A report on:
HIV-Related Knowledge, Attitudes, and Behaviors
Among San Francisco Gay and Bisexual Men:
Results from the Fifth Population-Based Survey

Prepared for:
San Francisco Department of Public Health

Prepared by:
Communication Technologies
in association with
The San Francisco AIDS Foundation

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EXECUTIVE SUMMARY

This report presents data from the fifth population-based survey of San Francisco gay and bisexual men conducted by Communication Technologies in cooperation with the San Francisco AIDS Foundation and the San Francisco Department of Public Health.

The survey was conducted by telephone among a random-digit-dial sample of 401 San Francisco households composed of one or more openly gay/bisexual men. One randomly selected adult gay male within the household was interviewed. Interviews lasted approximately 36 minutes and were conducted between October 11 and December 5, 1989. In addition to this sample, 116 interviews were completed with respondents who had participated in the four previous studies in this series.

Sexual Orientation

Although 13% of respondents said that they were heterosexual or bisexual, the overwhelming majority -- 87% -- identified themselves as gay or homosexual. Similarly, 80% reported that they were sexually active exclusively with men. Eight percent reported some female partners during the last year.

Overall Level of Sexual Risk-Taking

Approximately three in 10 respondents report engaging in unprotected anal intercourse, oral-to-anal contact, fisting, or oral sex with semen exchange within the 30 days prior to the interview. This is no change from 1987 when we last surveyed the frequency of these behaviors.

The study suggests that dramatic declines in unprotected anal intercourse have occurred since 1987. Paralleling this development, however, is an increase in other behaviors historically defined as unsafe by the San Francisco AIDS Foundation: oral sex involving the exchange of semen, and oral-to-anal contact. It is the increase in these latter behaviors which accounts for lack of change in the overall level of sexual risk-taking between 1987 and 1989.

When the interval of reporting is extended to one year prior to our interview, 18% of respondents report engaging in the practice of unprotected anal intercourse, the highest risk behavior. Previous studies did not use an annual time interval for the analysis of change in this behavior so over-time comparisons of this percentage cannot be made.

Sixteen percent of respondents can be classified as relapers, men who made a commitment to never practice unprotected anal sex but did so in the last year. This percentage declines to 12% if you remove negative respondents in mutually monogamous relationships with negative partners. These data on relapse were not collected in previous surveys.
Looking across a number of sexual behavior variables, the following segments of the population were more likely than the population as a whole to report unsafe sex practices:

- New residents, particularly less-than-2-year residents
- Lowest income respondents, those with annual incomes of less than $15,000
- 18-29 year olds
- Heavy drug users
- Those who have used needle-injecting drugs at some point in their lives
- Those in primary relationships with other men
- Those who have not taken the HIV antibody test
- Those who report combining substance use with sex

Sexual Behavior with Primary Male Partners

Approximately half the sample reported that they were in a primary relationship with a male. This percentage has been stable since this series of studies began in 1984. In terms of sexual behavior with these primary partners, the frequency of the safest behaviors -- mutual masturbation, oral sex without exchange of ejaculate, and french kissing -- is up since both 1984 and 1987.

With regard to anal sex, the ratio of protected to unprotected anal sex has increased significantly since 1987. This is due to both a decline in the frequency of unprotected anal intercourse as well as an increase in the frequency of protected anal sex. The overall level of anal sexual activity between primary partners is the same as in 1987.

Two-thirds of those with primary partners had anal sex with that partner in the last year. Three in 10 have engaged in anal sex at least once per week in the last year. Among those practicing anal sex with primary partners, 49% say that they do not always use condoms and 31% say that they never do.

Within these primary relationships there has been a large increase since 1987 in oral-to-anal contact and oral sex involving the exchange of semen. This increase is undoubtedly related to publicity about the minimal transmission risk associated with oral sex.

Only half (48%) of respondents in male couples report that they are mutually monogamous, a decline since 1987 when 74% said they were exclusive.
Sexual Behavior with Secondary Partners

- One quarter of respondents only had sex with their primary partner in the last year. Approximately one in 10 reported no sex with men. The majority of the sample, however, reported that they were sexually active outside of a primary relationship in the last year. The pattern of risk taking with secondary partners resembles that with primary partners: the frequency of unprotected anal intercourse has decreased while the frequency of oral sex with exchange of semen has either remained constant or increased.

- The level of secondary partner activity, as measured by numbers of partners and contacts, is the same as 1987 but less than 1984. The safest behaviors -- mutual masturbation, oral sex without semen exchange, and french kissing -- are being practiced more frequently than in 1987.

- In terms of anal sex, the ratio of protected to unprotected intercourse has increased greatly since 1987. This change is due to a significant decline in the frequency of unprotected anal sex from the already low levels reported in 1987. Unprotected anal sex with secondary partners is now extremely rare among San Francisco gay and bisexual men.

- The level of anal sexual activity overall is about the same as 1987. Half of the sample reported anal sex with a secondary partner last year. However, while a majority report it, they report that it does not occur very often -- not nearly as often as with primary partners. Just 19% percent report engaging in anal sex with a secondary partner at least once per month. Among those who practiced anal sex with secondary partners, more than three quarters (77%) say that the inserter always used a condom.

- As with primary partner activity, there has been a significant increase in the frequency of oral-to-anal contact. Oral sex with the exchange of ejaculate is at about the same level as 1987.

Communicating about Unsafe Sex

- Approximately half of respondents with male secondary partners report that they talk with all of them about the need for safe sex. Only one quarter say they always know the sero-status of these secondary partners. Predictably, it is more common for respondents to talk with primary partners about these issues.

Beliefs and Sexual Behavior

- Only 27% of uninfected respondents believed themselves to be at greater risk of HIV infection than other Bay Area residents, indicating that most do not currently believe themselves to be particularly susceptible to HIV infection. The data suggest that susceptibility beliefs are difficult to measure among HIV-negatives who have made extensive behavior changes. The concept of susceptibility may be most useful in understanding behavior change at a time when new behaviors are first being initiated.
As with previous studies, respondent beliefs about the risk of specific sexual practices are, for the most part, accurate. Gay and bisexual men believe that unprotected intercourse carries the greatest risk of infection, followed by oral-to-anal contact, fisting, and oral sex with semen exchange.

Belief in the risk of oral-to-anal contact, oral sex with ejaculation, and fisting have all declined since 1987. Perhaps most importantly, respondents underrate the inserters' risk during unprotected anal sex. This is despite recent evidence linking this behavior to virus transmission.

One of the most surprising results of the 1989 study is the low sense of condom efficacy among San Francisco gay and bisexual men. Using a 10 point scale, the sample-wide mean level of agreement with a statement asserting the efficacy of condoms was only 5.5. Previous studies suggested that the population believed safe sex practices to be efficacious in preventing HIV transmission. A different measure was used in previous studies, however, so these data are not directly comparable.

In terms of personal efficacy, more than 80% of respondents believed that they would always refuse to engage in unprotected anal intercourse with future sex partners.

The study examined respondent beliefs about the acceptability of unprotected anal intercourse in four different situations thought to be related to relapse: a situation in which both partners tell one another they are HIV-positive, one in which both say they are negative, one in which one partner is younger (in his teens or 20's), and another when the insertive partner is HIV-negative.

The sample-wide data are encouraging: only small numbers of respondents agree that the practice of unprotected intercourse is acceptable in any of these situations.

The same is true of beliefs about group norms related to these situations: only small numbers of respondents believe that their friends think it is all right for them to have unprotected intercourse in any of these four situations.

Men who report engaging in various unsafe behaviors are, however, more likely than the sample-as-a-whole to believe in the acceptability of unsafe sex in these situations. In addition, they are more likely to believe that group norms sanction unsafe behavior in the situations. These risk-taking men are also less likely to believe in their personal efficacy or that of condoms to prevent infection. There is evidence that all of these beliefs are interrelated.
Substance Use

- Seven percent of the population are frequent and heavy users of alcohol. Twenty-one percent are heavy users of drugs such as marijuana, cocaine, speed, or nitrate inhalants. Four in 10 have either sought treatment, considered it, or believe they have a substance-use-related problem. About one in 10 gay and bisexual men have used needle-injection drugs at some point in their lives.

- The 1989 study again confirms that large numbers of San Francisco gay and bisexual men use alcohol and drugs and combine their use with sex. More than one-third of the population combine the use of alcohol or other substances with sex at least half the time they have sex.

Testing

- Three-quarters of the population believe that gay and bisexual men should be encouraged to take the HIV antibody test. Seventy-four percent have taken the test, up from 35% in the 1987 study.

- Only 26% of respondents report a positive test result or an AIDS or ARC diagnosis. Two percent said they had taken the test but refused to state what the outcome was. Assuming that these men are HIV-positive but concerned about disclosure, the percentage of self-identified positives within the current population of local gay and bisexual men is approximately 28%.

Some of the untested are also, of course, likely to be HIV-positive. In fact, it is possible that the proportion of infected individuals among those untested is greater than among the tested. Our data indicate that untested respondents are more likely than the sample-as-a-whole to report unprotected anal intercourse in the last year.

It is likely that the 1989 population of openly gay/bisexual men is very different from the mid-1980's population. The study suggests that there are large numbers of newly arrived gay male immigrants to San Francisco. These men were not available for study in the mid-1980's. There has also been an out-migration of undetermined size and a high rate of HIV-related mortality. For these reasons, the percentage of self-identifying positives reported here is not incompatible with 50% sero-prevalence estimates generated in the mid-1980's.

- When untested men were asked why they had not been tested, leading responses had to do with the fear of health insurance denial and with the explanation that their health was currently good.

State of Health

- Four percent of the sample report an AIDS diagnosis and an additional 6% say they have been diagnosed with ARC, both up from 1987 levels. Thirteen percent report the presence of some symptoms of HIV disease, including 6%
who characterize the symptoms as significantly disabling.

**Treatment**

- Fifteen percent of respondents report treatment for HIV infection in the last year. About one-third of HIV-positives without AIDS or ARC report receiving treatment. Sixty-four percent of this group have not received any treatment. Almost all of those treated report knowledge of their T-cell counts. Seventy-five percent report counts under 500.

- Only 7% of those receiving treatment in the last year report hospitalization for AIDS. Eight percent report hospitalization for ARC.

**Size and Demographic Composition of Population**

- The size of the population of gay/bisexual men is estimated to be within the range of 51,851 to 66,706.

- As with previous studies, respondents tended to be overwhelmingly white, mid-30's in age, and highly educated. They tended to report up-scale incomes and occupations. Like the majority of San Franciscans, they tended to be renters rather than homeowners. Their residences are located in all parts of the city.

- The 1989 sample has more non-Whites, renters, new residents and higher income individuals than the 1984 sample. Fewer 1989 respondents are employed full-time than they were in 1984. In addition, household size is smaller in 1989 than 1984. Because of differences in sampling approaches between the two studies, however, it is not possible to draw definitive conclusions about the exact extent and nature of demographic change over time.
1. BACKGROUND

This report presents preliminary findings from the fifth population-based survey of San Francisco gay and bisexual men conducted by researchers at Communication Technologies working in partnership with staff of the San Francisco AIDS Foundation and the San Francisco Department of Public Health.

The series of studies began in 1984 in an effort to design an effective AIDS prevention campaign for the city and county of San Francisco. Subsequent studies were completed in 1985, 1986, and 1987. Each study yielded data critical to the ongoing design and evaluation of the local campaign, a campaign that has set the standard for similar prevention efforts world-wide.

In the first years, the purpose of prevention program planners was to encourage initiation of safe sexual practices among gay and bisexual men, the largest group at-risk for HIV disease in San Francisco. As data from numerous studies now indicate, this objective has been achieved. The incidence of unsafe practices has dramatically declined. The number of new infections has fallen greatly within this population group.

Beginning in 1989, a new concern emerged: prevention of relapse among men who had initiated behavior changes but were failing to sustain them. The new objective was forestalling a second wave of infection among gay and bisexual men.

Careful analysis of data from this series of studies indicates that, in certain situations, some gay and bisexual men continue to practice unsafe behaviors. Understanding relapse and how to prevent it has become a new, urgent need and purpose of prevention research.

Other needs are also important in the context of the 1989 study, including a better understanding of attitudes toward antibody testing, health care system utilization and insurance issues.

There is also renewed interest in the size of the city's homosexual and bisexual male population. The first study, in 1984, allowed for only a rough calculation of population size. Since this estimate is the basis for epidemic planning, there is interest in a more rigorous calculation.

We have sought to address all of these concerns and needs in the design of this fifth study.

This report should not be viewed as a complete examination of the many planning and evaluation issues raised above. We have set out to explore these issues in only a preliminary way. Extensive additional analysis must follow.
Dedication

This work is dedicated to the memory of Sam Puckett, a pioneering leader in the effort to stop the HIV epidemic, whose wise counsel contributed greatly to previous studies in the series. His absence from the study team for this fifth project is deeply felt by all who knew him.
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APPENDIX A: Interview Schedule

APPENDIX B: Detailed Comparisons of 1984, 1987, and 1989 Sexual Behavior Data
2. STUDY OBJECTIVES

The first (baseline) study conducted in the Summer of 1984 had the following major objectives:

- To determine the initial impact of the AIDS epidemic on gay-male sexual behavior and lifestyles;
- To provide a baseline measurement of sexual behavior so that change over time could be assessed;
- To explore message development, channel selection, and other issues relevant to the design of an effective AIDS-prevention program aimed at the gay-male risk group audience.

All subsequent tracking studies have had the following objectives:

- To track changes in awareness, level of concern, and other measures of epidemic impact within the population of San Francisco gay and bisexual men;
- To determine the degree of message acceptance and overall effectiveness of the risk-reduction campaign aimed at the gay and bisexual male audience;
- To determine the current incidence of risk behaviors in order to understand the extent and nature of behavioral adaptation to the epidemic;
- To measure beliefs about risk, enjoyability, and group norms and the relationship between these beliefs and changes in risk behaviors; and
- To explore attitudes toward HIV-antibody testing issues.

The 1989 study had the following additional objectives:

- To gather data on the state of health of gay and bisexual men as well as treatment for HIV infection and health care insurance;
- To develop a more rigorous estimate of the current number of openly gay/bisexual men in San Francisco.
3. METHODS

3.1 Methodology Used in Baseline (1984) Study

The first study consisted of 500 30-minute telephone interviews administered to a random probability sample of openly gay/bisexual male residents of the City and County of San Francisco, California. All respondents were at least 18 years of age. To be qualified, a respondent had either to report that he at least occasionally had sex with other men or to identify himself as gay or bisexual. Given the subject matter and population group under investigation, exceptional care was taken in respondent qualification screening. At the beginning of the interview, after an introductory set of questions designed to establish rapport, the respondent was informed that the survey was "sponsored by the San Francisco AIDS Foundation, a local non-profit foundation responsible for AIDS prevention in San Francisco." The interviewers went on to say:

For the rest of this survey, we are interested in speaking with one group of people who are at highest risk for AIDS: men who have sex with other men, or who identify themselves as gay or bisexual. Would you include yourself in one of these groups? (IF HESITANT, CONTINUE:) We are also interested in speaking with men who may only occasionally have sex with other men. If you fall into one of these categories, we would very much appreciate it if you could complete the survey. As I said in the beginning, in no way will your name ever be associated with this survey and your answers will help the AIDS Foundation in its prevention campaign.

If qualified, respondents were given more information about sponsorship, study objectives, and basic design. In addition, respondents were given further assurances about confidentiality and urged a second time to participate in this "historic and unprecedented study."

The lengthy screening process was designed to give interviewers confidence that they had earned the trust of the respondent before screening questions were posed to respondents.

With a sample size of 500, results were projectable to the universe of self-identifying gay and bisexual men in San Francisco within ±4.5% at the 95% level of confidence. In fact, error varies depending on the distribution of responses on any given item. It is, for example, greater on an item where responses are distributed evenly between categories than on items where responses are heavily skewed one way or another.

Interviews were conducted daily during the period of August 17 to September 7 of 1984.

The sample was drawn from a Metromail Corporation list of San Francisco households with listed phone numbers. (Approximately 67% of the total number of households with male names or initials were included in the sample.) A total
of 12,000 households were selected for the sample, based on the following assumptions:

- A total of 2,040 of the sample households were self-identifying gay or bisexual males (17% incidence);
- Of these, 1,020 will be at home at the time the interviewer phones (50% contact); and
- Of these, 61 will agree to complete the interview (60% cooperation). An initial sample size of 600 was later reduced to 500.

Each census tract in the city was assigned a weight which represents the proportion of unmarried males that reside in that tract. The sample was then drawn according to these weighted proportions.

Example: Census tract #101 has 712 unmarried males residing in it. The total number of unmarried males in San Francisco is 176,459. Thus, census tract #101 contains 0.4035% of the city's unmarried males. Accordingly, census tract #101 represents 0.4035% of our sample of 12,000. This was accomplished by taking a random sample of households in census tract #101 to achieve an N-size of 48 in that tract, or 0.4035% of 12,000.

This approach increased the incidence of gay and bisexual males somewhat and reduced the cost of data collection for the study.

After the sample of 12,000 was drawn, it was then split into 24 replicate samples, each containing 500 households. This approach provided for more control during field design and permitted termination of data collection at any point without compromising sample integrity, since every replicate was a true random sample of the universe.

On any given interview shift, a limited number of replicate samples were distributed among interviewing staff. Rigid call-back rules were followed in order to control for interviewing only available respondents, and to limit interviewer discretion over respondent selection generally. Each household appearing in the sample was called up to four times, and in cases where one male in a household was not qualified, interviewers asked about others within the home.

A system was also devised to keep track of respondents who initially refused to indicate whether they were qualified or not, but whom the interviewer sensed probably were qualified. As the survey period progressed, these refusals were approached again with successful results. Interviews were completed with 25 of the 62 refusals contacted, or 40%.

The initial refusal rate was 19.4%. This was reduced to 18.6% after refusal call-backs.
3.2 Methodology Used in 1985-1987 Studies

Each of the subsequent waves consisted of two components: a longitudinal study following original (baseline) respondents, and a cross-sectional study completed with a separate probability sample of openly gay and bisexual male residents of San Francisco. This cross-sectional portion of the study allowed for the assessment of sensitization effects among respondents participating in the baseline study. Sampling methods and administration closely resembled those of the baseline study. In each wave, the longitudinal and cross-sectional studies were fielded simultaneously.

