

A view into the health of HIV-negative gay men in Vancouver

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CIHR Team in the
Study of Acute HIV
Infection in Gay Men

Early Recognition and Rapid Response to HIV Status

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This study was conducted with funding from the Canadian Institutes of Health Research (CIHR) and was housed at the British Columbia Centre for Disease Control (BCCDC). The CIHR Team in the Study of Acute HIV Infection in Gay Men includes researchers from sociology, public health, and clinical research, and was an opportunity for collaboration with public health, laboratory services and community agencies. We used data collected from interviews, questionnaires and HIV testing specimens to understand gay men's experiences. Gay men were meaningfully involved in this study team, in leadership roles, as study staff, and community partners and played key roles in data collection and data analysis.

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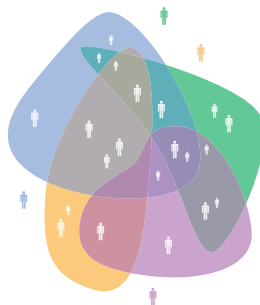
Design: Derek Reynolds

The CIHR Team in the Study of Acute HIV Infection in Gay Men thanks the men who participated in our study, the staff at the British Columbia Centre for Disease Control and the Health Initiative for Men who supported our work, and our community partners.

For more information about the study, please visit www.acutehivstudy.com

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What is this report about?

This is a report from the Canadian Institutes for Health Research (CIHR) Team for the Study of Acute HIV Infection in Gay Men. It presents data from interviews and questionnaires completed by HIV-negative study participants between June 2011 and March 2013. While HIV testing was the main focus of the project, the study team also collected and analysed data on additional aspects of men's health.

All study participants were recruited from one sexual health centre that serves gay men* in Vancouver's West End. As such, the study findings do not represent all HIV-negative gay men in Vancouver. Nevertheless, these data provide insights into men's experiences and have implications for the ways gay men's health services are delivered.

* 89% of our sample identified as gay, leading us to use this term throughout our report. 7% of men identified as bisexual, 4% as queer, 1% as two-spirit and 1% as other.

Key messages:

- Social determinants of health impact men's experiences of their health across all domains.
- Physical, social, mental and sexual health domains are connected in gay men's day-to-day lives.
- Gay men are active consumers of health information and services, and many are interested in exploring new technologies and medical innovations.
- Gay men are leaders in developing strategies for safer sex, many of which do not involve condom use.
 - Sexual health promotion messages must recognize that many men use condoms as one part, not the only part, of their safer sex strategies.
- Increasing dialogue, counselling, and formal and informal peer support among diverse groups of gay men of all HIV statuses can serve to support health and wellbeing across these domains.
- Men will benefit from increased awareness of tools and resources that are in place to provide support for substance use, mental health and risk prior to instances in which they need to access these services.

Introduction

New HIV infections continue to occur among gay, bisexual, and other men who have sex with men in British Columbia, as in the rest of Canada (PHAC, 2010). It is also clear that HIV and other health inequities among gay, bisexual, queer, and Two-Spirit men are driven by social determinants of health and structural inequities (CBRC, 2009). Income, education, employment, gender, race, ethnicity, culture, geography and migration, homophobia and heterosexism all impact the health of gay men. Addressing these determinants of health is a necessary component of HIV prevention efforts.

In April 2009, The CIHR Team for the Study of Acute HIV Infection in Gay Men introduced an HIV testing technology that detects infection closer to the time of exposure by detecting the HIV virus itself before antibodies develop at several clinical sites. Known as the pooled nucleic acid amplification test (NAAT), this technology provides an earlier diagnosis for people with HIV infections, and may help to reduce the possibility of onward transmission to partners.

Pooled NAAT testing is only one component of a holistic approach to addressing HIV among gay men. At the time this test was introduced in Vancouver, gay men's specific health services and health promotion initiatives were available within the city, including those led by community organizations. Available services include HIV testing, treatment, and prevention, as well as support for gay men's wellbeing across all health domains, including social, physical, sexual and mental health. At the time of the study, the STOP HIV/AIDS pilot project and roll out of 'treatment as prevention' (TasP) were ongoing in Vancouver. Our study data do not specifically account for the existence of these programs, yet we believe this landscape impacts the lives and experiences of the participants in our study, and is important context to understand the findings we present here.

Our report presents findings based on the integrated health model used by a local community organization, and a partner on our study, the Health Initiative for Men (HIM). This integrated health model recognizes physical, sexual, social and mental health as key, overlapping domains in strengthening the health of gay men.

What we did:

Data Collection & Analysis

The CIHR Team in the Study of Acute HIV Infection in Gay Men introduced pooled NAAT testing in April 2009. In order to increase use of this new test, the study partnered with HIM, to both offer the new test in an established testing clinic used by gay men, and to create social marketing campaigns aimed at increasing the uptake of new testing technologies and informing gay men of the risks of Acute HIV infection. The first social marketing campaign was called *What are you waiting for?* and encouraged men to get tested within 10-12 days of possible exposure to HIV (see Jollimore, 2012). Subsequently, another campaign was launched called *It's Hottest at the Start* (see <http://checkhimout.ca/hottest/>). These campaigns promoted both the newly introduced pooled NAAT test (described as “the early test”) and the existing point-of-care “rapid test”, which provides result within minutes. Our research suggests these two social marketing campaigns contributed to the success of pooled NAAT testing (see Gilbert et al., 2013).

In order to understand the impact of pooled NAAT testing among men who have sex with men in Vancouver, our study team talked to men who received HIV-negative and HIV-positive results from the pooled NAAT test. This report presents findings from the HIV-negative cohort.

Over a one-year period, participants were asked to complete four questionnaires: at the time they joined the study, one month later, six months later, and twelve months later. Participants who reported at least one instance of condomless anal sex with one of their past five sexual partners at the time they joined were also asked to participate in interviews. Men who agreed were asked to complete two interviews, the first conducted within two weeks of enrolment, and the second one a year later. Each interview lasted between 1 and 2 hours.

The questionnaires and interview guides we used were developed with input from Health Initiative for Men (HIM). Continued consultation with HIM, and data from the first study visits, informed the development of subsequent questionnaires and interview guides.

Recruitment for the HIV-negative cohort of this study occurred between August 2011 and March 2012 at HIM's Sexual Health Centre, located within a central gay area of Vancouver. Since men who enrolled in the study participated for a year, data collection continued until March 2013. We only spoke with the men who enrolled in our study, and did not have the opportunity to speak with other people involved in their lives such as sexual partners and health care providers. All the information presented here is based solely on participants' accounts.

