

On the move

*Findings from the
United Kingdom
Gay Men's Sex
Survey 2003*

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Original Research Report

Acknowledgments

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- 1806 / WISH Project (Warrington Initiative for Sexual Health)
- Action for Men (St. Margaret's Hospital, Epping) <www.action4men.org>
- Albert Kennedy Trust (London)
- Armistead Project (North Sefton & West Lancashire Community NHS Trust)
- Ayrshire & Arran PCT
- The Base Youth Project (Stockport)
- Body Positive Mid-Sussex
- Bolton PCT
- Brent PCT
- Cambridge DHIVERSE
- Canterbury Area Gay Men's Group
- www.cardiffscene.com
- CASH - Gay & Bi Men's Projects (Crewe)
- Centre for Health Promotion, Stockport
- CLASH (Camden PCT)
- Colchester Gay Switchboard
- Crickets Lane Health Centre (Tameside & Glossop PCT)
- Countess of Chester Health Park (Ellesmere Port & Neston PCT)
- Daisy Hill Hospital GUM Department (Newry & Mourne Health & Social Services NHS Trust)
- Darent Valley Hospital GUM Department (Dartford & Gravesham NHS Trust)
- Derwentside LGB Social Group <www.jivedesign.biz/lgb>
- Dorset Gay Men's Health (Weymouth Community Hospital)
- www.drumonline.net
- Dumfries & Galloway NHS
- Ealing, Hammersmith & Hounslow Gay Men's Project
- East Kent Health Promotion (East Kent Coastal PCT)
- The Eddie Surman Trust
- Eddystone Trust <www.eddystone.org.uk>
- ELOP (East London Out Project)
- Fife Flags <www.fifeflags.org.uk>
- Fife Men Project (Fife Health Board)
- Forth Valley NHS Board
- Foyle Friend
- GAI Project, The Health Shop (Nottingham)
- Gay Advice Darlington (GAD) <www.gayadvisedarlington.co.uk>
- www.gayderry.com
- Gay Men's Health Promotion Service (Portsmouth City PCT)
- www.gay-sheffield.co.uk
- Gay West (Bath)

- Gay Mens' Health Edinburgh <www.gmh.org.uk>
- Gay Men's Health Tayside
- Gay Men's Health Wiltshire & Swindon <www.gmhp.demon.co.uk>
- www.gaywigan.org
- George House Trust <www.gh.t.org.uk>
- Globe Centre (London)
- GMFA <www.metromate.org.uk>
- Harrow LGBT Youth Project
- Health First (London)
- Health Promotion, Barnet PCT
- Health Promotion, Durham & Chester-Le-Street PCT
- Health Promotion Service, Bromley PCT
- Health Promotion Service, Croydon PCT
- Health Promotion Service, Dudley Priority NHS Trust
- Health Promotion Service, South West Kent PCT
- Healthy Gay Life (Eastern Birmingham PCT)
- Healthy Gay Living Services @ Terrence Higgins Trust
- Hounslow PCT
- Identity: Lesbian, Gay & Bisexual Youth Project (Hogarth Youth Centre, London)
- Jarman Centre (Blackburn Community NHS Trust)
- Jigsaw Centre (Birkenhead)
- LAGER (Lesbian & Gay Employment Rights)
- www.lanarkshiresexualhealth.org
- www.lancashirefriend.org.uk
- LEAN (London East AIDS Network): Romford Road
- LEAN (London East AIDS Network): Walthamstow
- Lesbian, Gay & Bisexual Health Project (Exeter)
- The Lesbian & Gay Foundation (LGF) <www.lgf.org.uk>
- Lighthouse South London
- London Friend
- Lothian Gay & Lesbian Switchboard
- Male-out Shrewsbury
- Man to Man Project (Southend-on-sea PCT)
- Medway & Swale Sexual Health Programme
- Men 4 Men, The Lodge (Luton PCT)
- MESMAC North-East (Middlesbrough)
- MESMAC North-East (Newcastle-upon-tyne) <www.mesmacnortheast.com>
- Metro Centre Ltd
- Milton Keynes PCT
- Mosaic LGBT Youth Project (Brent Youth Service)
- MSM Project, The Brunswick Centre (Halifax)
- The NAZ Project, London
- NHS Direct
- NHS Lanarkshire - Health Promotion Department
- North & Mid Hants. Gay Men's Health Project (Mid Hants PCT)
- North Warwickshire PCT
- Northamptonshire Lesbian & Gay Alliance
- Northumberland NHS Care Trust
- Nottingham Lesbian & Gay Switchboard

- Ormskirk & District General Hospital GUM Department (Southport & Ormskirk Acute NHS Trust)
- Orsett Hospital GUM Department (Thurrock PCT)
- Outreach Cumbria
- PACE <www.pacehealth.org.uk>
- Parkhouse Project
- PHACE Scotland (Aberdeen)
- Phoenix Sexual Health Centre (Pennine Acute Hospitals NHS Trust)
- www.posh-uk.org.uk
- Powys & Ceredigion Health Promotion Unit (Powys Health Care NHS Trust)
- Project Oscar (Chorley & South Ribble PCT)
- Public Health Development (Morcambe Bay PCT)
- www.queeryouth.org.uk
- The Rainbow Project <www.rainbow-project.com>
- Reach Out Highland
- Roam (Lothian PCT)
- Rotherham PCT Department of Health Promotion
- Royal Victoria Hospital (Belfast) GUM Department (Royal Group of Hospitals NHS Trust)
- Sheffield Centre for HIV & Sexual Health (South-East Sheffield PCT)
- Sheffield Gayphone
- SHEP (Sexuality, Health & Equality Project)
- Shout! / Shropshire Gay Health
- South Staffordshire Mesmen Project
- South Staffordshire Public Health Network
- St. Ann's Hospital, London
- St. Helens & Knowsley Pride Project
- St. Peter's House Project
- Staffordshire Buddies <www.staffordshirebuddies.co.uk>
- StaG Project (Gateshead PCT)
- Steve Retson Project
- Stonewall Youth
- Strathclyde Gay & Lesbian Switchboard
- Suffolk MESMAC
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- Terrence Higgins Trust Cymru (Swansea)
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- Terrence Higgins Trust Midlands (Coventry)
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- Terrence Higgins Trust Oxfordshire
- Terrence Higgins Trust South
- Terrence Higgins Trust West (Bath)
- Terrence Higgins Trust West (Bristol)
- Terrence Higgins Trust Yorkshire
- Tower Hamlets Health Promotion (Tower Hamlets PCT)

- TRADE - Men's Sexual Health Project <www.gaymenstrade.com>
- Walsall Men's Health Project (Walsall Hospitals NHS Trust)
- Walsall Sauna Project (Walsall Hospitals NHS Trust)
- Waverley Care Solas
- West Hertfordshire Hospitals NHS Trust
- West Surrey Health Promotion Service
- WightOUT Helpline <www.wightout.org.uk>
- Wiltshire Ambulance NHS Trust
- Worcestershire Gay Men's Health Project (South Worcestershire PCT)
- Wycombe General Hospital GUM Department (South Bucks. NHS Trust)
- Yorkshire MESMAC <www.mesmac.co.uk>
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1 Introduction and methods

1.1 CONTENT OF THE REPORT

This research report outlines the main findings of Vital Statistics 2003 – which was the seventh annual *Gay Men's Sex Survey* (henceforth GMSS). The survey was carried out during the summer of 2003 by Sigma Research in partnership with 150 different health promotion agencies across the United Kingdom (see Acknowledgements).

The information contained here is about HIV infection, sex between men and HIV prevention needs. The report's audience includes people involved in planning and delivering programmes to address the HIV prevention needs of homosexually active men. This report complements those from previous annual surveys (Hickson *et al.* 1998; Hickson *et al.* 1999; Weatherburn *et al.* 2000; Hickson *et al.* 2001; Reid *et al.*, 2002; Hickson *et al.* 2003a).

This chapter provides the background to the survey and explains how the sample was recruited. It also shows what exclusions were applied prior to the presentation of data in the rest of the report.

Chapter 2 describes the entire sample of 14,551 men living in England, Wales, Scotland or Northern Ireland who either had sex with another man in the last year or expected to have sex with a man in the future. We describe the sample using a range of variables that have been reported in previous years. These include: where they live, their ages, ethnicities, formal educational qualifications, the gender of their sexual partners in the last year, whether they had a regular male sexual partner, and how many men they had sex with in the last year. We then introduce two new clusters of demographic variables – neither of which have featured in a GMSS before. The first concerns migration, both within the UK for men born here, and into the UK for men born elsewhere in the world. The second set concerns income, financial management and unemployment history. For both these new sets of variables we also consider variation by the prior demographic variables.

Chapter 3 is concerned with measures of the sample's proximity to the HIV epidemic. It examines men's HIV testing history, their current perceptions of their HIV status, the HIV sero-concordancy of any current relationship with a man and whether they personally know someone with diagnosed HIV. The chapter then uses these variables to build a composite measure of proximity to the HIV epidemic, before examining how proximity varies across the groups outlined in Chapter 2.

Chapter 4 looks at the sexual behaviours of respondents including the volume of receptive and insertive unprotected anal intercourse (UAI) partners in the last year and the likelihood of involvement in sero-discordant unprotected anal intercourse (sdUAI) in the same time period. These measures are then presented for the population groups outlined in Chapters 2 and 3. The data suggest specific groups of men who need to be targeted on the basis of likelihood of involvement in HIV exposure.

Chapter 5 examines the HIV prevention needs associated with the behaviours described in Chapter 4. We report on the extent of experience of forced sex, the need for access to condoms and lubricants and a broader set of measures on knowledge of key HIV transmission and prevention information. We then consider awareness of post-exposure prophylaxis (PEP), confidence in knowledge of their own HIV status and obstacles to HIV testing for men that had never tested. These measures and values are also presented for the population groups outlined in Chapters 2 and 3. The findings support a targeting of interventions to specific unmet needs as well as on the basis of likelihood of involvement in HIV exposure.

Chapter 6 considers proxy markers of the performance of condom distribution schemes including the proportion of men accessing free condoms and men's preference for condom brands. These measures and values are also presented for the population groups outlined in Chapters 2 and 3.

1.2 BACKGROUND TO THE SEVENTH GAY MEN'S SEX SURVEY

The *Gay Men's Sex Survey* uses a short self-completion questionnaire to collect a limited amount of information from a substantial number of men. Sigma Research first carried out GMSS at the London Lesbian & Gay Pride festivals in 1993, 1994 and 1995. No survey was undertaken in 1996. Since 1997, the survey has been undertaken annually seven times, with funding from the Terrence Higgins Trust as part of the CHAPS programme. During this time it has expanded across England and from 2000, included Wales. Since 2001, GMSS has also occurred in Scotland and since 2002 in Northern Ireland. For the second time in 2003, the survey occurred across the whole United Kingdom.

Historically, the survey has used a short (2 sides of A4) questionnaire on clipboards for recruitment at Pride-type events and festivals. For the first time in 2003 this method was not used. Recruitment at Pride events was suspended to examine the impact on the overall survey size and the profile of participants. It was also a consequence of the increasing commercialisation of Gay pride-type events, many of which have begun to charge admission.

Since 1999 the entire questionnaire has been produced as a small (A6) booklet which is self-sealing for Freepost return. In each of the five years since, more than 30,000 copies of the booklet have been directly distributed to Gay men and Bisexual men by a range of Gay and HIV health promotion agencies.

Since 2001, we have also used the internet as a method of recruitment. The questionnaire was available for completion on-line at a specific website <www.sigmasurvey.org.uk>. The existence of the on-line version was substantially promoted by two of the largest Gay commercial websites in the UK – Gay.com/uk and Gaydar.co.uk – and 27 Gay community and health promotion web-sites (see acknowledgements and section 1.4).

The 2003 questionnaire content was designed in collaboration with members of the target audience for the data (ie. health promoters). In May 2003 we wrote to all health promotion agencies who had used the booklet to recruit men to the survey in 2002. Those who had recruited 20 or more men were provided with tailored feedback on the men they had recruited. All were invited to suggest questions for inclusion in the 2003 survey.

1.3 BOOKLET RECRUITMENT

The survey was designed and printed as a small (A6) booklet. The booklet was made available to all HIV health promoters who work with Gay men, Bisexual men or other homosexually active men across England, Wales, Scotland and Northern Ireland. Over 200 health promotion agencies were invited to distribute booklets to the men they contacted in the course of their work. This included all those agencies listed in *Nambase*[®] (NAM, 2002) as undertaking health promotion with Gay men and Bisexual men, and all agencies that distributed booklets in previous years.

In total, 36,904 booklets were requested by and sent out to 139 agencies many of whom had also distributed booklets in previous years (to our knowledge 4 of these agencies did not subsequently distribute the booklets). Recruitment was open for a four month period (July to October 2003), but some returns were accepted in November due to major disruptions caused by a long-running postal delivery strike. In previous years (Reid *et al.* 2002) we have contacted all agencies again at the end of the recruitment period and asked how many booklets they had left. The average (mean) proportion of booklets distributed was 72%, hence we estimate, 26,571 booklets were distributed directly to men in this four month period.

Booklets were returned marked as distributed by 68 different agencies. The average (median) number of booklets returned per agency was 14 (range 1 to 310). We had twenty or more completed booklets from 30 agencies. In January 2004, these 30 agencies received a targeted data report on the men they had recruited.

Overall, 3,909 booklets were returned via Freepost to our offices, giving a completion and return rate of 10.6% of those booklets that we distributed to agencies (and probably more like 14.7% of the booklets actually distributed to men by collaborating agencies).

1.4 WEB RECRUITMENT

In 2003 the survey was available for completion online via a specific website. The questionnaire contained the same 50 questions as the booklet version with 11 others added. The additional questions concerned whether respondents had seen a number of HIV prevention and 'safer sex' campaigns and materials. These additional questions will be reported elsewhere.

Previous online versions of GMSS (Reid *et al.* 2002, Hickson *et al.* 2003a) have established the feasibility of survey work using the internet. These surveys also demonstrated that the internet method recruited larger numbers of men in demographic groups to which smaller numbers were recruited using Pride events, especially behaviourally bisexual men, younger and older men and men from many minority ethnic groups (especially Asian men).

In 2003, the actual questionnaire was prepared and hosted using www.demographix.com an online internet survey instrument. The design of the web-survey was far more sophisticated than in previous years and allowed data to be captured and viewed as soon as the respondent pressed 'submit' at the end of the survey.

The web version was available for completion online for four months (July to October 2003). During these four months the survey was substantially promoted by two major Gay commercial internet service providers and an additional 27 community or health promotion web-sites. Overall, we received 12,716 responses, of which 15% were excluded from analysis mainly because the participants were not UK-resident.

1.5 EXCLUSIONS

The table below gives the number of questionnaires returned during recruitment and a summary of those excluded from the rest of this report, for a range of reasons.

All questionnaires returned (n = 16,596)	Booklet	Web	TOTAL
Total returns	3,909	12,716	16,625
No evidence of residence in England, Wales, Scotland or Northern Ireland	48 (1.2%)	1675 (13.2%)	1723 (10.4%)
No evidence of sex with men in the previous year or intention to have sex with men in the future	97 (2.5%)	50 (0.4%)	147 (0.9%)
Already completed the survey	0	184 (1.4%)	184 (1.1%)
Respondent aged under 14	0	5 (<0.1%)	5 (<0.1%)
Not completed sufficient questions (demographics)	10 (0.3%)	0	10 (<0.1%)
Spoiled and / or completed by a female	4 (0.1%)	1 (<0.1%)	5 (<0.1%)
Sample size – Men with homosexual experience or desire and resident in United Kingdom	3,750 (95.9%)	10,801 (84.9%)	14,551 (87.5%)

Men were excluded from the analysis if they were not UK-resident or if they gave no details of their area of residence. The addition of a question on country of residence combined with the usual question on local authority allowed us to allocate a greater proportion of respondents to UK

residence and to exclude fewer on the basis of non-UK residence. In the web sample 13.2% were excluded for non-UK residence compared to 18.5% in 2002, and for booklet-recruited men it was 0.5% compared to 4.3% in 2002. While the majority of those excluded for this reason told us they lived outside the UK (n=1568), the remainder (n=155) were excluded on the basis that no answer was given to either residence question.

Exclusions relating to no homosexual activity have decreased in previous years because of the criteria, introduced in 2001, which allows men that had no sex with a man in the last year to remain in the sample if they *intended* to have sex with men in the future. Compared to 2002, in 2003 a slightly higher proportion of both booklet-recruited (2.5% compared to 2.0% in 2002) and web-recruited (0.4% compared to 0.2% in 2002) men were excluded for no homosexual activity or intention.

In previous years the number completing the booklet in addition to other versions of the questionnaire had fallen dramatically. In 2003 booklet-recruited men were not asked whether they had previously completed the survey. The proportion excluded from the web sample for this reason fell slightly (down to 1.4% in 2003 from 1.8% in 2002 and 4.1% in 2001).

The proportion of booklet returns excluded for any reason has fallen every year that the method has been used (in 1999, 13.4% of data was excluded; 2000 was 11.8%; 2001 was 9.5%; 2002 was 7.6%; and 2003 was 4.1%). Similarly, the proportion of web-recruited men excluded has fallen every year the method has been used (30.9% were excluded in 2001; 21.3% in 2002 and only 15.1% in 2003).

2 Sample description

This chapter describes the sample of 14,551 men resident in England, Wales, Scotland and Northern Ireland. Each section introduces a demographic characteristic and describes how it varies across the sample.

2.1 AREA OF RESIDENCE

Men were asked *Which Local Authority do you live in? (who sends your household the Council Tax bill?)* and were asked to supply their postcode or town or city they lived in if they did not know their Local Authority. England currently has four Directorates of Health & Social Service (North, Midlands & Eastern, South and London), which together cover 28 Strategic Health Authorities (SHAs) responsible for monitoring the performance of the 302 Primary Care Trusts (PCTs) who are responsible for planning services. Wales has its own National Public Health Service Directorate as part of the National Assembly for Wales with three regional Units (South, Mid and West, and North) that strategically guide 22 Local Health Boards coterminous with Local Authorities. In Scotland health planning is carried out by 15 NHS boards and in Northern Ireland by 4 Health and Social Services Boards. The primary care groups in Scotland and Northern Ireland are Local Health Care Co-operatives and Local Health and Social Care Groups respectively.

For regional comparisons in this report we use the English Health and Social Service Directorates (North, Midlands & Eastern, South and London), Wales, Scotland and Northern Ireland. Our website contains downloadable data reports that give summary findings for smaller geographic units. The total sample was distributed among these areas as follows.

Area of residence	No. of men	% of total sample
All England	12,601	86.6
North (England)	2819	19.4
Midlands & Eastern (England)	2636	18.1
South (England)	2649	18.2
London	3434	23.6
Wales	568	3.9
Scotland	1042	7.2
Northern Ireland	340	2.3

Compared to the total population of the United Kingdom, the web sample is distributed across the four constituent countries of the United Kingdom in almost exactly the proportions that we would expect. However, more of the booklet sample lived in England and fewer in the other three constituent countries, in line with the number of our recruitment collaborators in each country. Hence, overall we have slightly over-sampled men in England and under-sampled men resident elsewhere in the UK.