The second wave was fielded from April 12, 1985, through May 4, 1985. It consisted of 300 longitudinal interviews randomly selected from the 500 baseline respondents and 200 cross-sectional interviews. The refusal rate was 20.4% for the cross-sectional study and 6.8% for the longitudinal study.

The third wave was fielded between April 25 and May 21, 1986. It consisted of 236 longitudinal interviews, and 201 cross-sectional interviews. The refusal rate was 19% for the cross-sectional study and 7% for the longitudinal study.

The fourth wave was fielded from April 21 to May 15, 1987. It consisted of 189 longitudinal and 201 cross-sectional interviews. The refusal rate was 30% for the cross-sectional study and 8% for the longitudinal study.

3.3 Methodology Used in 1989 Study

The 1989 study consisted of 401 interviews with a new, population-based cross-sectional sample of openly gay and bisexual men living in San Francisco, along with longitudinal interviews of 116 respondents participating in the four previous studies. Interviews were conducted from October 10, 1989, to December 5, 1989.

Analysis of change in the previous studies was based, primarily, on the longitudinal data set. When there was evidence of sensitization among longitudinal respondents, cross-sectional data were considered in the assessment of change over time.

In this 1989 report, over-time comparisons are made using cross-sectional data. There are now too few longitudinal respondents to rely on them for the analysis of change. The cross-sectional data we have chosen are from the first survey in 1984, the most recent in 1987, and the current 1989 survey.

The 1989 cross-sectional sample was generated using a random digit dial methodology employed city-wide. Unlike previous studies, a listed sample was not employed. Non-working exchanges and prefixes assigned exclusively to business and government agencies were excluded from the sample. The sample frame was purchased from Survey Sampling, Inc., a Connecticut-based firm that specializes in survey research sample generation.

In order to complete 401 interviews, we ordered a sample of 19,500 telephone numbers. These were split into 39 replicate samples of 500 numbers each. Each
replicate served as a mini-probability sample of the entire city. Thus, it would have been possible to terminate data collection after the exhaustion of any number of replicates without compromising the integrity of the sample.

On any given interviewing shift, a limited number of sample replicates were distributed among interviewing staff. Rigid call-back procedures were followed in order to eliminate interviewer discretion over respondent selection. Each household was called up to 9 times in an effort to maximize the response rate and reduce bias.

In addition, a device for randomizing respondent selection within the household was employed. Interviewers were required to determine whether or not there were multiple household members qualified for the survey, and if so, the name of the qualified household member with the most recent birthday. If this person was at home an effort was made to complete an interview with him. If the person was not at home numerous callback attempts were made. If the designated respondent refused to be interviewed, then no further effort was made within that household.

The cooperation rate was determined as follows:

1. The number of completed interviews was added to the number of contacted households where it was determined that no gay/bisexual males resided.

2. The above total was divided by the sum of:
   a. The number of completed interviews, plus
   b. The number of contacted households where it was determined that no gay/bisexual males resided, plus
   c. The number of households where a refusal took place -- either a refusal to provide household composition data or a refusal of a designated qualified respondent to be interviewed.

Our cooperation rate of 96% is extraordinary for this type of research. All initial refusals were recontacted in an effort to complete an interview. We were able to convert a significant number of these initial refusals.

With a sample size of 401, results are projectable to the population of gay and bisexual men in San Francisco within ±5% at the 95% level of confidence. Readers are cautioned that sampling error, in fact, varies from data item to data item, depending on the distribution of responses within question categories.

3.4 General Quality Controls and Respondent Safeguards

All of these studies involved the institution of a number of quality control and respondent safeguard procedures:

- All interviewers assigned to the study were screened for personal biases, skill level, motivation and degree of comfort with the sensitive subject
All interviewers received special training in how to deal with the unique subject matter of the survey and in how to communicate effectively with respondents who had misgivings about the survey.

All work was carefully monitored by specially trained supervisors and extensive opportunities were provided for interviewer debriefing and counseling over the course of the data collection phase of work.

Questionnaire items were carefully sequenced so that interviewers had established considerable rapport with respondents before highly sensitive items were presented. This not only made respondents more comfortable, but greatly contributed to data validity.

Respondents were given full information about study sponsorship, data utilization, and sample selection at the beginning of the interview. This contributed to lower refusal rates by establishing the importance and usefulness of the research. The high level of concern about the AIDS epidemic is an important motivation to participate for most respondents.

Respondents were told of the explicit nature of the interview and given an opportunity to decline participation in general, or to decline to answer specific items with which they were uncomfortable.

All project staff were sensitized to the importance of respondent confidentiality. In addition, respondent names and addresses were saved only for purposes of completing follow-on interviews in subsequent years, and their names and addresses were not stored with the completed questionnaires. Completed questionnaires were identified, coded, and processed only by a respondent identification number. The key which links respondent name and address to their identification number is kept in a restricted area and only top-level project personnel have access to it.

Only those respondents who consented to follow-on longitudinal interviews were asked to provide their full name and addresses to interviewers during the data collection phase of work.

Study Team

Larry Bye, president of Communication Technologies, headed the study team. Senior members of the team were Jeffrey Henne, Gary Stieger, Vanessa Bibles and Linda Rynazewski. Chuck Frutchey represented the San Francisco AIDS Foundation on the study team.

The project was supervised by George Lemp, Susan Payne and Gail Hughes, all of the San Francisco Department of Public Health.
3.5 About This Report

This report is composed of a series of tables with accompanying text. The tables consist primarily of data from the 1989 cross-sectional survey. In cases where identical measures were used in the 1984 or 1987 surveys, cross-sectional data for those years are tabled as well. Where similar, but not identical, measures were used in previous years, the results from past studies are discussed in the text.

The text also discusses differences between various attitudinally and/or behaviorally defined sub-groups within the 1989 sample that are statistically significant at the 95% level of confidence. In some cases the text also points to differences that are significant at the 90% level of confidence; in these cases a footnote is used to indicate difference in confidence level.

Chapters 4 and 5 of the report present data on the impact of the HIV epidemic itself and penetration of the educational campaign aimed at gay and bisexual men. Chapters 6-8 profile current sexual behavior. Chapter 9 presents data on the current attitudes and beliefs about AIDS risk reduction and safe sex practices. Chapter 10 presents data on alcohol and drug usage. Chapter 11 presents data on HIV antibody testing, and Chapters 12-14 deal with health-care-system utilization issues. Chapter 15 focuses on the size and demographic profile of the surveyed population.

Appendix A of the report contains the interview schedule. Readers interested in question wording and frequency distributions are encouraged to consult it.

Throughout the report reference is made to the following variables which are defined here for the readers' convenience:

**Neighborhood of Residence**

- **Castro/Noe Valley:** San Francisco residents served by postal zip code 94114
- **Mission/South of Market/Potrero Hill/Bernal Heights:** San Francisco residents served by postal zip codes 94103, 94107, 94110
- **Haight Ashbury:** San Francisco residents served by postal zip code 94117
- **Polk Gulch:** San Francisco residents served by postal zip code 94109
- **Downtown/Tenderloin:** San Francisco residents served by postal zip codes 94108, 94102, 94104
- **North Beach/Pacific Heights:** San Francisco residents served by postal zip codes 94133, 94123, 94115
- **Other:** San Francisco residents served by postal zip codes 94112, 94116, 94118, 94121, 94122, 94127, 94131, 94132, 94101, and 94134
Sexual Orientation

Self-identify as homosexual or gay: Respondents who identified themselves as homosexual/gay when asked to describe their sexual orientation.

Do not self-identify as homosexual or gay: Respondents who identified themselves as bisexual, heterosexual, or who declined to identify their sexual orientation.

Recreational Drug Users

Abstainer: Respondents who reported no usage of marijuana, cocaine, speed, crystal, amphetamines or nitrate inhalants in the last year.

Occasional User: Respondents who reported using marijuana, cocaine, speed, crystal, amphetamines, or poppers 1-4 times during the last year.

Moderate User: Respondents who reported using marijuana, cocaine, speed, crystal, amphetamines, or poppers 5-49 times in the last year.

Heavy User: Respondents who reported using marijuana, cocaine, speed, crystal, amphetamines, or poppers more than 50 times in the last year.

Alcohol Users

Abstainer: Respondents who reported no usage of alcohol in the last year.

Extremely Infrequent User: Respondents who reported using alcohol 1-6 times in the past year, or an average of once every two months.

Infrequent User: Respondents who reported using alcohol 1-3 times a month.

Frequent/Light User: Respondents who reported using alcohol more than once a week, and reported that they usually had fewer than four drinks on each occasion.

Frequent/Heavy User: Respondents who reported using alcohol more than once a week, and reported that they usually had more than four drinks on each occasion.

Alcohol/Drugs and Sex Combiners

Never combines: Respondents who reported that they had not combined alcohol or drug use with sex in the last 30 days, along with respondents who reported no sexual contact in the last 30 days.

Less than half the time: Respondents who reported combining alcohol or drug use and sex in the last 30 days less than half the number of times
that they reported having sex during that time frame.

More than half the time: Respondents who reported combining alcohol or drug use and sex in the last 30 days more than half of the number of times that they reported having sex during that time frame.

All the time: Respondents who reported combining alcohol or drug use and sex in the last 30 days the same number of times that they reported having sex during that time frame.

Engaged in Unsafe Sex in Last 30 Days

Respondents who reported engaging in unprotected anal sex with exchange of cum, fisting, rimming, or oral sex with exchange of cum during the last 30 days. This variable has been used in all the previous studies in this series.

Engaged in Unprotected Anal Intercourse in Last Year

Respondents who reported engaging in insertive or receptive anal intercourse without a condom in the last year.

Relapse

Made a commitment to not engage in unprotected anal intercourse and have not kept that commitment: Respondents who reported having made a commitment not to engage in unprotected anal intercourse, and also reported having engaged in this practice at least once within the last year.

Made a commitment to not engage in unprotected anal intercourse and have kept that commitment: Respondents who reported having made a commitment not to engage in unprotected anal intercourse, and do not report having engaged in this practice in the last year.

Never made a commitment not to engage in unprotected anal intercourse.

Belief in Susceptibility

At greater risk of being infected with the AIDS virus than other Bay Area people: Respondents who reported considering themselves to be at greater risk for infection with the AIDS virus than other Bay Area residents.

About the same risk of being infected with the AIDS virus than other Bay Area people: Respondents who reported considering themselves to be at the same risk for infection with the AIDS virus as other Bay Area residents.

At less risk of being infected with the AIDS virus than other Bay Area people: Respondents who reported considering themselves to be at less
risk for infection with the AIDS virus than other Bay Area residents.

Beliefs About Risk of Specific Behaviors

Informed about AIDS risk factors: Respondents who consider both unprotected anal intercourse and unprotected vaginal intercourse to be a very high risk for AIDS transmission for both the insertive and receptive partners (rated all of these behaviors 8 or higher on a 10 point scale).

Not informed about AIDS risk factors: Respondents who do not consider both unprotected anal intercourse and unprotected vaginal intercourse to be a very high risk for AIDS transmission for both the insertive and the receptive partners (rated at least one of these behaviors 7 or less on a 10 point scale).

Belief in Efficacy of Safe Sex Response

Believes in Response Efficacy: Respondents who strongly agree with both the statement that the AIDS virus cannot be transmitted through mutual masturbation and the statement that proper use of a latex condom can prevent transmission of the AIDS virus (rated their level of agreement with both of these statements 8 or higher on a 10 point scale).

Does Not Believe in Response Efficacy: Respondents who do not strongly agree with either the statement that the AIDS virus cannot be transmitted through mutual masturbation or the statement that proper use of a latex condom can prevent transmission of the AIDS virus (rated their level of agreement with either statement 7 or lower on a 10 point scale).

Belief in Personal Efficacy

Would not refuse to have unprotected anal intercourse with a new partner: Respondents who reported that in the future they would not always refuse if a new primary or secondary partner wanted to have unprotected anal intercourse.

Would refuse to have unprotected anal intercourse with a new partner: Respondents who reported that in the future they would refuse if a new primary or secondary partner wanted to have unprotected anal intercourse.

Attitudinal Predisposition to Unsafe Sex

Predisposed to Unsafe Sex: Respondents who rate their level of agreement moderately high (5 or more on a 10 point agreement scale) on any statement indicating that unprotected anal intercourse is acceptable in any of the following situations: (a) one partner is in his teens or 20's, (b) the insertive partner is negative, (c) both partners have told each other that they are positive, or (d) both partners have told each other that they are
negative.

Not Predisposed to Unsafe Sex: Respondents who rate their level of agreement with all of the above statements less than moderately high (4 or less on a 10 point agreement scale).

Agreement with Unsafe Sexual Norms

Agree with Unsafe Social Norms: Respondents who report that their friends believe that it is OK for them to have unprotected anal intercourse with a primary male partner who is antibody negative, or that it is OK as long as they are the insertive partner, or their partner has the same antibody status, or their partner is a young man in his teens or 20's. Respondents falling into this category had to score at least 5 on a 10 point agreement scale.

Do Not Agree with Unsafe Social Norms: Respondents who report that their friends do not believe that it is OK for them to engage in unprotected anal intercourse in any of the above circumstances. Respondents falling into this category had to score less than 5 on a 10 point agreement scale.

Discuss Safe Sex with Partners

Discusses with Some or All Partners: Respondents who report that they have discussed sexual practices and the risk of AIDS transmission with any of their sexual partners in the last year, or who reported that they did not need to discuss sexual practices because they always practiced safe sex.

Does Not Discuss with Any Partners: Respondents who report that they have not discussed sexual practices and the risk of AIDS transmission with any of their sexual partners in the last year.
4. IMPACT OF AIDS EPIDEMIC

4.1 Concern about the AIDS epidemic

The level of concern about the AIDS epidemic remains high among San Francisco's gay and bisexual men. For the first time since the beginning of the epidemic, however, the level of concern about the epidemic has decreased slightly. On a 10 point scale, where 10 represents extreme concern, the mean score of all responses is 9.1, a slight decrease since 1987, when the level of concern was 9.3. In 1989, 55% rate their concern 10, and another 34% rate it 8 or 9. In 1987, over two-thirds (67%) rated their concern a 10, with an additional 26% rating their concern 8 or 9.

The level of concern about the AIDS epidemic is high among all San Francisco gay/bisexual men -- no one rated his level of concern below an 8.3. However, it was highest among the following groups:

- Those who have experienced symptoms related to HIV infection in the last year (9.5);
- Those testing positive to the HIV-antibody (9.5). Those testing negative and those who have not been tested are less concerned (8.9 each);
- Those who had used intravenous drugs at some point in their lives (9.4);
- Those who have not engaged in anal intercourse in the last year (9.2). Those who are celibate or are negative and in a monogamous relationship with a negative partner are less concerned (8.6 each);
- Those who have made a commitment to not engage in unprotected anal intercourse and have kept that commitment (9.3). Those who have never made such a commitment are less likely to be concerned (8.3);
- Those informed about AIDS risk factors (9.3);
- Those who would not have anal intercourse with a new male partner whose antibody status was unknown (9.2). Those who might have anal intercourse with such a person are less concerned (8.6);
- Those who are attitudinally predisposed toward safe sex (9.2). Those attitudinally predisposed toward unsafe sex are less likely to be concerned (8.8);
- Those who disagree with unsafe social norms (9.2);
- Those who discuss safe sex with some or all sexual partners (9.2). Those who do not discuss safe sex with any sexual partners are less likely to be concerned (8.5).
Level of Concern About the AIDS Epidemic: Samplewide Means from 1984, 1987, and 1989

Not at all concerned

(Concern 2)
4.2 Knowledge of Someone with AIDS

Since the time this population was last surveyed in the spring of 1987, the number of AIDS cases in San Francisco has more than doubled, from 3,200 to 7,562 as of November 30, 1989. It is not surprising, therefore, that gay and bisexual men report knowing more people with AIDS (on average 20.3) than they did in 1987 (on average 12.1). Four percent say they do not know anyone with AIDS, and 51% know (or knew) 10 or more persons with the disease. Close to one-fifth (19%) know (or knew) 30 or more persons with the disease. Those respondents in the longitudinal sample are likely to know an even greater number of persons with AIDS (27.4).

The following are more likely to know a greater number of people with AIDS:

- Those who have lived in the city over six years (25.5);
- Those 30 years of age or older (22.8). Those less than 30 years of age know just 10.8 people with AIDS;
- Those who have experienced symptoms related to HIV infection in the last year (31.9);
- Those testing positive to the HIV-antibody (27.2);
- Those who have used intravenous drugs at some point in their lives (31.5);
- Those who discuss safe sex with some or all sexual partners (21.6). Those who do not discuss safe sex with any sexual partners know a fewer number of people with AIDS (14.2);
- Those living in the Castro/Noe Valley (24.9). Those living in the Polk Gulch know the fewest number of people with AIDS (10.1).

