can also be related to whether the other guy wants to use a condom or not because most of the time I am passive.

– Late 20s, London, UAI with more than one man

Sometimes with new partners, a degree of intimacy and a sense of trust is developed quickly and results in a (false) sense of security that leads to a lack of concern about using condoms.

The most recent time was when I went to the [named cruising ground] and met up with a man and went to his place... We started with foreplay, oral sex, rimming the rest of it and then he just started fucking me without a condom. At the time I thought 'oh no get out of me!!' There were condoms in my pocket at the time, but he started fucking me without them. I was enjoying it, but I would have enjoyed it with a condom too. It is all the same to me. At the time I did not think about stopping him, I just thought 'oh well let him do this'. I was really

enjoying it and wasn't concerned at all. I knew he didn't have a condom. This situation was one where I liked the guy a lot and we talked about things such as what we did for work, but never talked about safer sex. Because of all the talking I suppose that I trusted him more.
 – Late 20s, London, UAI with more than one man

What this respondent trusted his casual sexual partner to be was not infected with HIV. Although he could not make this judgement with confidence on the basis of the information he had, he made it all the same. Sometimes AI starts with condoms but is followed by the insertive partner withdrawing, removing the condom and re-entering, this being neither expected nor negotiated. At these times the receptive partner may just 'go along with it':

The other time I met a man in [the cruising ground] and we went to his place. He started fucking me with a condom on and at one point he pulled out his dick and then put it back inside of me. I realised that he had taken off the condom. I was not happy about that, but I was very pissed at the time, using poppers, very excited and too far gone so I let him carry on. He didn't come inside of me though. I wasn't concerned at all at the time, but later I had the usual feelings of paranoia. Later I was left with fearful thoughts about why he had taken the condom off."
 – Mid 20s, London, UAI with more than one man

For several men the occurrences of receptive UAI are so frequent that their classification as 'unintended' is problematic. Although, we leave them in the 'unintended' section because that is where respondents placed themselves, their frequency of receptive UAI with casuals questions the notion that they are 'lapses' from an intention always to use condoms.

4.5 EJACULATION DURING CASUAL UAI

In the survey, ejaculation inside a partner was not the norm when UAI occurred with casual partners (it did not occur in 61% of occasions of UAI). As the qualitative data demonstrates, men avoid ejaculation as a risk reduction strategy on the understanding that it diminishes the chance of HIV transmission if the UAI is sero-discordant.

The respondent had his partner ejaculate into him in 25% of occasions, while he ejaculated into his partner in 20% of occasions. Overall, ejaculation occurred in 39% of UAIs with casual partners.

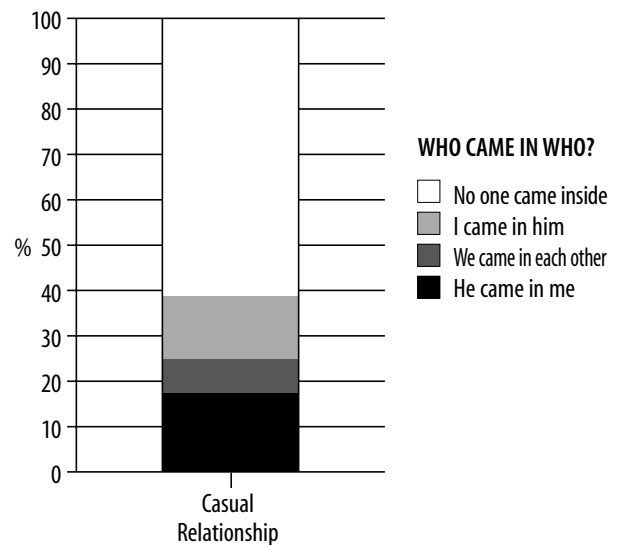


Figure 4.5 Proportion of men recalling casual UAI, who came in their partner, had their partner come in them, both or neither (LGBT Pride '97, N=93, those who had UAI'd in the last year and whose most recent UAI was casual)

4.6 'IT JUST HAPPENED': THAT WE FUCKED EACH OTHER WITHOUT CONDOMS

In the qualitative study there were only three accounts from two men that featured both insertive and receptive UAI with a casual in the same sexual session. Intense sexual pleasure overcame any thoughts of possible consequences of not using condoms for one man.

I hadn't had sex with this man before, nor since. I had sex with him twice. I met him at the pub. He picked me up. We went back to my place and I fucked him and he fucked me, both without condoms. He didn't come inside me. We didn't discuss condoms or HIV. It just happened and at the time I was into it and really enjoying it and not thinking about HIV or condoms. It just was very sexual and exciting and condoms were the last thing on my mind.
– *Early 30s, Birmingham, UAI with more than one man*

The next account describes the difficulty of discussing condoms and HIV in a sexual encounter and how that awkwardness can inhibit a frank discussion of HIV. At the time, both these men believed that they were uninfected, but neither could have known about the others' status. It is interesting that the respondent attributes the reason for UAI to the inability of his partner to maintain an erection with condoms, although this fails to explain why he did not use a condom when he was insertive (which happened first).

We met at [named night-club] at about one o'clock in the morning and we just started talking about what we like to do sexually and drinking. He had no where to go for the night so I took him home and it went from there. We were both drunk and it just happened. I just wasn't thinking about it at the time. I fucked him first and then he fucked me, both without condoms. Neither of us came inside the other. He said every time he tries to fuck with a condom he can't keep his hard on, so at the end of the day I suppose that is why we didn't use one. I wasn't at all concerned while I was doing it and I don't regret it at all. We hadn't said anything to each other about HIV or anything, we didn't talk about it at all. The problem with HIV is that how do you discuss it? One of the big voodoo's of the gay scene is that people don't talk about whether they are positive or negative because they don't know how to bring it up. I just didn't think about it while doing it, I didn't know his status. I think you just judge and guess. The next morning we talked about it and agreed that what's the point of getting undressed and then getting dressed again, meaning putting on a condom? I don't regret it at all.
– *Mid 40s, Manchester, UAI with more than one man*

In another account, passion and attraction were so powerful that a relationship quickly developed. This account challenges assumptions about the lack of emotional involvement in casual UAI.

It was love at first sight really! We just fell for each other! I had gone to see some friends and I met him there. I had never met him before and within two hours of meeting him we had sex together in the bedroom. We were having sex and then we started fucking and it just happened. We were doing all sorts of things before fucking. I was pissed at the time and can't really remember much except how much I wanted him. We fucked each other without condoms and came inside each other. He had some condoms with him. I knew he had condoms because I could see them, he had brought them out. In spite of that, we didn't discuss condoms at all ... at the time I didn't think about it at all and had no idea of his status. I knew I was negative based on a recent test.
– *Early 20s, London, UAI with one man*

4.7 CONCERN ABOUT CASUAL UAI

The survey data demonstrates that the majority of men recalling a casual UAI were only 'a little concerned' about not using a condom (56%), and a further 22% were 'not at all concerned'.

Although 22% were 'very concerned' about having not used a condom in casual UAI, this data demonstrates that even when casual UAI is unintended it does not always give rise to substantial concerns about the possibility of HIV exposure.

