HIV Prevention-Related Issues and Perspectives of MSM Living Outside Metropolitan Denver

By
Susan Luerssen, PhD; George Ware, MS; and John Peters Campbell, PhD
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Introduction

In 2009, reviews of existing information related to the HIV prevention needs of men who have sex with men (MSM) in Colorado revealed that much more information was available about the prevention needs of MSM living in the more heavily populated metropolitan Denver area compared to those of MSM living in other areas of the state. To address this information gap, the CDPHE STI/HIV Section engaged the services of contractors to design and implement a survey and semi-structured interviews involving MSM living outside metropolitan Denver. Specifically, the interview components of these efforts were designed to explore the extent and context of behaviors that place MSM living outside the metropolitan Denver area at increased risk of acquiring or transmitting HIV infection, provide greater insight into attitudes and meanings of HIV risk and protective behaviors among such men, identify patterns of socialization that contribute to the transmission of HIV infection and patterns of socialization that are protective against HIV, identify the degree to which HIV prevention services are utilized by the project's target population, identify opinions about the effectiveness of these services, identify target population recommendations for future HIV prevention interventions, identify existing assets and resources that support health and well-being among MSM living outside the metropolitan Denver area, and develop recommendations for CDPHE to increase the effectiveness of prevention programs for MSM.

A snowball recruitment strategy was used to identify interview participants beginning with networks of MSM known by the project coordinator contracted to conduct the interviews. These men subsequently identified others who would be interested in being interviewed. Additionally, information about the interview project was posted on social networking Internet sites that catered to MSM. Interview sessions beginning in March 2009 and continuing through the early summer were digitally recorded and later transcribed in a manner that individual respondents could not be identified. This report prepared by STI/HIV Research and Evaluation Unit staff summarizes findings based on a qualitative analysis of transcribed information resulting from those interview sessions.

Demographic Characteristics

Ages of the interview respondents (n=31) ranged from 21 to 71. Median age of the sample was 44 years. Almost two thirds of the respondents were forty years of age and older. Information about ethnicity was only available on 15 of the 31 respondents, all of whom were white.

Age Group	20-29	30-39	40-49	50-59	60-69	70+
Number	2	9	11	5	3	1
Percent	6%	30%	35%	16%	10%	3%

All of the interview respondents had some level of college education. Two were currently in college, five had gone to college but did not complete a degree, four had associates or trade

school degrees, 12 had bachelor's degrees, and seven had post graduate degrees. One person was a working professional whose type of degree was not discussed.

Early Experiences Related to Homosexuality

Two of the interview respondents discussed growing up in families where homosexuality was either not discussed in a negative context or not discussed at all. However, they did report that societal factors did give them the impression that homosexuality was wrong. Fourteen of the other respondents discussed growing up in environments that were homophobic to varying degrees, some extremely so, with religion playing a key role in shaping such an environment. Many respondents reported fearing rejection from their families if they revealed their sexual orientation. In some households, homosexuality was demonized, causing some respondents to think they would go straight to hell because they were gay, some to feel like social outcasts, and one, who was kicked out of his church, to feel that God hated him. A few respondents mentioned being bullied and teased as children because they were presumed to be gay. Two men expressed that when they were growing up, being gay was considered a sickness for which people could be subjected to institutionalization or efforts of getting "fixed." One man expressed that a person could end up dead where he grew up if he acted on his same sex attractions, a fear that continued when he was in the military. One man, who spent much of his teen years in foster homes and on occasion experienced homeless, said he was continually subjected to violence on the part of other teens as he was caught in a system that did not know how to deal with gay youth. Another expressed that the extremely homophobic environment in which he was raised made him easy prey to the adults who abused him sexually. He asserted that this played a role in him becoming a perpetrator of such abuse as well.

Several of the respondents discussed how growing up in unexcepting environments had significant impact on their self-esteem. For some the impact of this was great enough that they resisted coming out to others and even to themselves until they were well into adulthood. Many of the respondents lamented the fact that they did not receive good sex education when growing up, and therefore many did not learn about gay sex at all, and none learned about it as being normal and acceptable behavior. They also did not learn about how to be in healthy relationships with other men.

Seven of the interview respondents discussed having their first sexual encounters with other boys while they were in elementary school. This mostly consisted of activities such as kissing, mutual masturbation, and, to some extent, oral sex. In three cases, these experiences took place with cousins. Three other respondents mentioned that these activities began for them in middle school, and another discussed beginning to experiment with a male friend in high school. One expressed that his first sexual experiences were with his brother. Most of those who discussed their first experiences with anal sex said they began in their late teens or early twenties. Four reported having anal sex in middle and high school. For several others it happened later in life.