In addition, those who believe they are at equal or less risk of being infected with the AIDS virus than other Bay Area people know a fewer number of people with AIDS (16.9 and 14.3 respectively).
Knowing Someone with AIDS:
Samplewide Means from 1987 and 1989

(Question 10)
4.3 Perceptions about the Impact of the AIDS Epidemic

The perceived impact of AIDS on sexual behavior or lifestyle remains at the same level as in 1987. Close to 7 in 10 (69%) say the disease has had a great deal of impact on their sexual behavior or lifestyle (a rating of 8, 9, or 10 on a 10 point scale). The mean score of all responses is 7.9. Results from 1987 were virtually identical -- 75% rated the disease's impact on their sexual behavior or lifestyle 8 or higher, and the mean score of all responses was 8.1. The following are more likely to say AIDS has had an impact on their sexual behavior or lifestyle:

- Those 30 - 45 years of age (8.4). Those less than 30 years of age and those over 45 years of age are not as likely to say the epidemic has had an impact on their sexual behavior or lifestyle (7.1 each);

- Those who have experienced symptoms related to HIV infection in the last year (9.5). Those who have not experienced such symptoms are not as likely to say the epidemic has had an impact on their sexual behavior or lifestyle (7.7);

- Those testing positive to the HIV-antibody (8.9). Those testing negative are not as likely to say the epidemic has had an impact on their sexual behavior or lifestyle (7.8), and those who have not been tested are even less likely to say the epidemic has had an impact on their sexual behavior or lifestyle (7.0);

- Those who have not engaged in anal intercourse in the last year (8.4). Those who are celibate or who have engaged in unprotected anal intercourse in the last year are not as likely to say the epidemic has had an impact on their sexual behavior or lifestyle (7.3 each). Those who are negative and in a monogamous relationship with a negative partner are even less likely to say the epidemic has had an impact on their sexual behavior or lifestyle (6.5);

- Those who have made a commitment to not engage in unprotected anal intercourse and have kept that commitment (8.5). Those who have never made such a commitment are not as likely to say the epidemic has had an impact on their sexual behavior or lifestyle (6.2);

- Those informed about AIDS risk factors (8.5);

- Those who believe they are at greater risk of being infected with the AIDS virus than other Bay Area people (8.4). Those who believe they are at less risk are not as likely to say the epidemic has had an impact on their sexual behavior or lifestyle (6.8);

- Those who would not have anal intercourse with a new male partner whose antibody status was unknown (8.1). Those who might have anal intercourse with such a person are not as likely to say the epidemic has had an impact on their sexual behavior or lifestyle (7.2);

(Question 12)
Those who are attitudinally predisposed toward safe sex (8.2);
Those who disagree with unsafe social norms (8.3);
Those who discuss safe sex with some or all sexual partners (8.3).
5. PENETRATION OF RISK REDUCTION EDUCATION CAMPAIGN

5.1 Awareness of Public Service Advertising and Media Sources

All respondents (100%) report seeing or hearing an AIDS prevention advertisement in the last year, with most saying they had seen an advertisement on television (83%). Non-Whites (91%)\(^1\) are more likely to have seen an AIDS prevention advertisement on television.

One of San Francisco's two weekly gay newspapers, the B.A.R., was cited by 56%. No other media source was mentioned by more than half of respondents. San Francisco's other gay weekly newspaper, the Sentinel, was mentioned by just over one-third of respondents (36%).\(^2\)

The following are more likely to have seen an AIDS prevention advertisement in the B.A.R.:

- Those who have lived in the city 11 to 15 years (73%);
- Those who self-identify as homosexual/gay (62%). Just 25% of those who do not self-identify as homosexual/gay have seen an advertisement in the B.A.R.;
- Those testing positive to the HIV-antibody (67%);
- Those who live in the Castro/Noe Valley (67%).

Those who self-identify as homosexual/gay (39%) are more likely to have seen an AIDS prevention advertisement in the Sentinel. Just 16% of those who do not self-identify as homosexual/gay have seen an advertisement in the Sentinel.

One-third (35%) had also seen an advertisement in the San Francisco Chronicle, the city's morning newspaper.\(^3\) Three in 10 (30%) had heard an advertisement on the radio, 27% had seen a billboard, and 24% had seen an advertisement on a bus.\(^4\) Few (4%) report seeing an advertisement in the Advocate, a national magazine aimed at the gay population.

The following are more likely to have seen an AIDS prevention advertisement in the San Francisco Chronicle:

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\(^1\)This is statistically significant at the 90% level of confidence.

\(^2\)Eight percent say they saw an advertisement in Coming Up/Bay Times, a monthly publication aimed at San Francisco's gay/lesbian community.

\(^3\)Half that number (17%) report seeing an advertisement in the San Francisco Examiner, the city's evening newspaper.

\(^4\)Another 6% report seeing an advertisement at a bus station.

5-1
Reported Sources of Prevention-Oriented Advertising: 1989 Sample

- Television: 83%
- Bay Area Reporter: 56%
- Sentinel: 36%
- SF Chronicle: 35%
- Radio: 30%
- Billboards: 27%
- Bus/Muni: 24%

1989 N=401 (Question 8)

No directly comparable measures were included in earlier studies.
Those who have lived in the city more than 10 years (47%);
Those over 45 years of age (51%);
Those who are celibate (56%).

The following are more likely to have heard an AIDS prevention advertisement on radio:
- Non-Whites (41%);\(^1\)
- Those who do not self-identify as homosexual/gay (44%);
- Those who have not been tested for the HIV-antibody (38%).

The following are more likely to have seen an AIDS prevention advertisement on the MUNI:
- Those who have not combined drugs or alcohol with sex in the last 30 days (38%);
- Those who have had unprotected anal intercourse outside of a monogamous relationship with two antibody negative partners (36%).\(^2\)

Those 18 to 29 years of age (35%) are more likely to have seen an AIDS prevention advertisement on a billboard.

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\(^1\)This is statistically significant at the 90% level of confidence.

\(^2\)This is statistically significant at the 90% level of confidence.
5.2 Advertising Message Recall

Respondents were asked in an open-ended question to identify the main message in the AIDS prevention advertisement they had seen or heard. By far, the efficacy of condom usage in the prevention of AIDS was the message that most gay/bisexual men had seen or heard -- 57% say the advertisement contained that message. An additional one-fifth (19%) say the advertisement was about safe sex. Fifteen percent had seen or heard an advertisement featuring a celebrity, and another 13% identified an advertisement produced by the San Francisco AIDS Foundation. A complete listing of all responses can be found in the appendix of this report.
Percentage of 1989 Sample Recalling Leading Prevention Messages

- Use condom: 57%
- Have safe sex/Don't exchange body fluids: 19%
- Celebrities talk about risk reduction: 15%
- By/from BF AIDS Foundation: 13%
- Anyone can get AIDS/Not a 'gay' disease: 10%
- Clean needles: 9%
- Mr. Bleachman: 9%

1989C N=401
(Question 9)
5.3 Safe Sex Program Awareness

Respondents were asked if they were aware of two safe sex programs sponsored by the San Francisco AIDS Foundation. Close to 4 in 10 (39%) are aware of the Buddy Connection, a safe sex workshop. Another one-fifth (22%) have seen "rubbermen" in bars -- people wearing masks and handing out condoms and safe sex information cards.

The following are less likely to be aware of the Buddy Connection:

- Those living in the city less than two years or more than 15 years (27% each);
- Those 18 to 29 years of age and those over 45 years of age (31% and 26% respectively);
- Non-Whites (30%);\(^1\)
- Those who do not identify as homosexual/gay (28%);\(^2\)
- Those who have not combined drugs or alcohol with sex in the last 30 days (34%);
- Those who believe they are at less risk of being infected with the AIDS virus than other Bay Area people (28%);
- Those who do not discuss safe sex with any sexual partners (28%).

The following are less likely to have seen "rubbermen" in bars:

- Those who have lived in the city more than 10 years (15%);
- Whites (20%). Among non-Whites, one-third (33%) have seen "rubberman" in bars;
- Those who have not combined drugs or alcohol with sex in the last 30 days (16%);
- Those who are celibate (6%);
- Those who do not discuss safe sex with any sexual partners (10%).

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1This is statistically significant at the 90% level of confidence.
2This is statistically significant at the 90% level of confidence.
FIGURE 5.3

Percentage of 1989 Sample Familiar with Two Safe Sex Programs

1959C N=401
(Question 107, 108)
6. SEXUAL ORIENTATION

6.1 Self-Identification

Respondents were asked their sexual orientation, and were specifically asked if they considered themselves to be homosexual/gay, bisexual, or heterosexual. Most respondents (87%) self-identify as homosexual/gay. However 11% say they are bisexual, the highest number of respondents giving this response since these studies were first conducted. Two percent say they self-identify as heterosexual.

The following are less likely to self-identify as homosexual/gay:

- Those who have lived in the household less than two years or all of their lives (80% and 79% respectively);
- Those 18 to 29 years of age and those over 45 years of age (82% and 84% respectively). Those 30 to 35 years overwhelmingly self-identify as homosexual/gay (96%);
- Those not in a relationship with a male primary partner (81%);
- Those who have never made a commitment to not engage in unprotected anal intercourse (78%);
- Those living outside of the Castro/Noe Valley (85%). Almost all of those living in the Castro/Noe Valley self-identify as gay/bisexual (97%).

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1This question was not asked in 1987, but 5% to 7% identified as bisexuals in 1984, 1985, and 1986. Question wording in those years was not exactly the same as it is in the current study, in which respondents were also asked if they self-identified as heterosexual.
Respondent Sexual Orientation --
Self-Identification: 1989 Sample

- Homosexual/Gay: 87%
- Heterosexual: 2%
- Bisexual: 11%

1989 N=401
(Question 11)
6.2 Gender of Partners in Last Year

Eight percent say they are celibate, and an additional 4% say they have not had sex in the last year, but do not consider themselves to be celibate. The percentage of those men who consider themselves celibate is now back to the level it was in 1984 (9%), and down from the 14% it was in 1987. The percentage of men having sex with women remains virtually unchanged (8% in 1989, 11% in 1987). Sexual activity with women was not asked in the 1984 study.

The following are more likely to have had sex with a woman in the last year:

- Those who have lived in the city their entire life (18%);\(^1\)
- Those not in a relationship with a male primary partner (13%);
- Those not identifying as gay/bisexual (53%);
- Those who do not discuss safe sex with any sexual partners (16%);\(^2\)
- Those living in San Francisco's other neighborhoods (17%).

The following are more likely to consider themselves celibate:

- Those who have lived in San Francisco for more than 10 years (15%);
- Those over 45 years of age (14%);\(^3\)
- Those not in a relationship with a male primary partner (13%);
- Those who have not been tested for the HIV-antibody (13%);
- Those who have not used any recreational drugs in the last year (14%);
- Those who believe they are at less risk of being infected with the AIDS virus than other Bay Area people (17%).

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\(^1\) This relationship is statistically significant at the 90% level of confidence.

\(^2\) This relationship is statistically significant at the 90% level of confidence.

\(^3\) This is a linear relationship -- just 1% of those 18 to 29 years of age and 3% of those 30 to 35 years of age consider themselves to be celibate.
FIGURE 6.2

Respondent Sexual Orientation -- Gender of Partners in Last Year: 1989 Sample

<table>
<thead>
<tr>
<th>Category</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Had Sex w/Men Only</td>
<td>80%</td>
</tr>
<tr>
<td>Had Sex w/Women</td>
<td>8%</td>
</tr>
<tr>
<td>Celibate</td>
<td>8%</td>
</tr>
<tr>
<td>No Sex in Last Year</td>
<td>4%</td>
</tr>
</tbody>
</table>

1989C N=401
(Question 14, 15)
6.3 Marital Status

Fifteen percent of respondents have been married to a woman, including 2% who are still currently married. This question has not been asked in previous studies.

The following are more likely to have been married at some point in their lives:

- Those over 35 years of age (20%);
- Those who do not self-identify as homosexual/gay (43%).
FIGURE 6.3

Respondent Sexual Orientation --
Marital Status: 1989 Sample

- Never Married 86%
- Now Married 2%
- Previously Married 13%
- Refused 1%

Totals to more than 100% due to rounding.
Unless otherwise noted, all tables in this report that total to more than 100% do so because of rounding.

1989C  N=401
(Questions 125, 126)
7. SEXUAL BEHAVIOR

7.1 Classification of 30-Day Respondent Sexual Behavior with All Partners

Since the first study in 1984, we have examined sexual activities with all primary and secondary partners to determine the percentage of respondents engaging in any type of unsafe sex with any partner. Figure 7.1 displays this composite variable, defining anyone who has engaged in oral/anal contact, anal intercourse with exchange of semen, oral sex with exchange of semen, and fisting as having engaged in unsafe sex. As can be seen, 30% have engaged in unsafe sex in the last 30 days. This represents no change from 1987, when 25% engaged in unsafe sex. It is, of course, a substantial change from 1984, when 59% engaged in unsafe sex.

The following are more likely to have engaged in unsafe sex:

- Those who have lived in the city less than two years (46%);
- Those in a primary relationship with another man (45%);
- Those who have used recreational drugs moderately or heavily in the last year (35% and 31% respectively);
- Those who are heavy and frequent users of alcohol (43%);
- Those who believe they are at greater or equal risk of being infected with the AIDS virus than other Bay Area people (32% each);
- Those who would not refuse to have unprotected anal intercourse with a new partner (41%); ¹
- Those who are attitudinally predisposed toward unsafe sex (37%);
- Those who agree with unsafe social norms (40%).

¹This is statistically significant at the 90% level of confidence.
### FIGURE 7.1

Classification of 30-Day Respondent Sexual Behavior with All Partners: Results from 3 Samples

<table>
<thead>
<tr>
<th></th>
<th>1984</th>
<th>1987C</th>
<th>1989C</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Consider self celibate</strong></td>
<td>8%</td>
<td>14%</td>
<td>8%</td>
</tr>
<tr>
<td><strong>Only safe sex or no sex</strong></td>
<td>31</td>
<td>61</td>
<td>62</td>
</tr>
<tr>
<td><strong>Unsafe sex</strong></td>
<td>69</td>
<td>25</td>
<td>30</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>99%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td><strong>N</strong></td>
<td>600</td>
<td>201</td>
<td>401</td>
</tr>
</tbody>
</table>
7.2 Classification of 1989 Respondent Sexual Behavior with All Partners in Last Year

In 1989, respondents were asked for the first time whether or not they had engaged in anal intercourse without a condom in the last year. Figure 7.2 takes this information into account, separating sero-negative respondents in a mutually monogamous relationship with another sero-negative man into another category. One-fifth (18%) have engaged in anal intercourse without a condom in the last year.

The following are more likely to have engaged in unprotected anal intercourse in the last year:

- Those who have lived in the city two to five years (27%);
- Those 18 to 29 years of age (36%);
- Those in a primary relationship with another man (25%);
- Those who have not been tested for the HIV-antibody (23%);
- Those who have used recreational drugs heavily in the last year (25%);
- Those who have combined drugs or alcohol with sex more than half the time they have had sex in the last 30 days (30%);
- Those who believe they are at greater risk of being infected with the AIDS virus than other Bay Area people (26% each);
- Those who would not refuse to have unprotected anal intercourse with a new partner (38%);
- Those who are attitudinally predisposed toward unsafe sex (26%).
FIGURE 7.2

Classification of 1989 Respondent Sexual Behavior with All Partners in Last Year

- Claims to be celibate: 8%
- Monogamous relationship w/ 2 negative partners: 8%
- Unprotected anal intercourse: 18%
- Reports only safe sex or no sex: 66%

1989: N=401
7.3 Lapse in Practicing Safe Sex

Eighty-five percent say they have made a commitment to never engage in unprotected anal intercourse in order to reduce their risk of infection with the AIDS virus. This includes 16% who say they have made such a commitment, but have relapsed in the practice of unprotected anal intercourse in the last year. Close to 7 in 10 (69%) have made the commitment and have not engaged in unprotected anal intercourse in the last year.

The following are more likely to have "relapsed":

- Those who have lived in the city less than two years (30%);²
- Those 18 to 29 years of age (31%);
- Those in a primary relationship with another man (26%);
- Those who self-identify as homosexual/gay (18%). Those who do not self-identify as homosexual/gay are more likely to have never made such a commitment (24%);
- Those who are attitudinally predisposed toward unsafe sex (21%). These men are also more likely to have never made such a commitment (21%);
- Those who discuss safe sex with some or all sexual partners (21%). Those who do not discuss safe sex with any sexual partners are more likely to have never made such a commitment (28%).

The following are also more likely to have never made such a commitment:

- Those who have not experienced symptoms related to HIV infection in the last year (15%);
- Those who have used recreational drugs heavily in the last year (22%);
- Those who would not refuse to have unprotected anal intercourse with a new partner (39%);
- Those who agree with unsafe social norms (21%).

¹Four percent of the entire sample have tested negative, and are in a mutually monogamous relationship with someone who has also tested negative. The 16% includes these men.

²This is statistically significant at the 90% level of confidence.
Percentage of 1989 Respondents Lapsing in the Practice of Safe Sex

Made commitment and have engaged in unsafe sex (RELAPSEAS) 12%

No commitment 15%

Negative in mutually monogamous relationship with another 4%

Made commitment and have not engaged in unsafe sex 69%

1989 N=401
7.4 Involvement in a Primary Relationship with a Woman

Three percent of 1989 cross-sectional respondents are currently involved in a primary relationship with a woman. This is equal to the number who were in such a relationship in 1984 (3%).
Percentage of 1989 Sample Reporting a Primary Relationship with Female

1989C N=401
(Question 16)
7.5 Behavior with Primary Female Partner in Last 30 Days

Of those involved in a primary relationship with a woman (11 respondents), three-quarters (73%) report having had oral sex with their primary partner in the last 30 days. Close to half (54%) have engaged in vaginal sex with a condom, but an equal number (45%) have engaged in vaginal sex without a condom. One-fifth have engaged in anal sex with a condom, and no one has engaged in anal sex without a condom.

Because of the small number of respondents with primary female partners, extreme caution should be exercised when interpreting these data.
FIGURE 7.5

Percentage of 1989 Respondents Reporting That They Engaged in Specific Behaviors w/Primary Female Partner in Last 30 Days

- Oral Sex on Resp: 73%
- Oral Sex by Resp: 73%
- Vaginal Sex w/Condom: 54%
- Vag Sex/No Condom: 45%
- Anal Sex w/Condom: 18%
- Anal Sex/No Condom: 0%

1989 N=11
(Question 26)
7.6 Sexual Activity Outside Primary Female Relationship

Half (55%) of those respondents involved in a primary relationship with a woman report having other female partners in the last year.
FIGURE 7.6

Percentage of 1989 Respondents with Primary Female Partners Reporting Sex with Women Outside the Relationship

Yes 55%
No 46%

1989 N=11
(Question 18)
7.7 Behavior with Secondary Female Partners last 30 Days

Sixteen respondents have had sex with a woman who was not a primary partner in the last 30 days. Of these men, 56% have had vaginal sex with a condom, and just 19% have had vaginal sex without a condom. Half (50%) report having had oral sex with a non-primary female partner in the last 30 days. Six percent have engaged in anal sex with a condom, and no one has engaged in anal sex without a condom.
FIGURE 7.7

Percentage of 1989 Respondents Reporting That They Engaged in Specific Behaviors with Secondary Female Partners in Last 30 Days

- Vaginal Sex w/Condom: 56%
- Oral Sex on Resp: 50%
- Oral Sex by Resp: 50%
- Vag Sex/No Condom: 19%
- Anal Sex w/Condom: 6%
- Anal Sex/No Condom: 0%

1989C N=16
(Question 26)
7.8 Involvement in Primary Relationship with Male

Forty-five percent of respondents are involved in a primary relationship with another man. This is equal to the number of respondents who were involved in a primary relationship with another man in 1987 (44%), but slightly less than the number of respondents involved in a primary relationship with a man in 1984 (52%).

