



MSM TALK:
Qualitative research about condom use
among MSM in Auckland

Jeffery Adams
Dr Stephen Neville

Centre for Social and Health Outcomes
Research and Evaluation
Te Runanga, Wananga, Hauora me te Paekaka
&
Te Ropu Whariki

May 2008



Acknowledgements

We would like to thank all the men who took part in interviews and focus groups. Your willingness to share your views and experiences has provided for rich data for our analysis.

We are grateful for the discussion and input from the participants in the Rich Dialogue Process.

The New Zealand AIDS Foundation (NZAF) commissioned and funded this research. We acknowledge the NZAF who were always willing to discuss the project and provided access to library and other resources.

We are also grateful from the advice and input from our research partners – Professor Marian Pitts and Dr Jeffrey Grierson, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne.

Finally we thank colleagues at SHORE/Whariki for their input. In particular we thank Frank Pega (Whariki) who was involved in conceptualising the research project and in conducting early fieldwork. Thanks also to Associate Professor Karen Witten (SHORE), Dr Tim McCreanor (Whariki) and Helen Moewaka Barnes (Whariki) for advice received over the course of the project.

Contents

Acknowledgements	2
Contents.....	4
Executive summary	6
1. Introduction	10
1.1 Background	10
1.2 Research data.....	10
1.3 Aims of the research.....	10
1.4 Research team.....	11
1.5 Outline of report	11
2. Literature review	13
2.1 Introduction	13
2.2 Identification of the literature.....	13
2.3 Themes in the literature.....	14
2.3.1 The availability of HIV treatments.....	14
2.3.2 Physical issues.....	14
2.3.3 Psychosocial issues	14
2.3.4 Intentional practices	15
2.3.5 Internet	15
2.3.6 Substance use.....	16
3. Description of research.....	17
3.1 Qualitative research.....	17
3.2 Target audience.....	17
3.3 Recruitment	18
3.4 Sample – whom we talked to	21
3.5 Data collection.....	22
3.6 Data management	23
3.7 Data analysis	23
3.8 Rich Dialogue Process	25
3.9 Ethical issues	26
4. Key findings.....	28
4.1 Introduction	28
4.2 Socio-cultural context of condom use.....	28
4.2.1 Gay/MSM community engagement.....	28
4.2.2 Gay – straight friendships.....	29
4.2.3 Sex	30
4.2.4 Word on the street.....	31
4.2.5 Knowing someone with HIV	33
4.3 Accounting for non-condom use.....	34
4.3.1 Alcohol and drugs.....	34
4.3.2 Emotional connectedness	35
4.3.3 Intentional practices	35
4.3.4 Excitement.....	35
4.3.5 Difficulties with using condoms	36
4.3.6 Condoms in relationships	38

4.3.7 Managing risk	38
4.4 Current HIV health promotion	39
4.4.1 Sources of information about HIV/AIDS	39
4.4.2 Sexual health practices	40
4.4.3 HIV promotion campaigns to date	41
4.4.4 Knowledge of the NZAF	41
4.4.5 Perceptions of the NZAF	42
4.4.6 'Condom every time' message	44
4.7 Future directions for health promotion.....	48
4.7.1 Ready to use condoms?.....	48
4.7.2 Suggested directions for health promotion.....	51
4.7.3 Challenging health promotion.....	56
5. Summary.....	57
References.....	58
Appendix.....	66

Executive summary

1. Purpose of research

This report:

1. Sets out the findings of a research project to inform the development of a social marketing programme that will aim to increase condom use for anal sex amongst men who have sex with men (MSM).
2. Will assist the NZAF to determine how well positioned the Foundation is to deliver this programme and what involvement gay/MSM communities will need to play to ensure success.

The two broad aims specified for the research were:

1. To investigate the reasons why the project's target audience is not using condoms for anal sex and what may influence them to change their behaviour. This includes what really matters to this audience – not just in relation to condom use but also more broadly around sex and lifestyle. This information is vital when determining new social marketing approaches for a particularly niche target audience.
2. To investigate perceptions of the NZAF. This includes an assessment of the current impressions of the Foundation (and its connection to MSM communities) with a view to assisting the NZAF to determine more effective strategies for delivering future social marketing programmes.

2. Literature review

A review of literature related to sexual risk behaviour and condom use by MSM identified six themes:

1. The availability of HIV treatments
2. Physical issues
3. Psychosocial issues
4. Intentional practices
5. Internet
6. Substance abuse

3. Methodology – research design

The research design consisted of three main elements:

Research design summary – key features
1. Literature/document review
2. Data collection Low/medium users of condoms <ul style="list-style-type: none">▪ Individual interviews (17 interviews)▪ Online interviews (3 interviews, 5 participants) MSM high condom users or general groups Focus groups <ul style="list-style-type: none">▪ MSM 20-29 (1 group, 4 participants)▪ MSM gay 30-39 (3 groups, 9 participants)▪ MSM gay 40-49 (1 group, 5 participants)
3. Rich Dialogue Process – 2 meetings

Sample

The general profile of men interviewed in the individual interviews, online interviews and focus groups was:

- Range of ages 20 through to 49 years, with the majority of men in the 30 – 39 age group.
- Identified as MSM.
- Predominantly NZ European/Pākehā, but some Māori, Asian and Indian participants.
- Highly educated and professional group.
- Lived in all parts of Auckland.
- A mix of men not in relationships and men in various forms of relationships.
- Many men who identified as highly sexually active.

4. Key findings

The key findings of the research are reported in four sections:

4.1 Socio-cultural context of condom use

- Men reported varied ways of engaging with the gay community.
- Engagement with the community was seen as important by many men, others saw it as less important.
- Friendship patterns ranged from men who had mainly gay friends, to others who reported a mix of gay and straight friends.
- All participants reported that sex was important for men – but that gay men have more opportunity to have sex than other men.

- A pro-condom culture was reported, but there were pockets of resistance and reports of inconsistent use.
- The need for MSM to consistently use condoms, was seen as a ‘double standard’ (it was felt that condom use was not regarded as the ‘norm’ among heterosexual men).
- Around half of the men did not know anyone with HIV/AIDS.

4.2 Accounting for non-condom use

The MSM accounted for not using condoms in many ways. Often, these accounts were not straightforward and contained a number of contradictions.

Non-condom use was primarily discussed in relation to:

- Alcohol and drugs
- Emotional connectedness
- Intentional practices
- Excitement
- Difficulties with condoms
- Condoms in relationships
- Managing risk

4.3 NZAF and current HIV health promotion

- A range of sources were used to obtain information about HIV/AIDS.
- The NZAF was not seen as an important source of knowledge.
- Men in the study believed they had a high level of knowledge around HIV/AIDS, however some respondents reported gaps in their knowledge.
- A range of services used for sexual health practices.
- Men recalled a number of HIV prevention programmes, however they were unclear about who produced the campaigns.
- Varied knowledge of the NZAF health promotion and other services.
- A range of perceptions of the NZAF reported (e.g., an important authority, focussed on gay men).
- Widespread recognition of the ‘condom every time message’, however it was challenged by many of the participants as not being appropriate for all MSM (especially those men in relationships).

4.4 Future directions for health promotion

- Only a few men discussed a desire to change the pattern of their condom use.
- Key reasons that have / might lead to a change included fear, or if they were requested by another MSM so they could have sex.
- Two general foci for future campaigns were offered – broad and wide campaigns and targeting youth and schools.
- Other campaign ideas included providing more information, use of new technologies, and working with commercial organisations.

1. Introduction

1.1 Background

There is a considerable amount of up-to-date New Zealand behavioural and epidemiological data available on men who have sex with men (MSM) with respect to condom use, anal sex, HIV testing etc., which provides detail about MSM sexual practices and behaviours. However, there has been very little qualitative research undertaken in New Zealand (see e.g., McNab & Worth, 1999; Ryan, 1991; Worth, Reid, & McMillan, 2002) which might explain why some MSM do not consistently use condoms for anal sex. This research contributes to addressing this gap in knowledge amongst the health promotion and public health workforce.

According to the New Zealand AIDS Foundation (NZAF) new ‘disease’, ‘organisational’, ‘political’, ‘community’, and ‘network’ realities define the current HIV prevention context (New Zealand AIDS Foundation, 2006a). This research is aimed at helping the NZAF understand these new realities.

MSM are the focus for this research. MSM is a term frequently used in public health and health promotion settings. As a descriptor of behaviour it does not imply identity or consider attraction (Pitts, Couch, & Smith, 2006). This focus on behaviour has been subject to some criticism, because it *can* lead to behavioural activity being considered without adequate attention to cultural and social factors (Young & Meyer, 2005). Although this research adopted MSM as the identifier/descriptor for the participants, it did so in recognition of the diversity which occurs in this group, including factors such as level of (non)identification with the gay community, residential location and socio-economic status.

1.2 Research data

HIV diagnoses among MSM have increased markedly since 2000 (31 diagnoses) with the annual incidence of diagnoses rising to 38 in 2001, 56 in 2002, 74 in 2003, 75 in 2004, 90 in 2005, 72 in 2006, and 71 in 2007 (includes MSM+IDU risk categories) (Peter Saxton, *pers. comm.*, 2008). Further analysis revealed that the increase is concentrated among Auckland, Pākehā, gay-identified MSM, aged 30-39 (New Zealand AIDS Foundation, 2006a).

1.3 Aims of the research

The overall aim of this research was to inform the development of a social marketing programme that will aim to increase condom use for anal sex amongst MSM (New Zealand AIDS Foundation, 2006a). The research also provides information to assist the NZAF to determine how well positioned it is to deliver this social marketing programme and what involvement gay/MSM communities will need to have to ensure success.

Two specific aims for the research are:

Aim 1:

To investigate the reasons why the project's target audience is not using condoms for anal sex and what may influence them to change their behaviour. This includes what really matters to this audience – not just in relation to condom use but also more broadly around sex and lifestyle. This information is vital when determining new social marketing approaches for a particularly niche target audience.

Aim 2:

To investigate perceptions of the NZAF. This includes an assessment of the current impressions of the Foundation (and its connection to MSM communities) with a view to assisting the NZAF determine what are likely to be more effective strategies for delivering a successful social marketing programme (New Zealand AIDS Foundation, 2006a).

1.4 Research team

This research was undertaken following a successful tender by the Centre for Social and Health Outcomes Research and Evaluation (SHORE) and Te Ropu Whariki (SHORE/Whariki). The research project was a collaboration between researchers from SHORE/Whariki and the School of Health Sciences, Massey University (Auckland Campus).

The report authors (Jeffery Adams and Dr Stephen Neville) were the main researchers on the project.¹ Both identify as gay men and have experience in research with gay men. Jeff is completing his PhD in gay men's health and has published several items from this research (Adams, Braun, & McCreanor, 2004, 2007a; Adams, McCreanor, & Braun, 2007b). Stephen is a member of the Lavender Islands Research Team. Lavender Islands is the first New Zealand national study of lesbian, gay and bisexual communities from a strengths based perspective.² The research team members reside within the study area, with various connections to Auckland's gay community. Both researchers undertook all aspects of the research including recruitment, data collection, analysis, and reporting of research results.

In addition to the research team, Professor Marian Pitts and Dr Jeffrey Grierson, Australian Research Centre in Sex, Health and Society, La Trobe University, Melbourne, acted as research partners for the project.

¹ At the commencement of the project Frank Pega (Whariki) was also involved, particularly in conceptualising the study and early fieldwork. He left the project after obtaining an internship position at the WHO.

² <http://lavenderislands.massey.ac.nz>.

1.5 Outline of report

This report consists of 5 sections:

- Section 1 introduces the research and aims of the project.
- Section 2 provides a review of the existing literature relating to sexual risk behaviour and condom use in MSM.
- Section 3 describes the research methodology and methods.
- Section 4 details the research findings: socio-cultural context of condom use, accounting for non-condom use, NZAF and current health promotion, and future health promotion.
- Section 5 provides a summary of the research findings.

A brief discussion of some issues in relation to social marketing and health promotion is attached as an appendix.

2. Literature review

2.1 Introduction

In this section a review of literature related to sexual risk behaviour and condom use by MSM is reported. The process used to identify the relevant data is outlined, and six themes in the literature are identified. These are:

- The availability of HIV treatments
- Physical issues
- Psychosocial issues
- Intentional practices
- Internet
- Substance abuse

2.2 Identification of the literature

Electronic databases were broadly scanned and these included Medline, CINAHL, Social Science Citation Index, Scopus, Academic Search Elite, IBSS, PsychINFO, Pubmed and Sociological Abstracts. Initially key words such as MSM, condoms, sex, HIV were used to assess the extent of the literature available. Subsequently, the search strategy was refined to include only those articles published in English from the years 1995 onwards. Any materials published prior to 1995 were excluded as they were considered dated. However, any influential works published before 1995 were accessed if deemed pivotal to the study through the reference lists in the articles accessed. Empirical studies, review articles, abstracts, book chapters and entire books were accessed through the use of the following key words: condom(s), condom use, MSM, gay, bisexual, HIV-positive, sexual risk behaviour, HIV/STI transmission/prevention, anal intercourse, bareback(ing), safe sex, and unsafe sex.

To reduce gaps in the automated search caused by indexing lags in the electronic data bases, manual searches by the research team were also undertaken. For example, reference lists were scanned for additional publications that might have been missed when searching the literature. Additionally, government and professional organisation websites were searched and unpublished discussion papers, research reports, media releases and clinical guidelines relating to condom use, the promotion of condom use and the prevention of HIV were accessed. A total number of 250 articles and books were accessed, reviewed, read and sorted.

The resulting review is not a systematic review. The papers examined are research articles chosen because of their relevance to sexual risk behaviour and condom use in MSM. Those articles reported here are presented as they are representative of the available scientific literature and of the themes identified. Published materials were excluded if they were not research based. In addition, no abstracts were included as

there was frequently not enough detail present outlining the studies findings. Because our research project was focused within the context of a marked increase in HIV diagnoses among New Zealand's MSM since 2000 we excluded papers if they focussed solely on HIV-positive men. We report six dominant themes from this literature related to men's use / non-use of condoms for anal sex.

2.3 Themes in the literature

2.3.1 The availability of HIV treatments

Highly active antiretroviral therapy (HAART) has significantly improved the life expectancy and quality of life for HIV-infected people as well as potentially lowering infectivity rates (Rietmeijer, Patnaik, Judson, & Douglas, 2003). HAART has changed HIV infection from being a life-threatening illness to a chronic condition (Halloran, 2006; Reiter, 2000). Studies such as that by Huebner (2001) confirm that MSM believe that HAART improves health among HIV-infected individuals and decreases the risk of HIV transmission. As such, a number of studies have found that the perceived threat of being infected with the HIV virus has diminished among MSM resulting in an increase in unprotected anal intercourse (for example, see Bakeman, Peterson, & The Community Intervention Trial for Youth Study Team, 2007; Benotsch, Mikytuck, Ragsdale, & Pinkerton, 2006; Peterson & Bakeman, 2006; Rietmeijer et al., 2003; Stolte, Dukers, Geskus, Coutinho, & Wit, 2004) This phenomenon is frequently referred to as optimism behaviour and is supported by Sullivan et al.'s (2007) study. This survey of MSM attending gay bars found that 15% of HIV-negative or untested men reported optimism related behaviour.

2.3.2 Physical issues

Physical issues include experiencing erectile dysfunction as a reason for not using a condom (Adam, Husbands, Murray, & Maxwell, 2005). In qualitative research among MSM over 40 years, many men reported "a declining ability to have and sustain an erection as they age and they find that condoms exacerbate their inability" (Murray & Adam, 2001, p.86). Erectile dysfunction related to using a condom can lead to not only negative attitudes about condoms but also embarrassment and this phenomenon has been shown to increase the occurrence of unsafe sexual practices (Reilly & Woo, 2001). Another issue relates to the fit and feel of condoms. This is a particular problem for some men when condoms feel too tight or too loose, or are too short or long (Reece et al., 2007). Incorrect fit may lead men to not use condoms for anal intercourse.

