MALE CALL / WAEA MAI TANE MA

A study of New Zealand men who have sex with men

Report seven: gay community involvement

A research project of the New Zealand AIDS Foundation funded by the Health Research Council of New Zealand.
MALE CALL
Waea Mai, Tane Ma

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Gay Community Involvement

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# Gay Community Involvement

Peter Saxton, Heather Worth, Tony Hughes, Alison Reid, Elizabeth Robinson, Rosemary Segedin, Clive Aspin

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Overview

Male Call/Waea Mai, Tane Ma was the first nationwide survey of men who have sex with men (msm) in New Zealand. The project was undertaken because no large scale baseline data on this population was available. While a number of other groups are affected by HIV in this country, the virus is most significantly present amongst msm, who account for over 80% of those with AIDS. As there is still no vaccine or cure for HIV infection, behaviour change remains the only strategy available to manage the HIV epidemic. In order to develop effective and efficient HIV prevention programmes, it was recognised that there was an urgent need for up to date, accurate data on the socio-sexual characteristics of men who have sex with men. The aims of the survey were to:

- describe men who have sex with men's HIV and AIDS knowledge and their sexual practices with a special focus on the adoption of safer strategies;
- examine the ways in which HIV and AIDS knowledge and safe sex practice are related to a number of important demographic and contextual variables;
- provide baseline data on the sexual behaviour of men who have sex with men which can be used to assist in the planning and development of HIV prevention programmes; and
- to develop a core set of baseline questions which could be used in future surveys of men who have sex with men.

The method used was a nationwide telephone survey which was conducted over a six week period between May and June 1996. All men who had sex with another man in the previous five years were eligible to participate. Respondents called an 0800 toll-free phone number and answered a questionnaire, which took approximately forty minutes to complete. Respondents were able to terminate the call at any time. This method ensured that participants could remain anonymous, and encouraged a wide range of msm to participate. The questionnaire was developed by modifying and expanding the original Australian Project Male Call instrument, which was first used in 1992.

The questionnaire was completed in full by 1852 men. Male Call/Waea Mai, Tane Ma attracted a broad cross section of msm through a successful recruitment campaign that spanned both mainstream and gay media.
Introduction

In the majority of Western countries, men who have sex with men continue to be the population group most affected by AIDS. In the early stages of the epidemic, most governments were hesitant about investing in health programmes that could be seen to be endorsing socially stigmatised, and often illegal, behaviours such as sex between men, and so it was gay men who themselves initiated the first prevention campaigns. Utilising their social and sexual networks, gay men began disseminating information about how to avoid infection. It is now fully recognised, as Simon Watney (1990:23) has argued, that this ongoing gay community development was crucial to safe sex becoming "a fundamental aspect of gay practices".

Communities have also been closely examined in social research on HIV and AIDS. This has been in part due to the linkage of social vulnerability to particular communities, an issue which has been identified as a significant factor influencing the spread of HIV (Parker 1996). Issues such as stigma and discrimination on the basis of sexuality, exploitation, and social and economic marginalisation arose as important concepts in the field of HIV and AIDS, as these were experiences which could profoundly affect individuals' access to information about safe practices, as well as their ability to implement them. Parker (ibid) notes that more attention is being placed on "empowerment, community mobilisation and social change" in the context of prevention, with a subsequent reorientation in social research towards studying the communities in question.¹

¹ At least this is the case in New Zealand. After Male Call/Waag Mai, Tane Ma provided the first large scale baseline data on MSM, several research projects targeting "subgroup" communities of MSM have been initiated (e.g. research on Maori MSM, MSM with a lower socioeconomic status). One particular example of the interaction between research and prevention has been the initiation of a campaign to affirm condom use amongst gay couples, backed up by preliminary data provided from both quantitative and qualitative research.
There have been a number of studies that have explored the role of 'community' in encouraging safer sexual cultures amongst MSM. Sandfort (1995) has identified a number of different approaches which address the impact of gay community in an overview of the relevant research literature. Variables ranging from personal acceptance of homosexuality (De Wit et al. 1992; Hays, Kegeles and Coates 1991), to the social isolation or integration experienced by MSM (Dur et al. 1993; Emmons et al. 1986; Kippax et al. 1993) were tested to determine their influence on safe sex practices. Sandfort (1995:42-43) suggested that the evidence one way or the other was inconclusive, but that this was in part due to the contested meanings about gay community between different researchers, and the consequent difficulties of comparing the outcomes resulting from different constructs of gay community involvement.

Of all Western countries, Australia has been at the forefront in research on the relationship between gay community involvement and sexual practice. Kippax et al. (1993:110) have argued that "a sense of gay community is constituted in practices, both sexual and social". In the Social Aspects of the Prevention of AIDS (SAPA) project from 1985-1991, a set of three scales was designed to measure involvement in gay community organisations, social engagement in the gay community, and sexual engagement in the gay community (Kippax 1990). In 1992, Male Call Australia measured participation in the gay community in relation to various social milieu variables, including identity, disclosure, gay community attachment, cultural and sexual involvement and contact with the epidemic (Kippax et al. 1994:6). In the first study, gay community involvement was associated with less risky sexual practices with a casual partner (Connell et al. 1989), and sexual engagement was linked to a greater change towards safer sex (Kippax et al. 1993). These findings were reinforced in Male Call Australia (Kippax et al. 1995). Kippax et al. (1993:123) concluded that "[t]he gay community, especially, in its social, cultural and political forms, provides gay men with a supportive social environment that enables the negotiation of safe sex". It is this idea that *Male Call/Waea Mai, Tane Ma Report No.7: Gay Community Involvement* will explore in the New Zealand context.

This report has taken many of the concepts used in the Australian research and adapted them to our needs. However, two important matters need to be mentioned. Firstly, much of the Australian work, especially the SAPA project, was designed (at least in part) to gauge the changes made in sexual practices in the early stages of the epidemic. Similarly,
early research in New Zealand by Parkinson (1989), although small in scale, included
questions on sexual behaviour change and there was evidence to suggest that this was
taking place. But with both the local HIV epidemic and gay communities now well past the
early stages of their development, the role that communities play in prevention may now
have more to do with the maintenance of safer sexual cultures rather than advocating
wholesale alterations of behaviour. Thus the main focus in this report is on establishing
whether those who are 'attached' to the community are more or less likely to practice safer
sex in a variety of contexts than those who are not attached, and, following from that,
discovering whether the cultures that have developed in this community continue to
courage the safest sexual strategies. Secondly, as a result of the definitional differences
highlighted by Sandfort (1995, above), comparisons with other studies of the gay
community have been problematic and we have generally limited these to the results from
Male Call Australia (Kippax et al. 1994; Kippax et al. 1995).

This report will examine Male Call/Waea Mai, Tane Ma respondents' gay community
involvement. It will compare demographic and milieu data, sexual practices, HIV
knowledge and the testing incidence of those men who are 'attached' to the community
with those who are not. While the report will be mainly descriptive, some statistical
analysis has been undertaken. For the main aims listed below we carried out logistic
regressions, to determine the influence of a certain variable over and above that of other
factors. The details of these are given in Appendix 1 and the results are discussed
alongside charts in the body of the text. Where it was more appropriate to carry out
univariate tests of difference, the results of chi-squared tests and t-tests are footnoted.