As the qualitative data demonstrates, this does not necessarily mean that the men are unconcerned about avoiding becoming HIV infected, although they may have been more concerned about not having had safer sex. However, when they engage in casual UAI they often did so on the basis that, in that instance, they were unlikely to be engaging in s/dUAI, or if they were, the acts they engaged in meant they were unlikely to become infected doing so.

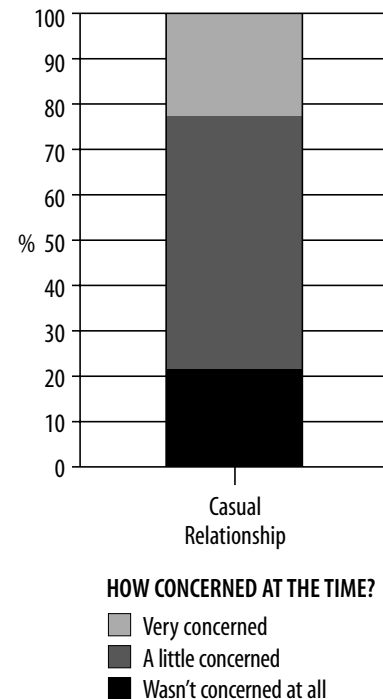


Figure 4.7 Proportion of men who were very, a little or not at all concerned about using a condom at their last UAI (LGBT Pride '97, N=88, those who had UAI'd in the last year and whose most recent UAI was casual)

4.8 'I DIDN'T THINK IT WAS MUCH OF A RISK':

MAINLY MY CHOICE, OR WE BOTH CHOSE, TO FUCK WITHOUT CONDOMS

It is often assumed that when men engage in unintended UAI, there must be some factor or circumstance that accounts for their inability to avoid AI or use a condom when AI occurs. However, some men who have UAI with casual partners do so as a calculated risk. While 'unplanned' UAI with casual partners can be considered a 'failure' of intention, calculated risks cannot: they are risks that have been judged to be worth taking. This does not necessarily mean men go out looking for UAI; rather that when situations arise where it is possible, then if the circumstances are acceptable, a calculated risk may be taken.

When we look at the situations in which men do engage in UAI with casual partners, it is difficult to understand both sides of the picture because they have much less knowledge about the other parties thoughts and motivations. Whilst the distinction between insertive and receptive AI appears relatively unimportant in understanding UAI between regular partners, it is important in understanding some men's risk taking in the context of casual sex. Central to choosing to risk casual insertive UAI is the understanding that insertive UAI is much less likely to result in HIV infection for a negative man than is receptive UAI. This is a commonly held understanding for many men and is particularly prominent among men who have taken calculated risks with casual partners.

The following accounts have been classified as calculated risk taking. Calculated risk is often hard to distinguish from 'lapse'. They are best understood as a continuum of risk taking, where the distinction between them is sometimes hard to judge. In every episode of UAI there is some sort of decision being made not to use condoms. One might argue that all UAI is a form of

calculated risk taking. The primary differences are: the explicitness of the decision to forgo condoms, the frequency with which it occurs and the degree of regret after the event.

In the next account the insertive partner assumes no responsibility for having or using condoms. He feels that it is completely up to his partners to protect themselves as he is confident that being the insertive partner will protect him from HIV transmission, even if exposure occurs. This results in being able to label his partner as a 'stupid bastard' while maintaining his image of sensibility.

It was on [cruising ground] and I was just standing there when he came up to me and fumbled with my dick. I got his out and he dropped his trousers and turned around and that was it. No, first he grabbed my dick and said 'fuck me' and then turned around. Then I fucked him without a condom and came. I didn't have a condom and he didn't offer one. He wanted to be shagged and he didn't care if there were condoms or not. It was as simple as that. I would say that it just happened. At the time I thought 'stupid bastard', he wanted to be shagged and he didn't care if there were condoms or not. I picked up gonorrhoea which is really stupid. I used to fuck anybody who wanted to and sometimes they would have condoms and sometimes they wouldn't, but if they wanted me to fuck them then I was happy to do that. All my past fucking without condoms with casuals usually occurred in places like [clubs and backrooms] where condoms are not as readily available. I had usually always had too much to smoke or drink. I never worried about their status too much because I was always fucking them. Since then the opportunity to fuck without condoms has arisen many times and the will power it takes to not do that is amazing. Since that last time, I always say no to fucking without condoms with casuals.

– Early 40s, London, UAI with more than one man

In the next account the respondent allows penetration but is able to get his partner to withdraw prior to ejaculation, which he uses as a risk reduction strategy. This is also a good example of one of the ways that men use ex-partners' HIV statuses as a marker for their own status.

He just started fucking me without a condom and I didn't say no. It wasn't negotiated, but I didn't say no. We were fooling around and we had some condoms, but no lube and he just went ahead and started fucking me without condoms. But like I said he was only inside me for a few seconds and it just wasn't working so I told him to stop. I wasn't very concerned because in my head was the thought that if he doesn't come inside me it isn't risky. I didn't think it was much of a risk. I do regret it a little because it has put a slight doubt in my mind, but it hasn't worried me dramatically. I thought I was negative because my last boyfriend tested negative and we had fucked without condoms so I figured I was as well. I still think so because everyone I have been with has tested negative. At the time, I had no idea of his status.

– Mid 20s, Manchester, UAI with more than one man

While many of these accounts rest on implicit assumptions about the other party with whom UAI may occur, this is not always the case. Some casual partners do communicate directly about their HIV status and in these circumstances this information gathered directly is often considered 'good enough' for them to engage in UAI.

We had spent some time talking and he had said that he was negative and I knew that I was too because of my last test. I think that you just judge people's status and you are both in the same situation and decide to go for it without condoms. I wasn't concerned about it at all and also don't regret it as I thought his word was good enough for me. We fucked each other both times without condoms. He couldn't use condoms because he is allergic to them.

– Mid 40s, Manchester, UAI with more than one man

Sometimes men assume that their partner is negative or positive based on a variety of clues or markers. Looking physically healthy is a common method for imputing negative status.

I thought at the time that he was probably negative like me because he looked really healthy and I felt that I could trust him.

– Mid 40s, Manchester, UAI with more than one man

Physical indicators of HIV infection were commonly cited when men articulated how they avoided s/dUAI.

I am worried that he might be positive because he looked like he could have been positive. He had that haggard look people get when they are positive.

– Late 20s, London, UAI with more than one man

Men also make a central assumption that men with HIV will have been diagnosed. Moreover, they assume that diagnosed men will either disclose their HIV status prior to AI, or avoid UAI altogether.

I don't think that he is positive, or at least I don't think he knows if he is positive or else he would have told me. I just think that he would know if he is positive, would have said so and would have used a condom.

– Mid 20s, London, UAI with more than one man

Most stated that they were not at all concerned about not using condoms at the time of engaging in UAI. This was usually because they were primarily occupied with the passion and excitement involved in the sexual interaction.

I wasn't at all concerned about him not using condoms. I was more interested in sex and it was in the heat of the moment, it was very exciting and although I did realise he wasn't using a condom, I just let it go.

– Early 50s, Brighton, UAI with more than one man

Others were not concerned at the time because they felt the risks for HIV infection were minimal.

