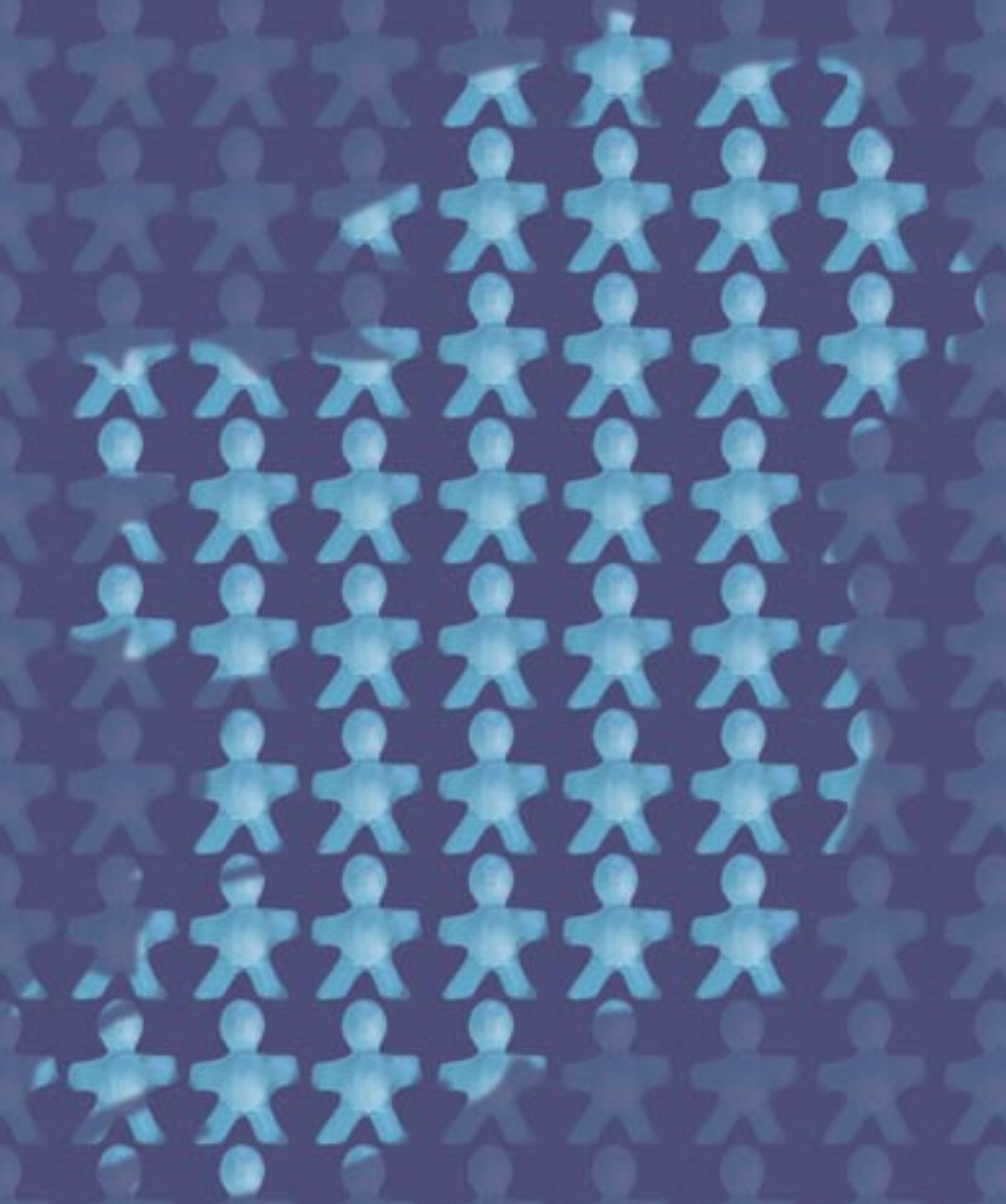
REAL**LIVES**

Findings from the All-Ireland Gay Men's Sex Surveys, 2003 and 2004



Paula Devine, Ford Hickson, Helen McNamee, Mick Quinlan

Original Research Report June 2006

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"Vital Statistics Ireland – findings from the All-Ireland Gay Men's Sex Survey" is a Gay Health Network title and is used for such surveys undertaken by its members.

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We would especially like to thank the following for making this report possible:
The men who participated in the surveys.
The following websites for promoting the banner/button for free.

www.belongto.org	www.gaire.com
www.gayhealthnetwork.ie	www.gayhealthproject.com
www.gayireland.com	www.gaymenshealthproject.ie www.queerid.com
www.queerspace.org.uk	www.outhouse.ie
www.rainbow-project.org	www.sigmaresearch.org.uk

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Foreword

Both the Gay Men's Health Project (GMHP) and The Rainbow Project are members of the Gay Health Network (GHN) that carried out the important All-Ireland Gay Men's Sex Survey in 2000. The report of that survey was entitled 'Vital Statistics Ireland' (Carroll et al., 2002) and henceforth in this report is referred to as VSI2000.

The GMHP was established in 1992 and is part of the statutory services in Republic of Ireland. The Rainbow Project, which was established in 1993, is a non-governmental organisation (NGO) based in Northern Ireland. The work programmes of both the GMHP and The Rainbow Project are based on needs identified through our work with clients, as well as through our involvement with GHN, other networks and groups. In addition, our work also draws upon international HIV prevention and sexual health promotion programmes for gay and bisexual men.

As part of our commitment to research-based programmes, we carried out additional All-Ireland Gay Men's Sex Surveys in 2003 and 2004.

The primary aims of these surveys were to:

- Identify some of the sexual health and HIV prevention needs of gay and bisexual men;
- Continue to provide an insight into a community that sexual health providers are targeting;
- Generate data that can be used to inform future interventions and services.

We were pleased to work with Sigma Research and ARK in developing and publishing this report. Sigma Research has many years of experience in researching the social and sexual activity of gay and bisexual men. ARK is the Northern Ireland Social and Political Archive based in Queen's University Belfast and University of Ulster, and has experience in the analysis and dissemination of social policy data. As such, both organisations provided invaluable insight and experience for this research report.

The findings outlined in this report show that individual behaviours are complex and variable. The report identifies key needs around HIV, including that up to half of HIV infections remain undiagnosed. In addition, knowledge of HIV and its prevention is variable, with particular needs outside Dublin, among younger men and among those with lower levels of education. The findings also identify broader areas of need around sexual assertiveness, relationships, social supports and integration, drug use, paying for sex, disability and ill health, sexual assault, economic well-being, ethnicity, awareness of Post Exposure Prophylaxis (PEP) and use of General Practitioner (GP) services.

Importantly, since 2000, the Celtic Tiger phenomenon in the Republic of Ireland, and the promotion of the Pink Pound more generally, hide the fact that many gay or bi-sexual men are just getting by financially, or are unemployed. In addition, as marriage or cohabitation for same-sex couples has risen to the top of the public agenda in the

last year, this report shows that one in five men have had a regular partner for over five years.

Meeting these needs presents a challenge to existing statutory services, to the health authorities, to HIV agencies and to the lesbian, gay, bisexual and transgender (LGBT) community. Since not all the identified needs can be met within current service provision, it is essential that all health authorities and health service providers continue to develop broad-ranging strategies to meet the sexual health needs of gay men in their areas – strategies that include building the capacity of the gay community and gay community services. Models of service in Dublin and Belfast, where they are effective, can be mirrored in other areas. Targeted initiatives and services are needed and are going to require additional resources. That the identified needs must be urgently addressed is underlined by the latest HIV figures for 2005 which show that HIV infections among gay men on the island of Ireland continues to rise.

Glossary and statistical significance

Term	What it means	Further explanation of its use in this report
Concordant	A person has the same HIV status as their partner	This means that both partners are HIV positive or that both partners are HIV negative
Discordant	A person has a different HIV status than their partner	This means that one partner is HIV positive while the other partner is HIV negative
GUM	Genito-Urinary Medicine	This involves the investigation and management of sexually transmitted infections (STI) and HIV
HIV	Human Immunodeficiency Virus	An infectious agent often acquired during sex between men
IUAI	Insertive unprotected anal intercourse	Active partner in anal intercourse without a condom
RUAI	Receptive unprotected anal intercourse	Passive partner in anal intercourse without a condom
STI	Sexually Transmitted Infection	Infectious agents (including HIV) acquired during sex
UAI	Unprotected anal intercourse	Anal intercourse without a condom

The tables and figures presented in this report are the valid responses for each question, that is, they exclude people who did not answer the particular question. For example, not all respondents provided information on where they lived. Thus, in tables of responses broken down by area of residence, the number of 'all' respondents is greater than the sum of respondents across all areas.

All group differences highlighted in this report are significant at the 5% level ($p<0.05$) level. This means that if we had done the survey multiple times, this difference would probably be observed in fewer than one in twenty of the surveys, purely by chance.

Contents

Contents

1: Introduction

1.1 Sex between men and HIV infection on the island of Ireland

HIV is a major health hazard for gay and bisexual men in Ireland, and thus men who have sex with men (MSM) will be a major part of the HIV epidemic for the foreseeable future. Both Irish and United Kingdom (UK) governmental health, HIV and sexual health reports acknowledge the gay community as a population to engage with and accommodate when planning and implementing health promotion strategies. It is also acknowledged that HIV transmission among men who have sex with men continues to rise. Research is seen as an important way to guide these strategies, and this report on the 2003 and 2004 surveys is a significant contribution to that end.

Since the publication of VSI2000, HIV has continued to rise in Ireland, both north and south. There has also been an increase in the prevalence of other sexually transmitted infections (STI) such as syphilis, chlamydia and gonorrhoea, which are indicators of sexual activity and which can also increase the risk of HIV co-infection.

1.2 Existing sources of data for HIV prevention programme planning

While HIV is not a notifiable disease in either the Republic of Ireland or in Northern Ireland, both have a system of voluntary reporting. In the Republic of Ireland, all confirmatory HIV tests are carried out by the Virus Reference Laboratory in Dublin. From there results are recorded, collated and using a special anonymous coding system, and then passed to the Health Protection Surveillance Centre (HPSC). In Northern Ireland, the UK's Public Health Laboratory Service co-ordinates the Survey of Prevalent HIV Infection Diagnosed (SOPHID) that counts people with diagnosed HIV infection that are in touch with services.

Three previous surveys about HIV and sex have been carried out with Irish gay men and bisexual men. In 1988, the voluntary group Gay Health Action recruited 265 men from gay venues to take away, complete and return a questionnaire (Gay Health Action, 1989). At the beginning of 1992, outreach workers from the Eastern Health Board carried out another self-completion survey, recruiting 481 men in Dublin's gay venues (Quinlan et al., 1992). This survey was completed on the spot and returned to a sealed box. The findings helped establish the Gay Men's Health Project. In 2000, over 1400 men were recruited at Gay Pride and local gay social venues for the All-Ireland Gay Men's Sex Survey (Carroll et al., 2002). The questionnaire was completed on the spot and returned to the canvassers (GMHP outreach workers, The Rainbow Project volunteers, Johnny members and local gay community volunteers). All three of these surveys focused on gay men who use the gay scene in Ireland. Despite differences in methodology and content, the three surveys provide useful comparisons with the current report.

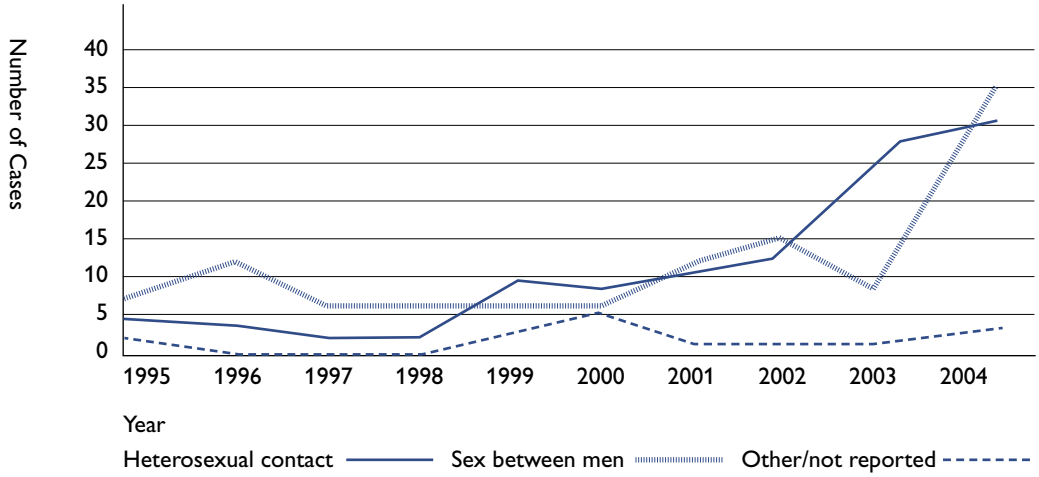
1.3 Sex between men and HIV infection in Ireland

Sex between men was decriminalised in the Republic of Ireland in 1993, and the age of consent is now 17 years. In Northern Ireland, the common age of consent is 17 years.

Between January 2000 and September 2005, 438 men who have sex with men on the island of Ireland have been diagnosed with HIV. This represents a 71% increase since the All-Ireland Gay Men's Sex Survey was carried out in 2000.

By September 2005 in Northern Ireland, the total number of people who had been diagnosed with HIV was 384 (Health Protection Agency, 2005a). Just over half of these cases (201 men) were MSM, which represents 74% of all men who were infected through sex. Between January 2000 and September 2005, 85 HIV diagnoses were made among MSM.

Figure 1.1 : HIV diagnoses by exposure category, Northern Ireland to end of 2004



Source: Health Protection Agency, 2005b, p. 56

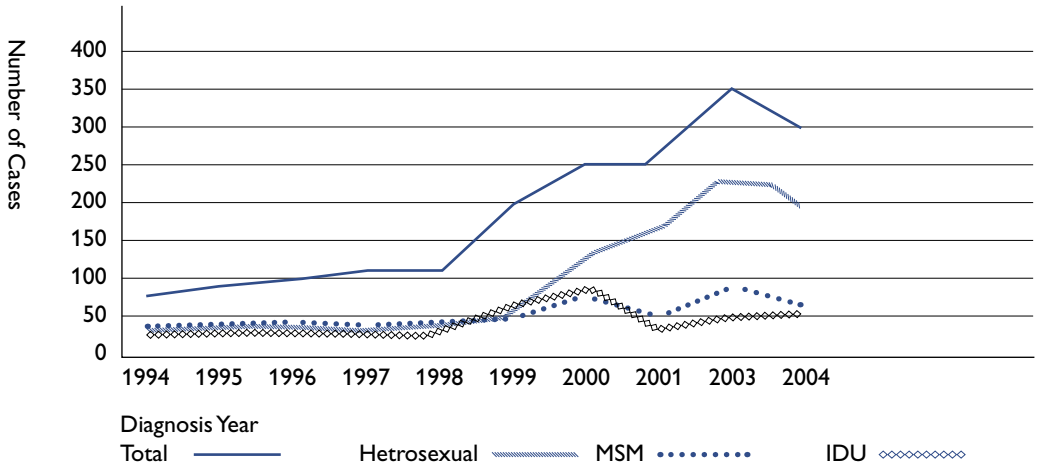
The HPA noted that men who have sex with men remains the behavioural group at greatest risk of acquiring HIV infection. HIV incidence was estimated at 3.0% among MSM attending sentinel Genito-Urinary Medicine (GUM) clinics in England, Wales and Northern Ireland. In Northern Ireland, HPA calculate that transmission among MSM continues to account for the majority of infections diagnosed. In addition, surveillance of the ongoing syphilis outbreak, which began in 2001, identified 58 cases of primary, secondary or early latent syphilis during 2004, with the majority occurring among MSM (HPA, 2005b).

In the Republic of Ireland, in June 2005, 3,912 people had been diagnosed with HIV. Of these, just over one fifth (21.8% or 853 men) were MSM (HPSC, 2005a). As the

details are gathered differently in the South it is estimated that MSM make up 36% of all men diagnosed with HIV or 51% of men infected though sex (GMHP, 2006). Between January 2000 and June 2005 there were 353 diagnoses among MSM.

HPSC figures for 2004 show that while the number of newly diagnosed HIV infections among MSM indicate a slight downward trend from 2003, there was still an increase on the numbers reported in 2002 (HPSC, 2004). "This is of concern in the context of continued endemnicity of syphilis in Ireland ... Syphilis and other genital ulcer diseases facilitate the transmission and acquisition of HIV and the increase in reported infections highlights the importance of continuing efforts to maintain awareness of risk and to prevent and control STI's and HIV among MSM communities in Ireland" (ibid, p. 19).

Figure 1.2: HIV Diagnoses by exposure category, Republic of Ireland, 1994-2004



Source: HPSC, 2005a, p. 8

A syphilis epidemic – like that in Northern Ireland – broke out in Dublin in 2000. Overall there were 502 syphilis diagnoses among MSM between January 2000 and June 2005 (HPSC, 2005b). In response, the Health Authorities established a multi-disciplinary outbreak control team (OTC) in October 2000. Using intervention methods such as onsite testing in gay bars, clubs and saunas, distribution of information, additional clinical resources, contact tracing, there was a decline in numbers. These activities were mostly provided by the GMHP outreach and clinical team, as well as nurses and doctors from the GUIDE Clinic at St James's Hospital. In 2005 the HPSC stated that "the numbers of infections reported have not reverted to pre-outbreak rates and syphilis remains endemic in Ireland" (ibid, p. 4).