2.3.3 Psychosocial issues

Psychosocial issues relating to mood state, particularly depression and stress, and the participation in unsafe sexual practices remains definitively inconclusive (O'Leary et al., 2005). AIDS fatigue, also called AIDS burnout (Suarez & Miller, 2001), has been cited as a predictor of unprotected anal intercourse. Suarez and Miller (2001) assert that AIDS burnout occurs as a direct consequence of constantly being exposed to prevention messages, especially those that portray HIV as a death sentence; for example the "Grim Reaper" campaigns. Concomitantly, many MSM have remained

uninfected while at the same time witnessing those close to them dying from an AIDS related illness. The mental health consequences of these experiences are reported by Dilley et al. (1998) as resulting in unsafe sexual practices and manifest as depression, grief, a sense of fatalism, sleep disturbances, anxiety, a decrease in self-esteem, a sense of hopelessness particularly about the future, survivor guilt and a lack of a sense of community. Wong and Tang (2004) compared inconsistent condom users with consistent condom users and found that MSM were more likely to use condoms when they had already 'come out', had a positive attitude toward their sexuality, identified with their MSM community and had quality social support networks. This is further supported by Huebner et al. (2002) who suggest that MSM who experience internalised homophobia were likely to engage in unprotected anal intercourse. Although much of the research identifies individual factors as important, Smith et al. (2006) point out the importance of event characteristics in understanding unprotected sex.

2.3.4 Intentional practices

The practice of intentional anal sex without condoms is a recent concern in the scientific literature (Carballo-Diequez & Bauermeister, 2004; Moskowitz & Roloff, 2007). Bareback sex, bug chasers, sensation seekers and the 'gift of death' are slang terms used in relation to sex that occurs without the protection of a condom. This practice has been identified by some as sexually deviant and involves both HIV-positive and HIV-negative men, the latter knowingly seeking infection by the former. Gauthier and Forsyth (1999) explain bug chasing behaviours as being a consequence of fear and then relief and as a result of feeling lonely, therefore bareback sex provides a feeling of solidarity and a sense of belonging. In addition, these authors also identify bareback sex as an experience that is erotic, filled with excitement and danger, as well as a political act.

Mansergh et al. (2002) found that MSM who 'barebacked' within the last two years, were more likely to go on to engaging in unprotected anal intercourse with casual partners on a regular basis with men of unknown serostatus. Unsurprisingly, these authors also identified a corresponding increase in the number of self-reported sexually transmitted infections compared to MSM who did use condoms. Some men who are identified as 'barebackers' have undergone a process of negotiated safety, where they have been living in long-term, monogamous relationships and repeated HIV testing has verified HIV concordance. While authors such as Mansergh et al. (2002) identify this as 'barebacking', others such as Shernoff (2006) do not label this behaviour as such.

2.3.5 Internet

The late 20th and early 21st Centuries are marked with unprecedented technological advances resulting in an exponential increase in the use of the Internet. MSM have popularised the Internet as a safe venue to exchange information, discuss political issues, meet in chat rooms as well as respond to personal ads including those seeking sexual partners. In New Zealand, for example, 38.3% of MSM in a recent offline study reported finding sexual partners via the Internet in the six months prior to survey (Saxton, Dickson, & Hughes, 2006), while this was true for 72.9% of MSM recruited directly from online dating sites survey (Saxton, 2007). One concern is that

as the Internet efficiently facilitates contact between men resulting in sexual contacts, this potentially contributes to efficient disease transmission (Bull & McFarlane, 2000). MSM meeting sex partners online report higher rates of methamphetamine use, as well as higher rates of unprotected insertive and receptive anal intercourse when compared to MSM who meet sex partners through traditional means, for example bars (Benotsch, Kalichman, & Cage, 2002). Conversely, Carballo-Diequez et al. (2006) claim that both HIV-negative and HIV-positive MSM were more likely to engage in sexual negotiation, serostatus disclosure and consequently were more likely to use condoms for anal sex. Davis et al.'s (2006) work revealed how some MSM predetermined safe sex encounters when meeting other men for sex online. They also identified that some HIV-positive MSM utilised the Internet to look for others who share the same status for unprotected anal sex. Similarly, Mustanski (2007) found that the Internet was used by men who engaged in high-risk sex to find partners, and that meeting partners online did not necessarily lead to high-risk sexual behaviours. Other research has also found little difference in the sexual behaviour of MSM who use the Internet for sex with other men when compared to those meetings that occur offline (Kim, Kent, & McFarland, 2001).

2.3.6 Substance use

Research by Bull and Rietmeijer (2002) reinforced the point that substance users with a strong addiction are at greater risk of participating in unsafe sexual encounters with multiple and frequently unknown partners. These authors also claim that people who are addicted to substances are likely to work in the sex industry as a means to financially support their addictions. A study on MSM methamphetamine users found that this group were more likely to engage in unprotected sexual encounters when snorting or smoking this drug when compared to those who abstain from using methaphetamines (Semple, Patterson, & Grant, 2002). This study also identified that using methamphetamines helped men overcome negative self-perceptions and the social rejection associated with being HIV-positive. Others, for example Mansergh et al. (2006), found that using a combination of methamphetamine and Viagra was associated with unprotected insertive anal intercourse. Other substances, such as marijuana and nitrates are also linked to unprotected anal intercourse (see Purcell et al., 2001). However, there are conflicting results in studies reporting alcohol use and unsafe sexual practices (Adams et al., 2007b) with the relationship between alcohol and unsafe sex remaining a contested and complex issue for gay men (Stall & Hays, 2000; Stall & Purcell, 2000).

Alcohol use by gay men before and during sex has been associated with unsafe sex (Dolezal, Carballo-Diequez, Nieves-Rosa, & Diaz, 2000; Purcell, Parsons, Halkitis, Mizuno, & Woods, 2001; Stall, McKusick, Wiley, Coates, & Ostrow, 1986). Conversely, Gillmore et al. (2002) reports that drinking before anal sex was not related to unprotected anal intercourse. However, this finding should be viewed with caution due to the small sample size (N = 147). On the other hand, other studies (e.g., Drasin, 2000; Leigh, 1990; McManus & Weatherburn, 1994; Reilly & Woo, 2001; Weatherburn et al., 1993) report no association between alcohol and unsafe sex.

3. Description of research

This report presents an analysis of data collected from interviews with MSM through individual (face-to-face) interviews, online interviews and focus groups (face-to-face). This section outlines the research design for the project.

3.1 Qualitative research

Minichiello, Sullivan, Greenwood and Axford (2004) define the term research as “... to search again or to examine carefully ... its purpose is to validate and/or refine existing knowledge and to generate new knowledge” (p.4). To undertake research the researcher must negotiate a plethora of methodologies and methods. The choice of methodology and methods is directed by the aim of the study or the issue to be addressed. The methodology utilised in the current study was qualitative research. Sandelowski (2004) defines qualitative research as offering “... a window through which to view aspects of life that would have remained unknown” (p.1371). As such, qualitative research focuses on human subjectivity, providing the researcher with some understanding of a person’s reality.

The aims of this study were to explore, describe and interpret why some MSM aged 30 to 39 years living in Auckland were not using condoms for anal sex, as well as to explore and describe MSMs’, aged 20 to 49 years old, impressions of the NZAF and its connection to MSM communities. An exploratory descriptive approach reflected the above aims. Exploratory descriptive research describes the characteristics of particular individuals, groups or situations whilst allowing the researcher to explore areas of interest where there is little theoretical or factual knowledge available (Tarzian & Cohen, 2006). This approach allowed the researchers to explore new aspects of the previously unknown phenomena under investigation.

3.2 Target audience

There were two key target audiences in this research – *men who report low/med condom use* and *men who report high condom use (or men where condom use is not specified)*. For each of these groups a set of principles were developed (in conjunction with the NZAF) to guide participant recruitment.

Auckland MSM who report low/med condom use

Recruitment was guided by these principles:

- skew to 30-39 years old, but not excluding others in the 26-45 age group
- skew to NZ European/Pākehā, but not excluding other ethnic groups
- skew to gay identified MSM, but not excluding others

- skew to self-defined highly sexually active, but not excluding others (recruitment to include venues / internet where highly sexually active men are likely to inhabit)

Auckland MSM who report high condom use/men where condom use is not specified

Recruitment guided by these principles:

- skew to NZ European/Pākehā, but not excluding other ethnic groups
- gay identified MSM, but not excluding others

3.3 Recruitment

Recruitment of men was undertaken in two waves:

Wave 1:

This wave of promotion and advertising of the research aimed to recruit men who reported no/little condom use (for individual interviews), as well as those men who reported high use of condoms (for focus groups).

This phase of the research was advertised and promoted in a number of ways:

- A web page (<http://www.shore.ac.nz/msm.html>) was developed on the SHORE website.
- Press releases sent to gay and mainstream media (picked up by Express, gaynz.com, OUT!).
- Posters/business cards displayed and distributed through various venues (e.g., Lateshift, Urge, Basement) (see Figure 1 for the business card).
- Posters/business cards taken by several RDP participants for display in workplaces.
- Business card image emailed to a variety of gay community groups who then circulated to membership.
- Paid advertisements were placed in two issues of Express.
- Online advertisement (with click through to the project web page) placed on gaynz.com (seven weeks in November/December 2007).
- Online advertisement (with click through to the project web page) placed on nzdating.com (one week in mid-November 2007).

Figure 1: Recruitment business card



**Gay, bi, straight —
do you have sex with other men?**

**Never / sometimes / always use
condoms? 20-49?**

Would you like to take part in research
conducted by Massey University?

Call 0800 MSM Talk, text 'msm' to 027 692 0222
or go to www.shore.ac.nz/msm.html to find out more.

All information you provide is confidential,
a \$30 voucher will be provided to participants.

This project has been approved by the Massey University Human
Ethics Committee: Northern, Application 07/016. If you have any
concerns about the conduct of this research, please contact
09 414 0800 x9539, email humanethicsnorth@massey.ac.nz

 **Massey University**

(NB: This image and text formed the basis of all advertising material)

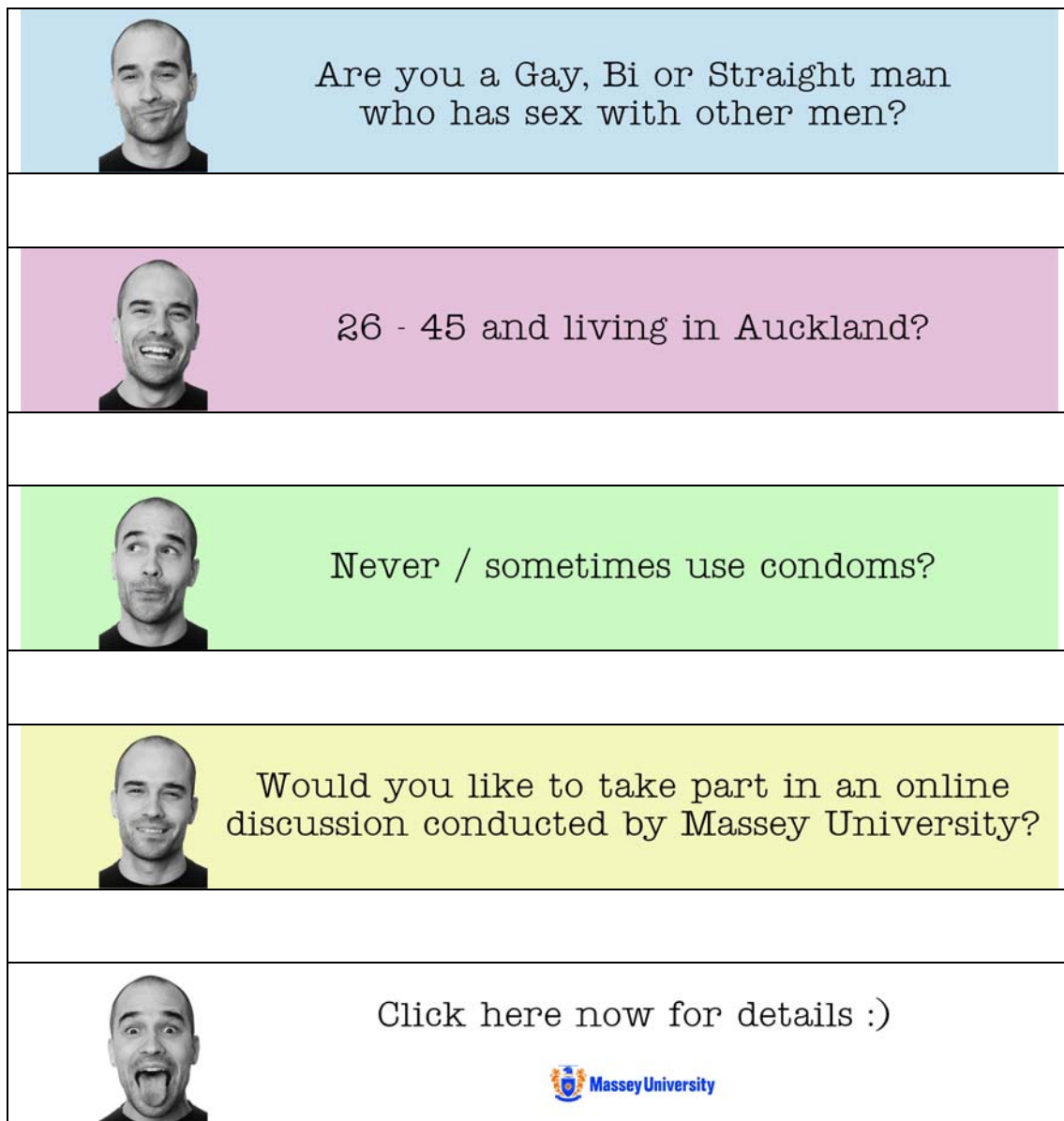
Wave 2

This wave of advertising/promotion specifically focused on recruiting men who were non/low users of condoms to take part in online focus groups.

This phase of the research was advertised/promoted in a number of ways:

- A web page (http://www.shore.ac.nz/msm_online.html) was developed on the SHORE website.
- Online advertisement (with click through to the project web page) were placed on gaynz.com (four weeks in January February 2008).
- Online advertisement (with click through to the project web page) were placed on nzdating.com (one week in mid-January 2008) (See Figure 2).
- Article published on gaynz.com

Figure 2: Images used in online ad



(NB: These images were displayed sequentially in a 760mm x 120mm banner ad on nzdating.com. The images were displayed in a refreshing fashion on the screen, each image briefly appearing and being replaced by the image underneath, after the final image appeared the cycle repeated itself. A variation was used on gaynz.com – the same information and graphics was used but the ‘size’ of the banner was different).

Responding to advertising/promotion

Participants were able to respond to each wave of promotional material in a number of ways. These included a free phone call (0800 MSM TALK) or text message to a cell phone which was carried by a member of the research team. Potential participants were also able to contact the research team through an email address established for the study (msm@massey.ac.nz). In addition, the web pages also contained the landline contacts for the research team. All men who participated in the research were screened by one of the research team, and self-defined which of the two key target groups was most appropriate for them.

3.4 Sample – whom we talked to

No specific demographic data from participants were collected for this project. However, as part of the interview process general demographic information about the participants was identified.

The group of men interviewed in both the individual interviews, online interviews and focus groups fitted the target profile as identified by NZAF in the EOI document:

- Range of ages 20 through to 49 years, with the majority of men in the 30 to 39 age group.
- Identified as MSM. Several participants identified as being bisexual, no one identified themselves as being ‘straight’. The majority of MSM used the term gay to describe themselves.
- Variety of ethnic groups. The majority of participants identified as NZ European/Pākehā. However, some participants described themselves as Māori, Asian and Indian.

Across all groups of MSM interviewed the majority were highly educated and professional. Examples of professional groups represented included lawyers, managers, nurses, customs officers, academics and the armed forces. While it has been recognised that a disproportionate number of MSM/gay men live in the central city/Ponsonby area³ this was not a defining feature of the sample. While a minority of people did live in these areas, others lived in South Auckland, West Auckland and on the North Shore.

People were recruited through a variety of means and venues. These included sex on site venues, online media, print media, bars, saunas, and word of mouth. Participants also reported a variety of relationship types. For example, some were in exclusive monogamous relationships, others in open relationships where they had a primary

³ The suburbs around KRd and Ponsonby Rd are colloquially known as Auckland’s ‘gay ghetto’ (Stevens, 2004). They constitute an area where gay men are known to reside (and socialise) in disproportionate numbers (Hughes & Saxton, 2006).

partner but had sex outside that relationship, some had several regular casual partners, while others reported casual anonymous sex with numerous people.

This research therefore reports an analysis of these men’s views. Given the size of the sample, and the narrow focus of the recruitment, the report findings are not generalisable to the whole population of MSM.

3.5 Data collection

Data were collected from the two target audiences in different ways (see Table 1). A mix of face-to-face individual interviews, online interviews and regular face-to-face focus groups were used.

Table 1: Data collection summary

<p>Low/medium users of condoms</p> <ul style="list-style-type: none"> ▪ Individual interviews (17 interviews) ▪ Online interviews (3 interviews, total of 5 participants)
<p>High condom users or general groups</p> <p>Focus groups:</p> <ul style="list-style-type: none"> ▪ MSM gay identifying, 20-29 (1 group, 4 participants) ▪ MSM gay identifying, 30-39 (3 groups, total of 9 participants) ▪ MSM gay identifying, 40-49 (1 group, 5 participants)

The use of individual interviews and focus groups allowed us to access different types of data.