All men who came to the HIM Sexual Health Centre for testing between August 2011 and March 2012 were given a study invitation card, which described the study and explained how to join. One of three research assistants on the study – all of whom were active in one of Vancouver's gay or queer health organizations at the time – verbally explained the study to those men who were interested. Research assistants were on-site to provide additional information, determine if men were eligible, and ask eligible men to consent to participation. Self-identified men 19 years of age or older were eligible if they self-disclosed that they had or have had sex with men at the time of their recent HIV test, did not expect to leave Vancouver within the next year, had recently received a negative HIV test result using the rapid HIV test or a pooled NAAT for HIV at the Health Initiative for Men's Sexual Health Centre, spoke and read English and were able to sign and fully comprehend the study consent form.

During the study, we asked HIV-negative gay men about their HIV testing knowledge and behaviours, sexual and substance use behaviours, sexual and psychosocial health. In the second interview, we specifically asked men to tell us about the healthy and unhealthy aspects of their lives, as well as areas of concern and areas where additional supports were needed.



It's Hottest at the Start
Images from HIM's
Social marketing campaign
www.checkhimout.ca/hottest

Who was involved:

Study Participants

1141 men who visited HIM's Sexual Health Centre during the recruitment period were eligible to participate in our study. Of these men, 194 (17.0%) consented to participate and 166 (14.5%) completed the first questionnaire. A comparison of those men who received testing at the HIM Sexual Health Centre and those men who participated in this study revealed few demographic differences between the groups.

Thirty-three men were eligible for, and agreed to complete, interviews in addition to the questionnaires: these men all reported at least one instance of condomless anal sex during the first questionnaire. Demographically, there were few differences between the men who participated in the questionnaires only, and those who participated in both the questionnaires and the interviews.

This report focuses on what we learned from the 33 men who participated in the interviews. In addition to what we heard from men in the interviews, we have included some findings from the 166 men who completed the first baseline questionnaire.

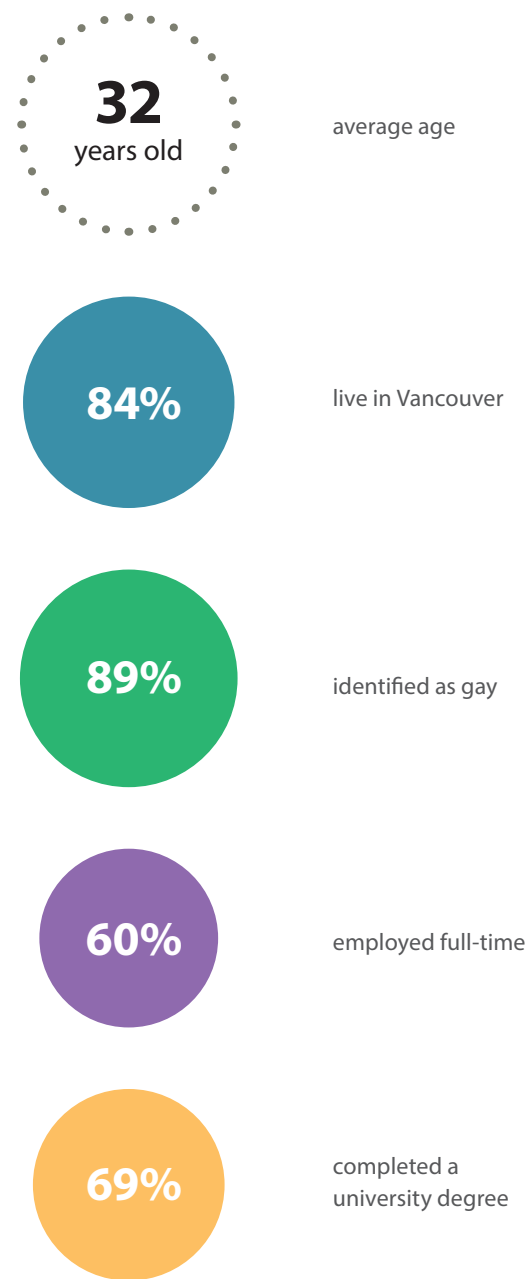
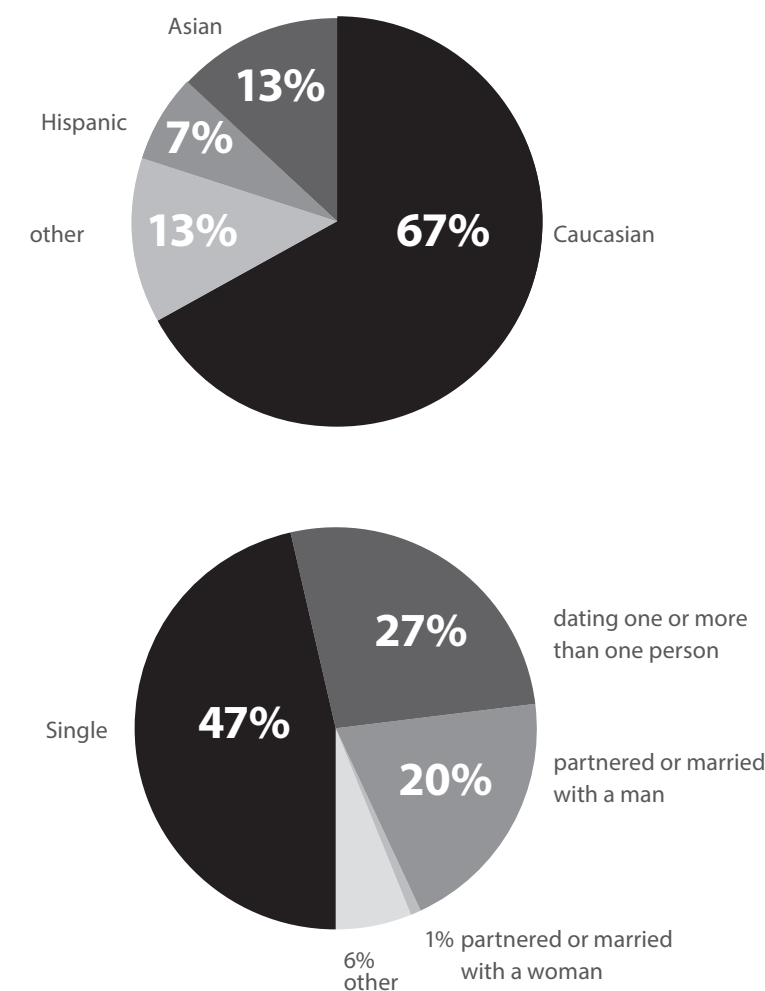


Figure 1. Demographics of questionnaire participants (n=166)

What we found:

