

GAY MEN, HIV and HEALTH PROMOTION MARKET RESEARCH

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EXECUTIVE SUMMARY

This research was funded by the Queensland Association for Healthy Communities and conducted by the University of the Sunshine Coast. The aim of the research was to explore a number of issues in gay males at a time when data from 2005 had revealed a statistically significant increase of HIV diagnoses in Queensland and notifications of newly diagnosed cases of HIV in North Queensland in early 2007 had exceeded the numbers usually recorded for an entire year.

Answers were sought to the following questions:

- What are the attitudes of gay men to HIV?
- What are the attitudes of gay men to HIV prevention?
- What do gay men think about current health promotion action for example, social marketing campaigns to prevent HIV?
- What do gay men see as their role in HIV prevention?

The qualitative methods of focus groups and key informant interviews were used to gather data. Participants were residents of Brisbane and the Sunshine Coast of Queensland.

The men who took part in this research revealed a high level of awareness of the current status of HIV prevention and were generally aware of the problems, opportunities and the strategies that were associated with dealing with the issue. Ideas that were repeated often included the need to make any campaigns and social marketing strategies mainstream and focus on all sexually transmitted diseases not just HIV. Many participants remembered and recommended the approach of taken in the Grim Reaper campaign while others cautioned against the use of such health promotion strategies that could contribute to further alienation of the gay community.

Complacency was identified as a major barrier to the uptake of condom use and other safe sex practices with many attributing this to the lack of visibility of people living with HIV/AIDS and improvements in the pharmacological treatment of people who are HIV+ve.

There was a sense that many emotional issues such as self esteem together with feelings of grief and oppression at the lack of acceptance in society at large, had not yet been adequately addressed and these needed to be in the forefront of any health promotion actions aimed at preventing HIV/AIDS. Discrimination was still being experienced as a consequence of being gay in spite of changes to legislation and community attitudes.

Concern was expressed about the lack of involvement of general practitioners and the Division of General Practitioners in HIV prevention. Some Local Government Authorities were also singled out as unsupportive because the dissemination of safe sex messages was not permitted in those places most likely to be frequented by gay men.

Double standards in advertising were identified as barriers to the promotion of safe sex messages in the media. Participants noted that while there were a number of current campaigns for impotence and other associated conditions, it was impossible to have the same access for displays and posters that advocated safe sex practices.

In spite of a feeling of fatigue in those men who had been actively involved in promoting the safe sex message for decades, there was a general consensus that gay men must continue to provide leadership in activities aimed at promoting health and reducing the incidence of HIV infection.

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1. BACKGROUND

In late 2006, The Queensland Association for Healthy Communities (QAHC) invited Expressions of Interest from researchers to undertake a market research project 'Gay Men, HIV and Health Promotion'. The research was commissioned to explore the attitudes of gay men to HIV, HIV prevention and health promotion interventions through the specific research questions:

- What are the attitudes of gay men to HIV?
- What are the attitudes to gay men to HIV prevention?
- What do gay men think about current health promotion action for example, social marketing campaigns to prevent HIV?
- What do gay men see as their role in HIV prevention?

Research outcomes were to be used to inform future HIV prevention and health promotion projects of QAHC.

The Research Team of Dr Desley Kassulke (Chief Investigator), Jane Gregg (Co-investigator) and Lily O'Hara (Co-investigator) from the Faculty of Science, Health and Education at the University of the Sunshine Coast, were successful in gaining the tender which was assessed against the following criteria:

- Experience of qualitative research with gay men
- Ability to communicate clearly and professionally through the written and spoken word
- Knowledge of health promotion/education approaches, especially social marketing
- Knowledge of gay men's HIV prevention
- Likelihood of work plan being successfully implemented and a
- Realistic budget

The research protocol was approved by the Human Research and Ethics Committee of the University of the Sunshine Coast and the project was undertaken from January to July 2007.

2. LITERATURE REVIEW

In 2005, Queensland recorded 150 new cases of human immunodeficiency virus (HIV), the highest number of new notification since the virus became a recognised infection in this State. It represents an increase of 9.5% over the 2004 figure and a rate of 3.8 per 100,000 – a statistically significant increase over the rates recorded between 2001 and 2004.¹

More recently, newly diagnosed cases of HIV in North Queensland in the early months of 2007 have exceeded the numbers usually recorded for an entire year.² While figures such as those reported from North Queensland may be a statistical aberration, there is cause for concern and a need to examine the reasons behind the increase in defined geographical areas and across the State. National trends in the incidence of HIV as supplied by the National Centre of Epidemiology and Research also reveal some disturbing statistics with 930 newly diagnosed cases of HIV reported in 2005. This represents an increase of 41% from the year 2000 when 656 new cases were reported.³

Ninety percent of newly diagnosed cases of HIV in Queensland in 2005 were men and the increase in the rate of infection has been attributed to the increasing rate of HIV infections in males.¹ While infection with HIV/AIDS is the fourth leading cause of mortality in the world and most of the infections prevalent in 2001 were acquired through heterosexual intercourse,⁴ in the current Queensland context, it is apparent that investigations into causal factors should focus primarily on men.

Identifying appropriate interventions for prevention has been informed by an examination of predictors of high risk sexual behaviour in gay and bisexual males for many years. Dawson et al⁵ found that men engaging in unprotected anal sex were likely to have a regular partner in the past month and have a low acceptance of the use of condoms. Using the Health Belief Model they concluded that while a range of external cues may be stimuli for change, other elements such as sense of control over health, self confidence or self esteem also need to be considered. Perceived sexual risk by gay and bisexual males may also differ quite markedly from that which is epidemiologically defined. Lowy and Ross report that homosexually active men used age, appearance and HIV knowledge as signifiers of risk.⁶

Historically, the gay community in Australia has been in the vanguard in developing strategies to halt the spread of the HIV. These strategies developed by gay men have been used by social researchers in health promotion campaigns resulting in the acknowledgement that these partnerships provide the basis for effective HIV prevention and education.⁷ In partnership with an efficient health system based on strong primary health care, health promotion strategies are viewed as vital in preventing disease, creating demand for appropriate services and making those services more accountable.⁸ It is therefore clear that in order to develop and implement effective health promotion strategies aimed at HIV prevention, the task should be undertaken in partnership with the gay community and that the attitudes and perceptions of the gay community both to the prevention of HIV and the role of health promotion in reducing the incidence of HIV, should inform this process.

The call to re-energise strategies to prevent HIV is supported by the recognition of a growing perception in some gay males and other men who have sex with men, that AIDS is a manageable or chronic disease and not a death sentence. This altered perception has been identified as contributing to lower compliance rates for the use of safe sex measures⁹ and, as such, highlights the need to develop and implement appropriate and credible health promotion strategies to reverse the current trend towards an increasing incidence of HIV in Queensland.

The use of focus groups has been described as an appropriate method for researching sensitive topics provided the composition of the groups is addressed by convening groups of participants who have shared experiences or share a social identity.¹⁰ It is recommended that venues should suit both the researcher and the participants with venues chosen that are familiar to participants and where they will feel comfortable to sit and talk for the duration of the session.