Individual interviews provide a way to access in-depth personal accounts of MSM’s (non)use of condoms for anal sex. In contrast to focus groups, individual interviews are excellent for accessing personal accounts (Green, 1999; Reinhartz, 1992), and offer depth of data, as participants have the opportunity to provide detailed narratives about their lives. As focus groups are unlikely to allow men to raise issues that would set them apart from the norms of the group, individual interviews are considered the most appropriate method of gathering in-depth personal data.

Focus groups are an excellent method for obtaining cultural discourses and shared cultural information (Wilkinson, 1999). They offer a way of obtaining a broad survey of responses to the topic and are increasingly being used in health and human services research (DePoy & Gitlin, 1994). Due to their interactive nature, they allow individuals to debate, argue, and disagree about the topics being discussed (Braun, 2000). Not only does this add richness to the data obtained, but it allows for more elaborated accounts to be developed, and enables the researchers to access the ways individuals talk about the issues at hand. While individual men’s experiences and attitudes were sought, there was also an emphasis on exploring the broader cultural discourses and shared information.

Internet focus groups were planned as an alternative way to access the cultural understandings of the primary target group (men who do not use condoms). The ‘chat room like’ online environment used allowed men to participate anonymously.⁴ Although the Internet is increasingly being used for qualitative interviewing (Evans, Elford, & Wiggins, in press 2007), this aspect of the research method was always seen as innovative and somewhat exploratory as a qualitative research method given that there is little literature assessing its effectiveness. While it was anticipated that the format of these online groups would be ‘focus group like’ they were more like individual interviews and were characterised by deep personal disclosure.

3.6 Data management

The interviews were transcribed by transcribers employed for the purpose. Transcribers completed a confidentiality form. The transcribed data was stored in locked cabinets and on computers secured by password access.

Data used in this report has been slightly edited for ease of reading. Data from online interviews has been reproduced as it was typed – complete with misspellings, symbols used etc.

3.7 Data analysis

In qualitative research studies, an alternating process of data collection and data analysis exists. This cyclical process is also known as interim analysis (Johnson & Christensen, 2004). In the present study interviews were undertaken as participants were recruited, which occurred over a several weeks. Transcribed interviews were read by the researchers and guided the ongoing data collection process.

The research was undertaken within a critical realist position (Willig, 2001). This approach recognises the constructed nature of people’s accounts, yet at the same time accepts them as descriptions of events and personal experiences that have some basis in reality – as more than just talk about the topic.

The process of inductive coding

A general inductive approach was utilised to analyse the raw data produced from the interviews (Thomas, 2003). This approach begins with the transcription of the audio tapes and ends with the creation of a set of categories. Both the research aims and the raw data guide data analysis (Thomas, 2003). With the research aims in mind, the data were repeatedly reviewed and categories developed.

Preparation of raw data files

As earlier mentioned all taped interviews were transcribed into written form. Care was taken ensure transcripts reliably reflected the content of the interviews. This included ensuring all stutters, interruptions and the use of slang were recorded in the

⁴ Although the researchers knew the identities of the participants, the men were able to take part without having to reveal identities to each other.

written transcripts. All transcripts were printed, read and where necessary discussed by both researchers to ensure that the contents of all transcripts were understood.

Creating of categories

The creation of categories, also called themes, typically involves the development of upper level (derived from the research aims) and lower level (derived from the raw data) categories (Thomas, 2003). The process of developing the lower level or more specific categories begins with the multiple, close readings of the raw data. After closely reading the raw data from the present study, with the research aims in mind, sections of the text that were of interest were separately and independently highlighted by both researchers. These sections of text were then summarised on a separate sheet of paper and referenced to the transcript. The summarised text sections from each interview were then reviewed and agreed on by both researchers, and placed into categories. The labels attached to the categories were derived from the text and included actual phrases used by participants.

The categories resulting from the interview data were cross-compared and common categories formed for all transcripts. Closer investigation of the categories revealed similarities amongst them. These were grouped together and positioned under the following five upper level categories or themes:

- Sample description
- Socio-cultural context of condom use
- Accounting for non-condom use
- Current HIV health promotion
- Future directions for health promotion

Sample description, socio-cultural context of condom use and, accounting for non-condom use relate primarily to the first aim of the present research. Current HIV promotion and future directions for health promotion relates primarily to the second aim of the present study.

Rigour in qualitative research

Rigour is a term used in qualitative research to describe the process that ensures a study reflects evidence of methodological accuracy and worthiness (Roberts & Taylor, 2002). The categories for determining rigour are described by Roberts and Taylor (2002) as credibility, fittingness, auditability and confirmability. These four categories are addressed in relation to this study.

Credibility

Credibility suggests faithfulness to the data (Koch & Harrington, 1998). The methods utilised in the present study were:

Independent coding - all categories were reviewed by both researchers independently for accuracy to establish that the lower level categories originated from the data.

Coding consistency checks – independent coding decisions were made, then discussed and agreed between the researchers.

Fittingness

Fittingness can be described as the data fitting into a context other than the one in which they were generated (Koch & Harrington, 1998). Stakeholder checks through the Rich Dialogue Processes (RDP) were undertaken. This process drew together key stakeholders, and enabled the research findings to be presented, interpreted, debated, and agreed on. The stakeholders were presented with the main categories and sub categories. Stakeholder checking proved to be a powerful way of endorsing the study.

Auditability

Auditability is achieved when the research method and decision making process could be followed by another researcher and when the decisions made by the researcher are transparent. In the current study, the research methodology, methods, data collection, interview, and data analysis techniques and/or decision that have been made have been documented, reported in detail and are available on request. In addition, the presentation of “... thick and faithful descriptions ...” provides the reader of this report with the ability to recognise the salient features of the categories/themes developed and provides evidence of the conclusions drawn by the researcher (Whittemore, Chase, & Mandle, 2001, p.531).

Confirmability

Confirmability is achieved when credibility, fittingness, and auditability are demonstrated and confirmed (Roberts & Taylor, 2002).

3.8 Rich Dialogue Process

A Rich Dialogue Process (RDP) draws together key stakeholders, and enables research findings to be interpreted and debated over a number of interactive sessions. SHORE and Whariki researchers have utilised this process in other research fields (e.g., Gambling Social Marketing, Values of New Zealanders). The purpose of this type of dialogue process is to open up space where participants can deliberate, discuss and reflect on an issue in a way which is different to the opportunities afforded by more traditional methods of dissemination and stakeholder consultation (Dr P Duignan, *pers. comm.*, 2005). In the case of this project, this method was used to not only add value to the information collected – and provide input from ‘key informants’ – it also acted as an appropriate forum for the collation of relevant documentation and the subsequent dissemination of research findings. The process drew on the expertise of a range of key stakeholders in the fields of gay men’s health and HIV prevention.

Two RDP workshops were held. The first of these was held in July 2007 and helped to frame the focus of the data collection phase. This RDP provided an opportunity for the research team to present information about the research and for informed discussion and debate on the topic. The second RDP was held in April 2008. It focused on reporting and confirming the key findings, as well as seeking feedback to assist in further developing the analysis and interpretation of such data.

Both workshops were facilitated by a SHORE researcher not involved with the project. The focus was on interpreting information, identifying similarities and differences in stakeholders' views and experiences, and increasing shared learning and understanding in the context of implications for a social marketing campaign.

3.9 Ethical issues

This research was conducted under the guidelines of Massey University Northern Human Ethics Committee (MUHEC). Approval from the Committee for the research was obtained in May 2007. During the first wave of interviews, and in consultation with NZAF, a change in the inclusion criteria was instigated to ensure the focus was not specifically on NZ European/Pākehā men but was more broadly focused, recruiting from the pool of all MSM. This change necessitated a modification to the original ethics application. A further application to MUHEC was made and the request for a variation of the original ethics application was approved in September 2007.

To gain ethical approval the researchers demonstrated that the rights of participants were protected. Insuring protection of participants' rights the researchers were guided by four ethical principles:

- The right not to be harmed
- The right of full disclosure
- The right of self determination
- The right of privacy, anonymity, and confidentiality (Parahoo, 2006)

All participants were fully informed about the study through a participant information sheet and any questions participants had were answered before the consent form was signed. Participants in interviews and focus groups were able to request that the tape recorder be turned off and/or discontinue the interview at any time without giving any reasons. In the online groups men were able to leave the chat room at any stage. All participants were able to withdraw from the study at a later date if they wished. The voluntary nature of participating in the study and no direct approach from the researcher ensured there was no suggestion people were coerced into taking part in the research. Provision was made to ensure that should any participant become distressed they would be referred to the NZAF counselling service. No participants withdrew from the research and no referrals to counselling services were required.

Along with harm to individual participants, we were also sensitive to the 'politics' of research undertaken within a marginalised community (Fenaughty et al., 2006; Smith & Pitts, 2007). There were two issues of concern. The first of these was that representations of gay men in the mainstream have historically been pathological, and that the advancements of 'minority interests' is (at times) threatening to the dominant group (Kitzinger & Wilkinson, 1996). One way we addressed this was to adopt the notion of strengths-based research, an idea which has been incorporated in other local research (see e.g., DeSouza, 2007; Henrickson, Neville, Jordan, & Donaghey, in press). The second issue was who has the right to research / speak on behalf of the

community (Kitzinger & Wilkinson, 1996; Smith & Pitts, 2007). It was clear that the voice of gay men had seldom been heard in relation to health issues, and following the lead of other research on marginalised and oppressed groups (e.g., Fine, 1991; Smith et al., 2002; Weis & Fine, 1993), we structured this research to ensure that the voices and accounts of gay men were prominent.

Maintenance of confidentiality is inherent in any ethically conducted research. To ensure confidentiality to participants, all potential identifiers were removed from this report and will be removed from any published material originating from this research project. In addition, all names of participants have been replaced with pseudonyms.

4. Key findings

4.1 Introduction

In this section the focus is on MSM who report no/low condom use (i.e. men interviewed individually or online). In some instances, views are drawn from focus group interviews where they are similar to the themes raised by the men who report no/low condom use.

The findings are discussed in four sections:

- Socio-cultural context of condom use
- Accounting for risky sex
- NZAF and current health promotion
- Future directions for health promotion

4.2 Socio-cultural context of condom use

This section presents the findings under the category of “Socio-cultural context of condom use”.

4.2.1 Gay/MSM community engagement

We asked the participants the question “tell me about how you engage with the gay/MSM community in Auckland”. Responses to this question were varied and demonstrated the heterogeneous nature of the sample. For example, some respondents reported that their engagement with the gay community centred around the ‘commercial precinct’ of KRd, which includes venues such as bars, e.g., Family and Urge, and to a lesser extent on Ponsonby Rd venues. However, participant accounts also highlight that MSM inhabit venues and social spaces outside of these areas – this is particularly apparent among men who do not live in nearby suburbs. The following extracts highlight and support that MSM are a heterogeneous group.

... Not hugely into the [scene] ... you know don't go to gay bars and that sort of thing. It's mainly on line ... NZ Dating so just yeah it's basically on line and people I connect with I'll have a beer with or whatever and just kind of get a network going that way ...
(Individual interview 13)

I joined the gay swim team and that's been really good for me because from that I have met a huge circle of friends and I get invited to their parties and all the Hero events as well as all the other gatherings ... like going up to Family and clubbing. Yeah that sort of thing.
(Individual interview 6)

Other avenues through which people interacted with the gay community included volunteering with organisations like GayLine and being members of clubs such as Fifth Season (gardening group). However, ultimately it was socialising with gay friends that connected respondents to the gay community. When asked about what people thought of the gay/MSM scene we unsurprisingly received an equally diverse set of responses.

Within New Zealand I don't have a huge attraction per say as such [to the gay/MSM scene], mainly because it sucks, because there isn't really a scene.
(Individual interview 9)

The gay scene as such is not that big I think you know somebody who knows that person, like I could walk in, like when I walk into Family bar I know a lot of people not because I've slept with them because it's not that big, everybody kind of almost knows each other.
(Focus group 20s)

The strength of attachment to the gay/MSM community also varied. For many of the men having some form of relationship with the gay/MSM community was important as it provided people with a sense of belonging as depicted in the following extract:

Interviewer>> so whats good about it [the gay scene/community] Troy
Troy >> but saying that..... that i enjoy is as i have good friends out with me
Troy >> and it makes me feel i belong summer
(Online 1)

Other men were much more ambivalent about the community, and downplayed the importance of community ideals.

... I guess these days it has become a lot more acceptable in the wider society so I guess back in those days it was underground and illegal but these days maybe its not as big of a requirement as it used to be I don't know.
(Individual interview 15)

These extracts point out the notion of community and commitment of men to the gay community has changed over time – something that has been noted elsewhere when comparing the gay community of the 1970s/1980s with the 2000s (Ryan, 1991; Saxton et al., 1998; Worth, 2003).

4.2.2 Gay – straight friendships

There were a range of friendship patterns spoken about. Most of the men reported a mixed range of friends, although some men's accounts portrayed a lifestyle that was predominantly gay.

... Mixed, probably leaning more majority to being gay.
(Individual interview 11)

Predominantly gay. Percentage wise; 97% gay.
(Individual interview 6)

... I'd actually say there'd be a mix. There's a lot of social stuff going on related to work ... I guess ... it's more of just a mix [of friends both gay and straight] ... (Individual interview 12)

4.2.3 Sex

Every person interviewed was asked the question: "how important is sex to you, people in your social circle and for men in general?" All respondents unanimously agreed that sex is important for every man, regardless of their sexuality. However, the key difference identified between heterosexual and MSM was the availability of sex. It was felt that sex was more readily available to MSM and the different expectations that allow gay men to pursue more sex.

... MSM have multiple partners, have lots of partners, I know, yeah I suppose within my circle, extended circle, but I know guys, I mean they all exaggerate, cause you divide it by two, but I know guys that have slept with absolutely hundreds of people, absolutely hundreds, both here and abroad, and that's not exclusive to gay men, but I don't think that a straight guy, I don't think that a straight would have slept with as many people. Gay men will have sex anywhere.
(Individual interview 6)

I am a really sexual guy so I think sex is really important. I think too many in this world don't place enough importance on it ... I think it's pretty important to be as expressive and as sexual as you want to and not feel inhibited by it.
(Individual interview 5)

Such accounts reflect the notion of a male sex drive discourse (Hollway, 1984, 1989). This is a 'commonsense' belief that men have a biological need to have sex – labelled by some as an 'indiscriminate need to fuck'.

A range of venues, both physical and virtual, were reported to be used/known as a means to meet other men for sex.

... Well obviously there's the sex on site venues, there's the Latesifts, Centurians and the Wingates ... I also know, I mean there are a certain few remaining public toilets and certain cruising areas like Western Springs after dark. And apart from that, hook ups with NZ Dating and hook ups at Family and clubs.
(Individual interview 8)

However some respondents also utilised physical venues as a place to socialise as well as meet others for sex, as depicted in the following extract.

I go there (to the sex on site venues), and this is really weird, I go there with absolutely no expectation whatsoever, when I go to the Sauna, when I go to Centurian, I go to interact with people, have a nice time, sit in the spa, sit in the sauna, watch some porn and hopefully hook up, so yeah, there's the expectation of sex but it's not foremost in my mind and I've been a lot, well I've used up my 10 free visits, so I've been more than 10 times.
(Individual interview 6)

Virtual venues were utilised by every respondent as a mechanism for meeting men for sex. NZ Dating was by far the most popular virtual space. However, other sites also

referred to included Gaydar, GAY.com, Bebo and MySpace. Bebo and MySpace were more popular with respondents in the 20 to 30 year old age group.

WHERE DO YOU THINK MEN GO TO MEET OTHER MEN FOR SEX?

Most definitely the Internet I would say without a doubt. Yeah, the Internet.

SPECIFICALLY WHICH SITES?

NZ Dating, Gaydar, GAY.com and who knows which other ones that have sprung up in the last few years.

(Individual interview 12)

However, not all men interviewed currently utilised the Internet for sex, with some resistance being evident.

Well I'm still, actually I'm still on there, Gaydar, NZ Dating, Find Someone.Com, Gay NZ, blah, blah, blah, blah, blah, blah, blah whatever. And I was on there for probably about 18 months. ... I've made about 4 or 5 really good friends out of it so it was really worthwhile for me, I never found the man of my dreams so I stopped. I know we live in a technology computer age, but the people that I surround myself with have almost made a big swing away from it, they're just fed up, they really are just fed up and they're wasting their lives sitting in front of this square box.