Sexual Health

HIV Testing

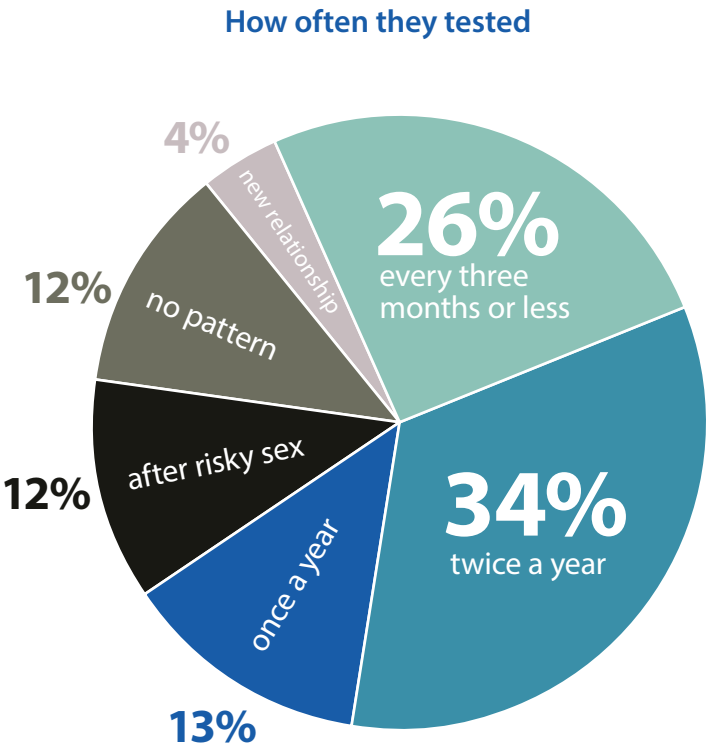
Participants provided almost entirely positive feedback on their HIV/STI testing experience at HIM. Some of the positive factors in men’s testing experiences included the convenience of being able to walk-in or schedule an appointment, the hours of operation, and access to the rapid HIV test. Men also rated their interaction with the clinic nurses very positively, describing them consistently as knowledgeable and friendly. They also said that they liked testing at HIM because it includes easy access to information, condoms, and lube, and because it is a clinic dedicated to gay men’s health and wellness.

In their interviews, most men reported that they tested for one of three main reasons: routine/regular screening, concerns arising from a recent risk event or potential exposure and/or a new relationship. While much less frequent, some participants said the study appointments acted as a reminder to get tested.

Many participants shared their experiences of testing for HIV with a current or previous sexual partner prior to engaging in condomless anal sex, in the context of both monogamous and open relationships. One participant told us that when he was younger, he believed that HIV testing with a partner for the purpose of having condomless sex was an unspoken norm within gay communities.

Participants who got tested with a partner took different approaches. Some participants booked one appointment during which they both got tested, others used back-to-back individual testing appointments and still others got tested at separate appointments within a short period of time. Some couples received test results together, whereas others received results separately. Testing together was described as advantageous by our participants, with many reporting increased opportunities for pleasure, intimacy and spontaneity after both partners received HIV-negative test results. In Vancouver, HIM has been implicitly promoting couples testing since 2010 and started explicitly promoting this strategy in 2013.

Figure 2. What men said about HIV Testing, results from the survey (n=166)

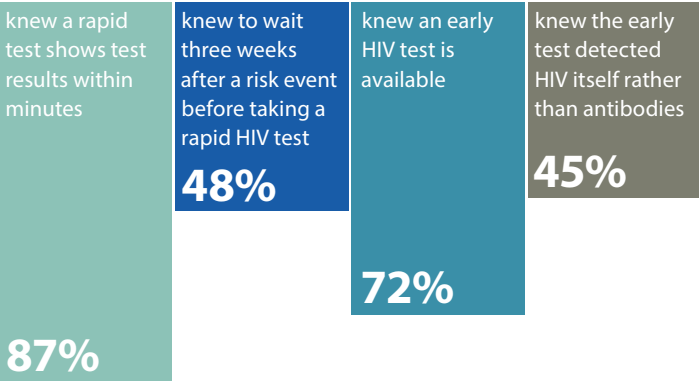


“Among those who did not know about the early test, 60% would have tested earlier had they known it was an option”

Figure 3. Why they tested most recently



Figure 4. Knowledge of HIV testing options



Attitudes Towards Sex

The majority of men in our sample described having rich, active sex lives. Overall, the participants in our sample felt that sex was very important in their lives, with some describing sex as central to their lives. Men linked intimacy and sex in many cases, and described sex as important within the context of a relationship.

Several participants talked about their personal experiences with sex addiction, and some felt that they placed too much emphasis on sex. Some participants acknowledged that sex was more important when they were younger, and that the role sex played in their relationships changed over time. One participant emphasized that a holistic relationship that extended beyond sexual attraction was more important to him at this point in his life:

“So I almost feel like I could put it into a sentence that says, ‘Less sex, more relationship,’ is what my point of view on my sex life is right now.” — 29 years old

Men described many motivations for having sex, including physical pleasure, emotional intimacy, allowing them to concentrate on other things, and as a reward for productivity. Many participants described that there were many different reasons why they have sex depending on the circumstances, and that sex has many purposes:

“Cause it feels good. Cause it makes me feel sexy. Cause I like to enjoy other people’s bodies. It feels good to have an orgasm. It feels better to have an orgasm with someone else than myself. It’s fun. [...]. It’s fun. It feels good.” — 23 years old

The most commonly cited reasons why men had sex were physical attraction to a partner, horniness and pleasure. Some participants used sex to find or screen a potential boyfriend, while those in relationships talked about having sex to be close to their partner. Less frequent reasons for having sex included getting companionship, connection, intimacy and love. Stress was listed as both a reason for having sex (e.g., stress relief) and a reason for not having sex (e.g., too stressed to enjoy sex) by our participants.

Some participants gave reasons for not having sex, including time constraints, stress, conflicting work schedules, and being uncomfortable with their own body.

Safer Sex Strategies

In their interviews, participants consistently emphasized the importance of staying HIV-negative. Many participants also recognized that living with HIV is much more manageable today than at the beginning of the epidemic due to advances in treatment and care.

Many of our participants are “savvy consumers of sexual health information”, and use their knowledge to make informed decisions about their sexual health (Grace et al., 2014, p. 324). Participants recognized that risk can be reduced, but that there are always risks associated with sex. Both condom and non-condom based strategies were described by participants as part of their approach to reducing their risk of HIV infection during anal sex.

Men consistently expressed wanting to learn more about emerging strategies for HIV prevention such as viral load sorting, the use of pre-exposure prophylaxis (PrEP) and post exposure prophylaxis (PEP). No one who completed a questionnaire reported using PrEP or PEP, yet many participants expressed recently becoming aware of such risk-reduction measures, in some cases, through questions we asked during our study interviews. In general, awareness of both PrEP (13%) and PEP (40%) were quite low. Many participants reported that they would be interested in using these prevention tools, with 35% of participants reporting that they would use PrEP, and 79% reporting that they would use PEP. However, many men articulated that they did not fully understand how these strategies work:

“That approach I would be interested in learning more about, because apparently it works in something like 40 percent of men, but honestly, I don’t know enough about it to really comment.” — 48 years old

What is PrEP ?

Pre-exposure Prophylaxis (PrEP) is a relatively new HIV prevention tool that involves HIV-negative people taking a daily dose of antiretrovirals (ARVs) *in advance* of HIV exposure to prevent the virus from taking hold.