I wasn't at all concerned because it was in my head that if he doesn't come inside of me then it isn't a risk. So I felt fairly confident in that.

– Mid 20s, Manchester, UAI with more than one man

However, most expressed some regret following UAI, with some feeling very upset about the possibility of being infected with HIV or an STI.

I have been really worried about doing it without condoms. I have booked an appointment for a test and if it is negative I don't think that I will have sex again without a condom. Or I won't have anal sex at all. That would be easier than having to use condoms. If it is positive then I will have unprotected sex or maybe never have sex again. I just don't like condoms, you have to stop what you are doing in order to put one on, it interrupts the flow and is a turn off.

– Early 30s, Birmingham, UAI with more than one man

At the time I wasn't concerned at all, but later I really regretted it because I got gonorrhoea. I am in a long term relationship with someone I love and I don't want to give him anything so I should have used condoms.

– Early 40s, London, UAI with more than one man

A few men stated that in general they 'don't believe in regret' and therefore do not experience any regret or worry following an incident of UAI.

I don't regret anything I've done sexually. Regret doesn't do anything so I don't engage in that sort of feeling. It is a case of knowing the risks and going with them. There is no point in beating myself up about it afterwards. I have been concerned afterwards and have decided to go for a HIV test. I called a helpline to talk about it after the last time I got fucked without a condom. I believe that I am still negative because I am in good health.

– Early 50s, Brighton, UAI with more than one man

4.9 REGRET NOW ABOUT CASUAL UAI

In the survey data, one third (33%) of respondents now regretted having engaged in that specific casual UAI 'a lot' and another 45% regretted it 'a little'.

Hence, while most engaged in casual UAI having concluded that HIV exposure was unlikely, many subsequently state that they regret that decision.

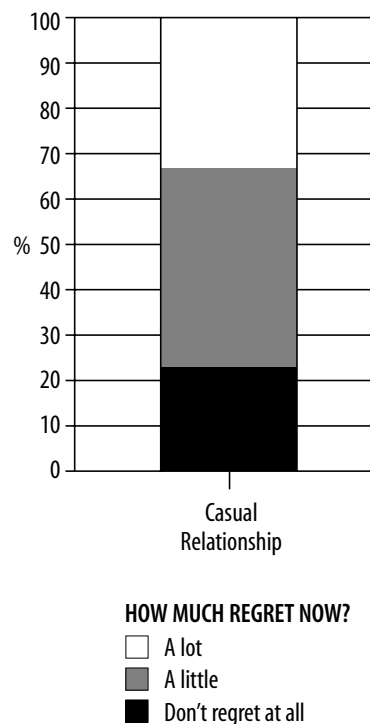


Figure 4.9 Proportion of men recalling each UAI type who indicated they regretted not using a condom (i) a lot, (ii) a little or (iii) not at all (LGBT Pride '97, N=82, those who had UAI'd in the last year and whose most recent UAI was casual)

5 Regular unprotected anal intercourse

5.1 DIFFERENT CHOICES, DIFFERENT STORIES

In the survey, the partner who the respondent indicated had made the choice to not use a condom for AI varied strongly by the relationship between the respondent and his partner. (Figure 5.1: $\chi^2=101.623$, $df=9$, $p<.05$).

The proportion of men indicating it was mainly their choice, or mainly their partner's choice remained small across the four categories.

However, men were much more likely to indicate 'we both chose' when recalling

UAI with a regular partner (75%), than with a casual partner (25%). Conversely, 'neither of us chose, it just happened' was much more common with a casual sexual partner (53%) or with a regular where no AI had occurred before (51%). It was less common with a regular where AI but not UAI had previously occurred (34%) and with a regular UAI partner (18%).

In the face-to-face interviews, love, trust, passion and commitment feature in most accounts of UAI between men in relationships. Unlike accounts of UAI between casual partners, it is often far harder to distinguish between intended and unintended UAI. While the distinguishing features are less clear cut it remains useful to distinguish between instances of UAI which the respondent portrayed as unintended and others where the respondent had planned not to use a condom.

5.2 WE TALKED ABOUT OUR (NEGATIVE) STATUSES': WE BOTH CHOOSE NOT TO USE A CONDOM

There were eleven accounts of intended UAI with regular partners, from ten different men. Men who have sex with each other on an on-going basis have more opportunity to exchange information and to verbally negotiate their sexual behaviour. Some couples reach a negotiated decision to not use condoms with each other while avoiding all sex, AI or UAI with other men.

This type of decision making has occurred since knowledge of HIV risks first became common among gay men, and certainly occurred long before the term 'negotiated safety' was coined in Australia (Kippax *et al.*, 1993) to describe this type of decision making.

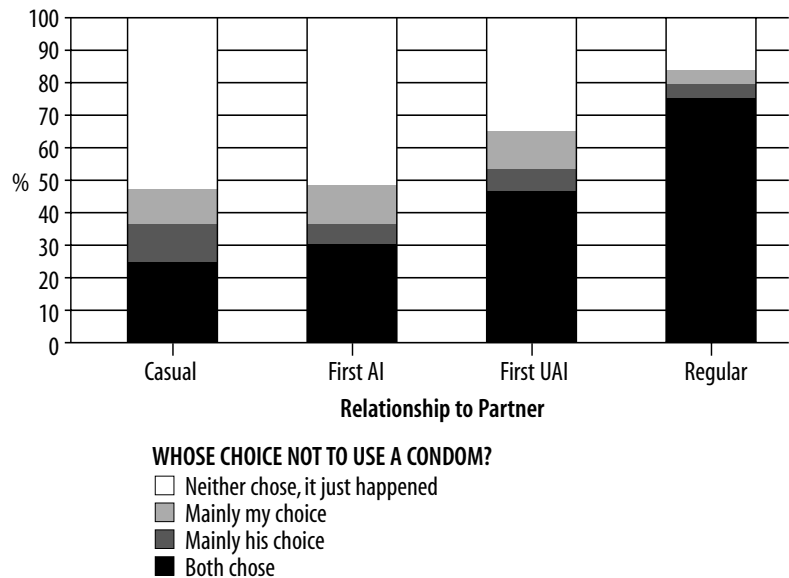


Figure 5.1 Choice in non-condom use by relationship to partner (LGBT Pride '97, N=561 men who had UAI in the last year, group n=85, 33, 60, 383)

At one extreme some couples have been together since the beginning of the epidemic and made the decision at that time to avoid HIV infection by only having UAI with each other. These accounts reflect the category of 'historical precedent' (Hickson *et al.*, 1998).