(Focus group 30s 2)

4.2.4 Word on the street

We asked participants about what they thought the 'word on the street' was regarding condom use. The majority of findings suggested there is a pro-condom culture overall, however also evident are some pockets of resistance. While overall there is a pro-condom culture, the extracts represented in this section are symbolic of those people who do not use condoms.

SO IF WE NOW MOVE ON TO CONDOMS. WHAT DO YOU THINK THE WORD IS ON THE STREET AROUND CONDOMS?

Use them. I'd say it would be it's there to be used if you're having anal sex, better to be safe than not. I know a number of guys that I've met that don't use them and it's just phenomenal compared to my friends who all use them, so I think through my friends that have dated, they're all strong about it, while guys I've randomly met are not really interested.

(Individual interview 14)

This next extract from an individual interview reflects a dichotomous position some MSM find themselves in where they know the rhetoric and what they should do but the reality of using condoms is very different.

It is [important]. Well considering AIDS and whatever else you can get, I mean AIDS would probably be the worst but, it is quite strange that people don't use condoms to protect themselves. Even myself, I can hear myself saying it and I don't use condoms. (Individual interview 2)

The above account represents a person who is in a relationship, who also has sex with men outside of that relationship and chooses to not use a condom.

... I'm with my partner, we kind of have an open relationship, we just don't talk about it. Yeah, it's more about the connection [talking about having sex

outside his relationship] ... I get a little hit from that person sexually and mentally, but at the end of the day, I don't love them, they're just there, that connection.

(Individual interview 2)

A minority of participants identified that barebacking in situations that were outside of relationships was the 'word on the street'.

The word on the Street is very much that barebacking is the way umm it's unfortunate that, that is the case and the bottom line is that barebacking is much more fun, there's no doubt about it umm you know I don't disagree with that I mean if I'm watching a porno I wanna watch guys without out condoms, they are messy and they don't feel the same.

(Individual interview 16)

When asked what percentage of friends used condoms the following participant had this to say:

50/50. They don't think getting HIV is part of their life. Again it doesn't match up with your lifestyle; you have this reality that feels so removed from HIV. Like the two don't meet – you imagine like more deviant or distorted people getting HIV, that is the image. So a sick lifestyle equals HIV ... but myself and this other guy, he doesn't believe he is going to get it because it isn't a reality.

(Individual interview 1)

Many of the men discussed what they perceived to be a double standard around condom use between the gay/MSM community and the heterosexual community. For example, condoms aren't seen as a 'norm' among 'straight people' especially if you are in a relationship or if the woman is taking some form of contraception. This was a source of concern for some participants as they felt they were being treated unfairly.

So, I want to make sure that I'm well informed with things but at the same time I don't feel like if I'm in a stable relationship that is completely open and honest, I shouldn't have to do it any differently than my brother who would also be in a relationship for the same period of time with his girlfriend. I don't think that I should have to do things differently.

(Individual interview 12)

... like gay sex, like their fucking in gay movies is always, they're always using condoms, but in straight movies, they're not, you know? In straight porn, you hardly ever see a guy wearing a condom. Whereas in a gay movie, they are always wearing condoms. What's the deal with that? I've always found that really interesting. I mean what kind of message does that send.

(Individual interview 2)

In accounts such as this the supposition is that the informant is well informed about risk, but there is a failure to acknowledge MSM as a high risk group for HIV infection. Inferences that universal condom promotion for homosexual anal sex may even be discriminatory, since it places different responsibilities on homosexual penetrative sex compared to heterosexual penetrative sex, seem however to be overlooking important differences in the epidemiology of HIV infection in New Zealand (Hughes & Saxton, 2008). These include the higher biological HIV infection risk of anal sex compared to vaginal sex (Jaffe & Janssen, 2003), the higher

prevalence of HIV infection among MSM compared to heterosexual individuals in New Zealand (AIDS Epidemiology Group, 2007), and the higher rate of sex partner change within MSM sexual networks compared to those of heterosexually active men and women (Schneeberger et al., 2004).

4.2.5 Knowing someone with HIV

We also asked in the interviews whether participants knew anyone who lived with HIV. Around half the participants in the online focus groups and six men from the individual interviews knew someone with HIV. Some of these people have had sex (always safe) with men they know to be HIV positive but yet did not always use a condom for anal intercourse when having sex with men whose HIV status was unknown.

Personally, no ... and I really wouldn't know how my reaction would be because being a gay man, you know, I'm paranoid about that virus and I wouldn't want anybody in this world to get that horrendous virus, whether straight or gay or for any human being. It's just a curse you know.
(Individual interview 14)

I'm sure I must. Nobody that's in my close circle of friends that I'm aware of, but yeah have been plenty of people that I have met through the path of life that have had HIV. My previous partner, his brother, he was also gay, had HIV, so yeah.
(Individual interview 12)

I've been with a guy that's had HIV ... [and] like one of my really good friends, he has HIV and his partner has HIV and Anthony is HIV.
(Individual interview 14)

I don't know anyone with HIV. Maybe I do, but I don't know ... actively know anyone with HIV.
(Focus group 30s)

While HIV was initially considered (both popularly and scientifically) to be life threatening for gay men (Fee & Krieger, 1993), it is now considered a chronic illness (Fee & Krieger, 1993; Halloran, 2006; Reiter, 2000). This is mirrored and evident in the themes generated from this study and may influence some men's decisions to not use condoms for anal intercourse.

... HIV is on the increase in NZ ... ah people are becoming increasingly at risk although this is a now a chronic, I mean you don't really need to tell them that, you know it's not really considered terminal anymore but you know it's chronic, this is a chronic disease which may seriously effect your quality of life and so on and so forth and we believe it's important for all New Zealanders to be aware of the fact. (Individual interview 5)

Well I suppose it's at that point, because it's [HIV/AIDS] now viewed almost as a chronic condition rather than a fatal one ... the lifestyle and lifespan of people who are being diagnosed these days, as long as they are keeping up the drug regimes, is certainly way better than it would have been 20 odd years ago.
(Individual interview 7)

However, for a minority this view was not shared by all of the men interviewed. Here is an example of an opposing view to HIV being labelled a chronic health condition.

You know what? To me it's still a death sentence. There's no misconceptions about that for me. It is, yeah I just, I mean I would put it right up there with cancer and in terms of how it would make me feel to know that okay, well maybe if I hang in long enough then I can beat it. You know maybe there would be something that comes out where I can make it through and it's actually not a death sentence, but I just think that for something that is preventable, I just, it would be like, yeah to me it would, it would be like having an option of preventing cancer and then just being sort of frivolous or whatever and not caring that I might have cancer, whereas I think okay, this is something that I should be able to prevent, you know if I'm smart enough, I should be able to make it through life without getting HIV, so yeah it would be quite serious for me without a doubt.

(Individual interview 12)

4.3 Accounting for non-condom use

The men interviewed, both in individual and online interviews, articulated a range of reasons for not using condoms for anal intercourse. In most instances these reasons related to their personal experience and practice. Men in the focus groups also reported their understandings of why they felt anal sex without condoms had occurred (these do not necessarily relate to their own practices). Overall the findings are consistent with the international research literature.

4.3.1 Alcohol and drugs

Across the interviews and focus groups, men discussed alcohol and drug use as an explanation for unsafe sex. There was much more talk about alcohol than drug use – this is not necessarily surprising as although there is widespread use of drugs among New Zealanders in general, the use of alcohol is most prevalent (see e.g., Dacey & Moewaka Barnes, 2000; Field & Casswell, 1999; Habgood, Casswell, Pledger, & Bhatta, 2001; Wilkins, Casswell, Bhatta, & Pledger, 2002; Wilkins, Girling, Sweetsur, Huckle, & Huakau, 2006; Wilkins, Sweetsur, & Casswell, 2006). In addition, there is likely to be some stigma in talking about drug use even in a confidential interview situation.

I think I was drunk that night, the one night I was there I was drunk, because I don't drink usually, I haven't drunk in years and I think I had been out to a club before and had gotten drunk off a couple of beers, which is all it takes ... so for me it [alcohol] took away the inhibition, my inhibitions of worrying about anything like that, like fuck it get on with it, which in retrospect freaked me out the next day that I thought about it ... [However] for me you can never use drugs or alcohol for an excuse I think we're responsible for what we do you know you can't fall back on oh it's the alcohol that made me do it otherwise you could get away with just about everything that way.

(Individual interview 11)

Also evident in this account is the notion that alcohol cannot be used as an excuse, although obviously in the account reported above it was a factor that led to having unsafe sex.

However, for the following person, taking substances whether alcohol or drugs did not influence his decision as to whether he used a condom or not.

If anything I wouldn't use a condom ... I mean I don't really use a condom now so I wouldn't really use a condom even if I was wasted.
(Individual interview 2)

4.3.2 Emotional connectedness

Some men also drew on the idea that sex without condoms was facilitated by an emotional connection with the partner. For example, the following participant was asked the question "What goes through your mind when you are about to have sex that determines whether you are going to use a condom or not?" The extract below demonstrates that if this man felt connected to the person he had met for casual sex then he would not use a condom for anal intercourse.

For me personally, it's the connection I have with that person. It does come into my mind the whole safe sex thing and should I use a condom, but the connection I have with the person overrides that decision ... The connection thing kind of overrides whether I'm safe or not safe, so ...
(Individual interview 2)

4.3.3 Intentional practices

The following extract describes in the third person a good example of an intentional practice around not using a condom that relates to low self-esteem. It is unclear as to whether the person depicted below is indeed a friend or whether the participant interviewed was talking about his own experiences, as the level of information provided was particularly detailed.

He is very open ... I try not to be judgmental to him but some of the stories he tells me, that he meets people from the net and um the guys that he meets are only interested in meeting him if they can bareback him, so some of his sexual behaviour is quite shocking ... but um he will meet people, he met this one guy a forty year old off the net um two weeks ago and he had to tie himself to the bed and leave some lube by the side of his bed and leave his front door open and the guy let himself in ... um while he was tied to the bed this guy came in and he didn't see his face and that kind of and then he barebacked him and left and ...
SO HE'S OBVIOUSLY ACTIVELY SEEKING PEOPLE TO HAVE UNPROTECTED SEX WITH? OK SO WHAT'S HIS REASON, DID YOU ASK HIM WHAT HIS REASON WAS FOR DOING THAT?
He said he previously had cancer five years ago and he was in remission, he doesn't feel he values his health that much ... psychological reasons which are in his background maybe, just doesn't value his self worth that much I don't know um but he, he's recently had Chlamydia about 6 months ago from a similar kind of thing that happened and he's got Chlamydia again and I just feel that he hasn't learnt from any of his behaviour.
(Individual interview 2)

4.3.4 Excitement

For many of the men having anal sex without condoms was talked about as something that was exciting, risqué, exhilarating and thrilling. For some men, the notion of it

being scary and against 'community norms' were also mentioned as reasons for not using condoms.

Sam >> the other component is I am 29
Sam >> therefore I still have this invincible feel about myself
Sam >> which to be honest is diminishing by the month
Interviewer >> is that related solely to age
Harry >> I don't think age
Harry >> It is about how risky you like it...there is an element of danger and thrill
Harry >> Going bareback against what the gay community has been pushing
Interviewer >> is that a thrill?
Sam >> yes different drivers for different people
Harry >> It's another level of sex just like getting fisted or having a threesome or having a spit roast
Sam >> For me when I am about to cum I don't really think of the community
Sam >> yes Harry that is true
(Online 2)

Riley >> no, I find it scary but still do it
Interviewer >> are you happy with living with the scare/risk?
Riley >> no not happy at all, it scares me silly but that's the quickest way to satisfy one's lust eh.
Riley >> it's sex with no strings attached
(Online 3)

In this first extract Harry articulates a kind of 'resistance' to community safe sex norms and has reported having unprotected anal intercourse. Explicit accounts of this kind of resistance, while important in the literature (Crossley, 2001b, 2002), were not widely discussed in the interviews.

4.3.5 Difficulties with using condoms

The men reported a number of difficulties with using condoms. These covered both psychological and physical factors.

Heat of the moment

I understand that [safe sex] sort of health wise, but I also think that in the heat of the moment it detracts from what sex is which is a relatively carnal pleasure that everyone enjoys and you've got to stop what you're doing to put a condom on every time ...
(Individual interview 14)

But also an opposing position is presented below. Here the participant claims that for him it is not the heat of the moment that determines whether or not he uses a condom or not. For him he chooses to not use a condom for anal intercourse based on whether he has developed or created a connection with the person he is having sex with.

Like I said, it's the whole connection thing, it's the whole yeah. It's got nothing to do with the heat of the moment, you know you can always stop and take 30 seconds to put a condom on. The heat of the moment thing is

crap. Most of the time if it's not there [the connection], you won't be doing anything anyway.

(Individual interview 2).

Hot sex

For some men having sex without condoms was hotter than sex with condoms:

... but I must say you can have the hottest sex without condoms, its just so ... it's more like living. There are some guys they don't want to use a condom. If somebody wants me to use a condom, I do it. But if somebody doesn't want me to then I do it without one.

(Individual interview 10)

Better feeling – More sensitive

Across a number of interviews men reported that having anal sex without condoms was more pleasurable physically, which lead to a more enjoyable sex.

... I think the other reason is just to enjoy it without the condom. I felt it myself [more sensitive] ... I don't think it's um [the same with a condom] ... It creates sexual tension. I've had it done to me and I would have to say, yeah I've enjoyed it [without a condom].

(Individual interview 14)

Condoms are messy

Condoms were discussed as being hard to use. In this instance the participant talks about condom use being messy.

Yeah condoms are messy and some people find it hard to you know stay hard once a condom goes on, to be honest lube is a bit of a nuisance too once it's on the condom because it doesn't sort of soak into the skin as well it just sort of stays on the surface and gets every where and it's all sticky ... but umm it's much more pleasurable not using a condom, there's absolutely no doubt about it ... it's not cooler to wear a condom, that's bullshit that's well marketing. It's safer to use a condom but it's not cooler, it's much more cool to go barebacking umm no doubt about it and I think too is you can do more sexual things you know like you can come on the edge of someone's ass and then shove your cock in, or like you can with draw and then come on someone's chest umm you can't do that really if you've got the condom on, so you know the whole idea about having umm gay sex really is with either one or both of you is that when you cum you know the cum goes everywhere and you know and it's quite a happy ending ...

(Individual interview 16)

The respondent also raises the issue that although a condom is safe, marketing has not convinced him that it is 'cooler' to use one than not use one. He reports scepticism of marketing messages which try to tell him otherwise.

Latex allergy

One respondent reported an allergy to using condoms:

Yeah latex thing and then I couldn't for a period couldn't use condoms cause I think I was allergic to it as well. Which I haven't had any anal sex in a bit of a time, but yeah it's just one of those things where I've felt like if I was allergic to them, I don't want to use it.
(Individual Interview 13)

4.3.6 Condoms in relationships

We interviewed a small number of people who were in relationships and didn't use condoms within the relationship. Our analysis suggests that some gay male couples utilise monogamy as a way to manage the risk of being exposed to HIV. Respondents in relationships compared themselves to heterosexual couples, an issue that has already been discussed.

I would think that most relationships [referring to both straight and gay] after a certain amount of trust has been achieved between both parties, there is that time when you discuss things first of all and then you go through that phase of saying okay well should we stop using condoms ... So you talk about it first and then you stop using condoms. That's sort of the norm in the straight world and that to me makes a lot of sense because if you've been with a person and once you have achieved a level of trust and openness with somebody where I would feel that you can, my take on it is that you can trust them with your life, because that's essentially what they're doing with HIV or other STDs. If it is an open and honest relationship, you shouldn't feel I guess bound or scared by the possibility. I think in my personal circumstance with my partner, after speaking to him about things, after like I said being at the same level and trusting ... both of us trusting each other, it is acceptable, it is an acceptable risk to stop using condoms.
(Individual interview 12)

Another person identified that the decision around utilising condoms when in a relationship is driven by circumstances.

I just think it's like everything, its circumstance driven. It should be circumstance driven, I mean if you are in a relationship and you have been for 10 years with one person, you're not sleeping around then why would you bother having a condom every time you know? But if you are being promiscuous and getting out there and screwing lots of people then why wouldn't you use it every time for everything.
(Individual interview 13)

4.3.7 Managing risk

When people talked about situations where they had not used condoms for anal intercourse with a casual partner, further questions were asked to see if participants utilised what they perceived to be risk management strategies. In other words ways that they, as non condom users, thought would minimise their exposure to HIV and/or STIs. The following strategies were evident in the data.