What is PEP ?

Post-Exposure Prophylaxis (PEP) is an HIV prevention tool that involves taking a series of ARVs for one month after exposure to HIV, preventing the virus from taking hold.

Figure 5. Safer sex strategies used all or a lot of the time



Condom Use

Participants described many factors that influenced the decisions that they made during sex and the way they assessed risk. These factors included how well they knew their sexual partners, use of substances, and their desires for sexual pleasure and intimacy. Many men described their recent instances of anal sex without condoms as “low risk” or “mostly safe” based on their knowledge of a partner’s HIV-negative status. Men reported that they used different strategies to know their partners’ HIV status. For example, condomless sex within primary relationships often happened after extensive conversation and in some cases, mutual HIV-negative test results:

“Eventually [we] decided to go get tested together. And get results. And after that, stop using condoms. And, yeah. We had certain rules. Like, where it would be okay to mess around with others. And it would be safe with other people. [...] But once again towards the end, I just, there is always the understanding that you’re never really 100% safe. Even in arrangements like that.” — 27 years old

In contrast, some men explained that condomless anal sex in casual relationships or with hookups often happened with little discussion about HIV status. Some men avoided the explicit discussion of HIV status altogether and instead men used prior information, assumptions, or guesses, to inform their perception of a partner’s HIV status. In their interviews, men often cited a number of factors which may or may not have been considered at the time of sex:

“There was no decisions. It just happened. Yeah. I didn’t really ask because... Here’s another thing, because he always says he’s negative, so I trust him. And on the profile, he also says he’s negative. Not that I think he would lie, but I’m not sure if he does regularly get tested. But I know he usually, when he does anal, he only tops. So the risk of him contracting HIV is not, is not null, but it is quite low. So, even if he wasn’t testing regularly, I trusted him and I took the risk.” — 29 years old

In instances of explicit and implicit decisions not to use a condom, factors such as perceptions of their partner’s HIV status, the context in which they met, and knowledge of their sexual behaviour were used as indicators of safety.

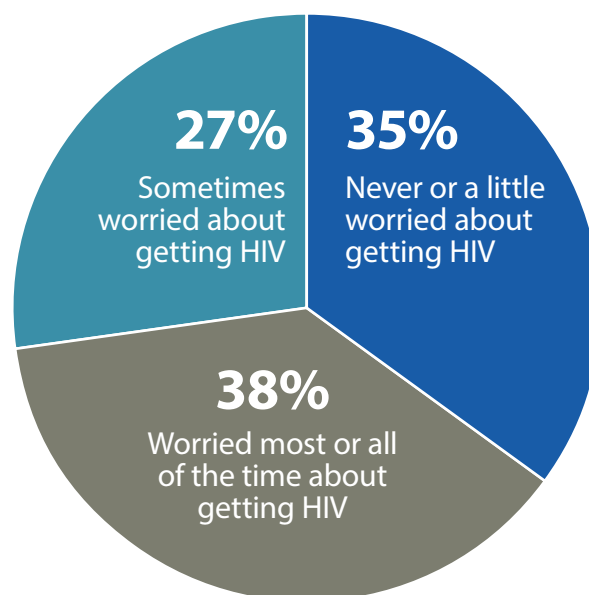
“...I took, I guess, quite a liking to him so, that made me more receptive to the idea of having unprotected anal sex. Plus he had, having been in a long-term relationship, and at the same time I didn’t know, I guess, both of them could have been sleeping around for all I knew, and he hadn’t been tested in a while.” — 21 years old

A minority of participants recounted instances of condomless sex with casual partners in the context of substance use in which no discussion of safer sex strategies, or conscious sexual decision-making, occurred.

“Other than because I was fucked up? Yeah, that was really it. It wasn’t belief. I wasn’t thinking at that point. It was just... I was high. I was horny. And I wasn’t really thinking.” — 24 years old

Some men explained that while using non-condom based strategies for HIV may not have reduced *all* HIV related risks, they did provide varying degrees of safety as well as allowed for greater sexual intimacy, spontaneity and pleasure.

Figure 6. Participant worry of getting HIV



Negotiating sexual health with partners

Most participants reported they are comfortable discussing HIV status, condom use and safer sex strategies with sexual partners, despite acknowledging these conversations can be awkward. Participants found the importance of the conversations outweighed the awkwardness:

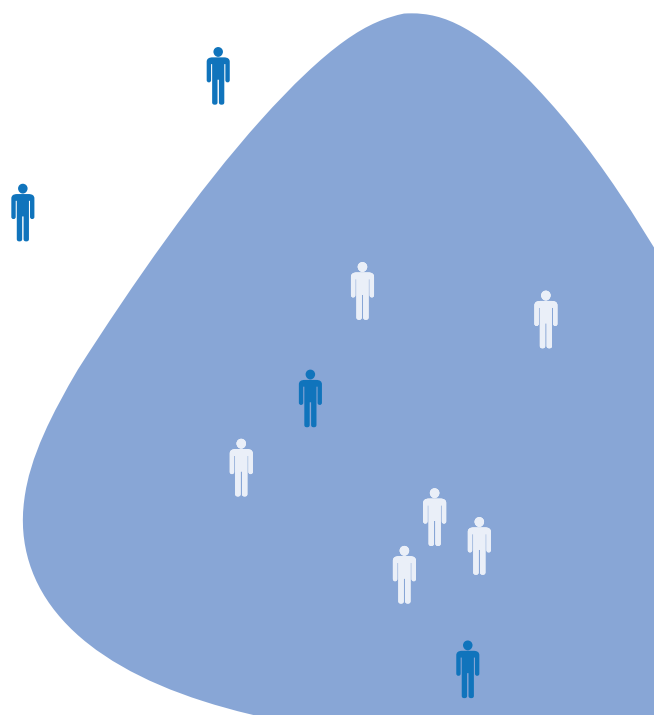
“Every sex partner that I’ve had it was always like before I actually have sex, like we would talk about their status and like when’s the last time you’ve been tested type of thing. Sometimes it’s really awkward but I always knew it was something that I needed to do so yeah.” — 24 years old

Some participants noted that sexual health conversations can be awkward and therefore preferred to have them online. One factor that affected participants’ comfort level in talking to their partners was the nature of their relationship. Some men reported it is easier to talk to primary partners than casual partners about sexual health. For other men, talking to primary partners was challenging when topics such as monogamy or changes to condom use needed to be discussed.

Some participants opted not to have verbal conversations about sexual health, and instead used non-verbal cues such as reaching for a condom as a form of communication. A few participants expressed anxiety about sexual health discussions because they did not know how to respond if a sexual partner disclosed that they had an STI.

The “hotness” or physical attractiveness of sexual partners impacted whether men initiated conversations about safer sex. One participant found it difficult to insist on condom use with partners he perceived to be hot. Another participant was more suspicious of attractive men because he assumed they had more sex and and therefore meant they were more likely to pose a risk for HIV/STI transmission.