1.4 HIV health promotion for gay men in Ireland

HIV prevention and sexual health promotion work for gay and bisexual men in Ireland is carried out by a combination of non-governmental organisations, gay community services, and the statutory health services.

There is one specialised statutory service in the Republic – the Gay Men's Health Project in Dublin. There are also some gay NGO projects that get a portion of their funding from the state through the local Health Authorities. Most other cities have NGO HIV prevention and care projects that are broad based, but that include gay men as a particular client group, with varying degrees of targeted services to this group. There are a range of voluntary gay community organisations throughout the country which provide sexual health information and support

Since 2000 in the Republic of Ireland, some funding has been made available to local groups. GMHP has held three of the annual All-Ireland Gay Health Forums, has carried out training on homophobia and heterosexism, and has worked with Johnny (gay peer action group), to continue to distribute the 'Rubber Up' safer-sex packs. Outhouse (the LGBT Community Centre at Capel Street, Dublin) has become an integral part of the community providing access to many people from around Ireland. Meanwhile GHN has produced STI and HIV testing booklets and is currently in the process of producing a new safer-sex booklet as well as a secondary prevention campaign. In addition, GHN is working with BeLonG To (LGBT youth project) to produce information aimed at younger gay and bisexual men, and with Johnny, on producing information stalls for dissemination of information. These GHN resources are used throughout Ireland. Reflective of recent demographic change and inward migration is the availability of Health Service Executive (HSE) funding for the translation of publications and websites – to make more them accessible to men from other countries. Notably, 20% of men attending the GMHP Clinic were born outside the island of Ireland and according to HPSC reports of the HIV diagnoses nationally for MSM, between 25% to 30% were among men born in other countries (Quinlan, 2006).

The GMHP-run STI clinic in Dublin is very busy – men attend from all parts of Ireland. In 2004 there were nearly 5,000 visits, and of the 638 first-time attendees, 51% were aged under 30. In that year there were 1,750 STI screens, 1,400 HIV tests, 1,500 syphilis tests and 750 men completed the Hepatitis B vaccine course. GMHP diagnosed 50 new syphilis cases and 21 HIV diagnoses, 34% of the overall number of MSM diagnosed with HIV in 2004 in the Republic of Ireland (GMHP, 2004).

Since 2000, The Rainbow Project has continued to distribute safer-sex packs in gay bars and clubs throughout Northern Ireland. Information inserts for the packs are continually designed and developed. The inserts are general in nature, but can also be responsive to issues as they arise, such as the syphilis outbreak which was

highlighted in 2003. In 2004, The Rainbow Project launched a new safer-sex pack modelled on a well-known cigarette brand. The new 'Ride' packs contain two condoms and two sachets of personal lubricant. The first sauna in Northern Ireland opened in 2003, and in partnership with its management, The Rainbow Project also provides safer-sex information and packs to its clients. A series of sexual health clinics have also taken place in partnership with the Genito-Urinary Medicine Department of the Royal Victoria Hospital in Belfast. The most recent clinics included 'satellite' clinics that took place in the offices of The Rainbow Project in Belfast.

Rainbow also managed the Positive Voices programme which ran from 2004 to 2006. This was the first
cross-border HIV prevention and support initiative, and offered respite residential weekends offering support to those affected by HIV, specifically those affected by social exclusion and/or rural isolation. In addition, the initiative led to the production of the All-Ireland Charter of Rights for HIV Positive Persons.

In Northern Ireland, The Rainbow Project receives sexual health-orientated funding from the Department of Health, Social Services and Public Safety (DHSSPS) and across the four Health and Social Services Boards (Northern, Southern, Eastern and Western). However, funding in the Western Board area is the only recurrent funding which The Rainbow Project receives, and no other financial assistance is guaranteed.

1.5 The need for research

Since 2000, there has been a series of reports and health promotion, AIDS and sexual health strategies published in Ireland both north and south.

In the Republic of Ireland, the National Health Promotion Strategy 2000-2005 recognises the gay community as "one of a number of population groups with different requirements, which need to be identified and accommodated when planning and implementing health promotion strategies" (Department of Health and Children, 2000a, p. 45). The Report of the National AIDS Strategy Committee recommended that HIV prevention and sexual health promotion work in the gay community continue (Department of Health and Children, 2000b, p. 37). Other reports comment on the health needs of gay men in relation to discrimination, mental health, assertiveness and access to resources.

These publications include:

- Men talking - a study of men's health in the North Eastern Health Board (North Eastern Health Board, 2001).
- Report on the personal development courses for gay and bisexual men (Allen et al., 2002).
- Health in Ireland - an unequal state (Burke et al., 2004).
- Getting inside men's health - a national research report (Richardson, 2004).

Other reports focus on HIV positive men and males in prostitution, for example:

- Such a taboo - an analysis of service provision for males in prostitution in the eastern region (Grimes, 2001).
- Men who have sex with men, HIV prevention among those who are HIV positive - a resource paper (Collins and Sheehan, 2005).

Importantly, various sexual health strategies have been published by local health boards, including Strategy to Promote Sexual Health 2001-2011 (Southern Health Board, 2001), Promoting Sexual health and Well-Being in the Midland Area (HSE Midland Area, 2005) and The Sexual Health Strategy (HSE Eastern Region, 2005)

In Northern Ireland, the Five Year Sexual Health Promotion Strategy and Action Plan is due to be published in Autumn 2006. The document lists actions under four areas: prevention, education and training, services and data collection and research. Following publication, an implementation group will convene to take the strategy's recommendations forward.

One important aspect of the 2000, 2003 and 2004 All-Ireland Gay Men's Sex Surveys is that they inform the work of strategy and implementation bodies. This in turn necessitates the continuation of funding and support for local and national gay health organisations that can undertake such research. Allied to this is the need for the development of an combined sexual health strategy for the island of Ireland.

2: Aims and methods

2.1 Context

The Gay Health Network and its constituent groups have built up a close contact with Sigma Research since 2000. In 2002 it was noted by Sigma Research that a significant number of men completing its annual Vital Statistics on the internet were living in the Republic of Ireland and Northern Ireland. Since this was a UK-wide survey, the data from the Republic had to be discarded. Given the obvious level of interest in participation, Sigma and GMHP discussed how future studies could be developed to collect information that would be of interest to health promoters in Ireland. Funding was secured for fieldwork and data cleaning for a survey in 2003 and another in 2004.

In general, the same questions were used in All-Ireland surveys as used in Sigma's British surveys. However, there were some changes in to reflect regional differences in currency, educational qualifications and the readership of publications. In 2005 it was decided to produce a combined report on the 2003 and 2004 data, with The Rainbow Project funding ARK to write the report, and GMHP funding its design, printing and launch. Thus, the involvement of Sigma, GMHP, Rainbow and ARK highlights an important partnership among these statutory, NGO and academic organisations.

In order to inform future strategies, and evaluate previous policies, it is imperative to have an annual survey collecting time-series data. Thus, a 2005 survey has been undertaken, and applications have been submitted to fund a survey in 2006. Initial figures from the 2005 survey (which is only internet based) indicate that there has been a 33% increase in respondents, which is encouraging.

2.2 Study aims

The aims of the current study are to continue to collect and make available a current snapshot of sexual behaviour related to HIV transmission and HIV prevention needs among gay and bisexual men in Ireland, both to inform programme planning and to act as a baseline for future studies.

The target audience for the current report are all those engaged in reducing the HIV incidence during sex between men in Ireland, be it funding, designing, planning, implementing or researching interventions. As many men's HIV prevention needs are met while interacting with a wide variety of services (not just HIV prevention services), the target audience for this report thus includes all those who provide social and health services to gay and bisexual men.

2.3 Methods

Comprehensive health promotion programmes to prevent HIV infection during sex between men are obviously concerned with the HIV prevention needs of all homosexually active men. Thus, such programmes will benefit from data about all homosexually active men. However, research faces a similar problem as intervention programmes do, that is, how to access homosexually active men who are covert about their sexual behaviour. Men who are 'out' about their sexuality share social and sexual spaces that can be used both as settings for interventions and for recruitment to research. It is much more difficult to contact similar numbers of men who are either 'in the closet' or who keep their sex with men compartmentalised and discrete from the rest of their lives.

Within the available resources and to carry out activity of benefit to HIV health promoters throughout Ireland, the aims of the study were considered best met by a short self-completion survey of gay and bisexual men, recruited through internet and postcard distribution and adverts in gay community press. It was also recognised that self-completion surveys have the potential to act as HIV prevention interventions and we sought to maximise this impact. The population we wished to recruit were men who have sex with men and living on the Island of Ireland. The inclusion criteria were therefore (1) males, (2) aged 14 or older, (3) resident in Ireland.The questionnaire was designed by Sigma Research. The questions drew on previous surveys carried out by Sigma Research and slightly changed under direction from GMHP and The Rainbow Project. As it was a self-completion survey, simplicity and ease of completion were a necessity.

The questionnaire was available online between July to September in 2003 and 2004. Information about the survey and how to access it was advertised in the gay press and also by a printed postcard distributed throughout Ireland by GMHP and relevant groups. The special Vital Statistics banner or button was placed on gay websites or on chat rooms used by men looking for contact or sex with other men. When the banner or button was clicked, respondents were asked where they lived. If this was in Ireland, the relevant questionnaire was displayed.

In addition, the 2003 survey was available as a self-sealing, 'Freepost' addressed booklet in Northern Ireland. This booklet was distributed in The Rainbow Project drop-in centres in Belfast and Londonderry/Derry, the Garage sauna in Belfast and gay commercial venues in Belfast and Londonderry/Derry. The booklet was also available as an insert in the GMFA magazine FS.

Cleaning and coding of the dataset was carried out by Sigma and an initial data report submitted to GMHP and Rainbow. After team discussions, a fuller version was prepared by ARK and agreed with the team. After completion of the survey report, research conclusions were jointly agreed. The report was launched at inter-disciplinary events in Dublin and Belfast, followed by mail-outs to groups and agencies.

3: Sample description

This chapter describes the 868 men who responded to the survey in 2004 and the 1030 men who responded to the survey in 2003. While some questions were asked in both 2003 and 2004, other questions were only included in either year. Where possible, responses will be compared with those from VSI2000.

3.1 Residence

Respondents were asked about where they lived in two different ways. Firstly, 'Which country do you currently live in?'. Table 3.1 indicates that there has been an almost two-fold increase in the proportion of respondents from Northern Ireland since the 2000 survey, from 18.7% in 2000 to 33.0% in 2003. This increase may be due to the change in methodology. In 2000, the questionnaire was available in booklet form only, while the later surveys were predominantly completed on the internet, thus increasing the number of potential respondents. This means that the potential sampling frame is much wider.

Table 3.1: Country of residence (2003 and 2004)

	2003		2004		2000	
	n	%	n	%	n	%
Northern Ireland	**340**	33.0	274	31.6	233	18.7
Republic of Ireland	690	67.0	594	68.4	1011	81.3
Total	1030	100.0	868	100.0	1244	100.0

The second residence question was asked differently in 2003 than in 2004. In 2003, respondents living in the Republic of Ireland were asked 'Which county do you live in?', while respondents living in Northern Ireland were asked 'Which Health Board area do you live in?'. In 2004, all respondents were asked 'Which Local Authority do you live in?'. Responses were wide ranging, incorporating full post-codes, part of postcodes, counties and towns. However, respondents living in Northern Ireland were asked the follow-on question 'Which Health Board area do you live in?'. For both years, responses have been reclassified into Health Boards.

In VSI2000, the modal response for county was Dublin, and the modal response for Health Board was the Eastern Region Area Health Authority. This pattern holds for both 2003 and 2004. However, the increase in the proportion of respondents from Northern Ireland means that the relative proportions have decreased – in the most recent surveys, just over one third of respondents lived in Dublin, compared to 54.7% in 2000. Based on 2002 Republic of Ireland Census of Population and 2002 Northern Ireland Mid-Year Estimates, there were 2,775,164 men living on the island of Ireland. There were 544,075 males living in Dublin city and county, which represents approximately one fifth (19.6%) of the male population. Thus, in the 2003 and 2004 surveys, there was an over-representation of respondents from

Dublin, although not as high as in 2000. As noted in VSI2000 (Carroll et al., 2002), gay men are more likely to live in Dublin than in other areas, due to the geographical focus of the gay scene, gay community infrastructure and support mechanisms. In addition, the increase in the relative number of respondents from Northern Ireland is reflected in the fact that one fifth of respondents in both 2003 and 2004 live within the Eastern Health and Social Services Board (EHSSB), within which Belfast is situated. In 2002, 11.5% of the total population lived in this area, which again highlights an over-representation of respondents, most likely for similar reasons as those stated for Dublin.

- More than half of respondents live in or near the two major cities of Dublin and Belfast.

  Due to the large proportion of respondents living in Dublin city and county, where relevant, the figures in this report will be presented by four geographic areas: Dublin city and county; the rest of Republic of Ireland (25 counties); Northern Ireland, and all respondents.

  Since these surveys took place, there has been a reorganisation of health administration within the Republic of Ireland, and the Health Service Executive (HSE) was established on 1 January 2005. Four HSE regions were created. Within this classification, Dublin is split between two HSE regions. However, due to the large number of respondents living in the Dublin area and the fact that GMHP covers all of Dublin, we created a fifth area (Dublin City and County) for the purposes of this report (Table 3.2).

Table 3.2: HSE regions, NI Health Boards and county of residence (2003 and 2004)

	2003 (n=900)				2004 (n=719)		
	N (%)	County	N	%	N (%)	N	%
HSE region (Republic of Ireland)							
Dublin City and County HSE Mid Leinster	329 (36.3%) 45 (5%)	Dublin	329	36.6	256 (35.5%) 23 (3.2%)	256	35.6
		Kildare	11	1.2		7	1.0
		Wicklow	17	1.9		6	.8
		Offaly	3	.3		2	.3
		Westmeath	8	.9		6	.8
		Laois	5	.6		1	.1
HSE Southern	89 (9.9%)	Longford	1	.1	107 (14.9%)	1	.1
		Cork	55	6.1		72	10.0
		Kerry	9	1.0		8	1.1
		Kilkenny	6	.7		10	1.4
		Carlow	4	.4		2	.3
		Waterford	8	.9		10	1.4
HSE Western	88 (9.8%)	Wexford	7	.8	47 (6.5%)	5	.7
		Galway	25	2.8		18	2.5
		Roscommon	2	.2		4	.6
		Mayo	10	1.1		4	.6
		Limerick	17	1.9		10	1.4
		Clare	8	.9		2	.3
		Tipperary	9	1.0		2	.3
		Donegal	11	1.2		5	.7
		Sligo	3	.3		2	.3
HSE North East	14 (1.6%)	Leitrim	3	.3	16 (2.2%)	2	.3
		Cavan	0	0		0	0
		Louth	6	.7		6	.8
		Meath	7	.8		6	.8
		Monaghan	1	.1		4	.6
Health and Social Services Board (N Ireland)							
Eastern HSSB	178 (19.8%)				144 (19.6%)		
Northern HSSB	51 (5.7%)				60 (8.3%)		
Southern HSSB	61 (6.8%)				33 (4.5%)		
Western HSSB	45 (5.0%)				33 (4.5%)		

3.23.2 Method of completion

As outlined previously (see Section 2.3), the questionnaire in Northern Ireland (NI) was distributed in various ways, while in the Republic of Ireland (RoI) it was only available online. However, while 17.9% of respondents in Northern Ireland in 2003 completed a booklet, in 2004, only 1.5% of respondents did so.

Table 3.3: Method of questionnaire completion (2003 and 2004)

	%					
	2003			2004		
	NI n=340	RoI n=690	All n=1030	NI n=274	RoI n=594	All n=868
Online	82.1	100.0	94.1	98.2	100.0	99.4
Booklet	17.9	0	5.9	1.5	0	0.5
FS insert	0	0	0	0.4	0	0.1

In 2003, respondents in Northern Ireland who completed the survey online were significantly younger than those who completed the booklet version. The mean age of the former group was 28.38, while it was 33.8 for the latter group. Those replying via the internet were also more likely to have had sex with women only (11.5%) in the previous 12 months and less likely to have had sex with men only (78.5%), compared with those completing the booklet version (4.9% and 88.5% respectively).

3.3 Sexual orientation (2004 only)

In 2004, men were asked 'What term do you usually use to describe yourself sexually?'. Nearly three quarters of men (72.7%) said that they were 'gay', with almost one in five (18.7%) describing themselves as 'bisexual'. A smaller proportion of respondents (7.7%) said that they did not use a term. Respondents living Dublin were most likely to use the term 'gay' than men living elsewhere. In comparison with the data from the 2000 survey, there was a lower proportion of men using the term 'gay', but a higher proportion using the term 'bisexual'.