The following are more likely to be involved in a primary relationship with a man:

- Those who have lived in the city less than six years (53%) and those who have lived in the city 11 to 15 years (56%);
- Those 45 years of age or less (49%). Among those over 45 years old, just 33% are in a primary relationship with another man;
- Those who self-identify as homosexual/gay (49%). Among those who do not self-identify as homosexual/gay, just 20% are in a primary relationship with another man;
- Those who are frequent drinkers (52%). Among those who have a drink less than once a month or never drink, just 28% are in a primary relationship with another man;
- Those who have engaged in unprotected anal intercourse (63%);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (71%);
- Those who do not discuss safe sex with any sexual partners (68%);
- Those living in the Castro/Noe Valley (60%).
Percentage of Three Samples Reporting a Primary Relationship with Male

1984
N=500
52%

1987
N=201
44%

1989
N=401
45%

(Question 27)
7.9 Number of Sexual Contacts with Primary Partner in Last 30 Days

Those men in a primary relationship with another man report having sex an average of 9.1 times in the last 30 days -- an increase from 1987 when it was 7.9 times,1 but the same level it was in 1984 when it was 9.9 times.

The following are likely to have had sex more often with their primary partner in the last 30 days:

- Those who lived in the city less than two years (12.6);
- Those 18 to 29 years of age (12.9). This is a linear relationship, with those over 45 years of age reporting sex with their primary partner 6.3 times during the last 30 days;
- Those who have tested negative and are in a mutually monogamous relationship with someone who has also tested negative (13.8);
- Those who have engaged in unprotected anal intercourse (11.5);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment, as well as those who have never made such a commitment (12.2 each);
- Those who agree with unsafe social norms (11.7).

---

1This is statistically significant at the 90% level of confidence.

7-17
Number of Sexual Contacts Reported with Primary Partner in Last 30 Days: Results of 1984, 1987, and 1989 Samples

1984: N=258
1987C: N=89
1989C: N=181

(Question 31)
7.10 Sexual Behavior with Primary Male Partner in Last 30 Days

This section of the report looks at the percentage of men who have engaged in nine different sexual activities with their primary partners during the last 30 days. In Section 7.10a we examine the percentage who have engaged in each activity. Section 7.10b examines the average number of times men in primary relationships have engaged in each activity during the last 30 days. Crosstabular analysis has been conducted in Section 7.10b only.

7.10a Percentage of Coupled Respondents Engaging in Specific Behaviors Within Last 30 Days

Many Respondents Engage in Mutual Masturbation, French Kissing, and Oral Sex without Exchange of Semen:

All respondents in a primary relationship with another man were asked which sexual activities they had engaged in with their primary partner during the 30 days prior to the survey. The most prevalent activities remain mutual masturbation and french kissing -- over two-thirds have engaged in each (68% and 67% respectively), and oral sex without exchange of semen (60%). These percentages are all similar to those seen in 1987.

The Percentage of those Engaging in Anal Intercourse Remains Unchanged from 1987:

The percentage of those engaging in anal intercourse with exchange of semen was 14% in 1987, and remains at the same level in 1989 (15%). Similarly, the percentage of those engaging in anal intercourse with a condom and anal intercourse with no exchange of semen (31% and 13%) is the same as it was in 1987 (28% and 9% respectively).

The Percentage of those Engaging in Oral/Anal Contact and Oral Sex with Exchange of Semen has Increased:

The percentage of those respondents engaging in oral/anal contact (20%) and oral sex with exchange of semen (25%) has increased since 1987 when just 6% engaged in oral/anal contact and 17% engaged in oral sex with exchange of semen.

Fisting Remains Low:

As has been the case since these studies began, the percentage of those engaging in fisting remains low (2% in both 1987 and 1989).
Percentage of 1989 Sample Reporting That They Engaged in Specific Behaviors with Primary Male Partner in Last 30 Days

Mutual Masturbation - 68%
French Kissing - 67%
Oral Sex no Cum - 60%
Anal Sex w/Condom - 31%
Oral Sex w/Cum - 25%
Oral-Anal Contact - 20%
Anal Sex w/Cum - 15%
Anal/No Condom/No Cum - 13%
Fisting - 2%
7.10b Mean Number of Times Coupled Respondents Have Engaged in Specific Behaviors in Last 30 Days

Figure 7.10b displays the average number of times men in a primary relationship have engaged in the various sexual practices during the last 30 days, and these results mirror those seen in the previous section.

French Kissing, Mutual Masturbation, and Oral Sex Without Exchange of Semen are Still the Most Popular Sexual Activities:

The activities engaged in with the greatest frequency are french kissing (12.4 times), mutual masturbation (6.1 times) and oral sex without exchange of semen (5.6 times). The number of times men in primary relationships have engaged in these activities has increased since 1987 (from 9.8, 4.9, and 3.8 times, respectively). The numbers also reflect an increase from the levels seen in 1984, when men in relationships engaged in mutual masturbation 5.3 times and oral sex without exchange of semen 4.9 times.\footnote{The increase noted in the number of times these men are engaging in mutual masturbation is statistically significant at the 90\% level of confidence.}

The following are more likely to have engaged in french kissing:

- Those 18 to 35 years of age (16.6);
- Those testing negative to the HIV-antibody (16.2);
- Those who are both antibody-negative (19.7).

The following are more likely to have engaged in mutual masturbation:

- Those 18 to 35 years of age (7.7);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (8.1).

The following are more likely to have engaged in oral sex without exchange of semen:

- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (8.8);
- Those who believe in response efficacy (7.4);
- Those who are attitudinally predisposed toward unsafe sex (7.2).

\footnote{Tables detailing the changes in means over time may be found in Appendix B.}
FIGURE 7.10b

Mean Number of Times 1989 Sample Reports That They Engaged in Specific Behaviors w/Primary Male Partner in Last 30 Days

- French Kissing: 12.4
- Mutual Masturbation: 6.1
- Oral Sex no Cum: 5.6
- Oral Sex w/Cum: 2.2
- Anal Sex w/Condom: 2
- Oral-Anal Contact: 1.4
- Anal Sex w/Cum: 1
- Anal/No Condom/No Cum: 0.6
- Fisting: 0.2

N=181
(Question 31, 32)
No Change in the Number of Times Primary Partners Engage in Anal Intercourse, but an Increase in Condom Usage:

There has been no change in the number of times these men have engaged in anal intercourse since 1987, but, as has been reported in previous reports, there have been significant changes in the way these men engage in this activity. In 1989, men in relationships engaged in anal intercourse with a condom twice as many times (2.0 times) as anal intercourse with exchange of semen (1.0 times). In 1987, these men were just as likely to have engaged in both practices (1.5 times and 1.4 times, respectively). In 1984, men in primary relationships were much more likely to have engaged in anal intercourse with exchange of semen (4.0 times) than they were to have engaged in anal intercourse with a condom (0.8 times). The incidence of anal intercourse with no exchange of semen remains at the same level as in 1987 (0.6 times in 1989, 0.5 times in 1987), and less than it was in 1984 (1.3 times).

The following are more likely to engage in anal intercourse with exchange of semen:

- Those whose annual income is equal to or less than $15,000 (2.8);^2
- Those who have used intravenous drugs at some point in their life (2.4);
- Those who agree with unsafe social norms (2.0).

The following are more likely to engage in anal intercourse with a condom:

- Those who believe they are at greater risk of being infected with the AIDS virus than other Bay Area people (3.2);
- Those who believe in response efficacy (3.1).

The following are more likely to engage in anal intercourse with no exchange of semen:

- Those who are heavy users of recreational drugs (1.5).

---

^1The differences between 1987 and 1989 are not statistically significant. However, the average number of times primary partners have had anal intercourse with exchange of semen has steadily decreased since 1984, with the biggest change happening between 1984 and 1985 (4.0 times in 1984, 1.8 times in 1985, 1.3 times in 1986, 1.4 times in 1987, and 1.0 times in 1989). At the same time, the incidence of condom usage has increased, albeit more gradually, over the years (0.8 times in 1984, 0.6 times in 1985, 1.0 times in 1986, 1.5 times in 1987, and 2.0 times in 1989).

^2This relationship is statistically significant at the 90% level of confidence.
The number of times men in relationships have engaged in oral/anal contact and oral sex with exchange of semen has increased since 1987. In 1987, these men engaged in oral/anal contact an average 0.4 times, and in 1989, this has increased to 1.4 times -- approaching the level this activity was engaged in in 1984 (2.0 times). Likewise, the incidence of oral sex with exchange of semen has increased from 0.8 times in 1987 to 2.2 times in 1989. This is still far below the number of times this activity was engaged in in 1984 (3.9 times); however, the increasing popularity of this activity reflects the growing ambiguity about the relative safety of this practice since 1987.

The following are more likely to have engaged in oral/anal contact:

- Those whose annual income is less than or equal to $15,000 (4.1);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (2.7), as well as those who have never made such a commitment (2.3);
- Those who are attitudinally predisposed toward unsafe sex (2.4);
- Those who agree with unsafe social norms (2.6).

The following are more likely to have engaged in oral sex with exchange of semen:

- Those whose annual income is less than or equal to $15,000 (6.5);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (5.3);
- Those who agree with unsafe social norms (4.0).

Few Engage in Fisting:

The mean number of times men engage in fisting is at the same low level it was in 1987 -- 0.2 times.

The following are more likely to have engaged in fisting:

- Those 18 to 29 years of age (0.7);\(^1\)
- Those who have not been tested for the HIV-antibody (0.7);
- Those who are heavy and frequent users of alcohol (1.1);\(^1\)

---

\(^1\)This is statistically significant at the 90% level of confidence.
7.11 Anal Intercourse with Male Primary Partner in Last Year

Over two-thirds (68%) of those in a primary relationship say they have engaged in anal intercourse with their primary partner during the last year. This is the first time respondents have been asked if they had engaged in anal intercourse within the year prior to being surveyed. The 1987 study had found that 55% had engaged in anal intercourse with their primary partner in the six month period prior to that survey.

The following are more likely to have engaged in anal intercourse with their primary partner:

- Those who have lived in San Francisco less than two years (88%). This relationship is a linear one, with those living in San Francisco for a greater length of time less likely to have engaged in anal intercourse with their primary partner. For example, among those who have lived in the city more than 15 years or all of their lives, just 41% have engaged in anal intercourse with their primary partner in the last year;

- Those 18 to 29 years of age (92%). A linear relationship also exists with respect to age. Among those over 45 years of age, just 42% have engaged in anal intercourse with their primary partner in the last year;

- Those who have not experienced symptoms related to HIV infection in the last year (72%). Those who have experienced such symptoms are less likely to have engaged in anal intercourse with their primary partner in the last year (36%);

- Those who discuss safe sex with some or all sexual partners (74%).
FIGURE 7.11

Percentage of 1989 Sample Reporting Anal Intercourse with Primary Male Partner in Last Year

Yes 68%

No 32%

1989C N=161
(Question 33)
7.12 Frequency of Anal Intercourse with Male Primary Partner in Last Year

Three in 10 (30%) of those in a primary male relationship engage in anal intercourse with their primary partner at least once a week, including 19% who say they engage in this practice more than once a week. Close to one-fifth (17%) say they have anal intercourse with their primary partner less than once a month.

The following are more likely to say they have anal intercourse with their primary partner more than once a week:

- Those who have lived in the city less than two years (32%);
- Those 18 to 29 years of age (26%);
- Those who have not experienced symptoms related to HIV infection in the last year (20%). Among those who have experienced symptoms related to HIV infection in the last year, just 9% have engaged in anal intercourse with their primary partner more than once a week.
1989 Reported Frequency of Anal Intercourse with Male Primary Partner in Last Year

- > Once a Week: 10%
- Once a Week: 11%
- Few times a Month: 11%
- Once a Month: 11%
- < Once a Month: 4%
- Few Times a Year: 11%
- Once: 2%
- Never: 32%

1989: N=181
(Question 54)
7.13 Use of Condoms During Anal Intercourse with Primary Male Partner

Among those who had engaged in anal intercourse with their primary partner, half (49%) say they do not always use condoms, including one-third (31%) who say they never use condoms. In 1987 when these data were collected for a 6-month interval of time, the percentage was about the same, 52%.

The following are more likely in 1989 to say they do not always use condoms with their primary partner:

- Those 18 to 29 years of age (71%);
- Those who have not experienced symptoms related to HIV infection in the last year (52%). Among those who have experienced symptoms related to HIV infection in the last year, 13% have engaged in anal intercourse with their primary partner without using a condom during the last year;
- Those who have not been tested for the HIV-antibody (68%). Those testing negative are less likely to say they do not always use condoms (56%) and those testing positive are least likely to say they do not always use condoms (23%);
- Those who would not refuse to have unprotected anal intercourse with a new partner (66%);
- Those who agree with unsafe social norms (67%);
- Those who have tested negative and are in a mutually monogamous relationship with someone who has also tested negative (70%).
1989 Reported Frequency of Condom Use During Anal Intercourse with Male Primary Partners

Always Used Condoms

Never Used Condoms
31%

Sometimes Used Condoms
18%

1989 N=123
(Question 35)
7.14 Reasons for Not Using Condoms with Primary Male Partner

Respondents who had engaged in anal intercourse without a condom with their primary partner at some point in the last year were asked in an open-ended question why they did not always use condoms. Only 60 respondents had anal intercourse without a condom, so great care should be taken in interpreting these results. All respondents were allowed up to three responses to this question.

Thirty-seven percent say they are in a monogamous relationship, and another 30% say that both they and their partner have tested negative. One-quarter (27%) say using a condom doesn't feel good, and one-fifth (20%) feel that condom usage is too much trouble or that it "interrupts the flow." Complete results to this question can be found in the interview schedule in Appendix A.
Reasons for Not Using Condoms with Primary Male Partner in 1989 Sample

- Both of us tested negative: 30%
- Doesn’t feel as good/Reduces pleasure: 27%
- Too much trouble/Disrupts flow: 20%
- Trust partner: 12%
- He never comes/Don’t exchange fluids: 12%

1989C N=60
(Question 36)
7.15 Characteristics of Male Primary Partners

Almost all of those respondents in a relationship with another man say their primary partner lives in San Francisco (88%). The average age of their male primary partners is 36.88 years of age -- very close to the average age of those in a primary relationship (36.97 years of age).

There are no attitudinal or demographic differences apparent with either of these variables except for obvious ones such as that older respondents tend to have older primary partners.
 Residence of Male Primary Partner
as Reported by 1989 Respondents

- San Francisco: 88%
- Outside SF Bay Area: 8%
- SF Bay Area: 4%

(Question 28, 29)
7.16 Exclusivity of Primary Male Relationships

Half (48%) of those men in a primary relationship say that their relationship is a monogamous one. This is approximately the number of men in relationships in 1984 who said that their relationship was a monogamous one (43%). This is, however, a marked decrease from 1987, when three-quarters (74%) of those in a primary relationship had said they were in a monogamous relationship.¹

Among those in a primary relationship with a man, the following are more likely to say that their relationship is monogamous:

- Those who self-identify as homosexual/gay (50%). Among those who do not self-identify as homosexual/gay, just 10% describe their relationship as monogamous;

- Those who have not been tested for the HIV-antibody (60%). Those testing negative are less likely to say they are in a monogamous relationship (51%) and those testing positive are least likely to say their relationship is a monogamous one (38%);²

- Those who have not used any recreational drugs in the last year (61%);

- Those who have never used intravenous drugs (51%) at any point in their life. Among those who have used intravenous drugs at some point in their life, just 26% describe their relationship as monogamous;

- Those who believe they are at equal or less risk of being infected with the AIDS virus than other Bay Area people (62% and 59% respectively). Those who believe they are at greater risk are less likely to be in a monogamous relationship (35%);

- Those who would refuse to have unprotected anal intercourse with a new partner (53%). Among those who would not refuse, just 27% say their relationship is monogamous.

¹In fact, the number of those in monogamous relationships had steadily increased in earlier cross-sectional studies -- 43% in 1984, 53% in 1985, 70% in 1986, and 74% in 1987.

²This is statistically significant at the 90% level of confidence.
FIGURE 7.16


(Question 37)
7.17 Sexual Activity Outside Primary Male Relationship

Figure 7.17 shows the percentage of this population that has been having sex with both primary and secondary partners during the last year and the last 30 days.

Close to Two-Thirds Have had Sex in the Last Year Outside of a Primary Relationship:

In the last year, 63% of all respondents have had sex with a partner who was not their primary male partner. This includes one-fifth (21%) who are in a primary relationship with a man and have had sex outside of this relationship in the last year, as well as an additional 42% who are not in a primary relationship but have had sex in the last year with a man.

One-quarter (24%) of all respondents have not had any sex outside of a primary relationship in the last year, and 13% have not had sex with any man in the last year.

One-Third Have had Sex in the Last 30 Days Outside of a Primary Relationship:

In the last 30 days, 36% of all respondents have had sex with a partner who was not their primary male partner. This includes 12% who are in a primary relationship with a man and have had sex outside of this relationship in the last 30 days, as well as an additional 24% who are not in a primary relationship but have had sex in the last 30 days with a man.

Two-thirds (63%) of all respondents have not had any sex outside of a primary relationship in the last 30 days, including 30% who have not had sex with any man in the last 30 days.

---

1This includes 21% who define their relationship as monogamous, as well as an additional 3% who have not had sex with anyone else in the last year, but who say that their partner has had sex or they do not know if their partner has had sex outside of the relationship in the last year.