3. METHODOLOGY

A Research Management Team was constituted and comprised the chief investigator and co-investigators (The Research Team), the general manager of QAHC and the QAHC Health Promotion Officer in the Sunshine Coast. The group communicated through monthly teleconferencing and email. The research team met regularly in person and maintained frequent email contact.

The market research utilised the qualitative methods of focus groups and key informant interviews.

Recruitment of participants

The research participants were drawn from the geographical areas of Brisbane and the Sunshine Coast of Queensland.

Focus groups:

Information on the project inviting participation in the focus groups was sent through the commissioning organisation's network of gay men and HIV/AIDS support agencies (Appendix 1). Individuals wishing to participate in the research were asked to contact the chief investigator and register for involvement in the research.

Key Informant Interviews:

A list of services providers and known contributors to the gay community, who would be suitable for key informant interviews, was supplied by the Brisbane and Sunshine Coast branches of QAHC. These people were then contacted by the chief investigator who invited individuals to participate. Interviews were then scheduled for a mutually acceptable time and place. Of the nine interviews conducted, four were carried out by phone

A document 'Research Project Information' containing more detailed information on the project was provided to focus group participants and interviewees prior to their participation (Appendix 2). Consent was obtained in writing or verbally, in four cases where the interview was conducted by phone (Appendix 3).

Focus groups were conducted in QAHC premises - one in the Sunshine Coast at Maroochydore and one in Newstead, a suburb of Brisbane.

Questions

Questions were developed and endorsed by the Research Management team (Appendix 4). Most questions were common to focus groups and interviews with some variation and additional questions for interviewees.

Participants were asked to complete a brief demographic profile which included age group, highest level of education completed and occupation.

Data collection

Responses were recorded in writing and electronically for the focus groups, and in writing for the key informant interviews.

Confidentiality

All recorded responses were stored in a secure environment according to University policy. All data were aggregated and no identifying information was used in analysis.

Analysis

Analysis was conducted manually by identifying the common themes in responses.

The preliminary findings from this analysis were presented at a workshop in Brisbane where participants and key stakeholders had the opportunity to review the direction and outcomes of the report.

Limitations

This was a market research project within a defined time frame and a population with particular issues in relation to confidentiality. Because of the dependence on networks and contacts provided by the funding body, the ability of the researchers to increase participation was limited. While the research adds to the knowledge base on gay men, HIV and health promotion, the sample size and geographical locality of the research, suggest that generalisations to the wider gay community should be made with caution.

4.0 RESULTS

4.1 DEMOGRAPHIC CHARACTERISTICS OF THE PARTICIPANTS:

Age group

The age groups of participants ranged from 25-34 years to those over 65 years of age. The most common age group reported was 45 to 54 years (47%) and those aged between 35 and 44 years represented 35% of participants. The age range is shown in Figure 1.

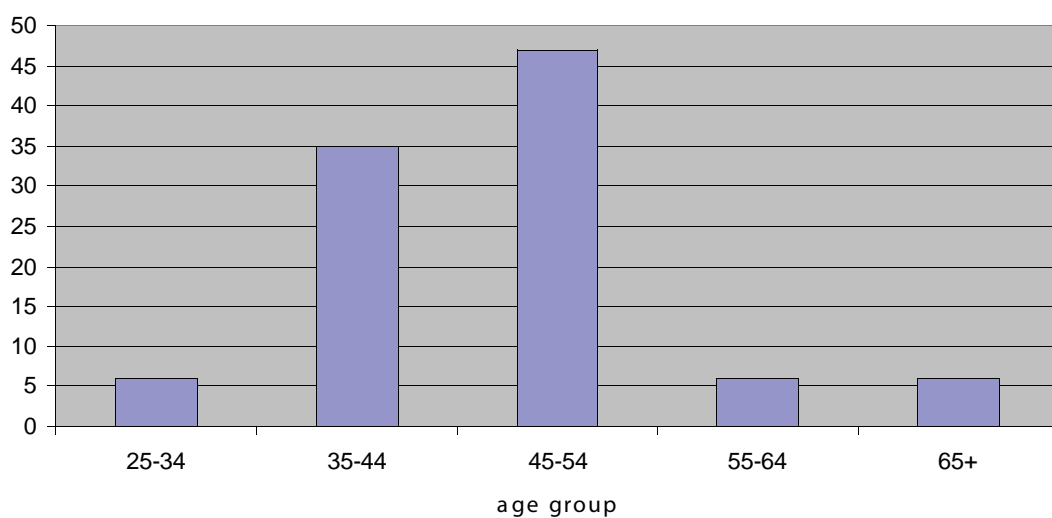


Figure 1: Age groups of participants

Highest level of education completed

The highest level of education completed by participants was separated into three categories High School, TAFE and Degree. Twenty-nine percent reported that they had completed High School, 35% had completed a qualification from TAFE and 35% had a University Degree.

Occupation

The occupations reported by participants were wide ranging with representations from cleaners and managers. This range and the proportion in each group, is shown in Figure 2.

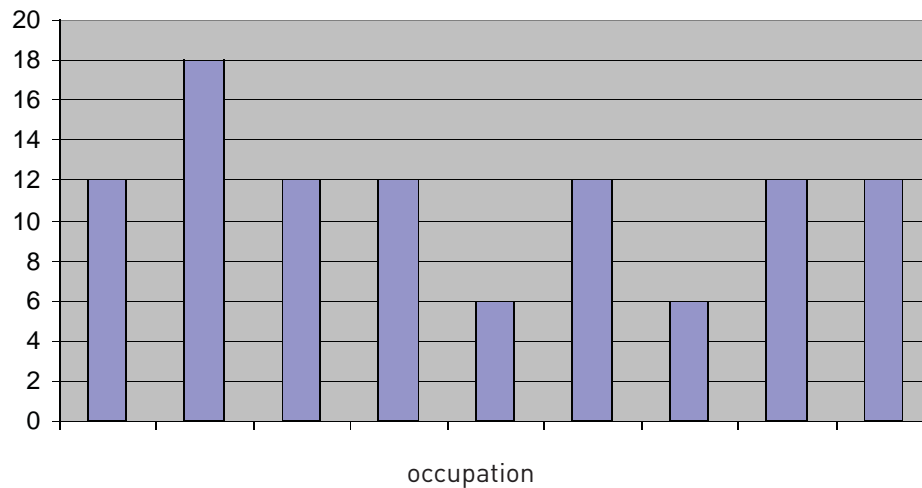


Figure 2: Occupation of participants

Results for all questions used in the focus groups and key informant interviews are presented in the themes that evolved from responses to these questions. General comments are made under the heading of each question and these are followed in most instances by verbatim quotes in italics. No attempt has been made to change the format or grammatical composition of participants' comments. The demographic characteristics of participants who made these comments are not supplied because of the potential to identify individuals.

4.2 FOCUS GROUPS

Two focus groups were held – one in the QAHC premises at Newstead, Brisbane where five people participated and another in a QAHC site in Maroochydore on the Sunshine Coast of Queensland where three people attended.

4.2.1 CURRENT ATTITUDES TO HIV

If I said 'HIV' what would you immediately think of?

The responses to this opening question were varied with some respondents suggesting 'safe sex' while another mentioned 'unsafe sex'. Mention was made that the message about unprotected sex is not getting across and HIV is increasing. One participant said he thought of AIDS – *a lot of dead friends and a whole series of problematic issues such as government policies and medical systems.*

Has this view changed over the years?