Table 3.4: Sexual orientation (2000 and 2004)

	%			
	2004			2000
	Dublin n=256	Rest RoI n=338	All n=868	All n=1094
Gay	75.0	72.5	72.7	85.7
Bisexual	16.8	18.3	18.7	7.1
I don't usually use a term	7.8	7.4	7.7	4.6
Other	0.4	1.8	0.9	2.6

Six out of the eight respondents who identified with an 'other' term specified the following descriptions:

- Curious, not hetro but not gay
- Curious
- Same sex attraction
- Heterosexual
- Tgirl
- Shemale or Transsexual

3.4 Age

Overall, the age profiles of the respondents in 2003 and 2004 were similar. In 2003, the average (median) age was 26 years, and 28 years in 2004. The mean age was also slightly higher in 2004 than in 2003 (30.18 and 29.04 respectively). Figure 1 shows that while the age profiles for all 3 years are generally similar, there was a lower proportion of respondents aged under 20 years in the 2000 survey.

In both 2003 and 2004, respondents living in the Republic of Ireland were more likely to be aged in their 20s or 30s than respondents living in Northern Ireland.

Figure 3.1: Age group of respondents (2000, 2003 and 2004)

- Two thirds of respondents were in their 20s or 30s.

3.5 Ethnicity

The distribution of ethnic groups was very similar in 2003 and 2004. In both years, just less than three quarters of respondents said that they were 'White Irish', while a further one fifth said that they were 'White British'. As might be expected, the distribution across areas was quite different. Just over one half of those living in Northern Ireland identified themselves as being 'White British', with just over two fifths saying they were 'White Irish'. In the rest of the Republic of Ireland, only a small minority (less than 4%) said that they were 'White British', and the vast majority (around 90%) said they were 'White Irish'. Other ethnic groups were identified, although in small numbers, with the highest proportion living in Dublin.

Table 3.5: Ethnic groups (2003 and 2004)

	%							
	2003				2004			
	NI n=349	Dublin n=328	Rest RoI n=361	All n=1026	NI n=274	Dublin n=256	Rest RoI n=337	All n=867
White Irish	40.3	86.0	90.3	72.4	44.2	85.9	89.0	73.9
White British	51.8	5.2	3.6	20.0	51.1	4.7	3.3	18.8
Other White	4.7	7.3	4.7	5.5	2.9	5.5	5.0	4.5
Mixed	1.2	0.6	0.3	0.7	0.4	1.6	1.2	1.0
Asian	0.6	0	0	0.2	0.4	1.2	0	0.5
Black	0	0.3	0	0.1	0	.4	0.6	0.3
All others	1.5	0.6	1.1	1.1	1.1	0.8	0.9	0.9

- Around half of respondents in Northern Ireland were 'White British', and around two fifths were 'White Irish'. At least seven out of eight men in the Republic of Ireland were 'White Irish'. Around 8% of respondents are from other ethnic groups.

3.6 Place of birth (2003 only)

In 2003, most respondents said that they were born in the Republic of Ireland (57.3%) or Northern Ireland (28%), and most respondents were born in the region in which they lived. The figures for 2004 were almost identical to those of 2003. Approximately 7.0% of respondents were born in Britain, and a similar proportion was born else. A wide range of 'other' countries were identified, the most frequent in both years being the United States of America, France and South Africa.

A small proportion of respondents have lived in a particular region for less than three years, with the highest proportion being in Dublin (7.3%) compared with 2.5% in the other 25 counties of the Republic.

Table 3.6: Country of birth (2003)

	%							
	2003				**2004**			
	NI n=334	Dublin n=326	Rest RoI n=358	All n=1018	NI n=274	Dublin n=256	Rest RoI n=338	All n=868
Republic of Ireland	3.9	81.0	85.5	57.3	4.0	80.9	83.1	57.5
Northern Ireland	81.4	3.1	0.8	28.0	83.9	3.5	3.6	28.9
Britain	7.5	7.0	5.9	6.8	8.4	7.9	5.3	7.0
Elsewhere	7.2	8.9	7.8	8.0	3.6	7.8	8.0	6.6

- Most respondents were born in the Republic of Ireland or Northern Ireland, and most were born in the region in which they lived.

  Approximately one half of respondents (51.0%) currently lived in the city, town or area where they were born. Respondents living in Northern Ireland were the most

likely to (56.4%) while those living in Dublin (48.9%) were least likely to do so.

- Approximately one half of respondents (51.0%) lived in the city, town or area where they were born.

3.7 Educational qualifications

Questions on educational qualifications were asked differently in 2003 and 2004. In 2003, respondents were presented with region-specific response codes, whilst in 2004, respondents were given the same set of response options. These responses have been classified using the typology outlined in Carroll et al. (2002).

In both survey years, few respondents had no qualifications. At least one half of respondents in each year had a degree, although the proportion was higher in 2003 than in 2004.

In 2003 and 2004, respondents living in Dublin had the highest level of qualifications. In contrast, those living in Northern Ireland were significantly more likely than those living elsewhere to have no educational qualifications. However, this may be partly due to the different education systems and the age at which different examinations are taken.

Table 3.7: Educational qualifications (2003 and 2004)

	%							
	2003				2004			
	NI n=338	Dublin n=328	Rest RoI n=360	All n=1026	NI n=273	Dublin n=255	Rest RoI n=336	All n=864
None	5.9	0.3	1.9	2.7	5.5	1.6	2.7	3.2
Secondary level 1 (eg Intermediate Cert, Junior Cert, O-level, CSE)	17.2	3.0	5.6	8.6	20.1	7.8	11.3	13.1
Secondary level 2 (eg Leaving Cert or A level)	28.7	16.5	16.7	20.6	27.1	27.1	26.2	26.7
Third level (eg degree)	42.3	74.1	65.3	60.5	40.7	55.7	53.0	49.9
Other (eg apprenticeships)	5.9	6.1	10.6	7.6	6.6	7.8	6.8	7.1

Using the groupings outlined in VSI2000 (Carroll et al., 2002), primary and secondary level 1 can be classified as 'low' education, third level can be classified as 'high' education, and the remainder classified as 'medium' education. Figure 3.2 indicates that the level of attainment among respondents in 2003 was similar to that in 2000, and that the proportion with low educational attainment is higher in 2004.

Figure 3.2: Educational attainment (2000, 2003 and 2004)

In 2004, 6.8% men said that they had received no full-time education since they were 16. Nearly three quarters of respondents (73.3%) had had at least 3 years of full-time education since age 16, suggesting that they attended higher education. Respondents living in Northern Ireland had participated least in full-time education - 12.5% had left full-time education by age 16, and 58.5% attended higher education, compared to 2.4% and 79.8% for those living in the Republic of Ireland outside Dublin. This matches the data on educational qualifications.

Table 3.8: Years of full-time education since age 16 (2004)

	%			
	NI n=272	Dublin n=254	Rest RoI n=333	All n=859
None	12.5	6.3	2.4	6.8
1 year	9.2	3.1	5.1	5.8
2 years	19.9	10.2	12.6	14.2
3 to 5 years	31.3	39.8	42.3	38.1
6 or more years	27.2	40.6	37.5	35.2

- Nearly three quarters of respondents had participated in full-time higher education, with men in Northern Ireland least likely to have done so.

3.83.8 Religion and religious practice (2004 only)

In 2004,10.4% of men said that they were brought up with no religion, with the highest proportion living in Northern Ireland (13.5%). The majority of respondents living anywhere in the Republic of Ireland (70.5%) said that they were brought up as Catholics, while the proportion was only half that figure in Northern Ireland (34.7%). In contrast, more than one third of men in Northern Ireland (37.6%) were brought up as Protestants, compared with only 9% in Dublin and 4.5% in the rest of the Republic of Ireland. Non-Christian religions accounted for less than 2% of responses.

- The majority of respondents in the Republic of Ireland (70.5%) were brought up as Catholics, compared with 34.7% in Northern Ireland.

  However, when asked about their current religion, just over four out of ten men (42.2%) said they currently had no religion. Men living in Dublin were significantly more likely to have no religion than men living elsewhere. Catholicism was the most frequently identified religion in all regions, although the proportion of Catholic respondents in the rest of the Republic of Ireland was twice as high as in Northern Ireland (42.6% and 21.3% respectively).

Table 3.9: Current religion (2004)

	%			
	NI n=267	Dublin n=251	Rest RoI n=333	All n=851
No religion	44.2	49.0	35.4	42.2
Catholic	21.3	35.1	42.6	33.7
Protestant	18.7	4.4	3.9	8.7
Christian unspecified/ other Christian	11.6	7.2	14.4	11.4
Other religion	4.1	4.4	3.9	4.0

The changes between religion of background and current religion were mostly due to respondents saying that they currently have no religion, rather than respondents changing from one religion to another. Just under one half (47%) of men who have a religion currently practise that religion. This means that one quarter of all respondents are currently practicing a religion.

- 42.2% of men currently have no religion, and the most frequently identified religion is Catholicism. One quarter of respondents currently practise a religion.

3.9 Illness, health problem or disability (2004 only)

In 2004, respondents were asked 'Do you have any long-term illness, health problem or disability which limits your daily activities or the work you can do?' One in twenty men (5.1%) said that they did, and men living in Northern Ireland were four times more likely than men living in Dublin to say so (9.6% and 2.4% respectively). In the 2001 Northern Ireland Census of Population, 17.3% of men aged 15-64 years said that they had a limiting illness, health problem or disability. The questions asked in the 2002 Census in the Republic of Ireland were very different, and 6.7% of men aged 15-64 were disabled.

There is a very clear age dimension – while 13.3% of men aged 50 years or over said that they suffered from a long-term illness, health problems or disability, only 0.8% of men aged less than 20 years did. However, even after controlling for age, the level of illness is higher in Northern Ireland than elsewhere.

Table 3.10: Prevalence of illness, health problem or disability by age (2004)

	%					
	<20 n=124	20s n=360	30s n=216	40s n=117	50+ n=45	All N=862
Yes	0.8	3.3	7.4	7.7	13.3	5.1

- 5.1% of respondents in 2004 had 'a long-term illness, health problem or disability which limits their daily activities or the work they can do'. Men living in Northern Ireland were four times more likely than men living in Dublin to say so. The prevalence of illness increased with age.

  Forty respondents identified at least one condition, the most frequently identified being mental health/emotional conditions (13 men) followed by skeletal/muscular/neurological mobility problems (12 men)

Table 3.11: Type of illness, health problem or disability (2004)

	Number of respondents identifying each illness, health problem or disability (Total number of respondents=40)
Mental health/emotional	13
Skeletal/muscular/neurological mobility	12
Infectious diseases	8
Heart	5
Sight and hearing problems	5
Cancers	2
Respiratory problems	2
Gastrointestinal problems	1
Glandular/hormonal	1

- The most frequently conditions were mental health/emotional conditions and skeletal/muscular/neurological mobility problems.

3.10 Income (2003 only)

Due to different currencies, respondents living in Northern Ireland and the Republic of Ireland were given different response options when asked about income. Thus, it is hard to compare responses across different areas.

In Northern Ireland, 16.0% of respondents earned less than £5,000 per year, while 8.0% earned at least eight times that amount. As might be expected, respondents living in Dublin had a significantly higher income than those living elsewhere in the Republic - 9.5% of the former earned less than €7,000 per year, compared with 14.9% of those living outside Dublin. In contrast, one in six respondents living in Northern Ireland (15.7%) earned £30,000 or more per year. Within the Republic, one in four respondents earned €42,000 or more per year, regardless of whether they lived in Dublin or not.

The media often reports on the 'pink pound' or the spending power of the gay community. A recent study in England and Wales among the readers of Gay Times and Diva Magazine found the average income of gay males to be £28,841 - over £9,000 higher than that of the national average for men (Curtis, 2006). However, a correction to this original article highlighted that the figures quoted relate to the readers of two magazines which are likely to be more affluent than a random sample of gay people. The results of this 2003 survey in Ireland suggest that affluence is not universally experienced.

Table 3.12: Gross annual income (2003)

£ per year	%	€ per year	%	
Northern Ireland	n=337	Republic of Ireland	Dublin n=325	Rest RoI n=350
<5,000	16.0	< 7,000	9.5	14.9
5,000 - 9,999	14.2	7,000 – 11,999	7.1	9.4
		12,000 – 16,999	5.5	9.1
10,000 - 14,999	22.3	17,000 – 21,999	10.8	12.0
15,000 – 19,999	14.8	22,000 – 26,999	13.2	10.0
20,000 – 24,999	8.9	27,000 – 31,999	10.5	8.9
25,000 – 29,999	8.0	32,000 – 36,999	9.8	7.1
		37,000 – 41,999	9.8	4.6
		42,000 – 46,999	7.7	7.1
30,000 – 34,999	5.0	47,000 – 51,999	3.4	4.3
35,000 – 39,999	2.7			
40,000 +	8.0	52,000 +	12.6	12.6

Note: £1,000 is approximately equal to €1,500

- 16.0% of men living in Northern Ireland earned less than £5,000 per year. Respondents living in Dublin had a significantly higher income than those living elsewhere in the Republic
- In both Northern Ireland and in the Republic, income was highly correlated with educational qualifications.

3.113.11 Unemployment (2003 only)

In 2003, just less than one half of respondents (47.5%) of respondents said that they had never been unemployed. However, 8.7% of respondents were currently unemployed, and a further 13.1% had been unemployed during the last year. While the overall pattern was similar, respondents living in Northern Ireland were statistically more likely to have experienced unemployment than men living in Dublin (56.5% and 48.2% respectively). Figures from the 2001 Northern Ireland Census of population indicate that 5.7% of men aged 16-74 years were unemployed. In the 2002 Census in the Republic of Ireland, 7.5% of men aged 16-74 were unemployed.

Just less than one half (46.4%) of those men who are currently unemployed have been unemployed for less than one year. In contrast, 17.9% have been unemployed for 5 or more years, including 13.1% who have been unemployed for 10 or more years, up to a maximum of 22 years. Experience of unemployment decreased with educational qualifications – for example, one third of those with no qualifications had never been unemployed, compared with more than half of those with a degree.

- 47.5% of respondents had never been unemployed. However, 8.7% of respondents were currently unemployed, and 13.1% had been unemployed during the last year.

3.12 Financial management (2003 only)

Seven out of ten respondents said that they are living comfortably or doing alright financially (69.4%). However, 7.7% say that they are finding it quite or very difficult. Men living in Dublin seem to be more financially comfortable than those living in Northern Ireland.

Table 3.13: Financial management (2003)

	%			
	Northern Ireland n=332	Dublin n=328	Rest RoI n=356	All n=1016
Living comfortably	25.0	30.2	30.9	28.7
Doing alright	38.9	45.1	38.5	40.7
Just about getting by	23.8	20.7	23.9	22.8
Finding it quite difficult	7.5	3.0	5.6	5.4
Finding it very difficult	4.8	0.9	1.1	2.3

Financial management is unsurprisingly linked with annual income. For example, while 94.1% of respondents living in Northern Ireland who earn £30,000 or more say that they are living comfortably or doing alright, a much smaller proportion (51.9%) of those earning less than £5,000 say so. However, it is difficult to explore this fully without knowing more information, such as living situation and other financial liabilities.

There are significant differences in how people are managing financially depending on their experiences of unemployment. Eight out of ten respondents (80.2%) who have never been unemployed say that they are 'living comfortably' or 'doing alright'. There is then a steady decrease depending on the recency of unemployment, with only 38.6% of those who are currently unemployed saying they are 'living comfortably' or 'doing alright'. Looking at the converse of this, just over one half of those 'living comfortably' or 'doing alright' have never been unemployed, compared with 24.7% of those who are finding it quite or very difficult.

Table 3.14: Financial management by unemployment (2003)

	%					
	Never n=479	Over 5 years ago n=184	In the last 5 years n=129	In the last year 133	Currently unemployed n=88	All n=1016
Living comfortably/ doing alright	80.2	71.7	60.5	57.1	38.6	69.5
Just about getting by	15.9	20.7	30.2	34.6	37.5	22.8
Finding it quite/ very difficult	4.0	7.6	9.3	8.3	23.9	7.7

- 69.4% of respondents said that they are living comfortably or doing alright financially, especially men living in Dublin. However, 7.7% of all respondents, and 23.9% of those who are currently unemployed, say that they are finding it quite or very difficult.

3.13 Readership of gay publications (2003 only)

Respondents were asked which of a list of 22 gay and HIV publications they had read or looked at. Some of these were magazines available without cost with a geographically-restricted circulation, while others were nationally available. Seven out of ten respondents (71%) had read or looked at least one of the listed publications during the last month, including 9.3% who read five or more publications. Respondents living in Dublin (78.7%) were significantly more likely to have read at least one of these publications, with respondents living elsewhere in the Republic least likely to have done so (65.1%).

This is in part due to reduced access to shops or venues where such publications would be available. Within Northern Ireland, respondents who completed the survey online were less likely to have read at least one publication compared (65.6%) to those who completed the booklet (88.5%). Again, this reflects issues of access, as the questionnaire booklet was only available via social and support venues - places where gay publications are also available.