The aims of this report are to:

- compare the demographic characteristics of gay community attached (GCA)
  men with those who are not attached to the gay community (NGCA);
- compare the social milieu variables of GCA and NGCA men;
- compare GCA and NGCA men's sexual practices and safe sex strategies
  with both casual and regular partners;
- compare the incidence of 'highly unsafe sex' for GCA and NGCA men;
- compare the levels of HIV testing for GCA and NGCA men.
Section I: The Gay Community in New Zealand

Consensual sex between men was illegal in New Zealand until the passing of the Homosexual Law Reform Bill in 1986. However, a visible New Zealand community of men who have sex with men emerged in the 1950s, with the presence of gay bars in Auckland and Wellington and the formation of groups such as the Dorian Society and the New Zealand Homosexual Law Reform Society (McNab 1993). A national gay newspaper began circulation in the late 1970s, and gay community centres were also established as part of the growth internationally of gay liberation, but also as a collective attempt to gain political reform. Early research into the sexual lives of homosexual men in 1985 (Parkinson 1989) also indicated that men met other men for sex at venues such as gay saunas and private parties. It is clear that different forms of community have existed for MSM in New Zealand, and that these have been variously politically, socially, sexually or health oriented.

As Parkinson and Hughes (1987:77) note, the gay community press in particular had a "well established tradition of health reporting and gay community health programmes were already in operation before the AIDS crisis arose". The importance of these community structures was evident as the illegality of homosexual sex presented enormous barriers to safer sex education. Early prevention/education campaigns emphasised a change to "safer" sexual practices such as mutual masturbation and an avoidance of anal sex, with later emphasis being placed on a "use a condom every time" message. To a large extent, the current decline in the numbers of MSM being diagnosed with AIDS is likely to be a direct result of these early interventions within the gay community.  

In her study of the gay male community in the early 1990s, Ryan (1991:3) showed that the gay community has developed to become "a community of diversity. There are many shared values but also many areas of contested meaning". On the whole, Ryan (ibid:14) asserts that the gay community provides (if only theoretically) "a sense of communality

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2 Although the number of people newly diagnosed with AIDS is also reducing, this is in part due to new treatments which postpone the development of defining symptoms. Sharples et al. (1996) have argued that this represented a real decline in AIDS incidence, due to the steady decrease in new diagnoses well before the introduction of such treatments. Using statistics for new HIV infections also remains problematic.
and common interest among gay men". This includes a shared culture, which encourages a trust and security usually based around a set of gay friends who are central to the men's lives. Visibility is central to this ideal of gay community.

However, while for many of these men "being part of the gay community is a complex network of interaction at the social, sexual, cultural and political levels" (Ryan 1991:11), for others there is rather less cultural and political involvement. Since cultural and political involvement has tended to be limited to middle class men (Kippax et al. 1992), Ryan argues that the communitarian ethos of what gay community is or should be, is often held in conflict with a libertarian discourse of personal freedom. Some men may not feel comfortable, or have the "cultural capital", to freely participate in such circles. For still other men the gay community is viewed as a "fragmented, fractured entity" (Ryan 1991:14). Their experience of community is limited and often only occurs sporadically within specific contexts. And finally, some men's involvement in the gay community is relatively hidden and covert. These men do not necessarily identify as gay.

Such communities of msm were central to achieving a large and diverse sample for Male Call/Waea Mai, Tane Ma. Over one hundred gay community groups and individuals were contacted by the Recruitment Team and were asked to distribute material about the study or hold meetings in their areas to discuss the importance of taking part. Visits were also made by the Recruitment Team to many of these groups. These 'key contacts', as they became known, helped greatly in the wide distribution of information about Male Call/Waea Mai, Tane Ma which was in turn pivotal in encouraging men to take part in the survey. Local gay print media, express newspaper and OUT! magazine, as well as the television programme express report, also gave valuable publicity to the study.

**Measures of involvement in the gay community**

Male Call/Waea Mai, Tane Ma adjusted the Male Call Australia measure of 'gay community attachment', and ranked a number of items relating to the questions:

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because this does not take account of changing testing rates. At present, msm make up 81.3% of those diagnosed with AIDS in New Zealand (AIDS Epidemiology Group 1993).
how many of your friends are gay/homosexual men (none, a few, some, most, all)?

- gay bars
- cafes and restaurants
- gay dances, dance parties
- gay nightclubs
- gay saunas
- private parties/dinner
- the gym/pool
- the beach
- gay community groups, sports clubs or interest groups

The highest possible score was 12, with a higher score indicating a greater degree of attachment. A score of 5 or more was taken to mean that the respondent was gay community attached (GCA) and 4 or less to mean that the respondent was non-gay community attached (NGCA). The sample was then divided in two groups on the basis of the degree of gay community attachment.³

Eleven hundred and seventy nine of the Male Call/Waea Mai, Tane Ma sample of 1852 were categorised as gay community attached (63.7%), and 673 were described as being non-gay community attached (36.3%)(see Figure 1). The median level of gay community attachment was a score of 5.5, the mean 5.4.

![Figure 1: Gay Community Attachment](n=1852)

The percentage of New Zealand GCA men is lower than those in the Male Call Australia sample of 73.3% (Kippax et al. 1994). However, the Australian scale was somewhat

³ Other measures used by Male Call Australia such as HIV test status, contact with the epidemic or sexual involvement with the gay community were felt to be problematic measures of gay community attachment and not used. However, we did examine other variables which are related to gay community involvement, including disclosure of sexual attraction and cultural involvement in the gay community. These were not included in the scale, but analysed separately.
different in that it asked fewer questions about the places men went to sociilise with gay friends and had a separate question (which was not asked in our survey) about the amount of time spent with homosexual or gay men. The following sections summarise the findings based on analyses of demographic characteristics, social milieu variables, sexual behaviour and condom use, issues relating to HIV, and where respondents had heard about the Male Call/Waea Mai, Tane Ma survey. Some discussion is included within the main body of the report, with a summary of the findings in the conclusion.

Section II: Gay Community Attachment and Demographic Characteristics

Previous research has shown that MSM who are involved in the gay community differ in their demographic characteristics from those who are NGCA. For example, Kippax et al. (1993) reported that age, education, occupation, income, and especially place of residence were significantly associated with the different forms of gay community attachment. A logistic regression was used to investigate whether ethnicity, age, educational qualifications, income, or place of residence had an effect on whether or not respondents to Male Call/Waea Mai, Tane Ma were attached to the gay community.4 Place of residence, age, ethnicity, educational qualifications and income were found to have an effect on gay community attachment over and above the influence of other variables. These results are described below, and presented in more detail in Appendix 1.

Place of residence

Gay community is a concept of multiple meanings, and yet central to the notion of gay community is some form of organised social scene. Therefore it was not surprising that respondents who lived in larger urban centres, where gay bars, clubs, and organisations are more prevalent, were more likely to be gay community attached than those from smaller centres (see Appendix 1). Significantly more respondents living in Auckland, Wellington or Christchurch were gay community attached compared to those in ‘other’ main urban centres, minor urban areas and rural townships (Figure 2).