The responses to this question fell into five main categories:

- **Positive**

Mention was made that perceptions change among HIV+ve people and they have become more optimistic. People felt that there was more conservatism in society 10 to 12 years ago with different things discussed now. Some also felt that the perception of HIV/AIDS in the general community was better.

Five to ten years ago it was considered a death sentence - now it's manageable.

I'm more keen to talk about it now than 10 years ago – felt I had to maintain a politically correct public image.

- **Complacency/misperceptions**

Comments here reflected the view that people had become complacent believing that HIV was just another chronic disease that medication could manage.

There's a denial that it results in death.

- **Discrimination**

People talked about how issues around men and child abuse impacts on gay men with fewer men in teaching or working with children.

It's a myth that society accepts gay men and women. It's really worse. There's more oppression of gay men at beats eg moves to close them down.

It was stated that even within the gay community, people with HIV can feel ostracised because of the situations where they get asked 'are you clean? Meaning 'are you HIV-ve? This can lead to a fear of rejection if their status is revealed.

What's going on with this thinking and oppression?

- **Weariness and apathy**

Group members spoke of the early days of HIV and the challenges but pointed out that things were now 'pretty ho-hum' with people more complacent and less concerned these days.

There was a belief expressed that more treatments leading to longer and healthier life had also made people more complacent.

People want to go out and have a good time and not hear about it. They are over it.

Sex with condoms-ove8r time you get over it.

- **Fear**

Some felt that there was less fear and more acceptance of the gay community but in spite of this gay men still felt an element of fear still surrounded the issue of HIV and it was difficult to raise the subject. One man stated that the fear of HIV had and still does scare him into having safe sex.

Gay men are afraid to say they are scared of HIV but it needs to be brought up. I saw a lot of men die.

I hate it more than before. The perception has not changed but what it means to have the bloody virus has changed.

How big an issue is preventing HIV transmission for you?

It was stated that there is an expectation that everyone has safe sex – ‘If it’s not on it’s not on’ but how to get people to practise safe sex was still seen as a big issue.

Informing people of the condition was described as confronting and some individuals have had bad experiences in doing so.

Are there any particular age groups, ethnic groups, subcultures or particular contexts where there may be different attitudes to prevention?

In response to this question young men or those under 30 years of age were nominated as being at greater risk than other age groups. It was suggested that younger people do not take HIV seriously and that the American campaign ‘HIV is no picnic’ could be useful in changing this attitude.

Younger generation just don’t get it (without condom sex is more fulfilling - It’s hard to make a condom exciting.

A number of subcultures or contexts were identified where different attitudes and reasons for these differences, to prevention prevailed. These were:

- **Gay events/venues/beats**

At gay events/ venues protection is not provided and is not considered in the heat of the moment.

At sex on premises (SOP) there is a code of conduct that venues provide condoms but unsafe sex is still happening in public venues.

Limited access to condoms/ information at parks beats and venues yet have sharps bins.

Nightclubs don’t have condom vending machines - possibly promotes unsafe sex.

Incidence has increased in Cairns but Councils etc refuse to allow posters. The language doesn’t offend the gay community but may offend other groups.

- **Drug use**

It was remarked that recreational drugs contribute to people feeling superhuman / more sexual.

- **Issues across ages**

It was pointed out that there are unsafe practices across all ages and that risk taking is situational.

Repressed grief makes people less aware of safe sex.

Men who go to adult cinemas and men who have sex with men but don't identify as gay were considered to constitute a potential risk.

- **Ethnic groups**

Respondents had little knowledge of any ethnic groups that may hold different or potentially dangerous attitudes to prevention. It was suggested that people from linguistically diverse backgrounds with a poor grasp of the English language may be at risk.

4.2.2 PERCEPTIONS OF CURRENT HEALTH PROMOTION ACTION (INCLUDING SOCIAL MARKETING CAMPAIGNS) TO PREVENT HIV

Have you seen any health promotion or healthy lifestyle campaigns recently?

If so, what were they?

The incidence of people reporting that they had seen recent campaigns promoting healthy lifestyles was high with descriptions of advertisements and other media targeting smoking, car crashes, cancer, obesity and diabetes. The reaction to these advertisements was generally critical with some saying that the advertisements were generally good but they had a cynical view of health promotion stuff.

It's Big Brother telling us what we should and should not do.

Others were unconvinced that the advertisements were cost effective in producing improvements in the conditions.

Criticism was aimed at the approach that treats the condition at the level of symptoms. The example of obesity was cited where insidious guilt was associated with it but medical conditions were often the reason. Some media campaigns were described as 'victimising the victim', which resulted in feelings of fear and guilt in individuals with the targeted condition.

Participants recognised the difference between health education and health promotion and favoured the holistic approach of health promotion.

Have you seen any campaigns or health promotion activities aimed at preventing HIV?

If so, what were they?

In comparison with lifestyle-related conditions associated, participants were less likely to have seen or heard of health promotion activities aimed at preventing HIV.

Those who reported having seen some cited gay magazines (Queensland Pride), QAHC online sites and occasionally on SBS television.

It was mentioned that a lot of activity on the Sunshine Coast around public toilets and posters aimed at preventing HIV had been torn down at these venues.

What did you think of them?

In discussing recent health promotion activities aimed at preventing HIV, the lack of State and National approach to campaigns was highlighted:

States are all doing individual things. They need to be consistent and combine resources. It would be good to see a campaign where we are united QPP, QAHC Positive Directions

There was a general feeling that there was a need to revisit the messages and images now being used.

It was stated that there had been feedback in the gay press recently that current campaign using young men are not really working

In the past health promotion strategies have used young good looking 'things' not characteristic of the population group.

Others were critical that campaigns over the last 10 years have targeted sub groups and that there had not been a Grim Reaper style campaign or something similar to target everyone for 20 years. They cautioned against using sexually explicit terms in literature or posters that would be available in public places.

4.2.3 SUGGESTIONS FOR CHANGE

If money or resources were not an issue, what do you think should be done to help to prevent HIV?

Participants identified a number of main themes they would like to pursue if money was no object: a mainstream approach, emotional issues, target groups and strategies, discrimination and infrastructure.

- **A mainstream approach**

It was stressed that campaigns needed to be mainstream including general messages about Sexually Transmitted Infections (STIs). The message should be 'HIV is not a gay disease' – something that people are generally aware of in relation to Africa. A participant suggested that mainstream campaigns should include how HIV is NOT transmitted to eliminate stigma and follow up with a safe sex message on how to prevent it. Media that is appropriate for the targeted age groups should be used. 'Myspace' was provided as an example of a site that could be useful.

It was pointed out that a general community campaign was necessary not only to inform the heterosexual population but to provide information for gay men who don't associate with the gay community and may therefore be missing out on the information available through the gay press.

- **Emotional issues including grief and oppression**

Concerns were raised that issues relating to acceptance, self esteem and grief needed to be addressed in order to achieve health, wellbeing and behaviour change of gay men. One participant expressed grave doubts about success in changing behaviour until it is understood that HIV is a disease of oppressed people and emotion is taken into account. Men's emotions needed to be validated because of the link between repressed emotions and a repressed immune system. A comment was made that while the gay community is well researched about sexual behaviour practices, little research has centred on the emotional issues of gay men.