2This includes 8% who say they are celibate, as well as an additional 5% who do not consider themselves to be celibate, but who have not had sex in the last year.
FIGURE 7.17

Sexual Activity Outside Primary Male Relationship

Type of Sexual Partners in Last Year

Type of Sexual Partners in Last 30 Days
7.18 Number of Secondary Partners and Contacts

Among those men engaging in sex outside of a primary relationship in the last year (63% of the sample), the average number of partners outside of a primary relationship in the last 30 days is 1.8 men, and has remained unchanged from 1987, when it was 2.1 men. This is lower than 1984, when the average number of partners was 2.8 men.

The following are more likely to have had a greater number of partners in the last 30 days:

- Those who have engaged in unprotected anal intercourse in the last year (3.3);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (4.3).

On the average, those San Francisco gay and bisexual men who had had a sexual partner in the last 30 days who was not a primary partner (36% of the sample) report an average of 4.9 sexual contacts. This is unchanged from 1987, when it was 4.7 men, but lower than 1984, when the average number of sexual contacts was 6.3.

The following are more likely to have a greater number of sexual contacts in the last 30 days:

- Those who have lived in the city less than two years (13.0);
- Those who have combined drugs or alcohol with sex no more than half the time they have had sex in the last 30 days (16.2);
- Those who have engaged in unprotected anal intercourse in the last year (7.3);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (8.6).
FIGURE 7.18

Mean # of Secondary Partners in Last 30 Days for Respondents Reporting Secondary Male Partners: Results of Three Samples

(Question 50)

Mean # of Sexual Contacts in Last 30 Days for Respondents Reporting Secondary Male Partners: Results of Three Samples

(Question 61)
7.19 Sexual Behavior with Male Secondary Partners in Last 30 Days

The sexual behavior that San Francisco's gay/bisexual men engaged in with secondary partners is similar, but not identical to, that engaged in with primary partners. Overall, 36% had had sex with a non-primary male partner in the last 30 days. As was the case in the section reporting on the sexual activity of primary partners, Section 7.19a will look at the percentage of those engaging in each of nine activities, and will contain no crosstabular analysis. Section 7.19b will examine the average number of times men have engaged in each, and will contain a complete crosstabular analysis of each.

7.19a Sexual Behavior with Male Secondary Partners: Percentage Engaging in Specific Behaviors with Male Secondary Partners in Last 30 Days

Many Respondents Engage in Mutual Masturbation and Oral Sex without Exchange of Semen:

All respondents who had had sex with a secondary partner in the past 30 days were asked which sexual activities they had engaged in with these partners. The most prevalent activities are mutual masturbation and oral sex without exchange of semen. Of those having a secondary partner in the last 30 days, over 8 in 10 have engaged in each (84% and 81% respectively). Compared to 1987, the percentage of those engaging in mutual masturbation with a secondary partner has remained virtually unchanged. (It was 87% in 1987.) However, the number of those engaging in oral sex without exchange of semen with secondary partners has increased greatly during the same time period (from 67% in 1987 to 81% in 1989).

French Kissing is the Next Most Prevalent Activity:

Just over two-thirds have engaged in french kissing with a secondary partner in the past 30 days (69%). This is virtually unchanged from 1987, when 63% engaged in this activity.

Condom Usage Remains Unchanged, and the Percentage of Those Engaging in Withdrawal before Ejaculation has Decreased:

Forty-four percent have engaged in anal intercourse with a condom, virtually identical to the 45% who engaged in this practice in 1987. As was the case in 1987, few (3%) have engaged in anal intercourse with exchange of semen (5% in 1987, 3% in 1989). The percentage of those engaging in anal intercourse without a condom but with no exchange of semen has decreased, from 13% in 1987 to 5% in 1989.

The Percentage of those Engaging in Oral/Anal Contact has Increased:

The percentage of those respondents engaging in oral/anal contact (25%) has increased since 1987, when 14% engaged in this activity.
Percentage of 1989 Respondents Reporting Engaging in Specific Behaviors with Male Secondary Partners in Last 30 Days

- Mutual Masturbation: 84%
- Oral Sex no Cum: 81%
- French Kissing: 69%
- Anal Sex w/Condom: 44%
- Oral-Anal Contact: 25%
- Oral Sex w/Cum: 19%
- Anal/No Condom/No Cum: 5%
- Anal Sex w/Cum: 3%
- Fisting: 3%

1989 N=149
(Question 52A, 52B)
The Percentage of those Engaging in Oral Sex with Exchange of Semen and Fisting Remains Low:

Close to one-fifth (19%) have engaged in oral sex with exchange of semen. This is virtually unchanged from 1987, when 15% engaged in this activity.

As was the case in 1987, almost no one has engaged in fisting (3% in 1989, 6% in 1987).
Sexual Behavior with Male Secondary Partners: Mean Number of Times Specific Behaviors Engaged In In Last 30 Days

Figure 7.19b displays the average number of times men having sex outside of a primary relationship have engaged in the various sexual practices during the last 30 days, and these results mirror those seen in the previous section.

French Kissing, Oral Sex without Exchange of Semen, and Mutual Masturbation are Still the Most Prevalent Sexual Activities:

The activities engaged in with the greatest frequency are french kissing (3.5 times), oral sex without exchange of semen (3.2 times) and mutual masturbation (2.9 times). These numbers are similar to those seen in both 1987 and 1984 for these activities. Changes in frequency over time may be found in Appendix B.

Those who have lived in the city less than two years are more likely to engage in french kissing (12.3).

The following are more likely to engage in oral sex without exchange of semen:

- Those who have lived in the city for less than two years (7.1);
- Those who are moderate or heavy users of recreational drugs (3.9 and 4.4 respectively);
- Those who have combined drugs or alcohol with sex in the last 30 days (3.9);
- Those who have engaged in unprotected anal intercourse in the last year (4.4);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (5.1).

The following are more likely to engage in mutual masturbation:

- Those who have lived in the city for less than two years (6.4);
- Those who have combined drugs or alcohol with sex in the last 30 days (3.5).

No Increase in Condom Usage, but Men are Engaging in Unprotected Anal Intercourse with Less Frequency:

The number of times men have engaged in anal intercourse with a condom is 1.4 times in the past 30 days, nearly identical to the 1.2 times they engaged in this activity in 1987. Condom usage has increased from 1984, however, when it was 0.6 times.
Mean Number of Times 1989 Respondents Report Engaging in Specific Behaviors with Male Secondary Partners in Last 30 Days

<table>
<thead>
<tr>
<th>Behavior</th>
<th>Mean Number of Times</th>
</tr>
</thead>
<tbody>
<tr>
<td>French Kissing</td>
<td>3.9</td>
</tr>
<tr>
<td>Oral Sex no Cum</td>
<td>3.2</td>
</tr>
<tr>
<td>Mutual Masturbation</td>
<td>2.9</td>
</tr>
<tr>
<td>Anal Sex w/Condom</td>
<td>1.4</td>
</tr>
<tr>
<td>Oral-Anal Contact</td>
<td>0.7</td>
</tr>
<tr>
<td>Oral Sex w/Cum</td>
<td>0.5</td>
</tr>
<tr>
<td>Anal/No Cond/No Cum</td>
<td>0.3</td>
</tr>
<tr>
<td>Anal Sex w/Cum</td>
<td>0.1</td>
</tr>
<tr>
<td>Fisting</td>
<td>0.1</td>
</tr>
</tbody>
</table>

1989
(Question 50, 51, 52A, 52B)
Men having sex with secondary partners are engaging in anal intercourse with exchange of semen less frequently in 1989 (.06 times) than they were in 1987 (.14 times). In 1984, men engaged in this activity an average of 1.1 times.

These men are engaging in anal intercourse without a condom but with no exchange of semen the same number of times in 1989 (0.3) as they were in 1987 (.0.2), but less than they were in 1984 (0.7).

The following are more likely to engage in anal intercourse with exchange of semen:

- Those who would not refuse to have unprotected anal intercourse with a new partner (0.2);
- Those who are attitudinally predisposed toward unsafe sex (0.2).

The following are more likely to engage in anal intercourse with a condom:

- Those who have engaged in unprotected anal intercourse in the last year (2.6);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (3.3).

The following are more likely to engage in anal intercourse with no exchange of semen:

- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (1.5).

The Number of Times that Men Engage in Oral/Anal Contact Outside of a Primary Relationship has Increased:

In 1989, men engaging in sex outside of a primary relationship report engaging in oral/anal contact an average of 0.7 times, an increase from 1987 when it was 0.3 times, and equal to the number of times men engaged in this practice in 1984 (0.9 times).

The following are more likely to engage in oral/anal contact:

- Those testing positive to the HIV-antibody (1.2);
- Those who would not refuse to have unprotected anal intercourse with a new partner (1.1).

Because of rounding, this difference is not apparent in either the marginals or the adjoining figure. However, the difference is statistically significant.

This is statistically significant at the 90% level of confidence.
The Number of Times that Men Engage in Oral Sex with Exchange of Semen and Fisting Remains Constant:

Men engaging in sex outside of a primary relationship report engaging in oral sex with exchange of semen an average of 0.5 times -- equal to the number of times this activity was practiced in 1987 (0.5) but considerably less than the number of times men engaged in this practice in 1984 (1.6 times).

Fisting was engaged in the fewest number of times (.03).¹ This represents a decrease from both 1984 (0.3) and 1987 (0.1).

The following are more likely to engage in oral sex with exchange of semen:

- Non-Whites (1.2);
- Those who have engaged in unprotected anal intercourse in the last year (1.0);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (1.3);
- Those who agree with unsafe social norms (0.9).

The following are more likely to engage in fisting:

- Those who would not refuse to have unprotected anal intercourse with a new partner (0.1);
- Those who are attitudinally predisposed toward unsafe sex (0.1);
- Those who agree with unsafe social norms (0.1).

¹For representation purposes only, this number is rounded up to 0.1 in both the marginals and the adjoining figure.
7.20 Sexual Contact with Male Secondary Partners in Last Year

For the first time, San Francisco gay/bisexual men were asked how many partners and sexual contacts they had had outside of a primary relationship in the last year. Three-quarters (76%) of the sample were asked this question, and report an average of 11.3 partners. Of these men, 17% have had no sexual partners, one-quarter (25%) have had just one or two partners, and another 27% report three to five partners. One-third (31%) report more than five partners, including 13% who have had 20 or more partners in the last year.

The following are likely to report a greater number of partners in the last year:

- Those who have engaged in unprotected anal intercourse in the last year (26.7);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (36.9).

Those respondents having sex outside of a primary relationship in the last year (63% of the sample) report an average of 36.0 sexual contacts with secondary partners in the last year. Twelve percent have had just one or two contacts, 17% have had three to five contacts, 26% report six to 10 contacts, 18% report 11 to 20 contacts, and 33% have had more than 20 sexual contacts in the last year.

The following are likely to report a greater number of sexual contacts in the last year:

- Those who have engaged in unprotected anal intercourse in the last year (58.2);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (75.1).

---

1 All men except those who said they did not have sex with anyone but their primary male partner were asked this question.
1989 Reported Mean Number of Male Secondary Partners and Sexual Contacts w/Male Secondary Partners in Last Year

113

36
7.21 Anal Intercourse with Male Secondary Partners in Last Year

Half (55%) of those who have had sex with a male secondary partner in the last year (63% of the sample) have engaged in anal intercourse.

The following are more likely to have engaged in anal intercourse with a secondary partner in the last year:

- Those who have lived in the city two to 15 years (68%);
- Those who are 18 to 29 years of age (72%). This is a linear relationship -- among those over 45 years of age, just 27% have engaged in this activity;
- Those who have used alcohol or drugs more than the half the time they have had sex in the last 30 days (68%);
- Those not informed about AIDS risk factors (60%);
- Those who believe they are at greater risk of being infected with the AIDS virus than other Bay Area people (69%);
- Those who discuss safe sex with some or all sexual partners (60%).
FIGURE 7.21

Percent of 1989 Sample Reporting Anal Intercourse with Secondary Male Partners in Last Year

Has engaged in anal intercourse with secondary partners
- 55%

Has not engaged in anal intercourse with secondary partners
- 45%

(N=253; Question 46)
7.22 Frequency of Anal Intercourse with Male Secondary Partners in Last Year

Of those men who have had sex with a male partner in the last year, few report engaging in anal intercourse on a regular basis. Just 19% say they engage in anal intercourse once a month or more. Ten percent say they have engaged in anal intercourse just once, and another one-fifth (19%) say they have engaged in anal intercourse just a few times in the past year.

The following are more likely to say they have engaged in anal intercourse once a month or more during the last year:

- Those who had never used intravenous drugs at any point in their life (22%);
- Those who have never made a commitment to not engage in unprotected anal intercourse (28%);
- Those who would not refuse to have unprotected anal intercourse with a new partner (31%).
FIGURE 7.22

1989 Reported Frequency of Anal Intercourse with Male Secondary Partners in Last Year

1989 N=253
(Question 47)
7.23 Condom Use During Anal Intercourse with Male Secondary Partners in Last Year

Three-quarters (77%) of those who have engaged in anal intercourse in the last year with secondary partners say the insertive partner always used condoms. One-fifth (18%) say the insertive partner used a condom most or some of the time, and 5% say the insertive partner never used a condom. Thus, only 23% of those with secondary partners report not always using a condom. This is less than 1987 when 38% reported that they did not always use condoms in the 6 months prior to our interview.

The following are more likely to say that the insertive partner did not always use a condom:

- Those who have lived in the city for less than two years (40%);¹
- Those who have never made a commitment to not engage in unprotected anal intercourse (45%);
- Those who do not believe in response efficacy (30%);
- Those who would not refuse to have unprotected anal intercourse with a new partner (46%).

¹This is statistically significant at the 90% level of confidence.
FIGURE 7.23

1989 Reported Frequency of Condom Use During Anal Intercourse with Male Secondary Partners in Last Year

Always 77%

Most or Some Times 18%

Never 5%

1989 N=140

(Question 48)
7.24 Reasons For Not Using Condoms with Male Secondary Partners

Respondents who said they did not always use a condom were asked in an open-ended question to state their reasons for not always using a condom. Each respondent was allowed to give up to three responses to the question. Twenty-eight percent say that condom usage reduces the pleasure, and another 25% say that using a condom is too much trouble. One-fifth (22%) say that both they and their partner are negative. Sixteen percent rely on withdrawal before ejaculation, 13% say they know their partner well, and 9% say their partner resisted using condoms. A full listing of answers to this question can be found in the appendix to the marginals.
Reasons for Not Using Condoms with Male Secondary Partners in 1989 Sample

- Doesn't feel as good/Reduces pleasure: 26%
- Too much trouble/Disrupt flow: 25%
- We're both negative: 22%
- Pull out before cumming/Person doesn't cum: 16%
- Know partner well: 13%
- Not sure/Don't remember: 13%
- Partner resisted/Didn't want to: 9%

1989 N=32
(Question 49)
7.25 Age of Male Secondary Partners

Those who had had sex with a secondary partner in the last year were asked whether any of their secondary partners were under age 25. Those who had partners under age 25 were then asked if any of these partners were teenagers. Twenty-nine percent report that one of their secondary partners in the last year was 20 to 24 years of age, and 2% say one of their partners was a teenager.

The following are more likely to say that one of their partners was less than 25 years of age:

- Those who have lived in the city less than six years (44%);
- Those who are 18 to 29 years of age (49%);
- Those not informed about AIDS risk factors (37%).
FIGURE 7.25

Age of Male Secondary Partners as Reported by 1989 Respondents

- 20-24 Years Old: 29%
- 13-19 Years Old: 2%
- Not Sure/DK: 4%
- 25 or Older: 65%

1989C N=253
(Question 41, 42)
7.26 Residence of Male Secondary Partner

Almost all of those men who have had sex with a secondary partner in the last year report that at least one of these partners lives in San Francisco (88%). However, 35% say at least one of their partners lives outside of San Francisco, and another 43% say at least one of these partners lives outside of the Bay Area.

The following are more likely to say that one of their partners was a resident of the Bay Area (outside of San Francisco):

- Those who drink alcohol (35%)\# Just 9% of those who never drink alcohol report such a partner;
- Those who have combined drugs or alcohol with sex in the last 30 days (48%).

The following are more likely to say that one of their partners was not a Bay Area resident:

- Those who have lived in the city less than two years (71%);
- Whites (47%). Among non-Whites, 31% report such a partner;¹
- Those who drink alcohol at least infrequently (50%). Those who drink less than once a month and those who never drink are less likely to report such a partner (30% and 17% respectively).

¹This relationship is significant at the 90% level of confidence.
FIGURE 7.26

Residence of Male Secondary Partner as Reported by 1989 Respondents

100%

80%

60%

40%

20%

0%

San Francisco

SF Bay Area

Outside SF Bay Area

88%

35%

43%

1989 N=253
(Question 40)
7.27 Frequency of Patronage of Gay Bars

Half (50%) say they go to a gay bar on average no more than once a month, including 30% who say they never go to a gay bar. One-third (33%) say they go to a gay bar an average of once a week, including 15% who say they go to a gay bar more than once a week.

The following are more likely to say they never go to a gay bar:

- Those who have lived in the city more than 15 years (50%);
- Those whose annual income is greater than $25,000 (34%);
- Those 35 years of age or older (41%);
- Those who do not self-identify as homosexual/gay (52%);
- Those who use alcohol less than once a month or never (55% each);
- Those who have not combined drugs or alcohol with sex in the last 30 days (41%);
- Those who are celibate (69%).

The following are more likely to say they go to a gay bar more than once a week:

- Those who have lived in the city two to five years (26%);
- Those whose annual income is $15,000 or less (24%);
- Those 18 to 29 years of age (23%);
- Those who self-identify as homosexual/gay (17%). Among those who do not self-identify as homosexual/gay, just 6% say they go to a gay bar more than once a week;
- Those who have used recreational drugs heavily in the last year (22%);
- Those who are heavy and frequent users of alcohol (50%);
- Those who have combined drugs or alcohol with sex more than half the time they have had sex in the last 30 days (26%);
- Those who believe they are at greater or equal risk of being infected with the AIDS virus than other Bay Area people (21% and 19% respectively).
FIGURE 7.27

Frequency of Patronage of Gay Bars among 1989 Respondents

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once a Week</td>
<td>15%</td>
</tr>
<tr>
<td>Once a Week</td>
<td>18%</td>
</tr>
<tr>
<td>Few Times a Month</td>
<td>17%</td>
</tr>
<tr>
<td>Once a Month</td>
<td>19%</td>
</tr>
<tr>
<td>&lt; Once a Month</td>
<td>1%</td>
</tr>
<tr>
<td>Never</td>
<td>30%</td>
</tr>
</tbody>
</table>

1989 N=401
(Question 113)
7.28 Where Respondents Go Out to Socialize

When asked which neighborhood they socialize in, 43% said they go to the Castro, and another 16% said they go to South of Market. Relatively few went to other areas of the city, and 15% said they did not go out at all. These results are similar to results seen in 1985 and 1986, when this question was last asked.