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4 Occupation, being in an ‘under-class’, marital status and whether or not respondents had a child or children were not included in the logistic regression. However, they are included in the discussion, and in several cases univariate tests were carried out to detect whether significant differences occurred between community attached and non-community attached respondents.
This finding would also support the observations made about the general geographic distribution of the sample, where concentrations of MSM in Auckland, Wellington and Christchurch are probably the result of men migrating to larger centres precisely to become involved in a more ‘gay-friendly’ environment (see Male Call/Waea Mai, Tane Ma Report No.1: Methodology and Demographic Characteristics). However, while other studies have also highlighted that place of residence is an important factor in cultural and political involvement in the gay community (Kippax et al. 1993: 118), it is still possible for MSM to be ‘gay community attached’ even if they come from smaller towns and rural centres. The patterns of community attachment might simply be different for these men, with networks of gay friends providing the sense of community rather than participation in the commercial gay scene (bars, nightlife, saunas etc.).

Age

Age was also a factor in gay community attachment, and respondents aged between 25 and 39 were significantly more likely to be GCA than those aged 15-24 or forty and over (see Appendix 1). As Figure 3 shows, proportionately more NGCA men were either very young or over fifty when compared to GCA respondents.
Ethnicity

As Figure 4 suggests, ethnicity was also a factor in gay community attachment (see Appendix 1). While both samples were overwhelmingly NZ European/Pakeha, a higher proportion of those who were non-gay community attached were Maori (12.2% of NGCA:7.5% of GCA).

Just over half (51.8%) of Maori respondents were GCA, significantly lower than non-Maori (64.6%). On the other hand, Pacific Island respondents were more likely to be GCA than those who were not Pacific Islanders. This may result from the smaller response to Male Call/Waea Mai, Tane Ma from the Pacific Island community compared to other ethnic groups. Given this low participation rate, it is possible that only the more gay community attached Pacific Island men phoned in.

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5 p=0.001
Educational attainment, income and occupation

The more qualified respondents were, the more likely they were to be gay community attached (see Appendix 1). As Figure 5 indicates, proportionately more GCA men had tertiary qualifications, while proportionately more non-gay community attached men had no school qualifications.

Income was marginally significant in term of gay community attachment, and as Figure 6 shows, rates of attachment tended to rise as income increased (see Appendix 1). The median income category for GCA men was also higher than those not attached to the gay community ($30-40,000 for GCA, $20-30,000 for NGCA).
One explanation for this may be that participation in some gay community activities (going to bars etc) is easier on certain incomes, with less opportunities for involvement for those on lower incomes - proportionately fewer respondents earning $10,000 or less were gay community attached. This is perhaps an indication of the financial independence often required to meet and socialise with other MSM. This might, for example, involve travelling long distances from rural areas/smaller urban centres to the larger cities, or even to particular suburbs within cities where gay venues abound.

Occupation made little difference to whether respondents were attached to the gay community. The exception were men in professional/semi professional occupations, who accounted for 30% of those GCA, compared to 21% of those NGCA.

*Men in an ‘under-class’*

Kippax et al. have argued on the basis of Australian research that “men with a strong gay community involvement are likely to be middle-class professional men who are confident in their identity” (1993:116). In light of the relationship in Male Call/Waea Mai, Tane Ma between education and income to gay community attachment, it was not surprising to find that many men occupying an ‘under-class’ were not attached to the gay community. These men were significantly less likely to be gay community attached than those not in an under-class, with just over half of these respondents being gay community attached compared with 65% of those not in an under-class (Figure 7). That fewer of these men fell into the gay community attached group highlights the problems facing health educators who place an emphasis on community-biased education, in that there are obviously limits to how inclusive the community is of all men who have sex with men. This has important implications in terms of HIV education material reaching men who are in an under-class.

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9 Respondents were defined as being in an ‘underclass’ if they earned less than $20,000 and had a highest education qualification of School Certificate or no school education. For a further discussion of the respondents who were defined as being in an under-class see Male Call/Waea Mai, Tane Ma Report No.1: Methodology and Demographic Characteristics. For a further discussion of MSM and low socio-economic status see Connell et al. (1991), Dowsett et al. (1992), Connell et al. (1993).

7 Chi-squared test $p=0.002$
Marital status and children

There was a significant difference in terms of gay community attachment depending on whether respondents were currently married/ in a de facto relationship with a woman or had a child or children. Almost a quarter (24.7%) of Male Call/Waea Mai, Tane Ma respondents who were not attached to the gay community were currently married or in a de facto relationship with a woman (Figure 8). In comparison, this was true for just 3.4% of GCA respondents.\(^8\)

Although the differences between the two groups of respondents were less pronounced when asked whether the men had any children, a similar trend occurred. A third (33.6%)
of NGCA men stated they had a child or children compared to 14.8% of those gay community attached. These results suggest that many NGCA respondents appear to be leading lives one would normally associate with 'heterosexual' men, and this further challenges the stereotypical notion that all MSM have a similar 'lifestyle'.

Section III: Gay Community Attachment and the Social Milieu

A logistic regression was used to investigate whether sexual identity, disclosure of sexual attraction to men, and degree of sexual attraction to men and/or women had an effect on whether or not respondents were gay community attached. Both sexual identity and disclosure were found to have an effect on gay community attachment over and above the influence of other variables. The results for this analysis, as well as univariate tests of difference for other variables, are described below. More detailed information is given in Appendix 1.

Sexual identity

Not surprisingly, sexual identity and gay community attachment were closely associated (see Appendix 1). As Figure 9 indicates, over 90% (92.5%) of gay community attached men chose the sexual identity gay, three quarters (75.1%) chose homosexual, and half (50%) chose queer. Of particular interest is the queer category, which was more than twice as likely to be claimed by men who were attached to the gay community compared to those who were unattached (20.2%). The precise relationship between being involved in the gay community and the sexual identities that people claim remains unclear, but the most likely explanation is that participation in gay community activities and having larger circles of homosexual friends exposes MSM to a more diverse range of identity possibilities. This argument is reinforced by the results for the identity of lakataiapui (a Maori term for an intimate friend of the same sex), which has not been widely disseminated outside networks of Maori MSM. This is a recent term which was claimed by almost three times as many GCA than NGCA men (3.7% of GCA:1.3% of NGCA).

\[ p < 0.0001 \]

\[ 19 \] A list of sexual identities was read out to respondents, and they were asked which ones they identified with. Respondents were allowed multiple responses, and on average chose 2.4 identities (see Male Call/Waea Mai, Tane Ma Report No. 5: Sexual Identity for a more detailed discussion). The regression analysis compared respondents who chose a particular identity with those who did not.
and provides evidence of how new concepts are circulated within particular groups of MSM.

Conversely, fewer men who identified as heterosexual or bisexual were attached to the gay community. In fact, almost as many NGCA respondents identified as bisexual (48.7%) than as gay (57.2%) or homosexual (51.3%). It is possible that many of those not attached to the gay community do not see their sexual behaviour with other men as a significant part of their personal identity (see Bartos 1993; Hood 1994), and this must be taken into account when planning education initiatives designed to reach the whole population of men who have sex with men.