Area of residence	% total population of UK (2003 estimate)	% all GMSS 2003 sample (n=14551)	Web sample (n=10801)	Booklet sample (n=3750)
England	83.9	86.6	84.3	93.3
Wales	4.9	3.9	4.5	2.2
Scotland	8.4	7.2	8.7	2.8
Northern Ireland	2.8	2.3	2.6	1.6

2.2 AGE

The average (mean) age of the whole sample was 33 years (standard deviation=11.5, median 31, range 14 to 90). While a very wide age range was recruited, half were aged between 24 and 40. The median age of the GMSS 2003 sample was 1 year younger than samples from previous years.

Proportionately fewer men under 20 lived in London than elsewhere. Men living in London and the South were on average older (median 33 and 32 years respectively) than men in the Midlands & Eastern England, North England (median 31 years), Wales (median 30 years), Scotland (median 29 years) and Northern Ireland, who were the youngest (median 26 years).

2.3 ETHNICITY

Men were asked *What is your ethnic group?* and were allowed to indicate one of the 16 options replicated from the 2001 UK Census (Office of National Statistics 2003). *Other* answers were allocated to categories according to Office of National Statistics instructions.

For group comparisons in the rest of the report we use six groups: White British (n=12,177); White other (n=1506); Asian / Asian British; Black / Black British; dual or mixed ethnicities; and other ethnicities (including Chinese). Categories were collapsed as follows: White Irish (509) and any other White background (997) to White other; Black African (38), African-Caribbean (91) and any other Black background (17) to Black or Black British (n=146). Indian (163), Pakistani (6), Bangladeshi (2) and any other Asian background (28) to Asian or Asian British (n=199).

Ethnic group in GMSS 2003 sample	Number of men in GMSS 2003 sample	% of total sample	% of total population of the UK	Odds Ratio, sample vs. population
White	13683	94.4	92.1	1.45
Asian or Asian British	199	1.4	4.0	0.34
Black or Black British	146	1.0	2.0	0.49
Dual or mixed ethnicity	270	1.9	1.2	1.59
Chinese	92	0.6	0.4	1.50
Any other ethnic group	108	0.7	0.4	1.76

Compared to the population of the UK the total sample contains a smaller proportion of Black men and particularly Asian men. It contains a larger proportions of White men, Chinese men, and particularly men of mixed ethnicity and men from other ethnic groups.

A more detailed ethnic group question was asked in the 2001 Census, but only in England. The larger table (overleaf) shows the proportions of the England sample and the total England population in each ethnic group. It also shows the proportions of men resident in each English NHS Directorate that were in each ethnic group.

Almost all ethnic minorities were represented in all areas of England. However, the proportion of men from Black and minority ethnic groups was greatest in London for all ethnic minority groups except dual White-Caribbean men, who were most common in the North of England sub-sample.

Ethnic group in England sub-sample	Number of respondents	% of total sample (n=12555)	% of total population of England (2001)	Odds Ratio, sample vs. population	% of England NHS Directorate			
					North (n=2814)	Mid & East (n=2628)	South (n=2643)	London (n=3425)
WHITE	11796	94.0	90.9	1.57	96.3	95.6	96.8	88.7
White British	10529	83.9	87.9	0.72	91.3	90.4	89.7	67.3
Irish	343	2.7	1.3	2.11	2.1	1.8	2.1	4.7
Other White	924	7.4	2.7	2.88	2.8	3.4	5.0	16.6
BLACK/BLACK BRITISH	142	1.1	2.3	0.47	0.6	1.0	0.2	2.4
Caribbean	90	0.7	1.1	0.63	0.4	0.7	0.1	1.5
African	36	0.3	1.0	0.30	0.2	0.2	0.1	0.6
other Black	16	0.1	0.2	0.50	0.1	0.1	--	0.2
ASIAN/ASIAN BRITISH	186	1.5	4.6	0.32	0.9	1.1	0.6	2.7
Indian	154	1.2	2.1	0.57	0.7	1.0	0.5	2.2
Pakistani	4	<0.1	1.4	0.02	--	--	<0.1	0.1
Bangladeshi	1	<0.1	0.6	0.01	--	--	--	<0.1
other Asian	27	0.2	0.5	0.40	0.2	0.1	<0.1	0.4
DUAL ETHNICITY	246	2.0	1.3	1.55	1.5	1.6	1.4	3.1
White & Black Caribbean	71	0.6	0.5	1.20	0.7	0.6	0.3	0.6
White & Black African	18	0.1	0.2	0.50	<0.1	--	0.1	0.4
White & Asian	82	0.7	0.4	1.76	0.3	0.5	0.6	1.1
other mixed	75	0.6	0.3	2.01	0.4	0.5	0.4	0.9
CHINESE	87	0.7	0.5	1.40	0.5	0.2	0.3	1.5
ALL OTHER ETHNICITIES	98	0.8	0.4	2.01	0.2	0.4	0.7	1.6

We can see that the over-representation of White men in the sample relative to the entire population was *not* among White British men (who are under-represented) but among White Irish men and White men of other backgrounds. While men of most mixed ethnicities were over-represented, men of mixed White-African ethnicities were under-represented.

The age of ethnic groups also varied with Asian men youngest on average. The average (median) age of Asian men was 26 compared to men from mixed and other ethnicities (median 28), Black men (median 30) and White men (median 32).

2.4 FORMAL EDUCATION

Men were asked *Which of the following educational qualifications do you have?* and were instructed to tick as many as applied: *I have no educational qualifications; O-levels / CSE / GCSE; A-levels or equivalent; Degree or higher; or other qualification.* Those who indicated *other* qualifications were asked what they were.

Men were allocated to one of three groups on the basis of their highest educational qualification. Those with no qualifications (4.8%) or O-levels / CSE / GCSE (21.2%, usually leaving education at 16) were classified as having *low* educational qualifications. Those who indicated a degree or greater (44.3%) were classified as having *high* educational qualifications. Most of the remaining men were

classified as having *medium* (30.6%) educational qualifications, including all those with A-levels or equivalent (22.7%) and the majority of those with *other* vocational or trade qualifications (7.9%).

There was regional variation in education. Men resident in London were most likely to be educated to degree level or above (61.9%) which is not surprising given the relationship between social mobility and education. However, men resident in Northern Ireland (42.3% had degrees) and Scotland (49.1%) were better educated than men resident in the rest of England (South, 39.7%; Midlands & Eastern, 36.0%; North, 37.3%) and Wales (39.8%).

Educational achievement also varied by age. Men under 20 were, of course, much less likely to have a degree, because many were still in education. Among men over 20 the proportion with *low* educational qualifications increased with age and correspondingly the proportion with *medium* education decreased until remaining relatively static from the 30s onwards. Similar proportions had a degree, with the exception of those over 50 who were slightly less likely to have been educated to degree level or higher.

Education also varied by ethnicity with Asian men being the most highly educated.

2.5 GENDER OF SEXUAL PARTNERS IN THE LAST YEAR

Respondents were asked *In the last 12 months, have you had sex with: no one; women only; men only; or both men and women*. The majority of men had sex with men only (84.4%). While small proportions had sex with no one (4.8%) or with women only (1.2%), one-in-ten (9.5%) had sex with both men and women in the same period. Among those who did not have sex with men, the proportion who had sex with women was 19.9%, while among those who did have sex with men the proportion who had sex with women was 10.1%.

The proportion of men who have sex with both men and women varies with the time scale chosen to define 'men who have sex with men'. In the first *National Survey of Sexual Attitudes and Lifestyles* in 1990, 36% of men who had sex with men in the last year also had sex with women (Johnson *et al.* 1994, p.209). However, 45% of men who had sex with men in the last two years also had sex with women in that period, and 57% of men who had sex with men in the last five years also had sex with women. If the time period is extended to lifetime, 92% of men who have ever had sex with a man have also ever had sex with a woman.

Although the proportion of men that were behaviourally bisexual was higher in the web sample (10.4%) than the booklet (7.0%), both methods disproportionately recruited exclusively homosexually active men, especially in comparison to the *National Survey of Sexual Attitudes and Lifestyles* estimate of 36% of homosexually active men being behaviourally bisexual (Johnson *et al.* 1994).

2.6 CURRENT RELATIONSHIPS WITH MEN

Overall, 53.1% of respondents (n=14489, missing n=62 or 0.4%) answered positively to the question *Do you currently have one (or more) regular male sexual partner(s)?*

Men in relationships were asked how long they had been with their regular partner. The average (median) length of their relationships at the time of the survey was 24 months (this should not be confused with the average length of relationships when they terminate as all relationships will have continued for a time after the survey).

2.7 VOLUME OF MALE SEXUAL PARTNERS IN THE LAST YEAR

Men were asked *In the last 12 months how many MEN have you had sex with in total?* and allowed to indicate one of five responses (2.3% did not answer this question). For those men who answered the question: 6.2% had no male partners; 17.9% had one partner; 28.1% had two, three or four partners; 23.6% had between five and twelve partners; 13.0% had between thirteen and twenty-nine partners; and 11.3% had thirty partners or more.

The number of male partners men had in the last year differs by recruitment method, as shown in the following table.

Number of male sexual partners in the last year (missing n=336)	% of total sample (n=14215)	% by recruitment method	
		Web (n= 10739)	Booklet (n=3476)
None	6.2	6.9	3.9
one	17.9	17.6	18.6
2, 3 or 4	28.1	28.5	26.7
5 to 12	23.6	24.1	22.0
13 to 29	13.0	12.6	14.0
30+	11.3	10.2	14.8
Total	100.0	100.0	100.0

Compared to the men recruited on the internet, the booklet sample (recruited mainly by health promoters) were less likely to have had no male sexual partners and were more likely to have had very high numbers of male partners. This is contrary to the popular impression that men recruited on the internet are, as a group, exceptionally sexually active.

2.8 INTERNAL AND INTERNATIONAL MIGRATION

All men were asked to identify the country in which they were born. Men born outside the UK were asked how long they had lived in the UK. Those born in the UK were asked *Do you currently live in the city, town or area where you were born?*

2.8.1 Migrating to the UK

Men were asked *Which is your country of birth?* and were presented with the options *England, Wales, Scotland, Northern Ireland, Republic of Ireland, elsewhere*. Those who indicated *elsewhere* were asked to write in the present name of the country.

Twelve per cent of the entire sample were born outside the UK, with 114 countries of birth listed overall (14.6% of men who said they were born outside the UK did not give their country of birth). However, 60% of the men born outside the UK were born in eight countries. The eight most commonly specified countries of birth, and the proportion of all men born abroad they represented, were: Republic of Ireland (n=168, 10.8%); Germany (n=161, 10.8%); South Africa (n=142, 9.5%); United States of America (n=128, 8.6%), Australia (n=119, 8.0%); France (n=71, 4.8%); Italy (n=65, 4.4%); and Spain (n=56, 3.7%).

The following table shows the countries of birth of the entire sample and the area sub-samples, re-coded to five continents (though the Republic of Ireland and North and South America are shown separately).

Country of your birth	Sub-sample size	% of total sample (n=14390)	% of Country and Directorate of residence sub-samples						
			North England (n=2805)	Mid & East England (n=2619)	South England (n=2631)	London (n=3385)	Wales (n=559)	Scotland (n=1027)	Northern Ireland (n=334)
UK	12721	88.4	94.3	93.4	91.0	73.9	96.1	92.8	88.9
England	10401	71.9	88.7	88.2	84.4	64.2	28.3	13.9	6.0
Wales	659	4.6	1.5	1.9	2.4	3.1	65.7	0.8	0.0
Scotland	1220	8.4	3.0	2.6	3.4	4.5	1.4	76.6	1.5
N Ireland	441	3.0	1.1	0.7	0.8	2.0	0.7	1.5	81.4
Outside UK	1749	12.1	5.7	6.6	9.0	26.1	3.9	7.2	11.1
Republic of Ireland	168	1.2	0.7	0.6	1.0	2.3	0.9	0.6	3.9
Europe	562	3.9	2.5	3.2	3.2	8.6	1.3	2.1	1.5
Africa	256	1.8	0.7	1.0	1.5	4.0	0.5	1.3	0.3
Asia	241	1.7	0.9	1.0	1.1	3.7	0.4	1.2	2.1
Oceania	177	1.2	0.5	0.4	0.6	3.3	0.5	1.1	0.9
North America	206	1.4	0.4	1.1	1.4	3.2	0.4	0.8	1.8
South America	59	0.4	0.1	0.3	0.2	1.0	--	0.2	0.6

The proportion of men who were born outside the UK varied strongly by their area of residence, being smallest in Wales (3.9%) and being highest in London (26.1%). While 21.2% (2500/ 11773) of all the men who were born in UK lived in London, 55.6% (920/ 1655) of those born abroad lived in London. This proportion was similar for groups of men born on each continent. We found no evidence that continent of birth was associated with the UK location to which men migrated.

On average, non-UK born men had lived in the UK for 7 years (median 84 months, range 1 to 699 months). Men born in the Republic of Ireland had lived in the UK longest (median 122 months, range 2 to 576 months). Men born in South America had been resident in the UK the shortest time on average (median 63 months, range 2 to 577 months). The table below shows the number of years men had lived in the UK in four groups.

time living in the UK by country or continent of birth	% < 1 year (n=157)	% 1- 3 years (n=257)	% 4 – 10 years (n=601)	% over 10 years (n=648)
Republic of Ireland	8.3	12.5	28.6	50.6
Europe	6.1	12.7	41.6	39.6
Africa	8.6	18.8	34.8	37.9
Asia	10.8	16.7	33.8	38.8
Oceania	14.1	15.8	39.0	31.1
North America	15.3	17.2	26.1	41.4
South America	8.5	23.7	47.5	20.3
Overall	9.4	15.5	36.1	39.0

Overall, a quarter of men born outside the UK had been resident in the UK less than three years (9.4% less than a year, 15.5% for 1-3 years). Men from North America and Oceania were most likely to have migrated to the UK in the last year. Men from South America were the most likely to have migrated to the UK in the last 3 years (32.2%) and were least likely to have lived in the UK for over 10 years.

2.8.2 Migration and socio-sexual context

The following table shows men in each of the migration groups by the demographic variables described earlier. Membership in each of the migration groups significantly differs by each of the demographic groups.

		% by length of residence in UK				
		% < 1 year (n=173)	% 1- 3 years (n=296)	% 4 – 10 years (n=725)	% over 10 years (n=729)	born in the UK (n=12338)
Age (n=11986)	under 20	7.0	2.4	5.0	6.5	10.4
	20s	68.3	66.8	40.7	22.6	32.9
	30s	19.0	24.8	43.3	34.0	30.1
	40s	5.6	4.8	9.1	26.4	16.6
	50+	0.0	1.2	2.0	10.4	10.1
Country of residence (n=14261)	England	89.6	91.2	92.3	89.7	85.8
	Wales	1.2	1.7	0.7	3.0	4.3
	Scotland	5.2	4.4	4.3	5.5	7.6
	Northern Ireland	4.0	2.7	2.7	1.8	2.4
Ethnicity (n=14229)	Asian	7.0	6.4	2.8	4.6	0.9
	Black	1.7	5.4	3.4	1.9	0.7
	Mixed	7.6	5.1	4.5	3.0	1.5
	White British	12.2	10.8	18.0	45.4	92.8
	White other	60.5	61.5	61.7	39.6	3.8
	All others	11.0	10.8	9.5	5.5	0.3
Education (n=14218)	Low	8.9	7.1	7.8	15.9	27.1
	Medium	21.9	19.3	21.3	25.8	31.9
	High	69.2	73.6	70.8	58.3	41.0
Gender of partners last year (n=14261)	none	5.8	3.7	2.2	2.1	5.2
	women only	1.2	1.0	0.4	1.2	1.2
	men & women	6.9	10.8	9.9	9.1	9.6
	men only	86.1	84.5	87.5	87.6	84.0
Relationship status (n=14018)	Single	53.6	48.1	43.1	42.7	47.7
	partnered less than 1 year	22.3	22.0	20.2	15.4	18.3
	partnered more than 1 year	24.1	29.9	36.7	41.9	34.0
No. of male partners last year (n=13969)	none	7.0	4.8	2.6	3.4	6.6
	one	10.5	15.7	16.4	15.5	18.2
	2, 3 or 4	24.6	22.2	22.2	25.3	28.7
	5 to 12	27.5	22.2	25.3	25.6	23.4
	13 to 29	17.5	20.1	16.5	14.8	12.4
	30+	12.9	15.0	16.9	15.4	10.6

Men who had moved to the UK in the last year were most likely to be in their 20s and least likely to be in their 30s as opposed to migrants who had lived in the UK over 10 years, who were most likely to be in their 40s or older.

Those who had been in the UK for less than a year were most likely to be living in Northern Ireland (many of these men may be from the Republic of Ireland). Asian, mixed race and other white men were most likely to be new immigrants to the UK.

Men who had always lived in the UK and those who had moved here in the last year were most likely to have had no sexual partners in the last year. The majority of all groups were exclusively homosexually active, however. Men who had moved to the UK recently were more likely to be single while having been partnered for over a year became increasingly common the longer men had been in the UK. This pattern was observable in younger but not older men.

Finally, the number of sexual partners men had varied by patterns of international migration. Men who had been in the UK less than a year were least likely to have any partners and least likely to have only one partner but were not more likely to have very large numbers. Again what is striking is the similarity in sexual lifestyles among any sub-group of men in the sample.

2.8.3 Migration within the UK

Of the 88% of respondents who were born in the UK (n=12652, missing n=168), 39.0% indicated *Yes* to the question *Do you currently live in the city, town or area where you were born?* and 61.0% indicated *No*. These proportions varied depending on men's region of residence as shown in the following table.

Born ...	% by directorate of residence						
	London (n=3341)	South England (n=2633)	Mid & Eastern England (n=2613)	North England (n=2799)	Wales (n=553)	Scotland (n=1021)	Northern Ireland (n=334)
Outside UK	27.0	9.3	6.9	6.0	4.5	7.8	11.1
Elsewhere in UK	51.9	62.7	53.5	50.6	53.3	50.1	32.6
In city / town/area of birth	21.2	27.9	39.6	43.5	42.1	42.0	56.3

Only in Northern Ireland did the majority of men say they still lived in the area where they were born. The majority of men in all other areas were either internal or international migrants.

Among men born in the UK, 62.9% of under 20 year olds still lived in the area where they were born, but this figure quickly dropped to 48.1% of the 20–24 year olds, 37.9% of the 25–29 year olds and 32.3% of the 30–34 year olds. The figure drops very little after this age, suggesting that if men move within the UK, they usually do so before 30 years of age. This suggests that the majority of men who have recently moved to an area will be younger on average than men already living in that area.