The following are less likely to socialize in the Castro:

- Those who have lived in the city all of their lives (32%);
- Those over 45 years of age (32%);
- Those who do not self-identify as homosexual/gay (22%). These men are more likely say they do not go out (28%).

The following are also more likely to say they do not go out:

- Those who do not drink alcohol (30%);
- Those who have not combined drugs or alcohol with sex in the last 30 days (21%);
- Those who are celibate (31%);
- Those who believe they are at equal or less risk of being infected with the AIDS virus than other Bay Area people (18%);
- Those who discuss safe sex with some or all sexual partners (25%);
- Those living in San Francisco's other neighborhoods (26%).
FIGURE 7.28

Where 1989 Respondents Go Out to Socialize

- Castro: 43%
- South of Market: 16%
- Polk Gulch: 6%
- Fillmore: 3%
- Haight: 4%
- Tenderloin: 2%
- Other: 12%
- None: 15%

1989: N=401
(Question 112)
7.29 Respondents Reporting that They Have Ever Practiced Anal Sex

Almost all respondents have engaged in both active and passive anal intercourse at some point in their lives (94% and 88% respectively).

The following are more likely to say they have engaged in active or insertive anal intercourse at some point in their life:

- Those who have lived in the city six to 15 years (100%);
- Those 30 to 45 years of age (97%);¹
- Those who have been tested for the HIV-antibody (96%). Among those who have not been tested, 87% have engaged in this activity;
- Those who have used recreational drugs at least occasionally in the last year (97%). Among those who have not used recreational drugs in the last year, 91% have engaged in this activity;²
- Those who discuss safe sex with some or all sexual partners (96%).³

The following are more likely to say they have engaged in passive or receptive anal intercourse at some point in their life:

- Those 30 to 45 years of age (91%);
- Those who self-identify as homosexual/gay (90%). Among those who do not self-identify as homosexual/gay, 72% have engaged in this activity;
- Those who have tested positive for the HIV-antibody (95%). Among those who have tested negative, 89% have engaged in this activity. Among those who have not been tested, 78% have engaged in this activity.

¹This is statistically significant at the 90% level of confidence.
²This is statistically significant at the 90% level of confidence.
³This is statistically significant at the 90% level of confidence.
Percentage of 1989 Respondents Reporting that They Have Ever Practiced Anal Sex

1989C N=401
(Question 54, 55)
7.30 Respondents Reporting Needle-Using or Infected Partners in Last Year

In the past year 34% report engaging in sex with a partner who was infected with the HIV-virus, had AIDS, or had injected non-prescription drugs at some point in his life.

One-third (31%) say they have had sex with a partner who was HIV-positive, 12% say they have had sex with someone with AIDS, and 6% say they have had sex with someone who has injected non-prescription drugs at some point in his life.¹

The following are more likely to have had sex in the last year with someone who has injected non-prescription drugs:

- Those who have lived in the city for less than two years (14%);²
- Those whose annual income is less than $15,000 (16%);
- Those who do not self-identify as homosexual/gay (16%);
- Those who have used recreational drugs moderately or heavily in the last year (14% and 10% respectively);
- Those who have used intravenous drugs at some point in their life (25%);
- Those who are heavy and frequent users of alcohol (18%);
- Those who have combined drugs or alcohol with sex more than half the time they have had sex in the last 30 days (10%);³
- Those who agree with unsafe social norms (11%);
- Those living downtown (21%).

The following are more likely to have had sex in the last year with someone who has AIDS:

- Those who have lived in the city six to 10 years (19%);
- Those 30 to 45 years of age (16%);

¹These numbers do not add up because some men have had sex with more than one type of partner.

²This is statistically significant at the 90% level of confidence.

³This is statistically significant at the 90% level of confidence.
FIGURE 7.30

Percentage of 1989 Respondents Reporting at Least One Needle-Using or Infected Male Partner in Last Year

- IVDU Partner: 6%
- PWA Partner: 12%
- HIV Positive Partner: 31%

1989 C N=401
(Question 15)
Those who have experienced symptoms related to HIV infection in the last year (29%);

Those who have tested positive for the HIV-antibody (25%).

The following are more likely to have had sex in the last year with someone who is HIV-positive:

Those who have lived in the city six to 10 years (43%);
Those 30 to 35 years of age (47%);
Those who self-identify as homosexual/gay (35%);
Those who have experienced symptoms related to HIV infection in the last year (54%);
Those who have tested positive for the HIV-antibody (56%);
Those who have used recreational drugs moderately or heavily in the last year (42% and 40% respectively);
Those who have combined drugs or alcohol with sex more than half the time they have had sex in the last 30 days (47%);
Those who believe they are at greater risk of being infected with the AIDS virus than other Bay Area people (36%);
Those who would not refuse to have unprotected anal intercourse with a new partner (44%);
Those who discuss safe sex with some or all sexual partners (39%);
Those living in the Castro/Noe Valley (49%).
8.0 COMMUNICATION ABOUT AIDS RISK REDUCTION

8.1 Discussion of Safer Sex with Primary Female Partner

All of the measures discussed in Section 8 were not used in previous studies, so it is not possible to compare these responses to those from earlier years.

Almost all of those respondents in a primary relationship with a female partner indicate they have talked to this partner about sexual practices and the risk of AIDS transmission (91%). Just 9% say they have not had such a discussion with their primary female partner. Because few men are in a primary relationship with a female (11 men), no crosstabular analysis has been done on this variable, and extreme care should be exercised in interpreting any of these results.
Percentage of 1989 Sample Reporting Discussion of Safe Sex with Primary Female Partner

Yes—Have Talked 91%
No—Have Not Talked 9%

1989 CO N=11
(Question 17)
8.2 Discussion of Safer Sex with Secondary Female Partners

Those respondents who had sex in the last year with a secondary female partner were asked if they talked to these partners about sexual practices and the risk of AIDS transmission. Again, because few respondents reported such a female partner in the last year (29 men), no crosstabular analysis has been done on this variable, and extreme care should be exercised in interpreting any of these results.

Close to 3 in 10 (28%) say they never had a discussion on these issues with any of their secondary female partners. Six in 10 (59%) say they have such a discussion with all of their secondary female partners, 7% say they discuss these issues with most of their secondary female partners, and another 7% say they discuss these issues with just some of their secondary female partners.
FIGURE 8.2

Percent of 1989 Sample Reporting Discussion of Safe Sex with Secondary Female Partners

- Discuss with All: 59%
- Discuss with Most: 7%
- Discuss with Some: 7%
- Never Discuss: 28%

19693, N=29
(Question 19, 20)
8.3 Knowledge of Secondary Female Partners' Antibody Status

Half (45%) say that secondary female partners never tell them their HIV-antibody status. Seventeen percent say they always know the HIV-status of their secondary female partners, 21% say these partners tell them their HIV-antibody status most of the time, and 14% say they know this information just some of the time. Again, because of the small number of men who answered this question, no crosstabular analysis has been done on this variable, and extreme care should be exercised in interpreting any of these results.
Frequency of 1989 Respondents Who Know Secondary Female Partners' Antibody Status

- Always: 17%
- Most of the Time: 21%
- Some of the Time: 14%
- Never: 45%
- NS/Ref: 3%

1989C: N=29
(Question 21)
Discussion of Safe Sex with Primary Male Partner

Almost all of those respondents in a primary relationship with a male partner also indicate they have talked to this partner about sexual practices and the risk of AIDS transmission (82%). One-fifth (18%) have not had such a discussion with their primary male partner, including 3% who volunteered that they do not need to talk about it because they always have safe sex, and 1% who say they discussed sexual practices they were willing to engage in, but not in an AIDS context.

The following are more likely to have had a discussion with their primary male partner about sexual practices and the risk of AIDS transmission:

- Those who have tested positive for the HIV-antibody (94%). Among those who have tested negative, 89% have had such a discussion. Those who have not been tested are least likely to have had such a discussion (66%);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (96%);
- Those who are attitudinally predisposed toward safe sex (90%).

The following are more likely to say they have never had such a discussion:

- Those who have not been tested for the HIV-antibody (34%);
- Those who have never made a commitment to not engage in unprotected anal intercourse (27%);
- Those who are attitudinally predisposed toward unsafe sex (22%);
- Those living in North Beach/Pacific Heights (35%).
FIGURE 8.4

Percent of 1989 Respondents Who Have Discussed Safe Sex with Primary Male Partner

- 82% Have Discussed
- 1% Talked, But Not About AIDS
- 3% No Need, Always Have Safe Sex
- 14% Have Not Discussed

1989C N=161
(Question 30)

8-8
8.5 Discussion of Safe Sex with Secondary Male Partners

Those respondents who had sex in the last year with secondary male partners were asked if they talked to these partners about sexual practices and the risk of AIDS transmission.

Half (49%) say they have had such a discussion with all of their secondary male partners. One-fifth (21%) say they have had such a discussion with most of their secondary male partners, 14% say they have had such a discussion with some of their secondary male partners, and 13% say they have not had such a discussion with any of their secondary male partners.

The following are more likely to never have had such a discussion with secondary male partners:

- Those in a primary relationship with another man (21%);
- Those who have never made a commitment to not engage in unprotected anal intercourse (25%).
FIGURE 8.5

Percent of 1989 Respondents Who Have Discussed Safe Sex with Secondary Male Partners

Discuss with Most 21%
Discuss with Some 14%
Never Discuss 13%
Always Have Safe Sex 4%
NS/Ref 1%

1989 N=253
(Question 43, 44)
8.6 Knowledge of Secondary Male Partners' Antibody Status

One-quarter (26%) say that secondary male partners never tell them their HIV-antibody status. Another one-quarter (24%) say that they always know the HIV-antibody status of such partners. Seventeen percent say they know the HIV-antibody status of their secondary male partners most of the time, and one-third (31%) say they know it just some of the time.

The following are more likely to say they never know the HIV-antibody status of their secondary male partners:

- Those who have lived in the city more than 15 years (35%) or all of their life (50%);
- Those who do not self-identify as homosexual/gay (38%);
- Those who have experienced no symptoms related to HIV infection in the last year (30%);
- Those who have not been tested for the HIV-antibody (42%);
- Those who believe they are at equal risk of being infected with the AIDS virus as other Bay Area people (37%);
- Those who do not discuss safe sex with any sexual partners (63%).
Frequency of 1989 Respondents Knowing Secondary Male Partners' Antibody Status

- **Always**: 24%
- **Most of the Time**: 17%
- **Some of the Time**: 31%
- **Never**: 26%

1989, N=253
(Question 45)
8.7 Summary of Communication with Partners

Eighty-two percent of respondents report discussing safe sex with some or all of their sexual partners -- male and female, primary and secondary. Only 18% indicated that they do not discuss safe sex with any of their partners.

The following are more likely to say they do not discuss safe sex with any sexual partners:

- Those who have lived in the city more than 15 years (27%) or all of their life (21%);
- Those over 45 years of age (30%);
- Those in a primary relationship with another man (24%);
- Those who do not self-identify as homosexual/gay (28%);
- Those who have not been tested for the HIV-antibody (31%);
- Those who have used recreational drugs heavily in the last year (36%);
- Those who have never made a commitment to not engage in unprotected anal intercourse (36%);
- Those who believe they are at less risk of being infected with the AIDS virus than other Bay Area people (28%).
FIGURE 8.7

Classification of 1989 Respondents
Communication Behavior

82%

Discusses safe sex with some or all partners

18%

Does not discuss safe sex with any partners

1989 C N=370

8-14
9. BELIEFS AND SEXUAL BEHAVIOR

9.1 Beliefs About Self vs. Others' Susceptibility to HIV Infection

Seventy-four percent of the sample say that they are not presently infected with the HIV-virus, or that they do not know whether or not they have been infected. These respondents were asked if they thought they were at greater, less, or equal risk of getting infected with the AIDS virus compared with other people living in the Bay Area. A plurality (40%) indicate they believe they are at less risk, and another 30% say they believe their level of risk is about the same as other people living in the Bay Area. Just one-quarter (27%) indicate they believe they are at greater risk.

These data suggest that susceptibility beliefs are difficult to measure among populations that have made extensive behavior changes. The concept of susceptibility may be most useful in understanding behavior change at a time when new behaviors are first being initiated.

This particular question has not been asked in previous surveys. In 1985, in response to a different question, 71% of respondents indicated they felt personally threatened by the AIDS epidemic.¹

The following are more likely to believe they are at less risk:

- Those who have lived in the city more than 15 years (59%);
- Those over 45 years of age (66%);
- Those who are celibate (87%);
- Those who would refuse to have unprotected anal intercourse with a new partner (44%);²
- Those who do not discuss safe sex with any sexual partners (53%).

¹The two questions were entirely different from each other. In 1985, the question read: "Some gay and bisexual men believe that they are personally threatened by AIDS. Others believe they are not. Do you believe you are personally threatened by AIDS, or do you not feel threatened by AIDS?"

²This is statistically significant at the 90% level of confidence.
1989 Respondent Beliefs About Self vs. Others' Susceptibility to HIV Infection

- Greater Risk: 27%
- Less Risk: 40%
- Nearly the Same: 2%
- About the Same: 30%

1989 N=297
(Question 91)
9.2 Beliefs About the Level of Risk Associated with Specific Sex Practices

Our previous studies have shown that San Francisco's gay and bisexual men are very well informed about the risk of different sex practices in terms of contracting or spreading AIDS. In the past, respondents have been asked to rate the relative risk of different sexual practices on a 10 point scale, with 1 indicating the practice was not at all related to contracting or spreading AIDS, and 10 indicating the practice was very much related to contracting or spreading AIDS. These past studies have found that respondents overwhelmingly believed that anal intercourse without a condom was the riskiest practice, and that the following practices carried some risk: vaginal intercourse without a condom, oral/anal contact, oral sex with female partners where body fluids are exchanged, fisting, and oral sex with exchange of semen.

For this study, the question was changed in two important ways. First, respondents were specifically asked to rate the risk for a person who knew he or she was HIV-negative, if that person were to engage in a series of sexual practices with a person who knew he or she was HIV-positive. This scenario was presented to ensure there was a risk of transmission in each case, and to remove the ambiguity about partner sero-status.

Secondly, we wanted to assess whether or not respondents believed that the level of risk was different for each practice, depending on whether the HIV-negative partner was actually performing the act, or whether the HIV-negative partner was having the practice performed on him or her.

As before, respondents were asked to rate the relative risk of each practice, based on current medical evidence, with "1" meaning there was no risk of becoming infected, and "10" meaning there was a very high risk of becoming infected.

Respondents Continue to Rate Anal Intercourse without a Condom as the Riskiest Practice:

An antibody-positive man ejaculating into an antibody-negative man is the practice most associated with risk (9.6). The risk for an antibody-negative man ejaculating into an antibody-positive man is rated as much lower (6.3).

In 1987, respondents rated the overall risk of anal intercourse with ejaculation at 9.9, higher than the current rating, and the highest rating respondents gave to any practice in 1987. Respondents have historically rated the risk associated with this practice high, and the level of risk respondents associate with this behavior has increased since 1984, when respondents rated this practice 9.3.¹

¹As noted above, this question has been substantially changed for the current study. Even though we have compared these results to those answers given in previous years, it is possible that any changes noted may be due to question wording and not real opinion change.
<table>
<thead>
<tr>
<th>What is the risk to an antibody negative man who:</th>
<th>(Mean)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is the receptive partner in anal sex with a male partner who is antibody positive, the partner does not use a condom, and ejaculates</td>
<td>9.6</td>
</tr>
<tr>
<td>Rims male partner who is antibody positive</td>
<td>7.5</td>
</tr>
<tr>
<td>Swallows the ejaculation of a male partner who is antibody positive</td>
<td>7.1</td>
</tr>
<tr>
<td>Is fisted by male partner who is antibody positive</td>
<td>6.4</td>
</tr>
<tr>
<td>Engages in vaginal intercourse with a woman who is antibody positive</td>
<td>6.4</td>
</tr>
<tr>
<td>Is the insertive partner in anal sex with a male partner who is antibody positive, he does not use a condom and ejaculates into his partner</td>
<td>6.3</td>
</tr>
<tr>
<td>Fists male partner who is antibody positive</td>
<td>5.8</td>
</tr>
<tr>
<td>Is rimmed by a male partner who is antibody positive</td>
<td>5.4</td>
</tr>
<tr>
<td>Performs oral sex on a male partner who is antibody positive, but the partner does not ejaculate</td>
<td>4.9</td>
</tr>
<tr>
<td>Is the receptive partner in anal sex with a male partner who is antibody positive, the partner uses a condom and ejaculates</td>
<td>4.2</td>
</tr>
<tr>
<td>He does not use a condom, and puts his penis into the mouth of a male partner who is antibody positive</td>
<td>4.1</td>
</tr>
<tr>
<td>Is the insertive partner in anal sex with a male partner who is antibody positive, he uses a condom and ejaculates into his partner</td>
<td>3.2</td>
</tr>
<tr>
<td>Masturbates a male partner who is antibody positive</td>
<td>1.5</td>
</tr>
<tr>
<td>Is masturbated by a male partner who is antibody positive</td>
<td>1.3</td>
</tr>
<tr>
<td>What is the risk to an antibody negative woman who:</td>
<td></td>
</tr>
<tr>
<td>Engages in vaginal intercourse with a man who is antibody positive</td>
<td>9.0</td>
</tr>
</tbody>
</table>

1989C  N=401  (Question 98)

*Respondents were asked to evaluate the relative risk of different sexual practices on a ten-point scale, with "1" indicating the practice was not at all related to contracting or spreading AIDS, and "10" indicating the practice was very much related to contracting or spreading AIDS.
The following are more likely to assign a lower level of risk to an antibody-positive partner ejaculating into the anus of a negative partner:

- Those over 45 years of age (9.3);
- Those who do not self-identify as homosexual/gay (9.3);
- Those who would not refuse to have unprotected anal intercourse with a new partner (9.0);
- Those who do not discuss safe sex with any sexual partners (9.2).