Age of first realisation of attraction to men

Figure 10 shows that both gay community attached men and those who were not attached followed a roughly similar pattern of realisation of attraction to men. However, a slightly higher proportion of gay community attached men realised before the age of sixteen, with proportionately more NGCA respondents having realised that they were sexually attracted to men at age twenty or over. The mean age of realisation was also significantly older for NGCA respondents - 13 years for GCA men and 15.9 years for those not attached to the gay community.11

11 p values for differences in each age group: under 11 p=0.01; 11-15 p=0.01; 16-20 p=0.006; over 20 p<0.0001. For mean age of realisation p=0.0001.
Age of first sexual experience

Figure 11 shows that the pattern of the age of first sexual experience was also similar between NGCA and GCA men. Significantly more NGCA than GCA men however had their first sexual experience with men after the age of twenty.\(^{12}\) There was also a significant difference in the mean age for first sexual experience with a male, being at age 16 for GCA and 18.1 for NGCA men.\(^ {13}\)

Disclosure of attraction to men

Figure 12 shows that once men had realised they were attracted to other men, respondents who were gay community attached had disclosed this information to a wider network of people (see Appendix 1). One of the more important results was that even though NGCA respondents were having sex with other males, many did not disclose this to others. In fact, a large number (15.5\%) of NGCA respondents reported that they had not told anyone that they were attracted to men.

\(^{12}\) p=0.002
\(^{13}\) p=0.0001
Almost twice as many GCA (85.2%) than NGCA (46.1%) men had told a member of their family (a brother, sister, parent) that they were attracted to men, and this ratio continued for disclosure to their mother (69.7%:33.4%) or father (55.3%:23.2%). Over eighty percent (82.1%) of GCA men had told a workmate of their sexual attraction, compared to just 41% of NGCA men, and this may be the most accurate way we have in this survey of measuring respondents' public 'outness'. It is probable that some non-gay community attached men do not feel comfortable with their sexual orientation, or may live in areas or be employed in workplaces that are more homophobic than do GCA respondents. It should be noted, however, that when compared with Male Call Australia, respondents to Male Call/Waea Mai, Tane Ma generally illustrated higher rates of disclosure across the board, suggesting that the broader social environment in New Zealand is more supportive of msm than it is in Australia (see Crawford, Worth and Hughes 1997).

**Degree of attraction to men and women**

The degree of attraction to men or women was not a significant factor in gay community attachment when other variables such as sexual identity, disclosure, and demographic characteristics were accounted for (see Appendix 1). However, Figure 13a indicates that proportionately more respondents who were extremely attracted to men were gay community attached than those not attracted to men. Conversely, proportionately more

\[ p<0.0001 \text{ for all comparisons.} \]
respondents who were attracted to women were not gay community attached (Figure 13b)

![Attraction to men by gay community attachment](image)

![Attraction to women by gay community attachment](image)

**Other measures of gay community involvement**

As discussed in the introduction, our 'gay community attachment' scale is one way of measuring gay community involvement. Male Call/Waea Mai, Tane Ma also asked respondents a number of other questions which give insights into the different ways in which MSM are involved in the gay community. For example, when respondents were asked whether they saw themselves personally as being part of the gay community, 63.6% stated that they did. While these proportions are similar to those resulting from the GCA scale, as Figure 14 below illustrates, nearly 40% of the respondents who were classified as being NGCA felt themselves that they were part of the community.15

<table>
<thead>
<tr>
<th>Figure 14: Do you see yourself as part of the gay community? (yes)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gay community attached men</td>
</tr>
<tr>
<td>Non-gay community attached men</td>
</tr>
</tbody>
</table>

While the question above may have captured a distinction between seeing oneself as part of a community as opposed to being especially involved in one, other questions were designed to measure a more cultural or political kind of participation. For example,

15 P<0.0001
GCA men were significantly higher consumers of gay media (television show express report, magazines or newspapers) and were more likely to be members of gay organisations (Figure 15).  

Virtually all GCA men (98.3%) regularly or occasionally read gay magazines or newspapers, 68.6% regularly or occasionally watched the TV programme express report, and 60.9% were a member of some gay organisation. And although the proportions of NGCA men were lower for all three activities (84.2%, 42.5%, 28.1% respectively), it shows that many do still participate in one way or another (see Ryan 1991 for an expanded discussion of this point). For some of these NGCA men, especially those who are geographically isolated from such communities, keeping in touch through the media may be the only way of participating in the wider gay culture.

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16 $p<0.0001$ for all three comparisons
Section IV: Sexual Relationships and Gay Community Attachment

While a separate index designed to measure sexual involvement in the gay community was not constructed, Male Call/Waea Mai, Tane Ma found strong relationships between gay community attachment and sexual behaviour with men.\textsuperscript{17} \textsuperscript{18} A logistic regression was used to determine whether having casual or regular relationships with either men or women had an effect on gay community attachment. Respondents who had sex with a casual male partner in the previous six months, or who had a regular male partner of over six months, were significantly more likely to be gay community attached (see Appendix 1).\textsuperscript{19} As Figure 16 illustrates, 44\% of GCA men were in a regular relationship with a man, compared with 33\% of those NGCA.\textsuperscript{20} Furthermore, 77.4\% of those who were GCA reported casual sex in the previous six months, compared with 66.9\% of NGCA respondents.

![Figure 16: Types of partner over the last 6 months by gay community attachment](image)

Having had a casual or a regular female partner was also found to influence gay community attachment, although the effect was reversed (see Appendix 1). Significantly more NGCA respondents entered into sexual relationships with women, 23.2\% of these

\textsuperscript{17} Relationship status was found to have a significant influence on gay community attachment. Variables included in the logistic regression model for this section were having a male regular partner, having a female regular partner, having a male casual partner, having a female casual partner. The same demographic variables as used in Section III were included in the model.

\textsuperscript{18} See Kippax et al. (1993) for an outline of the Australian Male Call’s ‘sexual involvement’ index.

\textsuperscript{19} The type of relationship examined relates to the previous six months since this was the period over which respondents’ sexual practices were analysed.

\textsuperscript{20} A regular partner was defined as “one you have had sex with more than once and with whom you plan have sex again in the near future”.

\textsuperscript{19}
men having a regular female partner and 12.9% having had casual sex with a woman in the last six months (Figure 16). Fewer than 4% of GCA respondents fell into either of these categories.

Gay community attached men also had significantly different types of regular relationships with a male partner, when compared with NGCA respondents. Previous research has indicated that gay community attached men tended to have more open (ie. non-monogamous) than closed regular relationships, while NGCA men tended to have closed relationships (ie. monogamous) (Kippax et al. 1994; Kippax et al. 1993). Our findings backed up this pattern for GCA respondents, although only slightly more NGCA men reported having a closed as opposed to an open relationship in the last six months (Figure 17).  

![Figure 17: Open or closed relationships by gay community attachment](image)

Almost sixty percent (58.2%) of GCA men in a regular relationship were non-monogamous, compared to 44.1% of NGCA respondents.  

Half (50.9%) of NGCA respondents were monogamous in the last six months; while this was true for just 39.1% of GCA men with a regular male partner.

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21 The terms “open/closed” in this instance refer to whether respondents with a regular partner stated that they also had casual sex in the previous six months. However, when respondents’ stated agreements about sex outside their relationship were analysed, similar results were obtained.