Three of the respondents discussed being sexually abused as children. One said that a man had raped him at the age of 13. His father would not let him report the abuse to the police because it would bring embarrassment to the family. This caused an alienation from his family that led to his leaving home as soon as he was old enough to do so legally. A second respondent discussed how he had been raped continuously by a developmentally disabled uncle over many years but

did not tell anyone for fear of physical violence. This man mentioned that two of his brothers also turned out to be gay, and he found out as an adult that the same uncle had also sexually abused them. The third man with a history of childhood sexual abuse was victimized by a number of different adult men, leading to incredible self-hatred and distrust for adults that continued into his adulthood. The first person to abuse him was a teacher who forced him to perform oral sex at the age of 13. This experience caused a feeling of disgust for oral sex that continued into the present. At 14 he had a somewhat more positive relationship with an adult neighbor, which he thought contributed to his own sex addiction as an adult. His third perpetrator was also a neighbor who was sadomasochistic. When he was 15, this man subjected him to gang rape with the man's friends, branding, and other forms of physical violence. This respondent talked about how this man was able to control and manipulate him. By the age of 20 he then used these same skills to manipulate and abuse two boys, ages 11 and 13. He eventually served time in prison for these offenses and was still on probation at the time of the interview.

In talking about when they first realized they were gay, six of the interview respondents discussed how they always knew they were different in terms of their sexual attractions, but either did not have a name to put on that difference or were in denial about it. Four of the men claimed to have realized they were gay while in elementary school. Although they may have noticed their attractions to other boys at younger ages, eight of the respondents said they realized or admitted the fact that they were gay in middle school, four in high school, and another four in college. One man said he did not realize he was gay until the age of 35.

Although none of the interview respondents identified as bisexual or heterosexual, almost three quarters of them had sex with women in the past. The majority of those who had never had sex with women were under the age of 40, and only one man over the age of 50 reported never having sex with women. Most of those who had sex with women mentioned that they did so because they were trying to resist being gay and thought sex with women was what they should be doing. Many mentioned that they never found the sex to be as gratifying as that with men. Eight of the respondents over the age of 40 had previously been married to women, some of whom also had sex with men while they were married. Two-thirds of those over the age of 50 had been married to women.

Coming Out

The interview respondents reported coming out at a number of different ages ranging from age 11 to age 65. Among those who reported the age at which they came out to others, the median age of coming out was higher among the older men. The median age of coming out for men under the age of 40 was 18, 28 for those in their forties, and thirty for those over 50. The experiences of these men when coming out also varied extensively. Some expressed that coming out went very smoothly. One man relayed that he had few problems given that he grew up in the San Francisco Bay area, which he referred to as a "gay Mecca." Four of the men who were under forty said that coming out to their families had gone smoothly, despite their apprehension. Coming out also went relatively well for two of the men who were over forty, however both went through this process as adults and after each had been married. One man said that he came out to others at the age of 18, but did not come out to his parents until age 29, with mixed reactions from his parents.

More commonly, interview respondents reported negative experiences coming out to family and others. Two men mentioned that they waited many years to come out due to fears for their safety. Another mentioned waiting because he was a coach to teenage boys, and he feared reprisals. Others stated they have delayed coming out due to shame, fear of being rejected or outcast, or strong religious beliefs concerning condemnation. Several discussed bad experiences coming out to their parents. One respondent's mother wanted him to be healed by the church, a reaction that according to the respondent exacerbated his suicidal tendencies. Another's mother wanted to get him into counseling. One man reported that his parents told him they would not accept that he was gay and that he was expected to get married and have children, which he eventually did. Two men claimed to never have come out to their parents because of the negative reactions that the respondents anticipated. The one man who waited until age 65 to come out also never told his parents. When he came out to his wife, she became very distraught and resentful at first, but since then they have remained good friends.

Substance Use and Abuse

When asked about histories of substance use and abuse, almost half of the interview respondents reported that they had never used alcohol or drugs in excess and had never engaged in high risk sexual behaviors because of substance use. Several expressed a dislike for feeling out of control, and some mentioned that being high could often affect sexual performance in a negative way. About a third of the respondents expressed that there had been times in their lives, when they used drugs or alcohol to a significant extent and that they had sex while under the influence. Six other respondents admitted to having addictions that had influenced their sexual behaviors in the past. None of the interview respondents reported currently using drugs and alcohol in conjunction with high-risk sexual behaviors.

Men who did admit to having sex while under the influence in the past said they were more likely to engage in behaviors such as anonymous sex or group sex while drunk or high. Many of them discussed histories of picking other men up in bars. One mentioned that he had to drink before he could go into a gay bar, and another mentioned that he used to need alcohol to accept that he was having sex with men. Another man noted how he would often be disgusted afterwards with what he had done. One respondent claimed to have been infected with HIV while drunk and having sex in the bathroom at a bar at the age of 23.