Being the insertive rather than passive partner

I'm always the assertive partner.
(Individual interview 2)

I have come inside a casual partner, but I've never had a casual partner come inside me ... to me it's like packing a second shute. Knowing that there's more risk of being come inside than if you're penetrating ...
(Individual interview 9)

'Having the look'

Interviewer >> so tell me what u think abt condoms
Sam >> Well for me I will be very honest and say there are occasions where I dont want to
Sam >> this is usually based on a (loosely put) risk assessment
Sam >> Do they look healthy
Sam >> what is their occupation
Sam >> completely unscientific
(Online 2)

Having had a test

I fucked, 'cos I don't like being fucked, so to me it was Ok umm I'd had my test and I'd come up clear ...
(Individual interview 11)

4.4 Current HIV health promotion

4.4.1 Sources of information about HIV/AIDS

The men identified and discussed a range of sources of information about HIV/AIDS and about the use of condoms for anal sex. Those most prominently identified sources and strategies for finding information included:

- Specific health promotion campaigns and other promotional activities occurring within a range of settings
- News items in newspapers and in many instances this referred to items covered in Express newspaper
- Items found on the Internet including 'searches' undertaken by the men looking for information and health promotion messages that were carried online

The sources identified in the present study illustrate that much of the searching for health related information is idiosyncratic in nature. That is, it is personal to the individual rather than it being directed at any well known and established HIV prevention websites. This pattern is similar to that found in recent US-based research (Hooper, Rosser, Horvath, Oakes, & Danilenko, 2008).

The level of reported knowledge claimed by men about HIV and HIV related issues was high. However, a few respondents did report that they lacked specific information about HIV as shown in the following extract:

Riley >> ... i really don't understand how the HIV virus can get into one's penis
Riley >> when one is doing the f#\$%ing
(Online 3)

Overall, most of the MSM reported that they had sufficient information about HIV and condom use. Such confidence amongst the men needs to be treated with some caution as a range of international and local evidence suggests that knowledge about HIV/AIDS and STI's among men in general, as well as among gay men and other MSM, is often quite limited (see e.g., Baer, Allen, & Braun, 2000; Grulich, de Visser, Smith, & Richters, 2003; Holt, Jin, Grulich, Murphy, & Smith, 2004; Keen & Sergeant, 2004; Kippax et al., 1990; Mason, 2005; Mellanby, Phelps, Lawrence, & Tripp, 1992; Saxton et al., 2006; UNAIDS, 2006; Whyte, Bartlett, Polanksy, & Green, 1998). For example, amongst Auckland MSM, research has found that although there was a fundamental understanding about HIV, around one in seven men did not know for sure that oral sex is low risk for HIV transmission, and one in six men did not know that HIV cannot pass through an undamaged latex condom (Saxton et al., 2006).

In general, the NZAF was not seen by the men as an important source of information about HIV/AIDS and condoms with only a couple of men reporting they would seek information from the NZAF. Additionally, much of the promotional material produced by the NZAF was not recognised by participants as NZAF material. The 'Gay Men's Health' branding that is carried on many of the NZAF promotions was also not commented on by any of the participants.

4.4.2 Sexual health practices

Men in the present study reported a wide variation in how they attended to their sexual health practices. Although some of the men reported that they had not had a sexual health check-up or an HIV test, others reported a range of sexual health organisations they used for sexual health matters, with those most prominent being:

- Sexual health clinic
- Regular GP
- Burnett Centre

For most of the men who reported use of the Burnett Centre there was limited recognition that this was a service provided by the NZAF.

While there was limited discussion about what would prompt men to use a particular sexual health service, the use of a range of services used indicated that there is no one provider of choice. The use of GP services for many sexual health issues requires that such doctors are required to be skilled in diagnosing 'hard to identify conditions' and that they may have not have much experience in dealing with sexual health issues such as syphilis (GayNZ.com news staff, 2007; Johnson & Farnie, 1994). It also presumes that MSM do disclose their same-sex sexual practices to doctors, which

previous research indicates is not the case for around a third of gay/bisexual men (Neville & Henrickson, 2006).

4.4.3 HIV promotion campaigns to date

Many different HIV prevention programmes were identified or recalled by the men. These covered programmes across a range of media and modes. These campaigns were typically not discussed in terms of the specific or full campaign name, but frequently referred to as to where they had been seen. Examples of frequently identified campaigns include:

- Poster boys (Safe sex poster boys campaign)
- Bus stops (although the name of the campaign – Men seeking men campaign – was not typically mentioned)
- nzdating.com advertising (these references could be to a range of campaigns)
- Text (Safe sex txt campaign)

Most of the campaigns identified were HIV prevention promotions of the NZAF. A few men did recall the Ministry of Health's *No Rubba, no Hubba Hubba* campaign from 2004/2005, even though this was a campaign aimed primarily at Māori and Pacific youth (TNS New Zealand Limited, 2005).

However, as raised earlier there was for most part little knowledge of the origin of the prevention campaigns – and they were not typically recognised as NZAF programmes as identified below:

SO DO YOU HAVE ANY IDEA WHO PUTS OUT THOSE MESSAGES,
THOSE SAFE SEX MESSAGES.
I guess the AIDS Foundation would contribute some how, maybe the MoH
[Ministry of Health] I don't know.
(Individual interview 15)

In this extract for example, involvement of both the NZAF and the Ministry of Health was suspected, but the origins of the messages seen by the participants were not clear, or at least not recalled.

4.4.4 Knowledge of the NZAF

There was varied knowledge about the NZAF; this included some recognition that they are a central agency responsible for HIV prevention in New Zealand. However, the robustness of this knowledge was partial. This next extract was typical. It shows a general awareness of the NZAF, but there is no confident expression of the role of the organisation (apart from testing activity).

DO YOU KNOW MUCH ABOUT THE AIDS FOUNDATION SERVICES.
I know they do the testing of course. Apart from that not really I assume they
help out people who have AIDS I imagine but apart from that not a whole lot.
AND YOU HAVE SEEN THE CAMPAIGNS BUT YOU ARE NOT SURE
WHERE THEY HAVE COME FROM.

Yes.
(Individual interview 15)

This uncertainty over function was also expressed in a focus group discussion around the Burnett Centre. Here the men in the group were unsure about the function of the Burnett Centre and one participant thought the service was not widely known about.

... THE BURNETT CENTRE, IT'S JUST OFF PITT STREET ON K' ROAD.

Dan: Which is the world's best kept secret, cause I didn't know about till last year, they don't advertise that service very much.

Ben: It's not a hospice is it? It was a hospice.

Allan: The hospice part shut down, but the...

Dan: Is the Burnett Centre shutting down?

(Focus group 30s 1)

In another group the online presence for the NZAF was questioned:

John: Do they have a website?

Mark: nzaf.org.nz. Well you click on, the next time, when you're on NZ Dating ...and make them go woohoo we got another hit for our \$3,400 this week.

(Focus group 40s)

4.4.5 Perceptions of the NZAF

Despite many of the participants demonstrating limited specific knowledge about the NZAF, a range of perceptions about it were noted by other participants.

An important authority

The NZAF was discussed in terms of it being an authoritative agency with respect to HIV, particularly important as it is the only organisation that is concerned with such issues.

SO YOU SEE NZAF AS AN AUTHORITY?

I would say so because they are into prevention in a big way and they are into predominantly I mean it's NZ AIDS Foundation so you would think that they should have the knowledge and the tools and the resources to communicate and let people at larger society, at large know, not just gay men and women, know about the developments that are happening.

(Individual interview 17)

So I think it's vital that there is an organisation who is actually doing something. The only organisation in NZ that does anything about HIV is the AIDS Foundation and they're the only barrier between people getting HIV, they're the only force trying to educate them, and I think, although we sort of may be a little bit complacent about it tonight, but I think there still needs to be somebody whose always pushing the message out there all time, that you have to use condoms because people do get complacent, you know relaxed about the whole thing.

(Focus group 30s 1)

Focused on gay men

In contrast to the perception that the NZAF played an important role for all communities in society, some participants presented a view that the NZAF was focused solely on gay men.

It's very, my perception of um The NZ AIDS Foundation is that it's purely gay focused and even the perceptions of the workers feel the same I mean whether they get a certain amount of funding from the Ministry of Health just to fund you know gay issues um it is stated, it is worthy of the perception by fearless excluders of heterosexual people with HIV that have tried to um access you know the Foundation and um they get a little bit of a block with some people, that, that is only for gay people, I mean where are they going to go? If they want to access the um you know the AIDS Foundation report, maybe they would just be there for advice, but for support they are just there for, to cater for gay men.

(Individual interview 4)

Ben: They're all gay aren't they?

Chris: Are they? Do they say that though? Do they have a prejudice against straight guys.

Allan: We are here for gay people and that's who the treatment is for.

Chris: That's dangerous.

(Focus group 30s 1)

These extracts provide an illustration of the view that the NZAF is concerned only/mainly with gay men. While these views are in keeping with MSM being the largest group living with HIV, they do not recognise the NZAF's commitment to everyone affected by HIV (New Zealand AIDS Foundation, 2005). This view that the services of the Foundation are only available to the gay men, while it represents the views of many of the men, appears to be in conflict with the NZAF's Strategic Plan and Deed of Trust.

Involvement with gay community

Another widely held perception of the NZAF is that it is not (or no longer) involved in the gay community.

Chris: I don't think that they're actively involved in the community anymore; they used to be, way back in the 80's.

WHO'S THAT?

Chris: The AIDS Foundation. I think they actually become like a corporate

...

Dan: They do do the Big Gay Out with GABA, it's quite a big thing, the GABA tent and they do the annual street appeal. I saw Rachael, CEO, doing it last year ...

(Focus group 30s 1)

This extracts hints at the origins of HIV prevention in New Zealand (and in many other countries) being very much located within, and focused on, the gay community (Lindberg & McMorland, 1996; New Zealand AIDS Foundation, 2005; Parkinson & Hughes, 1987; Worth, 2003). The extract also highlights a view that over the years the NZAF has become less engaged with the gay community. This is congruent with views expressed in other forums (see e.g., New Zealand AIDS Foundation, 2006b, 2008). However, in the above extract there is also acknowledgment that the NZAF is

responsible for important gay community events such as the *Big Gay Out*, while in another extract the involvement of the Foundation in the *Queen of the Whole Universe* pageant was noted.

The focus of the NZAF was also challenged in the interviews. A view was expressed that NZAF had withdrawn from its grassroots prevention efforts, e.g., the notion of corporatisation was linked with a withdrawal of community engagements and community based-prevention.

Umm well I guess it's all about AIDS at the AIDS Foundation so that's the point but I actually think that they are putting the ambulance at the bottom of the cliff and I think they can bring it to the top again ...

(Individual interview 16)

Stigma and branding

There was also a perception reported by some men that the association with the term HIV/AIDS was a negative.

Sam Other organisations with more PC names so people aren't afraid of it or can relate to the name a bit more

Mark: I think a lot of people say that but I myself I have never had any stigma attached to that ...

(Focus group 20s)

Suggestions for an alternative name concentrated on shifting the focus away from 'disease' to 'health' e.g., Gay men's health or Men's health.

It should be sexual health. Gay Men's Health or Men's Health, something like that or something that takes the stigma away.

(Focus group 30s 1)

The current use of Gay men's health in NZAF promotions was not commented upon at all.

4.4.6 'Condom every time' message

There was widespread recognition among participants of the effectiveness of MSM using condoms for anal sex and it was widely known that this is the position of the NZAF. However, a few exceptions were noted as identified in the following extract:

SO WHAT DO YOU THINK OF THE NZAF'S FOCUS ON CONDOMS EVERY TIME REGARDLESS? ...

I think that's one of their big things isn't it? Yeah. It kind of sucks actually. Cause I don't know it myself. I know that they do a lot of emphasis on condoms but I don't know what their clear message eh? I would maybe guess protective sex but I can't actually word to word say what they do. And I would say honestly that would be the average gay guy out there, would not know what the NZAF... If I turn around to my friends and asked what it is, they would probably not know as well.

(Individual interview 14)

Although nearly all men knew about the condom every time message, there was considerable debate as to whether a condom should be used *every time* for anal sex and whether this was a realistic message:

It's a good thing, but it's not realistic. It's a good thing but that people won't do it.

(Individual interview 14)

It's an appropriate message whether it works or not is another question though.

YEAH.

I mean sure there's some are going to see it and say right yeah I'll do it. But there's going to be others who won't ...

(Focus group 40s)

The challenge to the condom every time message was most clearly articulated in relation to men in relationships. One participant discussed this in relation to two different groups of MSM based on relationship status – single men and those in relationships:

What I do wonder about is that there's obviously two sectors of the market if you like. There's the single guy, me (laughter), who's out there cruising and then there's the couples and be it a permanent or non-stable relationship as a lot of them are, like I've got friends at the moment, and a lot of them don't, they don't use condoms. And I mean that's fine if you can trust your partner, but if you can't or he, she, they whatever. But if he slips up then, you're just in as much risk, but they figure because they've been together for 12 months, or 2 years or whatever that they're not going to.

(Focus group 30s 2)

In this quote the problems that can arise with the negotiated use of condoms for anal sex in relationships are pointed out. This was also discussed elsewhere:

Um well you know you should use a condom every time

NO EXCEPTIONS?

I mean what exceptions would there be?

WHAT WOULD HAPPEN IF YOU WERE IN A COMMITTED?

If you knew, if you used a condom for five years and you said Ok I'm going to stop using condoms, how would you know? I mean you would have to have a lot of trust with that person and whether they feel the same about being in this relationship, like I think most of the most I mean some of their partners are unfaithful and it kind of takes a lot of trust away

(Individual interview 4)

These extracts are consistent with the concept of 'negotiated safety' a concept first reported among gay men in Sydney (Kippax, Crawford, Davis, Rodden, & Dowsett, 1993). Negotiated safety requires partners to agree to have unprotected anal intercourse only with each other (Elford, Bolding, Maguire, & Sherr, 2001).⁵ These extracts identify difficulties in enacting negotiated safety within a relationship, in particular establishing trust in relationships and making and establishing agreements

⁵ Negotiated safety is "a strategy where sexual partners in an HIV-seronegative concordant regular relationship agree to dispense with condoms for anal intercourse within their relationship while, at the same time, negotiating an agreement about sex outside the regular relationship (Kippax et al., 1997, pp.191-192). Negotiated safety has both necessary (analytical) and contingent (empirical) conditions (Kippax et al., 1997; Murphy, 2006). "The necessary condition is a partnership between two HIV-negative men (i.e. where there is not possibility for transmission between partners). This is the "test, test" part of the "talk, test, test, trust" formula. The contingent conditions are the "talk" and "trust" aspects, which relate to honesty and agreements" (Murphy, 2006, p.4).

has been found to be a complicated and fraught process (Hughes, 1997; Worth et al., 2002).

Negotiated safety was also discussed as a factor that might lead to MSM having sex without condoms in situations outside of their main relationship:

Ben: I think if you're not realistic about it, then if you're not using them in a relationship, then that's not okay, then that quite easily translates to not using them when you're not in relationships and that's not okay either, and there's no negotiating from understanding that there are occasions when you can make these decisions not to use condoms. You may choose not to have...

Dan: I think it confuses the messages too much though, people have to think too much about it ...

Chris: The reality is this; how people are thinking.
(Focus group 30s 1)

In this group confusion was also thought to arise from having too many messages available, suggesting that the simple, straight forward approach of a single, unambiguous message (namely a condom every time for anal sex) would be easier for MSM to handle. Messages for the general population are thought to be more effective if they are simple:

I can see why they do it because it is a simple message, a simple straight forward message. If they had all these sub clause it would be like hmmm if you were in this relationship it doesn't apply, if you had sub clause people would get confused so I can see why they do that, just a simple straight forward message people will remember but for me personally for my relationship it doesn't necessarily have to apply.

(Individual interview 15)

In another interview the notion of a simple message was reinforced, however the participant identified that the message was extended beyond what was needed – and that there was room for men to manoeuvre and to establish their own rules.

SO WHAT DO YOU THINK ABOUT THEIR CONDOM EVERY TIME ?

Actually, I'm going to agree with what the message is because I think if you're aiming a message at the masses, you need to take it one step further than what people actually need to do. I always think like for my partner and I have actually discussed this one before, it's the, when you take a driving test, they ask you to do lots of different things and show that you're actually, you're always doing it by the book and there's no real black and white, if you don't do your shoulder check, then you have, well actually I've never taken a driving test in New Zealand, but in Canada anyway you lose some points for not having a shoulder check. So it's like the same, like if you get everybody up to speed on using condoms, then that's the message that we want to send, then at the same time, if they're understanding that there are going to be circumstances where perhaps that isn't the best way of doing things, then it's those people who hopefully are going to be educated enough to make up their own mind and say hey we disagree with this policy for us, we're different this way and this is why we are, and have put thought into it, so they're not just saying oh I'm not going to use a condom, I'm not using a condom for this, this, this and this reason and they've actually got it also in their heads.