We were certainly practising safe sex by 1985 with men outside the relationship. We set up some ground rules pretty soon after we started to live together because of HIV. I have never tested and never will. I don't think that I am positive and so don't see the reason to test. I would have thought that we already knew his status then, but I can't remember. He has tested since and is negative. We have agreed to always use condoms with other men, but not within our relationship. This has been an explicit agreement. We always talk about it before one of us goes off with someone else. We set a time to call and talk about when they can be expected to be back. We sometimes have threesomes and will always talk about what we want to happen. It will always be safer sex then... I would never consider not using condoms with other men because I wouldn't take the risk of catching any kind of STDs. Especially when I am in a relationship where we still have sex. No matter how well oiled I get, it just wouldn't happen. I don't find it difficult to keep to our agreement and never feel tempted to fuck without condoms outside the relationship. I think that is because my partner and I are much more aware of the dangers of unsafe sex than many other people.
– *Late 40s, Leeds, UAI with one man*

The grounds on which these agreements were reached vary in the amount and accuracy of information exchanged between men. In particular, huge variation occurs in the quantity and quality of information about their HIV status and the type of agreement about sex outside the relationship. Not all UAI in relationships is a result of well-thought-out agreements. It may not be the case that both partners have taken HIV tests with the specific intention of giving up condoms (or that they have taken HIV tests at all).

The majority of the accounts of UAI were provided by respondents who had UAI with their regular partner and most of these occurred in the context of some form of negotiation about HIV. This process involves making the decision to stop using condoms on the basis that both partners have tested negative for HIV and agree to only have UAI with each other.

There was a range of sources of information informing these decisions with some more reliable than others. The information used varied greatly in its relevance to the possibility of undiagnosed HIV infection and hence the 'safety' of these decisions varies considerably. Some couples are model 'negotiated safety' rule followers.

We both tested twice before giving up condoms and were negative. We had talked about it and decided that we both wanted to give up condoms. We also agreed to have a monogamous relationship. We had the first test and we were both there for the result. Both of us were negative. I don't think that has changed since because the sex I had with the other guy was with condoms. I haven't had unprotected sex for a while. We weren't at all concerned about this decision because we had talked about it and read a lot. We also had some counselling about it and so we thought it was a well informed decision for us. I had seen his HIV certificate and he saw mine. We also agreed that if we slipped up, then we would be honest enough to tell each other, for obvious reasons, because I live in [this city] and he lives in [another city] so we spend time apart. But because of continuous negotiation, we decided that there may be times that things will happen. For the time that we lived apart we went back to condoms. Now we are together and in a monogamous relationship, but still using condoms. That is because we haven't been tested again. We are happy with the way it is right now and don't mind using condoms. To be realistic, I also think that we may slip up again in the future and it is better to be safe.
– *Early 40s, London, UAI with one man*

Some agreements have built in the flexibility to re-negotiate the ground rules if it becomes necessary.

I have known him for over ten years and we have been sort of partners on and off. Because of that I am quite aware of his sexual history and he of mine. So at one point we talked and decided not to use condoms because we decided there wasn't a considerable risk. We had both tested negative in the past and hadn't done anything that we thought was risky. So we both had tests again and were still negative. We trusted each other and told each other about the kind of sex we had in the past. We have currently gone back to using condoms because we have decided to have sex with other people. So we talked about it honestly and decided to use condoms with each other again. We use condoms with other people too. For me though it is more about being consistent. If I am going to use condoms with other people then I need to get in the habit so I find it easier to use condoms all the time.
– *[Age missing], Brighton, UAI with one man*

Although HIV testing reduces uncertainty, not all couples go for tests, preferring to rely on previous ones if they believe that they have not taken any subsequent risks. Agreements about sex outside the relationship are sometimes thought to be understood by each partner without being explicit.

We talked about what our statuses were and that we were both negative. I knew I was negative because I had tested, always practice safe sex and don't take any risks. I also knew he was negative because he had tested and was negative, hasn't taken any risks with other people and always uses condoms. So we fuck without condoms with each other. We have an agreement that we will just keep it safe with other people and always use condoms. It is actually a more implied agreement than a discussed agreement. We have talked about it, but much of it is implied.
– *Late 30s, Brighton, UAI with one man*

In long-term relationships where only one partner has tested negative for HIV, that test result is sometimes used as the yardstick for the HIV status of both partners. Such assumptions of status may, or may not, be discussed explicitly. In other cases where there are no agreements regarding sex outside the relationship, the level of safety remains open to question.

I always warn people who I have sex with that there is a possibility of catching HIV if you don't use a condom. I am well aware of the risks of what I am doing when I do it, but I always tell them too. The most recent guy I fucked without a condom is one of those guys that wants to do it because he doesn't think I have HIV. I do test often and I tell him if I have got anything. He likes to not use a condom. He is the one who makes the decision whether or not to use condoms. It is always his choice. It depends on the mood he is in or I am in. We fuck both ways, I fuck him and he fucks me. I know that I am negative because I test every six months. I think he is negative because I am negative ... We have a completely open relationship ... We have been doing this for over six years so I figure if he were positive then I would be positive by now ... It's the same with my other long term partner.
– *Early 30s, Manchester, UAI with more than one man*

Men also make decisions about their status based on the HIV test results of past boyfriends. If they had UAI with an ex-partner who has since tested negative, they sometimes rely on that to infer that they are negative as well.

My boyfriend went for a HIV test a few months after we got together. We didn't fuck at all until he had been tested. We have an agreement that any sex outside the relationship will be safe. We both have had only one slip up since that time. I thought I was negative because I had only fucked one man without a condom before and the previous guy had tested negative, so I felt that I was probably also negative. I still think that he is negative and I think my current boyfriend is still negative too. If he turns out to be positive then I am probably positive too. We agreed to always use condoms with other people and have talked about this and have an explicit agreement.

– Mid 20s, Manchester, UAI with more than one man

5.3 MODALITY AND RELATIONSHIPS

The modality of most recent UAI varies significantly by the relationship between the partners (Figure 5.3: $\chi^2=21.869$, $df=6$, $p<.05$).

Among men who reported repeated UAI with a regular partner the same proportions were receptive only and insertive only. However, this is not the case for regular couples who have not had UAI before, nor for casual UAI.

Citing modality and its implications for the probability of HIV transmission was common

when men accounted for casual UAI, and (to a lesser extent) for first UAIs with a regular. However, it did not feature in accounts of the management of ongoing UAI with boyfriends and lovers. This difference in modality was reflected in the qualitative interviews. Hence we have not used modality to organise accounts of regular UAI.

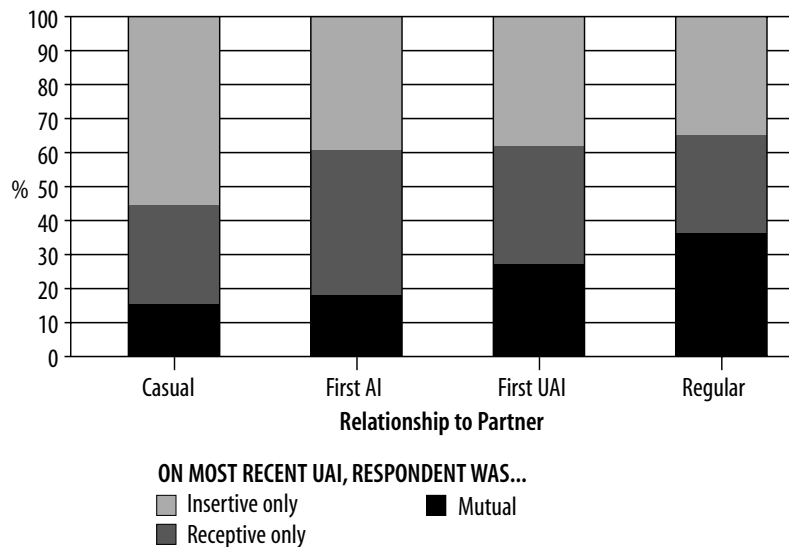


Figure 5.3 Proportion of men who had engaged in insertive, receptive or both, by partner type (LGBT Pride '97. N=556, those who had UAI'd in the last year, group n=85, 33, 55, 383)

5.4 EJACULATION AND RELATIONSHIPS

Whether or not ejaculation occurred during UAI was also strongly influenced by the relationship between partners (Figure 5.4, $\chi^2=65.581$, $df=9$, $p<.05$).