3.14 Implications for generalising from the sample

The demographic characteristics of the men who participated in these surveys are similar to those who participated in VSI2000. Thus, they are likely to be from the same population. One problem in generalising from the sample is that we do not know the profile of the entire gay and bisexual population in Ireland. Thus, we cannot explicitly state if the respondents to the 2003 and 2004 surveys are representative of the entire population. However, based on responses to these surveys, respondents to this survey are likely to be younger and more likely to have sex with men only than the whole gay and bisexual population. Thus, we regard the respondents to be representative of the men that HIV prevention work accesses.

4: Socio-sexual context

4.1 HIV testing

Just over one half of respondents in 2003 and 2004 had never received an HIV test result – 51.0% and 53.5% respectively. Men living in Dublin were significantly most likely to have received an HIV test result, with men in Northern Ireland least likely. The HIV testing rate has dropped from 69.6% in 2000 to 46.5% in 2004. In 2004, of those men living in Northern Ireland who had been tested, 11.1% had received a positive result. This is more than twice the figure for the Republic of Ireland.

Among respondents living in Northern Ireland in 2003, there were significant differences in the level of HIV testing according to how the respondent completed the questionnaire. Nearly two thirds of those who completed the survey online (62.8%) had never received an HIV result, compared with 29.5% of those who completed the booklet. However, despite the discrepancy in the rate of testing, the proportion of positive test results was similar.

Table 4.1: Have you ever received a HIV test result? (2003 and 2004)

	%							
	2003				2004			
	NI n=338	Dublin n=329	Rest RoI n=360	All n=1027	NI n=272	Dublin n=256	Rest RoI n=337	All n=865
Never tested	56.8	44.7	51.4	51.0	63.6	44.1	52.5	53.5
Ever tested	43.2	55.3	48.6	49.0	36.4	55.8	47.5	46.5
Last test negative	41.4	52.6	45.8	46.5	32.4	52.7	45.1	43.4
Tested positive	1.8	2.7	2.8	2.4	4.0	3.1	2.4	3.1
% tested positive (of those tested)	4.1	4.9	5.7	5.0	11.1	5.6	5.0	6.7

- 46.5% of men in 2004 had been tested for HIV, compared with 69.6% in 2000.
- The proportion of men who have had an HIV test has fallen from the 2000 survey.
- However, the proportion of test results that were positive is highest in 2004, and the rate was particularly high in Northern Ireland.

A small proportion of men – 2.4% in 2003 and 3.1% in 2004 – had received a positive result. In 2003, this represents 5% of those who have ever been tested, which is similar to the relevant figure in 2000. However, this figure rose to 6.7% in 2004.

Table 4.2: HIV test results by year (2000, 2003 and 2004)

	2000 n=1529	2003 n=1027	2004 n=865
% ever tested	59.6	49.0	46.5
Number of positive men	38	25	27
% tested positive (of tested)	5.1	5.0	6.7
% tested positive (of total)	3.0	2.4	3.1

- In 2003, 5% of those who had been tested received a positive result, which is similar to 2000. In 2004, the figure was 6.7%.

  There were significant differences according to age: younger men, and to a lesser degree, older men, were most likely never to have received an HIV test result. Men in their 30s and 40s were most likely to have received a positive result.

- Men aged under 20 were least likely to have been tested, and men in their 30s and 40s were most likely to have received a positive result.

  In 2004, two thirds of men (65.0%) had received a test result in the previous year, with a further quarter (27.3%) receiving a result within 1-5 years. A smaller proportion (7.8%) had received a result more than five years ago.

- Two thirds of men who had received a test result had done so in the previous year.

  Consistent with the pattern found in 2000, respondents in 2003 who had tested positive were more likely to have experienced unemployment in the past or to be currently unemployed. However, in contrast to VSI2000, there was a significant difference in testing history among men with different educational qualifications. More than one half of men with a degree (53.6%) had ever had a test, compared with just over one third of those with no qualifications.

- Respondents with the highest educational qualifications were most likely to have undertaken a test. However, respondents receiving a positive test result were more likely to have experienced current or past unemployment.

4.2 Reasons for not testing (2003 only)

In 2003, those men who have never tested for HIV were asked why they had never done so. The most frequently identified reason was 'I've taken no risks/I always do 'safer sex', which was identified by 60.4% of respondents. Fear of the results was identified by 16% of respondents, and fear of discrimination – either due to being tested or getting a positive result – was identified by 14.5% and 8.3% of respondents. Lack of knowledge of the test was not a major issue, although 14.3% of men said that they did not know where to get tested.

Table 4.3: Reasons for not having a HIV test (2003)

	% identifying each reason n=524
I've taken no risks/I always do 'safer sex'	60.4
I was afraid the results might be HIV positive	16.0
I am afraid of being discriminated against for getting tested	14.5
I didn't know where to get tested	14.3
I am afraid of being discriminated against if I am diagnosed positive	8.3
It's not important for me to know my HIV status	6.0
It would cause problems in my relationship	3.7
I didn't know the test existed	0.6
Other reasons	9.8

- The main reason for not having an HIV test was 'I've taken no risks/I always do 'safer sex', although fear of discrimination was also a major issue.

4.3 Knowledge of anyone who is HIV positive (2003 only)

In 2003, those men who had never tested positively for HIV were asked if they personally knew anyone who is HIV positive, and 28.4% said that they did. The likelihood of personally knowing anyone who is HIV positive significantly increased with age – 12.4% for those aged under 20, and 45.7% for those aged 50 or more.

- 28.4% of men who were not HIV positive knew someone who was HIV positive.

4.4 Perceptions of HIV status

Respondents were asked what they believed their current HIV status to be. Just over one half of respondents in both survey years believed that they were definitely HIV negative, with approximately three in ten believing that they were probably HIV negative. A small proportion believed they were probably HIV positive, while approximately 5% believed they were definitely HIV positive. Perhaps unsurprisingly, the largest proportion of men who were unsure about their current status was among those who have never had an HIV test.

Respondents' perception of their HIV status generally matched their last test results. At least nine out of ten men who had tested negatively perceived their current status to be probably or definitely negative. A similar percentage of those had tested positive said that they were definitely positive, although 4.2% in 2003 and 7.6% in 2004 thought otherwise. This is much less than the relevant figure of 25% in 2000. However, approximately one half of respondents who said they were definitely HIV negative had never been tested.

Table 4.4: Perception of current HIV status, by test result (2003 and 2004)

	%							
	2003				2004			
	All n=1025	Never tested n=524	Last test negative n=477	Tested positive n=24	All n=863	Never tested n=463	Last test negative n=374	Tested positive n=26
Definitely HIV positive	4.5	2.7	1.9	95.8	5.9	3.7	2.7	92.3
Probably HIV positive	1.4	1.3	1.5	0	1.5	1.1	1.9	3.8
Couldn't say/don't know	6.4	8.6	4.4	0	8.3	11.7	4.5	3.8
Probably HIV negative	32.0	31.7	34.0	0	31.2	27.2	39.0	0
Definitely HIV negative	55.7	55.7	58.3	4.2	52.7	56.4	51.9	0

- HIV testing history generally matches men's current belief in their HIV status.

- Half of respondents who said they were definitely HIV negative had never been tested.

4.5 Regular partners

When asked 'Do you currently have one (or more) REGULAR male sexual partner(s)?', Just less than one half of respondents (45.0%) in 2003, and 49.9% in 2004 replied positively, which is similar to the figure of 50.3% in VSI2000. Men living in Northern Ireland were significantly more likely to have a regular partner than men living in the Republic of Ireland.

Table 4.5: Regular partner (2000, 2003 and 2004)

	%								
	2000	2003				2004			
	All N=1217	NI n=338	Dublin n=329	Rest RoI n=361	All n=1028	NI n=274	Dublin n=256	Rest RoI n=338	All n=868
Yes	50.3	51.2	40.1	43.8	45.0	55.8	45.7	48.2	49.9
No	49.7	48.8	59.9	56.2	55.0	44.2	54.3	51.8	50.1

In both 2003 and 2004, there were differences according to age, with youngest respondents (aged less than 20 years) least likely to have a regular partner.

Table 4.6: Regular partner by age of respondent (2003 and 2004)

	% with regular partner					
	<20	20s	30s	40s	50+	All
2003	43.4	43.6	49.5	51.3	50.0	45.0
2004	41.9	50.7	52.3	50.4	51.1	49.9

- Just under one half of respondents had a regular sexual partner, with those living in Dublin or younger respondents least like to do so.

In 2003, respondents with a regular partner were asked how long they have been

having sex with their regular sexual partner, or the person they had the longest relationship with. Responses ranged from 1 month to 28 years, with a mean length of 35 months. Three in ten men (31.1%) had been having sex with their regular partner for less than one year. However, 23.4% had had a sexual relationship for four years or more.

Table 4.7: Duration of sexual relationship with regular partner (2003)

	n	%
<1 year	137	31.1
12-23 months	99	22.4
24-35 months	65	14.7
36-47 months	37	8.4
48-59 months	21	4.8
5-10 years	50	11.3
10+ years	32	7.3
Total	441	

- Three in ten men (31.1%) had been having sex with their regular partner for less than one year, while 23.4% had had a sexual relationship for four years or more.

4.6 Sexual partners

While 7.0% of respondents had not had sex in the previous 12 months, approximately three quarters of men had had sex only with men during that time, and around 2% had had sex only with women. The remainder of respondents (12.6% in 2003 and 16.2% in 2004) had had sex with both men and women. Since VSI2000, there has been an increase in the proportion of men who are bisexually active. However, this may be partly due to the change the way the questionnaire was completed. Given these increasing rates of bisexual activity, future surveys need to include questions relating to female, as well as male, sexual partners.

Table 4.8: Gender of sexual partners (2000, 2003 and 2004)

	%								
	2000	**2003**	**2004**						
	All n=1277	NI n=340	Dublin n=329	Rest RoI n=361	All n=1030	NI n=274	Dublin n=256	Rest RoI n=338	All n=868
No one	2.3	7.1	6.1	8.3	7.2	6.2	5.1	7.7	6.5
Women only	0.7	2.4	2.1	2.2	2.2	1.5	1.6	4.1	2.5
Men only	89.1	80.3	81.8	72.3	78.0	74.1	77.3	73.4	74.8
Both men and women	7.8	10.3	10.0	17.2	12.6	18.2	16.0	14.8	16.2

- While around 7% of respondents had sex with no one in the preceding year, three quarters had sex only with men.

- 12.6% of men in 2003 and 16.2% in 2004 had had sex with both men and women, compared with 7.8% in 2000.

In 2004, two thirds of those respondents who described themselves as 'gay' had had sex with only men in the last year, while a few 'gay' men had sex with women only. Of those men who do not use a term to describe themselves sexually, more than one third (35.8%) said that they are bisexually active – twice the proportion 2000 (18.6%). There has also been a slight decrease in the percentage of men who had had sex with men – from 96.9% in 2000 to 91% in 2004.

Table 4.9: Gender of sexual partners by sexual orientation (2004)

In the last year have you had sex with …?	What term do you usually use to describe yourself sexually?			
	%			
	Gay n=631	Bisexual n=162	I don't usually use a term n=67	All* n=868
Men only	90.2	20.4	64.2	74.8
Both men and women	3.0	58.6	35.8	16.2
Women only	0.5	11.1	0	2.5
No one	6.3	9.9	0	6.5

* *The 'All' column includes responses from the 8 respondents giving an 'other' sexual orientation. However, the number of respondents within that group is too small to present separately.*

- Overall, two thirds of all respondents describe themselves as 'gay' and have had sex with only men in the previous year.

- Given the increasing access these surveys have to men having sex with both men and women, future surveys need to include questions relating to female, as well as male, sexual partners.

As outlined in Section 3.5, the vast majority of respondents gave their ethnic group as White Irish or White British. In Northern Ireland, three quarters of those who were White British said their last sexual partner was White British, while three quarters of those who were White Irish said their last sexual partner was White Irish.

4.7 Number of sexual partners

There was a wide range in the number of male sexual partners respondents had had in the past year. In both 2003 and 2004, while just over 18% had had just one partner, approximately 13% had had 13-29 partners, and approximately 7% had had 30 or more partners. There were no significant differences according to residence or age. In VSI2000, the proportion of men having just one male sexual partner was similar (21%), while the proportion having four or more partners was higher (60%).

Table 4.10: Number of male sexual partners in the last year (2003 and 2004)

	%							
	2003				2004			
	NI n=306	Dublin n=302	Rest RoI n=319	All n=927	NI n=249	Dublin n=237	Rest RoI n=295	All n=781
1	18.6	16.6	19.7	18.3	15.3	17.3	22.0	18.4
2, 3 or 4	33.7	33.4	36.7	34.6	39.8	34.6	31.9	35.2
5 to 12	26.5	28.8	25.1	26.8	26.1	27.4	24.1	25.7
13 to 29	14.1	15.6	9.4	12.9	13.7	12.7	12.2	12.8
30+	7.2	5.6	9.1	7.3	5.2	8.0	9.8	7.8

In 2003, three quarters (76%) of those men who had not had sex with a man in the previous 12 months said that they expected to have sex with a man in the future. However, nearly one quarter (23%) said that they were not sure.

76% of those who had not had sex with a man in the previous year expected to do so in the future.

- Approximately 18% of men had had one sexual partner in the previous year, while 7% had had 30 or more partners.

4.8 HIV concordance

Approximately seven out of ten respondents in 2003 and 2004 said that they and their partner were HIV concordant, that is, they had the same HIV status (either both were positive or both were negative). Only 1.8% of respondents in 2003 and 4.0% of respondents in 2004 said that they and their partner were HIV discordant. Worryingly, more than one quarter of respondents did not know whether they had the same status or not. In 2004, respondents living in Northern Ireland and their partners were significantly less likely to be HIV concordant than respondents living in Republic of Ireland, but more likely to say that they did not know.

Table 4.11: HIV concordance (2003 and 2004)

	%							
	2003				2004			
	NI n=168	Dublin n=132	Rest RoI n=154	All n=454	NI n=150	Dublin n=117	Rest RoI n=163	All n=430
HIV concordant	70.8	67.4	66.9	68.5	62.7	76.1	74.2	70.7
HIV discordant	1.8	2.3	1.3	1.8	6.0	3.4	2.5	4.0
Concordancy unknown	27.4	30.3	31.8	29.7	31.3	20.5	23.3	25.3

- Three out of ten respondents in 2003 and 2004 did not know if they and their partner were HIV concordant.

Most men who tested negative or perceive themselves to be HIV negative say their partner is also negative. However, there is a difference in the pattern among those

who perceive themselves to positive and those who tested positive. The majority of the former say that their partner is also HIV positive. However, in 2004, the majority of men who tested positive said their partner was HIV discordant. The majority of men who have never been tested said they were HIV concordant, whilst those who didn't know how they perceived their HIV status were much more likely to say that concordancy was unknown.

Table 4.12: HIV concordance by perceived HIV status (2003 and 2004)

	%							
	2003				2004			
	HIV positive n=31	Couldn't say n=31	HIV negative n=391	All n=453	HIV positive n=40	Couldn't say n=43	HIV negative n=346	All n=429
HIV concordant	67.7	16.1	72.6	68.4	60.0	32.6	76.6	70.6
HIV discordant	16.1	3.2	0.5	1.8	25.0	2.3	1.7	4.0
Concordancy unknown	16.1	80.6	26.9	29.8	15.0	65.1	21.7	25.4

Table 4.13: HIV concordance by testing history (2003 and 2004)

	%							
	2003				2004			
	Tested positive n=12	Never tested n=197	Last test negative n=244	All n=453	Tested positive n=16	Never tested n=194	Last test negative n=218	All n=428
HIV concordant	50.0	54.8	80.3	68.4	25.0	60.3	83.0	70.6
HIV discordant	41.7	0	1.2	1.8	56.3	1.5	2.3	4.0
Concordancy unknown	8.3	45.2	18.4	29.8	18.8	38.1	14.7	25.5

4.9 Payment for sex (2004 only)

In 2004, respondents were asked about their experience of payment of sex, both in terms of paying for sex and being paid for sex.

4.9.1 Paying for sex

In 2004, one in 15 men (6.5%) said that they had paid money for sex with a man in the last year, with slightly more men in Dublin having done so (7.6%). Approximately one third of these 51 men had done so once, although more than three quarters (78.4%) had done so between one and four times. Older men were more likely to have paid for sex in the previous year than younger men – for example, 15.9% of those aged 50 years or over had done so, compared with only 3.3% of those aged less than 20 years.

Table 4.14: Number of times respondent paid money for sex in the last year (2004)

	N	%
Once	18	35.3
2,3 or 4 times	22	43.1
5 to 12 times	8	15.7
13 to 29 times	1	2.0
30 times or more	2	3.9
Total	51	

- 6.5% of men had paid for sex with a man in the previous year, and most had done so 1 - 4 times.

The most frequently identified way of finding the men that respondents paid for sex was via gay web-sites (personals/profiles/chat), which were used by 27 out of 51 men. The next most frequently used source were also web-sites – escort/masseur web-sites – which were used by 23 men. However, in Northern Ireland, escort/masseur web-sites were the most common source, followed by gay bars and clubs. Saunas were identified by one third of men living in the Republic of Ireland outside Dublin, but much less so by those living in Dublin or Northern Ireland.