There is still grief among gay men about the gay world and the lack of acceptance. The ideology and promise of gay liberation has not been fulfilled.

Patriarchal culture says that gay men are not allowed to show emotion and there is grief about that. Part of the problem is the prescriptiveness of sexual behaviour.

- **Target groups and strategies**

A clear distinction was made between health education and health promotion with participants recommending a health promotion approach that is holistic and guilt free.

Target groups included school children for whom sex education/ health promotion should be provided that included information about HIV/STIs. It was seen as important to try to change the conservative mindset in the community and schools about sex education

Other target groups identified included mature gay men, older straights who have sex with men, all men who have sex with men but do not identify as 'gay'. The splinter groups eg Muscular, bears and other sub sets in the gay community were identified as requiring slightly different campaigns.

Strategies that were proposed if cost was not a factor included:

- Research to develop a vaccine and a cure and legislation to monitor and shut down unsafe sex sites
- The provision of a mobile service for beat venues with condoms and an outreach service to regional men
- Production of a primary prevention film that is more realistic in terms of what the gay world is about and tells the truth about the condition and
- Provision of retreats etc to teach ways of building the immune system.

It was pointed out that campaigns or information should be directed at three levels:

- 1. The broad community
- 2. Gay identifying men who are attached to the gay community
- 3. Gay identifying men whose main focus of social life is outside the gay community.

- **Discrimination**

Reference was made to the Grim Reaper campaign of the 1980's and their potential to create fear and a backlash with negative consequences for the gay community if it or campaigns similar to it, were repeated. The perception was that Grim Reaper did not have much to do with changes and that no gay men were featured in the advertisement.

It was seen as a poofers disease at that stage and gay men thought that approach was offensive.

If money is no object, people wanted the issue of vilification of gays, the view that they are degraded people, their lack of self esteem and self respect addressed. Current political changes like the withdrawal of funding were not helpful in improving the community perception of gay males.

The differences between Queensland, where gays are more blended into the community and Sydney, where gays are 'out there' in a much stronger community were raised. There was a perception that there were fewer resources and a lower level of tolerance towards gays in Queensland.

Concern was expressed about the discrimination HIV+ve people experience within the gay community and that this should be dealt with.

There is still a stigma about HIV. People are afraid and this is dangerous for HIV+ve people.

It's still treated as a taboo subject.

- **Infrastructure**

A number of comments related to changes to infrastructure. It was mentioned that restructuring of resources for prevention was required so that Government funding could be utilised properly not just used for a few people's wages and premises. Fears were raised about the Work Choices legislation and the possibility of its impact on employment and health in view of the fact that employment particularly on the Sunshine Coast was difficult to find and many HIV+ve people are already welfare-dependent. Measures needed to be put in place to prevent any detrimental outcomes in the area of employment. In addition to these changes, it was felt that work needed to be undertaken to emphasise the heterogenous nature of society.

4.2.4 THEIR ROLE (AND DESCRIPTION OF THAT ROLE) IN HIV PREVENTION

What do you think your role is in preventing HIV?

In spite of articulating a feeling of fatigue from their past and continuing role in preventing HIV, most participants expressed a strong view on their responsibility in this area. It was seen as important for the gay community to be a voice and be more united since more representation leads to more power and becoming a force to deal with. They believed that gay men need to run future programmes and reflected on their past actions:

Australia managed the issue because the gay community were trying to stop their brothers and sisters from dying.

They took the role because nobody else would. There was huge resistance politically.

The personal is political.

In looking toward the future it was stated that computers and internet access were beneficial in providing access to topics on safe sex and HIV prevention as well as a new culture for communication.

There was general consensus that everybody who has sex has a responsibility to have safe sex and on an individual level gay men are very aware and promote safe sex and prevention among people they encounter. It was stressed that men who are HIV+ve need to be upfront in looking after one another.

It takes two to have unsafe sex.

4.2.5 ADDITIONAL COMMENTS

Other key points made during the focus groups included the perceived double standards at play in the field of advertising and health.

There are campaigns for thrush, tampons etc so why not safe sex.

There are very different perceptions of men's' business and women's business with men's issues put on the back burner eg male infertility, HIV.

It's not a Government priority therefore the only focuses comes from the gay community.

4.3 KEY INFORMANT INTERVIEWS

4.3.1 CURRENT ATTITUDES TO HIV

When I say 'HIV' what would you immediately think of?

Responses included:

Gay men; Risk; QAHC.

Work –I'm extremely familiar with it. It doesn't engender any concern.

Another disease we need to deal with. Now we have ways of dealing with it. It's an evolving disease- another may take its place.

Illness/ infection as opposed to death.

Disability/friends/caring.

Human Immunodeficiency Virus. I'm over it.

Unsafe sex. A lot of people are dead.

It's a complete disaster because you have to take tablets every day and the cost.

Has the perception of HIV changed in the gay community over the past 10 years?
If so, how has this changed?

The responses to this question fell into categories similar to those identified through the focus groups with two additional themes.

- **Complacency/misperceptions**

It was stated that new treatments led to better quality of life (*It's not a death sentence*) but this in turn had resulted in a degree of complacency and a generation of men who think HIV is no longer a serious illness. One participant considered that many men were misinformed about the outcome of the 'morning after' pill and the fact that they would need to take the drugs for three months. (This comment was also based on misinformation since the proposed regime includes drug therapy for four weeks only). It was generally felt that the perception of HIV/ AIDS has changed for both heterosexuals and homosexuals because of retroviral treatment.

Although people are more educated and aware, it was felt that they had become complacent perhaps because they had become used to the messages.

Ten years ago people were more scared. They have become desensitised.

When people have it (HIV) they still carry on as usual. Reprieve of medication will not last.

Fear factor has gone. Fear was high (Grim Reaper) but has now gone. It's not being put in people's faces.

- **Discrimination**

It was agreed that the passage of time has eroded stigma but there was still a long way to go with medical and dental care being identified as situations in which gay men encountered the

most discrimination. The issue of HIV/AIDS was still socially unacceptable with people reluctant to be involved in HIV- related charities.

- **Weariness and apathy**

The reality that older men have had 20 plus years of living with the challenges of HIV/AIDS has led to a situation where people are still concerned but are tired of talking about it. Questions were raised as to how this could be counteracted and there were suggestions that the way in which community organisations and health agencies interact needs to be rethought.

Depends on the age – middle aged are so over hearing about it. Stop crying about it. Stop being a victim. You make choices and live with it.

- **Off the radar – not as visible**

The fact that HIV prevention was no longer a big issue was attributed in part, to the lack of visibility of men with late stage AIDS, that people are living longer and more fulfilled lives with the virus and that for many men, the virus has been around all their lives.

They don't see the sick ones – they are not visible.

HIV+ve people are not physically identified. They don't hear horror stories now.

Men are still dying (of AIDS) but they don't realise this.

- **Bullet proof**

The perception that some individuals considered themselves **not** at risk was something that had changed in the past years. Young men, who are bombarded by sex and may not practice safe sex, were seen as particularly at risk because of a cavalier attitude to contracting the disease. Drug use in particular Crystal Methamphetamine was cited as causing hypersexual and risky behaviours and a major cause of concern.