While ejaculation only occurred in 39% of occasions of UAI between casual partners (see section 4.5) it occurred in almost half (47%) of first UAI between regulars who have not had AI before; half (51%) where regulars had AI before; and three quarters (75%) of repeat UAI between regulars.

In one third (33%) of those repeat UAI between regulars, both men came in each other the last time any UAI occurred. Of the casual UAI that featured ejaculation inside, this figure was just 15%.

Almost all men seem to know that ejaculation during UAI increases the chance of HIV transmission if UAI is sero-discordant. Hence, ejaculation is more likely where men's perception that their partners' HIV status is the same as their own becomes stronger.

5.5 'WE JUST GOT CARRIED AWAY': IT JUST HAPPENED, THAT WE FUCKED WITHOUT CONDOMS

There were seven accounts of unintended UAI within regular relationships, from 7 different men. As we have seen in casual partnerships, some men engage in UAI the first time they have sex. However, it is possible to consider these encounters as occurring within a regular relationship if both partners have an intention of having sex on an ongoing basis. Sometimes a relationship may develop slowly and engaging in UAI the first time a couple has sex can be a very significant bonding experience, which emphasises the emotional significance of both the potential relationship and UAI.

We carried on a long distance relationship for some time before we actually had sex... then at some point I slipped and told him 'I love you' and he took that as his cue and came over for a visit ... We spent the day walking around and then we were at home cuddling up, one thing led to another and boom there we were fucking. We had talked about safe sex in obtuse ways before on the phone. I had asked him if he had been tested and he said he had and was negative. I asked him to test again which he did and was still negative so I knew that much. I had tested too and was negative. I had also used condoms with others since being tested. But at that very moment of penetrating him I had a feeling that 'oh my, this is really happening, this is the first time we had sex and I am fucking him without a condom.' It wasn't in a bad way because I had known that we had talked about things. If we hadn't talked about status and stuff, I would have used a condom because he had told me

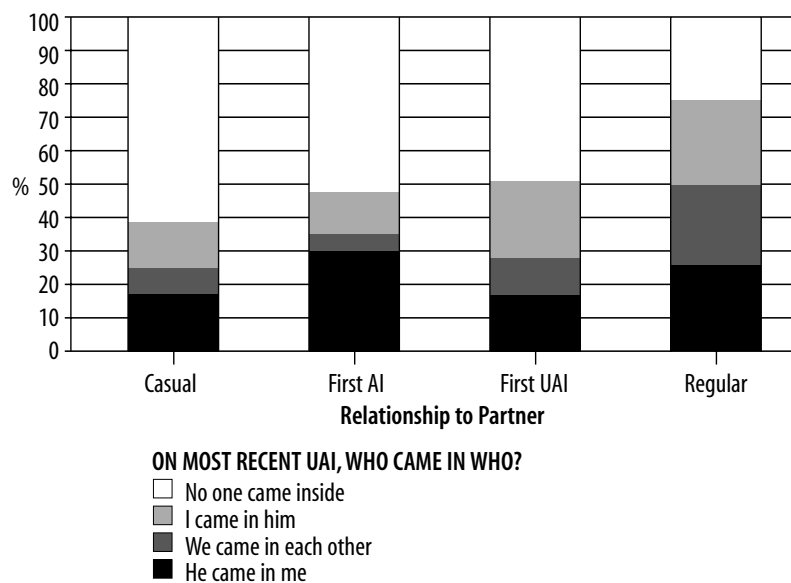


Figure 5.4 Proportion of men who came in their partner, had their partner come in them, both or neither, by relationship to partner (LGBT Pride '97, N=581, those who had UAI'd in the last year, group n=93, 40, 65, 383)

that he had a very active past. We hadn't discussed the fact that I wouldn't use a condom, it just happened. It just happened that I didn't put one on. At the time I wasn't very concerned because although we had talked about it and I trusted him and believed him, I had no proof of what he told me. So I knew that on an absolute level it could be risky. I don't regret it at all, but I don't tend to regret things.

– Late 20s, Brighton, UAI with one man

In very new relationships accounts of UAI may reflect lapses, that is, situations where partners who normally always use condoms engage in one episode of UAI. However, they do not represent random acts of UAI since, typically the UAI is seen as low risk, based on perceptions regarding each other's past sexual behaviour and likely HIV status. If an on-going relationship develops they may decide to continue to have UAI or to start using condoms. The consequences of the first UAI in a relationship vary considerably. While some forgo condoms on a permanent basis, it can lead to a great deal of regret and panic. Hence, some couples return to using condoms because of uncertainty about their HIV status.

It was very passionate and intense. It just happened. We had been sharing a flat and one night it just happened and we had sex. We were getting into it and my dick was at the right place and he pushed back and it just happened, it went in. I fucked him, but didn't come inside of him. Afterwards I felt dreadful although at the time it felt wonderful. Later I was embarrassed about it and regretted it quite a lot. We had talked to each other about our level of risk and past sexual behaviour. I thought I was negative because if I had caught it, I didn't know how I would have gotten it. I hadn't been tested. Now I assume I could be and I suppose it is possible that I am positive. He said that he thought he was negative because he had been tested and had not taken many risks before this. Then we thought we had better go back to condoms just to be safe. We talked about it and thought it would be a good idea just in case one of us was infected. We didn't want to infect the other. We both knew we shouldn't have done it, but did anyway.

– Late 30s, Bristol, UAI with one man

In new relationships acts of UAI can also be represented as acts of 'new love'. In these circumstances, UAI is an act of faith, a bonding experience that reflects the primary emotional bond that is (or has) developed. The HIV risk usually associated with UAI is part of the appeal of the activity. In a time when UAI is forbidden or proscribed, engaging in UAI can be a powerful statement of trust, commitment and bonding (see Davies *et al.*, 1993 for discussion of the meanings of AI).

More commonly, couples who have been having protected AI for some time may consider forgoing condoms (temporarily or not) when the relationship has reached a certain level of trust, intimacy or emotional intensity. These judgements are made on the basis of a substantial knowledge of the likely status of each partner, and usually occur when sufficient information has been exchanged to consider HIV risk to be minimal or non-existent. They remain in the unintended category because the instance of UAI was unplanned, unexpected, and was not the result of any explicit decision (at least on the part of the respondent whose account we rely on). It is, of course, entirely feasible that the UAI was intended by the other party in the relationship.