Several participants talked about their participation in the study as a factor that increased their awareness of, and commitment to, safer sex discussions and practices.



What we found:

Physical Health

Participants identified many healthy aspects in their lives, including diet, regular exercise, limited substance use or none at all, work-life balance, engagement in interests and hobbies, friendships and sexual relationships. A number of participants described going to the gym as something they did to maintain their physical and social health. These participants explained the gym was a positive environment where they socialized with people they knew, and that they felt physically good after working out.

Some participants struggled to identify proactive health habits. Some of these men identified avoiding unhealthy habits, such as smoking, excessive drinking, or eating out frequently, as healthy aspects in their lives. A few participants described recent changes to their health-related behaviours, such as increased physical activity and reduced substance use that they believed strengthened their health.

A few participants noted they at times ate unhealthily, worked too much, were isolated, and used substances in unhealthy ways. However, participants did not portray these unhealthy factors as pervasive elements of their lives. In many cases, unhealthy elements (e.g. eating unhealthy foods) were seen by participants as a response to having a bad day or an acutely stressful experience.

Most participants disclosed sources of ongoing stress in their lives, which in many cases were described as stress related to the “the daily grind”, such as finances or work. A few participants reported acute stressors, such as a recent disagreement with a partner, friend or family member, a medical diagnosis for themselves or a family member, or legal proceedings. Many participants noted that they actively pursued strategies to cope with stress as it arose, such as healthy eating, regular sleep patterns, and exercise. Participants also reported talking through stressful scenarios with their friends, relaxing, or engaging in activities, such as video games, that they enjoyed. Very few participants reported overeating, drinking or substance use as coping strategies during stressful scenarios.

Body Image & Appearance

Participants commonly included fitness as part of their assessment of their physical appearance; many participants felt they looked good because they are physically fit. However, a few participants described that there can be a disconnect between being physically fit and healthy and being physically attractive as per mainstream ideals associated with being beautiful or desirable in gay communities. Many participants described these ‘beauty standards’ value men who appear young, hairless, and fit. Participants acknowledged that these physical ideals are pervasive in many gay community spaces, although some exceptions were noted. One participant highlighted the importance of including diverse gay men in advertising images as a way of challenging dominant beauty norms:

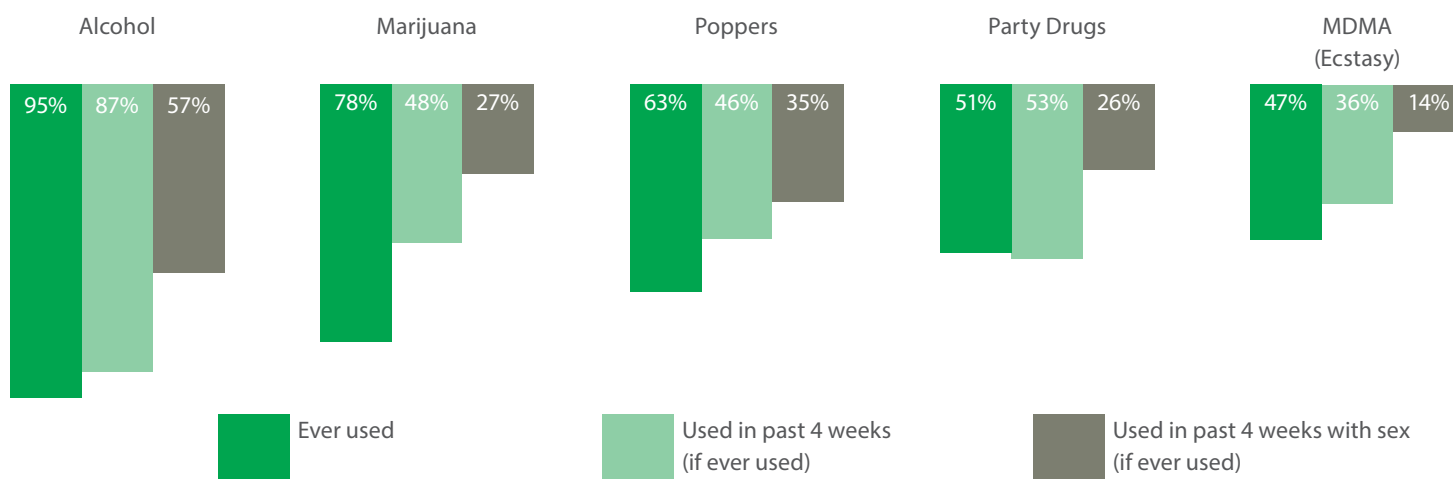
“I think HIM is about the only one that has advertising that shows everybody, you know you’ve got the twink, you’ve got the older people in love, you’ve got all that stuff which is really good.” — 47 years old

Beauty standards of physically attractive gay men shaped men’s impressions of their appearance. Some older participants described taking steps to appear more youthful, such as dyeing their hair or using steroids as a result of these norms. However, some men noted that while they could improve their physical appearance and fitness, they made conscious choices to prioritize other aspects of their lives.

A number of participants noted people’s perception of their race had an impact on their desirability, particularly on online platforms such as Grindr. One Asian participant talked about his efforts to fit into the ‘mold’ that men expected of Asian men to be slight and slim, rather than ‘hunky’. Most commonly, men described discrimination based on body type, race, gender expression was evident in ads placed in online forums:

“Yeah, well yeah, when you look at the ads specifically excluding your race, that’s sort of saying this what, you know you deal with it right. And sometimes it’s, if it’s worded in such a way that you, they’d prefer this race over this race, then it’s fine. But if it’s excluding you, even though you’re not attracted to this person in particular, it just stings a little bit right because well everyone has their preference but just being specifically mentioned to be excluded stings. But it’s the same thing, I mean that’s how it is online in the gay ad postings, I don’t know, I don’t look at the straight people’s postings but maybe it’s the same way and it’s the same way about age too right. Certain age that they want, either younger or older, and it’s just you know you can’t really take it personally.” — 37 years old

Many participants reported that they felt good about their physical appearance, with other people’s appraisals being a factor that contributed to their confidence. Complimentary comments made by sexual partners about hair, clothes or fitness level were a source of pride for many participants.

Figure 7. Substance use among HIV-negative gay men

*Participants who reported using a drug were asked if they used it in the past 4 weeks, and if they used it in the past 4 weeks with sex. Party drugs included any of crystal, ecstasy, GHB, cocaine powder, special K. This figure includes the substances with the highest “ever used” prevalence within our sample. Participants were also asked to report if they ever used: erectile drugs, such as Viagra (35%), psychedelics (29%), GHB (27%), Ketamine (Special K, 22%), Crystal Meth (18%) other amphetamines (16%), non-prescription tranquilizers or benzos (8%), injection drugs (including steroids) (3%).