2.9 INCOME, FINANCIAL MANAGEMENT AND UNEMPLOYMENT

Trying to gauge income is fraught with difficulty. The 2001 Census originally proposed the inclusion of widely requested questions about income, but then did not ask any. However, the Treasury Report on the 2001 Census in England and Wales (Treasury Committee, 2002) recommends that an income question be considered in the next Census given the perceived success of questions on religion. Our first ever question on income used income bands and was informed by the work of the Social Survey Division in developing an income question for the 2001 Census (Collins & White, 1996).

We decided to include two questions to gauge financial well-being. All men were asked *what is the gross income (before any deductions for Income Tax and National Insurance contributions) that you receive from all sources?* They were given 9 options in £5000 per annum increments. The approximate equivalent weekly income appeared in brackets after each annual income option, to make it easier for people who are paid weekly to answer.

<i>What is the gross income (before any deductions for Income Tax and National Insurance contributions) that you receive from all sources? (n=14311)</i>	sample size	% in income group
<£5000 per year	1542	10.8
£5000 – £9999	1391	9.7
£10000 – £14999	2242	15.7
£15000 – £19999	2219	15.5
£20000 – £24999	1938	13.5
£25000 – £29999	1509	10.5
£30000 – £34999	1037	7.2
£35000 – £39999	694	4.8
£40000 or more per year	1739	12.2

Only 1.6% of respondents did not answer this question, although it is not possible to know how many people aborted the survey due to this question. Approximately a fifth of respondents reported earning less than £10,000 pounds per year, a third (31.2%) earned between £10,000 and £20,000, a quarter (24.1%) between £20,000 and £30,000 and a quarter (24.2%) over £30,000.

The second question was based on a suite of questions on income from the British Household Panel Survey (Taylor *et al.* 2004). It attempted to gauge how respondents felt about their financial situation, by asking *How well are you managing financially?* Five potential answers were offered (see table below).

<i>How well are you managing financially? Would you say you are... (n=14381)</i>	sample size	%
Living comfortably	3791	26.4
Doing alright	5508	38.3
Just about getting by	3383	23.5
Finding it quite difficult	1198	8.3
Finding it very difficult	501	3.5

Two thirds of Gay men (64.7%) reported that they were *living comfortably* or *doing alright*. A further quarter reported *just about getting by* and 11.8% reported they were *finding it quite* or *very difficult*.

As can be seen in figure 2.9a there was a strong relationship between respondents reported gross income and their perception of how they were managing financially. As income rose men were more likely to say they were *living comfortably or doing alright* and were less likely to say they were *finding it quite difficult or very difficult*.

However, there is no absolute relationship between income and perceived financial well-being. Many men earning less than £10000 per year felt they were *living comfortably or doing alright* and a small proportion of men earning more than £30000 per year said they were *just about getting by*.

All respondents were also asked *When, if ever, was the last time you were unemployed?* and given 5 options.

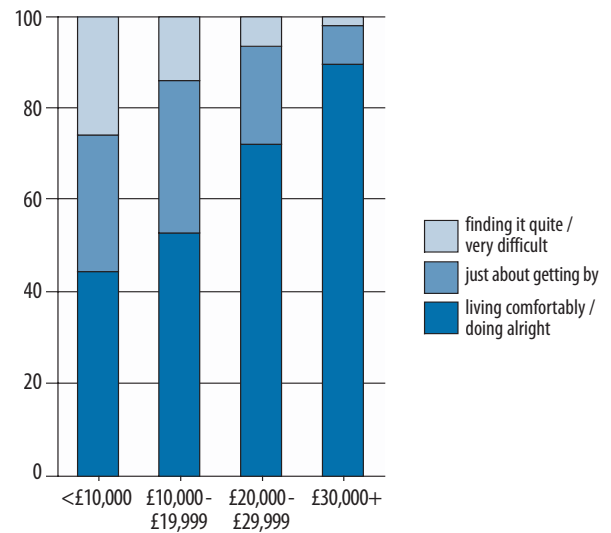


Figure 2.9a: Gross income by financial situation (n=2890, 4426, 3424, 3448)

<i>When, if ever, was the last time you were unemployed?</i> (n=14408)	Number	%
Never	6209	43.1
Over 5 years ago	3102	21.5
In the last 5 years	1902	13.2
In the last year	1559	10.8
I am currently unemployed	1636	11.4

Approximately 11% of men were currently unemployed. Of those who had been unemployed for one month or longer the average (median) length of time unemployed was 17 months (mean 51.8 months, standard deviation 77.0 months).

Unsurprisingly there was a strong relationship between history of unemployment and how men rated their current financial situation (see figure 2.9b). Whereas only 42% of men who are unemployed said they were *living comfortably or doing alright*, 74.9% of those who have never been unemployed said the same. Currently unemployed men were the most likely to say they were finding it *quite or very difficult* to manage. This decreased as the recency of unemployment diminished, until only 6.5% of those who have never been unemployed were currently finding their financial situation *quite or very difficult*.

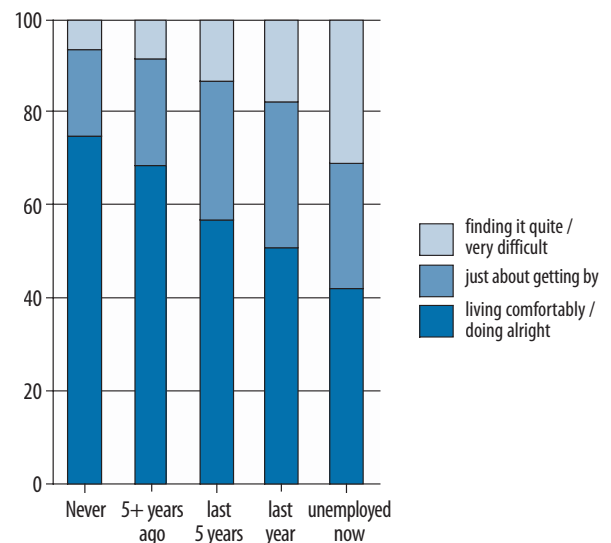


Figure 2.9b: Unemployment history by financial situation (n=6174, 3072, 1882, 1537, 1625)

2.9.1 Income and socio-sexual context

The following table shows men in each of four income groups by the demographic variables described earlier. Membership in each of the income groups significantly differs by each of the demographic groups.

		% by income in the last year			
		under £10k (n=2933)	£10k to £20k (n=4461)	£20k to £30k (n=3447)	£30k + (n=3470)
Age (n=12033)	under 20	32.5	6.0	1.4	1.4
	20s	37.8	45.9	30.7	16.6
	30s	13.0	26.4	39.9	44.3
	40s	8.5	12.1	19.2	26.8
	50+	8.1	9.6	8.8	10.9
Country of residence (n=14311)	England	83.2	85.6	87.7	89.5
	Wales	4.9	4.5	3.8	2.4
	Scotland	8.4	7.1	6.9	6.6
	Northern Ireland	3.5	2.8	1.7	1.5
Ethnicity (n=14286)	Asian	2.2	0.9	1.4	1.2
	Black	1.2	1.0	1.1	0.7
	Mixed	2.3	1.9	1.7	1.6
	White British	83.7	86.1	82.8	82.9
	White other	8.6	8.8	11.9	12.3
	All others	2.0	1.2	1.1	1.3
Education (n=14276)	Low	33.5	32.7	20.6	11.7
	Medium	42.0	35.7	27.2	18.0
	High	24.5	31.6	52.3	70.2
Gender of partners last year (n=14311)	none	9.8	4.3	3.6	2.3
	women only	1.5	1.0	1.3	1.1
	men & women	8.3	8.5	9.7	11.6
	men only	80.4	86.2	85.4	85.0
Relationship status (n=14064)	Single	56.2	48.6	45.8	39.6
	partnered less than 1 year	21.0	20.1	15.8	16.4
	partnered more than 1 year	22.8	31.3	38.4	44.0
No. of male partners last year (n=14002)	None	11.7	5.4	5.0	3.4
	one	18.7	18.9	17.6	16.2
	2, 3 or 4	31.3	31.0	26.7	23.2
	5 to 12	21.6	23.4	23.6	25.8
	13 to 29	8.8	11.7	14.6	16.5
	30+	7.9	9.6	12.6	14.9
Length of residence in the UK (n=14073)	< 1 year	2.2	1.1	0.9	0.8
	1 -3 years	2.0	1.9	2.3	1.9
	4 – 10 years	3.8	4.7	5.7	6.2
	over 10 years	3.5	3.9	5.3	7.6
	born in the UK	88.5	88.3	85.8	83.5

Men who earned less than £10000 per year were most likely to be in their 20s (or under) and least likely to be in their 30s (or over). Men earning £30000 or more were most likely to be in their 30s and over. The more men earned the more likely they were to be resident in England and the less they earned the more likely they were to be resident in Northern Ireland, Wales or Scotland.

The £10000 – £19999 income group had the greatest proportion of men from white ethnicities. The lowest income group had the greatest proportions of men from *other* and *mixed* ethnicities. In the lower income group were both more men born in the UK and more recent migrants to the UK. Migration *per se* was not associated with lower income, probably because the conditions under which Gay and Bisexual men migrate to the UK are very varied.

Less than a quarter (24.5%) of men in the lowest income group had *high* educational qualifications compared to more than two thirds (70.2%) of those in the highest earning group. The more educational qualifications men had, the greater their likelihood they had of earning a higher income.

There was a smaller proportion of exclusively homosexually active men in the lowest income group and a larger proportion who had no sexual partners, compared to other income groups. The highest income group had a greater proportion of behaviourally bisexual men and a lower proportion of those with no sexual partners. While less than a quarter (22.8%) of those in the lowest income group had been partnered for greater than one year this increased with income to 44.0% in those earning £30000 and above. Single or recently partnered groups had the greatest proportion of men in the lowest income group. A greater proportion of men in the highest income group had 5 or more male partners than in other groups. Men with higher incomes were more likely to have a higher number of male partners in the last year.

3 Proximity to the HIV epidemic

In GMSS 2003 we asked a number of questions that allow us to construct a scale of ‘proximity to the HIV epidemic’. In this chapter we report on: whether or not men had ever tested; what reasons they gave for never testing, whether they had tested HIV positive; and what they believed their HIV status to be currently. We then look at whether they thought they had the same or a different HIV status to their regular partner and, whether they personally knew someone with HIV. We then look at how our scale of proximity to the epidemic varied across the demographic groups.

3.1 HIV TESTING HISTORY

Men were asked, *Have you ever received an HIV test result?* and were allowed three possible answers (*Yes, I’ve tested positive; Yes, my last test was negative; and No, I’ve never tested for HIV*). Overall 6.3% had tested positive, 49.6% tested negative and 44.1% had never tested for HIV. So 55.9% (95% confidence interval 55.1% – 56.7%) had ever tested for HIV.

3.2 CURRENT HIV STATUS BELIEF

After being asked about their HIV testing history, all men were asked *What do you believe your HIV status is currently?* and asked to indicate one of the following: *don’t know / couldn’t say; definitely negative; probably negative; probably positive or definitely positive*. Overall, 82.2% thought they were *definitely or probably negative*, 8.8% thought they were *definitely or probably positive*, 7.9% were *unsure* and 1.1% declined to answer this question.

As in GMSS 1999 and 2000, responses to the question on current HIV status belief were not co-terminus with men’s HIV testing histories and there were men with every combination of testing history and current status belief. The following table shows the proportions in each of the HIV testing history groups who indicated each of these status beliefs. It excludes those who declined to answer either or both of the questions (1.3%, n=196). The table shows **the proportion of men in the whole sample** who were in each cell.

% of all men answering both questions (n=14355)		Ever received an HIV test result?		
		Never tested (44.1%) (n=6326)	Last test negative (49.7%) (n=7139)	Tested positive (6.2%) (n=890)
What do you believe your HIV status is currently?	Definitely negative (50.7%, n=7284)	22.8 (n = 3268)	27.8 (n = 3987)	0.2 (n = 29)
	Probably negative (32.4%, n=4653)	15.2 (n = 2180)	17.2 (n = 2464)	0.1 (n = 9)
	Couldn’t say / don’t know (7.9%, n=1138)	4.9 (n = 699)	3.0 (n = 430)	0.1 (n = 9)
	Probably positive (1.4%, n=201)	0.6 (n = 79)	0.8 (n = 111)	0.1 (n = 11)
	Definitely positive (7.5%, n=1079)	0.7 (n = 100)	1.0 (n = 147)	5.8 (n = 832)

The largest group were men whose last test was negative and who currently believed themselves to be *definitely* (27.8%) or *probably* (17.2%) negative. This is followed by another group who had never tested but who currently believed themselves to be *definitely* (22.8%) or *probably* (15.2%) negative. A small proportion (0.3%) believed themselves negative despite having received a positive test result. This adds up to 83.2% of men who thought they were uninfected (first two rows).

On the third row are 7.9% of all men were unsure of their HIV status. Most of these (61%) had never tested but more than a third (38%) had tested negative in the past. A very small number of men (n=9) had received a positive result in the past but were currently unsure of their status.

Of the 8.9% of men who thought they were HIV positive, 66% had been diagnosed positive. This is a slightly smaller proportion to what we believe the extent of diagnosis of infection among Gay men to be, given the results of the PHLS *Unlinked Anonymous Prevalence Surveys* (see box below).

Among men who had not tested positive, the proportion who thought they had undiagnosed infection was similar among men who had never tested (1.3%) and those who had tested negative (1.8%) at some point in the past.

Health Protection Agency, SCIEH, ISD, National Public Health Service for Wales, CDSC Northern Ireland and the UASSG. *Renewing the focus. HIV and other Sexually Transmitted Infections in the United Kingdom in 2002*. London: Health Protection Agency, November 2003.

Estimates of the total number of undiagnosed HIV infections in the population of homosexual / bisexual men were calculated through combining the data from Unlinked Anonymous surveys with estimates of the size of the population in exposure categories derived from the second *National Survey of Sexual Attitudes and Lifestyles* in 2000 (Johnson, Mercer, Erens *et al.* 2001) and Census 2001 population estimates (Office for National Statistics 2003).

The Unlinked Anonymous Surveys directly measure HIV prevalence in a variety of populations and estimate the proportion of infections that have been diagnosed. Undiagnosed infections are multiplied by population size to get total number of undiagnosed HIV infections which are then added to the prevalent diagnosed HIV infections derived from SOPHID.

In 2002 it is estimated that there were 22600 men who have sex with men (MSM) living in the UK with HIV infection (17100 diagnosed and 5500 undiagnosed).

Between 1995 and 2001 annual HIV incidence among men attending GUM clinics and having syphilis serology varied between 2% and 3%, rising to 3.5% in 2002. The small numbers involved cannot discount this rise having occurred by chance. During 2000 and 2001 incidence in London was more than three times higher than elsewhere, falling in 2002 to 1.7 times higher (London: 4.0%, 95% confidence interval 2.8-5.5; elsewhere 2.4%, 95% CI 1.2-4.3)

The paper estimates that at the end of 2002, 76% of men with homosexually acquired HIV infection living in the UK had had their infection diagnosed.

3.3 HIV CONCORDANCY IN REGULAR RELATIONSHIPS

Men who had a current regular male sexual partner (see section 2.6) were asked *Do you and your regular partner have the same HIV status?* and were instructed to indicate one of:

- *Yes, we have the same HIV status (either both HIV positive or both negative);*
- *No, one of us is positive and the other is negative; or*
- *Don't know whether we have the same status or not.*

Overall 3.1% of men with a regular partner declined to answer this question. Of those who did, 6.4% indicated they were in sero-discordant relationships, 65.2% in concordant relationships and the remaining 28.4% did not know whether they had the same or different HIV status to their partner. The table below includes only those men who currently have a regular partner. It shows the total distribution of relationship concordancy of men in a current relationship and their HIV testing history.

HIV concordancy of current relationship	% of those with a current regular male partner (n=7495)	% by HIV testing history (of those with a current regular male partner)		
		Never tested (n=2763)	Tested negative (n=4194)	Tested positive (n=521)
Concordant	65.2	53.8	75.2	44.7
Don't know	28.4	44.4	20.1	10.9
Discordant	6.4	1.7	4.7	44.3
Total	100.0	100.0	100.0	100.0

Men who had been diagnosed with HIV were much more likely to be in a sero-discordant relationship than men who had not tested HIV positive, with similar proportions of positive men in sero-concordant (pos-pos) and sero-discordant (pos-neg) relationships.

Among men who had never tested more than half (55.6%) reported that they knew the sero-concordancy of their relationship and the vast majority of these stated they were in a concordant relationship (53.8%). Untested men were least likely to report being in a current sero-discordant relationship (1.7%). Among men who had tested negative the majority reported their current relationship was HIV concordant (75.2%), though a fifth (20.1%) were in a relationship where they did not know or were unsure of the sero-concordance, and one-in-twenty (4.7%) were in a current sero-discordant relationship.

3.4 KNOWING SOMEONE WITH HIV

Those who had not tested HIV positive (n=13557) were asked *Do you personally know someone who is HIV positive*. Just under half (45.0%, missing=74) said yes. If we add in those who had tested positive this makes 48.5% of the total sample (of 14394 men, CI = 47.7% – 49.3%) knowing someone who had HIV (including themselves).

3.5 VARIATION ACROSS DEMOGRAPHIC GROUPS IN PROXIMITY TO THE HIV EPIDEMIC

Using all the measures reported in this chapter, we constructed a five category grouping to represent men's proximity to the HIV epidemic: having tested HIV positive; not having tested positive but believing they are infected; currently having an HIV positive partner; not having tested positive nor currently having an HIV positive partner but personally knowing someone with HIV; not personally knowing anyone with HIV.

This is an imperfect measure of experience of HIV. For example, an HIV negative man who has had a long-term relationship with an HIV positive partner in the past but not currently (either because of relationship breakdown or the death of the partner), could, on this scale, be in with a man who has no experience of HIV at all. While obviously not perfect, we feel the measure is informative enough to use for planning purposes.

The overall proportions in each of these groups are as follows. The addition of men who think they may be positive themselves and who think they have a partner with HIV makes the overall proximity figure higher than the previous figures on knowing someone with HIV.

Proximity to the HIV epidemic (n=14405, missing = 146)	% of all men
Diagnosed HIV positive	6.3
Thinks he is HIV positive but not diagnosed	3.1
Does not think that he is positive but has a partner with HIV	1.6
Knows someone diagnosed with HIV	39.2
Does not know anyone diagnosed with HIV	49.8

Approximately half the men in our sample had some personal proximity to the HIV epidemic. The following sections show how this variable differed across the demographic groups. Because the variable has been constructed using a number of questions (not all of which every respondent answered) the denominators and proportions of men who had tested positive vary slightly from those given above.

3.5.1 Area of residence and proximity to the HIV epidemic

The following table shows how proximity to the epidemic varied by area of residence.

