

# **Culture, Health & Technology:** **Shaping the Future of Gay Men's Lives**

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## **I n t r o d u c t i o n**

This is the summary report of research investigating the state of sexual health in British Columbia's young (< 30) gay men, aiming to provide an evidence-based framework for health promotion planning.

## **O b j e c t i v e s**

The study investigated the following issues based on findings from previous research:

1. Attitudes toward condoms and experience with peer pressure for unprotected sex.
2. Awareness of emerging STI/HIV testing technologies.
3. Awareness, experience and practices with STI/HIV testing services.
4. Preferences for gay health promotion, information and education.

In conducting this study, we pursued a principled agenda to enhance the research culture among those who engage in gay men's health promotion in Vancouver and BC, improving capacities for knowledge development, knowledge transfer and evidence-based program planning.

## **M e t h o d o l o g y**

This was a mixed methods study using both quantitative and qualitative approaches to research. An extensive review of the last five years of scientific literature on young gay men was conducted as part of this study (see appendix).

Two cross-sectional surveys were conducted, one at the beginning of the study and one near the end. The surveys were conducted online, supported by extensive promotion in the community. Recruitment included all eligible gay men and men who have sex with men in BC for comparison between age groups.

Findings from the first survey (n=1,533) were used to develop a qualitative interview questionnaire. The questionnaire was interviewer administered to a sample of 19 young gay men ranging in age from 18-29. Various ways of conducting the interview were attempted including instant messaging, email and face to face. Emerging qualitative information was used to formulate questions for the second survey (n=1,367).

Analysis of survey data examined statistical differences between younger and older men on a range of sexual health attitudes, knowledge and practices. Data

from both surveys were compared with previous years since 2002 to develop a longitudinal impression of trends in key indicators.

Analysis of the qualitative interviews examined the indigenous language and practices of contemporary gay youth to investigate how sexual health is perceived in their emerging culture.

Findings from the 2007 survey have been shared with the health research community. This report contributes an original exploration of qualitative findings as well as comparative data from the 2008 survey.

## **S u m m a r y   o f   f i n d i n g s**

We used both quantitative and qualitative methods to collect data for this study of British Columbia's young gay men.

- Survey 2007, n=1,533
- Qualitative Interviews 2008, n=19
- Survey 2008, n=1,367

## **R e s u l t s**

Significant differences between men under 30 and older men were evident.

### **Survey 2007**

Number of qualified men who completed the survey: 1533

Under 30 years of age: 31%

Under 26: 23%

Under 30 and single: 71%

Under 30 partnered with another man: 22%

Men 30-44 partnered with another man: 38%

Under 30 reporting unprotected casual sex in last 12 months: 42%

Over and including 30 reporting this risk: 35%

Under 30 hooking up with casual partners: 24%

Under 30 dating: 25%

Men over 30 dating: 9%

Under 30 and took an HIV test in the last year: 55%

Under 30, HIV positive: 3.4%

Over and including 30, HIV positive: 15%

Under 30 who found their most recent casual partner on the internet: 58%

Most recent casual partner from the internet in 2002: 17%

Sexually active men under 30 reporting pressure for sex without condoms: 41%

Portion who said they can deflect this pressure: 75%

Over and including 30 reporting such pressure: 34%

### **Interviews 2008**

We used a variety of means to reach men under 30 (n=19) for interviews including an online reference group, campus groups and community organizations.

- Age: mean 22, range 18-29
- Employment: 12 students, 7 working

- Ethnicity: Asian, 4; Aboriginal, 1; Caucasian 10; Latino, 1; Middle Eastern 1; Mixed, 2.
- Relationship status: single, 12; partnered, 7.
- Serostatus: HIV negative, 14; HIV positive, 1; Never tested, 4.
- Involvement: less than 50% free time with other gay men, 6.

### Survey 2008

Number of qualified men who completed the survey: 1367

Under 30 years of age: 21%

Under 26: 14%

Under 30 and single: 57%

Under 30 partnered with another man: 32%

Under 30 reporting unprotected casual sex in last 12 months: 41%

Over and including 30 reporting this risk: 36%

Under 30 hooking up with new partners: 17%

Under 30 dating: 18%

Over and including 30 dating: 7%

Under 30 who took an HIV test in the last year: 53%

Under 30, HIV positive: 2.1%

Over and including 30, HIV positive: 15%

Under 30 who found their most recent casual partner on the internet 68%

Sexually active men under 30 reporting pressure for sex without condoms: 47%

Portion over and including 30 reporting such pressure: 30%

## Quantitative Findings

### Trends

Comparing “leading indicators” from CBRC surveys of BC gay men since 2002 with those conducted for this study revealed some significant changes over time.

All ages	Leading Indicators	2002	2007	2008
<b>Risk</b>	Unprotected casual sex, previous 12 months	27%	37%	35%
<b>HIV Testing</b>	Never tested for HIV	11%	17%	17%
<b>Crystal</b>	Any crystal use	12%	6%	5%
<b>Internet Dating</b>	Most recent partner from an internet contact	17%	56%	60%
<b>Involvement</b>	50% or more of free time with other gay men	62%	42%	31%

Further study of these indicators in young men showed a greater proportion of those under 30 reporting incidents of HIV risk and never having tested for HIV than older age groups.