Table 4.15: Sources used to locate men who respondent paid for sex (2004)

	Number of men identifying source
Gay web-sites (personals/profiles/chat)	27
Escort/masseur web-sites	23
Gay press adverts/classifieds	16
Gay bars and clubs	12
Escort agencies/brothels	11
Saunas	10
Public spaces (eg street/cruising ground/arcades)	9
Personal recommendations	6
Telephone chat lines	5
Local newspaper/magazine classifieds	4
Phone boxes/graffiti/shop windows	4
Other	4
Total number of men	51

The 'other' sources identified were:

- On holiday
- He approached me
- Thailand
- Gogo bar

One half of those who had paid for sex with me in the last year used only one source. However, 8 men identified 5 or more sources.

- The most frequently identified ways of finding the men to pay for sex was via gay web-sites and escort/masseur web-sites. Half of men used only one source.

4.9.2 Being paid money for sex

Just over one in twenty men (5.8%) said that they had been paid money for sex with a man in the last year, with the highest proportion living in Northern Ireland (6.9%) and the lowest living in Dublin (4.3%). There were significant differences according to the age of the respondent. While 1.8% of men aged in their 40s had been paid for sex, 15.6% of those aged less than 20 years had.

- 5.8% of men had been paid money for sex with a man, including 15.6% of those aged less than 20.

  While one third of men had been paid for sex with a man just once, 10 men had been paid five or more times.

Table 4.16: Number of times respondent was paid money for sex in previous year (2004)

	N
Once	15
2,3 or 4 times	19
5 to 12 times	8
13 to 29 times	2
Total	44

The most frequently identified location for finding the men who paid respondents for sex in the last year was gay web-sites (personals/profiles/chat), which was identified by 23 men. The next most frequently identified locations were gay bars and clubs (14 men) and public spaces (10 men). Fewer sources were identified by men living in Dublin than living in other areas, for example, public spaces (eg street/cruising ground arcades) were not identified by any men living in Dublin.

Table 4.17: Sources used to locate men who paid respondent for sex (2004)

	Number of men identifying source
Gay web-sites (personals/profiles/chat)	23
Gay bars and clubs	14
Public spaces (eg street/cruising ground arcades)	10
Telephone chat lines	8
Gay press adverts/classifieds	7
Saunas	7
Personal recommendations	7
Local newspaper/magazine classifieds	5
Escort/masseur web-sites	5
Escort agencies/brothels	3
Phone boxes/graffiti/shop windows	4
Other	6
Total number of men	44

The 'other' responses identified were:

- An old boyfriend
- It was only one
- Office
- We were friends for a long time and it just kind of happened
- Work

In summary, nine out of ten men (89.1%) had neither paid nor been paid money for sex. One in twenty men (5.1%) had paid for sex, but had not been paid for sex. A slightly lower figure (4.3%) had been paid for sex only. However, 1.6% of respondents had both paid, and been paid, money for sex. Again, there were statistically significant differences according to age. Older men were most likely to have participated in paid sex (18.6%), especially in paying for sex (16.3%). Younger men were most likely to have been paid for sex (15.8%).

Table 4.18: Participation in paid sex by age of respondent (2004)

	%					
	<20 n=89	20s n=327	30s n=200	40s n=112	50+ n=43	All n=771
Not paid for or been paid for sex	84.3	89.6	92.0	89.3	81.4	89.1
Paid for sex but not been paid	0	3.4	6.0	8.9	14.0	5.1
Both paid for and been paid for sex	3.4	1.5	1.0	0.9	2.3	1.6
Been paid for sex but not paid	12.4	5.5	1.0	0.9	2.3	4.3

- 89.1% of men had neither paid nor been paid money for sex. Older men were most likely to have participated in 'commercial' sex (18.6%), especially in paying for sex (16.3%). Younger men were most likely to have been paid for sex (15.8%).

5: Sexual risks behaviour

Overall, in 2003, one half of respondents (49.5%) had taken part in unprotected anal intercourse (UAI).

5.1 Receptive unprotected anal intercourse (2003 only)

In 2003, four out of ten (40.9%) respondents had had receptive unprotected anal intercourse (RUAI) in the last 12 months, including 25.1% who had done so with one man, while 2.9% had done so with five or more men. Men living in Northern Ireland were significantly more likely than men living in the Republic of Ireland to have had RUAI. There were also significant differences according to age – 47.3% of young men aged less than 20 years had not had RUAI in the last year, compared with more than two thirds of men in their 40s or 50s. Respondents who thought they were HIV positive were significantly less likely to have done so (32.1%) than those who didn't know their HIV status (55.7%).

Table 5.1: Number of RUAI partners (2003)

	%			
	NI n=305	Dublin n=302	Rest RoI n=318	All n=925
0	52.1	61.6	63.5	59.1
1	27.2	24.5	23.6	25.1
2	10.8	7.3	5.0	7.7
3	3.3	4.3	3.1	3.6
4	3.0	0.7	1.3	1.6
5 or more	3.6	1.7	3.5	2.9

- 40.9% of men had had RUAI in the previous year, with younger men more likely to have done so (52.7%), or those who did not know their HIV status (55.7%).

5.2 Likelihood of having RUAI with man of different HIV status (2003 only)

Three quarters of those who had RUAI in the preceding year (75.3%) thought that they have probably or definitely not had RUAI with a man with a different HIV status to them. One in five men (19.4%) were not sure. However, one in twenty men (5.3%) felt that they have had RUAI with someone of a different HIV status, including 9 men who were HIV negative.

- 5.3% of those who had had RUAI thought that this was with a man of a different HIV status than them.

5.3 Insertive unprotected anal sex partners (2003 only)

Just over one half of men (56%) had not taken part in insertive unprotected anal intercourse (IUAI) in the past year, while one quarter of men (26.1%) had had one IUAI partner. Unlike RUAI, there were no significant differences by age of respondent, area of residence, or HIV status belief.

Table 5.2: Number of IUAI partners (2003)

	%			
	NI n=304	Dublin n=300	Rest RoI n=319	All n=923
0	49.3	59.7	58.9	56.0
1	29.9	25.7	22.9	26.1
2	10.9	7.0	7.8	8.6
3	4.9	2.0	3.4	3.5
4	2.0	2.3	2.2	2.2
5 or more	3.0	3.3	4.7	3.7

- 44% of respondents had taken part in IUAI in the past year.

5.4 Likelihood of having IUAI with man of different HIV status (2003 only)

One fifth of respondents (19.8%) were not sure if they had had IUAI with a man with a different HIV status in the last year. The majority of men (74.3%) thought that they probably or definitely have not done so, while 6.9% thought that they definitely or probably have, including 14 men who were HIV negative.

- 6.9% of those who had had IUAI had done so with someone with a different HIV status.

5.5 Unprotected anal intercourse (2003 only)

Overall, approximately one half of respondents (49.5%) had taken part in unprotected anal intercourse (UAI) – 10.2% in RUAI only, 12.8% in IUAI only and 26.5% in both. This represents in increase from the figure of 41.5% reported in VSI2000 (Carroll et al., 2002) in relation to the 2000 survey.

In 2003, there were significant differences in behaviour according to age, with men aged 50 years or over being least likely to have had UAI (38.9%). Young men aged less than 20 were most likely to have participated in both RUAI and IUAI (34.2%). There were also significant differences according to perceived HIV status. Those men who perceived themselves to be HIV negative were the group least likely to have participated in RUAI or IUAI (51.8%). Men who were unsure of their HIV status were those most likely to have taken part in both RUAI and IUAI (34.8%), whilst men who thought they were HIV positive were those most likely to have taken part in only IUAI (28.3%).

Table 5.3: Unprotected anal intercourse by perceived HIV status (2003)

	%			
	HIV positive n=60	Couldn't say n=66	HIV negative n=900	All n=1030
None	41.7	40.9	51.8	50.5
RUAI only	8.3	16.7	9.8	10.2
IUAI only	28.3	7.6	12.1	12.8
Both RUAI and IUAI	21.7	34.8	26.3	26.5

- 49.5% of men had taken part in unprotected anal intercourse – 10.2% in RUAI only, 12.8% in IUAI only and 26.5% in both, with differences according to perceived HIV status.

5.6 Sex with risk of HIV transmission (2004 only)

In 2004, all respondents who have ever received an HIV test result were asked if they have had sex with a risk of HIV transmission since their last HIV test. One in three men (30.3%) had done so, especially those living in Dublin. However, approximately one in ten (11.8%) did not know if they had or not.

Table 5.4: Have you had sex with a risk of HIV transmission since your last HIV test? (2004)

	%			
	NI n=98	Dublin n=143	Rest RoI n=159	All n=400
Yes	32.7	38.5	21.4	30.3
No	57.1	50.3	65.4	58.0
Don't know	10.2	11.2	13.2	11.8

There was a slight, albeit statistically non-significant difference depending on the outcome of the last HIV test. In comparison to those whose last test was negative, the small number of men who had tested positively were slightly more likely to have had sex with a risk of HIV transmission since their last HIV test, but were less likely to say that they did not know.

Table 5.5: Have you had sex with a risk of HIV transmission since your last HIV test? (2004)

	%		
	Last test negative n=373	Tested positive n=27	All n=400
Yes	29.8	37.0	30.3
No	57.9	59.3	58.0
Don't know	12.3	3.7	11.8

- 30.3% of men had had sex with a risk of HIV transmission since their last HIV test.

6: Unmet HIV prevention needs

6.1 Forced to have sex (2003)

In 2003, one in respondents (7.6%) said that in the previous 12 months they had been forced to have sex
when they didn't want it. Men living in the Republic of Ireland outside Dublin were twice as likely to have experienced this as those living in Dublin (10.8% and 4.6% respectively).

Table 6.1: Forced to have sex in last 12 months (2003)

	%			
	NI n=338	Dublin n=328	Rest RoI n=361	All n=1027
Yes	7.1	4.6	10.8	7.6
No	92.9	95.4	89.2	92.4

There were also significant differences according to age, with the youngest respondents most likely to have been forced to have sex (17.7%), and those in their 40s least likely to (1.3%). This age differential is reflected in the fact that those respondents who were currently experiencing or who had experienced unemployment in the previous 5 years were significantly more likely to have been forced to have sex (9.9%) compared with those who had never been unemployed or who were unemployed more than 5 years previously (6.3%). However, there were no significant variations in relation to educational attainment.

The number of times respondents had been forced to have sex ranged from 1 (39.7%) to 20 (1.3%), with 60.3% saying it happened more than once.

- 7.6% of men had been forced to have sex, especially those living in the Republic of Ireland outside Dublin (10.8%), or those aged under 20 years (17.7%). Most of these men (60.3%) were forced to have sex more than once.

6.2 Particular concerns (2004 only)

In 2004, respondents were presented with a list of six concerns, and were asked to identify how much they agreed or disagreed with each statement using a 5 point Likert scale.

Table 6.2: Particular concerns (2004)

	%				
	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
The sex I have is always as safe as I want it to be	51.6	34.1	7.5	6.5	0.3
I find it easy to say "no" to sex I don't want	45.8	36.0	8.8	7.7	1.7
I am happy with what I know about HIV	26.0	50.3	15.1	6.4	2.3
I sometimes feel lonely	32.1	39.0	7.9	14.9	6.2
I sometimes worry about how much I drink	8.5	23.5	7.8	32.7	27.5
I sometimes worry about my recreational drug use	2.7	10.1	5.6	17.0	64.6

The sex I have is always as safe as I want it to be
The vast majority of men (85.7%) agreed or strongly agreed with the statement 'the sex I have is always as safe as I want it to be', including 51.6% agreed strongly.

I find it easy to say 'no' to sex I don't want
81.8% agreed or strongly agreed that 'I find it easy to say no to sex I don't want'. This is higher than in 2000, when only 62.8% agreed or strongly agreed, indicating that sexual assertiveness has increased. Despite this, nearly one in ten men (9.4%) disagreed with the statement, which is similar to the 7.6% of respondents in 2003 who said that they had been forced to have sex in the last 12 months (Table 6.1).

I'm happy with what I know about HIV
Three quarters of men (76.3%) were happy with what they know about HIV. However, 15.1% of men were not sure how to reply to this question. Men who had received a negative test result were most likely to say they were happy with their level of knowledge (84.1%), compared with 70.4% of those who tested positive or 69.3% of those who were never tested.

I sometimes feel lonely
Seven out of ten men (71.1%) agreed or strongly agreed with the statement 'I sometimes feel lonely', which is much higher than the figure of 41% in 2000.

I sometimes worry about how much I drink
Approximately one third of men (32.0%) said that they sometimes worry about how much they drink.

I sometimes worry about my recreational drug use
12.8% of men sometimes worry about their recreational drug use.

Agreement to some of these statements means that the respondent is concerned about a particular issue; however, for other statements, disagreement represents concern. Thus, when the statements have been recoded so that they all run in the same 'direction', the level of need around these issues can be identified.

Table 6.3 shows that the issue causing most concern is loneliness, which was identified by 71.1% of respondents, followed by alcohol (32.0%) and drug (12.8%) intake.

Table 6.3: Particular concerns recoded (2004)

		%		
	n	Is a concern	Not sure	Not a concern
I sometimes feel lonely	780	71.1	7.9	21.0
I sometimes worry about how much I drink	779	32.0	7.8	60.2
I sometimes worry about my recreational drug use	771	12.8	5.6	81.6
I [don't] find it easy to say "no" to sex I don't want	780	9.4	8.8	81.8
I am [un]happy with what I know about HIV	782	8.7	15.1	76.3
Sex is [not] always as safe as I want it	783	6.8	7.5	85.7

Only one in six men (18.7%) did not have any concerns about the six identified issues. In contrast, 39.7% identified at least 2 concerns.

Table 6.4: Number of concerns (2004)

	n	%
0	143	18.7
1	317	41.5
2	184	24.1
3	95	12.5
4	20	2.6
5	4	0.5
Total	763	

- The most frequently identified concerns were loneliness (71.1%), alcohol intake (32.0%) and drug intake (12.8%). 39.7% of men identified at least 2 concerns

There are significant differences in age relating to loneliness, recreational drug use and knowledge about HIV. Older men aged 50+ were particularly likely to agree that they sometimes feel lonely (86.0%), although this group is least likely to worry about their recreational drug use (7.3%). The youngest age group (less than 20 years) is most likely to be unhappy with what they know about HIV.

Table 6.5: Particular concerns by age of respondent (2004)

	% saying issue is a concern to them					
	<20	20s	30s	40s	50+	All
I sometimes feel lonely	72.0	67.0	72.0	75.2	86.0	71.1
I sometimes worry about my recreational drug use	14.1	15.6	11.6	8.0	7.3	12.8
I am [un]happy with what I know about HIV	17.2	8.8	8.4	1.8	9.3	8.7

- Older men aged 50+ were particularly concerned with loneliness (86.0%) but least concerned about recreational drug use (7.3%). Younger men were concerned about drug use and knowledge of HIV.

6.3 Condom access and sources (2003 only)

In 2003, the majority of respondents did not seem to have a problem with access to condoms – 78.9% disagreed or strongly disagreed with the statement 'I sometimes have a problem getting hold of condoms'. Access in Dublin seemed easier than in other areas. However, condom access was even less of an issue in 2000, when 78.0% strongly disagreed to the statement. Access was much more of a problem for the youngest men (26.5%) than for those aged in their 30s (8.1%).

Table 6.6: 'I sometimes have a problem getting hold of condoms' (2003)

	%				
	2000	**2003**			
	All n=1131	NI n=338	Dublin n=329	Rest RoI n=359	All n=1026
Strongly agree	5.1	5.6	2.1	5.3	4.4
Agree	3.2	12.4	7.6	12.0	10.7
Not sure	6.6	6.5	3.6	7.8	6.0
Disagree	7.1	32.0	35.3	30.1	32.4
Strongly disagree	78.0	43.5	51.4	44.8	46.5

- 78.9% of men disagreed with the statement 'I sometimes have a problem getting hold of condoms', while 15.1% said that they sometimes do have a problem.
- Access to condoms was more difficult for those living outside Dublin and for those aged under 20.

Just over one half of respondents (51.7%) said that in the last year, they have usually bought condoms, while a slightly lower proportion (47.7%) said that they got them free. Men living in Northern Ireland are least likely to buy them (43.2%), while men living in the Republic of Ireland outside Dublin are least likely to get them free (36.5%). This is likely to reflect the wide distribution of free condoms within the major cities of Dublin, Belfast and Derry, as outlined in Section 1.4. While 13.3% of respondents said that they don't usually get condoms, the vast majority of these respondents then identified at least one source.

Table 6.7: Source of condoms in last year (2003)

	%			
	NI n=338	Dublin n=329	Rest Ro n=359	All n=1030
I don't usually get condoms	14.5	10.6	14.5	13.3
I bought them	43.2	53.8	57.7	51.7
I got them free	54.1	53.2	36.5	47.7
My sexual partners usually had them	18.9	24.6	23.7	22.4
My friends usually gave them to me	5.9	2.4	3.6	4.0
Elsewhere	0.9	0.9	0.8	0.9

Respondents could identify more than one source

There are significant differences by age among respondents who get condoms free or from their partners. In particular, men aged less than 20 years are much less likely to get condoms free than other men. However, men aged less than 20 years are most likely to say that their sexual partners usually had them.