We hadn't really talked about it. I think we just thought that at that point we trusted each other. Nothing was said really, it just happened. I fucked him, came inside him – it was really my choice. I wasn't terribly concerned because I was fairly certain that I was not infected. I started fucking him and just decided not to put one on. I felt we were close enough to do that. We had talked and both of us had AIDS tests and were negative. I don't know but once you have done it [UAI] you think it is OK to keep doing it. From then on we

just continued to fuck without condoms. At times we might use condoms if we were feeling a little more cautious than usual. We didn't have any agreements about sex outside the relationship that were actually spoken, but I think we both assumed that we were monogamous although it wasn't explicit.

– *Late 30s, Leeds, UAI with one man*

Spontaneity, excitement and perceiving condoms as an emotional barrier between partners can play a large role in the first instance of UAI.

I had always had protected sex with him before. This time it was a spontaneous act. Both of us were distracted in terms of what we were doing and we were not thinking about protection. We were overwhelmed by the moment. He fucked me, but didn't come inside of me. As far as I was concerned a condom was not even an issue, it didn't enter into my mind. I didn't feel at all concerned, nor do I regret it. It felt significant because it felt like it is a bond between us. Putting on a condom is a conscious act and a barrier between two people. It wasn't premeditated. Previously we had spoken about having been tested and we had told each other that we were both negative. We also agreed that neither of us could be sure of our status at the time. I suppose he could have been positive, but I prefer to think that I didn't know. It is a case of where passion over-rides everything else and there are no thoughts or issues in my head about either of our statuses. I didn't feel concerned at all at the time and don't regret it.

– *Early 30s, London, UAI with one man*

Pressure from one partner can also be the deciding factor in a first episode of UAI. In these cases, the other partner may accede to his partner's wishes but do so unwillingly.

We were together for three or four months and we started fucking without condoms after two months. The first time he was very clear that he wanted to fuck me without a condom. I was very reluctant and felt pressured. That first time I was under the influence of drugs as well. I hardly remember how it happened. He had said that he wanted to fuck without condoms and I had said that I wanted to wait three months and get tested first. I fucked him without a condom but didn't come inside of him. He really pressured me and I relented so I guess you could say it was my choice to relent. It just didn't rest easy with me. I mean I had always had unprotected sex before, but always with partners that I had tested with and agreed to do it. So I was a little concerned. It wasn't something that I really wanted to do and I was made to feel pressured about it and felt that it was something I ought to do. So that bothers me because I am quite a strong person and I don't like to think that I did something that I didn't want to do. So I sort of regret that aspect of it. Practically I don't think there is any risk at all because we had both tested in the past and were negative. It was unprotected, but not unsafe. We continued to fuck without condoms from that point onwards.

– *Mid 30s, London, UAI with more than one man*

The single unifying feature of these accounts of the first instance of unintended UAI in relationships is that they invariably arise from some calculus of risk of HIV exposure. Men in relationships have more information about each other's past sexual behaviour and testing history. Most remained unconcerned about HIV transmission after the first episode of UAI, and did not regret it later. Usually they were fairly confident that they and their partner were uninfected. Indeed, most of these incidents of UAI between negative or untested men, would not have occurred if either party had any suspicion that they were sero-discordant. The only respondent who did regret an incident of UAI was concerned because he did not know his nor his partner's HIV status with sufficient certainty.

Men come to UAI in regular relationships in a number of ways, some of which follow a clearly thought out regard for HIV and how to avoid it's transmission. However, it is much more common that men engage in UAI, assuming their partner to have the same HIV status as themselves, rather than going through a process of testing together (Hickson *et al.*, 1994; Dawson *et al.*, 1994). These men use various heuristics to judge their partner's status.

One of the things I know about HIV is you lose weight. Well, as you can see, I am obese, so it would probably show very quickly with weight loss. One of my partners is also overweight, but the other one is thin so it might not show so quickly. Because you see somebody's body and from what I have read, there are certain signs of HIV you can look for such as a general look of ill health, infections, loss of weight. So I tend to look for those things.
 – *Early 30s, Manchester, UAI with more than one man*

Despite the imperfect information used to inform a decision to forgo condoms in relationship, all of the respondents in this category thought that they and their partner were negative. As a result, they were not at all concerned nor regretted engaging in UAI with their partners.

Since that time we have just carried on fucking without condoms. I did have a moment of panic when I thought about what I had done that first time, but I don't believe in regret.
 – *Early 20s, London, UAI with one man*

Negotiated safety among those in relationships is a way to be able to engage in UAI with each other while substantially reducing (or even removing) any risk of HIV infection. Certainly not all the accounts of intended UAI between regular partners can be seen to be completely free of all risk. It could be argued that any type of negotiated safety agreement retains some level of uncertainty, particularly if it does not include mutual HIV testing and explicit agreements about sex with other men. These agreements in the accounts above differ in the various strategies and the amount and accuracy of the information available to each partner before the agreement is made. The accounts also illustrate how men use means other than personal HIV tests to determine their status and have confidence in these ways of thinking about their status.

5.6 CONCERN AND RELATIONSHIPS

In the survey, the extent of concern expressed about the last instance of UAI was related to sexual precedence with that partner (Figure 5.6, $\chi^2=82.702$, $df=6$, $p<.05$).

The key difference is not between regular and casual partners, but between repeated UAI among regular partners (column 4) and other groups. That is, the first time men engage in UAI with a partner substantial concerns arise for approximately a quarter

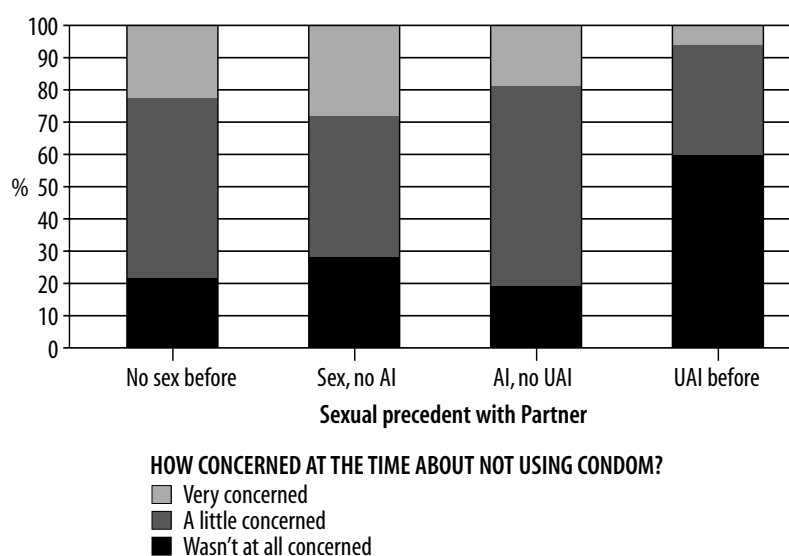


Figure 5.6 Proportion of men who were very, a little or not at all concerned about not using a condom at their last UAI (LGBT Pride '97. N=563, those who had UAI'd in the last year, group n=88, 32, 58, 385)

of them (top section of the first three columns, 20-28%), irrespective of whether they have had sex with that man before.