<b>Under 30</b>	<b>Leading Indicators</b>	<b>2002</b>	<b>2007</b>	<b>2008</b>
<b>Risk</b>	Unprotected casual sex, previous 12 months	26%	<b>42%</b>	<b>41%</b>
<b>HIV Testing</b>	Never tested for HIV	24%	<b>31%</b>	<b>31%</b>
<b>Crystal</b>	Any crystal use	15%	5%	4%
<b>Internet Dating</b>	Most recent partner from an internet contact	17%	58%	61%
<b>Involvement</b>	50% or more of free time with other gay men	60%	45%	34%

Bold figures indicate that the proportion of men under 30 reporting risk and never having tested for HIV increased by a significantly wider margin than older men.

### **Risk**

Our data show that in both 2007 and 2008 the proportion of men reporting at least one occasion of unprotected sex with a casual partner in the previous 12 months had increased significantly ( $p < .001$ ) since 2002. The proportion of men under 30 reporting this risk increased by a significantly wider margin than older men.

### **Testing**

The proportion of men overall who have never tested for HIV has increased significantly ( $p < .001$ ) since 2002. The proportion of men under 30 who have never tested has also increased but by a significantly wider margin than older men. Now, nearly one third of men under thirty are not participating in HIV testing programs.

### **Crystal**

In 2002 crystal was thought to be a major influence on risk behaviour in gay men, however, the reported use of crystal has dropped significantly ( $p < .001$ ) since then.

### **Internet**

In 2002 the internet was considered a potential new facilitator of risk among gay men. The use of the internet to find casual sex partners has increased significantly since then. The proportion of men in our survey who found their most recent partner on the internet has increased from 17% to 60%.

### **Community Involvement**

Meanwhile, since 2002, the reported community involvement of gay men in our surveys has dropped significantly. Community involvement is considered a bell weather of HIV prevention. The proportion of men reporting more than 50% of their free time with other gay men has decreased by one half, from 62% in 2002 to 31% in 2008.

Additional quantitative findings will be the subject of upcoming dissemination activities.

## **Qualitative findings**

We interviewed 19 young men to increase our understanding of the survey data, their life experiences and potential strategies for health promotion. Open ended questions probed sources of sexual health information, attitudes toward condoms, peer pressure, experience with HIV/ STI testing and the influence of the internet on their exposure to gay life.

### **Sexual Health Information**

Our informants described a number of ways that they had come to recognize their same sex orientation. Media, school and the internet all played roles.

High school was recalled as a place where “condoms and STI’s were banged into our heads”. But no-one could recall homosexuality ever being mentioned.

*“It wouldn’t be possible to have homosexuality as a topic in a class of teenage boys.”*

College and university campus gay groups, on the other hand, were recognized as important sources of sexual health information, services and support. Condoms were described as free and widely available on campus along with STI testing services. Events, informal gatherings and workshops offered by campus gay groups were cited as strongly influential.

The internet was seen as an ambiguous source of reliable sexual health information. For example, gay contact websites were described as having some sexual safety material but often biased toward the views of the website owners. Our informants said that if they needed specific information about an STI, for example, they would go to a “trusted source” on the internet such as “health authority” like “Health Canada”.

No-one could recall a web site that had adequate coverage of gay life issues in general or gay health in particular.

*“The internet might be the first source I would go to but there’s no Wikipedia of gay sex questions.”*

In the wider world, our informants saw community groups as potential sources of information and support, however, their actual exposure to such groups was apparently minimal.

### **Information needs**

Informants summarized the sexual health needs of young gay men as follows:

- How to have safe sex.
- “What to watch out for.”
- Tips on clubbing.
- Norms of gay sexuality.
- How to get involved in community.

### **Outreach recommendations**

Most of our informants suggested, in one way or another, that outreach to young gay men is a difficult venture. In a position of having to organize outreach to their own peers, the following was suggested:

*“Internet first, then community...”*

The internet was seen as the first place young men would typically go for gay health information. However, *“internet outreach should be about events and fun while serving health needs on the side”*. Recreational activities and events sponsored by community groups were cited as good ways to get the attention of young gay men to get them more involved in community and thereby in health promotion.

*“I don’t need new information about sex. The updates I need are more about community.”*

### **Condoms**

We probed for details about the state of condom use among young gay men since there was considerable evidence from our surveys that community norms may be shifting. On the contrary, condoms were cited as widely available, universally accepted and generally unproblematic. Informants suggested, nonetheless, that they felt a negative “haze” in the community around condoms.

Several informants noted that condoms were not “100% effective”. Thus other sexual safety strategies were mentioned such as knowing the “sexual history” (serostatus) of their partner. The tactics discussed around identifying and eliminating positive men were often marginalizing and insensitive. The term “clean” was commonly used in their talk to mean “free of HIV/STI”.