22 p=0.0006

23 p=0.004. A small number of men were not having sex with their regular partner at the time of interview. Of the GCA respondents, two men (0.4%) had not had sex with either their regular or a casual male partner in the previous six months, while twelve men (2.3%) reported sex with a casual partner only. Of the NGCA respondents, two (0.9%) did not report any sex, while nine men (4.1%) had casual sex only.
Number of male partners

GCA men had significantly more sexual partners than NGCA men in the previous six months, although the patterns were somewhat similar (Figure 18). The proportion of men who were gay community attached rose as partner numbers increased, and 80.3% of those who had over fifty male partners were GCA, compared to 63.1% of those who had less than fifty partners.

![Figure 18: Number of partners in last 6 months by gay community attachment](image)

Significantly more NGCA respondents had no male sexual partners in this period (10.5%) compared with GCA men (2.7%). The median number of partners for both groups of men was two to five.

Section V: Sexual Practice

As noted earlier, changes in sexual behaviour through communities of MSM have been central to successful HIV prevention campaigns. Changes such as the substitution of risky with less-risky practices, a higher rate of condom use for anal sex, and a reconsideration of the types of sexual relationships entered into have been identified as key outcomes in such education initiatives (Kippax et al. 1993). Logistic regressions were used to investigate whether gay community attachment had an effect on whether

---

24 Chi-squared test \( p < 0.001 \)
25 \( p = 0.001 \)
26 Individual categories: zero partners \( p = 0.0001 \); one partner \( p = 0.005 \); two to five partners not significant; six to ten partners \( p = 0.05 \); 11-20 partners \( p = 0.0002 \); 21-50 partners \( p = 0.0001 \); over 50 partners \( p = 0.002 \).
respondents engaged in anal sex, used condoms, and had highly unsafe sex with their regular and/or casual partners in the last six months. Details of the results and the covariates used in each case are outlined in Appendix 1. Univariate tests were carried out for other variables to detect statistically significant differences, and the results of these tests are given in footnotes or in tables accompanying the discussion. Overall, the Male Call/Waea Mai, Tane Ma data reinforces the previous findings listed above. Gay community attachment was found to have an effect on condom use with a casual partner when other variables were taken into account (see Appendix 1), and there was evidence that GCA respondents performed a greater range of sexual practices than did NGCA men.

Oral and other sexual practices

GCA men demonstrated a greater variety of 'oral and other' sexual practices with their casual partner(s) (Figure 19), compared with those who were not gay community attached. In fact, significantly more GCA men engaged in almost every one of these activities with a casual partner than respondents who were not attached to the gay community (see Figure 19 for results of univariate tests). The exception to this was in being sucked and ejaculating in a casual partner's mouth, which was practiced by 40% of NGCA men compared with 29.5% of those who were GCA.

<table>
<thead>
<tr>
<th>Activity</th>
<th>% GCA men (n=912)</th>
<th>% NGCA men (n=450)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep kissing</td>
<td>85.6</td>
<td>68.4</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Masturbating together or in groups</td>
<td>94.3</td>
<td>91.1</td>
<td>0.05</td>
</tr>
<tr>
<td>Sensuous touching</td>
<td>94.1</td>
<td>88.2</td>
<td>0.0006</td>
</tr>
<tr>
<td>Sucking penis and not swallowing cum</td>
<td>87.9</td>
<td>80.7</td>
<td>0.0004</td>
</tr>
<tr>
<td>Sucking penis and swallowing cum</td>
<td>19.1</td>
<td>18.7</td>
<td>ns</td>
</tr>
<tr>
<td>Being sucked and not ejaculating in mouth</td>
<td>84.2</td>
<td>77.3</td>
<td>0.002</td>
</tr>
<tr>
<td>Being sucked and ejaculating in mouth</td>
<td>29.5</td>
<td>40.0</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Rimming</td>
<td>34.5</td>
<td>23.8</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Being rimmed</td>
<td>66.0</td>
<td>42.4</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Finger fucking</td>
<td>62.9</td>
<td>49.8</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Being finger fucked</td>
<td>63.4</td>
<td>50.9</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Using sex toys</td>
<td>21.5</td>
<td>18.9</td>
<td>ns</td>
</tr>
</tbody>
</table>

27 All sexual activities that were included in the questionnaire have been broadly divided into two categories. 'Oral and other sex' refers to activities which do not involve penile-anal intercourse but may still involve the anus, such as rimming and finger fucking. 'Anal sex' refers to practices that involve penile-anal intercourse.
Interestingly, fewer NGCA men practiced certain oral sexual activities with regular as opposed to casual partners (Figure 20). Yet again, proportionately more GCA respondents engaged in every ‘oral and other’ practice apart from sucking a regular partner’s penis and swallowing cum, which was performed by 37.8% of both groups of men.

<table>
<thead>
<tr>
<th>Activity</th>
<th>% GCA men (n=519)</th>
<th>% NGCA men (n=222)</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deep kissing</td>
<td>94.8</td>
<td>81.5</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Masturbating together</td>
<td>94.0</td>
<td>83.4</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Sensuous touching</td>
<td>95.6</td>
<td>88.3</td>
<td>0.002</td>
</tr>
<tr>
<td>Sucking penis and not swallowing cum</td>
<td>90.6</td>
<td>75.2</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Sucking penis and swallowing cum</td>
<td>37.8</td>
<td>37.8</td>
<td>ns</td>
</tr>
<tr>
<td>Being sucked and not ejaculating in mouth</td>
<td>82.3</td>
<td>68.0</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Being sucked and ejaculating in mouth</td>
<td>39.9</td>
<td>33.8</td>
<td>ns</td>
</tr>
<tr>
<td>Rimming</td>
<td>50.9</td>
<td>43.2</td>
<td>0.06</td>
</tr>
<tr>
<td>Being rimmed</td>
<td>55.5</td>
<td>47.3</td>
<td>0.05</td>
</tr>
<tr>
<td>Finger fucking</td>
<td>68.0</td>
<td>52.7</td>
<td>&lt;0.0002</td>
</tr>
<tr>
<td>Being finger fucked</td>
<td>67.2</td>
<td>53.6</td>
<td>0.0007</td>
</tr>
<tr>
<td>Using sex toys</td>
<td>35.5</td>
<td>28.8</td>
<td>ns</td>
</tr>
</tbody>
</table>

**Anal sex and condom use**

There was not a significant relationship between gay community attachment and engagement in anal sex, either with casual partners or with a regular partner (see Appendix 1). Both groups of men practiced anal sex more often in regular as opposed to casual relationships, and while proportionately more GCA men had engaged in anal sex with either type of partner, these differences were small (81.6% of GCA compared to 56.7% of NGCA men who had casual partners, and 77.5% of GCA compared to 72.1% of NGCA men with a regular partner).28

There were some differences, however, with respect to the types of anal sex engaged in with both casual and regular partners, as well as rates of condom use. In the context of casual relationships, significantly more GCA men had practiced insertive anal sex and withdrawal compared to NGCA men (Figure 21).29 The patterns within each group of respondents appeared to differ as well, with NGCA men displaying a higher tendency

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28 No significant differences.
29 *p*<0.0001. No other significant differences emerged between the two groups of men (nb. Figures 21 and 23 illustrate the percentage of each group of men who had performed a given anal sex activity *on at least*...
towards insertive anal sex and ejaculating inside a casual partner, whereas insertive anal sex with withdrawal was the anal sex activity that most GCA respondents had practiced at least once.