Mental Health

Information on mental health was not available for all of the interview respondents, although various aspects of the subject were touched by over half of the interview respondents. Two of the respondents had been diagnosed with bipolar disorder. For one of these men the diagnosis was associated with poverty, financial dependence on his parents, depression with suicidal tendencies, periodic high levels of anxiety, feelings of detachment, and being in what he considered a "chemical straight jacket" because of the medications that made him flat-affected with low energy. Five of the respondents reported dealing with depression. One of the men was dealing with serious psychological problems resulting from childhood sexual abuse. He harbored feelings of self-hatred, suicidal tendencies, and feelings of detachment, all of which reportedly contributed to unsafe sexual behaviors. He claimed that it had only been in the previous year that he had started caring enough about himself to protect himself. Two of the other respondents had been raped as young adults, and both had struggled with depression and feelings of self-doubt in

the aftermath. One of these men had been repeatedly raped while serving time in the Navy, and subsequently made one suicide attempt. Another man whose mother had been murdered by his father when he was a teenager also reported making suicide attempts after suffering repeated physical abuse while living in group homes.

Self-esteem was another issue that was raised by several respondents, much of which stemmed from growing up in homophobic environments and the accompanying feelings of being different or unaccepted. One man claimed that because of his poor self-image, he entered into a very unhealthy, nine-year relationship soon after coming out. Many stressed how low self-esteem was often a factor in gay men's engaging in unsafe behaviors. A number of respondents, however, also made positive comments about how they currently felt about themselves and about their sexual orientation. One said that coming out had been very good for his self-esteem. Another emphasized the importance of self-love for avoiding looking for love from possibly the wrong people.

Social Environment and Community

As part of the interviews, men were asked about the social environments in which they currently lived. One of the main concerns expressed by over half of the participants concerned the conservative and homophobic nature of the places they lived. Several mentioned that they were "out" in these environments but still needed to be careful about how they acted and what they said. Others emphasized that there were many men in these environments who had sex with other men but who were very closeted, some of whom were married to women. They would find partners in places such as bars, bookstores, wildlife preserves, vapor caves, and hot springs, and some would go to Denver to find sex partners. One man mentioned being openly taunted when in public with his partner, and another talked of how he had heard homosexuals openly condemned in some churches. It was also mentioned that such unaccepting environments had a significant impact on men's self-esteem. A few of the men thought the environment was improving somewhat for gay men, and two mentioned that at least it was better than in the southern United States. Just under half of the respondents lamented that there were few social outlets for gay men living outside of Denver. In several locations there were bars that were at least somewhat gay friendly, but most of the respondents did not think bars were good places to meet people that they could relate to or to develop substantive relationships. Others stressed that there were no social outlets for them in their areas. Some who lived close enough to Denver or other cities would go there to socialize and find sex partners. When asked why they lived where they lived, the reasons included the love of nature, quieter lifestyles, and the lower cost of living. Four of the men stressed that they were happy and felt rooted in their communities with good networks of gay and straight friends.

Interview respondents were asked questions about the gay community and whether or not they felt part of it. By far, most of the comments describing the gay community were negative. Many described the gay community as segregated or non-cohesive in many aspects noting that it was often classist, elitist, ageist, and not accepting of men who do not necessarily "fit the mold". Others emphasized that the community was superficial, petty, and pretentious, with many highly focused on looks and dress. Some claimed that the gay community did not provide a supportive environment for gay men. A few participants thought that the community was too centered on the bar scene, too focused on sex and drugs, and, in some ways, promoted unsafe sex and

substance abuse. Other interview participants focused on the difficulties for gay men in forming communities, especially in the areas where they live. Some stressed that because of the stigma surrounding homosexuality, too many men were closeted, making the community practically invisible and making it difficult to bring men together. One man emphasized that so many gay men were facing issues such as low self-esteem, substance abuse, and that they were not in a healthy enough place to build or become part of a community. Another man stressed that healthy gay relationships were not visible, leading to a lack of role models for more positive interactions among gay men. Two men stressed that there was a trend in the gay community to assimilate within the wider society at the expense of developing unity among gay men around common interests and concerns. Given that many of those concerns were related to social acceptance and legal inequalities, several men lamented that there was not enough political action coming out of the gay community.

A number of men said that they did not feel part of a gay community or did not think there was one in the areas where they lived, though many did have a network of gay friends. There were several men, however, who did feel that they were part of a gay community, even if it was relatively small in their areas, and they reported being active in the community. The ManREACH program was mentioned as an entity that brought men together to build community. A local gay community center was also mentioned as an agency that brought people together, and the Gay and Lesbian Fund of Colorado also was cited for its efforts to hold community events, build community, and improve the image of the gay community.