The following are more likely to assign a lower level of risk to an antibody-negative partner ejaculating into someone who is antibody-positive:

- Whites (6.1). Non-Whites rate this practice much higher (7.6);
- Those who believe in response efficacy (6.0);
- Those who would not refuse to have unprotected anal intercourse with a new partner (5.0);
- Those attitudinally predisposed toward unsafe sex (5.7);
- Those who agree with unsafe social norms (5.8);
- Those who live in San Francisco's other neighborhoods (5.6).

Respondents Believe that Condom Usage Reduces the Risk Involved in Anal Intercourse:

As has been the case in previous years, respondents believe that using a condom during anal intercourse greatly reduces the risk of transmission of the AIDS virus. However, as was seen above, respondents believe the risk is not as great for the insertive man (3.2) as it is for the man who is being entered (4.2). These ratings are similar to the rating respondents gave to the practice of "anal intercourse with a condom" in 1987 and in 1984 (3.4 and 3.6 respectively).

The following are more likely to assign a higher level of risk if the negative partner is being entered by someone who is positive and wearing a condom:

- Those who have tested negative for the HIV-antibody (4.6);
- Those who are celibate (4.5);

---

In conducting the crosstabular analysis for this section, we looked at those respondents who rated the risk associated with practices that have been historically considered as unsafe lower than the rest of the population. Conversely, for those practices that have been considered safe, we looked at those respondents who rated their risk higher than the rest of the population.
Those who do not believe in response efficacy (4.7);
Those who live downtown (5.2).

The following are more likely to assign a higher level of risk if the negative partner wears a condom and enters someone who is antibody-positive:

- Non-Whites (3.9). Whites rate the risk involved with this practice considerably lower (3.0);
- Those who do not self-identify as homosexual/gay (3.9);
- Those who do not believe in response efficacy (3.6);
- Those who are not attitudinally predisposed toward unsafe sex (3.5);
- Those who live in the Polk Gulch (4.1).

**Vaginal Intercourse without a Condom is also Rated as Very Risky:**

The risk for an antibody-negative woman of engaging in vaginal intercourse with an antibody-positive male who does not use a condom is rated high, at 9.0. This is higher than in 1987, when respondents rated the overall risk of vaginal intercourse without a condom at 8.7. Respondents rated the risk of this practice at 7.2 in 1985, the first year respondents were asked about the risk of this practice.

Respondents rate the risk for an antibody-negative man having vaginal intercourse with an antibody-positive woman much lower (6.4).

The following are more likely to assign a lower level of risk to the practice of vaginal intercourse between an antibody-negative woman and an antibody-positive man:

- Those who would not refuse to have unprotected anal intercourse with a new partner (8.6);
- Those not attitudinally predisposed toward unsafe sex (8.9);
- Those who agree with unsafe social norms (6.0).

The following are more likely to assign a lower level of risk to the practice of vaginal intercourse between an antibody-negative man and an antibody-positive woman:

- Those who have lived in the city less than 15 years (6.2);
- Whites (6.1). Non-Whites rate the risk associated with this practice much higher (7.5);
- Those who believe they are at greater risk of being infected with the AIDS virus than other Bay Area people (5.5);
Those who would not refuse to have unprotected anal intercourse with a new partner (5.5);

Those who agree with unsafe social norms (6.0);

Those living in the Haight/Ashbury (5.4).

Rating of Oral Sex with Ejaculation is Lower than 1987:

During the past two years, there has been increasing controversy about the risk associated with oral sex. Not surprisingly, San Francisco gay and bisexual men rate the risk of this practice lower in 1989 than they did in 1987.

In 1989, respondents rate the risk associated with an antibody-negative partner swallowing the ejaculate of an antibody-positive partner at 7.1. In 1987, respondents rated the overall risk of oral sex with exchange of semen at 7.5. The level of risk associated with this practice had been rated even higher in 1984 (8.2).

Respondents believe the level of risk is greatly reduced if the antibody-positive person withdraws before ejaculation (4.9). They also believe that the risk for an antibody-negative partner who puts his penis into the mouth of someone who is antibody-positive is even lower (4.1).

The following are more likely to assign a lower level of risk to an antibody-negative man swallowing the ejaculate of one who is antibody-positive:

- Those whose annual income is $40,000 or higher (6.4);
- Whites (6.9). Non-Whites rate the risk associated with this practice much higher (7.7);
- Those who self-identify as homosexual/gay (6.9). Those who do not self-identify as homosexual/gay rate the risk associated with this practice much higher (8.0);
- Those not informed about AIDS risk factors (6.5);
- Those who believe they are at greater risk of being infected with the AIDS virus than other Bay Area people (6.6);
- Those who do believe in response efficacy (6.6).

The following are more likely to assign a higher level of risk to the practice of someone who is antibody-negative performing oral sex on someone who is antibody-positive but who does not ejaculate:

- Non-Whites (5.8). Whites rate the risk associated with this practice much lower (4.7);
- Those who are celibate (5.7);
Those who are antibody-negative and in a monogamous relationship with someone else who is antibody-negative (5.7);

Those informed about AIDS risk factors (7.0);

Those who believe they are at equal or less risk of being infected with the AIDS virus than other Bay Area people (5.3 each);

Those who do not believe in response efficacy (5.4);

Those who would refuse to have unprotected anal intercourse with a new partner (5.1).

The following are more likely to assign a higher level of risk to the practice of someone who is antibody-negative putting his penis into the mouth of someone who is antibody-positive:

Those whose annual income is $15,000 or less (4.9);

Non-Whites (5.7). Whites rate the risk associated with this practice much lower (3.7);

Those who have not used recreational drugs in the last year (4.6);

Those who are celibate (4.7);

Those who are antibody-negative and in a monogamous relationship with someone else who is antibody-negative (5.7);

Those informed about AIDS risk factors (6.4);

Those who believe they are at equal or less risk of being infected with the AIDS virus than other Bay Area people (4.4 and 4.6 respectively);

Those who do not believe in response efficacy (4.5);

Those who would refuse to have unprotected anal intercourse with a new partner (4.2).

The Level of Risk Associated with Oral/Anal Contact is Less than in 1987:

Respondents rate the risk associated for an antibody-negative partner of "rimming" an antibody-positive partner high -- at 7.5. However, in 1987, respondents rated the overall risk of oral/anal contact at 8.0, and in 1984, they rated the risk associated with this practice even higher, at 8.7. The risk respondents say is associated with an antibody-positive partner "rimming" an antibody-negative partner is lower, at 5.4.

The following are more likely to assign a lower level of risk to the practice of someone who is antibody-negative "rimming" someone who is antibody-positive:
Those who have engaged in unprotected anal intercourse in the last year (6.7);

Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (6.7);

Those not informed about AIDS risk factors (7.0);

Those who do believe in response efficacy (6.9).

The following are more likely to assign a lower level of risk to the practice of someone who is antibody-negative being "rimmed" by someone who is antibody-positive:

- Whites (5.1). Non-Whites rate this 6.8;
- Those who have engaged in unprotected anal intercourse in the last year (4.5);
- Those not informed about AIDS risk factors (4.5);
- Those who do believe in response efficacy (4.3);
- Those who would not refuse to have unprotected anal intercourse with a new partner (4.5).

The Level of Risk Associated with Fisting has also Decreased:

Respondents rate the risk associated with fisting at 6.4 if the antibody-negative partner is fisted by someone who is antibody-positive, and at 5.8 if the antibody-negative partner fists someone who is antibody-positive (1.3). In 1987, respondents rated the overall risk associated with this practice at 7.4. In 1984, the risk associated with this practice was virtually the same as in 1987 -- 7.6.

The following are more likely to assign a lower level of risk to the practice of someone who is antibody-negative fisting someone who is antibody-positive:

- Those who have engaged in unprotected anal intercourse in the last year (4.4);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (4.9), as well as those who have never made such a commitment (4.6);
- Those not informed about AIDS risk factors (5.0);
- Those who do believe in response efficacy (5.3);
- Those who would not refuse to have unprotected anal intercourse with a new partner (4.6).
The following are more likely to assign a lower level of risk to the practice of someone who is antibody-negative being fisted by someone who is antibody-positive:

- Those whose annual income is $40,000 or higher (5.6);
- Those who have engaged in unprotected anal intercourse in the last year (5.1);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (5.8), as well as those who have never made such a commitment (5.3);
- Those not informed about AIDS risk factors (5.7);
- Those who do believe in response efficacy (5.6);
- Those who would not refuse to have unprotected anal intercourse with a new partner (5.1).

### The Level of Risk Associated with Mutual Masturbation Remains Low:

Few respondents believe that there is any risk for an antibody-negative partner masturbating a man who is antibody-positive (1.5) or for an antibody-positive partner masturbating someone who is antibody-negative (1.3). In 1987 and 1984, respondents also rated the overall risk associated with this practice as very low (1.2 and 1.4 respectively).

The following are more likely to assign a higher level of risk to the practice of someone who is antibody-negative masturbating someone who is antibody-positive:

- Non-Whites (1.9);
- Those informed about AIDS risk factors (2.1);
- Those who do not believe in response efficacy (1.7).

The following are more likely to assign a higher level of risk to the practice of someone who is antibody-negative being masturbated by someone who is antibody-positive:

- Non-Whites (1.8);
- Those who do not self-identify as homosexual/gay (1.7);
- Those informed about AIDS risk factors (2.2).
9.3 Classification of Respondent Beliefs About the Risks Associated with Specific Sex Practices

Respondents were classified as "informed about AIDS risk factors" if they rated unprotected anal sex and unprotected vaginal sex as highly likely to transmit the AIDS virus to both the insertive and the receptive partner. Otherwise, they were classified as "not informed about all AIDS risk factors."

Seven in 10 (71%) were classified as not informed about all AIDS risk factors. Only 29% were classified as fully informed about AIDS risk factors.

The following are more likely to be not informed about AIDS risk factors:

- Whites (75%). Among non-Whites, just 53% are not informed;
- Those who believe in response efficacy (77%);
- Those who would not refuse to have unprotected anal intercourse with a new partner (84%);
- Those who agree with unsafe social norms (77%);
- Those living in the Haight/Ashbury (84%).
Classification of 1989 Respondent Beliefs About the Risks Associated With Specific Sex Practices

- Fully informed about 29% AIDS risk factors
- Not informed about all AIDS risk factors 71%

1969C N=401
(Question 98)
9.4 Beliefs about Instrumentality of Safe Sex Practices

Respondents were asked two questions to measure their beliefs about the efficacy of condom usage and mutual masturbation as HIV risk reduction strategies. They were asked to indicate whether or not they agreed with these statements by using a 10 point scale, with 1 meaning that they completely disagreed, and 10 that they completely agreed. Neither of these questions was asked in previous years.

When asked if they agreed that the AIDS virus could not be transmitted through anal intercourse if a latex condom were used and used properly, just 39% agreed (giving this statement a rating of 8, 9, or 10.) The mean score of all responses is 5.5.

The following are more likely to disagree with this statement:

- Those over 45 years of age (5.1);
- Non-Whites (4.9);¹
- Those who are celibate (4.3);
- Those informed about AIDS risk factors (4.6);
- Those who would refuse to have unprotected anal intercourse with a new partner (5.3);
- Those not attitudinally predisposed toward unsafe sex (5.2).

Most respondents believe that AIDS cannot be transmitted through mutual masturbation. (Eighty-two percent agree with this statement, rating it 8, 9, or 10.) The mean score of all responses to this statement is a very high 8.4.

The following are more likely to disagree with this statement:

- Those who have lived in the city less than two years (7.4);²
- Non-Whites (7.8). The mean score of all responses among Whites is 8.5;³
- Those who do not self-identify as homosexual/gay (7.5);
- Those who have never used intravenous drugs at any point in their life (8.2);
- Those informed about AIDS risk factors (7.7).

¹This is statistically significant at the 90% level of confidence.
²This is statistically significant at the 90% level of confidence.
³This is statistically significant at the 90% level of confidence.
FIGURE 9.4

1989 Respondent Beliefs About Instrumentality of Safe Sex Practices

AIDS virus cannot be transmitted by...

1989 N=401
(Question 99)
9.5 Classification of Respondent Beliefs about Efficacy of Safe Sex Response

When responses to both statements are considered together, 35% of respondents were classified as strong believers in the efficacy of condoms and mutual masturbation. Sixty-five percent were classified as not strong believers in the efficacy of these behavioral responses. There were no significant demographic or attitudinal differences on this variable.
Classification of 1989 Respondents
Beliefs About Efficacy of Safe Sex Response

- 35% Believe in response efficacy
- 65% Do not believe in response efficacy

1989: N=431
(Question 93a, 93b)
Beliefs About Personal Efficacy: Maintaining Limits with Primary Partner

Almost all respondents (87%) say they would refuse to have unprotected anal intercourse with a new primary partner of unknown antibody status. This question was not asked in previous studies.

The following are more likely to say they might have unprotected anal intercourse with such a partner:

- Those whose annual income is less than $15,000 (21%);
- Those who have engaged in unprotected anal intercourse in the last year (25%);
- Those who have never made a commitment to not engage in unprotected anal intercourse (39%);
- Those not informed about AIDS risk factors (14%). Among those informed about AIDS risk factors, just 5% say they might have unprotected anal intercourse with such a partner;
- Those who are attitudinally predisposed toward unsafe sex (23%);
- Those who agree with unsafe social norms (17%).
FIGURE 9.6

1989 Respondent Beliefs About Personal Efficacy: Maintaining Limits with Primary Partner

If primary partner wanted unsafe sex...

- 87% would always refuse to have unsafe sex
- 12% would depend on situation
- 2% would always refuse

1989: N=401
(Question 56)
9.7 Beliefs About Personal Efficacy: Maintaining Limits with Secondary Partners

Almost all respondents (88%) say they would also refuse to have unprotected anal intercourse with someone of unknown antibody status whom they were strongly attracted to and had just met. This question was not asked in previous studies.

The following are more likely to say they might have unprotected anal intercourse with such a partner:

- Those who have tested positive for the HIV-antibody (18%);
- Those who have engaged in unprotected anal intercourse in the last year (27%);
- Those who have never made a commitment to not engage in unprotected anal intercourse (35%);
- Those who are attitudinally predisposed toward unsafe sex (22%);
- Those who agree with unsafe social norms (17%).
FIGURE 9.7

1989 Respondent Beliefs About Personal Efficacy: Maintaining Limits with Secondary Partners

100%
80%
60%
40%
20%
0%

Would always refuse to have unsafe sex

If secondary partner wanted unsafe sex...

Would depend on situation

88%
12%

1959C N=401
(Question 57)
9.8 Classification of Respondent Beliefs about Personal Efficacy

Almost all (83%) respondents say that they would refuse to have unprotected anal intercourse both with a new primary partner of unknown antibody status and with someone of unknown antibody status whom they had just met. Only 17% say that there is a possibility that they would have unprotected anal intercourse with a new partner in either or both of these cases.

The following are more likely to say they would not always refuse to have unprotected anal intercourse with a new partner:

- Those who have engaged in unprotected anal intercourse in the last year (36%);
- Those not informed about AIDS risk factors (20%);
- Those who are attitudinally predisposed toward unsafe sex (29%).
FIGURE 9.8

Classification of 1989 Respondent Beliefs About Personal Efficacy

Would always refuse to have unprotected anal intercourse with a new partner of unknown antibody status

Would not always refuse to have unprotected anal intercourse with a new partner of unknown antibody status

N=401
(Questions 56, 57)
9.9 Beliefs About Unprotected Anal Sex as Practiced with Different Types of Partners

Respondents were asked a series of questions to determine whether or not they felt it was OK to engage in unprotected anal intercourse in four separate situations thought to be related to relapse: (1) between two partners who both said they tested positive; (2) between two partners who both said they tested negative; (3) if one partner was in his teens or 20's, even if his antibody status was unknown; and (4) if the insertive partner was negative. Respondents were read four statements, and asked whether or not they agreed with these statements by using a 10 point scale, with 1 indicating that they completely disagreed, and 10 indicating they completely agreed. None of these questions was asked in previous studies.

Few respondents believe it is OK to have unprotected anal intercourse in any of the situations described above, with just 2% to 8% agreeing with any of them (rating it 8, 9, or 10). As can be seen in Figure 9.6, the mean score of all responses ranges from a low of 1.4 to no more than 2.4.

Both Partners Positive:

The following are more likely to agree that it is OK to have unprotected anal intercourse with a new partner as long as each partner tells the other he is positive:

- Those who have lived in the city less than 11 years (2.7);
- Those who never have used intravenous drugs at any point in their life (2.5);
- Those who have engaged in unprotected anal intercourse in the last year (2.9);
- Those who are antibody-negative and in a monogamous relationship with someone else who is antibody-negative (3.4);
- Those who have never made a commitment to not engage in unprotected anal intercourse (3.2);
- Those who agree with unsafe social norms (3.0).
FIGURE 9.9

1989 Respondent Beliefs About Unprotected Anal Sex as Practiced with Different Types of Partners

It is OK to have unprotected anal sex if...

1989c N=401
(Question 99c,d,e,f)
Both Partners Negative:
The following are more likely to agree that it is OK to have unprotected anal intercourse with a new partner as long as each partner tells the other he is negative:

- Non-Whites (2.8). Whites rate this much lower (1.8);
- Those who have tested positive for the HIV-antibody (2.4);¹
- Those who would not refuse to have unprotected anal intercourse with a new partner (3.0);
- Those who agree with unsafe social norms (2.8).

Younger Partners:
The following are more likely to agree that it is OK to have unprotected anal intercourse with a new partner in his teens or 20's, even if his antibody status is unknown:

- Non-Whites (1.9). Whites are less likely to agree with this (1.3);
- Those who would not refuse to have unprotected anal intercourse with a new partner (2.2);
- Those who agree with unsafe social norms (1.7);
- Those who do not discuss safe sex with any sexual partners (1.7).