Table 6.8: Source of condoms, by age of respondent (2003)

	% identifying each source					
	<20 n=113	20s n=358	30s n=210	40s n=76	50+ n=36	All n=1026
Free	36.3	53.6	50.5	52.6	50.0	50.1
Partners	31.9	24.9	18.1	11.8	11.1	22.2

Nearly two thirds of men (62.9%) relied on only one source for condoms, while 8.7% of men used three or more sources. However, one quarter of men (26.0%) had only obtained free condoms in the past year, and this was more frequent among men living in Northern Ireland (32.9%) and Dublin (25.8%) than among men living elsewhere (19.7%). In contrast, a higher proportion of men in the latter group (37.7%) only bought condoms, compared with 25.9% living in Northern Ireland and 27.7% living in Dublin. Again, this reflects the wider accessibility of free condoms in Dublin, Belfast and Derry. Reliance on partners for obtaining condoms was most common among the youngest age group (13.2%) than among men of other ages (4.4%).

- 51.7% of men have usually bought condoms, while 47.7% said that they got them free. Men living in Northern Ireland were least likely to buy them (43.2%), while men living in the Republic of Ireland outside Dublin (36.5%) or those aged under 20 (36.3%) were lest likely to get them free. This probably reflects the wider accessibility of free condoms in Dublin, Belfast and Derry.

6.4 Water-based lubricant access (2003 only)

Water-based lubricant was perceived as harder to get hold of than condoms – 26.2% of respondents agreed or strongly agreed with this statement. However, just over one half of respondents (55.9%) disagreed somewhat. Men living in Dublin found this less of a problem than those living elsewhere. There were also differences by age-group, with the youngest respondents much more likely to say that water-based lube is sometimes hard to get hold of (38.9%).

Table 6.9: Water-based lube is sometimes hard to get hold of (2003)

	%			
	NI n=339	Dublin n=329	Rest RoI n=359	All n=1027
Strongly agree	8.3	5.2	9.2	7.6
Agree	18.6	15.5	21.4	18.6
Not sure	17.4	16.4	19.8	17.9
Disagree	25.4	31.9	22.3	26.4
Strongly disagree	30.4	31.0	27.3	29.5

Table 6.10: Problem with accessing water-based lube, by age of respondent (2003)

	%				
	<20 n=113	20s n=357	30s n=210	40s n=78	50+ n=36
Agree/strongly agree	38.9	27.2	18.6	24.4	11.1
Not sure	27.4	19.0	18.6	11.5	8.3
Disagree/strongly disagree	33.6	53.8	62.9	64.1	80.6

- 26.2% of respondents agreed that water-based lube is sometimes hard to get hold of, with an additional 17.9% not being sure. Young men and those living in outside Dublin most likely to find it a problem.

6.5 HIV knowledge (2003 only)

In 2003, respondents were presented with six true statements and asked how many they know already. While the vast majority of respondents already knew Fact 3 (92.7%) and Fact 4 (91.5%), just over one half of respondents were aware of Fact 6 (56.2%). In addition, one in five men (19.6%) were not sure if they were already aware of Fact 6 or not.

The level of knowledge in 2003 was similar to that in VSI2000, especially in relation to Fact 1, Fact 3 and Fact 5. However, in 2003, 91.5% of men already knew Fact 4, an increase of 10.8 percentage points from 2000.

Table 6.11: HIV knowledge (2000 and 2003)

	%			
	2000	2003		
	I knew this	I knew this	I wasn't sure	I didn't know this
Fact 1: An HIV negative man is more likely to pick up HIV by getting fucked by an HIV positive man than by fucking him	77.6	77.4	11.6	11.0
Fact 2: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if either of them already has another sexually transmitted infection	Not asked	55.4	17.6	27.0
Fact 3: Men can have HIV without knowing it	94.2	92.7	3.8	3.5
Fact 4: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if he ejaculates in his partner	80.7	91.5	5.7	2.8
Fact 5: Condoms are less likely to break if you use a water-based lubricant	83.7	78.6	10.7	10.7
Fact 6: An HIV positive man who has undetectable viral load (in his blood) can still pass on HIV	Not asked	56.2	19.6	24.1

One in three men (29.7%) had previous knowledge of all six facts, and a further 27.5% already knew five facts. There were significant differences in the number of facts that the respondent already knew depending on the age of the respondent. Only 19.3% of men aged under 20 years were aware of all six facts, while 35.7% of men in their 30s did so.

Table 6.12: Number of HIV facts respondent already knew, by age of respondent (2003)

	%					
	<20 n=114	20s n=359	30s n=210	40s n=78	50+ n=36	All n=1030
0	3.5	1.9	1.0	0	5.6	1.5
1	4.4	2.8	1.0	3.8	5.6	2.8
2	11.4	5.8	4.3	2.6	8.3	6.2
3	16.7	12.5	12.4	7.7	8.3	12.1
4	24.6	21.7	19.5	20.5	11.1	20.2
5	20.2	28.1	26.2	30.8	25.0	27.5
6	19.3	27.0	35.7	34.6	36.1	29.7

- There were some facts that the vast majority of respondents were sure about, while others were only known by just over half of respondents. Younger men were least likely to be previously aware of all six statements.

6.6 Learning more about HIV (2004 only)

In 2004, six out of ten men (59.6%) said that they would like to know more about sexual health and HIV. Most of the men (85.3%) who were not happy about what they know about HIV (see Section 6.2) said that they would like to know more about sexual health and HIV, as did just over half (54.2%) of those who were happy about what they knew about HIV. While there were no significant differences by age, men living in Northern Ireland were significantly less likely to want to know more compared with men living in Dublin.

Table 6.13: Would like to know more about sexual health and HIV? (2004)

	%			
	NI n=273	Dublin n=254	Rest RoI n=336	All n=863
Yes	53.8	68.1	57.7	59.6
No	46.2	31.9	42.3	40.4

- 59.6% of men would like to know more about sexual health and HIV, especially those living in Dublin (68.1%).

Respondents who said that they would like to know more about sexual health and HIV were asked 'How would you personally like to learn more?'. The most frequently identified sources involved reading material, for example, web sites (69.6%), booklets, leaflets and postcards (54.2%) and articles in the gay and HIV press (48.3%). Talking to a health worker, regardless of the location, seemed less popular.

Table 6.14: Source of more information about sexual health and HIV (2004)

	% identifying each source n=514
From web sites	69.6
Reading booklets, leaflets and postcards	54.2
Reading articles in the gay and HIV press	48.3
Reading newsletters	37.6
Reading adverts in the gay and HIV press	36.1
Talking to a health worker at a GUM/STD or HIV clinic	30.4
Reading posters in gay venues	29.4
Talking to a health worker in an internet chat room	24.4
Taking part in a group or workshop	20.1
Talking to a health worker at a hp services or AIDS charity	20.7
Talking to a health worker on a telephone helpline	17.7
Talking to a health worker at a GP surgery/local doctor	16.2
Talking to a health worker on the gay scene or at a sauna/cruising ground	16.6
Other	5.1

- The most frequently identified sources for finding out information involved reading material, such as web sites (69.6%), booklets, leaflets and postcards (54.2%) and articles in the gay and HIV press (48.3%).

6.7 Characteristics of information giver (2004 only)

Those respondents who indicated that they would like to know more about sexual health and HIV were asked what is the most important characteristic or quality of someone giving them information or advice about HIV.

For the sake of analysis, these responses have been classified, with the most frequently identified characteristic being the skills of the intervener (31.5%).

Table 6.15: Important characteristic of information giver (2004)

	n	%
Skills of the intervener	112	31.5
Knowledge of the intervener	66	18.6
Values and attitudes of the intervener	52	14.6
Honest, frank, realistic	45	12.7
Privacy, confidentiality	31	8.7
Other characteristics of intervener	21	5.9
Professional characteristics of intervener	20	5.6
Not sure, DK	1	0.3
(Cannot code)	7	2.0
Total	355	100.0

However, the full responses provide a more complete picture of the issues, for example:

- Being understanding, patient and not throwing too many facts at us. I want to know about prevention, not facts.

- That they give factual information without judgment, glibness or coercion. That they appeal to my sense of responsibility rather than guilt.

- That the information is straight forward and easy to understand, especially with no jargon, generally information which is 100% clear on what it is saying.

- Openness, non judgmental, someone qualified.

- Personal experience dealing with gay issues.

- The most important characteristic or quality of someone giving information or advice about HIV relate to the skills of the intervener.

6.8 GP registration and disclosure of sexuality (2003 only)

The majority of respondents (85.2%) were registered with a GP surgery or local doctor, with respondents living in Northern Ireland significantly more likely to do so (92.5%) than respondents living in the Republic of Ireland, either in Dublin (79.6%) or outside (83.4%).

- 85.2% of respondents were registered with a GP or local doctor, with the lowest proportion being men in Dublin (79.6%).

  Approximately one quarter of respondents who were registered with primary care services (25.1%) said that the staff at the surgery definitely knew that they had sex with men. Respondents living in Dublin were significantly more likely to say this (31.3%) compared with those living in Northern Ireland (20.7%). There was also a significant variation by age – only 13% of men aged less than 20 years said that the staff at the surgery definitely knew that they had sex with men, compared with 33.8% of those in their 40s.

- One quarter of men said staff at the surgery definitely knew that they had sex with men, especially those living in Dublin, or those aged in their 40s.

  Just over one half of respondents (53.4%) said that they are, or would be, happy for the staff at their GP surgery to know that they have sex with men. This includes nearly all men (95.8%) of those who said that staff already know this. However, only one third (33.8%) of those who said that staff do not know, said that they would want them to know.

Table 6.16: Happy for staff to know that respondent has sex with men, by whether staff know (2003)

Are you, or would you be, happy for the staff at that GP surgery to know that you have sex with men?	Do the staff at that GP surgery know that you have sex with men?			
	%			
	No n=539	Yes n=214	Don't know n=103	All n=857
Yes	33.8	95.8	68.0	53.4
No	66.2	4.2	32.0	46.6

The three main reasons for not wanting GP or local doctor's staff to know that the respondent has sex with men are 'not out' (13.5%), 'family' (10.5%) and 'not their business (10.5%).

Table 6.17: Reasons for not wanting GP staff to know that the respondent has sex with men (2003)

	% identifying each reason n=266
Not out	13.5
Family	10.5
Not their business	10.5
Embarrassed/Uncomfortable/Shy	7.9
Small Town/Area	6.8
Married	4.5
Personal to me	4.5
Confidentiality	4.5
Privacy	4.1
Stigma & Discrimination	4.1
Insurance	3.8
Work/ Study	3.0
Characteristics of GP	2.6
Prejudice	2.6
Gossip	1.9
Other reasons	15.0

These reasons are represented by the following quotes:

- They know my parents and I am not out 2 them.
- I would prefer to go to a dedicated gay health clinic, not my GP practice.
- It wouldn't make me happy or unhappy, but I wouldn't feel as at ease if they knew.
- Just in case there was a breach of confidentiality at the practice, all my family belong to the same.
- It's none of their business, I don't need to know what they do in their bedrooms.
- I am married with children who are also registered with same GP.
- Just over one half of respondents are happy for staff at the surgery to know that they have sex with men. The main reasons for not wanting surgery staff to know include not being 'out', family reasons and not the doctor's business.

6.9 GP attendance (2003 only)

In 2003, four in ten respondents (40.2%) reported that they had been to their GP surgery/local doctor for a check-up in the last year, including 10.7% who had done so in the previous month. However, one third of respondents (33.3%) had never done so. There were significant differences by area – those living in Northern Ireland attended more recently than those living elsewhere, particularly in Dublin.

Table 6.18: Last time respondent went to GP for a check-up (2003)

	%			
	NI n=328	Dublin n=312	Rest RoI n=345	All n=985
In the last month	14.9	6.1	10.7	10.7
In the last year	32.0	26.6	29.9	29.5
Over a year ago	23.5	29.5	26.7	26.5
Never	29.6	37.8	32.8	33.3

- 40.2% of men had attended their doctor for a check-up in the last year, while 33.3% of men had never done so. Men living in Northern Ireland attended more recently than men living elsewhere.

  Respondents were much more likely to have attended a GP or local doctor for a specific reason – only 2.8% of respondents had never done so, while over one quarter (25.9%) had done so in the last month. Again, respondents in Northern Ireland attended more recently than other respondents.

Table 6.19: Last time respondent went to GP for a specific reason (2003)

	%			
	NI n=332	Dublin n=327	Rest RoI n=356	All n=1015
In the last month	30.4	20.5	26.7	25.9
In the last year	41.6	53.5	50.0	48.4
Over a year ago	23.5	24.5	21.1	23.0
Never	4.5	1.5	2.2	2.8

- 74.3% of men had attended their doctor for a specific reasons in the last year, while 2.8% had never done so. Respondents in Northern Ireland attended more recently than other respondents.

  Combining these two questions together indicates that three quarters of men (77.3%) have attended their GP or local doctor's surgery within the last year, while 1.9% of men have never done so.

Table 6.20: Last time respondent went to GP for a check-up or a specific reason (2003)

	%			
	NI n=336	Dublin n=327	Rest RoI n=356	All n=1019
In the last month	33.3	21.1	27.2	27.3
In the last year	43.2	55.0	51.7	50.0
Over a year ago	20.5	22.6	19.7	20.9
Never	3.0	1.2	1.4	1.9

The most frequently identified reason for last visiting a GP or local doctor was because the respondent was feeling unwell or had symptoms of an illness (59.3%), followed by getting a prescription or prescription renewal (24.7%). One in ten respondents (11%) went to the surgery for an HIV test and/or a sexual health check-up.

Table 6.21: Reasons for last visit to GP surgery/local doctor (2003)

	% identifying each reason n=781
I was feeling unwell/ had symptoms of an illness	59.3
To get a prescription/renewal	24.7
Monitoring of an existing condition	17.7
General check-up (no symptoms)	15.4
Blood test (other than HIV)	10.8
Vaccination	7.8
Sexual health check up	7.4
HIV test	6.5
To get a referral elsewhere	6.0
Insurance/mortgage/legal/job purposes	4.7
Dietary advice/monitoring	2.0
I accompanied someone else	1.9
Other	2.2

- 77.3% of men have attended their GP or local doctor's surgery within the last year, while 1.9% of men has never done so. The main reason for attending was due to feeling unwell or having symptoms of an illness (59.3%).

Overall, respondents were positive about the staff during their last visit to a GP surgery or local doctor. More than eight out of ten respondents agreed or strongly agreed that 'the staff listened carefully to what I said' (80.7%), 'I was treated with courtesy and respect' (88.2%) and the staff seemed to know their job well' (86.6%). Respondents living in Northern Ireland were slightly less positive about their experiences, although these differences were not statistically significant.

Table 6.22: Experiences of staff during last visit to GP surgery or local doctor (2003)

	% agreeing or strongly agreeing			
	NI	Dublin	Rest RoI	All
The staff listened carefully to what I said	77.8	84.2	80.3	80.7
I was treated with courtesy and respect	85.0	90.7	88.8	88.2
The staff seemed to know their job well	82.6	87.5	89.5	86.6

- Overall, respondents were positive about the staff during their last visit to a GP surgery or local doctor.

6.10 Use of other health services (2003 only)

In 2003, two thirds of respondents said that, during the preceding year, they had used a pharmacy (66.5%), just over one half of respondents (56.0%) had used a dentist in the last year, and 36.9% had used an optician. GUM, hospital A & E, complementary therapy clinics, private health care clinics and HIV clinics were used less frequently. The NHS walk-in centre and NHS direct services have been used by less than 4% of respondents, although obviously these are only relevant to respondents living in Northern Ireland.

Table 6.23: Use of other health services in last year (2003)

	% identifying each service n=1030
Pharmacy	66.5
Dentist	56.0
Optician	36.9
GUM	17.2
Hospital A & E	13.4
Complementary/alternative therapy clinic	11.1
Private health care clinic	10.4
HIV clinic	9.5
NHS walk - in centre	3.4
NHS direct (telephone)	2.3
Other	3.3

The only 'other' service identified was 'Various complementary health practitioners'.

One in ten respondents (10.8%) have not used any of the services listed (excluding the NHS direct and NHS walk-in centres, as they were used by so few respondents). In contrast, 18.1% of men have used at least four services. There were no significant differences by area of residence or age-group.

Table 6.24: Number of other services used in last year (2003)

	n	%
0	111	10.8
1	252	24.5
2	241	23.4
3	240	23.3
4	131	12.7
5	37	3.6
6	13	1.3
7	5	0.5
Total	1030	

Note: this count of services excludes NHS direct and NHS walk-in centre

- 66.5% of men had used a pharmacy, 56.0% had used a dentist in the last year, and 36.9% had used an optician. 18.1% of men had used at least four of the listed services, although 10.8% of men had used none.

6.11 Demographic differences in indicators of need

This section presents a summary of the preceding indicators of need by a range of demographic variables. As in VSI2000 (Carroll et al., 2002), each table presents the proportion of men in need for each group for each indicator. Where there is a statistically significant difference ($p < 0.05$) among groups, the group with the highest level of unmet need has been shaded.