Relationships

Just under half of the interview respondents reported being in long-term, steady relationship at the time they were interviewed. Of those relationships, over two thirds were considered “open” or non-monogamous. The degree to which they were open varied, and some couples had established clear guidelines for when they had sex outside of their relationships. For some this meant that they only had sex with others together in threesomes or other forms of group sex. Others only had certain types of sex with other partners and used protection to ensure that no diseases were brought into the primary relationship. One couple only had sex with others when they were temporarily living in different states. Two men stated that they did not have sex with their primary partners and only with others, although the relationships were still close and committed. Two key factors that played a role in several of the open relationships were honesty about sex with others and the agreement that no emotional ties were to be established with outside partners. One respondent explained that he could not see why he and his partner would want to limit themselves, and he found it fulfilling and meaningful to be sexually engaged with more than one person. Others explained that the sex within their primary partnership was not very gratifying, even though other aspects of the relationship were. It is important to note that in some cases both partners were not equally comfortable with the relationship being open. Several of the respondents expressed a preference for monogamy. One stressed that he did not see the point of having a relationship if the couple was going to have sex with others. Others thought that open relationships often did not work out because they tended to generate mistrust among partners.

Just over a third of those that were not in primary relationships at the time of the interview had previously been in such relationships. Reasons that those relationships ended included infidelity,

abuse, dissatisfaction, and death. Of those who were not currently in steady relationships, several said they would prefer to be. Others seemed to have a more "come what may" attitude about finding long-term partners, thinking that it would be fine if the right person came along, but it was not necessary for them to be happy. Some stressed that they were content having casual sex, with some doing so within a circle of friends. Some of the respondents were also involved in more anonymous encounters. One of the men who had been a victim of childhood sexual abuse was unable to connect with other men emotionally, and he thought it unlikely that he would be able to have anything but a purely sexual relationship with another man.

Finding Sex Partners

Many of the men who were interviewed for this project stressed that in the areas they lived there were few, if any, good places for meeting other gay men. All but three of the men who discussed the issue of finding partners had at some time done so on the Internet, although some had done so only rarely. Aside from thinking there was no other way of meeting other men, reasons for using the Internet included: convenience, ability to chat with a person beforehand to see if they wanted to meet, and the ability to relay ahead of time what each other wanted and to set boundaries. Some of the respondents meeting people on line stressed that it was not their preferred way to meet partners. Some said that the results were mixed, and one mentioned that at times the people they arranged to meet with did not show up. Others stressed concerns about the quality of people that one might meet or what diseases people may have. Two men stressed that they did not have anonymous sex via the Internet. One of them said that he had tried it once and had been "grossed out" by it.

The second most common places where the respondents reported meeting sex partners were bars, if there were bars in their area that were frequented by MSM. One respondent commented that there was nothing positive emotionally about going to a bar. Another stressed how you could not expect men that you meet in bars or anywhere else to tell the truth about HIV status or STIs. Other places or ways the respondents reported meeting partners included: parks, hot springs, and other public environments, through friends, and in bathhouses. The three men that had met partners at bathhouses commented on the convenience, the relaxed atmosphere, and the fact that everyone was there for the same thing. One also commented that the bathhouse was no place to look for a long-term relationship. Two of the respondents said that they had accepted money in exchange for sex, one of which was a full-time sex worker for several years.

Sexual Risk and Protective Behaviors

The level of importance ascribed to sex ranged from not at all important to a critical, central, and key component of respondents' lives and sense of well-being. Although the physical act of sex was important and highly pleasurable to the majority of the interview respondents, sex carried with it a number of different meanings for most of the participants. Many of the men agreed that sex was much better when it was done in the context of love or other types of emotional connection; with some saying they were not interested in sex otherwise. Several men thought that anal sex, especially unprotected anal sex, was more intimate, involving a higher level of connection and trust. Others discussed how they really enjoyed knowing that they were giving their partners pleasure, seeing that as more important than their own pleasure, and two men thought the experience of having simultaneous orgasms with a partner was very emotionally powerful. One talked of how sex and orgasm could be important parts of spiritual experiences.

Two men, however, did not see sex as very important, and several mentioned that there were other activities that were more important for connecting with other men, including cuddling, kissing, or just doing things together like hiking. When asked if semen had any special meaning for them, only one of the respondents expressed that it did.

For some men, sex was associated with very negative experiences. As mentioned above, five of the respondents had been sexually assaulted or abused. One respondent reported that the experience of sexual abuse as a child prevented him from ever being able to establish an emotional connection with a partner as an adult. He also stated that this history caused him to sexually abuse children and to seek further abuse as an adult. Two other rape survivors described periods of having multiple anonymous partners and unsafe encounters after their assaults. Several other men described past experiences of being in abusive or otherwise dysfunctional relationships with partners that cheated on them. One thought that he had acquired HIV from such a relationship, and another described being very traumatized and putting himself at high risk for HIV once the relationship ended. Due to a very poor self-image, one man described his longest relationship as one of convenience and his other sexual encounters as being with anyone who would have him. Others described having sex with just about anyone out of loneliness and a desperate need to be touched by another person.