It's a death sentence but no longer viewed as a death sentence. It won't happen to me.

How big an issue do you think HIV prevention is for the gay community?

Responses to this question were explored within the themes of:

- **Complacency**

It was commented that people talk about post exposure prophylaxis rather than HIV prevention and that the reliance on this treatment could lead to complacency.

- **Lack of opportunity**

For many there was a lack of opportunity to raise issues such as this. It was pointed out that there is only one major gathering per month on the Sunshine Coast. There were also few occasions for incorporating the message to schools and the general community. The Sex on premises venues were also identified as particularly difficult environments in which to raise the issue of HIV prevention.

- **Issues of responsibility**

Responses to this question varied from placing the responsibility with the HIV+ person not with the person who doesn't have the virus and to a view that responsibility lies with everyone. It was pointed out that the person may be HIV+ve but as yet un-diagnosed, therefore

everyone has to take responsibility for his own safety. It was an issue foremost in most people's thinking when meeting a new sexual partner but in some cases potentially dangerous assumptions could be made about safe sex.

- **Bullet proof**

It was an identified concern that people seemed to be starting to get the idea that 'it won't happen to me' and support from peers was seen as an important strategy in spreading the word to others. An incident of a young male, fully aware of the risks but having unprotected sex with a HIV+ve person, was raised as an example of the difficulties being faced within the gay community.

Some solutions to make it a bigger issue in the gay community were posed and included:

- An increase in funding so that local resources can be developed – pamphlets come from State National bodies
- The need to deal with HIV prevention using an holistic perspective and
- The inclusion of other STIs in any information on HIV prevention because it's one of many diseases you could end up with.

It's a big issue but it's a shame that those who are converted (to safe sex) are bombarded with it. The message is going to those who have been getting it for years.

Is it something that is raised regularly or has it become one of many other issues in people's lives?

The issue of HIV prevention appears to be one of many issues in men's lives. It was remarked that people are aware but not necessarily concerned and that the issue was mainly thought about by people having sex, HIV+ people and service providers otherwise there was no mention of HIV generally. Raising the issues was situational. For example it was inappropriate at social gatherings but OK at saunas and dance parties and the underlying fear of discrimination persisted.

It's there in the background. That's not a bad thing.

There's safe sex fatigue.

The social stigma of being gay still exists.

Are there any particular age and ethnic groups that you think may have different attitudes to prevention? Is this a problem?

Young males (<30 years) were identified as having different attitudes to being gay (*being gay is no big deal*) and prevention and were considered by many to be at greater risk of practising unsafe sex than other age groups. Reasons for this included: Complacency, the use of crystal methamphetamine, a decreasing awareness of risk, the use of alcohol, the feeling of invincibility and the higher sex drive of the younger male.

Young men under 25 don't grasp the seriousness unless they are connected with someone who has HIV.

Older men have seen first hand the ravages of AIDS so prevention is more of an issue.

It was also pointed out that the risk is smaller if young men engage in sex with peers. One interviewee divided young people under 20 years into two categories: 'Out and naughty' who

will quickly get on the scene and school leavers not yet on the scene. The question of how to engage this age group was posed.

Other risk groups and risk contexts were identified. These were:

- **Gay events/venues/beats**

The beat etiquette, club environment and sex on premises venues were identified as contributing to risk for gay men of all ages. Other areas of risk included internet groups and sites promoting risky behaviour.

- **Men who have sex with men but don't identify as gay**

People in this category included heterosexuals who do not acknowledge their HIV status, married men who start to get into the scene, men may have male to male sex but don't necessarily identify as gay and metrosexuals.

- **Drug use**

The use of Crystal Methamphetamine was raised by a number of interviewees as putting users at high risk of unsafe sex practices. The use of other drugs and the excessive use of alcohol (especially mixers) were raised as behaviours that often led to risky sex practices.

- **Regional and transient communities**

The difficulties of being gay in a location outside the metropolitan area were highlighted.

There are problems in regional communities with no social opportunities.

The increase in the older population in some communities was a problem both for older gays as well as those who were young.

The Sunshine Coast is a fractured community with social networks not developed.

Changes to the infrastructure of services for HIV/AIDS in the Sunshine Coast were also seen as detrimental to the provision of holistic care.

- **Types rather than ages**

Some interviewees pointed out that some people are more disciplined than others and there are risk takers across all ages.

Risk takers who practise unsafe sex are the same who take risks on the road.

- **Ethnic groups**

There was little consensus or conviction about any particular ethnic groups that held different attitudes to HIV prevention and may be at greater risk of participating in unsafe sex practices. Some thought that Indigenous men were least able to deal with it and that new migrants (African, Asian and possibly Maori) may also hold different attitudes. There was a suggestion that Asians may be encouraged to have unprotected sex and could agree because of their submissive nature.

- **Problems and solutions**

As well as identifying particular risk groups and risk contexts, some solutions were posed. People said there is a need to be creative with other media and use strategies that will be

appropriate for particular target groups such as Internet/radio/Out and about/Gaydar/Gay press. Health promotion was nominated as a strategy that should start in Grade 8/9 and continue to year 10/12.

4.3.2 PERCEPTIONS OF CURRENT HEALTH PROMOTION ACTIONS (including social marketing campaigns) TO PREVENT HIV

Have you seen any campaigns or health promotion activities aimed at preventing HIV?

What were they?

Most people had seen some health promotion aimed at preventing HIV. Posters such as Positive/negative (NSW) which were seen in gay literature such as Queensland Pride, and sites such as QHAC, adult stores and Crush activities were nominated. Others described Condom man and the Gaydar chat room.

Gaydar has good stuff about STIs and how HIV increases the risk of HIV.

It was also pointed out that efforts to place posters in toilets of some Local Councils are unsuccessful because they are damaged and removed. There was a perception that some Local Councils were very unsupportive and might view the presence of these posters as a barrier to tourism.

What did you think of them?

Reactions to current health promotion actions to prevent HIV were critical, positive and included expressions of fatigue.

- **Fatigue**

People expressed a feeling of being tired of being preached to because they already had a strong personal resolve not to pass on HIV and people already knew about HIV prevention.

HIV health promotion: NOT AGAIN!

- **Criticism of approach**

Statements revealed a number of criticism of the current approach:

- advertising was too general;
- there were no State and National campaigns;
- no variety in posters;
- people were missing out because the information was only in the gay literature
- messages were not confronting enough like those used for smoking and road safety.

The use of different media and locations such as public toilets and general literature/ Portaloos/ Woodford was recommended. It was also suggested that it was necessary to debunk stereotypes so that QHAC did not miss a lot of the target audience

One service provider noted that there was a reduction in HIV+ve people accessing services.

So if they are living longer, this could be a downside because where do they get their messages?

- **Positive**

The current information was described as providing better information to minimise risk. The written material was judged to be good () but people had to know where to get it. The change from the AIDS council to QAHC was viewed positively. *It is a better umbrella and is not just focussed on HIV+ issues.*

Another participant warned that even the best campaigns will not necessarily prevent risky behaviour.

Unprotected sex can happen in a new sexual relationship - that feeling won't stop HIV.

4.3.3 SUGGESTIONS FOR CHANGE

If you could what would you change about the approach to HIV prevention?