Substance Use

Results from the questionnaire presented in Figure 7 show alcohol use was common among our participants. Many interview participants described enjoying alcohol casually in social settings. Participants also described casual, social use of alcohol and limiting their intake or the frequency with which they drank.

The majority of survey participants who reported ever having used MDMA, poppers, and erectile drugs did not report using them in the past four weeks. A number of interview participants described earlier periods of their lives wherein they used or experimented with drug use, but have reduced their frequency and/or quantity of use over time. In their interviews, some participants noted concern about the amount of substances they used, or the frequency with which they were used. However, our questionnaire data shows the vast majority of participants (73%) reported they never worry or worry a little that drinking or drug use puts them at risk of HIV.

In interviews, some participants described drug and alcohol use as a factor that influenced condom use. A few participants recounted that significant use of substances led them to be less conscious about safer sex. Some participants described situations where they recognized impacts of substance use on their sexual decision making, and made intentional changes to their use. For example, one participant described that he disliked the sexual decisions he made while using cocaine, and this recognition led him to decrease his use of cocaine:

“I notice that I take poor decisions when I’m drunk, or not so much drunk, actually; when I’m on drugs. [...] I tend to, like, not always use a condom when I’m doing cocaine. [...] So that is changing. And I think it has changed. I’m a lot more careful than I was before.” — 26 years old

However, many participants described that they felt comfortable with their drug and/or alcohol use, often noting that they used these substances to unwind or enjoy time with their friends, and that they did not use at a frequency or to a quantity that they felt poorly impacted their health:

“I mean, I guess if I felt like alcohol or, or drug use was impacting my health in a negative way, I probably would, would be, you know, lessening my intake. But [chuckle] yeah. [...] ‘Cause I am kind of, like, conscious of my health and I do try to stay on top of, you know, just being, staying healthy and whatnot, right? So yeah.” — 27 years old

Many participants discussed the norms about substance use that existed within their social networks, as a factor that shaped their substance use. For example, several participants described that they primarily drank or used other substances with friends. Some participants noted that they chose to spend time with friends that supported their own desires around substance use.

What we found:

Social Health

Most participants indicated they were content with their social health, describing robust social lives and access to support from many groups, including friends, coworkers, neighbours, family, and community. However, many men reported they had in the past experienced or were currently experiencing varying forms of stress and discrimination related to parts of their identities. Some participants discussed the challenge in differentiating which aspect of their identities attracted discrimination (e.g. ethnicity/race or sexuality). Among participants who were working, some reported they were very cautious about revealing their sexuality as they were fearful they would encounter homophobia from their co-workers.

A few participants reported experiencing discrimination within their families, and some explained they limited contact with family members who were unsupportive of their relationships and identities. Many participants adopted coping strategies to manage their relationships after coming out, while other participants reported conscious efforts to avoid coming out to their families.

Participants consistently expressed the importance of friendships with people with whom they shared similar experiences: identities, professional trajectories, hobbies or interests. One Southeast Asian participant noted cultural nuances were a factor in his social interactions, and stated the importance of his friends who “understand the cultural kind of layer of the problems that I encounter” (32 years old). Another participant described he found acceptance within the gay community’s kink/leather scene after years of feeling disconnected from other groups of gay men.

Many participants had strong groups of gay friends. However, some participants expressed that while they enjoyed their current group of friends, they would like more gay friends. Several participants cited challenges in finding gay friends. For example, some participants noted that living outside of Vancouver’s ‘gaybourhood’ meant it was harder to participate in events with other gay people. Other challenges that affected our participants’ social lives included concerns about being outed by association if they spent time with gay people, changes to social networks at the end of romantic relationships, and migration of self and friends within the city, between provinces, or to new countries.

Participants also presented diverse notions of ‘gay community’. Many participants reported a dislike of the ‘gay scene’, noting it was a hard environment in which to develop lasting friendships. Many participants described being distant from what they referred to as ‘the’ gay community, and had a negative perception of those men they perceived to be within this group. At the same time, some participants highlighted that they were interested in being involved in the community by volunteering in local gay organizations.

Participants also emphasized that they valued providing care and support to their friends and loved ones. For example, some men described the caregiving relationships they had with children, friends or family. Many men expressed care and concern towards gay friends, and indicated they would be interested in knowing how to better support these men.

Conversations about health

Most participants said they reserved seeking support and information about sexual health for close-knit groups of friends. Many participants described that serious conversations about sexual, physical, and mental health often occurred in the context of an immediate problem. Many of our participants indicated they had few or no significant health concerns or risk factors, and thus did not have a need for serious discussions about health.

Participants expressed appreciation for HIM, including the HIM Sexual Health Centres, their promotional campaigns, and the opportunities for connection HIM provides. They noted this was especially appreciated given what they described as limited availability of gay responsive health care services. One participant discussed a recent cancer diagnosis and his struggle to find resources and supports that were inclusive of, or specific to, gay men. For this participant, conversation with another gay man with the same diagnosis was the best source of information. Throughout his experience, he became an expert on his diagnosis. He described his impression that his friends approached him often for information about their own health as a result.

A few participants reported that they were reluctant to talk about certain health or relationship topics within their social networks. Participants also said there were some topics in their lives currently, such as having broken a sexual agreement with a partner, having an HIV-positive partner, and being diagnosed with an STI, that were hard to talk about within their friend groups. Some participants had experienced negative reactions from their friends when discussing these topics. While some participants told us in their interviews that it would be challenging to talk about HIV-related issues with their friends (e.g. if they became HIV-positive), 60% of the questionnaire participants said they had a good group of friends who would support them if they were to become HIV-positive. Questionnaire results also indicated that among participants who knew about emerging HIV prevention strategies, friends were a common source of information.