Interview respondents reported a range of sexual activities that they had experienced including insertive and receptive oral sex, insertive and receptive anal sex, analogues ("rimming"), "water sports," masturbation and mutual masturbation, "fisting," sex involving sadomasochism and bondage, sex involving more than two people ("three-ways," group sex), erotic touch, kissing, and cuddling. Preferences for certain types of sex varied extensively as did the respondents' dislike and even disapproval of particular sex acts. Men were fluid in terms of their sexual activities (including types of sexual activities, frequency, safer/unsafe), and many discussed how their sexual activities had changed over time. For some this involved a diminishing sex drive as they aged and/or less high-risk sex. Behaviors also reflected varying contextual factors. Just over half of the men who discussed the topic described themselves as versatile in terms of their being both the receptive or insertive partner when practicing anal sex. The rest were divided almost equally between those who were always or almost always the insertive partners ("tops") and those who were mostly or always receptive ("bottoms"). Some respondents also spoke of how they or their partner went from being the anal receptive partner to the insertive partner as sexual preferences changed or due to changes in one partner's health status. Two respondents, who were sexually active, stated they have not had anal sex at all. About a third of the respondents claimed to not currently be very sexually active if at all. The one man who was involved in sex work for several years had been less sexually active since that time, though still had sex regularly, often within a circle of friends and sometimes at a Denver bathhouse.

Most of the respondents reported having had unprotected sex in recent years, though most thought that they had done so under controlled or safe conditions. Almost two-thirds said that they currently or in the past had unprotected sex within the context of a steady relationship, mostly after each partner had tested negative for HIV. Many of those relationships were not monogamous, and the majority claimed to almost always use protection for anal sex outside of the context of their relationships, as did many of the men who were not in steady relationships. These practices often changed over time among committed couples.

Those that did discuss engaging in unsafe behaviors did so for various reasons including: emotional stress from having been raped or betrayed by a trusted partner, insecurities that affected their abilities to negotiate safer sex, lack of role models around sexuality, excitement of finally coming out after many years of being in denial about one's sexuality, getting caught up in the heat of the moment, and a willingness to accept some level of risk. Relatively few of the men reported currently engaging in anonymous sex, though many had done so in the past. Very few men reported having recent unsafe sex while under the influence of alcohol or drugs.

Respondents discussed a number of strategies for lowering their risks including: avoiding letting partners ejaculate in their mouths, always being the insertive partner for anal sex, and always using a condom when they were the receptive partner. Three men stated they used condoms for oral sex on occasion, but no one did so regularly. The four men who were living with HIV expressed concern about not transmitting the virus to their partners. All four said they were always the receptive partners for anal sex with serodiscordant partners. One stated he always used protection, and another chose to serosort, meaning he only had sex with other positive men. A significant number of men spoke of practicing rimming. While this may not have significance related to HIV transmission, it may be important in terms of their risk for hepatitis A.

About half of the interview respondents spoke about their opinions about condoms. Although most agreed that anal sex was more pleasurable without condoms, 60 percent expressed that they had no problems with using condoms. Some of them expressed that condoms reduced sensation somewhat, but that it was still important to use them with anal sex to prevent the spread of HIV. One man noted that as a receptive partner, he could not feel a difference in sensation between using condoms and not using them. Another expressed that he found that condoms could be sexy when a partner put them on him. A third agreed that condoms were important for the prevention of HIV, but that they were only one part of the arsenal of prevention methods. Three men expressed their dislike of condoms saying that they found them uncomfortable or irritating and that they interfered with an erection. One man pointed out that if condoms interfered with an erection, there were other things that people could do.

Interview participants were asked to give their opinions about men who regularly engage in unsafe sexual behaviors. One of the two most common sets of responses explaining this behavior concerned an overall lack of knowledge or misunderstandings about HIV and risks. Examples of this included: ideas that insertive partners ("tops") were not at risk, perceptions that their partners were low risk because they were married or because they lived in more rural areas, overall naiveté or being too trusting when partners said they were negative, and not knowing enough about what it was like to live with HIV. The other most common set of responses concerned the prevalence of poor mental health among gay men, including lack of confidence, low self-esteem, depression, feelings of loneliness and alienation, and a desperate need to feel wanted or accepted. One man commented that it was not just a matter of individual mental illness, but a community illness as well. Others explained high-risk behavior as a companion to substance abuse, especially alcohol and methamphetamine abuse. Other factors associated with high-risk behaviors included people just wanting to feel good and have fun, people being sick of hearing about HIV and the need to use protection, getting caught up in the heat of the moment, complacency about HIV because of the availability of effective medications and not seeing

people dying as they did in the past, fatalism, denial, lack of common sense, inability to communicate effectively with partners about serostatus and safer sex, a lack of healthy role models, and the bathhouse culture of not using condoms or talking about serostatus. It was also mentioned that some people just do not care if they get HIV, and some even want to get it so they can access services. Most of the respondents expressed that they thought such high-risk behavior was not wise, with some expressing disbelief that men would engage in such behavior when the possible consequences were so grave.