All men	% by area of residence group						
	London (n=3406)	South England (n=2626)	Midlands & Eastern England (n=2612)	North England (n=2794)	Wales (n=562)	Scotland (n=1031)	Northern Ireland (n=337)
Diagnosed HIV positive	12.4	3.9	3.9	5.9	4.1	2.9	1.8
Thinks he is HIV positive	3.0	3.0	2.7	3.1	2.1	4.4	3.3
Has positive partner	2.5	1.2	1.3	1.4	1.6	1.2	0.3
Knows someone positive	51.1	39.8	34.8	36.6	31.7	31.0	26.7
Does NOT know someone positive	31.0	52.0	57.4	53.0	60.5	60.5	68.0

Unsurprisingly men in London had the greatest proximity to the HIV epidemic. They were most likely to be living with diagnosed HIV, have a positive partner and to know someone with HIV.

Alternatively those living in Northern Ireland had the greatest distance from the epidemic and were least likely to have been diagnosed positive for HIV, have a positive partner or to know someone with HIV. Northern-Irish-resident men were most likely to say they did not know someone with HIV. Scottish-resident men were most likely to say they thought they were positive.

3.5.2 Age and proximity to the HIV epidemic

The following table shows how proximity to the epidemic varied across age groups.

All men	% by age group				
	under 20 (n=1178)	20s (n=4092)	30s (n=3719)	40s (n=1984)	50+ (n=1147)
Diagnosed HIV positive	0.4	2.9	10.1	10.5	7.3
Thinks he is HIV positive	2.3	3.0	3.6	2.8	1.7
Has positive partner	0.8	1.0	2.3	2.3	2.0
Knows someone positive	15.6	34.5	45.9	50.7	46.6
Does NOT know someone positive	80.9	58.7	38.0	33.7	42.5

The proportion who knew no one with HIV was greatest among those under 20, and this proportion decreased with age, peaking among men in their 40s. Young men have least proximity to the HIV epidemic, on almost all measures.

Men in their 40's had the greatest proximity to the HIV epidemic. They were most likely to be diagnosed positive, to currently have a positive partner or to know someone with HIV. Older men generally have longer sexual careers with more time for HIV exposure and infection to take place, and be diagnosed, and HIV has been around for a greater proportion of their sexual careers. However, the finally category of 50+ includes men in their 60s, 70s and 80s – fewer men in this category have proximity to the epidemic probably because it began relatively late in their sexual careers. The apparent decline in proximity with increasing age, may also occur because older men have previously lost partners and friends to HIV but no longer know anyone with HIV.

3.5.3 Ethnicity and proximity to the HIV epidemic

The following table shows how proximity to the epidemic varied by ethnicity.

All men	% by ethnic group					
	Asian / Asian British (n=196)	Black / Black British (n=142)	Mixed (n=266)	White British (n=12071)	White other (n=1495)	All others (n=200)
Diagnosed HIV positive	4.1	14.1	8.6	6.0	8.4	5.5
Thinks he is HIV positive	2.0	3.5	4.5	3.0	3.3	2.5
Has positive partner	0.5	2.1	0.8	1.5	2.1	3.5
Knows someone positive	24.5	43.7	41.7	38.4	48.0	29.0
Does NOT know someone positive	68.9	36.6	44.4	51.1	38.3	59.5

Proximity to the HIV epidemic varied significantly by ethnicity. Black men had overall the greatest proximity to the HIV epidemic. They were most likely to have been diagnosed with HIV and least likely not to know anyone with HIV. Men from non-British White backgrounds had the next greatest proximity, and were most likely to know someone with HIV.

Asian men had the least proximity to the HIV epidemic. They were least likely to have diagnosed HIV, or to think they had HIV. They were least likely to be in a sero-discordant relationship or to know anyone with HIV.

3.5.4 Education and proximity to the HIV epidemic

The following table shows how proximity to the epidemic varied by education.

All men	% by education group		
	Low (n=3583)	Medium (n=4409)	High (n=6364)
Diagnosed HIV positive	7.5	5.3	6.4
Thinks he is HIV positive	3.2	3.1	3.0
Has positive partner	1.8	1.3	1.7
Knows someone positive	35.1	34.2	45.1
Does NOT know someone positive	52.5	56.1	43.9

Men with *high* educational attainment had the greatest overall proximity to the HIV epidemic mainly because they were more likely to know someone with HIV. Although men with *low* education were most likely to have a positive diagnosis, they had similar levels of thinking they were positive and having a positive partner. They were less likely to know someone with HIV than men with *high* educational attainment. Overall men with *medium* educational attainment had the lowest proximity to HIV.

3.5.5 Gender of sexual partners and proximity to the HIV epidemic

The following table shows how proximity to the epidemic varied by whether men had a sexual partner and the gender of the sexual partners they had in the previous year.

All men	% by gender of sexual partners in the last year			
	no one (n=694)	women only (n=174)	men only (n=12163)	men & women (n=1374)
Diagnosed HIV positive	3.7	0.6	7.0	2.1
Thinks he is HIV positive	2.4	0.6	3.2	2.8
Has positive (male) partner	na	na	1.8	0.9
Knows someone positive	19.9	9.2	42.7	21.6
Does NOT know someone positive	73.9	89.7	45.3	72.6

As men who do not have a male partner cannot have a positive male partner these cells are blank in the table above. Even when having a positive partner is removed from the analysis, those who had sex with exclusively male partners had the greatest proximity to the HIV epidemic, they were most likely to be diagnosed with HIV, to think they may have HIV themselves and to know someone with HIV. Men who had sex with women only were least likely to have proximity to the epidemic and least likely to know someone with HIV.

A key contradiction that HIV programme planning must come to terms with is that the group of men more likely to be involved in sexual HIV exposure (and most likely to sero-convert to HIV) are not always the group more likely to be in greatest unmet need. This contradiction is perhaps most acute between Gay and Bisexual men (or between men who have sex with men only and those who have sex with women and men). Although Bisexual men are less likely to have HIV, be involved in HIV exposure or to sero-convert to HIV than are Gay men (mainly, we believe, because of differences in the socio-sexual context of their sex with men), Bisexual men are more likely to be in greater unmet need, being less well informed and having poorer access to services. How this contradiction is handled in planning is dependent on the values and drivers of the programme.

3.5.6 Relationship status and proximity to the HIV epidemic

The following table shows how proximity to the epidemic varied by whether men were in a relationship and the length of their relationship.

All men	% by male relationship status		
	Single (n=6693)	Partnered for < 1 year (n=2610)	Partnered for 1 year + (n=4862)
Diagnosed HIV positive	5.6	5.2	7.9
Thinks he is HIV positive	2.4	3.1	3.9
Has positive partner	na	2.5	3.3
Knows someone positive	34.7	37.4	45.9
Does NOT know someone positive	57.4	51.8	39.0

As men who do not have a partner cannot have a positive partner this cell is blank in the table. Even when having a positive partner is removed from the analysis, single men are still significantly less likely to show much proximity to the HIV epidemic. Those partnered for more than 12 months had the greatest proximity. These differences are most pronounced among men in their 40s and 50s although they are significant in every age group.

3.5.7 Volume of male sexual partners and proximity to the HIV epidemic

The following table shows how proximity to the epidemic varied by the volume of male sexual partners men had in the last year (including men who had none).

All men	% by volume of male sexual partners in last year					
	none (n=868)	one (n=2525)	2,3 or 4 (n=3963)	5 to 12 (n=3321)	13 to 29 (n=1828)	30+ (n=1596)
Diagnosed HIV positive	3.1	4.0	4.0	5.9	9.1	14.9
Thinks he is HIV positive	2.1	2.7	2.9	3.0	3.4	4.1
Has positive partner	na	1.9	1.1	1.7	1.7	3.0
Knows someone positive	17.7	34.4	32.6	41.3	51.5	55.9
Does NOT know someone positive	77.1	57.1	59.5	48.0	34.3	22.1

Those who had no male partners could not have a positive partner so this cell is blank. Even when having a positive partner is removed from the analysis, those with higher numbers of partners have greater proximity to the epidemic than those with fewer partners. Those with no male partners have the least proximity of all and those with 30 or more have the greatest proximity.

3.5.8 Length of residence in the UK and proximity to the HIV epidemic

The following table shows how proximity to the epidemic varied by the length of time men had been resident in the UK.

All men	% by length of residence in the UK				
	< 1 year (n=171)	1 – 3 years (n=294)	4 – 10 years (n=725)	more than 10 years (n=717)	born in the UK (n=12238)
Diagnosed HIV positive	4.1	3.7	10.9	11.2	5.9
Thinks he is HIV positive	3.5	3.4	2.2	3.1	3.1
Has positive (male) partner	2.3	1.4	2.5	2.6	1.5
Knows someone positive	37.4	47.6	43.9	49.5	38.1
Does NOT know someone positive	52.6	43.9	40.6	33.6	51.6

Men who had been resident in the UK for less than a year were most likely to think they had undiagnosed HIV infection and were least likely to know someone with diagnosed HIV. Conversely, migrants resident in the UK for over 10 years were most likely to be living with diagnosed HIV and to have a positive partner and to know someone with HIV. The relationships between migrancy and HIV vulnerability are strong and complex (see Keogh, Dodds & Henderson, 2004)

3.5.9 Income and proximity to the HIV epidemic

The following table shows how proximity to the epidemic varied by men's current income in pounds sterling.

All men	% by (gross) income in last year			
	under £10k (n=2904)	£10 to £20k (n=4432)	£20 to £30K (n=3423)	£30k + (n=3440)
Diagnosed HIV positive	4.9	6.8	6.7	6.3
Thinks he is HIV positive	2.5	3.2	3.4	3.1
Has positive (male) partner	0.8	1.5	2.0	2.0
Knows someone positive	27.3	36.4	44.5	48.1
Does NOT know someone positive	64.5	52.1	43.4	40.4

Proximity to the HIV epidemic increases with income. Men earning less than £10000 were least likely to have been diagnosed HIV positive, think they were positive, have a positive partner or to know someone with HIV men. Men with incomes above £30000 were most likely to know someone with HIV and to have a positive partner.

3.6 SUMMARY

Experience of HIV is very unevenly distributed among Gay and Bisexual men in the UK. Even though Gay men are the population most affected by HIV, over half of the men surveyed currently have no personal contact with the virus. However, 10% of all men thought they had HIV or had a current regular partner with HIV. Health promotion interventions must work with this diversity and recognise that men who have sex with men are a varied group with diverse experiences and needs.

Experience of HIV is more common in London than elsewhere, among Gay than Bisexual men, among men in their 30s and 40s rather than 20s or over 50s, and among men with lower rather than higher levels of education. Men with experience of HIV also had greater numbers of male sexual partners. To increase their impact on the incidence of HIV, prevention interventions should over-serve those groups more likely to be living with and around HIV.

4 Sexual behaviours related to HIV transmission

This chapter reports the data from the questions about the two sexual behaviours most associated with HIV transmission, receptive unprotected anal intercourse (RUAI) and insertive unprotected anal intercourse (IUI).

4.1 VOLUME OF RECEPTIVE UNPROTECTED ANAL INTERCOURSE (RUAI) PARTNERS

Men were asked *In the last 12 months how many different men have you been fucked by, without a condom?* and allowed to indicate one of six responses (see table below). This was only asked of those who reported male sexual partners in the last year (94.0%). A further 2.4% did not answer this question. For those men who answered the question and had male sexual partners, 58.7% did not have RUAI, 24.3% had RUAI with a single partner, 7.3% had RUAI with 2 partners, 3.4% had RUAI with 3 partners, 1.6% had RUAI with 4 partners and 4.8% had 5 or more RUAI partners. The majority of men who had RUAI did so with one partner only (58.8%).

Volume of RUAI partners	% of all men (n=14202)	% men who had male partners (n=13322)	% men who had RUAI partners (n=5501)
None	61.3	58.7	--
one	22.8	24.3	58.8
two	6.8	7.3	17.6
three	3.2	3.4	8.2
four	1.5	1.6	3.8
5 or more	4.5	4.8	11.7
Total	100.0	100.0	100.0

4.2 LIKELIHOOD OF HIV SERO-DISCORDANT RECEPTIVE UNPROTECTED ANAL INTERCOURSE (sdRUAI)

Men who reported having one or more RUAI partners (n=5501) were asked *How likely do you think it is, that in the last 12 months, you've been fucked without a condom by a man with a different HIV status to yourself?* and were allowed to choose one of 5 responses. Just over 1% of men did not give an answer (n=59).

Likelihood of sdRUAI	% who had RUAI partners (n= 5424)	% by testing history	
		NOT tested HIV positive (n=4906)	Tested HIV positive (n=518)
I definitely have been	5.3	3.2	25.1
I probably have been	5.3	3.3	24.1
I may have, may not have been	18.7	18.2	23.9
I probably have not been	26.1	28.0	7.5
I definitely have not been	44.6	47.3	19.3
Total	100.0	100.0	100.0

The majority of men who had RUAI in the last 12 months believed that they had done so only with partners of a similar HIV status to themselves (70.6%). Almost a fifth (18.7%) were unsure whether they had or not, and one in ten (10.6%) said they had *probably* or *definitely* had receptive anal intercourse with a man with a different HIV status to themselves. Men who had not tested positive for HIV were less likely to report having *probably* or *definitely* had sdRUAI (6.4% had), than men with diagnosed HIV (49.2% had).

4.3 VOLUME OF INSERTIVE UNPROTECTED ANAL INTERCOURSE (IUI) PARTNERS

Men were asked *In the last 12 months how many different men have you fucked without a condom?* and were allowed to indicate one of six responses (see table below). This was only asked of those men who reported male sexual partners in the last year (94.0%). A small proportion (2.5%) did not answer this question.

For those men who answered the question and had male sexual partners, 56.4% did not have IUI, 24.6% had IUI with a single partner, 8.3% had IUI with 2 partners, 3.6% had IUI with 3 partners, 1.5% had RUAI with 4 partners and 5.5% had 5 or more RUAI partners. Just over half the men who had any IUI did so with one partner only (56.5%).

Volume of IUI partners	% of all men (n=14192)	% men who had male partners (n= 13312)	% men who had IUI partners (n=5809)
None	59.1	56.4	--
one	23.1	24.6	56.5
two	7.8	8.3	19.1
three	3.4	3.6	8.2
four	1.4	1.5	3.5
5 or more	5.2	5.5	12.6
Total	100.0	100.0	100.0

4.4 LIKELIHOOD OF HIV SERO-DISCORDANT INSERTIVE UNPROTECTED ANAL INTERCOURSE (sdIUI)

Men who reported having one or more IUI partners (n=5809) were asked *How likely do you think it is, that in the last 12 months, you've fucked without a condom a man with a different HIV status to yourself?* and were allowed to allocate one of 5 responses (see table below). Under 1% of men did not give an answer (n=60).

Likelihood of sdIUI	% who had IUI partners (n= 5749)	% by HIV testing history	
		NOT tested HIV positive (n=5248)	Tested HIV positive (n=482)
I definitely have been	4.4	3.2	17.0
I probably have been	5.7	4.2	22.4
I may have, may not have been	21.9	21.8	23.4
I probably have not been	25.9	27.4	9.5
I definitely have not been	42.0	43.4	27.6
Total	100.0	100.0	100.0

The majority of men who had IUA1 in the last 12 months believed they had done so only with partners of a similar HIV status (67.9%). However, over a fifth (21.9%) were unsure whether they had or not and one in ten (10.1%) said they had *probably* or *definitely* had insertive UAI with a man who was of a different HIV status. Men who had not tested positive for HIV were less likely to report having *probably* or *definitely* had sdIUA1 (7.4%), than men with HIV (39.4%).

4.5 VARIATION ACROSS DEMOGRAPHIC GROUPS IN SEXUAL BEHAVIOUR

The following sections look at how the sexual behaviours varied across the demographic groups described in Chapters 2 and 3.

4.5.0 Proximity to the epidemic and sexual behaviour

The following table shows how engagement in HIV risk behaviours varied by proximity to the HIV epidemic.

All men		% by proximity to the epidemic				
		Diagnosed HIV positive (n=902)	Believes HIV positive (n=437)	HIV positive partner (n=229)	Knows someone with HIV (n=5626)	Knows no one with HIV (n=7126)
Number of partners respondent had receptive UAI with	none	38.9	52.3	64.6	59.5	60.7
	one	16.3	27.7	18.6	24.3	25.3
	2, 3 or 4	19.6	12.2	10.2	12.2	11.4
	5+	25.2	7.8	6.6	4.0	2.5
Self-rating probability of receptive sdUAI	probably / definitely have	30.0	9.5	16.4	3.3	1.1
	maybe / maybe not	14.6	10.0	4.9	8.0	6.5
Number of partners respondent had insertive UAI with	none	43.3	50.2	58.7	55.2	59.4
	one	17.5	25.0	14.7	24.8	25.9
	2, 3 or 4	17.0	16.3	15.1	14.5	12.0
	5+	22.2	8.5	11.6	5.6	2.8
Self-rating probability of insertive sdUAI	probably / definitely have	22.3	10.5	18.8	4.3	1.2
	maybe / maybe not	13.2	10.9	10.7	11.0	7.6

Men who were diagnosed HIV positive were much more likely to have UAI and to do so with higher numbers of partners. A quarter (25.2%) of positive men had five or more receptive UAI partners in the last year, compared with 3.4% of not-positive men. Similarly 22.2% had five or more insertive UAI partners compared with 4.3% of not-positive men. Correspondingly, far more of the diagnosed positive men indicated they had or may have had sero-discordant UAI, both receptive and insertive. Of positive men, 30.0% said they *definitely* or *probably* had receptive sdUAI compared with 2.6% of not-positive men, and 22.3% said they had insertive sdUAI compared with 3.2% of not-positive men.

Men who had not tested HIV positive but who were in a relationship with an HIV positive man were no more likely to have multiple receptive UAI partners (16.8% had two or more) compared with other men who had not tested positive (15.1% had two or more). However, they were much more likely to say they thought they had engaged in receptive sdUAI (16.4%) compared with other not-tested positive men (2.3% of these thought they had receptive sdUAI).

- **These data suggest that the first priority of most HIV prevention programmes should be men with HIV (including those who have not tested positive but think they have HIV) and men who are in relationships with them.**

4.5.1 Area of residence and sexual behaviour

The following table shows how engagement in various sexual behaviours varied by area of the residence.