Responses to this question centred on shock value, the need to be more mainstream, to use particular target groups and strategies and highlighted the lack of input from some health care providers. Comment was made about the double standards that exist in advertising, resulting in campaigns for the prevention of conditions such as hepatitis C but not HIV/AIDS.

- **Shock value**

Opinions were varied on this point. Many suggested a return of the Grim Reaper style advertisements:

Bring back the shock value – like Grim Reaper. It woke people up.

Throw it in people's faces. Keep them aware. It hasn't gone away.

Don't fluff it up. Give me an image like a car crash where you want to look away but can't.

Others thought it was difficult to think what a new campaign would be because campaigns have lost their shock value and while the Grim Reaper hit home the message was lost later.

A link was made between the reduction in campaigns and the increase in HIV rates.

- **Mainstream**

Interviewees pointed out the advantages to mainstreaming and the need to include the straight community. A multi pronged approach, incorporating STI prevention with HIV prevention was suggested. Schools were again proposed as the site for the HIV prevention message along with the use of mainstream media and there were suggestions that public organisations such as RSL clubs should offer information on HIV prevention and contact numbers for services.

Get it into the general population. Hundreds of people are crossing over and may not have the information.

People ignore it because it's a gay problem. Needs a non-gay approach.

It was stressed that campaigns need to be broader to include protection against a number of STIs of which HIV is one.

- **Service providers**

Of those who were interviewed, many wanted the Division of GPs and organisations such as Lifeline to get involved in service education. One person pointed out that over a 12 year period he had seen no information on HIV/AIDS or STIs in GP surgeries or hospitals in the area where he lives. Mention was made of discrimination experienced by people living with HIV/AIDS when they sought dental and medical care.

- **Target groups**

Apart from risk groups already identified, respondents also wanted actions to target HIV+ve people and interstate travel and particular events such as the Gay Mardi Gras.

Target HIV+ people because the danger is they will be infecting others. Should also be aimed at HIV-ve who may be taking risks. Have a poster of a person with HIV/AIDS.

Use real HIV/AIDS subjects in advertisements.

- **Strategies**

The strategy of introducing HIV prevention action into schools was strongly advocated. It was suggested that sex education would be most appropriate in high schools and that a more general approach to health and lifestyle would be suitable for primary school children. The approach to HIV prevention varied across the State with some schools being very proactive – others not. In some instances parents and teachers created barriers to including the issue into the school curriculum. In spite of this, it was felt that young people 20-30 are getting education at school and don't discriminate the way their parents may have.

Education needs to start earlier because young generation is becoming sexually active at a younger age.

Ads should be clinical in nature. They don't need to be trendy, funky-they need to transmit the health issues and reflect the reality of illness.

The use of different media for different age groups was proposed such as the use of the internet to reach a different generation and audience which could also provide an opportunity to sit in private chat room and get help. If this approach was not taken it actions taken would result in just preaching to the converted.

A request was made to improve the way that advertising in Queensland Pride is organised. It was stated that advertisements for events currently need to be placed a month in advance in most instances.

If money or resources were not an issue, what do you think should be done to help prevent HIV?

Those who were interviewed raised suggestions that were divided into themes similar to those identified in the focus groups with the exception that there was little mention made of issues of discrimination and emotion.

- **Mainstream and broad approach**

A mainstream approach was recommended by some because separate services had the potential to alienate and stigmatise gay men. The feeling was that HIV+ve men should be able to access existing health and health promotion services

It's not about special services – it's about having equal access eg quit smoking programmes. Don't reinvent the wheel. Speak to experts to build on existing services and reorient the health services – Healthy Public Policy.

'Out and about' was cited as a programme that provides healthy social activities for people who don't go to bars etc. Another existing programme 'Just Walk It' was provided as an example where it was possible to tap into existing health promotion programmes with an evidence base.

It was seen as important to promote a better quality of life for everyone and as such, a broad campaign should cover everyone, focussing on personal health promotion and overall sexual health - not just STIs. The use of mainstream media was endorsed but not Grim Reaper style campaigns which had the potential to reinforce homophobic attitudes.

- **Strategies**

The issue of testing for HIV was raised by a few interviewees. It was suggested that there could be mandatory HIV testing which was carried out automatically when blood tests are done for any reason. Just as particular at-risk groups are automatically tested eg diabetes, HIV +ve people have a chronic disease so it should have the same status. The cost of such a strategy was recognised but felt to be less than the cost if the condition was not detected.

The type of strategy to adopt with media campaigns was again contentious with some considering that the Grim Reaper was no longer contextually relevant while other wanted a ruthless marketing campaign.

The days of a gentle approach are over - real images are missing.

Needs another campaign shake up. Still need to scare. Shock tactics work!

Get someone who is living with HIV and speaks graphically and articulately –so that target audience can ask 'Is this the quality of life I want?'

Others wanted the view that HIV/Aids is a chronic condition counteracted, suggesting visits to wards where patients with AIDS were treated. Radio/ TV time slots most likely to reach the target audience were suggested together with appropriate story lines on HIV prevention in popular drama/soap shows and web-based activities.

There was a request to make counselling freely available.

- **Schools**

Schools again featured prominently as an environment for strategies to prevent HIV. Suggestions included :

- Year 10 to have medical education on AIDS
- Increase resources in schools and Develop an education package tailored to age which is ongoing and delivered by a neutral body eg nurses as long as they are not pressured by Principals.

- **Government policy and legislation**

Participants expressed the view that the Commonwealth Government had the responsibility to run a national campaign, while State Governments had a responsibility to develop a deeper base for sex education in high schools. There was also a need for State Governments to change policy so that gay men's health could be a priority, particularly mental health.

It's the biggest threat and nothing is being done – just misinformation and tokenism (AIDS day).

It was suggested that community forums and the employment of more gays in Government Departments could help to change attitudes towards homosexuals.

4.3.4 THEIR ROLE (AND DESCRIPTION OF THAT ROLE) IN HIV PREVENTION

What do you see as the role of gay men or other men who have sex with men, in preventing HIV?

Responses to this question were similar to those provided through the focus groups but more definite on their role as leaders in HIV prevention.

- **Gay leadership**

Interviewees emphasised the very strong role for gay men citing the historical context when they provided advice and strategies to the population at large as well as to Ministers of Health. They raised examples of formal and informal peer education and were clear that they were and should be the leaders in any actions to prevent HIV.

We set it up! Did the groundwork, made the mistakes. It (prevention of HIV) was ignored by the heterosexual community.

The gay community has protected the whole community.

Heterosexuals have learned from us and do not have the stigma of the disease.

Why is it our job? But on the other hand those who are more sexually liberated lead the way.

If the message is seen to be coming from your own people, it will probably be received better.

Gays are more promiscuous so have a responsibility.

- **Fatigue**

The issue of fatigue was raised, particularly by older men.

The gay community doesn't want to be known as the source and solution. They are tired.

It needs more involvement and a liberating approach from QAHC and other education sources.

Some said simply: *NOT AGAIN!*

- **Fears for the future**

In contrast to the focus groups these respondents articulated their fears for the future. These were centred on two main issues: Firstly that the focus on HIV/AIDS had dimmed with new treatments and secondly that younger men might not be equipped or keen to take over as leaders and volunteers in the gay community. It was considered important to address these issues by providing opportunities through counselling or other courses.