Sexually Transmitted Infections (STI) History

Of the 22 men that discussed the subject of STIs, 10 said that they had never had one. The most common infection reported by the respondents was crabs (6), followed by gonorrhea (3), genital warts (2), syphilis (1), and herpes (1). One man said he had a history of STIs but did not specify the type. Another said he had a urinary infection with *E. coli* that he contracted from having anal sex. Two men mentioned that they thought they were in monogamous relationships until they contracted an STI from their partners. One of the men with a history of gonorrhea said he contracted it when he was having sex with women. One of the men with a history of crabs pointed out that he contracted them in a bathhouse, and therefore he never went to one again. The man who had herpes lamented that there had not been enough education around the disease or how to protect oneself from it.

HIV

Interview respondents were asked about the time in their lives when they first became aware of HIV and about the impact of this awareness on their behavior. Most of the respondents who were forty years of age and under said they had been aware of HIV since before they came out. Most said they were concerned about it, with two admitting to being very afraid. One was told by his father that AIDS was God's punishment of gay men. Two others said they had not received HIV education and knew little about it until later in life. One relayed that he had not taken HIV very seriously until he was raped in 1991. Many of the men who were over forty had become sexually active before the time that HIV was getting a lot of attention in the press in the mid 1980s. Once they did learn more about it, most said they were concerned enough to take precautions when having sex. Several mentioned that they started using condoms. One said he moved back to his rural hometown to get away from the environments where he participated in high-risk sex. Another said he always tried to be in monogamous relationships. Two men mentioned that they were not so concerned about HIV because they thought their risk was already low. One mentioned thinking that HIV was only a problem in places like San Francisco and New York and therefore was not worried.

When asked about their current attitudes about HIV, the overall level of concern on the part of the participants was less than it had been in the 1980's. Of the men who discussed their attitudes, just over half still saw HIV as an issue of concern. For some, avoiding HIV was part of an overall effort to stay healthy. Most of these men lamented that HIV was no longer very visible or widely discussed and that so many men had become complacent about it due to available treatments. They still considered avoiding HIV and its consequences as important. The other respondents were not so concerned about HIV. Some emphasized that this was because it was now a manageable disease. Two men who were living with HIV shared this opinion, with one adding that he was also not concerned about getting a "supervirus" from having sex with other

positive men because he had not seen that happen to others. Two men expressed the attitude that "we all have to die of something." Another emphasized that there were risks in everything, and it was more important to live life to its fullest than to change behavior to avoid HIV.

When asked about HIV testing, seven out of the 20 men who discussed testing said that they tested regularly, with intervals ranging between several times a year to once every two years. Some of those who did not test regularly based their decisions around testing on their relationship status and what they perceived to be their level of risk. Some of them stated that they did not test often, if ever, when they were in a relationship, but might just before beginning one. Many of the respondents discussed that they had tested together with a partner when entering into a relationship, often so they could have unprotected sex with each other without worrying about transmission if both partners tested negative. One of the men living with HIV said that his partner tested every three months. One man stressed that there needed to be more education about the test so that people better understood "window periods". Another emphasized that one should not test at a doctor's office so that insurance companies could not access the information about the results or that they tested at all. Another mentioned that he did not test in Colorado Springs because he always felt somewhat judged. He instead tested for free at a Denver bathhouse. Of the 31 men participating in the interviews, four disclosed that they were HIV positive, 25 reported being negative, and the status of two others was unknown.

There was very little discussion in the interviews about the issue of disclosure. The three HIV negative men who commented on disclosure emphasized that there were many men living with HIV who did not disclose their status to partners. One suggested that non-disclosure should be a criminal offense, which he thought would be a deterrent to non-disclosure. Two of the men living with HIV discussed disclosure briefly. One said it was easier to disclose to women than men, and that the majority of men he had disclosed to did not want to have sex with him. The other made the point that he always discloses his HIV status to partners, although the man that infected him did not.