(Individual interview 12)

Resistance to the message was also reported in that it would not have resonance for some men because the message is naïve and arguably sets an unrealistically high standard that can't be met.

... THE NZ AIDS FOUNDATION TALKS ABOUT WANTING EVERYBODY WANTING TO USE A CONDOM REGARDLESS, WHETHER THEY ARE IN A RELATIONSHIP OR NOT OR WHATEVER. WHAT DO YOU THINK ABOUT THAT?

I think it's a little bit naïve. I can understand the situation of course it would be the best but people are people and you have always to calculate people are not always reasonable or rational and so it makes no sense to say to people, do this, do this, do this because you know there are always people that don't do it ...

(Individual interview 10)

Another participant drew on notions of surveillance and raised the issue of expectations of how a man having sex with other men should behave.

For me personally I would probably respond better to a safer rather than an every time because, I guess it's starting to sound a little bit too much like the Labour party's nanny state this is how you should do it and this is the way it should always be done and this is the only way and if you don't do it then you're being bad, but as opposed to the other approach which is a bit more personal responsibility which I would associate personal responsibility with the safer sex message as opposed to a nanny state with each time, every time.

(Individual interview 7)

In this extract an assumption is made that gay men are 'rational' and that they want to pursue good health – a form of healthism which locates health and disease at the level of the individual, and views health problems in relation to individual acts and omissions (Crawford, 1980; Rose, 1999; Skrabanek, 1994). This kind of construction of the rational subject fails to recognise the complex psychological meanings and functions that are incorporated in health related behaviours (Crossley, 2001c), and offers no acknowledgement of the validity of 'risky health practices' within some gay men's lives (Crossley, 2001a; Rhodes & Cusick, 2002; Westhaver, 2005).

Along with men in relationships, men not in a regular relationship reported a belief that although the use of condoms is an appropriate message, there was room for unprotected and protected sex to co-exist.

Troy >> with the rite ppl

Interviewer >> sorry, what kind of message is it sending

Troy >> use condoms... its safe

Interviewer >> sure

Ryan >> safe sex

Interviewer >> is that an appropriate message

Troy >> yes..

Ryan >> yes

Interviewer >> ok

Interviewer >> but you dont wish to follow it?

Troy >> yes... but yeah i know i should

Ryan >> wish.....thats not rite to say

Ryan >> im having bb with the ppl i know well

Troy >> tru [

Ryan >> but i know where ur coming from
Interviewer >> ok so there is room for both bb and safe sex?
Troy >> yes i would say so
Ryan >> yes
Interviewer >> and so what do you think of the NZAF message: use a condom everytime
Troy >> be safe with condoms... or who u fuck
Ryan >> hehehe
Troy >> can send as much as they wont but ppl will always think like us
Ryan >> well it is doing a good job but its up to us if we want to use condoms
Interviewer >> so u think most guys think like u troy?
Troy >> yes
Interviewer >> kewl
(Online 1)

This account clearly illustrates that some MSM take the position that the condom message can be opted out of in some circumstances.

4.7 Future directions for health promotion

Across the interviews and focus groups the men discussed future directions for HIV/AIDS health promotion. In most discussions this referred to health promotion directed at 'other' men or MSM in general. However, in a few instances some men discussed their non-use of condoms and willingness to change their condom-use practices.

4.7.1 Ready to use condoms?

Only a few men reported that they were considering changing their condom use practice to one of more consistently using a condom. Those that did typically talked about this in relation to internal drivers, such as those resulting from fear, having a scare or contracting a STI. In a couple of instances some men reported that if they had more information provided to them they would / might consider a change. A couple of men reported that they had changed their condom use practices.

Potential drivers for change

Some men articulated notions of fear as a factor that might lead them to change their practices with regards to condom use:

... honestly the thought of HIV scares the living crap out of me ...
(Individual interview 12)

Interviewer >> so wld bad stats scare ppl? encourage them to change
Sam >> yes completely
Sam >> if you were told you had a 50% chance of contracted a deadly disease you would think twice before sticking your cock anywhere
Sam >> but the statistics needs to be scary
Sam >> 1% is nothing
(Online 2)

In both accounts the men drew on notions of fear to encourage them to change or consider changing their practices. In Sam's account he advocates the provision of more information (in the form of 'scary' statistics) to frighten men into using condoms for anal sex. He reiterates though that the statistics must be really scary, otherwise they will not be effective as a tool to promote a change in behaviour.

Other men were also willing to use a condom if the other person requested it:

WHAT WOULD HAPPEN IF THE PERSON THAT YOU WERE WITH
WANTED TO YOU TO USE A CONDOM?

Then I would.

YOU WOULD?

Yes.

YOU WOULDN'T NECESSARILY INITIATE IT?

No.

(Individual interview 2)

This account provides an example of how some men interviewed would use a condom if requested, although they would not typically initiate condom use. There were no accounts of men suggesting that if someone requested they use a condom, that they refuse or would not have sex. This suggests that having sex is perhaps more important, and overrides, the 'need' and desire for unsafe sex.

In one online interview one of the participants (Sam) came to question and consider his practice of mostly not using condoms:

Interviewer >> so what % do u reckon u have BB sex aand what % condoms

Harry >> Over the past year it would be 50/50

Harry >> 1 in the last year I have let some guy fuck me bb and that was during a drunken session

Sam >> perhaps 75 25

Interviewer >> u happy with that split

Sam >> me?

Sam >> yes

Sam >> more or less

Interviewer >> less?

Sam >> that is awful looking at in on the screen

Sam >> I contracted an STI late last year and that was enough for me to rethink

Sam >> hence why I wanted to do this

Interviewer >> is that ur first sti?

Sam >> I fully understand the risks, now just need to change behaviour

(Online 2)

In this account Sam disclosed that around 75% of the time he did not use a condom and declared that he was not entirely happy with that. At the end of the extract he signals that he is considering a change of behaviour (to using condoms more often).

One other man related the amount of sex he had to the need for condom use.

Interviewer >> ok, so would anything prompt u to change and use condoms?

Riley >> i guess if i ever became single and i was out and about in the scene regularly, then for sure

Interviewer >> is that because u might have more sex?

Riley >> yep

Interviewer >> when u have sex then do u ever discuss using condoms or just go at it and assume other guy ok with not using condom

Riley >> i just go ahead and unless the guy stops me i take the risk and opportunity
(Online 3)

In this account Riley, who is in a relationship (but does not have anal sex with his regular partner), talks about sex with casual partners. He reports that he just assumes with these casual partners that they will have unprotected sex, unless he is asked to do otherwise. However, for him the driver to changing condom-use behaviour would be an increase in the frequency of sex with casual partners which might occur, for example, if he was no longer with his regular partner.

Accounts of changing practice

There were only a few instances where men reported changing from non-condom use to condom use. Of those that did report change, one referred to a change that was permanent, while the other kind of change was temporary for a particular sexual event.

A couple of men reported using condoms either after getting an STI, their partner getting one or worrying about getting one.

Chris, who is my partner and I think lately we've started using condoms. I've started using condoms with him as well. There are instances where he enters me, it's with a condom on.

SO YOU'RE RELATIONSHIP THAT YOU ARE CURRENTLY IN, YOU HAVEN'T ALWAYS USED CONDOMS RIGHT?

In the beginning we didn't. I'm talking two years ago.

AND NOW YOU HAVE STARTED USING THEM. IS THAT SINCE HE HAD A DIAGNOSIS OF SYPHILIS?

Yes and the fact that you know, I don't know his sex life entirely. It's something that we don't discuss. He doesn't know entirely my sex life.

(Individual interview 17)

However, contracting an STI was not always a driver for using condoms:

SO HAVING CONTRACTED AN STI STILL DIDN'T STOP YOU FROM HAVING...

The two times and I'd contracted gonorrhoea twice.

(Individual interview 9)

The temporary change occurred when the men knew they were having anal sex with someone who was HIV+.

DID YOU FUCK HIM?

No. Only with a condom. I'm not so stupid to risk in such a situation where you know it. Just for fun, for five minutes, that's stupid.

(Individual interview 10)

In this case the participant who regularly engages in unprotected anal intercourse reported an occasion when he was asked to have sex without a condom with someone he knew to be HIV+. His reasoning for insisting on a condom means that he would not take such an equivocal risk, but on other occasions when the risk is not so 'apparent' he is willing to take the risk.

4.7.2 Suggested directions for health promotion

Across most of the interviews and in many of the focus groups the men discussed future directions for health promotion campaigns in relation to HIV prevention. The men identified both general foci for future health promotion campaigns, as well as discussing specific ideas and 'new directions' for campaigns. These lay accounts were based on their individual as well as collective personal understandings of HIV/AIDS, which for the most part are not made with recourse to the detailed epidemiology of HIV/AIDS. Overall, there was support for HIV prevention messages to continue which is important as preventative action work needs to constantly be occurring, as risky sex may occur when no preventative activities are offered (Godin et al., 2008). However, most of the suggestions for new directions offered rely on providing more/better health information, overlooking that this is just one part of effective health promotion and social marketing (Bartley, 2004; Kaiwai, Adams, McCreanor, & Casswell, 2006).

General foci

The men articulated two general foci for future health promotion campaigns. These are that encouraging condom use must be promoted widely and that it needs to include young people and be in schools.

Broad and wide campaigns

Within the theme of broad and wide ranging campaigns the men talked about two different ideas. The first of these was to ensure the campaigns were appropriate for all gay men, the second was to ensure that campaigns did not just focus on gay men.

The men were concerned that health promotion did not just focus on the stereotypical conception of the gay man.

Interviewer >> so its ok to focus prevention at gay men?

[one line removed]

Riley >> sure but not all gay men are frequent visitors to gay bars, venues, shops

(Online 3)

The discussion revolved around ensuring that the health prevention (promotion) focus was not just targeted at men who lived in the Ponsonby area, but that it was aimed at gay men regardless of their level of interaction and involvement with the gay community (and regardless of their area of residence). In fact, there was criticism noted of some campaigns, such as those on bus shelters, which were perceived as focusing too specifically on a particular demographic of the gay community.

The second notion related to health promotion focusing on the whole New Zealand population.

In my opinion it would be to promote it to not just one, not fully or to one group, because at the moment I think it's promoted mainly to homosexuals; it's not really promoted really well to straight people.

(Interview 2)

There was a strong feeling that HIV is an issue for the whole population, and therefore it should be promoted as such.

There is a campaign in Germany ... where you just see condoms every day, everywhere and in a very funny way, they're just trying to you know like marking it with a nice sentence, just trying to make you smile about it, and you see condoms constantly everywhere and it just kind of went through society ...

(Focus group 30s 3)

Peter: You're always going to have those backwards people that notice a condom campaign focused on the gay community and then they're less likely to use them because it's going to have a gay stigma to it, and if you generally talk about general health, generally STDs / HIV...

(Focus group 30s 3)

These kind of arguments in relation to broad-based health promotion appear to be related to the issue of a double standard – i.e. as discussed earlier, gay men are 'expected' to use condoms for sex, while heterosexuals are not. Arguably the voicing of HIV as a general community problem, works to reinforce notions that gay men are just the same as others, with the same kinds of health issues and responsibilities.

There was a concern expressed that if the HIV prevention programmes were not broadened that this might lead to negative attitudes towards gay men.

But then you'll have people from West Auckland coming in thinking Oh My God, they're in the AIDS suburb of Auckland, New Zealand; that's not good.

(Focus group 30s 1)

This kind of reasoning may contribute to the 'demonising' of individual, or collectives of, MSM.

Young and schools

There was a very strong position taken that HIV prevention programmes must start with young people, and that schools were the most appropriate place to target interventions. Some of the discussion to justify this was around the idea that young guys are the ones who are starting to have sex, and that they are the ones that are having sex without using condoms.

SO WHAT KIND OF PEOPLE DO YOU THINK NZAF SHOULD FOCUS UPON?

My opinion on that is the young guys who are just starting to have sex. So whether that be just prior to when they're going to start to have sex, anywhere probably aged almost, don't know, probably from 16 upwards really. I would say that, like, get them when they're young. That's my take [...]

Individual interview 12

Ryan >> its the young one who needs to be informed

Ryan >> i find that more younger guys are after bb online

Ryan >> and i mean young

Troy >> tru

Troy >> maybe start going to the schools

Interviewer >> do u think thy not getting the info now?

Ryan >> well they are young and stupid

Troy >> not sure. but wen i was in school i did not hear ne stats

(Online 2)

In another account the justification for starting young was that the practice of using condoms needed to be established early.

Well I think that by the time you are in your 40's, if you are going to use condoms, you'll be using condoms and I don't think anything, if you're not using condoms, I don't think there's anything that the NZAF or anybody else can do about that, so I think definitely targeting the young kids, yes.

(Individual interview 8)

It is important to note the position articulated by MSM in the current study is not necessarily a position based on evidence. It may also be a technique for men to displace the problem onto another group of men. By transferring the blame, MSM provide themselves with a justification to not always use condoms and not to modify this behaviour.

Specific campaigns ideas

More information

As already mentioned several men raised the notion of providing more information – including the provision of more statistics about the seriousness of the problem of HIV/AIDS.

Sam >> Stats are a very powerful tool

Sam >> like someone mentioned the incidence rate in Auckland is 5%

Sam >> Not sure if I would believe that but that is a scary stat

(Online 2)

And just, I mean I don't know, just I think guys are quite simplistic but it's just stats, it's just stats isn't it. I mean you don't want waffle, people don't want waffle, they switch off with waffle and I mean you just, well the one I remember is, what did they advertise, something about is it a person is diagnosed with HIV, was it 5 or every week or some ...

(Focus group 30s 2)

More detailed information was also discussed elsewhere:

[...] from what I've heard NZAF is promoting the whole condom, condom, condom that a lot of people have that driven already and that they want something new. I know condoms are important and stuff but I want new information to tell me this is what's more important or good that you use condoms or if you don't use condoms, you should think about this.

(Individual interview 14)

Several men discussed that the condom every time message was one that many of the men are now very familiar with. In the above extract, the participant appears to be implying that with new information people may be able to reinforce their decision to use condoms, but if they are not using condoms it may provide them with information against which they could consider this practice.

Use of new technologies

New technologies, particularly online, were identified as particularly important ways for men, especially young men, to keep in touch with friends and to access information.

I know that they between my circle of friends we've kind of talked a bit more, I mean everything's like MySpace and Bebo and everything else you know it's kind of the way society is going, it's kind of focused on known social context

WHAT DO YOU MEAN?

Do you know stuff like going on and talking to people now everything is on line and everybody chats on line and you have all these kind of um, what do you call?

BLOGS?

Facebook and all those, you know like a chat websites

(Individual interview 4)

This extract identifies a number of online services which men are able to use to keep in touch and socialise with other men.⁶ While these services are potentially useful for MSM in general; for certain groups of MSM, including Asian men (Henrickson, 2007) and men who are not 'out' (Sender, 2004), these technologies are potentially even more important. These technologies have also been found to be useful as a health promotion tool for youth (in general) (Skinner, Maley, & Norman, 2006).

These services were also discussed as a place to undertake health promotion activity.

Sam >> The banners on websites is good such as nzdating

Sam >> actually thats how I found this

Interviewer >> great

Sam >> target where the demograhpic move to

Sam >> so if there are other websites go there

Sam >> So one of the things I see that went wrng with the bus ads

Sam >> was that if you were a guy you wouldnt stop and look or read

Sam >> as what happens a bus full of 40 people drives by

Sam >> great look

Harry >> Website not to sure about...like all ads they turn blurry

(Online 2)

In this extract websites, including nzdating, were identified as effective places to carry health promotion messages. In many instances these messages are not carried on the website, but provide access to another website which carries the health promotion message. A general principle is that Internet information needs to be presented in a way that is retrievable, credible and useful (Hooper et al., 2008). In the above extract Harry does warn that the health promotion messages being promoted need to ensure that they remain distinctive and noticeable, and not 'turn blurry'. By 'turning blurry' this participant appears to mean that they appear indistinguishable from other material carried on a web page. In addition, it should be remembered that not everyone accesses the Internet, indeed a couple of men reported that they had given up using the Internet for social and personal purposes.

Work with commercial organisations

Many of the men commented that commercial businesses such as Internet services (like nzdating) and sex on site venues have an ethical responsibility to promote the use of condoms for anal sex for MSM.