Younger people seem to get easily fatigued – New workers are finding it more difficult.

- **Individual responsibility only**

Comment was made that the only people who have a role are volunteers, service provider/ or those who decide to be involved in the industry.

One respondent made the differentiation between role and responsibility:

I don't think they have a role but they have an individual responsibility.

4.3.5 ADDITIONAL COMMENTS

Additional comments made throughout the interviews focussed on emotional issues, warning signs for the future, double standards in advertising and views on the current provision of services. These covered the following topics:

- **Emotional issues**

It was seen as important to get gay men to feel good about themselves before any change could take place

Self loathing etc is present, depression is on the increase in HIV+ people.

The question was raised as to whether the cause of this lay with their HIV status or the fact that they are gay. The need for a holistic approach to health was necessary if gay men with emotional health issues were to be able to value themselves. There was a call for better resources and access to better statistics for youth suicide which currently do not provide information as to whether the people were gay

- **Warning signs**

Concern was raised over the lack of activism in the gay community now. The fact that many young people have not seen anyone with late stage AIDS was seen as significant. In addition there was a belief that people are making some false assumptions about pharmacological treatment – efficacy and side effects and were failing to recognise the implications of being HIV+ve such as the adjustment needed to lifestyle, barriers to travel, access to loans, insurance, home loans.

- **Views on HIV/AIDS services**

There were divergent views on the changes to the structure of HIV/AIDS services that were instigated by Queensland Health. Some saw it as disenfranchising with flow on effects to HIV+ people, workers and volunteers while others felt it was a very positive step and hoped it would result in more productive networks for gay men. The change from Queensland AIDS Council to the Queensland Association for Healthy Communities was viewed as a positive move in promoting sexual health and HIV prevention.

- **Double standards**

The double standards applied in advertising were clear to many:

Why are there double standards? There are big signs for premature ejaculation/Nipple ad, so why not use media for safe sex messages which are less offensive.

- **General practitioners:**

Disappointment was expressed over the lack of involvement of local general practitioners in the promotion of sexual health and HIV prevention. Respondents called for health promotion material in all surgeries and yearly checks including full blood screening.

Doctors are reluctant to test unless the patient asks for it. Some don't want to know.

5. DISCUSSION

This research provides a contemporary snapshot of the attitudes and perceptions of gay men to HIV prevention and health promotion. While the sample of men providing their views is small, the work represents more than 20 hours of in-depth discussion and interviews and offers an insight into an issue that many people in the gay community have lived with for decades.

Overall most people who participated in the research acknowledged that there had been changes in how HIV was perceived by gay men and for most this has reduced the feelings of fear and hopelessness that may have been a feature of life as a HIV+ve person some years ago. In spite of some significant changes in quality of life and life span – the issue of discrimination was raised on many occasions. Men talked of discrimination that occurs not only relating to HIV status but simply because they are gay. It was stated that discrimination was greatest in medical and dental care with instances of HIV+ve men denied equal access to care. Disappointment was also expressed that General Practitioners and other health care providers were not more involved in HIV prevention. It was of concern that most GP's and at least one local hospital did not provide any material related to safe sex practices or HIV/AIDS. Some Local Government Authorities were also singled out for their lack of support and failure to allow promotional material in toilets and other known gay venues.

The subject of grief and oppression, raised in one focus group was believed to be the result of the failure of the Gay Liberation movement to deliver the acceptance and lifestyle that was promised. It is apparent that there are strong feelings that change, in terms of men's uptake of safe sex practices, will only occur if strategies to deal with the feelings of grief, oppression and lack of acceptance experienced by many older men, are put into place. It was evident that this group of men had grave fears for the future in a climate where risk taking behaviour including drug use is often part of the social life of young males. The lack of involvement by young men in HIV/AIDS issues was raised together with the perception that younger men are easily fatigued as volunteers and service providers. Could this be attributed to a generational difference (*Things were different in my day*) or is there a real danger that this voluntary but important involvement of gay men in developing strategies for HIV prevention, may not continue in the future? There was a suggestion that achievements of the past had been hard fought but not recognised.

On the whole, there was a feeling that a degree of complacency and apathy had developed across all ages. This was attributed firstly to the fact that the incidence of HIV diagnoses had fallen in past years but this trend has been reversed as most recent figures from the National Centre of Epidemiology and Research reveal that there has been a significant increase in new notifications of HIV+ve cases. Secondly, the lack of visibility of people in the terminal stages of AIDS was cited as a reason that HIV/AIDS issues were now 'off the radar'. Men who are HIV+ve, in the main, are now enjoying a good quality of life and an increased life span. It is imperative however to maintain the level of vigilance in promoting the safe sex message because the likelihood of exposure is now much greater because of a larger pool of infection.

Not all participants could recall a recent health campaign or activity aimed at HIV prevention. This suggests that campaigns and activities may not be targeting all age groups; they may be using strategies that are not appropriate; the campaigns may be intermittent and locally based or it may be that the sense of fatigue and apathy is creating a barrier to the transmission of the message. There was a call for a coordinated well-resourced National approach.

Surprisingly, when proposed strategies was discussed, the Grim Reaper campaign was still very prominent in people's minds despite the fact that it took place more than 20 years ago. The common endorsement of this campaign was tempered by some who perceived that it had the potential to demonise gays again however they still supported the use of shock tactics for any future campaign. The approval for a campaign based on shock tactics flies in the face of evidence that fails to show any change in behaviour as a result of shock campaigns. The sense that media

campaigns should be conducted across the general population and include preventive education for sexually transmitted infections not only HIV, was consistent with the view that a campaign targeting gay people in isolation was likely to be damaging and less effective. By using a mainstream approach, the message would also be accessible to a group most difficult to reach, men who have sex with men but don't identify as gay.

In addition to a mainstream approach there appears to be value in targeting specific groups and using an appropriate medium such as the internet or commercial radio, to get the message across.

In discussing media strategies, it was evident that most people were concerned with what they perceived as the double standards operating in the advertising industry. Whereas sexually explicit television and billboard advertising appeared to be acceptable, it was obvious that respondents felt that they were subjected to different standards if they attempted to portray a safe sex message in advertising or television programmes. It was pointed out the Grim Reaper campaign did not feature gay males in their marketing.

Schools were highlighted as the frontline in combating prejudice and promoting sexual health and the need for an approach that reduced the barriers of implementing such a programme in all schools was obvious.

The participants of this research revealed a high level of awareness of the current status of HIV prevention, together with the problems and opportunities associated with dealing with the issue. Because of the sample size and the self selected nature of the sample, assumptions that this degree of awareness exists in the gay community generally, should be made with caution.

In a climate of reported increases in the number of newly diagnosed cases of HIV, this research has shown that while there was a sense of fatigue at the prospect of continually being in the forefront of HIV prevention activities, gay men are clearly the most qualified and committed to act as leaders on this issue.