More importantly, NGCA respondents were significantly more likely than those attached to the gay community to state that they had "never used a condom" for anal sex with a casual partner in the last six months (Figure 22, see also Appendix 1). Only 6.9% of GCA men who had anal sex with a casual partner fell into this category, while this was true for 16.9% of NGCA men. This result is similar to Male Call Australia, where condom use was significantly lower amongst NGCA men for all types of anal sex engaged in with a casual male partner (Kippax et al. 1994).*30

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*30 The base used for the analysis of condom use by partner type was men who had anal sex with a casual or regular male partner respectively.
In the context of regular relationships, proportionately more GCA men had engaged in all types of anal sex than did NGCA men (Figure 23). This result was significant for receptive anal intercourse both with and without withdrawal.\(^{31}\)

Gay community attachment did not emerge as a statistically significant factor with respect to condom use with a regular partner (Appendix 1). Higher proportions of both groups of men reported never using a condom as opposed to always using them, and while proportionately more GCA respondents always used condoms, the differences were small (Figure 24). Under half (43.5%) of GCA men had never used a condom with a regular partner in the last six months compared with 52.5% of NGCA men, 34.3% and 29.4% of GCA and NGCA men respectively having always used a condom.

Examining the influence of gay community attachment on sexual practices overall, several interesting features emerge. To begin with, some patterns are evident for both groups of men in their casual sexual behaviour. Respondents who were not attached to the gay community generally tended to be more 'conservative' sexually. This is most obvious in the so-called 'soft' practices such as kissing, and continues through to rimming and finger fucking. However, within the NGCA men's repertoire, practices such

\(^{31}\) \(p=0.006\) for receptive anal sex and withdrawal, \(p=0.02\) for receptive anal sex and ejaculating inside.
as insertive oral sex with ejaculation and insertive anal sex and ejaculating inside remain popular.

On the other hand, the practices performed by GCA men suggest some degree of sexual diversification. GCA respondents were less likely than NGCA men to engage in activities involving semen transfer from themselves to their casual partner, perhaps best illustrated in the different rates of insertive anal sex and withdrawal and insertive oral sex and ejaculation compared with NGCA men. Coupled with their higher rates of condom use, it might be that GCA men have adopted safe sex strategies with casual partners more readily.

Within regular relationships, GCA men also tended to have a wider range of sexual practices. Combined with the fact that more gay community attached men had a regular sexual partner than those who were NGCA, this might suggest that GCA men were more willing to develop their safer sexual strategies - by exploring new responses to the threats posed by unprotected sex in casual encounters. The large difference between the proportion of GCA and NGCA men who had practiced receptive anal intercourse with a regular partner does not indicate that the former are eliminating all elements of risk, but it could point to a more calculated risk-taking.

**Attitudes to condoms**

GCA respondents appeared to view condoms more positively than NGCA men. As Figure 25 indicates, significantly more GCA men felt condoms were "an OK part of sex" (88.1%:80.7%), while significantly more NGCA men felt that condoms were a nuisance or were unreliable.\(^{32}\)

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\(^{32}\) p<0.0001 for each statement.
Section VI: Highly Unsafe Sex

As a further means of understanding which groups of men were engaging in risky sexual practices, Male Call/Waea Mai, Tane Ma asked respondents how many times in the last six months they had anal sex without a condom with a man whose HIV status they didn’t know, or which was different from their own. We have called this ‘highly unsafe sex’. Gay community attachment did not emerge as having a significant effect on the decision to have highly unsafe sex with either a casual or a regular partner (see Appendix 1), and as Figure 26 shows, there was little difference overall between the proportion of GCA and NGCA men who reported that they had highly unsafe sex in the last six months.

Figure 26: ‘Highly unsafe sex’ by gay community attachment

![Graph showing highly unsafe sex by gay community attachment]

NB: These percentages are taken from samples of (1) men who had anal sex with a casual partner in the last six months; (2) men who had anal sex with a regular partner of at least six months duration. The sample sizes relating to anal sex with casual or regular partners are: GCA men n=562, 402; NGCA men n=253, 160.

Around a fifth of both GCA men (19.9%) and NGCA men (22.4%) who had anal sex with a casual partner in the previous six months reported that they had engaged in highly unsafe sex at least once, and that this had occurred with a casual partner. Lower numbers of men who were in regular relationships reported having had highly unsafe sex with a regular partner - 6.5% for GCA and 10.6% for NGCA men. This may be due to the fact that many men in a regular relationship, although demonstrating higher rates

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33 This definition was chosen because such a scenario includes the combination of two potentially high risk elements: unprotected anal intercourse and an acknowledgment that the person did not know their partner’s sero-status. However, we wish to stress that it must not be assumed that unprotected anal intercourse with a partner whose status is known can be regarded as a safe strategy, and that most men will not know the sero-status of their casual partner. See Male Call/Waea Mai, Tane Ma Report No.4: Casual Sex Between Men for a further discussion.
of 'never using a condom', believe that they know their partner's HIV status and therefore did not answer this question.

Section VII: HIV Knowledge and Testing

Overall, respondents in Male Call/Waea Mai, Tane Ma were very knowledgeable about HIV and AIDS. This was true of both gay community attached and non-attached men. While around 95% of both GCA and NGCA men correctly answered questions such as "[y]ou can get HIV from a swimming pool" and "[c]ondoms protect you from HIV", GCA men appeared to answer more accurately (although not significantly so). The two areas in which GCA and NGCA men's knowledge was incorrect and also substantially different were the two questions:

- "Two men with HIV don't need to worry about what they do sexually with each other (true or false?)."
- "Sucking a penis (oral sex) and not swallowing semen is very unlikely to transmit HIV (true or false?)." 34

![Figure 27: Two statements about HIV knowledge by gay community attachment: % answering correctly](image)

Of gay community attached men, 81.8% answered the question relating to two men with HIV correctly compared to 70% of NGCA respondents (Figure 27). On the question of oral sex without ejaculation, 75.1% of GCA men answered correctly as opposed to 59% of NGCA. 35

34 For the first statement, two HIV positive men who do not use condoms for anal sex may infect each other with different strains of the virus, or with other organisms that stress their immune system. In the second statement there is only a small risk of contracting HIV through oral sex without ejaculation.

35 p<0.0001 for each question.
HIV Testing

A logistic regression was used to investigate whether attachment to the gay community had an effect on whether respondents had tested for HIV (see Appendix 1 for more details). Gay community attachment was found to be a significant factor in the decision to have an HIV test. As Figure 28 illustrates, 78.3% of gay community attached respondents had tested for HIV at least once, compared to just 56.5% of NGCA men. GCA men were also more likely to test more often than those not attached.

Several other differences emerged between the two groups of respondents in relation to HIV. Firstly, significantly more GCA respondents knew someone who was HIV positive, with 73.6% of all GCA men reporting this compared to just 37.1% of NGCA respondents. Also, significantly more NGCA respondents felt that it was "impossible" that they would become infected with HIV, when compared with GCA men. These disparities are an important finding, since NGCA respondents demonstrated similar, and sometimes higher, rates of unprotected sex compared to GCA men.