Men not tested HIV positive		% by area of residence group						
		London (n=3000)	South England (n=2536)	Mid & Eastern England (n=2519)	North England (n=2641)	Wales (n=541)	Scotland (n=1007)	Northern Ireland (n=332)
Number of partners respondent had receptive UAI with	none	62.6	58.9	59.5	58.7	60.5	62.0	52.7
	one	22.8	25.7	25.9	25.5	24.8	24.3	26.8
	2, 3 or 4	10.2	12.9	11.7	11.6	12.6	11.6	16.8
	5+	4.4	2.5	2.9	4.1	2.1	2.2	3.7
Self-rating probability of receptive sdUAI	probably / definitely have	3.6	2.7	1.9	2.5	2.1	2.2	1.7
	maybe / maybe not	6.9	7.3	6.7	7.9	6.6	7.6	8.8
Number of partners respondent had insertive UAI with	none	58.7	56.6	59.0	55.6	59.9	56.5	49.8
	one	23.3	26.3	26.0	25.2	25.4	24.3	29.6
	2, 3 or 4	13.1	13.2	11.3	14.6	11.8	15.0	17.5
	5+	4.9	4.0	3.8	4.6	2.9	4.2	3.0
Self-rating probability of insertive sdUAI	probably / definitely have	5.0	2.7	2.1	3.2	3.1	2.5	1.0
	maybe / maybe not	10.7	8.4	7.8	9.7	8.5	9.5	11.5

All four sexual behaviours varied according to where men lived in the UK, with London standing out from other areas. Men resident in London were both most likely to have had no receptive UAI (62.6%) and most likely to have five or more receptive UAI partners (4.4%). This suggests a more divided population in London. Due to a far higher HIV prevalence, there is more opportunity for sexual exposure in London. This is reflected in a greater proportion of men resident in London, thinking they have been or may have been involved in HIV exposure.

Men living in Northern Ireland were most likely to have had receptive UAI and they were also most likely to have had insertive UAI, although they were least likely to think they *probably / definitely* had sdUAI.

Although there are geographic differences, what is most striking in these data is the observation that everywhere in the country there are men who have little or no HIV risk and men who have sex with a risk of HIV exposure and transmission. In each area there are very diverse groups of men who have sex with men.

4.5.2 Age and sexual behaviour

The following table shows how engagement in various sexual behaviours varied across the age range.

Men not tested HIV positive		% by age group				
		under 20 (n=1178)	20s (n=3992)	30s (n=3354)	40s (n=1785)	50+ (n=1069)
Number of partners respondent had receptive UAI with	none	49.4	53.7	61.8	68.2	73.1
	one	29.5	28.4	24.4	20.5	16.8
	2, 3 or 4	16.4	14.2	10.9	8.0	7.5
	5+	4.6	3.7	2.9	3.3	2.6
Self-rating probability of receptive sdUAI	probably / definitely have	1.8	2.4	3.2	2.5	1.8
	maybe / maybe not	10.9	8.5	6.7	5.6	4.0
Number of partners respondent had insertive UAI with	none	53.0	54.2	56.8	62.2	67.5
	one	25.3	28.2	25.2	22.5	16.9
	2, 3 or 4	17.2	13.7	13.3	10.6	11.6
	5+	4.4	4.0	4.6	4.7	4.0
Self-rating probability of insertive sdUAI	probably / definitely have	2.2	2.9	4.0	3.3	2.3
	maybe / maybe not	9.4	8.9	10.5	9.2	6.9

All four behaviours were significantly associated with age. Engagement in UAI was associated with younger age. Just over half of the under 20 year olds had receptive UAI and the proportion declined with increasing age (to 26.9% among the over 50s). Among the men who had RUAI, younger men did so with more partners. Younger men were also most likely to recognise the *possibility* they had been involved in receptive sdUAI, with 12.7% indicating at least *maybe*. This proportion decreased with increasing age (12.7%, 10.9%, 9.9%, 8.1%, 5.8%). However, it was men in their 30s who were most likely to say they *probably* or *definitely* had engaged in sdRUAI. This pattern reflects that found in the 2001 survey where younger men were more likely to engage in 'naive' risk (with partners of unknown HIV status) while men their 30s and 40s were most likely to engage in 'cognizant' risk (with a partner known to be HIV positive).

There was a similar but less strong age pattern with insertive UAI. Having any IUAI was most common among the youngest men and again declined with age. Having done so with more than one partner was also most common among the youngest group (21.6% had IAUI with two or more partners) and declined with age (17.7%, 17.9%, 15.3%, 15.6%). Again, men in their 30s were most likely to say they *probably / definitely* had IUAI with an HIV positive man, and this time were also most likely to indicate they *may have* done so also.

These data reinforce our earlier conclusion (Reid *et al.* 2002, p.32) that sexual exposure to HIV happens across the age range but is less common among the oldest age group (the over 50s). However, the range of circumstances in which men are sexually exposed to HIV varies across the age range, with younger men being 'naively' exposed, while older men are more likely to be knowingly exposed to HIV.

4.5.3 Ethnicity and sexual behaviour

The following table shows how engagement in various sexual behaviours varied across ethnic groups.

Men not tested HIV positive		% by ethnic group					
		Asian / Asian British (n=190)	Black / Black British (n=123)	Mixed (n=244)	White British (n=11406)	White Other (n=1375)	All others (n=189)
Number of partners respondent had receptive UAI with	none	59.5	68.2	57.3	60.2	59.7	55.4
	one	25.6	15.0	27.3	24.8	24.8	29.9
	2, 3 or 4	10.7	15.9	9.7	11.7	12.2	12.4
	5+	4.2	0.9	5.7	3.4	3.4	2.3
Self-rating probability of receptive sdUAI	probably / definitely have	3.0	1.9	1.3	2.5	3.3	1.7
	maybe / maybe not	8.4	6.5	10.7	7.1	7.4	10.2
Number of partners respondent had insertive UAI with	none	57.7	54.7	52.7	57.6	56.0	56.5
	one	23.2	24.5	30.5	25.0	25.2	28.8
	2, 3 or 4	16.7	15.1	12.4	13.1	14.2	12.4
	5+	2.4	5.7	4.4	4.3	4.6	2.3
Self-rating probability of insertive sdUAI	probably / definitely have	4.2	7.5	2.7	3.0	4.2	2.8
	maybe / maybe not	10.7	9.4	8.0	9.0	10.5	14.8

Engagement in receptive and insertive UAI and the number of partners this occurred with did not vary by ethnic group.

Only one of the four measures was significantly associated with ethnicity. Black men were most likely to indicate that they had *probably* or *definitely* had insertive sdUAI. This finding confirms that from GMSS 2001 in which Black men (who had not tested HIV positive) were found to be more likely than other ethnic groups to engage specifically in insertive UAI with partners they knew to be HIV positive or partners whose HIV status they did not know (Hickson, Reid *et al.* 2004).

4.5.4 Education and sexual behaviour

The following table shows how engagement in various sexual behaviours varied across the education groups.

Men not tested HIV positive		% by education group		
		Low (n=3339)	Medium (n=4187)	High (n=5982)
Number of receptive UAI partners	none	56.2	57.0	64.2
	one	24.9	26.9	23.4
	2, 3 or 4	14.4	12.7	9.7
	5+	4.5	3.4	2.7
Self-rating probability of receptive sdUAI	probably / definitely have	3.8	2.0	2.3
	maybe / maybe not	10.0	7.5	5.5
Number of insertive UAI partners	none	54.1	56.0	59.8
	one	25.6	26.0	24.4
	2, 3 or 4	14.6	13.9	12.1
	5+	5.6	4.2	3.7
Self-rating probability of insertive sdUAI	probably / definitely have	4.1	2.3	3.2
	maybe / maybe not	11.7	8.4	8.5

All four sexual behaviours varied by education, with men with *low* levels of formal education consistently reporting more sexual risk.

Engagement in receptive UAI was associated with *low* levels of formal education. A higher proportion of men with *low* education (43.8%) had any receptive UAI compared to men with *medium* (43.0%) and *high* levels of education (35.8%). Among men who had any receptive UAI, less well educated men did so with more partners. Less well educated men were also most likely to recognise the *possibility* they had been involved in receptive sdUAI, with 13.8% indicating *definitely*, *probably* or *maybe* being involved. This proportion decreased with increasing education (*medium* = 9.5% and *high* = 7.8%)

There was a similar pattern with insertive UAI. Having any insertive UAI was most common among the less well educated men and this again declined with increasing education. Having insertive UAI with more than one partner was also most common among the men with least education (20.2% had IAU with two or more partners) and declined with increasing education (18.1% for men of *medium* education and 15.8% among men with *high* education). Again, men with *low* levels of education were most likely to say they had *probably* or *definitely* had insertive UAI with an HIV positive man.

These findings confirm those from our previous years surveys and confirm that:

- **all HIV prevention programmes and interventions should disproportionately benefit men with lower levels of formal education.**

4.5.5 Gender of sexual partners and sexual behaviour

The following table shows how engagement in various sexual behaviours with men varied by the gender of men's sexual partners. As men who had no male sexual partners could not engage in sexual risk behaviours with them, we consider only men who had male partners in the last year.

Men not tested HIV positive		% by gender of sexual partners in last year	
		men & women (n=1350)	men only (n=11358)
Number of receptive UAI partners	none	68.0	59.1
	one	17.4	25.7
	2, 3 or 4	10.2	11.9
	5+	4.5	3.3
Self-rating probability of receptive sdUAI	probably / definitely have	1.8	2.7
	maybe / maybe not	7.2	7.2
Number of insertive UAI partners	none	66.1	56.2
	one	17.5	26.0
	2, 3 or 4	11.2	13.5
	5+	5.2	4.2
Self-rating probability of insertive sdUAI	probably / definitely have	2.5	3.2
	maybe / maybe not	8.4	9.4

Men who had sex with men only were more likely than men who also had sex with women to have UAI (both receptive and insertive) and to judge themselves likely to have had sdUAI (both receptive and insertive). However, they were no more likely to have multiple UAI partners.

It may be the case that, as with age, the two groups of men (behaviourally bisexual and exclusively homosexually active) are sexually exposed to HIV in a different range of contexts.

- **Behaviourally bisexual men have plenty of opportunity for sexual HIV exposure. While exclusively homosexually active men look slightly more likely to be involved in known exposure there is evidence of considerable risk in both groups.**

4.5.6 Relationship status and sexual behaviour

The following table shows how engagement in various sexual behaviours varied by relationship status and length of relationships.

Men not tested HIV positive		% by male relationship status		
		Single (n=6360)	Partnered for < 1 year (n=2480)	Partnered for 1 year + (n=4493)
Number of receptive UAI partners	none	69.9	50.1	53.4
	one	17.5	27.5	32.6
	2, 3 or 4	9.8	18.5	10.3
	5+	2.8	3.9	3.7
Self-rating probability of receptive sdUAI	probably / definitely have	2.2	3.1	2.6
	maybe / maybe not	7.1	9.0	6.3
Number of insertive UAI partners	none	67.7	48.7	49.1
	one	17.4	27.1	33.9
	2, 3 or 4	11.6	18.7	12.2
	5+	3.3	5.6	4.8
Self-rating probability of insertive sdUAI	probably / definitely have	2.5	4.1	3.3
	maybe / maybe not	8.8	9.9	9.3

Sexual HIV risk behaviours significantly varied by relationship status. Single men were least likely to have had UAI, both receptive and insertive while those who were recently partnered were most likely to have multiple UAI partners, both receptive (22.4%) and insertive (24.3%). Men in recently formed relationships were correspondingly more likely to indicate that they thought they *probably* or *definitely* had been involved in sero-discordant UAI, both insertive and receptive.

It has long been recognised that anal intercourse among Gay men, and unprotected anal intercourse in particular, is more likely to occur between regular sexual partners who are engaged in an emotional relationship than it is between casual sex partners. Men may be at particular risk of HIV infection in the first year of relationships when condoms may be abandoned before partners have correctly established that they share the same HIV status.

These data suggest that HIV prevention programmes should include interventions about starting new relationships and negotiating sexual safety in these contexts.

4.5.7 Volume of male sexual partners and sexual behaviour

The following table shows how engagement in various sexual behaviours varied by the volume of male sexual partners men had in the last year (excluding men who had no male partners).

Men not tested HIV positive		% by volume of male sexual partners in last year				
		one (n=2431)	2, 3 or 4 (n=3822)	5 to 12 (n=3141)	13 to 29 (n=1670)	30+ (n=1360)
Number of partners respondent had receptive UAI with	none	61.9	64.5	59.5	55.6	50.5
	one	38.1	25.6	20.3	19.2	17.0
	2, 3 or 4	--	9.9	17.2	18.8	16.3
	5+	--	--	3.0	6.4	16.1
Self-rating probability of receptive sdUAI	probably / definitely have	0.5	1.2	2.3	4.2	8.9
	maybe / maybe not	1.3	4.3	9.2	12.9	14.3
Number of partners respondent had insertive UAI with	none	62.4	63.2	56.3	49.7	43.1
	one	37.6	26.1	21.7	19.2	15.7
	2, 3 or 4	--	10.7	17.8	23.3	21.1
	5+	--	--	4.2	7.9	20.1
Self-rating probability of insertive sdUAI	probably / definitely have	0.9	1.3	2.8	5.0	11.1
	maybe / maybe not	1.2	4.5	11.6	17.5	21.1

Sexual behaviours that are a risk for HIV exposure are a subset of all sexual behaviours, so it is not surprising that engagement in risk is associated with the volume of men's sexual partners. Generally, men who have more sexual partners have more opportunity for UAI and sdUAI. Men with larger numbers of male partners (30 or more) were much more likely to have UAI (both insertive and receptive) and larger proportions of this group judged themselves to have been involved in sexual HIV exposure.

- **All HIV prevention programmes should disproportionately benefit men who have larger numbers of male sexual partners.**

4.5.8 Length of residence in the UK and sexual behaviour

The following table shows how engagement in various sexual behaviours varied by the length of time men had lived in the UK.

Men not tested HIV positive		% by length of residence in the UK				
		< 1 year (n=165)	1 – 3 years (n=284)	4 – 10 years (n=647)	more than 10 years (n=640)	born in the UK (n=11576)
Number of partners respondent had receptive UAI with	none	55.0	60.8	60.8	64.4	59.6
	one	25.8	25.0	23.4	22.7	25.2
	2, 3 or 4	15.9	10.2	12.4	10.1	11.8
	5+	3.3	4.1	3.4	2.8	3.4
Self-rating probability of receptive sdUAI	probably / definitely have	2.7	3.8	2.9	2.5	2.5
	maybe / maybe not	6.1	6.8	6.3	7.2	7.4
Number of partners respondent had insertive UAI with	none	52.3	55.8	54.9	58.3	57.3
	one	24.5	27.7	26.9	25.7	25.1
	2, 3 or 4	21.2	11.6	12.9	13.2	13.3
	5+	2.0	4.9	5.3	3.7	4.3
Self-rating probability of insertive sdUAI	probably / definitely have	2.0	5.6	4.2	3.9	3.0
	maybe / maybe not	7.4	8.6	11.3	9.9	9.2

None of the four HIV transmission related sexual behaviours were significantly associated with the length of time men had been living in the UK at the univariate level.

4.5.9 Income and sexual behaviour

The following table shows how engagement sexual behaviours varied by annual income.

Men not tested HIV positive		% by (gross) income in the last year			
		under £10k (n=2778)	£10k to £20k (n=4146)	£20k to £30k (n=3202)	£30k+ (n=3240)
Number of partners respondent had receptive UAI with	none	56.3	56.7	61.8	65.1
	one	24.9	27.3	24.2	22.8
	2, 3 or 4	14.5	13.2	10.3	9.0
	5+	4.2	2.8	3.7	3.1
Self-rating probability of receptive sdUAI	probably / definitely have	3.0	2.5	2.9	2.2
	maybe / maybe not	8.9	8.0	6.6	5.5
Number of partners respondent had insertive UAI with	none	58.0	55.0	58.0	58.5
	one	24.2	26.7	24.6	24.7
	2, 3 or 4	13.6	14.5	12.6	12.2
	5+	4.4	3.8	4.8	4.5
Self-rating probability of insertive sdUAI	probably / definitely have	3.0	2.9	3.6	3.2
	maybe / maybe not	9.0	9.3	9.7	8.9

Income was associated with HIV risk in receptive anal intercourse but not with insertive. Men who earned less than £20,000 per year were more likely to have had receptive UAI and most likely to have multiple receptive UAI partners (18.7% of men earning under £10,000, 16.0% of men earning £10-20,000, 14.0% of men earning £20-30,000 and 12.1% of men earning £30,000 or more). Men earning less were correspondingly more likely to indicate that they thought they had *probably*, *definitely* or *maybe* been involved in sero-discordant receptive UAI. The more money men earned, the less likely they were to engage in receptive unprotected anal intercourse.

No comparable relationship existed for annual income and insertive UAI.

4.6 SUMMARY

There is considerable evidence of on-going HIV risk behaviours among Gay and Bisexual men. Behaviourally, there is no mystery about why many men continue to sero-convert to HIV infection.

Men with HIV are much more likely to be involved in HIV transmission than men without HIV, making men with HIV a logical first priority for HIV prevention interventions.

Men without HIV but in relationships with men with HIV are great risk of HIV sero-conversion and should also be a priority for prevention programmes. In both these groups and among the remainder of men, those with larger numbers of sexual partners and those with lower levels of education should disproportionately benefit from HIV prevention interventions.

5 Indicators of unmet HIV prevention needs

A central aim of the *Gay Men’s Sex Survey* is to generate evidence about the extent to which *Making it Count* health promotion aims are not met. *Making it Count* (Hickson *et al.* 2003b) describes what the CHAPS collaborating agencies are attempting to influence in order to reduce the number of sexual HIV exposures occurring during sex between men and to reduce the probability of transmission when exposure does occur. The health promotion aims for homosexually active men are grouped according to the four targets they are intended to reduce. The needs were generated by asking *What do Gay and Bisexual men need to reduce their involvement sexual HIV transmission and to have HIV and other STIs quickly diagnosed and treated?*

The indicators of need we use are simple and the picture they contribute to is cumulative, being added to those reported in previous years (Hickson *et al.* 1998; Hickson *et al.* 1999; Weatherburn *et al.* 2000; Hickson *et al.* 2001; Reid *et al.*, 2002; Hickson *et al.* 2003a). In the following sections each indicator is introduced and its overall level described. Section 5.8 considers how the indicators vary across the demographic groups.

5.1 NEED FOR SEXUAL AUTONOMY: EXPERIENCE OF FORCED SEX

Control over sex is a prerequisite for having choice and control over sexual risk behaviours and HIV prevention needs include not being raped or otherwise sexually assaulted. Men were asked *In the last year have you been forced to have sex when you didn’t want it?* Those men who answered *Yes* were then asked how many times this had occurred.

<i>In the last year have you been forced to have sex when you didn’t want it?</i> (n=14425, missing =126)		%
	No	93.0
	Yes	7.0
<i>How many times has this occurred?</i> Of those who indicated Yes above (n=983, missing = 31)		
	One	42.7
	Two	22.2
	Three	11.1
	Four	5.4
	Five	4.8
	Six	2.7
	Seven of more	11.1

Overall 7.0% of men said that, in the last year, they had been forced to have sex when they did not want it (only 0.9% left this question blank). Over half of the men who had experienced forced sex had experienced it more than once in the last year.

Experience of forced sex was positively associated with involvement in both receptive and insertive HIV sero-discordant unprotected anal intercourse. The following table illustrates how men who had experienced forced sex were more likely to have had multiple receptive UAI partners in the past year.