⁶ These interviews are not the appropriate place to detail the extent of use of online services. The NZAF has included questions around this in the GAPSS and GOSS (2008) surveys.

... I'd have liked to have thought that nzating would by it's very existence have safe sex messages as part of their core business but apparently not and I am kind of happy that there is now safe sex messages on nzdating ...
(Individual interview 8)

I think it should be they should be putting a lot more pressure on the saunas, the saunas have a lot to answer for I think that if you go to a sauna I think it should be absolutely you know mandatory to use a condom, it should be illegal in fact not to in a sauna type situation

YOU ARE PROVIDED WITH THEM

You are provided condoms absolutely but you know it should be you know why is it that the saunas do not are not prepared to put a poster up saying you know literally saying these are the rules of the sauna you must use a condom and you know you must be protected no matter what, these are the rules of the sauna I have never actually seen that

(Individual interview 16)

Both these accounts suggest that businesses have been reluctant in the past to be involved in promoting condom use, but that pressure needs to be put on them to play a role. In addition, some men thought that the playing of bareback porn was not appropriate in these venues.

John: Been to Centurian lately? They've got signs up in Centurian saying we may show it, but we don't, we do not condone it

Mark: No, no, no, that's right we don't condone it

Ryan: So why do they show it, because they don't want to censor videos they show or take a bigger role in responsible behaviour?

(Focus group 40s)

Other specific campaign ideas

These included the use of role models and making condoms sexy and desirable to use.

Sam >> the youth segment needs a connection otherwise they have no ability to put the risks and the activity together

Harry >> Role models to tell the story

(Online 2)

Sam >> mandate the behaviours that are sexy

Sam >> ie wearing condoms is sexy

Sam >> how? well Im dan carter and I do

(Online 2)

Yeah because I think they [condoms] are quite boring, you know how sometimes you can see a condom and on one side it's covered and on the other side it's clear so you can see what colour you are using or whatever and also another big thing is and it's not the AIDS Foundation's fault but they could be pushing the health companies a little bit more the health sector, is that when you buy condoms from a dairy or anywhere like that it's they should already come with lube, they should already come with lube, now some condoms have lube you know within the condom but the reality is that if you are having a sex with a female the vaginal fluids or whatever they add to the lubrication of the condom and you're away but with a guy it's not the same and I think that it would be good different they could lobby the health companies so that also when you bought you know condoms you had some

sachets of lube in there or something like that, I mean these are just small things but they all make a difference do you know what I mean they all make a difference all these little things added together
(Individual interview 16)

4.7.3 Challenging health promotion

Although there was a range of ideas about the future direction of health promotion, room was left open in some of the discussions for men to choose not to use condoms.

I think that is what Ben said before; people have got the right, people want to maintain their right to choose how they have sex regardless of the risk, people have the right to have it, have the right to leave it, have the right to snort cocaine contain, or if they smoke P and people will always exercise that right and I think people like bug chasers, kind of like it's a real sort of fetish, I think it empowers them, no one can infect them, once they've got the bug

...
(Focus group 30s 1)

In this account choice was equated with someone deliberately seeking to become infected with HIV, but less extreme examples of men choosing not to use condoms, in particular men in relationships, were outlined earlier.

5. Summary

The majority of MSM in New Zealand consistently use condoms for anal intercourse (Saxton, Dickson, & Hughes, 2004; Saxton et al., 2006; Saxton, Dickson, Hughes, & Paul, 2002). The major aims of this study were to investigate why (some) MSM are not using condoms for anal sex and what may influence them to change their behaviour, and to investigate the perceptions of the NZAF amongst MSM. Taken together the findings of both parts will inform the future social marketing campaigns of the NZAF.

The research in the main focused on MSM, 30-39, NZ European/Pākehā living in Auckland who self-identified as men not consistently using condoms for anal sex. This research therefore reports an analysis of these men's views. Given the size of the sample, and the narrow focus of the recruitment, the report findings are not generalisable to the whole population of MSM.

The research confirms the heterogeneous nature of the gay/MSM community – with men reporting quite varied patterns of connecting with the social and commercial gay scene. For the most part there was a pro-condom culture amongst the men interviewed, which was also reported for the wider community as well. There was however a strong degree of resistance to the notion of 'condoms every time' for men in relationships. For many MSM HIV/AIDS is invisible, and not regarded as a serious condition.

The MSM identified a number of reasons why they did not always use condoms for anal sex. Some MSM participating in individual interviews provided contradictory reasons for not using condoms. These included use of alcohol and drugs, emotional connectedness, intentional practices, excitement, and difficulties in using condoms. The men also reported a number of strategies they employed to minimise the risk.

The men reported a range of places they got information about HIV/AIDS from and a range of places they used to meet their sexual health needs. Most men thought they had a good knowledge of HIV/AIDS and related issues. Typically the NZAF was not always seen as an important source of information, and even when men successfully identified campaigns produced by the NZAF they did not identify them as NZAF campaigns. Overall, there was limited knowledge of the role and function of the NZAF. However, those that had some understanding thought NZAF was an important authority, that the organisation was predominantly focused on gay men and that they had limited involvement with the gay community. Finally, participants in the study believed that the unequivocal message of a condom every time was neither realistic nor appropriate for all men.

Only a few men reported they were considering using condoms more often. Nevertheless a number of suggestions for future health promotion campaigns were offered – most of which were focused on providing additional information to MSM, and also to widening the scope of promotion to the non-MSM population as a whole, with a particular focus on young people and schools. The Internet was identified as a potentially useful medium for health promotion.

References

- Adam, B., Husbands, W., Murray, J., & Maxwell, J. (2005). AIDS optimism, condom fatigue, or self-esteem? Explaining unsafe sex among gay and bisexual men. *Journal of Sex Research, 42*(3), 238-248.
- Adams, J., Braun, V., & McCreanor, T. (2004). Framing gay men's health: A critical review of policy documents. In D. W. Riggs & G. Walker (Eds.), *Out in the Antipodes: Australian and New Zealand perspectives on gay and lesbian issues in psychology* (pp. 212-246). Perth: Brightfire Press.
- Adams, J., Braun, V., & McCreanor, T. (2007a). Warning voices in a policy vacuum: Professional accounts of gay men's health in Aotearoa New Zealand. *Social Policy Journal of New Zealand, 30*, 199-215.
- Adams, J., McCreanor, T., & Braun, V. (2007b). Alcohol and gay men: Consumption, promotion and policy responses. In V. Clarke & E. Peel (Eds.), *Out in psychology: Lesbian, gay, bisexual, trans and queer perspectives* (pp. 369-390). Chichester, U.K: John Wiley.
- AIDS Epidemiology Group. (2007). *Report to the Ministry of Health: Unlinked anonymous study of HIV prevalence among attendees at sexual health clinics 2005/06*. Dunedin: AIDS Epidemiology Group, Department of Preventive and Social Medicine, University of Otago.
- Airhihenbuwa, C. O., & Obregon, R. (2000). A critical assessment of theories/models used in health communication for HIV/AIDS. *Journal of Health Communication, 5*(Supplement 1), 5-15.
- Bakeman, R., Peterson, J., & The Community Intervention Trial for Youth Study Team. (2007). Do beliefs about HIV treatments affect peer norms and risky sexual behaviour among African-American men who have sex with men? *International Journal of STD and AIDS, 18*(2), 105-108.
- Bartley, M. (2004). *Health inequality: An introduction to theories, concepts and methods*. London: Polity Press.
- Benotsch, E., Kalichman, S., & Cage, M. (2002). Men who have met sex partners via the Internet: Prevalence, predictors, and implications for HIV prevention. *Archives of Sexual Behavior, 31*(2), 177-183.
- Benotsch, E., Mikytuck, J., Ragsdale, K., & Pinkerton, S. (2006). Sexual risk and HIV acquisition among men who have sex with men travelers to Key West, Florida: a mathematical modeling analysis. *AIDS Patient Care & STDs, 20*(8), 549-556.
- Braun, V. (2000). *The vagina: An analysis*. Unpublished PhD, Loughborough University, Loughborough, UK.
- Bull, S. S., & McFarlane, M. (2000). Soliciting sex on the Internet: What are the risks for sexually transmitted diseases and HIV? *Sexually Transmitted Diseases, 27*(9), 545-550.
- Bull, S. S., & Rietmeijer, C. (2002). Men who have sex with men and also inject drugs – Profiles of risk related to the synergy of sex and drug injection behaviors. *Journal of Homosexuality, 42*(3), 31-51.
- Carballo-Díeguez, A., & Bauermeister, J. (2004). "Barebacking": Intentional condomless anal sex in HIV-risk contexts. Reasons for and against it. *Journal of Homosexuality, 47*(1), 1-16.
- Carballo-Díeguez, A., Miner, M., Dolezal, C., Rosser, B., & Jacoby, S. (2006). Sexual negotiation, HIV-status disclosure, and sexual risk behavior among latino men

- who use the Internet to seek sex with other men. *Archives of Sexual Behavior*, 35(4), 473-481.
- Crawford, R. (1980). Healthism and the medicalization of everyday life. *International Journal of Health Services*, 10(3), 365-388.
- Crossley, M. L. (2001a). The 'Armistead' project: An exploration of gay men, sexual practices, community health promotion and issues of empowerment. *Journal of Community & Applied Social Psychology*, 11(2), 111-123.
- Crossley, M. L. (2001b). Resistance and health promotion. *Health Education Journal*, 60(3), 197-204.
- Crossley, M. L. (2001c). Rethinking psychological approaches towards health promotion. *Psychology & Health*, 16(2), 161-177.
- Crossley, M. L. (2002). Introduction to the symposium 'Health Resistance': The limits of contemporary health promotion. *Health Education Journal*, 61(2), 101-112.
- Dacey, B., & Moewaka Barnes, H. (2000). *Te Ao Taru Kino: Drug use among Maori, 1998*. Auckland: Alcohol & Public Health Research Unit, University of Auckland.
- Davis, M., Hart, G., Bolding, G., Sherr, L., & Elford, J. (2006). Sex and the internet: gay men, risk education and serostatus. *Culture, Health and Sexuality*, 8(2), 161-174.
- DePoy, E., & Gitlin, L. N. (1994). *Introduction to research: Multiple strategies for health and human services*. St Louis: Mosby.
- DeSouza, R. (2007). Walking a tightrope: Asian health research in New Zealand. *Diversity in Health and Social Care*, 4(1), 9-20.
- Dilley, J., McFarland, W., Patricia Sullivan, P., & Discepola, M. (1998). Psychosocial correlates of unprotected anal sex in a cohort of gay men attending an HIV-negative support group. *AIDS Education and Prevention*, 10(4), 317-326.
- Dolezal, C., Carballo-Diequez, A., Nieves-Rosa, L., & Diaz, F. (2000). Substance use and sexual risk behavior: Understanding their association among four ethnic groups of Latino men who have sex with men. *Journal of Substance Abuse*, 11(4), 323-336.
- Drasin, H. (2000). *Determinants of high risk sexual behavior: The Advocate study of gay men*. Unpublished PhD, California Graduate Institute, Los Angeles.
- Dutta, M. J., & Basu, A. (2007). Health among men in rural Bengal: Exploring meanings through a culture-centered approach. *Qualitative Health Research*, 17(1), 38-48.
- Elford, J., Bolding, G., Maguire, M., & Sherr, L. (2001). Gay men, risk and relationships. *AIDS*, 15, 1053-1055.
- Evans, A., Elford, J., & Wiggins, D. (in press 2007). Using the Internet for qualitative research. In *Handbook of Qualitative Research in Psychology*: Sage.
- Fee, E., & Krieger, N. (1993). Understanding AIDS: Historical interpretations and the limits of biomedical individualism. *American Journal of Public Health*, 83(10), 1477-1486.
- Fenaughty, J., Braun, V., Gavey, N., Aspin, C., Reynolds, P., & Schmidt, J. (2006). *Sexual coercion among gay and bisexual men in Aotearoa/New Zealand*. Auckland: Department of Psychology, University of Auckland.
- Field, A., & Casswell, S. (1999). *Drug use in New Zealand: Comparison surveys, 1990 & 1998*. Auckland: Alcohol & Public Health Research Unit, University of Auckland.
- Fine, M. (1991). *Framing dropouts: Notes on the politics of an urban public high school*. Albany: State University of New York Press.

- Gauthier, D., & Forsyth, C. (1999). Bareback sex, bug chasers, and the gift of death. *Deviant Behavior*, 20(1), 85-100.
- GayNZ.com news staff. (2007). Deadly STI may have no symptoms - gay GP. Retrieved 21/11/2007, from http://www.gaynz.com/articles/publish/2/article_5006.php
- Gillmore, M., Morrison, D., Leigh, B., & Hoppe, M., et al. (2002). Does "High = High Risk"? An Event-Based Analysis of the Relationship Between Substance Use and Unprotected Anal Sex Among Gay and Bisexual Men. *AIDS and Behavior*, 6(4), 361-370.
- Godin, G., Naccache, H., Cote, F., Leclerc, R., Frechette, M., & Alary, M. (2008). Promotion of safe sex: Evaluation of a community-level intervention programme in gay bars, saunas and sex shops. *Health Education Research*, 23(2), 287-297.
- Green, L. (1999). Focusing upon interview methodologies. *Australian Journal of Communication*, 26(2), 35-46.
- Habgood, R., Casswell, S., Pledger, M., & Bhatta, K. (2001). *Drinking in New Zealand: National surveys comparison 1995 & 2000*. Auckland: Alcohol & Public Health Research Unit, University of Auckland.
- Halloran, J. (2006). HIV: A chronic illness with emerging issues. *AACN Clinical Issues: Advanced Practice in Acute & Critical Care*, 17(1), 8-17.
- Henrickson, M. (2007). Reaching out, hooking up: Lavender netlife in a New Zealand study. *Sexuality Research and Social Policy*, 4(2), 38-49.
- Henrickson, M., Neville, S., Jordan, C., & Donaghey, S. (in press). Lavender Islands: The New Zealand study. *Journal of Homosexuality*.
- Hollway, W. (1984). Gender difference and the production of subjectivity. In J. Henriques, W. Hollway, C. Urwin, C. Venn & V. Walkerdine (Eds.), *Changing the subject: Psychology, social regulation and subjectivity* (pp. 227-263). London: Methuen.
- Hollway, W. (1989). *Subjectivity and method in psychology: Gender, meaning and science*. London: Sage.
- Hooper, S., Rosser, B., Horvath, K., Oakes, J., & Danilenko, G. (2008). An online needs assessment of a virtual community: What men who use the Internet to seek sex with men want in Internet-based HIV prevention *AIDS and Behavior* (eFIRST date: 10 Apr 2008).
- Huebner, D., Davis, M., Nemeroff, C., & Aiken, L. (2002). The impact of internalized homophobia on HIV preventive interventions. *American Journal of Community Psychology*, 30(3), 327-348.
- Huebner, D., & Gerend, M. (2001). The relation between beliefs about drug treatments for HIV and sexual risk behavior in gay and bisexual men. *Annals of Behavioral Medicine*, 23(4), 304-312.
- Hughes, A. (1997). *So-called 'negotiated safety': Why NZAF is not buying it*. Auckland: New Zealand AIDS Foundation.
- Hughes, A., & Saxton, P. (2006). Geographic micro-clustering of homosexual men: Implications for research and social policy. *Social Policy Journal of New Zealand*, 28, 158-178.
- Hughes, A., & Saxton, P. (2008). HIV: Why prevention is so important. Presentation to New Zealand AIDS Foundation (9 February). Auckland: New Zealand AIDS Foundation.