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Figure 28: Tested for HIV at least once by gay community attachment

<table>
<thead>
<tr>
<th></th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>% of GCA men</td>
<td>80</td>
</tr>
<tr>
<td>(n=1179)</td>
<td></td>
</tr>
<tr>
<td>% of NGCA men</td>
<td>40</td>
</tr>
<tr>
<td>(n=673)</td>
<td></td>
</tr>
</tbody>
</table>

---

36 p<0.0001
37 p<0.0001 for tested twice or more in lifetime.
38 p<0.0001
39 Based on a scale of 1-10 designed to gauge self-perceived risk, 54.4% of NGCA men chose a number of 1 or 2, indicating that they believed it was "impossible" that they would become infected. Significantly fewer GCA men (47.3%) responded in the same way (p=0.006).
Section VIII: Male Call/Waea Mai, Tane Ma Publicity and the Gay Community

The gay community has been recognised as an important means of disseminating information on safer sex to the population of MSM. By asking respondents to Male Call/Waea Mai, Tane Ma how they had become aware of the survey, it was hoped that a clearer picture of how information flows through the gay community would emerge. As Figure 29 illustrates, gay community attached men were much more likely to have heard about the survey through the gay media, friends or posters when compared to NGCA respondents. In fact, almost twice as many GCA than NGCA men cited the gay media as a source (64.7%:35.2%), and this was also true for the category “from a friend” (44.6%:19.3%). The gay media proved to be the most effective way of reaching GCA respondents, supporting the emphasis placed on this source.

![Figure 29: Sources of publicity for Male Call/Waea Mai, Tane Ma by gay community attachment](image)

On the other hand, the publicity sources that were chosen, in part, to attract non-gay identifying and non-community attached men were also successful in reaching these particular groups. Significantly more NGCA (22.3%) than GCA (15.0%) men heard about the survey through the mainstream press (not shown in Figure 29), and more NGCA (51.4%) than GCA (41.4%) men listed the broader category of “mainstream media” as a source. The latter medium was the most effective at reaching non-gay

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43 It should be pointed out however that the initial reason for including this question was to assess the effectiveness of various different publicity sources for possible future studies.
community attached men, and this further supports the belief that different strategies are needed to reach different populations of men who have sex with men. 41

Conclusion

As stated in the introduction to this report, the gay community has been central to HIV prevention efforts targeted at men who have sex with men. It was therefore a goal of Male Call/Waea Mai, Tane Ma Report No.7: Gay Community Involvement firstly to establish a scale of gay community attachment, separate respondents into two groups, and then compare the groups across a number of demographic, social milieu, and more importantly sexual practice, condom use, and HIV testing variables. While many of the results confirmed what we had previously thought about men who were highly attached to the gay community, there were also several findings that were surprising. The main points of interest are now summarised and discussed below.

While the gay community attachment construct we used was somewhat artificial, clear demographic differences emerged between the two groups of respondents. Place of residence, ethnicity, education, income and qualifications were all found to have an influence on whether respondents were gay community attached. Men living in larger centres, who were between 20-39 years old, were Pakeha, and who had higher education and income levels were more likely than other men to be attached to the gay community. This middle class image is often used to represent gay men, particularly in education campaigns. On the other hand, higher proportions of Maori, men from smaller and rural centres, younger men and those over forty, men who were married or had children, and those in an 'under-class' position were classified as being not attached to the gay community. These men still had sex with other men, yet often live lives which are at odds with the stereotype generated by both the gay and straight media.

An equally profound difference between the two groups emerged within the social milieu characteristics of the sample, with sexual identity and disclosure of one's sexual orientation having an influence on attachment to the gay community. Most of the

41 p<0.0001 for all publicity sources except TV and TV News (not significant).

page 31
respondents who were gay community attached identified as being gay, had disclosed their attraction to men to a wide variety of people, and were highly integrated into a particular gay cultural scene through their membership of gay-oriented organisations and their consumption of gay media. However, the social expressions of homosexuality for non-gay community attached respondents were significantly different. Almost half did not identify as gay, many had not disclosed their attraction to men to family or workmates, and some stated that they had not told anyone at all about this. That such men responded to Male Call/Waea Mai, Tane Ma is a testament to the success of the publicity campaign, which was designed to appeal to all types of msm and not just ‘gay’ men. It is also possible that precisely because of the anonymity and accessibility guaranteed by the use of the 0800 phone number, participating in Male Call/Waea Mai, Tane Ma was a unique opportunity for some men who were distanced from the gay community to talk about their sexual lives. This in turn expanded our knowledge about msm as a group. For example, while we predicted that many NGCA respondents would be isolated from the ‘out’ gay communities such as Ponsonby in Auckland, it became clear that other forms of community - networks of friends, reading gay newspapers or magazines - filled that role to some extent. That around 40% of ‘non-gay community attached’ men still saw themselves as part of the gay community strongly reinforces Ryan’s (1991) contention that ‘gay community’ is not a unitary concept, but rather has different meanings for different men. It also suggests that while the gay community attachment scale used in this study has provided us with a rough tool to separate the sample, it cannot capture the complexity - and the diversity - of the gay communities that would be required for a more comprehensive analysis.

One of the more satisfying findings in this report was that there was no great disparity between the two groups in terms of risky sexual practice. NGCA respondents were significantly more likely to have never used a condom with a casual partner over the previous six month period, but the proportion in both cases was not large - 16.9% of NGCA men who had anal sex with a casual partner compared to 6.9% of GCA men respectively. However, this does not mean that the sexual lives of the two groups of men were similar. Like heterosexual and bisexual identifying msm (see Male Call/Waea Mai, Tane Ma Report No.5: Sexual Identity), NGCA respondents had a less diversified sexual repertoire. Non-gay community attached men differed from GCA on a number of different levels: from the type of sexual relationships (regular and/or casual,
open/closed) entered into; to the range of sexual practices engaged in (both 'oral and other' as well as anal) with both types of partner; to the particular practices that were performed (insertive/receptive, with ejaculation/without). Small differences also existed in the respondents' attitudes towards condoms, with NGCA men regarding condoms more negatively.

The level of awareness around HIV infection was high for both groups of men, with NGCA respondents significantly less knowledgeable on just two questions. This almost certainly reflects the fact that ongoing HIV and AIDS education has been conducted for at least a decade and has been met with wide acceptance from the general public. Yet the finding that there are no great differences in knowledge may also be influenced by other factors. While as individuals NGCA men might be more isolated from a developing gay culture, these men are likely to interact with GCA men at some time, even if only at a sexual level. Some knowledge and practice is bound to be transmitted through this network of sexual interactions.

Probably the most cause for concern occurred in the level of HIV testing. Only 56.5% of NGCA men had tested at least once, compared to 78.3% of GCA respondents. Attention must be drawn to this because, as stated above, many NGCA men were not safer in their sexual practices - in fact they were in some cases placing themselves at higher risk. Similar differences were found between men claiming heterosexual as opposed to gay sexual identities, and one possible explanation is that some msm still believe that what they think they are, rather than what they do sexually, determines their chances of becoming infected.