HIV Prevention and Related Services

As part of the interviews, participants discussed their opinions about HIV prevention services available in the areas where they lived. Nine of the 31 people responding said that they did not know much about local services, or they said that there really were not many services available. Two thirds of the participants made some comments about the AIDS service organizations (ASOs) serving their areas. Several mentioned them as places where they could get HIV testing and information. Two men complimented the counselors they had worked with at ASOs, and one mentioned liking a film festival sponsored by one agency. These organizations were also cited as places that often made condoms available, though one program that did condom raids at bars was criticized for not engaging people in conversations about prevention. Several people mentioned that the ASOs were often good at linking people who were living with HIV to case management and care services, but thought the prevention services were lacking. They were criticized for not doing outreach in communities and not reaching high-risk individuals. Two men commented that ASOs are too heavy-handed with what one called "canned speeches" about condom use. They mentioned that many men were "sick of the condom message", and the agencies should also be talking about ways to manage risk without condoms. Two others thought that the ASOs were not dealing enough with issues of self-esteem and other aspects of emotional well-being. One man

pointed out that the ASOs tried to serve too many counties, and another said that the ASO serving his area was doing as much as it could do under the circumstances of limited resources.

Some respondents made comments about the HIV prevention system in general and agencies serving their areas around prevention issues. Comments included that: prevention organizations were not creative and continued using outdated messages, their messages were overly negative and judgmental, they were shackled by state regulations, they did not encourage more natural communication among gay men, HIV testing was inaccessible in many areas, there were no condoms in local bars, and public information around HIV was seriously lacking as were prevention services in general. One person mentioned that he did not see a lot coming from government institutions about education, prevention, or treatment. Two men who were living with HIV talked about their experiences working in prevention. Both said they truly enjoyed public speaking and being able to give others a better sense of what HIV was about and to use themselves as examples to encourage people to protect themselves from infection.

Over a third of the interview respondents reported being involved at some level with the ManREACH program. Almost all of the assessments of this program were very positive, with some citing it as a major shift in thinking and a great new approach to HIV prevention. People spoke of how the program had helped to build community and foster mutual support among gay men and provided a social outlet that was alcohol and drug free (though one man mentioned that some men did use drugs at the gatherings). Several mentioned that the program gave them a true sense of belonging, acceptance, social connection, and friendship. Others emphasized that ManREACH addressed the emotional needs of gay men, helping to improve self-esteem, and some described their experiences at the gatherings as spiritual. Several men spoke of how ManREACH fostered open and honest discussions among gay men in a safe environment and promoted healthy attitudes, healthy relationships, and healthy sexual behavior. One man mentioned how the program offered assistance with disclosure of HIV status. Other comments included that the program was educational and fun. The only negative comments about ManREACH included: that many younger men did not enjoy the gatherings, that program leaders should do more to discourage inappropriate behavior at the gatherings, and that the gatherings only happened a few times a year with nothing happening in between.

Recommendations

Numerous ideas were offered by the interview respondents concerning HIV prevention among MSM living outside of the Denver area. One common set of recommendations focused on the importance of community building. Many of the respondents thought that there was a great need for men to have more opportunities and places to socialize with other gay men, to be able to establish meaningful relationships (not merely sexual relationships), to share their stories, and to discuss issues important to gay men in an environment they considered safe and free of judgment. Some stressed that it was important for these gatherings to be alcohol and drug free. Some thought that having such opportunities would help men feel acknowledged and connected to others in positive and more intimate ways, promoting a more holistic feeling of well-being, and possibly preventing some men from participating in high-risk behaviors out of loneliness. Respondents saw a need to talk honestly to each other about their sexual behaviors and their reasons for participating in those behaviors. Some also saw such gatherings as opportunities to share safer sex education and discourage men from taking as many risks. Others saw them as

opportunities to generate mutual support and acceptance and to build honesty and respect among gay men, which may influence men to be less likely to put each other at risk for HIV. As mentioned above, many of the interview respondents had been involved with ManREACH and spoke very favorably about the program. Their most common recommendation was to expand ManREACH so that gatherings could occur much more frequently and in more locations or that other similar opportunities to socialize should be developed. One respondent also suggested the development of a state-supported gay and lesbian community center that included an information clearinghouse.

Another very common set of recommendations offered by the interview respondents concerned the expansion of HIV and STI education. Most commonly, men stressed the need for comprehensive sex education, including STI and HIV education, in schools. This should include information about condoms, HIV testing, and disclosure of HIV status. This would also need to include a healthy approach to sexuality that would help to promote mutual understanding between gay and straight youth and help gay youth to be less alienated, less confused about their sexuality, and more comfortable with who they are. Men stressed that both gay and straight youth needed to better understand the risks associated with various sexual behaviors, including anal sex. Several respondents emphasized the potential dangers to public health associated with abstinence only education. Some also underscored the need for parents to learn the information as well and to learn to feel comfortable discussing it with their children. One emphasized how gay youth needed to be raised differently so they are emotionally well and their relationships respected.

Various respondents thought that education was key to HIV prevention, even for gay men. Although most gay men know basic information about HIV and how it is transmitted, respondents thought that misinformation about HIV was prevalent and that there was a lot of more specific information that many men may not have. Such information included: epidemiological trends, updates on HIV medications, risks associated with oral sex, and overviews of hepatitis C. Some suggested that men, especially younger men, needed to have better information about the relative risks of certain behaviors to promote a better understanding about when condoms are necessary for prevention and when they are not. One stressed that if gay men have all of the information they need, then they can make their own decisions about how to incorporate that information into what they do.