Figure 8. Participants who knew about the early HIV test

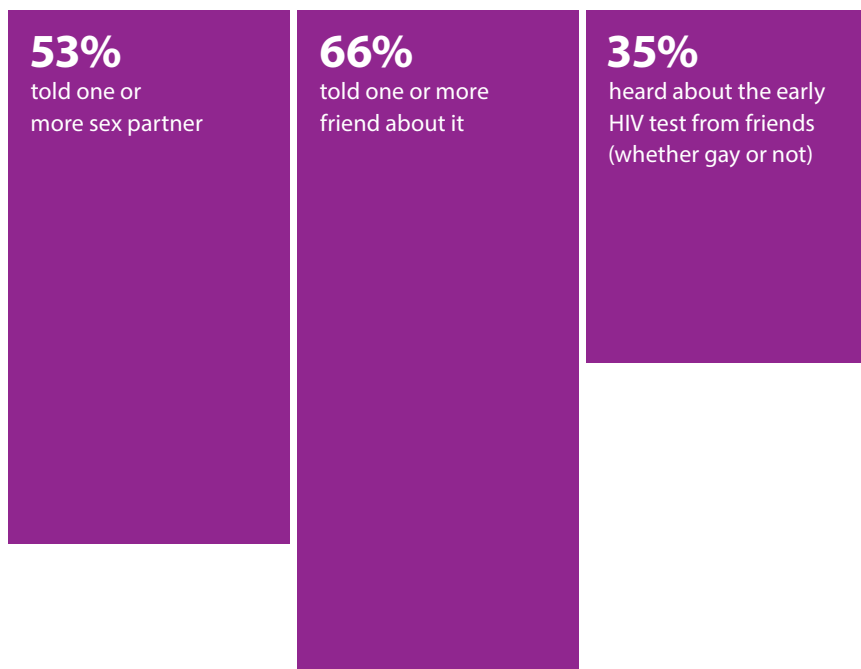
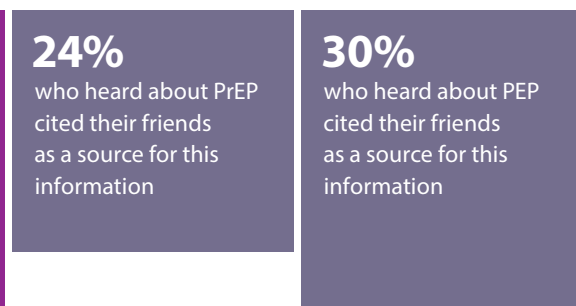


Figure 9. Participants who heard about PrEP & PEP about PrEP & PEP



What we found:

Mental Health

A few participants shared their experiences finding support for mental health in their interviews. Some men who shared they sought support for their mental health described seeking professional help instead of support from their friends, whereas others sought support both from friends and a professional. 55% of questionnaire participants who had never seen a mental health professional reported they had wanted this kind of professional support at some point, but did not – or were not able to – access it.

Participants in the questionnaire reported that they have encountered barriers to accessing professional support in their lives. Participants selected not knowing where to find help and/or concerns about the cost (53%), insufficient time due to busy schedules (32%), disinclination to address issues at hand (26%), embarrassment (18%) and concern about the ways these professionals would respond to their sexuality (18%) as barriers to accessing support. One participant told us in his interview that financial costs prohibited him from continuing counselling he was finding helpful.

63% of questionnaire participants reported that they would like additional mental health support at the time they completed the survey. These participants identified one-to-one support (50%), referral to a professional counselor (32%), peer support (30%), and group support (27%) as the types of supports they would find useful.

Not all participants used the language of mental health to describe challenges they were facing. For example, one participant we interviewed described that he currently felt a lot of malaise, and was unmotivated to do things. This participant reported recent weight gain, poor eating, and struggles with substance use, and was reminded of his previous attitude when looking at old photos:

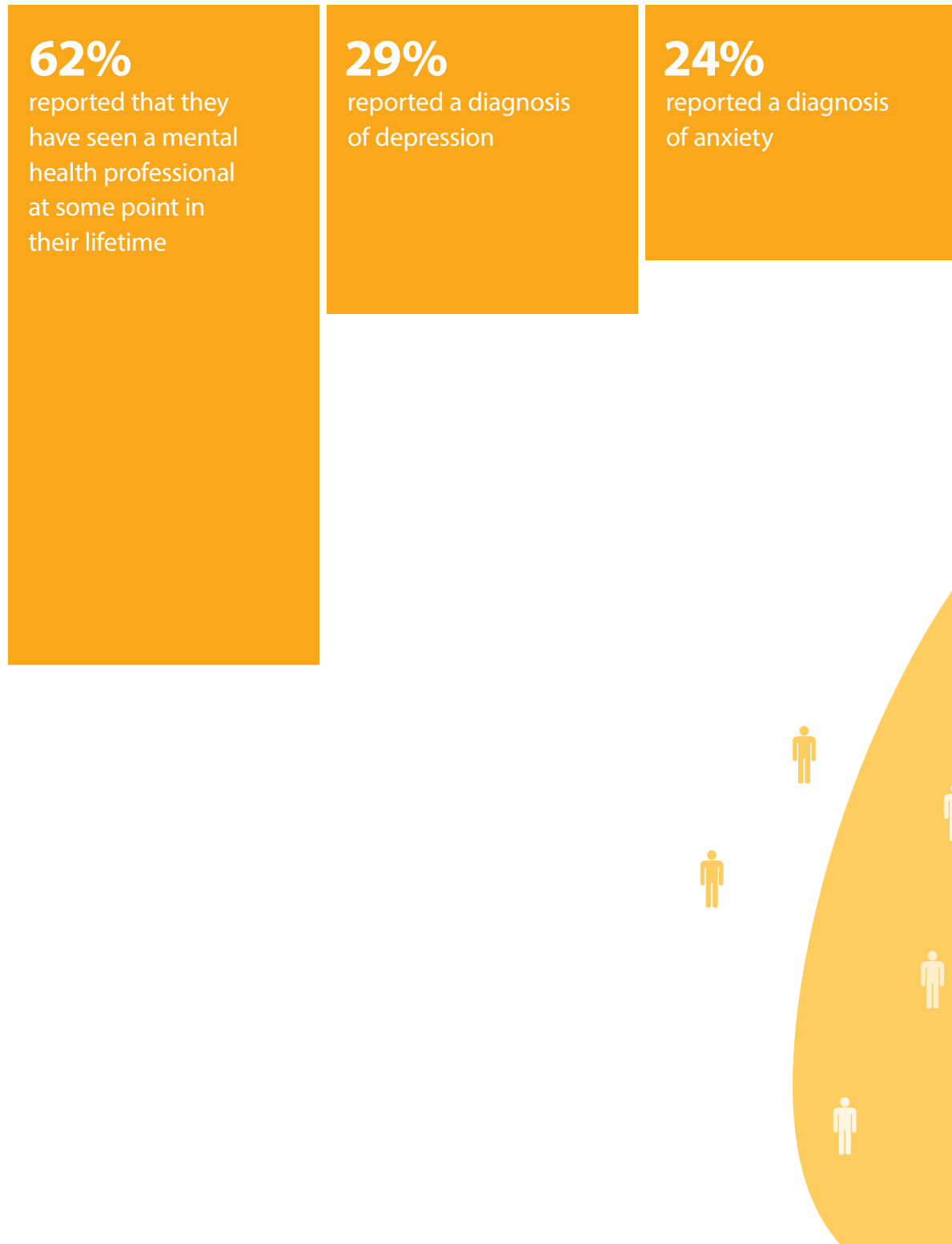
“Yeah, me. I mean, just looking at old pictures and seeing how I used to actually smile and feel good when I got pretty happy and want to go to the gym and want to do things. I don’t want to do anything.” — 23 years old

Some participants described themselves as self-reliant and told us that they rarely seek support from friends or professionals. In some cases, participants attributed their reluctance to seeking support to negative experiences when they tried to seek this support in the past.

These findings, which are based on interviews with participants and the surveys they completed, identified numerous opportunities for healthcare providers and researchers to strengthen gay men’s health.