% of each forced sex group		Have you been forced to have sex when you didn't want it?		
		No (n=12,287)	Once (n=412)	More than once (n=540)
<i>How many different men have you been fucked by without a condom?</i>	None	60.4	40.8	35.6
	One	24.3	26.0	22.0
	2, 3 or 4	11.2	26.0	23.5
	5 or more	4.1	7.3	18.9

Men's probability of being involved in sero-discordant UAI increased with their number of UAI partners and this was reflected in men's own ratings of their involvement in sdRUAI. Among men NOT tested HIV positive, in response to the question *How likely do you think it is, that in the last 12 months, you've BEEN FUCKED WITHOUT a condom by a man with a different HIV status to yourself?*, 5.7% of those who had not been forced in sex indicated they *probably* or *definitely* had, compared with 12.5% of those who had been forced in sex.

This association suggests that men who are vulnerable to sexual assault are also vulnerable to involvement in sexual HIV transmission. It may also be the case that sexual assaults themselves involve HIV risk, and that sexual assault exacerbates men's HIV prevention needs leaving them vulnerable to further HIV exposure in other contexts. Both HIV positive and HIV negative men can suffer from these associations.

Whether or not men had experienced forced sex was associated with their proximity to the HIV epidemic, their age, their ethnicity, their education, their relationship status, the gender of their sexual partners and the number of male sexual partners they had, but was not associated with where in the UK they lived (see Section 5.8).

5.2 NEED FOR ACCESS TO CONDOMS

Men were asked to indicate on a five-point scale whether they agreed or disagreed with the statement *I sometimes have a problem getting hold of condoms*. Overall 12.1% agreed with the statement and a further 4.2% indicated the middle of the scale (neither agree nor disagree).

<i>I sometimes have a problem getting hold of condoms</i> (n=14426, missing =125)	% of all
Strongly agree	3.0
Agree	9.0
Neither / Not sure	4.2
Disagree	31.9
Strongly disagree	51.8

Men who had multiple UAI partners were more likely to report difficulties accessing condoms. The proportion having difficulties accessing condoms rose with an increasing number of UAI partners, reaching 17.9% among men who said they had five or more insertive UAI partners in the last year. Men were also more likely to agree with the statement if they thought they had HIV sero-discordant insertive UAI (16.7% agreed) than if they had not (11.5% agreed).

- **Problems with access to condoms are positively associated with sexual HIV risk**

Whether or not men had difficulties accessing condoms was associated with their proximity to the HIV epidemic, their age, their ethnicity, their education, where they lived and the gender of their sexual partners. It was not associated with their relationship status or the overall number of male sexual partners they had (see Section 5.8 below).

5.3 NEED FOR ACCESS TO LUBRICANTS

Men were asked to indicate on a five-point scale whether they agreed or disagreed with the statement *Water-based lube is sometimes hard to get hold of*. Overall, 17.9% of the men agreed with the statement and a further 10.6% indicated the middle of the scale (neither agree nor disagree), suggesting much more widespread problems accessing appropriate lubricant than accessing condoms themselves.

Access to lubricant is a need associated with control over condom failure, in particular condom breakage. The survey did not ask about experience of condom failure this year.

<i>Water-based lube is sometimes hard to get hold of</i> (n=14417, missing =134)	% of all
Strongly agree	4.4
Agree	13.5
Neither / Not sure	10.6
Disagree	30.6
Strongly disagree	40.9

Whether or not men had difficulties accessing water-based lubricant was associated with where they lived, their age, their ethnicity, their education, the gender of their sexual partners, their relationship status, the number of male sexual partners they had, and their proximity to the HIV epidemic (Section 5.8 below).

5.4 NEED FOR HIV TRANSMISSION AND PREVENTION KNOWLEDGE

HIV health promotion aims for people to be educated and informed about HIV and its prevention. The survey tried to establish how well informed respondents were about key information. As in previous years, men were given a number of facts about HIV and its transmission and they were asked to indicate whether or not they knew this to be the case already. Although this method of measurement probably under-estimates unmet need (that is, gives a more optimistic picture than is the case), we choose it because it increases the educational value of the survey and it minimises the probability respondents finish the survey believing *incorrect* information (as is the danger with a true / false question format).

In the 2003 survey we gave men six facts about HIV as follows:

- *When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if either of them has another sexually transmitted infection.*
- *An HIV positive man who has undetectable viral load (in his blood) can still pass on HIV.*
- *An HIV negative man is more likely to pick up HIV by getting fucked by an HIV positive man than by fucking him.*
- *Condoms are less likely to break if you use a water-based lubricant.*
- *Men can have HIV without knowing it.*
- *When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if he ejaculates (cums) in his partner.*

The proportion of all respondents indicating each of the three answers to each of the six statements is given below.

<i>All of the following statements are TRUE. Did you know this already? (n=14,388)</i>	% didn't know this	% weren't sure	% knew this
HIV passing-on more likely with other STI	22.0	16.3	61.8
HIV passing-on still possible with undetectable viral load	18.4	18.8	62.8
HIV passing-on more likely though positive insertive UAI	8.4	10.4	81.2
Water-based lube reduces condom failure	6.6	7.1	86.3
Men can have HIV without knowing it	2.6	4.1	93.2
HIV passing-on more likely with ejaculation	2.5	5.5	92.0

The survey found varying levels of knowledge for different items. Many men were unaware of the increased risk of HIV transmission in the presence of other STIs and that men with undetectable viral load can still be infectious. This compares with few men who did not know that men could have HIV without knowing it or that HIV transmission is more likely during HIV sero-discordant unprotected anal intercourse if ejaculation occurs. Each of the knowledge items was associated with each of the demographic variables (Section 5.8 below).

5.5 NEED TO BE AWARE OF POST-EXPOSURE PROPHYLAXIS (PEP)

The third edition of *Making it Count* (Hickson *et al.* 2003b) added a new strategic aim of increasing the proportion of men who are sexually exposed to HIV who take post-exposure prophylaxis (PEP). This behaviour brings with it a new set of HIV prevention needs associated with awareness and knowledge of, and access, to PEP. The 2003 survey provided men with a description of PEP and asked them *Have you heard of Post Exposure Prophylaxis (PEP)?*

As expected with an HIV prevention technology around which very little education had occurred in the UK, the majority of men (77.8%) had not heard of PEP. Whether or not men had heard of PEP was associated with their age, their ethnicity, their education, where they live, the gender of their sexual partners, their relationship status, the number of male sexual partners they had, and their proximity to the HIV epidemic (see Section 5.8 below).

5.6 NEED TO BE CONFIDENT OF HIV STATUS

The third edition of *Making it Count* (Hickson *et al.* 2003b) adopted the Department of Health's suggested national goal of reducing the length of time between the acquisition of HIV infection and its diagnosis. This suggests that men need to be confident of their HIV status if they are going to have control over HIV in their everyday lives. These *unmet HIV diagnosis needs* must be addressed if the goal of reducing the duration of undiagnosed infection is to be achieved. Indicators of need for this goal include the proportion of men who do not know their HIV status. When asked what they believed their current HIV status to be, 8.0% of all men indicated *couldn't say / don't know*.

When surveys of Gay men ask about perceived HIV status and take a body-fluid sample to test for HIV (such as Dodds & Mercey 2004) they usually find some men are incorrect in their belief about their HIV status. These incorrect beliefs add a further unmet need not explored here.

Men not having an idea of whether they are infected or not was associated with their age, their education, their relationship status and the number of male sexual partners they had and their proximity to the HIV epidemic. It was not associated with where they lived, their ethnicity or the gender of their sexual partners (Section 5.8 below).

5.7 HIV DIAGNOSIS NEEDS: OBSTACLES TO TESTING AMONG THOSE NEVER TESTED

Men who had never tested for HIV (n=6377) were asked *Why have you never tested for HIV?* Eight answers were offered with a box for *other reason*, men being asked to *specify what* if they ticked this. Men were allowed to tick more than one reason but the majority (81%) gave only one answer. A small proportion (1.1%) of men who had never tested did not answer the question.

Reasons for never testing for HIV (n=6301)	% of ALL	% of those who think they are definitely positive
Taken no risks / always do 'safer sex'	64.7	69.0
Afraid the result might be HIV positive	14.4	9.0
Fear of being discriminated against for getting tested	12.8	11.0
Not knowing where to go to get tested	11.1	8.0
Not important to me to know my HIV status	8.6	6.0
Fear of being discriminated against if diagnosed positive	8.2	8.0
Would cause me problems in my relationship	3.9	3.0
Not knowing the HIV test existed	0.9	3.0
Other (see below)	6.9	13.0

Four of the of the reasons for never having tested clearly indicate unmet needs – these are highlighted in bold. The first three of these needs are examined in Section 5.8 – the last one, *not knowing the HIV test existed* was too uncommon for comparison.

Of those 432 men who ticked *other* more than a quarter (28%) did not describe what that reason was. Men who gave an *other* reason for not testing most commonly cited fear (n=62). While some did not specify further others said fear of needles, medical procedures, clinics, hospitals, STI clinics or medical staff and parents. While there were men who were embarrassed to test, or who were concerned about others finding out (such as parents, family or spouses), these reasons were rare. The remaining few men had not received a result yet but had either tested or decided to test.

5.8 VARIATION ACROSS DEMOGRAPHIC GROUPS IN HIV PREVENTION NEEDS

This section looks at how the preceding indicators of need varied across the different groups of men described in chapters 2 and 3.

5.8.0 Proximity to the epidemic and unmet prevention needs

The following table shows how unmet HIV prevention needs varied by proximity to the HIV epidemic.

[- knowledge items show proportion who did not know or were unsure]	% by proximity to the epidemic					
	Diagnosed HIV positive (n=902)	Believes HIV positive (n=437)	Has HIV positive partner (n=229)	Knows someone with HIV (n=5626)	Knows no one with HIV (n=7126)	
Been forced into sex	9.9	7.2	5.7	7.4	6.4	
Problems accessing condoms	13.8	12.8	13.6	10.3	13.1	
Problems accessing water-based lubricant	18.5	20.6	15.8	13.7	21.1	
• HIV passing-on more likely with other STI	18.5	35.4	22.9	31.1	47.0	
• HIV passing-on still possible with undetectable viral load	12.1	33.4	23.3	30.0	46.6	
• HIV passing-on more likely though positive insertive UAI	7.3	16.7	10.6	12.3	25.6	
• Water-based lube reduces condom failure	6.3	11.7	11.5	7.7	19.6	
• Men can have HIV without knowing it	2.1	6.7	4.8	3.7	9.8	
• HIV passing-on more likely with ejaculation	3.5	9.7	4.0	5.4	10.6	
Not heard of PEP	40.9	78.4	59.6	72.0	87.6	
Couldn't say / don't know HIV status	1.0	--	13.8	9.6	7.8	
Never tested for HIV and...	Fears discrimination for HIV testing	--	6.2	3.1	4.1	7.5
	Does not know where to test for HIV	--	3.4	1.3	1.9	8.1
	Fears discrimination if HIV positive	--	5.3	1.3	3.2	4.3

Different needs show very different profiles by proximity to the HIV epidemic. Knowledge is worse among men who have least contact with HIV. Every knowledge indicator shows more need among men who know no one with HIV. Experience of sexual force was most common among men who had tested HIV positive as were problems accessing condoms. Men without HIV who were closest to men with HIV had fewest obstacles to testing for HIV.

In planning terms, these data suggest that programmes should aim for a diverse portfolio of interventions that are encountered by men with a wide variety of relationships to HIV.

5.8.1 Area of residence and unmet prevention needs

The following table shows how unmet HIV prevention needs varied by where men lived.

[- knowledge items show proportion who did not know or were unsure]		% by area of residence group						
		London (n=3434)	South England (n=2649)	Mid & Eastern England (n=2636)	North England (n=2819)	Wales (n=568)	Scotland (n=1042)	Northern Ireland (n=340)
Been forced into sex		6.5	6.4	7.0	7.3	8.5	7.3	7.1
Problems accessing condoms		11.2	11.6	12.4	11.2	16.1	<u>11.1</u>	18.0
Problems accessing water-based lubricant		<u>13.8</u>	17.6	19.9	17.6	26.1	17.7	26.8
• HIV passing-on more likely with other STI		<u>30.9</u>	38.9	40.8	39.7	47.3	43.9	43.0
• HIV passing-on still possible with undetectable viral load		<u>28.1</u>	37.3	41.0	38.5	45.7	41.7	46.3
• HIV passing-on more likely though positive insertive UAI		<u>10.7</u>	19.0	21.3	21.1	26.9	22.8	21.4
• Water-based lube reduces condom failure		<u>8.6</u>	13.2	14.5	14.9	16.9	14.9	24.7
• Men can have HIV without knowing it		<u>3.0</u>	6.6	8.3	8.1	8.7	7.4	8.6
• HIV passing-on more likely with ejaculation		<u>4.3</u>	6.9	9.7	9.5	11.2	8.6	10.4
Not heard of PEP		<u>66.1</u>	81.8	82.0	81.9	82.1	79.0	82.5
Couldn't say / don't know HIV status		7.0	7.2	8.0	8.7	8.9	8.0	6.8
Never tested for HIV and...	Fears discrimination for HIV testing	<u>4.2</u>	4.8	6.6	6.7	9.1	7.5	10.3
	Does not know where to test for HIV	<u>2.7</u>	5.0	5.8	5.6	10.0	6.1	8.5
	Fears discrimination if HIV positive	3.4	4.1	3.9	3.6	5.2	4.9	4.2

Forced sex, being unsure of your HIV status and avoiding HIV testing because of fear of discrimination if the result was positive, do not vary by area of residence. Other unmet needs did vary by residence, with residents of Wales and Northern Ireland generally showing more need than residents of England and Scotland.

Problems accessing condoms and water-based lubricant was more common in residents of Wales and Northern Ireland than elsewhere in the UK, as were obstacles to HIV testing such as discrimination and inaccessible services.

5.8.2 Age and unmet prevention needs

The following table shows how unmet HIV prevention needs varied across the age groups.

[- knowledge items show proportion who did not know or were unsure]		% by age group				
		under 20 (n=1187)	20s (n=4129)	30s (n=3748)	40s (n=2003)	50+ (n=1163)
Been forced into sex		13.6	9.7	5.5	4.1	<u>2.1</u>
Problems accessing condoms		19.0	13.7	10.3	10.0	<u>8.0</u>
Problems accessing water-based lubricant		32.5	20.3	14.4	14.2	<u>9.8</u>
• HIV passing-on more likely with other STI		51.1	43.1	34.9	<u>29.9</u>	31.3
• HIV passing-on still possible with undetectable viral load		56.7	40.5	31.7	<u>29.7</u>	33.3
• HIV passing-on more likely though positive insertive UAI		32.3	21.5	14.6	<u>13.2</u>	16.9
• Water-based lube reduces condom failure		30.9	15.2	<u>9.3</u>	9.9	12.1
• Men can have HIV without knowing it		13.0	7.5	<u>4.4</u>	5.6	9.2
• HIV passing-on more likely with ejaculation		14.1	9.3	6.3	<u>6.1</u>	6.7
Not heard of PEP		89.3	79.8	<u>72.9</u>	73.6	80.6
Couldn't say / don't know HIV status		10.7	8.4	8.1	<u>7.1</u>	8.2
Never tested for HIV because...	Fears discrimination for HIV testing	8.1	5.7	5.9	<u>4.8</u>	5.0
	Does not know where to test for HIV	15.3	6.8	2.5	<u>2.2</u>	2.3
	Fears discrimination if HIV positive	5.9	3.8	3.7	<u>2.9</u>	3.2

All indicators show the greatest unmet need among the youngest group of men. Many men, especially younger men, did not already know the most basic facts about HIV and its transmission. Access to condoms and lubricant was worse among the youngest group of men and they were also much more likely to experience sexual force. Lack of confidence about their HIV status was also highest in this group as were the reasons for avoiding HIV testing.

- Sex and relationship education programmes in schools and colleges clearly need to increase their contribution to meeting young Gay men's sexual health needs.

5.8.3 Ethnicity and unmet prevention needs

The following table shows how unmet HIV prevention needs varied across ethnic groups

[- knowledge items show proportion who did not know or were unsure]		% by ethnic group					
		Asian / Asian British (n=199)	Black / Black British (n=146)	Mixed (n=270)	White British (n=12177)	White other (n=1506)	all others (n=200)
Been forced into sex		14.6	11.1	12.5	6.6	8.0	7.0
Problems accessing condoms		18.3	15.9	14.1	11.5	14.1	18.5
Problems accessing water-based lubricant		24.6	19.3	23.0	17.4	19.7	23.1
• HIV passing-on more likely with other STI		35.2	26.1	35.0	39.5	31.7	26.8
• HIV passing-on still possible with undetectable viral load		43.2	33.8	31.1	38.4	29.2	25.8
• HIV passing-on more likely though positive insertive UAI		23.2	17.5	19.1	19.2	15.3	18.1
• Water-based lube reduces condom failure		26.3	17.6	13.5	13.6	12.1	16.7
• Men can have HIV without knowing it		13.0	7.7	7.1	7.1	3.7	4.0
• HIV passing-on more likely with ejaculation		15.5	11.2	8.6	8.1	5.9	6.6
Not heard of PEP		73.9	72.7	72.0	79.5	67.0	76.4
Couldn't say / don't know HIV status		11.2	12.4	10.5	7.8	7.8	10.1
Never tested for HIV and...	Fears discrimination for HIV testing	9.6	4.1	5.0	6.1	5.0	4.2
	Does not know where to test for HIV	10.7	4.9	6.2	5.3	3.6	3.2
	Fears discrimination if HIV positive	8.0	3.3	2.5	3.8	3.9	3.2

No single ethnic group emerges as being in greater need across all indicators. However, Asian men clearly showed greater unmet information need than other ethnic groups. They also had the greatest problems accessing condoms and water-based lubricant; were the ethnic group most likely to have experienced forced sex; and were the ethnic group least likely to not know where to test for HIV.

- Programmes concerned with equity of HIV prevention needs should prioritise Asian men.

5.8.4 Education and unmet prevention needs

The following table shows how unmet HIV prevention needs varied across education groups.

[- knowledge items show proportion who did not know or were unsure]	% by education group			
	Low (n=3631)	Medium (n=4436)	High (n=6415)	
Been forced into sex	8.4	7.7	5.8	
Problems accessing condoms	13.0	12.9	11.0	
Problems accessing water-based lubricant	18.8	20.0	16.0	
• HIV passing-on more likely with other STI	41.6	42.6	33.4	
• HIV passing-on still possible with undetectable viral load	44.4	41.9	29.8	
• HIV passing-on more likely though positive insertive UAI	25.7	21.8	12.8	
• Water-based lube reduces condom failure	19.7	15.6	9.1	
• Men can have HIV without knowing it	11.7	7.5	3.5	
• HIV passing-on more likely with ejaculation	12.8	8.4	5.0	
Not heard of PEP	87.3	82.2	69.5	
Couldn't say / don't know HIV status	11.2	7.8	6.2	
Never tested for HIV and...	Fears discrimination for HIV testing	5.6	6.5	5.8
	Does not know where to test for HIV	6.4	6.8	3.4
	Fears discrimination if HIV positive	3.4	4.3	3.8

Across all indicators men with lower levels of formal education were in greater need than men with higher levels of education. These data confirm the recommendation from previous years that:

- All prevention programmes should aim to disproportionately benefit men with lower levels of formal education, focussing on those who did not continue education to university level.