- Jaffe, H., & Janssen, R. (2003). Incorporating HIV prevention into medical care of persons living with HIV. *Morbidity and Mortality Weekly Report*, 5(RR12), 1-24.
- Johnson, B., & Christensen, L. (2004). *Educational research: Quantitative, qualitative, and mixed approaches* (2nd edition). Boston Pearson Education Inc.
- Johnson, P. C., & Farnie, M. A. (1994). Testing for syphilis: Use of the laboratory in dermatology. *Dermatologic Clinics*, 21(1), 9-17.
- Kaiwai, H., Adams, J., McCreanor, T., & Casswell, S. (2006). *Social marketing for gambling harm reduction: Review, research and recommendations*. Auckland: Centre for Social Health and Outcomes Research and Evaluation, Massey University.
- Kim, A., Kent, C., & McFarland, W. (2001). Cruising on the Internet highway. *Journal of Acquired Immune Deficiency Syndromes and Human Retrovirology*, 28, 89-93.
- Kippax, S., Crawford, J., Davis, M., Rodden, P., & Dowsett, G. (1993). Sustaining safe sex: A longitudinal study of a sample of homosexual men. *AIDS*, 7(2), 257-263.
- Kippax, S., Noble, J., Prestage, G., Crawford, J., Campbell, D., Baxter, D., et al. (1997). Sexual negotiation in the AIDS era: Negotiated safety revisited. *AIDS*, 11(2), 191-197.
- Kitzinger, C., & Wilkinson, R. (1996). Theorizing representing the other. In R. Wilkinson & C. Kitzinger (Eds.), *Representing the other: A Feminism & Psychology Reader* (pp. 1-32). London: Sage.
- Koch, T., & Harrington, A. (1998). Reconceptualizing rigour: The case for reflexivity. *Journal of Advanced Nursing*, 28, 882-890.
- Leigh, B. C. (1990). The relationship of substance use during sex to high-risk sexual behavior. *Journal of Sex Research*, 27(2), 199-213.
- Lindberg, W., & McMorland, J. (1996). 'From grassroots to business suits': The gay community response to AIDS. In P. Davis (Ed.), *Intimate details & vital statistics: AIDS, sexuality and the social order in New Zealand* (pp. 102-120). Auckland: Auckland University Press.
- Mansergh, G., Marks, G., Colfax, G. N., Guzman, R., Rader, M., & Buchbinder, S. (2002). 'Barebacking' in a diverse sample of men who have sex with men. *AIDS*, 16, 653-659.
- Mansergh, G., Shouse, R., Marks, G., Guzman, R., Rader, M., Buchbinder, S., et al. (2006). Methamphetamine and sildenafil (Viagra) use are linked to unprotected receptive and insertive anal sex, receptively, in a sample of men who have sex with men. *Sexually Transmitted Infections*, 82(2), 131-134.
- McManus, T. J., & Weatherburn, P. (1994). Alcohol, AIDS and immunity. *British Medical Bulletin*, 50(4), 115-123.
- McNab, J., & Worth, H. (1999). *In the heat of the moment?: Sex, gay men and HIV infection*. Auckland: Institute for Research on Gender, University of Auckland.
- Minichiello, V., Sullivan, G., Greenwood, K., & Axford, R. (2004). *Research methods for nursing and health science* (2nd edition). Frenchs Forest: Pearson Education Australia.
- Moskowitz, D. A., & Roloff, M. E. (2007). The existence of a bug chasing subculture. *Culture, Health & Sexuality*, 9(4), 347-357.

- Murphy, D. (2006). *Gay men's relationships: Discussion paper*. Sydney: Australian Federation of AIDS Organisations Inc.
- Murray, J., & Adam, B. (2001). Aging, sexuality, and HIV issues among older gay men. *Canadian Journal of Human Sexuality, 10*(3-4), 75-90.
- Mustanski, B. (2007). Are sexual partners met online associated with HIV/STI risk behaviours? Retrospective and daily diary data conflict. *AIDS Care, 19*(6), 822-827.
- Neville, S., & Henrickson, M. (2006). Perceptions of lesbian, gay and bisexual people of primary healthcare services. *Journal of Advanced Nursing, 55*(4), 407-415.
- New Zealand AIDS Foundation. (2005). *Strategic plan 2005-2010*. Auckland: New Zealand AIDS Foundation.
- New Zealand AIDS Foundation. (2006a). *Call for expressions of interest: Formative research brief*. Auckland: New Zealand AIDS Foundation.
- New Zealand AIDS Foundation. (2006b). *NZAF community forums report 2006*. Auckland: New Zealand AIDS Foundation.
- New Zealand AIDS Foundation. (2008). *NZAF community forums report 2007*. Auckland: New Zealand AIDS Foundation.
- O'Leary, A., Wolitski, R. J., Remien, R. H., Woods, W. J., Parsons, J. T., Moss, S., et al. (2005). Psychosocial correlates of transmission risk behavior among HIV-seropositive gay and bisexual men. *AIDS, 19*(Supplement 1), S67-S75.
- Parahoo, K. (2006). *Nursing research. Principles, process and issues* (2nd edition). New York: Palgrave MacMillan.
- Parkinson, P., & Hughes, T. (1987). The gay community and the response to AIDS in New Zealand. *New Zealand Medical Journal, 100*(817), 77-79.
- Peterson, J., & Bakeman, R. (2006). Impact of beliefs about HIV treatment and peer condom norms on risky sexual behavior among gay and bisexual men. *Journal of Community Psychology, 34*(1), 37-46.
- Pitts, M., Couch, M., & Smith, A. (2006). Men who have sex with men (MSM): How much to assume and what to ask? *Medical Journal of Australia, 185*(8), 450-452.
- Purcell, D. W., Parsons, J. T., Halkitis, P. N., Mizuno, Y., & Woods, W. J. (2001). Substance use and sexual transmission risk behavior of HIV-positive men who have sex with men. *Journal of Substance Abuse, 13*(1-2), 185-200.
- Reilly, T., & Woo, G. (2001). Predictors of high-risk sexual behavior among people living with HIV/AIDS. *AIDS and Behavior, 5*(3), 205-217.
- Reinharz, S. (1992). *Feminist methods in social research*. New York: Oxford University Press.
- Reiter, G. S. (2000). Comprehensive clinical care: Managing HIV as a chronic illness. *AIDS Clinical Care, 12*(2), 13-19.
- Rhodes, T., & Cusick, L. (2002). Accounting for unprotected sex: Stories of agency and acceptability. *Social Science & Medicine, 55*(2), 211-226.
- Rietmeijer, C. A., Patnaik, J. L., Judson, F. N., & Douglas, J. M. J. (2003). Increases in gonorrhoea and sexual risk behaviors among men who have sex with men: A 12-year trend analysis at the Denver Metro Health Clinic. *Sexually Transmitted Diseases, 30*(7), 562-567.
- Roberts, K., & Taylor, B. (2002). *Nursing research processes. An Australian perspective* (2nd edition). Southbank, Victoria: Nelson Thomson Learning.
- Rose, N. (1999). *Powers of freedom: Reframing political thought*. Cambridge: Cambridge University Press.

- Ryan, A. (1991). *Community, AIDS and sex: A study of aspects of the New Zealand gay community*. Palmerston North: Massey University.
- Sandelowski, M. (2004). Using qualitative research. *Qualitative Health Research*, 14(10), 1366-1386.
- Saxton, P. (2007). *STIs, HIV and MSM post-HAART: Are things different now?* Paper presented at the New Zealand Sexual Health Society Conference, Rotorua, 24-26 August.
- Saxton, P., Dickson, N., & Hughes, A. (2004). *GAPSS 2004: Findings from the Gay Auckland Periodic Sex Survey*. Auckland: New Zealand AIDS Foundation.
- Saxton, P., Dickson, N., & Hughes, A. (2006). *GAPSS 2006: Findings from the Gay Auckland Periodic Sex Survey*. Auckland: New Zealand AIDS Foundation.
- Saxton, P., Dickson, N., Hughes, A., & Paul, C. (2002). *GAPSS 2002: Findings from the Gay Auckland periodic sex survey*. Auckland: New Zealand AIDS Foundation.
- Saxton, P., Worth, H., Hughes, A., Reid, A., Robinson, E., Segedin, R., et al. (1998). *Male Call/Waea Mai, Tane Ma Report No.7: Gay community involvement*. Auckland: New Zealand AIDS Foundation.
- Schneeberger, A., Mercer, C., Gregson, S., Ferguson, N., Nyamukapa, C., Anderson, R., et al. (2004). Scale-free networks and sexually transmitted diseases. *Sexually Transmitted Diseases*, 31(4), 380-387.
- Semple, S., Patterson, T., & Grant, I. (2002). Motivations associated with methamphetamine use among HIV men who have sex with men. *Journal of Substance Abuse Treatment*, 22(3), 149-156.
- Sender, K. (2004). *Business, not politics: The making of the gay market*. New York: Columbia University Press.
- Skinner, H. A., Maley, O., & Norman, C. D. (2006). Developing Internet-based eHealth promotion programs: The spiral technology action research (STAR) model. *Health Promotion Practice*, 7(4), 406-417.
- Skrabaneck, P. (1994). *The death of humane medicine and the rise of coercive healthism*. London: The Social Affairs Unit.
- Smith, A., Grierson, J., Pitts, M., & Pattison, P. (2006). Individual characteristics are less important than event characteristics in predicting protected and unprotected anal intercourse among homosexual and bisexual men in Melbourne, Australia. *Sexually Transmitted Infections*, 82, 474-477.
- Smith, A., & Pitts, M. (2007). Researching the margins: An introduction. In M. Pitts & A. Smith (Eds.), *Researching the margins: Strategies for ethical and rigorous research with marginalised communities* (pp. 3-41). Houndmills, Basingstoke, UK: Palgrave Macmillan.
- Smith, B. (1998). Forget messages...Think about structural change first. *Social Marketing Quarterly*, 4(3).
- Smith, L. T., Smith, G. H., Boler, M., Kempton, M., Ormond, A., Chueh, H., et al. (2002). "Do you guys hate Aucklanders too?" Youth: Voicing difference from the rural heartland. *Journal of Rural Studies*, 18(2), 169-178.
- Stall, R., & Hays, R. D. (2000). The gay '90s: A review of research in the 1990s on sexual behavior and HIV risk among men who have sex with men. *AIDS*, 14(Supplement 3), S110-S114.
- Stall, R., McKusick, L., Wiley, J., Coates, T., & Ostrow, D. (1986). Alcohol and drug use during sexual activity and compliance with safe sex guidelines for AIDS: The AIDS behavioral research project. *Health Education Quarterly*, 13(4), 359-371.

- Stall, R., & Purcell, D. W. (2000). Intertwining epidemics: A review of research on substance use among men who have sex with men and its connection to the AIDS epidemic. *AIDS and Behavior*, 4(2), 181-192.
- Stevens, M. (2004). Saturday night's alright for dancing. In I. Cater, D. Craig & S. Matthewman (Eds.), *Almighty Auckland?* (pp. 225-239). Palmerston North: Dunmore Press.
- Stolte, I. G., Dukers, N. H., Geskus, R. B., Coutinho, R. A., & Wit, J. B. (2004). Homosexual men change to risky sex when perceiving less threat of HIV/AIDS since availability of highly active antiretroviral therapy: a longitudinal study. *AIDS*, 18(2), 303-309.
- Suarez, T., & Miller, J. (2001). Negotiating Risks in Context: A Perspective on Unprotected Anal Intercourse and Barebacking Among Men Who Have Sex with Men—Where Do We Go from Here? *Archives of Sexual Behavior*, 30(3), 287-300.
- Sullivan, P., Drake, A., & Sanchez, T. (2007). Prevalence of treatment optimism-related risk behaviour and associated factors among men who have sex with men in 11 states. *AIDS Behavior*, 11, 123-129.
- Tarzian, A., & Cohen, M. (2006). Descriptive research. In J. Fitzpatrick & M. Wallace (Eds.), *Encyclopedia of nursing research* (2nd ed., pp. 143-144). New York: Springer.
- Thomas, D. (2003). *A general inductive approach for qualitative data analysis*. Auckland: University of Auckland.
- TNS New Zealand Limited. (2005). *Safer sex evaluation summary: Prepared for the Ministry of Health*. Auckland: TNS New Zealand Limited.
- Trussler, T., & Marchand, R. (2006). *Prevention revived: Evaluating the Assumptions campaign*. Vancouver: Community Based Research Centre and AIDS Vancouver.
- Weatherburn, P., Davies, P. M., Hickson, F. C. I., Hunt, A. J., McManus, T. J., & Coxon, A. P. M. (1993). No connection between alcohol use and unsafe sex among gay and bisexual men. *AIDS*, 7(1), 115-119.
- Weis, L., & Fine, M. (Eds.). (1993). *Beyond silenced voices: Class, race, and gender in United States schools*. State University of New York Press: State University of New York Press.
- Westhaver, R. (2005). 'Coming out of your skin': Circuit parties, pleasure and the subject. *Sexualities*, 8(3), 347-374.
- Whittemore, R., Chase, S., & Mandle, C. (2001). Validity in qualitative research *Qualitative Health Research*, 11(4), 522-537.
- Wilkins, C., Casswell, S., Bhatta, K., & Pledger, M. (2002). *Drug use in New Zealand: National surveys comparison 1998 & 2001*. Auckland: Alcohol & Public Health Research Unit, University of Auckland.
- Wilkins, C., Girling, M., Sweetsur, P., Huckle, T., & Huakau, J. (2006). *Legal party pill use in New Zealand: Prevalence of use, availability, health harms and 'gateway effects' of benzylpiperazine (BZP) and trifluorophenylmethylpiperazine (TFMPP)*. Auckland: Centre for Social and Health Outcomes Research and Evaluation (SHORE) & Te Ropu Whariki, Massey University.
- Wilkins, C., Sweetsur, P., & Casswell, S. (2006). Recent population trends in amphetamine use in New Zealand: Comparisons of findings from national household drug surveying in 1998, 2001 and 2003. *New Zealand Medical Journal*, 119(1244), <http://www.nzma.org.nz/journal/119-1244/2285/>.

- Wilkinson, S. (1999). Focus groups: A feminist method. *Psychology of Women Quarterly*, 23(2), 221-244.
- Willig, C. (2001). *Introducing qualitative research in psychology: Adventures in theory and method*. Buckingham, UK: Open University Press.
- Winett, L. B., & Wallack, L. (1996). Advancing public health goals through the mass media. *Journal of Health Communication*, 1(2), 173-196.
- Wong, C., & Tang, C. (2004). Sexual practices and psychosocial correlates of current condom use among Chinese gay men in Hong Kong. *Archives of Sexual Behavior*, 33(2), 159-167.
- Worth, H. (2003). *Gay men, sex and HIV in New Zealand*. Palmerston North: Dunmore Press.
- Worth, H., Reid, A., & McMillan, K. (2002). Somewhere over the rainbow: Love, trust and monogamy in gay relationships. *Journal of Sociology*, 38(3), 237-253.
- Young, R., & Meyer, I. (2005). The trouble with "MSM" and "WSW": Erasure of the sexual-minority person in public health discourse. *American Journal of Public Health*, 95(7), 1144-1149.

Appendix

A comment about social marketing and health promotion

This research is aimed at informing the development of a social marketing programme to increase condom use for anal sex amongst MSM. In recent research SHORE/Whariki has understood social marketing to be the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programmes designed to influence the voluntary or involuntary behaviour of target audiences in order to improve the welfare of individuals and society (Kaiwai et al., 2006). Social marketing critics have identified that at times it promotes simple solutions for complex problems and that social marketing focuses too heavily on individual responsibility for health, ignoring social, economic and structural factors (Winett & Wallack, 1996). As well, a focus on marketing and individual change, Smith (1998) has distinguished three levels of intervention required as components of an effective social marketing programme:

- Structural Change – includes policy adjustments to “obviate the behaviour or enable it to occur” (p.14) and social advocacy
- Social Change – e.g., change at the community level
- Individual Behaviour Change – e.g., one-on-one interventions with individuals (e.g. counselling)

Thus social marketing requires a comprehensive approach, and those programmes that take account of structural, social, and individual, determinates of health are more likely to show evidence of increasing awareness and encouraging behaviour change (Kaiwai et al., 2006).

Internationally and in New Zealand health promotion agencies have used a wide range of education and promotion activities to improve the knowledge about the benefits of condom use and to increase and maintain safe-sex behaviours among MSM. Many such campaigns draw on a rational, linear logic model of health education/promotion targeting individuals: provide information → improved knowledge/skills → change in behaviour → improved health outcome (Airhihenbuwa & Obregon, 2000; Dutta & Basu, 2007).

Mass media safe-sex advertising campaigns (frequently very innovative) are often a key and central part of the activities. While many of these media-based programmes have been evaluated as achieving effective recall of advertisements and of the messages, increasing knowledge (and maybe improving rates of condom use), social marketing theory suggests that mass media based campaigns in themselves will not be sufficient and will require action in other areas to be effective. For example, Trussler and Marchand (2006) noted in respect of *Assumptions* (Canada) that “social marketing campaigns often include community activities on the ground, over and above the mass media outputs, to extend the word of mouth reach of their messages. A strong creatively framed message with well designed activities to enhance it would be interesting to explore in a future campaign because talk is so central not only to sexual safety but to what brings gay culture into being” (p.33).

In light of the key ideas from the social marketing literature it is important to ensure that a social marketing programme around increasing condom use is tailored to the needs of, and is aimed at increasing and reinforcing condom use amongst those groups most at risk. Such campaigns will need to include appropriate structural and social change initiatives, as well as education and mass media initiatives. The campaigns should be based on evidence-based best practice, and ideally the outcomes of the programmes should be comprehensively evaluated.