Without interviewing these same men again (which is impossible in an anonymous survey) it is not possible to state whether those who were 'very concerned' about the first UAI were less likely to continue engaging in UAI with that partner, compared to men who were less concerned. This seems likely but it is also likely that some who are 'very concerned' continue to have UAI with that partner, and this concern merely dissipates.

5.7 REGRET AND RELATIONSHIPS

In the survey data, more of the men recalling UAI with someone they had not had UAI with before, now regretted not using a condom, compared to men with a UAI precedent with that partner.

As with concern, the key difference is not between regular and casual partners, but between repeated UAI among regular partners (column 4) and other groups. The first time men engage in UAI with a partner, substantial regrets may arise for approximately a third (top section of the first three columns, 32-38%), irrespective of whether they have had sex with that man before.

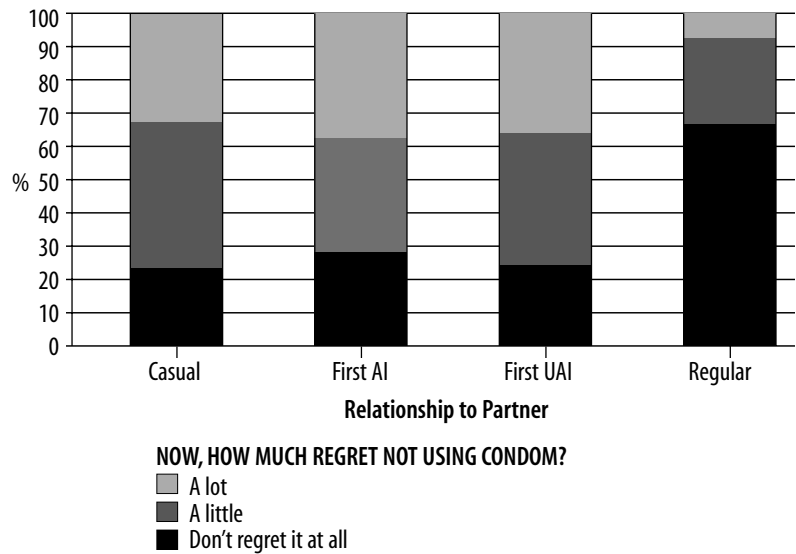


Figure 5.7 Proportion of men who indicated they regretted not using a condom (i) a lot, (ii) a little or (iii) not at all at their most recent UAI, by type or partner (N=555, those who had UAI'd in the last year, group n=82, 32, 58, 383)

It is not possible to state whether those men who regret the first UAI 'a lot' are less likely to continue engaging in UAI with that partner, or whether if they continue to have UAI with that partner, this regret dissipates.

6 Conclusions

6.1 SUMMARY

What these men told us about was their experiences of UAI. Whilst all instances of UAI have a potential for being HIV sero-discordant, it is not equally likely in all cases. There are two possibilities that may result in UAI being sero-discordant: undiagnosed HIV infection in the respondent (with uninfected partners), and HIV infection (undiagnosed or diagnosed) in the partners of uninfected respondents. About 3% of men who have not tested HIV positive probably have undiagnosed HIV infection (Hickson, *et al.*, 1998). None of our respondents thought they had undiagnosed infection themselves, although many had undertaken sexual activities that put them at risk of infection.

Whilst no man described the complete removal of choice in UAI (being raped) in the last year, many men expressed varying degrees of uncertainty about the options open to them ("He really pressured me"). Whilst choice is a prerequisite to control, it is also mediated by ability, and a man's choices are limited by what he is able to do.

Where men had a choice and chose to have UAI, they usually evoked a calculus of risk regarding HIV infection. These concerned both judgements about the likelihood of exposure and judgements about the probability of transmission. The former concern was predominant in accounts of UAI in relationships, the latter in those with casual partners ("I never worried about their status too much because I was always fucking them"). However, both types of judgements occur across relationship types. Rather than viewing decisions about regular and casual UAI being substantially different (perhaps 'love-line/ lust-line' thinking) which need tailored interventions, they may better be seen as common balances between the needs described above. That is, addressing men's needs in one circumstance should benefit other circumstances.

All of the men we spoke to were knowledgeable about HIV in the sense that they 'knew the rules of safer sex'. However, being able to recite 'commandments' is not the same as being educated. Many men were clearly misinformed about the biology of HIV transmission ("I don't think [insertive UAI] is a risk") and the impact of infection ("I believe that I am still negative because I am in good health"). Many men articulated clear assumptions about who might be HIV-infected based on physical appearance, and these informed their exposure reduction strategies through partner selection.

Many men saw transmission reduction strategies (eg. not having anal intercourse, or using a condom) as rules, imposed and reinforced by a barrage of exhortation and advice ("I know it was wrong"; "I know what I should do"). This perception of potential self-preserving strategies as externally enforced often deflected men's attention from the possibility of exposure. Concern about not having 'safer sex' (not following the rules, 'being naughty'), substituted for concern about HIV exposure both at the time and in the recounting ("It just was very sexual and exciting and condoms were the last thing on my mind").

There were several overlapping misapprehensions which resulted in men disregarding the possibility that their UAI may have been sero-discordant. Over-generalisations from HIV test results were common ("I figure if he were positive then I would be positive" and "I thought I was

negative because my last boyfriend tested negative and we had fucked without condoms so I figured I was as well"). These probably stem from HIV prevention messages which over-emphasise the ease with which transmission of HIV occurs.

The lack of attention to undiagnosed infection was reflected in many men expressing the misapprehension that all infected men are aware of their infection. This was often compounded by a firm belief that men with diagnosed HIV would always either tell a prospective sexual partner or avoid UAI. This was sometimes stated explicitly ("I just think that he would know if he is positive, would have said so and would have used a condom"), but was more likely to be expressed through the consequences of the misapprehension ("I felt that I could trust him").

It is clear that the decision making processes involved when men have UAI vary by whether or not they have done it with that partner before. The degree of choice and control men expressed about casual UAI was markedly less than with regulars, both in the survey and in the face-to-face interviews.

Most of the men who had UAI, acknowledged the risks and adopted a variety of strategies to manage it. The strategies depended on whether they were trying to manage exposure ("We talked to each other about our level of risk and past sexual behaviour") or transmission ("I thought that it makes a difference how far the cock goes in and for how long"). Although almost all gay men engage in some form of risk reduction when they engage in UAI with a new partner, not all strategies are equally robust.

Sometimes very little information is exchanged from which partners would have been able to formulate any kind of judgement of the HIV status of the other party, and many men misapprehend the utility of some transmission reduction strategies. Most such strategies are epidemiologically weak (ie they do not work well), but are rational. However, like all judgements about uncertainty, these strategies are based on a variety of assumptions and tend to have an inherent bias. We would suggest that judgements about exposure are particularly biased by assumptions of similarity and judgements of the probability of transmission to be particularly biased by optimism.

The bias towards similarity occurs when people make assumptions about others on the basis of unrelated shared characteristics ("We talked about things such as what we did for work... because of all the talking I suppose that I trusted him more"). The similarity bias in judgements of HIV status need not be explicit. It is business-as-usual (that he is not infected) unless cause is given for thinking otherwise ("I was left with fearful thoughts about why he had taken the condom off").