6. RECOMMENDATIONS

- Continue to develop and implement strategies that promote positive aspects of gay culture;
- Be proactive in including young males in the development of HIV prevention activities;
- Develop strategies on safe sex that will provide information for men who have sex with men but don't identify as gay and gay men who do not socialise within the gay community;
- Extend support services and HIV health promotion activities so that they are available to men living in regional communities;
- Use evidence-based strategies in marketing campaigns and other activities;
- Encourage participation in existing healthy lifestyle programmes and make information available on local health promoting activities;
- Advocate for National campaign directed at Sexually Transmitted Disease of which HIV is one;
- Provide opportunities for men to deal with issues of self esteem;
- Expand the type of activities where gay males socialise so that options are available outside bars and sex on premises venues;
- Extend the availability of counselling services;
- Investigate any association between the use of drugs such as crystal methamphetamine and risky behaviour;
- Invite Divisions of General Practice to participate in any HIV prevention activities;
- Increase the availability of written material on sexual health in General Practitioners' waiting rooms;
- Make Local Government Authorities, State and National Advertising regulators aware that the consistent standards should be applied for all health issues so that HIV prevention material is accessible in the same way that information and facilities are made available for some health conditions such as hepatitis C and safe disposal of needles;
- Use a holistic approach to any health promotion/HIV prevention activities.

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INVITATION TO PARTICIPATE

GAY MEN, HIV and HEALTH PROMOTION MARKET RESEARCH

A team of researchers from the faculty of Science, Health and Education at the University of Sunshine Coast is undertaking a research project (funded by the Queensland Association of Healthy Communities) to explore the attitudes of gay men to HIV, HIV prevention and health promotion interventions. It will try to establish how gay men feel about the current health promotion activities (including social marketing campaigns) to prevent HIV and will also provide opportunities for men to describe the role they see for themselves in HIV prevention.

Information will be collected in three focus groups held in Brisbane and the Sunshine Coast and through interviews of significant contributors to the gay community and service providers.

Focus groups will be made up of between eight and twelve people in each group and will last for approximately an hour and a half. The focus groups are scheduled for April this year.

We would like to invite you to join this research by participating in one of the focus groups.

Why is the research being done?

The findings of the research will be used to inform future HIV prevention and health promotion projects undertaken by the Queensland Association for Healthy Communities (QAHC) and their partner organisations.

Agencies providing services to gay males will have current information on attitudes to HIV and HIV prevention that will help them to develop strategies for future health promotion activities.

The issue of HIV/AIDS remains a major public health issue in Australia but competes with a many other public health concerns for publicity and funding. Research such as this ensures that the issue of HIV prevention remains in the public arena.

Why should I take part?

It is important to hear the voices of gay men because of their history in developing and implementing successful health promotion strategies for HIV/AIDS prevention. Your input will be crucial to the success of the research.

All information will be treated as strictly confidential and no identifying information will be collected.

How do I register my interest to take part in this important project?

Contact:

Desley Kassulke

Email: desley.kassulke@bigpond.com

Telephone: (07) 5445 8927

Mobile: 0438 349 258

Jane Gregg

Email: jgregg@usc.edu.au

Telephone: (07) 5430 2881

Lily O'Hara

Email: Lohara@usc.edu.au

Telephone (07) 5439 2824

Desley, Jane and Lily will be happy to take your details and provide you with any extra information you would like to know about the project.

When and where will the focus group take place?

The focus groups will take place on Saturday 21st April in Brisbane and on 28th April. in Maroochydhore. Focus groups will be held at 11am.

The venue will be the QAHC premises Newstead and Maroochydhore.

Please consider taking part in this important research.

RESEARCH PROJECT INFORMATION

GAY MEN, HIV and HEALTH PROMOTION MARKET RESEARCH

Who is doing this research?

This project is being undertaken by a team of researchers from the faculty of Science, Health and Education at the University of the Sunshine Coast. The researchers are:

- Dr Desley Kassulke, an Adjunct Associate Professor with extensive experience in Public Health and research into Public Health issues within tertiary institutions and Government Departments;
- Ms Jane Gregg, a lecturer in Health Promotion with wide ranging experience in health promotion who has developed and implemented a number of creative approaches to Health Promotion; and
- Lily O'Hara who also lectures in Health Promotion and is recognised as a leader in the development of Health Promotion as a professional discipline in Queensland.

What is it about?

This project will explore the attitudes of gay men to HIV, HIV prevention and health promotion interventions. It will try to find out how they feel about the current health promotion activities (including social marketing campaigns) to prevent HIV and will also provide opportunities for men to describe the role they see for themselves in HIV prevention.

Why is the research being done?

We hope that the findings of the research will be used to inform future HIV prevention and health promotion projects undertaken by the Queensland Association for Healthy Communities (QAHC) and their partner organisations.

Agencies providing services to gay males will have current information on attitudes to HIV and HIV prevention that will help them to develop strategies for future health promotion activities.

The issue of HIV/AIDS remains a major public health issue in Australia but competes with a range of other public health hazards for publicity and funding. Research such as this ensures that the issue of HIV prevention remains in the public

Why should I take part?

It is important to hear the voices of gay men because of their history in developing and implementing successful health promotion strategies in HIV/AIDS prevention.

What happens to the information that might be gathered during this research?

All information will be treated as strictly confidential and no identifying information will be collected; It would however be very useful if you could provide us with a few non-identifying items about yourself eg: age group, occupation and highest level of education;

All records of focus groups and interviews will be kept in a secure environment in a locked cabinet;

No information will be released to the public without the express consent of the Research Management Team which includes the Queensland Association for Healthy Communities;

Participants will be able to obtain a summary report of the findings if they wish to contact the Research Team on completion of the research.

If you have any complaints about the way this research project is being conducted you can either raise them with the Chief Investigator or, if you prefer an independent person, contact the Chairperson of the Human Research Ethics Committee at the University of the Sunshine Coast: (c- The Academic Administration Officer, Teaching and Research Services, University of the Sunshine Coast, Maroochydore DC 4558; telephone (07) 5459 4574; facsimile (07) 5459 4727; e-mail: humanethics@usc.edu.au

Counselling will be made available to any participant who considers this is necessary as a result of participating in this research project.

CONSENT TO PARTICIPATE IN RESEARCH

GAY MEN, HIV and HEALTH PROMOTION MARKET RESEARCH

This project will explore the attitudes of gay men to HIV, HIV prevention and health promotion interventions. Using focus groups and interviews, the researchers will explore how gay men feel about current health promotion activities (including social marketing campaigns) to prevent HIV and will also provide opportunities for men to describe the role they see for themselves in HIV prevention.

As a participant in this research;

- I understand that I do not have to participate in the research if I do not want to;
- I can withdraw from the study at any time without giving any reasons for withdrawing;
- If I do choose to withdraw from the focus group or interview at any time, the information received from me will not be used;
- I understand that I will be provided with a summary of the results of the research;
- I understand that all information obtained from me or pertaining to me will be kept strictly confidential to the research team and that there will be no means of identifying me personally as a research participant in any publication, presentation or other means arising from the research;
- I understand that counselling will be made available to me if I believe this is necessary as a result of participating in this research project.

I understand the contents of the Research Project Information Sheet for the research project *Gay Men, HIV and Health Promotion Market Research* and this *Consent to Participate in Research* form.

I agree to participate in the *Gay Men, HIV and Health Promotion Market Research* project and give my consent freely. I understand that the research will be carried out as described on the Research Project Information Sheet, a copy of which I have kept. Any questions I had about this research project and my participation in it have been answered to my satisfaction.

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Participant Date