5.8.5 Gender of sexual partners and unmet prevention needs

The following table shows how unmet HIV prevention needs varied by the gender of men's sexual partners.

[- knowledge items show proportion who did not know or were unsure]	% by gender of sexual partners in last year				
	no one (n=705)	women only (n=175)	men & women (n=1387)	men only (n=12,284)	
Been forced into sex	<u>0.6</u>	7.4	10.7	7.0	
Problems accessing condoms	13.4	16.2	14.0	<u>11.7</u>	
Problems accessing water-based lubricant	24.4	25.6	22.4	<u>16.9</u>	
• HIV passing-on more likely with other STI	46.5	52.0	46.6	<u>36.6</u>	
• HIV passing-on still possible with undetectable viral load	49.1	54.9	44.1	<u>35.5</u>	
• HIV passing-on more likely though positive insertive UAI	28.2	43.4	29.7	<u>16.7</u>	
• Water-based lube reduces condom failure	29.8	34.3	23.4	<u>11.4</u>	
• Men can have HIV without knowing it	13.6	20.6	10.6	<u>5.7</u>	
• HIV passing-on more likely with ejaculation	12.6	20.6	12.1	<u>7.1</u>	
Not heard of PEP	87.4	94.2	83.7	<u>76.4</u>	
Couldn't say / don't know HIV status	6.8	6.9	7.8	8.1	
Never tested for HIV and...	Fears discrimination for HIV testing	5.4	2.9	7.2	5.9
	Does not know where to test for HIV	6.7	4.1	6.6	5.0
	Fears discrimination if HIV positive	1.6	<u>1.2</u>	4.2	4.0

While behaviourally bisexual men were most likely to have experienced forced sex in the last year, it was the men who had sex with women only (and were either Gay or Bisexual or expected to have sex with a man in the future) who were least likely to know the facts about HIV and its transmission and prevention. Among this group, knowledge was extremely poor, for example about 1 in 5 did not know that someone could have HIV without being aware of it.

Among the men who had sex with men, those who also had sex with women consistently show greater unmet need compared with those who had sex with men only.

- Programmes concerned with equity of HIV prevention needs should prioritise men who have sex with both men and women.

5.8.6 Relationship status and unmet prevention needs

The following table shows how unmet HIV prevention needs varied by relationship status

[- knowledge items show proportion who did not know or were unsure]		% by male relationship status		
		Single (n=6758)	Partnered for < 1 year (n=2621)	Partnered for 1 year + (n=4892)
Been forced into sex		5.9	9.3	7.3
Problems accessing condoms		12.2	12.5	11.5
Problems accessing water-based lubricant		19.3	19.1	15.3
• HIV passing-on more likely with other STI		41.2	40.3	33.4
• HIV passing-on still possible with undetectable viral load		39.5	40.5	32.4
• HIV passing-on more likely though positive insertive UAI		21.7	18.9	14.9
• Water-based lube reduces condom failure		17.1	13.8	9.1
• Men can have HIV without knowing it		7.9	6.0	5.5
• HIV passing-on more likely with ejaculation		9.1	7.7	6.5
Not heard of PEP		80.2	78.2	74.6
Couldn't say / don't know HIV status		8.6	7.7	7.0
Never tested for HIV and...	Fears discrimination for HIV testing	6.4	6.7	5.2
	Does not know where to test for HIV	6.4	6.8	2.8
	Fears discrimination if HIV positive	3.8	4.2	3.9

The majority of the indicators of need showed a difference across relationship status and length. Where there was a difference, men in established relationships (ie. longer than one year) showed less unmet need than single men and those in recently formed relationships.

Men who were in more recently formed relationships were most likely to have experienced forced sex.

Single men were most likely to have problems accessing water-based lubricant, to have not heard of PEP and to not know their HIV status. They were also most in need in relation to almost all the knowledge indications.

5.8.7 Volume of male sexual partners and unmet prevention needs

The following table shows how unmet HIV prevention needs varied by the number of male sexual partners men had in the last year.

[- knowledge items show proportion who did not know or were unsure]		% by volume of male sexual partners in last year					
		none (n=880)	one (n=2538)	2, 3 or 4 (n=3992)	5 to 12 (n=3352)	13 to 29 (n=1842)	30+ (n=1611)
Been forced into sex		<u>1.9</u>	3.8	6.7	8.4	8.9	10.6
Problems accessing condoms		13.9	11.2	12.1	12.1	12.0	12.0
Problems accessing water-based lubricant		24.6	16.9	18.6	18.2	16.2	<u>15.9</u>
• HIV passing-on more likely with other STI		47.6	39.8	41.3	39.2	33.4	<u>27.8</u>
• HIV passing-on still possible with undetectable viral load		50.3	37.9	40.5	37.3	32.5	<u>26.1</u>
• HIV passing-on more likely though positive insertive UAI		31.3	19.8	22.6	17.2	13.1	<u>10.0</u>
• Water-based lube reduces condom failure		30.7	14.5	16.6	11.1	8.8	<u>7.1</u>
• Men can have HIV without knowing it		15.0	7.7	7.4	5.0	<u>4.6</u>	<u>4.6</u>
• HIV passing-on more likely with ejaculation		14.2	9.3	8.5	6.7	6.2	<u>5.4</u>
Not heard of PEP		88.7	80.1	82.4	76.8	70.5	<u>66.3</u>
Couldn't say / don't know HIV status		6.8	<u>4.0</u>	6.7	8.2	10.1	14.5
Never tested for HIV and...	Fears discrimination for HIV testing	4.9	5.0	7.0	7.0	5.6	<u>4.1</u>
	Does not know where to test for HIV	6.2	4.5	6.8	5.5	3.6	<u>3.2</u>
	Fears discrimination if HIV positive	<u>1.5</u>	2.6	4.1	4.8	4.9	3.8

Different HIV prevention needs show different patterns of being unmet by the volume of men's sexual partners. Men who have many partners are more likely to be involved in sexual HIV exposure than those with fewer partners. However, they are less likely to be ignorant about HIV, its transmission and prevention. On every knowledge and awareness item men with fewer sexual partners show more need. Conversely, sexual assault and being unsure of their HIV status was significantly more common among men with higher numbers of male partners.

The unmet needs related to diagnosing HIV were most common among the men between these two groups, those with several sexual partners. Overall, these data suggest that HIV prevention programmes should include interventions which are encountered by men who are diverse in terms of the volume their sexual partners, and the differential needs of both the sexually inactive and the highly sexually active should be attended to.

5.8.8 Length of residence in the UK and unmet prevention needs

The following table shows how unmet HIV prevention needs varied by the length of time men had been resident in the UK.

[- knowledge items show proportion who did not know or were unsure]		% by length of residence in the UK				
		< 1 year (n=173)	1 – 3 years (n=296)	4 – 10 years (n=729)	more than 10 years (n=725)	born in the UK (n=12338)
Been forced into sex		9.2	8.5	7.2	8.3	6.9
Problems accessing condoms		15.3	17.3	14.8	13.9	<u>11.6</u>
Problems accessing water-based lubricant		21.2	23.2	19.1	17.1	17.7
• HIV passing-on more likely with other STI		38.4	29.9	<u>27.9</u>	31.1	39.6
• HIV passing-on still possible with undetectable viral load		33.1	26.5	28.4	29.5	38.6
• HIV passing-on more likely though positive insertive UAI		19.9	<u>14.1</u>	15.8	14.7	19.3
• Water-based lube reduces condom failure		20.3	13.4	12.6	11.0	13.9
• Men can have HIV without knowing it		3.5	6.5	4.3	5.7	6.9
• HIV passing-on more likely with ejaculation		12.2	6.5	<u>5.4</u>	6.3	8.2
Not heard of PEP		72.9	<u>67.7</u>	67.9	72.0	79.0
Couldn't say / don't know HIV status		9.8	9.3	7.9	7.9	7.9
Never tested for HIV and...	Fears discrimination for HIV testing	2.3	3.4	<u>1.9</u>	4.9	6.0
	Does not know where to test for HIV	<u>1.2</u>	4.4	2.8	2.5	5.2
	Fears discrimination if HIV positive	2.3	4.1	2.2	2.7	3.8

No clear picture of unmet HIV prevention needs emerged by looking across the length of time men had been in the UK. Access to condoms was more problematic for men who had migrated to the UK than for those who had always lived here. Conversely, some of the knowledge items showed more need among British men, such as obstacles to HIV testing.

Among younger men having been born outside the UK was strongly associated with experience of forced sex. Among the under twenty years of age, 28.4% of those born outside the UK (n=186) had experienced forced sex in the last year, compared with 12.8% of those born in the UK (n=1766). Similarly, among the 20 to 24 year olds, 15.5% of those born outside the UK (n=220) had experienced forced sex compared with 10.7% of those born in the UK (n=1977).

5.8.9 Income and unmet HIV prevention needs

The following table shows how unmet HIV prevention needs varied by income.

[- knowledge items show proportion who did not know or were unsure]		% by (gross) income in the last year			
		under £10k (n=2933)	£10 to £20k (n=4461)	£20k to £30k (n=3447)	£30k + (n=3740)
Been forced into sex		9.5	7.4	6.2	5.1
Problems accessing condoms		15.9	13.0	10.0	9.4
Problems accessing water-based lubricant		26.0	18.5	14.6	13.2
• HIV passing-on more likely with other STI		44.2	41.1	36.4	31.6
• HIV passing-on still possible with undetectable viral load		45.0	41.2	32.5	29.7
• HIV passing-on more likely though positive insertive UAI		25.3	21.6	16.2	11.9
• Water-based lube reduces condom failure		22.2	15.5	9.4	8.2
• Men can have HIV without knowing it		10.3	8.2	4.9	3.6
• HIV passing-on more likely with ejaculation		12.3	8.8	6.6	4.6
Not heard of PEP		83.4	82.9	73.5	70.8
Couldn't say / don't know HIV status		10.0	8.1	7.3	6.5
Never tested for HIV and...	Fears discrimination for HIV testing	6.6	5.4	5.3	5.4
	Does not know where to test for HIV	9.8	4.9	3.1	2.2
	Fears discrimination if HIV positive	4.5	3.2	3.7	3.3

Almost all indicators showed greater unmet need among men with lower incomes compared with men with larger incomes. The only exceptions were fear of discrimination for testing and for having HIV, which were equally common across the income groups.

- All prevention programmes should aim to disproportionately benefit men with lower levels of annual income.

5.9 SUMMARY & IMPLICATIONS FOR PROGRAMME PLANNING

These implications for programme planning should be read in conjunction with those at the end of Chapters 3 and 4 and with our complementary reports from GMSS from 1997 to 2002 and *Making it Count* (Hickson *et al.* 2003b). They are intended to suggest where HIV prevention programmes might have the greatest impact on the achieving equity of HIV health promotion aims.

5.9.1 Aims poorly met for many men

Most of the needs explored in the 2003 survey were poorly met for only a minority of men, sometimes further focussed within particular sub-groups. However, awareness and knowledge of post-exposure prophylaxis (PEP) was low in almost all groups. Given that need is so extensive in this area, increasing awareness of PEP and access to it, should be relatively easy.

Two of the knowledge items also show extensive ignorance: men were unlikely to know that HIV is more easily passed in the presence of STIs, and that an HIV positive man is still able to sexually pass HIV even when the viral load in his blood is undetectable. Addressing both of these areas of knowledge may be suitable aims for interventions encountered by the general Gay population.

5.9.2 Groups for whom many aims are poorly met

Three characteristics show consistent bias across a wide range of indicators of need. Younger men are almost always in more need than older men, and men with less income and / or less education are almost always in more need than men with more income and / or education. All interventions should aspire to over-serve younger rather than older men, and men in the lower rather than higher social strata.

6 Intervention performance: condom access and acceptability

GMSS 2003 asked two questions about condoms the answers to which we consider as data contributing towards evaluation of interventions. The first concerned the coverage of free condom distribution schemes. Since multiple interventions providing free condoms were in operation at the same time in many places, this measure concerns them collectively. We look at which groups of men access free condoms more or less than others. The second question concerns the acceptability of specific condoms. Men were asked to nominate their favourite condom from a provided list.

6.1 COVERAGE OF FREE CONDOM DISTRIBUTION SCHEMES

One of the most common HIV prevention interventions for Gay and Bisexual men are condom and lubricant distribution schemes. The primary aim of such schemes is to increase access to condoms. Secondary aims can include increased knowledge (though information in or on condom packs for example) and increased awareness of HIV and 'safer sex' (though posters and promotion of the schemes themselves).

Men were asked *In the last year, where have you usually got condoms from?* They were asked to indicate any of the six answers which applied, the first being *I don't usually get condoms*.

<i>In the last year, where have you usually got condoms from?</i> (n=14425, missing 126)	% of all
I don't usually get condoms	11.4
I bought them	39.2
I got them free	58.4
My sexual partners usually had them	18.3
My friends usually gave them to me	4.5
Elsewhere	1.2

A minority of men (about one in ten) indicated they did not usually get condoms from anywhere and a minority indicated they got them from another source than those offered (including family members, workplaces and the internet).

- **58% of men had accessed free condoms in the last year.**

The table overleaf shows the combinations of answers men gave among those indicating they usually got condoms (that is, excluding the men who ticked *I don't usually get condoms*). Most men (72.0%) indicated only one answer, with 42.8% giving the most common sole answer of *I got them free*. Next most common was only buying them (24.5%). Together these two answers accounted for two thirds of the men usually getting condoms. The next most common source was to combine free and bought (another 8.6%).

The central aim of condom distribution schemes (and points of sale) is to increase access to condoms. Men who usually used free condom distribution schemes were least likely to indicate they had problems getting hold of condoms. Men who said they usually *bought them* were more likely to

indicate they sometimes had problems getting hold of condoms (12.3% had problems) than those who said they did not usually buy them (11.9% had access problems). Similarly, men who said they usually got condoms *from their sexual partners* were more likely to have problems getting condoms (14.2% had problems) than those who said they did not usually get them from partners (11.6% had problems). Again, men who said they usually got condoms from friends were more likely to indicate access problems (17.6% had problems) than those who said they did not usually get them from friends (11.8% had access problems). However, men who said they usually got their condoms *free* were less likely to say they had problems getting condoms (11.0%) than those who did not usually get them free (13.5%).

Men who usually got condoms (n=12783)		No. of men	% of men usually getting condoms	% with condom access problems
Single source	free only	5467	42.8	10.3
	bought only	3137	24.5	12.2
	partners only	495	3.9	23.1
	friends only	106	0.8	28.3
Two sources	free & bought	1095	8.6	12.5
	free & partners	644	5.0	12.8
	free & friends	127	1.0	18.9
	bought & partners	443	3.5	13.3
	bought & friends	23	0.2	30.4
	partners & friends	19	0.1	31.6
Three sources	free, bought, partners	691	5.4	10.7
	free, bought, friends	58	0.5	17.2
	free, partners, friends	135	1.1	11.1
	bought, partners, friends	30	0.2	30.0
Four sources	free, bought, partners, friends	140	1.1	7.9

The table above indicates how problems accessing condoms varied by men's usual way of getting them. The group least likely to express problems were those 140 men who indicated all four sources as usual for them (free, bought, partners, friends), with 7.9% indicating a problem. This group of men were able to exploit all available sources including any free schemes. The group with the worst access to condoms were those men who bought condoms and got them from partners and friends *but not* a free scheme: 30% of these men had access problems.

- **Men who usually get their condoms from free schemes have fewer problems accessing condoms than those who get them through other methods.**

This may be because free schemes are better at meeting men's condoms access needs, or that men who live in areas where free schemes operate also have access to other condom distribution interventions.

6.2 CONDOM ACCEPTABILITY: PREFERRED BRANDS

Men were asked *What is your favourite brand of condoms?* They were offered the option *I don't have a favourite* followed by a list of 25 different makes and brands. The proportion of men indicating each answer is given in the table below.

Favourite brand of condom (n=14099, missing n=452)	No. of men	% of all	% of all (collapsed)
I don't have a favourite	9306	66.0	66.0%
Durex Ultra Strong	1332	9.4	22.8%
Durex Extra Safe	617	4.4	
Durex Elite	277	2.0	
Durex Featherlight	270	1.9	
Durex Comfort	243	1.7	
Durex Avanti (polyurethane)	200	1.4	
Durex Gossamer	145	1.0	
Durex Gold	122	0.9	
Other Durex (specified)	18	0.1	
Mates Super Strong	345	2.4	
Mates Ribbed	123	0.9	
Mates Natural	102	0.7	
Mates Ultra	99	0.7	
Mates Sensitive	71	0.5	
Mates Xtra Pleasure	59	0.4	
Mates Conform	26	0.2	
Mates Intensity	12	0.1	
Mates Crystal	5	<.01	
Condomi XXL	119	0.8	2.1%
Condomi Strong	83	0.6	
Condomi Supersafe	45	0.3	
Condomi Sensation	22	0.2	
Condomi Nature	18	0.1	
Condomi Premium	8	0.1	
Other Condomi (specified)	3	<.01	
Passante (various specified)	86	0.6	
Femidom	30	0.2	
Safeguard Forte	18	0.1	
Other condoms	295	2.1	

The most common answers among the men who indicated *other* condoms were 'Boys Own' (n=42) and 'HT Special' (n=24).

Two thirds of men (66.0%) indicated they did not have a favourite condom. Of the 34% who indicated they did have a favourite, about half (16.2%) indicated one of three brands: Durex Ultra Strong, Durex Extra Safe or Mates Super Strong.

There is no longer a consensus among health promoters in the UK that extra-thick condoms (the primary quality of Ultra Strong and Super Strong condoms) are less likely to break during anal intercourse than regular condoms. However, it is clear from the above data that if Gay men have a

condom preference it is usually for extra-thick varieties. Further research will be required to establish whether this is because men believe that extra-thick condoms are less likely to fail, or whether the preference is for the physical characteristics of thicker condoms themselves.

6.3 VARIATION ACROSS DEMOGRAPHIC GROUPS IN CONDOM SOURCES AND PREFERENCES

This section looks at how the preceding indicators on condom access and favourite brands varied across the different groups of men described in chapters 2 and 3. In each row where there is a significant difference in the groups reporting the action or preference, the highest proportion has been shaded and the lowest proportion has been underlined.

6.3.0 Proximity to the epidemic and condoms

The following table shows how getting condoms varied by men's proximity to the HIV epidemic.