Some of these findings were included in the July 2014 Provincial Health Officer report, *HIV Stigma and Society: Tackling a Complex Epidemic and Renewing HIV Prevention for Gay and Bisexual Men in British Columbia*. This report includes several areas for action that build upon the findings from our study, as well as other data sources. Here, we present opportunities for health care providers and health promotion workers to continue to strengthen gay men’s health.

Figure 10. Mental health diagnosis and care over lifetime



What's next:

Theoretical Implications for Gay Men's Health

The narratives of these participants illustrate the connections between physical, social, mental and sexual health domains that are traditionally seen as separate. Further, the experiences of the participants reflect complex, intersecting social determinants of health, including race, socioeconomic status, age, and sexual identity.

The narratives of our participants highlight the relevance of theoretical frameworks including intersectionality and life course theory. For example, changes in both life perspectives and social and sexual experiences as men age is an important factor to consider along with other related factors of identity and social location. Further, these narratives also emphasize the connections between social determinants and health outcomes related to mental health, substance use, and sexual behaviour articulated in minority stress theory and syndemic theory. These theories indicate the need for nuanced, complex responses to the needs of different generations of gay men and the needs of those men who experience multiple health and social inequities as described in intersectionality theory. Our participants' narratives also emphasize the importance of examining men's simultaneous identities and social locations to understand their experiences. Many participants discussed money, race/ethnicity, and gender expression within their narratives as factors that impacted their experiences as a gay man. The findings in our report reiterate the need for theory-informed research and practice to support improved health outcomes as described in the 2011 Institute of Medicine report (IOM, 2011).

What's next:

Practical Implications for Gay Men's Health

Improving access to health services

Men in our study reported some positive experiences accessing specific kinds of health information and services, particularly relating to sexual health. It is likely that this reflects the fact our participants were recruited from a sexual health clinic targeted towards gay men.

However, men also described challenges accessing health services in other domains, particularly physical and mental health. For many men, it was difficult to find and access services that supported their sexual identity and responded to their needs as gay men. Our data suggests continued efforts are required to ensure our societies provide health enabling environments for diverse gay men. While our results indicate the need for improved access to health services is particularly great in the domains of physical and mental health, we believe that this need continues to exist across all health domains.

Appeal of new testing technologies

The "Rapid" (Point-of-Care) and the "Early" (pooled NAAT) tests appeal strongly to gay men. While continued efforts are needed to ensure comprehension of these tests among gay men, the uptake of these technologies to date has helped to increase testing among a population of sexually active gay men. Many gay men are aware of, and willing to adopt, new technologies to support their health and wellbeing. Recognizing this, health care providers should continue to identify and implement new options to meet the health care needs of gay men.

Social marketing as health promotion

The social marketing campaigns *What are you waiting for?* and *Hottest at the Start* implemented by Health Initiative for Men helped to increase uptake of testing options and increase men's knowledge of reduced window periods and the risks associated with acute HIV infection. Responses to these campaigns suggest targeted social marketing should be encouraged when introducing new testing technologies or when trying to increase uptake of HIV testing.

Social marketing can be a strong tool to reach gay men with health promotion messages. Success of these campaigns can be attributed, in part, to choosing very specific audiences (e.g. men who are having condomless sex). In HIM's experience, sexually explicit materials were an important way of reaching this audience.

Relevant sexual risk reduction information & strategies

Men's perceptions of sexual risk are informed by many factors, including understandings of HIV/STI transmission, sexual attraction and desire, and nature of their relationships. Most of our participants had complex ways of determining risk in their own sexual encounters, and many men did not always consider sex without condoms risky.

For our participants, relevant strategies for safer sex include non-condom based strategies. Gay men have developed and taken up many non-condom based strategies to prevent becoming infected throughout the course of the HIV epidemic. However, not all men have sufficient access to information they need to determine how to integrate these strategies and reduce the risks of HIV and other STIs.

This research shows the importance of counselling and testing initiatives for men and their partners. Further, it indicates the need to find ways to allow both HIV-positive and HIV-negative gay men to have open discussions about sex, sexual decision-making and HIV status while supporting trust, intimacy and pleasure within their relationships. Health care providers and health promotion messages must continue to provide information and messaging that responds to men's current needs and sexual risks, and extend beyond condom-only options to support community-derived strategies.

Supports for social & mental health

Many of the men in our study reported looking for some sort of support from health professionals, close friends or romantic partners. Health agencies and community organizations working with gay men should strongly consider ways to provide support for men's mental and social health.

Tools and resources for meeting new people, talking about addiction or problematic substance use, HIV and risk, and overall mental health are needed for both individuals and those wanting to support others. Some men were not worried about their own social or mental health, but wanted to support other people in their lives. Men need to know about the availability of these tools and supports before a crisis situation arises for themselves or a friend, as it can be challenging to locate services in the midst of a crisis or acute difficulty.

Some men described informal peer support from gay men with similar experiences was a crucial source of relevant health information. Limited availability of health care providers with experience treating gay men and information specific to gay men's needs, peer support is an important avenue to explore to further strengthen gay men's health.

What's next:

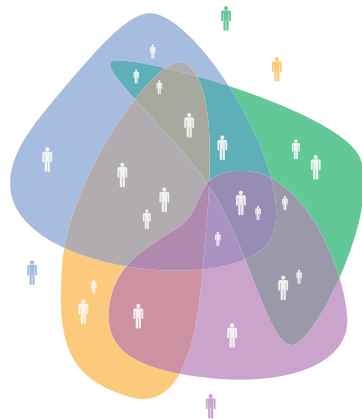
Conclusion

These findings highlight the strengths of current initiatives to support and strengthen the health and wellbeing of gay men in our communities, as well as provide opportunities for growth. Continued focus on gay men's sexual health is needed, alongside increased attention on services to address gay men's whole selves, including social, physical and mental health.

The men who participated in our study provided many insights for health care providers, people engaged in health promotion, and public policy makers to consider. We thank these men for their participation in our study.

For more information

More information about The CIHR Team for the Study of Acute HIV Infection in Gay Men, including a backgrounder on the study and an up-to-date publications list and summaries of the articles, is available online at www.acutehivstudy.com.



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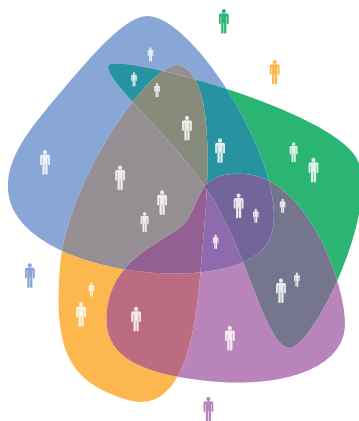
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*Summaries of these articles are available online at <http://acutehivstudy.com/findings.html>.



A view into the health
of HIV-negative gay men in Vancouver