The 'optimistic bias' refers to the tendency we all have to over estimate the likelihood of the outcome we most desire when we make a judgement based on uncertainty (it is the bias that allows people to buy Lottery tickets). A role it plays in men's (mis)judgements of the probability they are engaging in s/dUAI is its influence on their perceptions of whether they became infected last time they had UAI (or the time before that). The persistence of these men's belief in their HIV-negativity despite sometimes ample opportunity to sero-convert is a function of the optimistic bias. Elements of regret or concern about previous UAI are framed in a discourse about being infected by, not infecting, their partner.

6.2 IMPLICATIONS

The implications of data depend on the ethical framework of the reader and the theories they employ to understand the world. Figure 6.2 summarises what the authors consider the implications of the current data are for the aims of HIV prevention interventions.

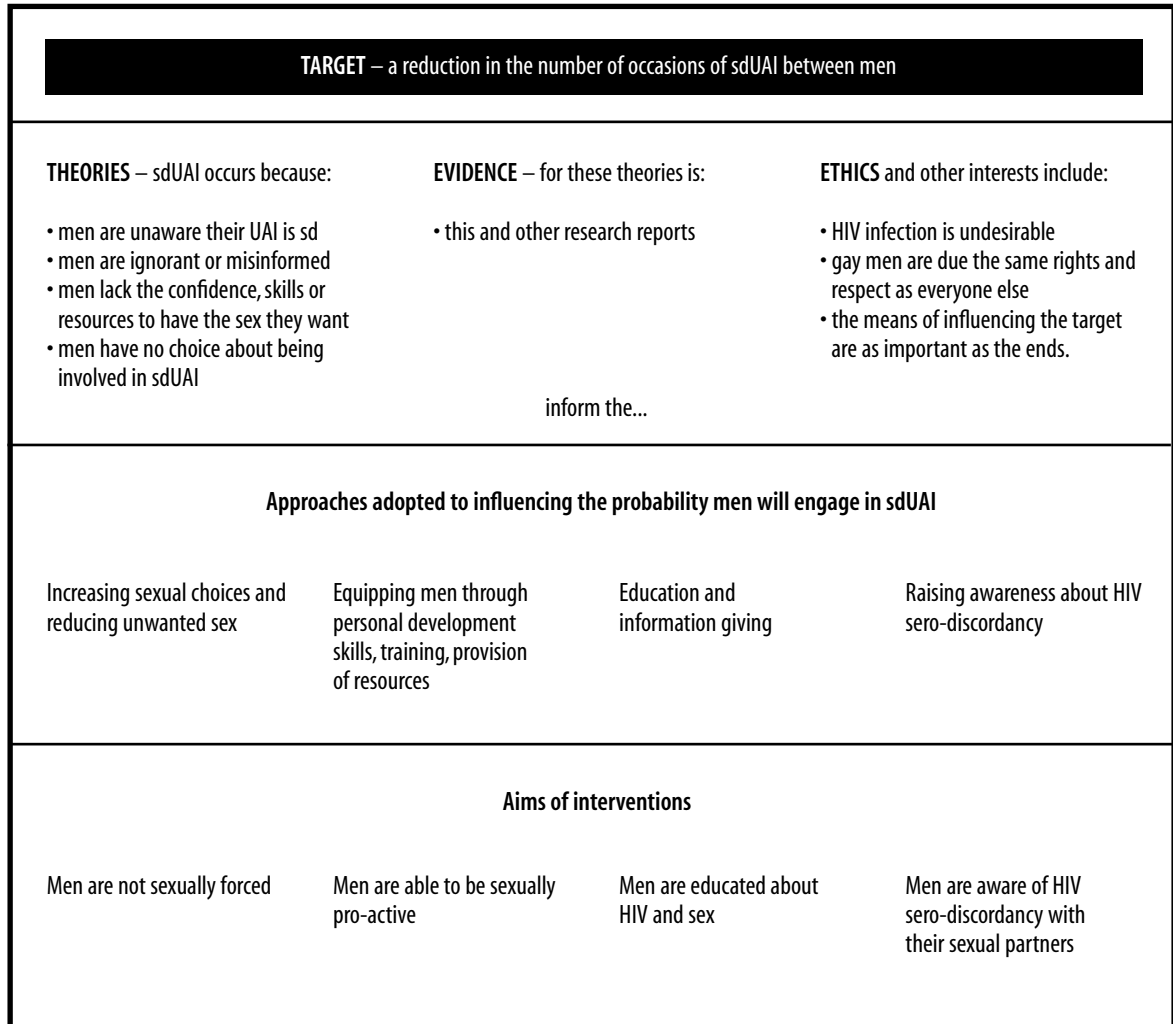


Figure 6.2: Illustration of the aims of interventions implied by the evidence reported here, the theories it draws on and supports, and the ethical framework of the authors.

The test of the efficacy of HIV prevention interventions is that the change they bring about reduces the probability that men will be involved in HIV exposure during sex. We do not suggest that the aims in figure 6.2 being true for any man (or group of men) will ensure they *will* not engage in s/dUAI. Simply that they make it less likely. Of course, even if all men had all this knowledge and the requisite skills and abilities to implement it, some would continue (or perhaps begin) to chose to engage in UAI. Those who cannot accept that this is (and should always be) the case, may be engaged in HIV prevention but certainly are not engaged in health promotion.

We consider this evidence, along with other evidence and theory, to imply that HIV prevention approaches which increase men's choices, abilities, knowledge and awareness are likely to reduce the probability men will engage in s/dUAI. We agree with Mendelsohn (1980) regarding the general approach to be taken:

“Among the ‘needs’ we all have is not to be bombarded with information we already have or do not have any use for; not to be commanded to do something that is vague and unachievable without explicit simple instructions regarding its achievement; not to be unreasonably frightened; and not to be insulted by the health communicator who implies that everyone the communicator is trying to address is (1) ignorant (2) sinfully irresponsible in that they don’t give a damn about their own lives/or the lives of others; and (3) they are slothfully ‘apathetic’ in not immediately doing without question what the communicator commands them to do.”

– [quoted in Tones & Tilford (1994), p.190]

HIV prevention often relies on simply telling men not to have UAI, either directly or by constantly reiterating information believed to make this decision ‘obvious’. In attempts to influence men’s decisions, HIV prevention rarely engages with the processes by which decisions about (U)AI are made. When efforts are made to understand the processes by which men make decisions about UAI it is plain that it is useful to distinguish those decisions that are ‘well made’ from those that are not. The latter are decisions based on ignorance or misunderstanding of the biology of HIV, or which do not take sufficient information into account. Of course, that decisions can be ‘well made’ or not does not mean that there are right decisions and wrong ones.

The challenge to HIV health promotion, is to provide men with the knowledge, skills and abilities to ensure they can implement their own choices concerning engagement in UAI, with minimal risk of HIV infection. That men have greater clarity about sexual rights and an increased ability to identify and implement choices is likely to influence the outcomes of sexual negotiations such that the probability men will engage in s/dUAI is reduced. This can be facilitated by interventions which increase choices, abilities, knowledge and awareness. The object of these interventions should be that men have increased knowledge etc., not that they make the ‘right choices’.

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