6.11.1 Residence

Firstly, we present the indicators of need among men living in Northern Ireland, Dublin and those living elsewhere. In total, seven of the indicators varied by residence, and for four of these, it was men living in the Republic of Ireland outside Dublin who experienced the highest level of unmet need. However, access to condoms was a problem for men living outside Dublin. The only issue of unmet need for men living in Dublin related to the desire for information about sexual health and HIV. Given the high level of educational qualifications among respondents living in Dublin, this pattern may be partly related to education (see Section 6.11.4).

Comprehensive HIV and sexual health programmes should be expanded to cover all areas in the island of Ireland which are outside Dublin.

Table 6.25: Unmet need by area of residence

		% in need		
		NI	Dublin	Rest of RoI
2003	Fact 1: An HIV negative man is more likely to pick up HIV by getting fucked by an HIV positive man than by fucking him	21.4	22.6	23.7
2003	Fact 2: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if either of them already has another sexually transmitted infection	43.0	46.0	44.8
2003	Fact 3: Men can have HIV without knowing it	8.6	2.4	10.6
2003	Fact 4: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if he ejaculates in his partner	10.4	6.4	8.7
2003	Fact 5: Condoms are less likely to break if you use a water-based lubricant	24.7	17.4	21.8
2003	Fact 6: An HIV positive man who has undetectable viral load (in his blood) can still pass on HIV	46.3	42.5	42.6
2003	In the last 12 months, have you been forced to have sex when you didn't want it?	7.1	4.6	10.8
2004	The sex I have is [not] always as safe as I want it to be	8.4	8.0	4.4
2004	I [don't] find it easy to say "no" to sex I don't want	9.6	4.6	12.9
2004	I sometimes feel lonely	69.9	67.5	74.8
2004	I sometimes worry about how much I drink	37.5	30.9	28.1
2004	I sometimes worry about my recreational drug use	13.3	15.7	10.2
2004	I am [un]happy with what I know about HIV	13.3	6.3	6.8
2004	I would like to know more about sexual health and HIV	53.8	68.1	57.7
2003	I sometimes have a problem getting hold of condoms	18.0	9.7	17.3
2003	Water-based lube is sometimes hard to get hold of	26.8	20.7	30.6

6.11.3 Age

The table below presents the indicators of need among men of different age-groups. Nine indicators had statistically significant variations depending on age, and for seven of these, men aged less than 20 years were the most in need. However, loneliness was the issue most experienced by the oldest age-group. Recreational drug use was identified as a problem among those in their 20s.

- Greatest need was shown by the youngest age group, especially in relation to knowledge and access to condoms and lube. However, drug use and loneliness were issues for respondents in other age groups.

As suggested in Carroll et al. (2002), an HIV prevention strategy should therefore disproportionately benefit the youngest age groups, although there should be some programmes specifically focused towards the particular needs of older men.

Table 6.26: Unmet need by age

		% in need				
		<20	20s	30s	40s	50+
2003	Fact 1: An HIV negative man is more likely to pick up HIV by getting fucked by an HIV positive man than by fucking him	27.9	23.9	18.7	20.5	22.2
2003	Fact 2: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if either of them already has another sexually transmitted infection	56.8	45.5	41.0	35.9	38.9
2003	Fact 3: Men can have HIV without knowing it	9.9	7.9	4.8	3.8	16.7
2003	Fact 4: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if he ejaculates in his partner	9.1	8.5	10.0	7.8	16.7
2003	Fact 5: Condoms are less likely to break if you use a water-based lubricant	41.4	22.3	13.8	14.3	22.9
2003	Fact 6: An HIV positive man who has undetectable viral load (in his blood) can still pass on HIV	51.4	46.1	41.0	39.7	47.2
2003	In the last 12 months, have you been forced to have sex when you didn't want it?	17.7	9.8	3.8	1.3	5.6
2004	The sex I have is [not] always as safe as I want it to be	4.3	8.5	4.4	8.0	7.0
2004	I [don't] find it easy to say "no" to sex I don't want	12.0	9.7	7.9	6.2	16.3
2004	I sometimes feel lonely	72.0	67.0	72.0	75.2	86.0
2004	I sometimes worry about how much I drink	24.7	34.3	33.3	30.4	27.9
2004	I sometimes worry about my recreational drug use	14.1	15.6	11.6	8.0	7.3
2004	I am [un]happy with what I know about HIV	17.2	8.8	8.4	1.8	9.3
2004	I would like to know more about sexual health and HIV	58.5	62.8	54.6	58.0	63.6
2003	I sometimes have a problem getting hold of condoms	26.5	14.3	8.1	19.2	11.1
2003	Water-based lube is sometimes hard to get hold of	38.9	27.2	18.6	24.4	111

6.11.3 HIV testing history

The table below presents the indicators of unmet need among the three groups with different HIV testing history.

All six of the fact-based indicators show differences across the groups, and for all of these indicators, those who have never had an HIV test were in greatest need of

information. This pattern was also evident in the results of VSI2000. It is unclear whether the other men undertook an HIV test because they were more knowledgeable about HIV, or whether they learnt these facts during the testing process.

Two other indicators varied significantly amongst the groups, and for both of these, men who tested positively for HIV were in greatest need.

- Men who have never had an HIV test were in most need of HIV-related education.

These results suggest that there is a strong need for HIV-related education programmes, especially among those men who have never been tested. This necessitates that such programmes take place outside clinical settings. This increased knowledge is likely to influence both sexual and HIV-testing behaviours.

Table 6.27: Unmet need by HIV testing history

		% in need		
		Never tested	Test negative	Test positive
2003	Fact 1: An HIV negative man is more likely to pick up HIV by getting fucked by an HIV positive man than by fucking him	30.0	14.9	12.5
2003	Fact 2: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if either of them already has another sexually transmitted infection	51.9	37.7	20.0
2003	Fact 3: Men can have HIV without knowing it	11.7	2.7	4.0
2003	Fact 4: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if he ejaculates in his partner	12.1	4.8	4.2
2003	Fact 5: Condoms are less likely to break if you use a water-based lubricant	30.0	12.4	8.0
2003	Fact 6: An HIV positive man who has undetectable viral load (in his blood) can still pass on HIV	50.6	37.4	20.0
2003	In the last 12 months, have you been forced to have sex when you didn't want it?	6.1	9.0	12.0
2004	The sex I have is [not] always as safe as I want it to be	5.8	7.5	11.1
2004	I [don't] find it easy to say "no" to sex I don't want	9.7	8.9	11.1
2004	I sometimes feel lonely	71.2	70.7	74.1
2004	I sometimes worry about how much I drink	30.5	33.6	33.3
2004	I sometimes worry about my recreational drug use	10.3	15.0	23.1
2004	I am [un]happy with what I know about HIV	13.2	3.3	14.8
2004	I would like to know more about sexual health and HIV	58.5	61.1	63.0
2003	I sometimes have a problem getting hold of condoms	14.9	15.5	12.0
2003	Water-based lube is sometimes hard to get hold of	27.9	24.1	32.0

6.11.4 Education

The following table shows indicators of need by level of educational qualifications.

Eight indicators vary significantly according to educational level, and for six of these, the highest level of need is among men with the lowest level of educational qualifications (no qualifications, primary education only, secondary level 1 or apprenticeships). However, the highest level of need for two indicators is for those men with medium level of qualification (secondary level 2). Men with the highest level of qualifications, that is, degree or higher, do not show the highest level of need for any of the indicators, regardless of whether the differences are statistically significant or not.

- The highest level of need is among men with the fewest or no educational qualifications.

Given the level of need amongst men with fewest or no educational qualifications, HIV programmes should target this group.

Table 6.28: Unmet need by level of educational qualification

		% in need		
		Low	Medium	High
2003	Fact 1: An HIV negative man is more likely to pick up HIV by getting fucked by an HIV positive man than by fucking him*	22.6	27.7	20.2
2003	Fact 2: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if either of them already has another sexually transmitted infection	39.7	49.8	43.2
2003	Fact 3: Men can have HIV without knowing it*	13.8	9.1	5.2
2003	Fact 4: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if he ejaculates in his partner	12.1	8.9	7.4
2003	Fact 5: Condoms are less likely to break if you use a water-based lubricant	26.7	23.5	19.4
2003	Fact 6: An HIV positive man who has undetectable viral load (in his blood) can still pass on HIV*	51.7	48.4	40.1
2003	In the last 12 months, have you been forced to have sex when you didn't want it?	8.6	10.4	6.1
2004	The sex I have is [not] always as safe as I want it to be	9.3	6.2	6.5
2004	I [don't] find it easy to say "no" to sex I don't want	9.4	8.1	7.8
2004	I sometimes feel lonely	67.8	75.3	69.5
2004	I sometimes worry about how much I drink	36.4	29.0	32.6
2004	I sometimes worry about my recreational drug use	23.5	14.8	8.6
2004	I am [un]happy with what I know about HIV	14.4	8.8	7
2004	I would like to know more about sexual health and HIV	61.7	62.8	56.5
2003	I sometimes have a problem getting hold of condoms*	24.1	17.4	12.4
2003	Water-based lube is sometimes hard to get hold of	28.4	27.3	25.4

For knowledge of fact items, the figure represents the % of men who did not already know this, or who were not sure

7: Intervention coverage

7.17.1 Recency of STI check-up (2004 only)

Approximately one half of respondents (49.2%) have never had a check-up for sexually transmitted infections (STIs) other than for HIV. This is much lower than the 2000 figure of 66%. In contrast, just over one third (34.6%) of men have had an STI check-up in the last year, while 3.1% had one more than five years ago. Of those men who have never had a check-up, only 11.9% did not have any sexual partners in the previous year, and the majority had two or more partners, highlighting a large unmet need.

As in VSI2000, respondents living in Dublin were much more likely to have had an STI check-up at some point (59.0%), with those living in Northern Ireland least likely to (41.6%). As also identified in VSI2000, the likelihood of ever having an STI check-up increased significantly with the number of male sexual partners. For example, while 38.2% of men who had only one male sexual partner in the last year had ever had a check-up, the figure for those with 30 or more male sexual partners was significantly higher at 73.5%. As highlighted by Carroll et al. (2002), we do not know if men with more sexual partners were more likely to have an STI check-up as a preventative measure or because they presented symptoms.

Table 7.1: Recency of STI check-up by number of sexual partners in last year (2004)

	%						
	0 n=56	1 n=144	2,3 or 4 n=275	5 to 12 n=201	13 to 29 n=100	30+ n=61	All n=867
I've never had a check-up	91.1	61.8	50.5	40.8	29.0	24.6	49.1
In the last year	3.6	20.1	30.5	42.8	56.0	62.3	34.6
In the last five years	5.4	14.6	15.6	12.4	12.0	11.5	13.1
More than five years ago	0	3.5	3.3	4.0	3.0	1.6	3.1

In contrast to the VSI2000 findings, there were significant differences in the recency of STI check-up depending on the age of the respondent – 81.5% of those aged less than 20 years have never had a check-up, compared with 31.9% of those aged in their 40s. However, 57.8% of those aged 50 years or over had never had an STI check-up.

Table 7.2: Recency of STI check-up, by age of respondent (2004)

	%					
	<20 n=124	20s n=361	30s n=218	40s n=119	50+ n=45	All n=867
I've never had a check-up	81.5	49.9	37.2	31.9	57.8	49.1
In the last year	16.1	39.3	39.0	37.8	17.8	34.6
In the last five years	2.4	9.7	19.3	25.2	8.9	13.1
More than five years ago	0	1.1	4.6	5.0	15.6	3.1

- One half of respondents have never had an STI check-up, especially those living in Northern Ireland (58.4%), and those aged less than 20 (81.4%). The likelihood of ever having an STI check-up increased significantly with the number of male sexual partners.

7.27.2 Location of last STI check-up (2004 only)

Most respondents (69.1%) went to a Genito-Urinary Medicine (GUM), Sexually Transmitted Disease (STD) or sexual health clinic for their last STI check-up, with respondents in Northern Ireland significantly more likely to do so. Conversely, respondents living in the Republic of Ireland outside Dublin were significantly more likely to have had their last STI check-up at a GP surgery or local doctor.

Table 7.3: Location of last STI check-up (2004)

	%			
	NI n=114	Dublin n=151	Rest RoI n=175	All n=440
GUM, STD or sexual health clinic	81.6	74.2	56.6	69.1
GP surgery/local doctor	14.0	17.2	27.4	20.5
Private Health Care clinic	3.5	6.0	9.7	6.8
HIV clinic	0	0.7	3.4	1.6
Other	0.9	2.0	2.9	2.1

- 69.1% of respondents went to a GUM, STD or sexual health clinic for their last STI check-up, especially men living in Northern Ireland. Respondents living in the Republic of Ireland outside Dublin were more likely to go to a GP surgery or local doctor for this.

7.3 Location of last HIV test (2004 only)

In 2004, those men who have ever had an HIV test result (see Section 4.1) were asked where they went for their last HIV test. Two thirds of men (67.6%) said that they went to a GUM, STD or sexual health clinic, with men living in Dublin or Northern Ireland more likely to do so than men living elsewhere. In contrast, the next most frequent source of testing was a GP surgery or local doctor (18.7%), with the group most likely to do so being those living in the Republic of Ireland outside Dublin (23.3%). The use of private health care clinics among men living in Northern Ireland and Dublin is approximately half that of men living elsewhere.

These patterns are almost identical to those identified in Table 7.3 in relation to STI testing, and reflect the concentration of specialised GUM, STD, HIV and sexual health clinics in Dublin and Belfast.

Table 7.4: Where did you go for your last HIV test?(2004)

	%			
	NI n=99	Dublin n=143	Rest RoI n=159	All n=401
GUM, STD, HIV or sexual health clinic	73.7	74.1	58.5	67.6
GP surgery/local doctor	15.2	16.1	23.3	18.7
Private health care clinic	7.1	7.7	13.8	10.0
I used a home testing kit	2.0	2.0	0	0.7
Other	2.0	2.1	4.4	3.0

- 67.8% of respondents have an HIV test at a GUM, STD or sexual health clinic.

8: Health and HIV prevention technologies (2003 only)

Respondents to the 2003 survey were asked about their knowledge of, and attitudes to, four health and HIV prevention technologies. Respondents were presented with the following information relating to each technology, and then asked if they had heard of it.

- HIV vaccine: No effective vaccine against HIV currently exists. However, medical researchers are trialing (testing) many potential vaccines. It is unlikely that any vaccine will be fully effective against HIV, but a partially effective vaccine may be a reality within 5 to 10 years.

- Anti-HIV microbicides: Microbicides are substances which protect people from microbes such as viruses and bacteria. They might do this by directly killing microbes or physically preventing them from entering the body. They could be in the form of a lubricant, cream, spray, sponge, foam or jelly. Microbicides against HIV are still at a developmental stage and no proven, safe, effective products are currently available. It is unlikely that any microbicide will be fully effective against HIV but a partially effective microbicide may be a reality within 5 to 10 years.

- HIV home testing: HIV tests in the UK (and Ireland) can be done through hospitals, sexual health clinics, GPs and medical centres. In some countries people can get home-testing kits, which enables them to self test, mail it to a laboratory and receive the results over the telephone. There is also an instant home test (similar to home pregnancy tests) where results are learnt on the spot. The sale of HIV home-testing kits of any sort is illegal in the UK (and Ireland) and they are not currently available.

- Post Exposure Prophylaxis (PEP): PEP is a one month course of anti-HIV drugs. It attempts to stop HIV infection taking place after a person is exposed to the virus. It should be taken as soon as possible after exposure and probably within a few days. In a few UK (and Irish) hospitals PEP is available for those exposed to HIV through sex. In those hospitals whether you get PEP will depend on the likelihood that you have been exposed to HIV and your ability to cope with the side effects.

The most well-known technology was HIV vaccines and trials, which had been heard of by two thirds of respondents (65.5%). However, only approximately one in five men had heard of each of the other technologies. Respondents living in Dublin were significantly more likely to have heard of HIV vaccines and trials, as well as PEP.

Respondents aged less than 20 years were significantly least likely to have heard of HIV vaccines and trails, and HIV home-testing kits than other men.

Table 8.1: Knowledge of technology (2003)

	% having heard of technology			
	NI	Dublin	Rest RoI	All
HIV vaccines and trials	58.0	72.0	66.8	65.5
Microbicides	23.8	21.6	18.3	21.2
HIV home-testing kits	21.1	19.6	17.7	19.4
PEP	17.5	27.1	19.1	21.2

- Two thirds of men had heard of HIV vaccines and trails, but only around one in five had heard of microbicides, HIV home-testing kits or PEP.

  Approximately nine out of ten men said that they definitely or maybe would consider using each of these technologies, with PEP being the most frequently identified (98.4%), and HIV home-testing kits being the least identified (87.4%). Only 10 respondents have ever tried to get PEP, and four have ever taken it. However, 37 men said that they know someone who has received PEP.

- The vast majority of men said that they definitely or maybe would consider using each of these technologies, with PEP being the most frequently identified.