Several respondents expressed the need for wider visibility of HIV to the public at large, lamenting that it had virtually fallen off people's "radar screens." They thought that there was a need for greater public information utilizing various media, especially television, to raise awareness and promote prevention in ways that were meaningful and entertaining. One stressed that people in general needed to learn to talk openly about sex and how to prevent pregnancy and disease. Other education-related recommendations included: the need to get better HIV information to immigrants, the need to educate legislators, the need for doctors to better educate their patients, and the need for friends to keep each other informed about HIV and STI prevention. Several men also emphasized the need for better dissemination of information about available services. Several men did point out that education was not enough to prevent high-risk behaviors. One suggested going beyond education and tapping into people's emotions, something that could likely be done if people living with HIV were providing the information.

Another stressed that information only went so far, and that people needed help integrating the information through connecting and sharing with their peers. One participant emphasized that a person needed the motivation to learn about HIV and to be safe, and, without it, education was not very helpful.

Numerous recommendations for HIV prevention strategies and approaches emerged from the interviews. Several of the comments addressed many men's difficulties with and even resentment toward traditional messages of HIV prevention advising 100 percent condom use under all circumstances. They complained about how 100 percent condom use had been presented as the only safe alternative, and stressed how this message was unrealistic and did not address the complexities of men's sex lives. One man stressed that when people are "hit over the head" about HIV too many times they start tuning it out. Some respondents pointed out a need for more "sex positive" and peer-based messages, with one respondent emphasizing that trying to instill fear was not the best strategy. While some stressed the need for HIV prevention to stop focusing on the consequences, others advocated for more fear-based messages, some emphasizing the need for gay men who were not knowingly living with HIV to understand more of the reality associated with living with HIV and to understand that the "moments of pleasure" that may come from unprotected sex were not worth the risk of getting the disease. They also thought that people needed to realize that available HIV treatments were no panacea. Several men emphasized the potential effectiveness of having men who were living with HIV getting involved in delivering prevention messages, telling their stories, and letting people know what it is like to have HIV. Two thought that fear may work with young people given that logic often does not.

Suggestions for specific program activities included the following:

- Conduct outreach in bars and in places where gay men seek sex partners and make condoms and literature available in those locations
- Address men's mental health issues, including issues of low self-esteem, by providing: mental health services with well-trained counselors, support for men in dealing with difficult life issues and substance abuse problems, help with making better decisions that would promote well-being and motivate men to take care of themselves, and assistance with learning to advocate for oneself.
- Promote HIV testing by making free testing available in many more locations and by developing a "culture" of getting tested among gay men
- Provide mentors for gay youth and role models of healthy gay relationships
- Hold entertaining events such as barbeques that also involve seminars, workshops, and open discussions on HIV and other issues important to gay men.
- Provide needle exchange
- Offer free hepatitis vaccinations
- Put ads on-line that encourage men to be safe
- Develop specific strategies for meeting the prevention needs of non-gay identified MSM
- Offer meditation to help people listen to their inner wisdom
- Make pornography available that portrays safer sex

There were also many recommendations offered by the interview respondents about particular strategies or characteristics that should be included in programming. These included:

- Avoid messages that could be construed as judgmental
- Address stigma and discrimination so that others are more accepting, supportive, and non-judgmental with gay men
- Allow for gay marriage in Colorado so that gay men can feel equal and can aspire to loving relationships that are accepted
- Ensure that services are meeting the needs of younger gay men
- Identify and involve influential people in prevention efforts
- Present subjects in discussion formats not lectures, and provide opportunities for gay men to discuss issues including topics such as erectile dysfunction, condom use, HIV medications, and aging
- Deal with more than HIV (broader messaging)
- Provide prevention efforts and messages for gay men that come from the gay community, not those developed by institutions
- Hire providers who are gay, including gay doctors
- Ensure more collaboration among agencies
- Ensure services even in areas where HIV morbidity is low
- Encourage more open discussions of sexuality
- Involve many types of people in prevention
- Do not waste money trying to re-educate older gay men

Several of the men who participated in the interviews were pessimistic about the likely success of many HIV prevention efforts. Three respondents emphasized that providers can inform men about risk and how to lower it, but in the end everybody makes their own choices about the risks they take. They said that if gay men did not want to use condoms there was often nothing that could be done to change their minds. One man stressed that there was no possible “propaganda” or program that could convince him to use a condom every time he had sex. Another pointed out that education could not often compete with the heat of the moment. One said that it was hard to prevent something people were so driven to experience, and sometimes the forbidden nature of unprotected sex could make it more desirable.