All men		% by proximity to the epidemic				
		Diagnosed HIV positive (n=902)	Believes HIV positive (n=437)	HIV positive partner (n=229)	Knows someone with HIV (n=5626)	Knows no one with HIV (n=7126)
Don't usually get condoms		13.0	9.8	<u>6.1</u>	9.1	13.3
Usual source/s of condoms includes...	Free	74.5	61.3	68.1	71.0	<u>45.9</u>
	Bought	<u>20.0</u>	35.0	36.2	32.5	47.3
	Partner	<u>12.5</u>	19.0	18.8	17.7	19.5
	Friends	3.2	4.8	3.9	4.6	4.7
Exclusive source is...	Free	56.7	42.3	44.5	47.3	<u>27.6</u>
	Bought	<u>8.9</u>	19.9	18.8	14.7	29.1
Has a favourite condom		31.6	34.3	44.4	33.4	35.4

Not usually getting condoms was similarly common among men who had tested positive and men who knew no one with HIV (the two ends of the proximity scale). In each group except one, getting free condoms was more common than buying them, which was more common than getting them from partners, which was more common than getting them from friends.

Men who had tested HIV positive were most likely to usually get free condoms and least likely to buy them or get them from their sexual partners. Conversely, men who knew no one with HIV were least likely to get them free and most likely to buy them. Exclusively getting free condoms or exclusively buying them was most common in these two groups respectively.

- **Men tested HIV positive were most likely to access free condoms (74.5%) and men who knew no one with HIV were least likely to (45.9%).**

In terms of proximity to the epidemic, the group of men who were most likely to have a favourite condom were HIV negative men in a sero-discordant relationship. This may reflect these men's heightened sense of the importance of the right condom or a greater amount of searching for one which suits them.

6.3.1 Area of residence and condoms

The following table shows how getting condoms varied across area of residence.

All men		% by area of residence group						
		London (n=3414)	South England (n=2631)	Mid & Eastern England (n=2621)	North England (n=2794)	Wales (n=564)	Scotland (n=1037)	Northern Ireland (n=338)
Don't usually get condoms		10.3	11.9	11.9	11.7	10.8	9.6	14.5
Usual source/ s of condoms includes...	Free	63.9	55.1	56.4	61.5	47.0	61.0	51.2
	Bought	40.3	42.8	38.6	32.8	51.4	35.6	42.9
	Partner	21.7	18.0	16.2	16.1	17.4	20.3	17.8
	Friends	4.1	3.8	4.6	5.0	4.4	4.9	5.3
Exclusive source is...	Free	37.4	35.6	39.0	43.8	26.2	40.7	30.8
	Bought	18.7	24.5	22.9	18.4	32.4	20.2	25.7
Has a favourite condom		32.4	33.3	37.0	33.7	35.4	36.0	37.0

Men were most likely to say they did not usually get condoms if they lived in Northern Ireland and were least likely to say this in Scotland. In every area of the UK except one, getting free condoms was more common than buying them, which was more common than getting them from partners which was more common than getting them from friends. The exception is Wales, where more men usually buy condoms than get them free. Men resident in Wales were least likely to have used free condoms and most likely to have bought them.

Usually getting free condoms was most common in London, where getting them from sexual partners was also most common.

- **Accessing free condoms is most common in London (64%) and least common in Wales (47%).**

Expressing any condom brand preference was least common in London and most common in Mid and Eastern England and Northern Ireland.

6.3.2 Age and condoms

The following table shows how getting condoms varied across age groups.

All men		% by age group				
		under 20 (n=1170)	20s (n=4089)	30s (n=3723)	40s (n=1988)	50+ (n=1153)
Don't usually get condoms		14.1	10.5	10.9	11.0	12.1
Usual source/s of condoms includes...	Free	49.7	59.5	62.0	62.3	61.3
	Bought	39.8	38.2	37.5	36.8	36.3
	Partner	23.7	23.2	15.8	13.8	9.5
	Friends	9.7	6.2	3.0	3.0	2.1
Exclusive source is...	Free	27.9	36.5	42.7	43.6	45.0
	Bought	20.7	19.3	20.8	21.1	22.1
Has a favourite condom		38.0	35.1	33.3	33.5	34.2

The youngest group of men were most likely to indicate they did not usually get condoms. In every age group, getting free condoms was more common than buying them, which was more common than getting them from partners, which was more common than getting them from friends. The same proportion of men usually bought condoms at all ages. Free condoms were accessed equally by all groups except the under 20s who were least likely to receive them free.

Conversely, sexual partners and friends were the usual sources for more of the younger than older men. Only getting free condoms was least common among the youngest men and most common among the oldest, while only buying them was equally common at all ages.

- **The youngest men were LEAST likely to access free condoms.**

The youngest group of men were most likely to indicate having a favourite condom and men who did so (n=4131, mean age 32.6 years, df=11.49, range 14 to 78, median 31 years) were significantly (F=7.45, df=1, p=0.006) younger than those who did not have a favourite (n=7846, mean age 33.2 years, sd=11.13, range 14 to 90, median 32 years).

6.3.3 Ethnicity and condoms

The following table shows how getting condoms varied across ethnic groups.

All men		% by ethnic group					
		Asian / Asian British (n=197)	Black / Black British (n=144)	Mixed (n=269)	White British (n=12088)	White other (n=1493)	all others (n=199)
Don't usually get condoms		11.7	9.0	11.2	11.5	10.2	13.1
Usual source/s of condoms includes...	Free	<u>46.2</u>	60.4	61.3	58.2	61.0	54.8
	Bought	36.0	36.1	36.8	39.2	40.6	41.7
	Partner	30.5	22.2	24.5	<u>17.5</u>	20.7	24.1
	Friends	6.6	6.9	8.2	<u>4.3</u>	5.3	5.0
Exclusive source is...	Free	29.4	39.6	34.9	38.3	37.4	29.6
	Bought	22.3	<u>18.1</u>	<u>18.2</u>	21.9	21.0	22.6
Has a favourite condom		39.6	47.9	34.3	34.2	36.0	36.0

The proportion of men who said they did not usually get condoms did not significantly vary across the ethnic groups. In every ethnic group, getting free condoms was more common than buying them, which was more common than getting them from partners which was more common than getting them from friends. The same proportion of each ethnic group indicated they did not usually get condoms. Among those who did, Asian men were less likely to access free condoms and were more likely to use condoms from their partners than other ethnic groups.

- **Asian men were LEAST likely to access free condoms.**

Black men were most likely to use only free condoms and were least likely to only buy them. They were also the ethnic group most likely to express preference for a favourite brand of condom, followed by Asian men. Black men were most likely to express a preference for Mates Sensitive, Mates Ribbed and Durex Comfort while Asian men were more likely to prefer Condomi Sensation and Mates Conform. However, the condom most commonly preferred among all ethnic groups was Durex Ultra Strong.

6.3.4 Education and condoms

The following table shows how getting condoms varied across education groups.

All men		% by education group		
		Low (n=3579)	Medium (n=4410)	High (n=6384)
Don't usually get condoms		12.7	11.7	10.5
Usual source/s of condoms includes...	Free	57.5	58.2	59.0
	Bought	34.0	39.2	42.2
	Partner	14.4	20.1	19.2
	Friends	5.2	5.4	3.5
Exclusive source is...	Free	41.6	36.2	37.0
	Bought	21.0	20.6	23.0
Has a favourite condom		34.6	34.1	35.0

Men with *low* education were more likely to say they did not usually get condoms compared with men with *high* education. In each education group, getting free condoms was more common than buying them, which was more common than getting them from partners which was more common than getting them from friends. Getting free condoms was equally common in all three education groups but buying them was least common among the less well educated and most common among the better educated.

- Accessing free condoms was equally common across the education range.

However, only getting free condoms was slightly more common for the less well educated men although many of these also only bought condoms. A similar picture emerges across income groups as shown in section 6.3.9.

6.3.5 Gender of sexual partners and condoms

The following table shows how getting condoms varied by the gender of men's sexual partners.

All men		% by gender of sexual partners in the last year			
		no one (n=681)	women only (n=174)	men & women (n=1378)	men only (n=12196)
Don't usually get condoms		27.8	20.1	6.0	10.9
Usual source/s of condoms includes...	Free	31.7	18.4	37.8	62.7
	Bought	42.7	64.9	60.4	36.3
	Partner	4.1	10.9	25.4	18.4
	Friends	3.7	3.4	4.4	4.6
Exclusive source is...	Free	23.5	10.3	20.8	41.0
	Bought	35.2	51.7	39.0	18.6
Has a favourite condom		28.7	52.0	46.4	33.5

Among the men with any sexual partners, those with only female partners were least likely to regularly get condoms and those with both male and female partners were most likely to get them. Only among the exclusively homosexually active men was getting free condoms more common than buying them. Among men who had sex with women (and those who had no sex) the reverse was the case. Men who had sex with both men and women were most likely to get condoms from their sexual partners.

- **Men who had sex only with men were MOST likely to access free condoms.**

While 41.0% of men with male partners only got only free condoms, 10.3% of those with female partners only, did so. Conversely, 18.6% of the men who only had sex with men bought them compared with 52.0% of the men that only had sex with women.

While access to condoms was more of a problem for men who had sex with women, they were also much more likely to express a brand preference than were men who had sex with men only or who had sex with no one. Men who had sex with women only were disproportionately likely to nominate Durex Featherlight and Durex Elite, as were men who had sex with both men and women. Although Durex Featherlight was the most commonly preferred brand among men who had sex with women only (with 9.3% nominating it, followed by 8.1% nominating Durex Extra Safe), the overall most commonly preferred brand, Durex Ultra Strong, was also most commonly preferred by behaviourally bisexual men (10.5% nominated it, followed by 6.5% nominating Durex Extra Safe).

6.3.6 Relationship status and condoms

The following table shows how getting condoms varied by relationship status.

All men		% by male relationship status		
		Single (n=6697)	Partnered for < 1 year (n=2607)	Partnered for 1 year + (n=4876)
Don't usually get condoms		9.4	6.8	16.8
Usual source/s of condoms includes...	Free	56.7	63.1	57.4
	Bought	41.3	42.4	35.2
	Partner	17.9	25.2	15.4
	Friends	4.6	6.2	3.6
Exclusive source is...	Free	37.4	36.2	38.7
	Bought	24.2	20.2	19.3
Has a favourite condom		33.6	38.3	33.6

Men in relationships of over one year were much more likely to indicate they did not usually get condoms, reflecting the fact that condoms are often discarded in relationships. In each group getting free condoms was more common than buying them, which was more common than getting them from partners which was more common than getting them from friends.

- **Accessing free condoms was MOST likely among men who were recently partnered.**

Getting condoms from each of the four sources was most common for men recently partnered, while single men were most likely to only buy them. Recently partnered men were also most likely to express a brand preference in condoms.

6.3.7 Volume of male sexual partners and condoms

The following table shows how getting condoms varied by men's volume of male sexual partners in the last year.

All men		% by volume of male sexual partners in last year					
		none (n=855)	one (n=2519)	2, 3 or 4 (n=3978)	5 to 12 (n=3344)	13 to 29 (n=1834)	30+ (n=1603)
Don't usually get condoms		26.2	23.8	9.1	5.7	6.2	7.2
Usual source/s of condoms includes...	Free	29.0	41.9	52.7	67.6	72.2	77.5
	Bought	47.3	38.0	45.2	40.3	35.8	26.5
	Partner	5.5	12.7	18.4	23.3	22.8	19.3
	Friends	3.6	2.7	4.2	5.1	5.5	6.5
Exclusive source is...	Free	20.8	29.8	34.0	40.6	44.7	53.4
	Bought	38.6	25.3	26.9	18.1	15.3	10.3
Has a favourite condom		33.4	33.7	36.1	34.9	32.0	34.3

Men who had none or one sexual partner in the last year were most likely to say they did not usually get condoms (more surprising is the proportion of men with no sexual partners who said they do usually get them). Among all men with male sexual partners, getting free condoms was more common than buying them, which was more common than getting them from partners which was more common than getting them from friends (men with no male partners were more likely to have bought them than got them free). Use of free condoms increased with increasing numbers of sexual partners, while buying them decreased.

- Accessing free condoms was MOST likely among men with larger numbers of male sexual partners.

Whether or not men had a favourite condom brand was not associated with the volume of male sexual partners they had in the last year.

6.3.8 Length of residence in the UK and condoms

The following table shows how getting condoms varied by men's length of residence in the UK.

All men		% by length of residence in the UK				
		< 1 year (n=173)	1 – 3 years (n=296)	4 – 10 years (n=729)	more than 10 years (n=725)	born in the UK (n=12338)
Don't usually get condoms		12.2	8.5	10.8	9.7	11.6
Usual source/s of condoms includes...	Free	53.5	57.8	60.9	57.9	58.1
	Bought	48.8	42.2	39.8	44.2	39.0
	Partner	27.3	27.2	23.8	17.9	17.7
	Friends	5.8	7.5	4.6	3.9	4.5
Exclusive source is...	Free	26.2	32.0	35.6	37.2	38.0
	Bought	25.0	20.1	19.6	25.0	21.9
Has a favourite condom		32.4	37.0	36.6	36.4	34.2

Whether or not men usually got condoms did not vary by how long they had lived in the UK, but how they usually accessed condoms did. While all men were equally likely to have used free condom distribution schemes, men who had lived in the UK for a shorter period of time were more likely to usually buy condoms and to have got them from sexual partners. This was reflected in the proportion of men who used only free condoms, which increased with increasing length of time resident in the UK. Having a favourite condom was not associated with length of time living in the UK.

6.3.9 Income and condoms

The following table shows how getting condoms varied by men's (gross) income per year.

All men		% by (gross) income in the last year			
		under £10k (n=2902)	£10k to £20k (n=4434)	£20k to £30k (n=3428)	£30k+ (n=3451)
Don't usually get condoms		12.7	10.8	10.9	11.5
Usual source/s of condoms includes...	Free	59.2	60.0	59.5	<u>54.7</u>
	Bought	<u>32.3</u>	37.1	39.4	47.7
	Partner	20.9	18.1	17.0	17.4
	Friends	7.3	5.4	3.2	2.3
Exclusive source is...	Free	38.8	39.6	40.0	<u>32.9</u>
	Bought	<u>16.1</u>	20.6	22.5	27.2
Has a favourite condom		33.5	34.5	34.3	35.5

The proportion of each income group who said they did not usually get condoms did not vary significantly. Again for each income group, getting free condoms was more common than buying them, which was more common than getting them from partners which was more common than getting them from friends. Buying condoms was most common among men with the highest income and least common among those with the lowest.

However, free condom schemes were equally accessed by the first three income groups but were less likely to be used by men in the highest income group. Accessing free condoms was only weakly related to income, with the men earning the most being least likely to access them. It appears that current free condom distribution schemes collectively fail to disproportionately benefit the least well off men. Having a favourite condom or not was not associated with income in the last year.

6.4 SUMMARY

Condom distribution schemes are some of the most common HIV prevention interventions in the UK. They are used by a large proportion of Gay and Bisexual men. A quarter of the men in this survey got their condoms only from free schemes.

Free condom schemes have successfully targeted men who have tested HIV positive and men with larger numbers of male sexual partners. They are far less successful at disproportionately benefiting younger men and poorer men.

Only one third of men indicated a favourite make or brand of condom. Among those with a preference, thicker condoms were most popular. If this is in the mistaken belief that thicker condoms are less likely to break this may be problematic, especially if this means men are less likely to take other breakage prevention measures such as use of water-based lubricant.

References

- Collins D, White A (1996) In search of an income question for the 2001 Census. *Social Survey Methodology Bulletin*, 39: 2-6.
- Dodds JP & Mercey DE (2004) *Sexual health survey of gay men, London 2003*. London, Royal Free & University College Medical School's Department of Primary Care & Population Sciences' Centre for Sexual Health & HIV Research.
- Health Protection Agency, SCIEH, ISD, National Public Health Service for Wales, CDSC Northern Ireland and the UASSG (2003) *Renewing the focus. HIV and other Sexually Transmitted Infections in the United Kingdom in 2002*. London, Health Protection Agency.
- Hickson F, Reid D, Weatherburn P, Henderson L, Stephens M (1998) *Making data count: findings from the National Gay Men's Sex Survey 1997*. Terrence Higgins Trust, London (020-7831 0330).
- Hickson F, Weatherburn P, Reid D, Henderson L, Stephens M (1999) *Evidence for change: findings from the National Gay Men's Sex Survey 1998*. Sigma Research, London
www.sigmaresearch.org.uk/downloads/report99g.pdf
- Hickson F, Reid D, Weatherburn P, Stephens M, Brown D (2001) *Time for more: findings from the National Gay Men's Sex Survey 2000*. Sigma Research, London
www.sigmaresearch.org.uk/downloads/report01c.pdf
- Hickson F, Reid D, Weatherburn P, Stephens M (2003a) *Out and about: findings from the United Kingdom Gay Men's Sex Survey 2002*. Sigma Research, London
www.sigmaresearch.org.uk/downloads/report03f.pdf
- Hickson F, Nutland W, Weatherburn P, Burnell C, Keogh M, Doyle T, Watson R, Gault A (2003b) *Making it Count: a collaborative planning framework to reduce the incidence of HIV infection during sex between men*. Sigma Research, London, 3rd Edition
www.sigmaresearch.org.uk/downloads/report03e.pdf
- Hickson FC, Reid D, Weatherburn P, Stephens M, Nutland W, Boakye P (2004) HIV, sexual risk and ethnicity among men in England who have sex with men. *Sexually Transmitted Infections*, 80: 443-450.
- Johnson A, Wadsworth J, Wellings K, Field J, Bradshaw S (1994) *Sexual attitudes and lifestyles*. Blackwell Scientific Publications, Oxford.
- Johnson A, Mercer C, Erens B *et al.* (2004) Sexual behaviour in Britain: partnerships, practices, and HIV risk behaviours. *The Lancet*, 358(9296): 1835-1842.
- Keogh P, Dodds C & Henderson L (2004) *Migrant gay men: redefining community, restoring identity*. Sigma Research, London.
<http://www.sigmaresearch.org.uk/downloads/report04b.pdf>
- NAM (2002) NAMbase (PC-based programme). NAM, London.
www.aidsmap.com
- Office of National Statistics (2003) Census 2001. Office of National Statistics, London
www.statistics.gov.uk/census2001/
- Reid D, Weatherburn P, Hickson F, Stephens M (2002) *Know the score: findings from the National Gay Men's Sex Survey 2001*. Sigma Research, London
www.sigmaresearch.org.uk/downloads/report02d.pdf
- Taylor MF (ed) with Brice J, Buck N, Prentice-Lane E (2004) *British Household Panel Survey user manual volume A: introduction, technical report and appendices*. University of Essex, Colchester.
www.iser.essex.ac.uk/bhps/doc/pdf_versions/volumes/vola.pdf
- Treasury Committee (2002) *The 2001 Census in England and Wales: Government response to the Committee's First Report of Session 2001-02 (Ninth Special Report)*. Parliamentary copyright, London (printed 22 May 2002).
www.publications.parliament.uk/pa/cm200102/cmselect/cmtreasy/852/85203.htm
- Weatherburn P, Stephens M, Reid D, Hickson F, Henderson L & Brown D (2000) *Vital statistics: Findings from the National Gay Men's Sex Survey, 1999*. Sigma Research, London
www.sigmaresearch.org.uk/downloads/report00b.pdf