9: Summary of conclusions and implications for planning

9.1 The sample

The majority of men who took part in the 2003 and 2004 surveys described themselves as gay, and have had sex with only men in the previous year. More than half of respondents live in or near the two major cities of Dublin and Belfast, and two thirds were in their 20s or 30s. Nearly three quarters of respondents had participated in full-time higher education, and nearly one half had never been unemployed. While most of these men are living comfortably or doing alright financially, especially men living in Dublin, one quarter of those who are currently unemployed say that they are finding it quite or very difficult to get by.

The demographic characteristics of the men who participated in these surveys are similar to those who participated in earlier surveys. Thus, they are likely to be from the same population. One problem in generalising from the sample is that we do not know the profile of the entire gay and bisexual population in Ireland. Thus, we cannot explicitly state if the respondents to the 2003 and 2004 surveys are representative of the entire population. However, based on responses to these surveys, respondents to this survey are likely to be younger and more likely to have sex with men only than the whole gay and bisexual population. Thus, we regard the respondents to be representative of the men that HIV prevention work accesses.

9.2 Socio-sexual context

- 46.5% of men in 2004 had been tested for HIV, compared with 69.6% in 2000. Two thirds of these men had received a test result in the previous year.

- In 2003, 5.0% of those who had been tested received a positive result, which is similar to VSI2000.

- However, the proportion of test results that were positive is highest in 2004 (6.7%), and the rate was particularly high in Northern Ireland.

- Men aged under 20 were least likely to have been tested, and men in their 30s and 40s were most likely to have received a positive result. Respondents with the highest educational qualifications were most likely to have undertaken a test. However, respondents receiving a positive test result were more likely to have experienced current or past unemployment.

- The main reason for not having an HIV test was 'I've taken no risks/always do safer sex', although fear of discrimination was also a major issue.

- While HIV testing history generally matches men's current belief in their HIV status, one half of respondents who said they were definitely HIV negative had never been tested.

- Seven out of ten respondents in 2003 and 2004 said that they and their partner were HIV concordant, meaning three out of ten men were HIV discordant with their partners, or that they were not sure.

  The proportion of men being tested has fallen since the 2000 survey. However, the proportion of test results that are positive has increased. In order to increase the match between belief of HIV status and actual HIV status, it is important to widen education and access programmes related to HIV testing.

- While around 7% of respondents had sex with no one in the preceding year, three quarters had sex only with men.

- 12.6% of men in 2003 and 16.2% in 2004 had had sex with both men and women, compared with 7.8% in 2000.

  Given the increasing rates of bisexual activity being highlighted in these surveys, future surveys need to include questions relating to female, as well as male, sexual partners.

- 6.5% of men had paid for sex with a man in the previous year, and most had done so 1-4 times.

- 5.8% of men had been paid money for sex with a man, including 15.6% of those aged less than 20.

- 89.1% of men had neither paid nor been paid money for sex. Older men were most likely to have participated in 'commercial' sex (18.6%), especially in paying for sex (16.3%). Younger men were most likely to have been paid for sex (15.8%).

  The higher levels of young men being paid for sex highlights the need for outreach and support for this vulnerable age group. This is particularly pertinent given the high level of unmet need for this age group identified in Table 6.26.

9.3 Sexual Risks Behaviour

- 49.5% of men had taken part in unprotected anal intercourse – 10.2% in RUAI only, 12.8% in IUAI only and 26.5% in both, with differences according to perceived HIV status.

- 40.9% of men had had RUAI in the previous year, with younger men more likely to have done so (52.7%), or those who did not know their HIV status (55.7%). 5.3% of those who had had RUAI thought that this was with a man of a different HIV status than them.

- 44.0% of respondents had had IUAI in the past year. Of these, 6.9% had done so with someone with a different HIV status.

- 30.3% of men had had sex with a risk of HIV transmission since their last HIV test.

These figures indicate a high level of risky sexual behaviour. This may be partly due to assumptions of HIV negativity, trust, relationship status, coercion, ignorance of the risks, or lack of access to condoms or water-based lubrication. These issues are explored individually in the next section.

9.4 Unmet HIV prevention needs

- 7.6% of men had been forced to have sex, especially those living in the Republic of Ireland outside Dublin (10.8%), or those aged under 20 years (17.7%). Most of these men (60.3%) were forced to have sex more than once.

As previously highlighted in VSI2000, HIV prevention needs can be seen as an aim of an intervention that is not already met. Within the 2003 and 2004 surveys, the indicators of need focus upon how much the following are NOT features of respondents' lives:

- Comprehensive knowledge about HIV exposure, risk, testing and treatment
- Access to condoms and lubricant
- Social inclusion and an extensive social network
- Sexual assertiveness
- Access and confidence in health prevention and treatment services

An analysis of unmet need across a range of demographic variables (area of residence, age, HIV testing history and educational attainment), highlights the following issues:

- For most of the indicators, men living in the Republic of Ireland outside Dublin experienced the highest level of unmet need.
- Access to condoms was a problem for men living outside Dublin.
- The only issue of unmet need for men living in Dublin related to the desire for information about sexual health and HIV.

Comprehensive HIV and sexual health programmes should be expanded to cover all areas in the island of Ireland which are outside Dublin.

- For most indicators, men aged less than 20 years were the most in need. However, loneliness was the issue most experienced by the oldest age-group. Recreational

drug use was identified as a problem among those in their 20s.

- Greatest need was shown by the youngest age group in relation to HIV knowledge and access to condoms and lube.

  As suggested in VSI2000, a HIV prevention strategy should therefore disproportionately benefit the youngest age groups, although there should be some programmes specifically focused towards the particular needs of older men.

- For all indicators, those who have never had an HIV test were in greatest need of information. This pattern was also evident in VSI2000.

  It is unclear whether the other men undertook an HIV test because they were more knowledgeable about HIV, or whether they learnt these facts during the testing process. Either way, there is a strong need for HIV-related education programmes, especially among those men who have never been tested. This necessitates that such programmes take place outside clinical settings. This increased knowledge is likely to influence both sexual and HIV-testing behaviours.

- In relation to educational attainment, the highest level of need is among men with the fewest or no educational qualifications. Men with the highest level of qualifications, that is, degree or higher, do not show the highest level of need for any of the indicators.

  Given the level of need amongst men with fewest or no educational qualifications, HIV programmes should target this group.

  Overall, these results highlight the need for an expansion of programmes to areas outside Dublin. The statistics reflect the fact that gay and bisexual men are not a homogeneous group, and so HIV prevention programmes should disproportionately focus on younger men and those with lower levels of education. However, it is also important to tailor programmes specifically for other groups. For example, while older men may not have specific needs in relation to obtaining HIV information or accessing condoms, social support is a particular issue affecting this group.

9.5 Intervention coverage

- One half of respondents have never had an STI check-up, especially those living in Northern Ireland (58.4%), and those aged less than 20 (81.4%). The likelihood of ever having an STI check-up increased significantly with the number of male sexual partners.

- 69.1% of respondents went to a GUM, STD or sexual health clinic for their last STI check-up, especially men living in Northern Ireland. Respondents living in the Republic of Ireland outside Dublin were more likely to go to a GP surgery or local doctor for this.

- 67.8% of respondents had their most recent HIV test at a GUM, STD or sexual health clinic.

These figures highlight the need for programmes to increase awareness and access to STI and HIV check-ups. In particular, the data highlight the concentration of specialist clinics in the larger cities, and the subsequent reliance on GP surgeries by men living outside these areas. This is not an ideal situation, especially given an unwillingness among some men to discuss their sexual background in a local surgery. Thus, an extension of outreach programmes of confidential, specialist clinics would help increase the rate of HIV and STI check-ups.

9.6 Health and HIV prevention technologies

- Two thirds of men had heard of HIV vaccines and trails, but only around one in five had heard of microbicides, HIV home-testing kits or PEP.

- The vast majority of men said that they definitely or maybe would consider using each of these technologies, with PEP being the most frequently identified.

The low level of knowledge about three of these technologies necessitates an increase in publicity about their benefits. While some of these products are currently not available, they are likely to be available in the near future. However, such publicity needs to be within the context of a comprehensive HIV awareness programme. Given the level of risky behaviour identified in Section 5, it is important to emphasise that the use of such technologies cannot replace existing safer-sex practices.

Appendix: Local sub-samples data

Where the same questions were asked in 2003 and 2004, only the 2004 responses are included in this table.

An asterisk indicates that there are statistically significant differences between areas. For those indicators relating to HIV prevention need, the area in most need is shaded.

Year		Republic of Ireland		Northern Ireland	
		Dublin	Rest of ROI	EHSSB	Resy of NI
2004	N of respondents	256	338	144	126
2003	N of respondents	329	361	178	157
Demographic characteristics					
2004	% gay identified	75.0	72.5	70.8	70.6
2004	Mean age (years)	30.53	29.86	30.8	28.88
2004	% educated at 3rd level*	55.7	53.0	46.5	32.8
2003	% unemployed	5.8	8.6	10.2	13.5
2004	% with regular partner	45.7	48.2	54.2	57.9
2004	% with illness, health problem or disability*	2.4	3.6	9.0	10.5
2003	% living comfortably/doing alright*	75.3	69.4	67.3	60.3
HIV testing					
2004	% ever tested*	55.9	47.5	44.1	27.2
2004	% tested positive (of those ever tested)	5.6	5.0	14.3	5.9
Health behaviour					
2003	% RUAI with man of different HIV status	1.5	2.5	2.2	1.3
2003	% IUAI with man of different HIV status	2.1	3.6	0	2.5
2004	% had sex with risk of HIV transmission since last HIV test	38.5	21.4	38.7	23.5
2004	% STI check-up in year*	39.5	37.3	28.5	23.8
2004	% ever paid for sex with a man	7.6	7.1	4.7	4.2
2004	% ever been paid for sex with a man	4.3	6.2	4.8	8.5
HIV prevention need					
2003	In the last 12 months, have you been forced to have sex when you didn't want it?	4.6	10.8	7.3	7.1
2003	Fact 1: An HIV negative man is more likely to pick up HIV by getting fucked by an HIV positive man than by fucking him	22.6	23.7	16.4	26.6
2003	Fact 2: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if either of them already has another sexually transmitted infection	46.0	44.8	40.4	46.1

2003	Fact 3: Men can have HIV without knowing it*	2.4	10.6	5.6	11.8
2003	Fact 4: When fucking an HIV negative man without a condom, an HIV positive man is more likely to pass on HIV infection if he ejaculates in his partner	6.4	8.7	8.5	12.3
2003	Fact 5: Condoms are less likely to break if you use a water-based lubricant*	17.4	21.8	19.3	31.0
2003	Fact 6: An HIV positive man who has undetectable viral load (in his blood) can still pass on HIV	42.5	42.6	41.0	51.3
2004	The sex I have is [not] always as safe as I want it to be	8.0	4.4	9.4	7.6
2004	I [don't] find it easy to say "no" to sex I don't want	4.6	12.9	7.9	11.8
2004	I sometimes feel lonely	67.5	74.8	70.9	68.9
2004	I sometimes worry about how much I drink*	30.9	28.1	36.5	38.7
2004	I sometimes worry about my recreational drug use	15.7	10.2	12.9	14.0
2004	I am [un]happy with what I know about HIV*	6.3	6.8	8.7	18.5
2004	I would like to know more about sexual health and HIV*	68.1	57.7	44.4	64.0
2003	I sometimes have a problem getting hold of condoms*	9.7	17.3	15.3	21.8
2003	Water-based lube is sometimes hard to get hold of*	20.7	30.6	22.5	32.7

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http://www.shb.ie/content110283658_1.cfm

The Rainbow Project

The Rainbow Project aims to address the physical, mental and emotional health of gay and bisexual men living in, working in or visiting Northern Ireland.

The Rainbow Project was set up in 1994 and is Northern Ireland's only gay and bisexual men's health organisation. Rainbow is a regional organisation with two offices in Belfast and Derry/Londonderry. The organisation produces research, and provides information, education and training on issues surrounding sexual orientation.
They also offer advocacy and support for service users and house the only gay male specific counselling and support service available in Northern Ireland. In addition the organisation distributes free condoms, lubricant and safer-sex information in gay and gay-friendly commercial and educational venues.

The Rainbow Project offices are at:
2-8 Commercial Court
Belfast
BT1 2NB
Tel: 028 9031 9030
Fax: 028 9031 9031

and

37 Clarendon Street
Derry/Londonderry
BT48 7ER
Tel: 028 7128 3030
Fax: 927 6127 3969
Information: http://www.rainbow-project.org
or email info@rainbow-project.org

Gay Men's Health Project

The Gay Men's Health Project (GMHP) was established in 1992 by the then Eastern Health Board. It is presently administered by the HSE (Dublin Mid-Leinster) and covers all Dublin City and County. It is the only statutory community gay health service in Ireland and one of the very few in Europe. Through its outreach, counselling and STI clinical services, GMHP promotes sexual health, primarily HIV prevention and education to, gay, bisexual men and other men who have sex with men (MSM).

It aims are to:

- Raise awareness of HIV and other Sexually Transmitted Infections, of alcohol and drugs use, safer-sex practices, welfare, and general medical and psychological health and to provide hepatitis vaccinations.
- Act as a reference centre on gay health issues and on male sex workers (prostitution), for agencies, community groups and academic courses.
- Promote networking, community and agency partnerships.

GHMP fulfils these aims through co-ordination, clinical services, counselling, outreach work, forums, research, reports, training, publications, website, advertising and promotion.

GMHP is actively involved in gay community partnerships along with Johnny (gay peer action), Gay Health Network, BeLonG To (Youth Project) and others such as the HIV Services Network Ireland and the EU Correlation Network - Social Inclusion and Health. Since 2000, GMHP has been involved in the Syphilis Outbreak Campaign, research and onsite testing, the Vital Statistics Surveys (2003, 2004 and 2005), and other reports and Hepatitis B research and have also organised the All-Ireland Gay Health Forum (2003, 2004, 2005 and 2006), and other initiatives. GMHP, along with Johnny, have continued to supply the "Rubber Up" safer sex packs to men in social venues.

Outreach and Counselling Services are based at:
Outhouse
LGBT Community Centre
105 Capel Street
Dublin 1
Tel: 01 873 4952

STI Clinical Services are at:
19 Haddington Road
Dublin 4
Tel: 01 660 2189

Information: http://www.gaymenshealthproject.ie Email: gmhpadmin@maild.hse.ie

Sigma Research

Sigma Research is a social research group specialising in the behavioural and policy aspects of HIV and sexual health. It also undertakes research and development work on aspects of lesbian, gay and bisexual health and well-being.

In the last six years, Sigma has undertaken more than fifty research and development projects concerned with the impact of HIV and AIDS on the sexual and social lives of a variety of populations. This work includes needs assessments, evaluations and service and policy reviews funded from a range of public sources. We have an international reputation as one of the most important and innovative sources of new social scientific information in these areas.

Information: http://www.sigmaresearch.org.uk/

ARK

ARK, the Northern Ireland Social and Political Archive, is dedicated to making social and political information on Northern Ireland available to all, and is jointly based in Queen's University Belfast and University of Ulster. ARK is a contemporary website (www.ark.ac.uk) holding a vast amount of information on a wide range of social and political topics. With research summaries, survey results, facts and figures, election results and an encyclopaedic section on the Northern Ireland conflict, it is an essential starting point for anyone who needs to gather information on Northern Ireland quickly and easily. ARK also provides a number of services, including technical support for people who want to carry out analyses of large-scale survey datasets, but do not have the resources or expertise to do this themselves.

Information, www.ark.ac.uk or email info@ark.ac.uk

Gay Health Network

The Gay Health Network (GHN), which was established in 1994, is an all-Ireland network of individuals from a wide range of HIV and sexual health agencies, both governmental and non-governmental. It is organised as a network to facilitate communication between its members and between agencies on issues relating to the provision and development of HIV/AIDS services and prevention strategies targeting gay men. Any person working in a HIV prevention and care, or sexual health promotion agency anywhere in Ireland or any HIV positive man is welcome to attend meetings.

The Network's aims are to:

- Provide a forum to encourage the exchange of information, resources and ideas, and to act as mutual support for its members.

- Help identify the needs of gay and bisexual men regarding health interventions, particularly in relation to sexual health and HIV/AIDS.

- Help ensure that health and HIV/AIDS agencies develop gay- and bisexual- friendly services.

- Identify gaps in services, particularly in relation to prevention and information needs and to endeavour to fill those gaps where possible.

- Develop a wide range of publications primarily relating to HIV prevention for distribution to gay and bisexual communities in Ireland.

Much of the work of the network is voluntary and the following member organisations have contributed to the running of the Network: Gay Men's Health Project, Gay HIV Strategies, Gay Community News, Johnny, Open Heart House, Dublin AIDS Alliance, St James Hospital GUIDE Clinic, Ana Liffey Project, BeLonG To Youth Project, Community Response, The Rainbow Project (Belfast), The Southern Gay Men's Health Project Cork and Positive Voices.

Information: www.gayhealthnetwork.ie

Notes


ARK
Northern Ireland
SOCIAL & POLITICAL ARCHIVE

GMHP

the
Rainbow
project

Sigma
RESEARCH