### **Peer Pressure**

We probed for details around survey data which show that about 40% of young gay men experience peer pressure against using condoms. This exposed another reality of condoms norms. The reason most often cited for experiencing pressure not to use condoms was “not having one”. Other reasons surfaced such as the implication of “trust” between partners and increased “sensation”.

The picture that emerges from these accounts suggests that while condom use is generally robust, “situational” pressures arise without warning. Most informants spoke of tactics to deal with such pressures like not having penetrative sex or not having sex at all when condoms were unavailable. However, the discussion also raised recollections of risk situations that some had found themselves in despite their better intentions.

While such instances were the exception, they apparently left lasting effects. Informants suggested that having strong “self esteem” was essential to having the confidence to “stand up for yourself” in such situations.

In general, pressure for sex without condoms appeared to be related to sexual performance pressure i.e., wishing to appear “cool and confident”. This might well suggest a strategy to consider in prevention and health promotion activities.

### **Testing**

Our survey data show that the portion of men under 30 who have never tested for HIV has expanded significantly in the last 7 years and by a wider margin than older men. Since testing is considered a critical feature of prevention in the population we probed for details about experience with testing services.

We found that our informants’ knowledge of HIV testing was generally uneven. There was uncertainty about access to STI testing services, medical lab services, test-site locations and whether such tests were free. Only one of our informants (aged 24) had established himself with the Bute Clinic, an HIV/STI test facility operated by the BC Centre for Disease Control, largely because he was already managing two newly acquired STI.

A major barrier, repeatedly raised by our informants, was the fear of receiving an HIV positive result: for both the emotional and practical impact. The use of “needles” to sample blood was also mentioned. Another factor was the embarrassment of being perceived as needing to test because of recent risky sex.

*“I’ve never tested because I thought I had caught something but because I wanted to feel confident about it.”*

What would improve testing?

- Convenient location
- No long line-ups
- Not needle based
- No wait for results

## **D i s c u s s i o n**

Our leading indicators suggest that substantial change is in progress in BC's gay community primarily influenced by the internet and its impact on youth social practices. While internet communities flourish, Vancouver's urban gay neighbourhood around Davie Street is in decline. The measurable effect the internet is having on sexual health appears to be reduced participation in testing and an increasing incidents of risk.

By offering a convenient way to meet on line, the internet facilitates social contact without the need of physical space, allowing young men to bypass traditional community. In this way the internet appears to be reinforcing the fragmentation of gay culture into niche groups that have little to do with each other. This effect also appears to be happening in the world beyond Vancouver. (Rosser et al., 2008)

These circumstances appear to be opening potential vulnerabilities for sexual health. HIV infections among BC's gay men have risen substantially since 2000 and our evidence suggests this may continue without adequate intervention.

On the other hand, our surveys suggest that young gay men are spending lots of time online meeting new friends and potential partners -- shaping gay culture in their own vision. The message of the medium appears to be *meet online, then connect*. Community organizations that recognize this imperative are most likely to succeed in their outreach efforts to gay youth, who, by their own observation are a difficult target.

Our informants have pointed out that the way to reach gay youth is *internet first, then community*. Their suggestion to offer a path to community through events advertised on a community website while "serving health information on the side" seems a practical way to rebuild. Community health websites commonly fail to appeal to the Net Gen culture because they offer little more than textbook information online.

Young gay men, by their own description, are a difficult population to reach. High school continues to be seen as a hostile environment in which to introduce gay specific sexual health promotion. College campus groups, on the other hand, appear to be providing needed support. The transition between campus and the community, however, needs attention. Wise use of the internet to ease this transition would be a productive way to enhance sexual health promotion for men in their twenties.

This study has exposed and documented a new reality taking shape in gay culture, largely driven by the internet. As it turns out, the strategic use of the internet is likely to be the most effective way to rebuild community, albeit transformed in unpredictable ways.

## **R e c o m m e n d a t i o n s**

### **Condoms**

Free condom distribution continues to be a valued reinforcement of sexual health promotion among young gay men. According to our youth informants the ubiquitous availability of condoms in gay settings is a key way to prevent the peer pressure situations that arise by “not having one”. We recommend that free condom distribution should be reinvigorated, especially in youth settings.

### **Testing**

Our study has revealed an expanding gap in HIV/STI testing participation which should be addressed promptly. We recommend that updated testing services be explored and evaluated in Vancouver using welcoming settings and the latest technologies. Because routine testing does not appear to be consistently practiced among gay youth we recommend renewed messaging and the use of internet resources to extend participation.

### **Counselling**

Our informants have pointed toward a close relationship between self-esteem (self-efficacy) and dealing with peer pressure against using condoms. Indeed, we found that many of these youth were themselves negatively affected by their exposure to social stigma and marginalization along the way of growing up gay. Survey findings have suggested that as many as 67% of gay youth want counselling services. We recommend the development of new delivery models of individual and group counselling for young gay men.

### **Internet**

Our informants have suggested that effective youth outreach may now mean “internet first, then community”. We recommend that relevant community based health organizations redesign their websites to appeal to Net Gen culture. The key feature is interactivity.

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