While these results might imply that community-building is a priority, so as to include men who are not 'attached', several issues must be acknowledged. The first, on the basis of Ryan's (1991) work and the demographic diversity of this sample, is that there is a wide variety of 'communities' that msm participate in, some men immersing themselves in particular subcultures, other men crossing several. As other research such as Herak and Glunt (1995) has shown, the specific form of 'community' experienced by msm - ranging from issues of sexual identity to a sense of acceptance from the wider heterosexual community - can have subtle effects on the decisions men make about safe sex. Secondly, the norms that are dominant in each of these different
communities must be regularly monitored. The increasing development of community subcultures, especially in the larger cities, is often accompanied by a greater degree of political discourse. When these debates are applied to sex, it is possible that certain elements may be in conflict with the safer sex messages promoted by organisations devoted to halting the spread of HIV/AIDS (Goldstein 1997). Thirdly, since significantly more non-gay community attached men also appear to come from positions of social, economic or geographic marginality, these men have often been rendered invisible when addressing the concerns of msm because they are hard to reach and/or reluctant to come forward. Some may never feel comfortable participating in 'out' gay communities, and different interventions that are accessible and useful to them should also be considered.

Notwithstanding, the information in this report is important if health educators are to assess how effective past campaigns have been for particular groups of msm. It also points towards new areas which may need to be addressed in future health education initiatives. Male Call/Waea Mai, Tane Ma has supplied enough evidence to suggest that in New Zealand, communities of gay men do reinforce sexual norms that encourage men to protect themselves and each other. Men who are distanced (culturally or geographically) from these communities may therefore miss out on vital information and support to keep themselves safe from HIV.
Bibliography


Appendix 1: Statistical Analysis

Several logistic regressions were used to investigate the effect of certain demographic and social milieu variables on gay community attachment. Logistic regressions were also used to investigate whether gay community attachment had an influence on anal sex, condom use, and HIV testing indicators, over and above the effect of other variables. The variables that were tested differed slightly for each question, and details of the variables that were used and the full results of tests are outlined separately below.

1. Demographic influences on gay community attachment
A logistic regression was used to see whether age, qualifications, income, place of residence or ethnicity had an effect on whether or not participants in Male call/Waea Mai, Tane Ma were attached to the gay community. 1780 respondents had complete data and were included in the analysis (see Table One).

<table>
<thead>
<tr>
<th>Variables</th>
<th>Details</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>15-24, 25-39, 40 and over</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Qualifications</td>
<td>School Certificate or no school qualification vs others</td>
<td>0.0004</td>
</tr>
<tr>
<td>Income</td>
<td>$20,000 or less vs over $20,000</td>
<td>0.06</td>
</tr>
<tr>
<td>Place of residence</td>
<td>Major cities, main urban, secondary urban, minor urban and rural</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>Pakeha (NZ European), Maori, Pacific Island, others</td>
<td>0.003</td>
</tr>
</tbody>
</table>

Respondents who were aged 25-39, those with higher qualifications, who earned over $20,000, who lived in the major cities (Auckland, Wellington, Christchurch), or who were of a Pacific Island, Pakeha or ‘other’ ethnicity were more likely to be gay community attached compared to other men.

2. Social milieu influences on gay community attachment
A logistic regression was used to see whether sexual identity, disclosure to others about one’s sexual attraction to men, and degree of attraction to men or women had an effect on whether or not participants were attached to the gay community. Age,
qualifications, income, place of residence, and ethnicity were also included in the model. 1760 respondents had complete data and were included in the analysis.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Details</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sexual identity</td>
<td>Heterosexual or not</td>
<td>0.03</td>
</tr>
<tr>
<td></td>
<td>Bisexual or not</td>
<td>0.05</td>
</tr>
<tr>
<td></td>
<td>Gay or not</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Queer or not</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Takataapui or not</td>
<td>0.003</td>
</tr>
<tr>
<td>Disclosure</td>
<td>Disclosed to family member or not</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Disclosed to workmates or not</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td>Attraction to men</td>
<td>Not, somewhat or strongly attracted to men</td>
<td>0.2</td>
</tr>
<tr>
<td>Attraction to women</td>
<td>Not, somewhat or strongly attracted to women</td>
<td>0.3</td>
</tr>
</tbody>
</table>

Respondents who identified as gay, queer and/or takataapui were more likely to be gay community attached compared to those who did not so identify, and men who identified as heterosexual or bisexual were less likely to be gay community attached compared to other men. Respondents who had disclosed to a family member, or workmate, were also more likely to be gay community attached.

3. Relationship status influences on gay community attachment
A logistic regression was used to see whether casual or regular relationships with either men or women had an effect on whether or not participants in Male Cal/Waea Mai, Tane Ma were attached to the gay community. Age, qualifications, income, place of residence and ethnicity were also included in the model. 1725 participants had full information and were included in the analysis.

<table>
<thead>
<tr>
<th>Variable</th>
<th>Details</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship status (last six months)</td>
<td>Had a casual male partner</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Had a casual female partner</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Have a regular male partner</td>
<td>&lt;0.0001</td>
</tr>
<tr>
<td></td>
<td>Have a regular female partner</td>
<td>&lt;0.0001</td>
</tr>
</tbody>
</table>

Respondents who had a casual male partner in the last six months or who have a regular male partner of six months or more duration were more likely to be gay
community attached. Those who had a casual female partner or who have a regular female partner were less likely to be gay community attached.

4. Gay community attachment influences on condom use and ‘highly unsafe sex’

a) Condom use and highly unsafe sex with a casual male partner
Logistic regressions were used to investigate whether gay community attachment had an effect on condom use with a casual male partner and having highly unsafe sex with a casual partner with age, qualifications, income, place of residence, ethnicity, sexual identity, having a regular relationship with a man, having female casual partners, having a regular relationship with a woman, number of casual partners, physical attitude to anal sex and emotional attitude to anal sex included in the analysis.

i) Gay community attachment was found to be a significant factor in the decision to use condoms with a casual male partner (p=0.005). Fewer gay community attached men who had anal sex with a casual male partner had never used a condom (6.9%) compared to NGCA men (18.9%).

ii) Gay community attachment was not found to be a significant factor in the decision to have ‘highly unsafe sex’ with a casual male partner (p=0.7).

a) Condom use and highly unsafe sex with a regular male partner
Logistic regressions were used to investigate whether gay community attachment had an effect on condom use with a regular male partner of six months or over duration and having highly unsafe sex with a regular partner with age, qualifications, income, place of residence, ethnicity, sexual identity, having casual male partners, having casual female partners, having a regular relationship with a woman, physical attitude to anal sex, emotional attitude to anal sex, and agreement about anal sex were included in the analysis.

i) Gay community attachment was not found to be a significant factor in the decision to never use a condom with a regular male partner (p=0.08).

ii) Gay community attachment was not found to be a significant factor in the decision to have ‘highly unsafe sex’ with a regular male partner (0.8).
5. Gay community attachment influences on having an HIV test.

A logistic regression was used to investigate whether gay community attachment had an effect on whether respondents had ever had an HIV test. Age, qualifications, income, place of residence, ethnicity, sexual identity, having casual male partners, having casual female partners, having a regular relationship with a man, having a regular relationship with a woman, physical attitude to anal sex, emotional attitude to anal sex, and agreement about anal sex were included in the analysis. 824 respondents had full information and were included in the analysis.

Gay community attachment was found to be a significant factor in the decision to have an HIV test (p=0.01). Gay community attached men were significantly more likely to have ever been tested for HIV compared to NGCA respondents.
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