Insertive Partner Negative:
The following are more likely to agree that it is OK to have unprotected anal intercourse as long as the insertive partner is negative:

- Those in a primary relationship with another man (2.4);²
- Those who have engaged in unprotected anal intercourse in the last year (3.2);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (2.8), as well as those who have never made such a commitment (3.2);

¹This is statistically significant at the 90% level of confidence.
²This relationship is statistically significant at the 90% level of confidence.
Those not informed about AIDS risk factors (2.4);
Those who would not refuse to have unprotected anal intercourse with a new partner (3.9);
Those who agree with unsafe social norms (2.8).
9.10 Classification of Respondent Attitudes Toward Unsafe Sex

Respondents who believe that unprotected anal intercourse is OK in any or all of these four circumstances:

- if their partner is in his teens or 20's;
- if the insertive partner is negative;
- if both partners have told each other that they are positive;
- or if both partners have told each other that they are negative;

were classified as attitudinally predisposed toward unsafe sex. One-third (32\%) of all respondents were classified as attitudinally predisposed toward unsafe sex. The majority (68\%) were not.

The following are more likely to be attitudinally predisposed toward unsafe sex:

- Those who have lived in the city six to 10 years (43\%);
- Those 18 to 29 years of age (42\%);
- Non-Whites (43\%);
- Those who have used recreational drugs heavily in the last year (50\%);
- Those who are antibody-negative and in a monogamous relationship with someone else who is antibody-negative (50\%);
- Those who have engaged in unprotected anal intercourse in the last year (47\%);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (42\%), as well as those who have never made such a commitment (48\%);
- Those who would not refuse to have unprotected anal intercourse with a new partner (54\%);
- Those who agree with unsafe social norms (47\%).
Classification of 1989 Respondent Attitudes Towards Unsafe Sex

32% Attitudinally predisposed to unsafe sex in specific situations

68% Not attitudinally predisposed to unsafe sex in specific situations

1989 N=401
(Question 99 c - 99 f)
9.11 Respondent Beliefs About Group Norms

Major communications objectives of past AIDS prevention campaigns have been to change perceptions about group norms. In this study, respondents were asked to agree or disagree with a series of four statements measuring issues concerning group norms. Once again, respondents were asked whether or not they agreed with these statements by using a 10 point scale, with 1 indicating that they completely disagreed, and 10 indicating they completely agreed. None of these questions was asked in previous studies.

9.11a Unprotected Anal Intercourse with Negative Primary Partner

Two-thirds (68\%)\(^1\) do not believe that their friends would think it would be OK to have unprotected anal intercourse with an antibody-negative primary male partner. The mean score of all responses to this statement is 3.0.

The following are more likely to agree that most of their friends would sanction this behavior:

- Those in a primary relationship with another man (3.3);\(^2\)
- Those who have experienced no symptoms related to HIV infection in the last year (3.2);
- Those who have tested negative for the HIV-antibody (3.7);
- Those who have tested negative for the HIV-antibody (3.7);
- Those who have tested negative for the HIV-antibody (3.7);
- Those who are antibody-negative and in a monogamous relationship with someone else who is antibody-negative (5.4);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (3.6), as well as those who have never made such a commitment (4.2);
- Those not informed about AIDS risk factors (3.3);
- Those attitudinally predisposed toward unsafe sex (3.8).

---

\(^1\)Those rating this statement 1, 2, or 3.

\(^2\)This is statistically significant at the 90% level of confidence.

9-29
1989 Respondent Beliefs About Group Norms: Unprotected intercourse with Antibody-Negative Primary Partner

Most of my friends think it's OK to have unprotected anal sex with a primary partner who is antibody-negative

1989C  N=401
(Question 100a)
9.11b Unprotected Anal Intercourse for Insertive Partner

Six in 10 (61%)\(^1\) do not believe that their friends would think it would be OK to have unprotected anal intercourse with a new male partner as long as they were the insertive partner. The mean score of all responses to this is 2.1.

The following are more likely to agree that most of friends would think this was OK:

- Those who have tested negative for the HIV-antibody (2.4);

- Those who have used recreational drugs moderately in the last year (2.7);

- Those who would not refuse to have unprotected anal intercourse with a new partner (2.9);

- Those attitudinally predisposed toward unsafe sex (2.8).

\^1Those rating this statement 1, 2, or 3.
FIGURE 9.11b

1989 Respondent Beliefs About
Group Norms: Safety of Unprotected Anal
Intercourse for Insertive Partner

Most of my friends believe that it is OK for me to have unprotected anal intercourse with a new male partner as long as I take the active or insertive position.

(Question 100b)
9.11c Unprotected Anal Intercourse for Partners of Same Antibody Status

Over three-quarters (77%) do not believe that their friends would think it would be OK to have unprotected anal intercourse with a new male partner as long as both partners were the same antibody status. The mean score of all responses to this is 2.4.

The following are more likely to agree that most of their friends would think this was OK:

- Those who have lived in the city less than two years (3.2);
- Those who have used recreational drugs moderately in the last year (3.0); \(^2\)
- Those who are antibody-negative and in a monogamous relationship with someone else who is antibody-negative (4.0);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (2.9), as well as those who have never made such a commitment (3.4);
- Those not informed about AIDS risk factors (2.7);
- Those who would not refuse to have unprotected anal intercourse with a new partner (3.3);
- Those attitudinally predisposed toward unsafe sex (3.7).

\(^1\)Those rating this statement 1, 2, or 3.

\(^2\)This is statistically significant at the 90% level of confidence.
Most of my friends believe that it is OK for me to have unprotected anal intercourse with a new male partner as long as my partner has the same antibody status as I do.
9.11d Unprotected Anal Intercourse with Young Partners

Almost all (92%)\(^1\) do not believe that their friends would think it would be OK to have unprotected anal intercourse with a new male partner as long as the new partner was a young man in his teens or 20's. The mean score of all responses to this is 1.5.

The following are more likely to agree that their most of their friends would think this was OK:

- Those who have lived in the city less than six years (1.8);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (1.7), as well as those who have never made such a commitment (1.8);
- Those who would not refuse to have unprotected anal intercourse with a new partner (1.9);
- Those attitudinally predisposed toward unsafe sex (1.9).

\(^1\)Those rating this statement 1, 2, or 3.
FIGURE 9.11d

1989 Respondent Group Norms: Unprotected Anal Intercourse with Young Partners

Most of my friends believe that it is OK for me to have unprotected anal intercourse with a new male partner as long as my partner is a young man in his teens or 20's

(Question 100 d)
9.12 Classification of Respondent Beliefs About Unsafe Group Norms

Respondents who agree (rate their level of agreement 5 or more on a 10 point agreement scale) with any statement that their friends believe it is OK for them to have unprotected anal intercourse in one or more of the following situations:

- with a primary male partner who is antibody-negative;
- if they are the insertive partner;
- if their partner has the same antibody status as they do;
- if their partner is a young man in his teens or 20's;

were classified as agreeing with unsafe social norms. One-third (35%) of all respondents agree with unsafe social norms. The majority (65%) do not agree with unsafe social norms (rate their level of agreement 4 or less on a 10 point scale for all of the above statements).

The following are more likely to agree with unsafe social norms:

- Those who have lived in the city for less than two years (44%);
- Those who have used recreational drugs moderately in the last year (51%);
- Those who have combined drugs or alcohol with sex in the last 30 days (44%);
- Those who are antibody-negative and in a monogamous relationship with someone else who is antibody-negative (69%);
- Those who have never made a commitment to not engage in unprotected anal intercourse (54%);
- Those who are attitudinally predisposed toward unsafe sex (51%).
Classification of 1989 Respondent Beliefs About Unsafe Group Norms

- 35% Normatively predisposed to unsafe sex in specific situations
- 65% Not normatively predisposed to unsafe sex

1989 C N=401
(Question 100)
9.13 Beliefs About Enjoyability of Condom Usage

One-fifth (19%) agree that "using a condom during anal intercourse is a turn-off," rating this statement 8, 9, or 10. The mean score of all responses is 4.0. Half (52%) totally disagree with this statement, rating it 0, 1, or 2.

This question was first asked in 1984, and at that time 34% agreed with it and the mean score of all responses was 5.5. From 1984 until 1987, those agreeing with the statement steadily decreased -- to 13% in 1987 with a mean score of 3.5. From 1987 to 1989, however, the number of those agreeing with this statement has increased slightly, and, although it is still not near the levels seen in 1984, this is something that a future risk-reduction campaign may wish to address.

The following are more likely to agree that using a condom during anal intercourse is a turn-off:

- Those who have engaged in unprotected anal intercourse in the last year (5.2);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (4.7), as well as those who have never made such a commitment (5.0);
- Those not informed about AIDS risk factors (4.3);
- Those who would not refuse to have unprotected anal intercourse with a new partner (4.9);
- Those who are attitudinally predisposed toward unsafe sex (4.6);
- Those living in North Beach/Pacific Heights (5.1).
Respondent Beliefs About Enjoyability of Condom Usage: Data from Three Samples

Mean Level of Agreement with: Using a condom during anal intercourse is a turn-off

(Question 99g)
9.14 Beliefs About Development of An Effective Treatment for AIDS

One-quarter (27%) agree\(^1\) that an effective treatment or vaccine for AIDS will probably be developed in the near future. The mean score of all responses is 5.2. This represents an increase from 1987, when 17% agreed with this statement and the mean score of all responses was 4.1. This question was not asked in 1984, but, when it was first asked in 1985, the mean score of all responses was 5.6 -- slightly higher than the current level.

The following are less likely to believe that an effective treatment or vaccine will be developed in the near future:

- Those whose annual income is $40,000 or greater (4.4);
- Whites (4.8). Non-Whites are much more likely to agree with this (7.0);
- Those who do self-identify as homosexual/gay (5.1);\(^2\)
- Those who have tested negative for the HIV-antibody (4.8). Those who have tested positive or who have not taken the test are more likely to agree with this (5.6 each);
- Those who never have used intravenous drugs at any point in their life (5.1).

---

\(^1\)Those rating this statement 8, 9, or 10.

\(^2\)This is statistically significant at the 90% level of confidence.
1989 Respondent Beliefs About Development of an Effective Treatment

Mean Level of Agreement with:
An effective treatment or vaccine for AIDS will probably be developed in the near future

(Question 99 h)
Beliefs About Relationship Between Unsafe Sex and Alcohol/Drug Use

Half (54%) agree\(^1\) that they are more likely to have unsafe sex when using alcohol or drugs. The mean score of all responses is 6.7. This represents an increase in those agreeing with this statement since 1987, when 46% agreed with it and the mean score of all responses was 6.1. This question was first asked in 1985, and at that time the mean score of all responses was equal to what it is in 1989 -- 6.7.

The following are less likely to agree that they are more likely to have unsafe sex when using alcohol or drugs:

1. Those who use alcohol more than once a month (6.2);
2. Those who have combined drugs or alcohol with sex in the last 30 days (5.9).\(^2\)

\(^1\)Those rating this statement 8, 9, or 10.

\(^2\)This is statistically significant at the 90% level of confidence.
Respondent Beliefs About Relationship Between Unsafe Sex and Alcohol/Drug Use: Data from Two Samples

Mean Level of Agreement with:
When I use alcohol or drugs, I am more likely to have unsafe sex

(Question 99)

FIGURE 9.15
9.16 Beliefs about Partners' Reaction to Condom Usage

Few (6%) agree\(^1\) that a sex partner would think less of them for insisting on using condoms during anal sex. The mean score of all responses is 2.2. This question was first asked in 1987, and there has been no change in attitude on this item since that time.

The following are more likely to agree that a sex partner would think less of them for insisting on using a condom:

- Those who have lived in the city more than 15 years (2.8);
- Those who do not self-identify as homosexual/gay (2.8);\(^2\)
- Those who are attitudinally predisposed toward unsafe sex (2.6);
- Those who agree with unsafe social norms (2.6);
- Those who do not discuss safe sex with any sexual partners (3.1).

\(^1\)Those rating this statement 8, 9, or 10.

\(^2\)This is statistically significant at the 90% level of confidence.
FIGURE 9.16

Respondent Beliefs About Partners' Reaction to Condom Use: Data from Two Samples

<table>
<thead>
<tr>
<th></th>
<th>1987C N=201</th>
<th>1989C N=401</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completely agree</td>
<td>2.2</td>
<td>2.2</td>
</tr>
<tr>
<td>Completely disagree</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

Mean Level of Agreement with:
A sex partner will think less of me if I insist on using a condom for anal sex

(Question 99)
10. SUBSTANCE USE

10.1 Substance Use Problems Reported

Forty-two percent say they might have had a problem with the amount of drugs or alcohol they used at some point in their life. This includes 14% who say they have been in a drug or alcohol treatment program, and another 13% who say they have considered such treatment programs. These questions have not been asked in previous studies.

The following are more likely to say they might have had a problem with the amount of drugs or alcohol they have used at some point in their life:

- Those 35 to 45 years of age (50%);\(^1\)
- Those not in a primary relationship with a man (48%);
- Those who have experienced symptoms related to HIV infection in the last year (58%);
- Those who have tested positive for the HIV-antibody (56%). Those who have not taken the test are less likely to say they may have had such a problem in their life (33%);
- Those who have used intravenous drugs at some point in their life (70%);
- Those who are heavy and frequent users of alcohol (68%), as well as those who never drink alcohol (63%);
- Those who are celibate (50%);\(^2\)
- Those who believe they are at greater risk of being infected with the AIDS virus than other Bay Area people (48%).

\(^1\)This is statistically significant at the 90% level of confidence.

\(^2\)This is statistically significant at the 90% level of confidence.
'Percentage of 1989 Respondents Reporting Substance Use Problems

- No alcohol/drug problems reported: 58%
- Have sought treatment for alcohol/drug problems: 14%
- Have considered seeking treatment for alcohol/drug problems: 13%
- Reported problems with alcohol/drug use, have never considered seeking treatment: 15%

1989 N=401
(Question 67, 68, 69)
10.2 Frequency of Alcohol Usage

When asked how often they had a drink containing alcohol in the last year, one-fifth (19%) say almost every day or more. Another 20% say they have had three or four drinks per week in the last year, and one-quarter (23%) say they have had an alcoholic drink at least once or twice a week in the last year. Three in 10 (29%) say they have had an alcoholic drink just a few times a month in the last year, and 10% say they have not had any alcoholic beverages in the last year. This question has not been asked in previous studies.
FIGURE 10.2

Frequency of Alcohol Usage Among 1989 Respondents

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily/Almost Daily</td>
<td>19%</td>
</tr>
<tr>
<td>3-4 Times/Week</td>
<td>20%</td>
</tr>
<tr>
<td>1-2 Times/Week</td>
<td>23%</td>
</tr>
<tr>
<td>2-3 Times/Month</td>
<td>14%</td>
</tr>
<tr>
<td>Once a Month</td>
<td>5%</td>
</tr>
<tr>
<td>&gt; Once a Month</td>
<td>10%</td>
</tr>
<tr>
<td>Never</td>
<td>10%</td>
</tr>
</tbody>
</table>
10.3 Quantity of Alcohol Usage

Those who indicated they had an alcoholic drink in the last year were asked how many drinks they had when they did drink. Close to six in 10 (58%) say they had on average of one or two drinks. Another 30% say they usually had three or four drinks, and 11% say they had five or more drinks on average.
FIGURE 10.3

Quantity of Alcohol Usage Among 1989 Respondents

- 1-2 Drinks: 58%
- 3-4 Drinks: 30%
- 5-6 Drinks: 7%
- 7-8 Drinks: 1%
- 9-11 Drinks: 0%
- 12 or More Drinks: 3%

1959C N=361
(Question 59)
10.4 Classification of Alcohol Use

By combining responses from the questions presented in the last two sections, it is possible to determine not only how often respondents are drinking alcohol, but also how many drinks they are having when they do drink. This composite variable is presented in Figure 10.4. Half (54%) are classified as frequent/light drinkers (drinking at least once a week, with four or fewer drinks each time they drink). Seven percent are classified as frequent/heavy drinkers -- those who also drink at least once a week, but who, on average, have five or more drinks when they drink. One-fifth (20%) are infrequent drinkers, using alcohol just a few times a month. Ten percent are extremely infrequent users, using alcohol less than once a month. Another 10% say they never drink alcohol.

The following are more likely to say they are frequent/heavy drinkers:

- Those whose annual income is $15,000 or less (15%);
- Those 18 to 29 years of age (15%). Those over 45 years of age are more likely to say they never drink alcohol (15%).

In addition, the following are more likely to say they never use alcohol:

- Those who have not used recreational drugs in the last year (18%);
- Those who have used intravenous drugs at some point in their life (25%).
FIGURE 10.5

Classification of 1989 Respondent Alcohol Use

- Extremely Infrequent User: 10%
- Infrequent User: 20%
- Frequent Light User: 54%
- Frequent Heavy User: 7%
- Abstain: 10%

N = 401
10.5 Drug Usage in Last Year

Respondents were also asked how many times they had used marijuana, cocaine, speed, or nitrate inhalants in the last year. Of these four drugs, only marijuana is used by half (51%) of those surveyed for an average of 19.8 times in the last year. This is similar to results seen in 1987, when these questions were first asked.

One-quarter (24%) have used poppers at some point in the last year for an average of 4.6 times, a decrease from 1987, when 35% said they used this substance an average 5.5 times. One-fifth (18%) have used cocaine in the last year for an average of 1.0 times, a decrease from 1987, when 27% used this substance a total of 4.0 times. Thirteen percent say they have used speed at some point in the last year for a total of 1.2 times. This is also a decrease in usage of this substance since 1987, when 18% used this substance a total of 3.2 times.¹

¹This is statistically significant at the 90% level of confidence.
Mean Number of Times Specific Drugs Were Used in Last Year: Data from Two Samples

- Poppers in 1987: 5.5, 1989: 4.6
- Cocaine in 1987: 4, 1989: 1
- Speed/Crystal/Amph in 1987: 32, 1989: 1.2

(Question 60)
10.6 Classification of Recreational Drug Use

By combining the responses to the questions presented in the previous section, it can be determined how often San Francisco gay and bisexual men say they have used all four substances in the last year (marijuana, cocaine, speed, or nitrate inhalants). Thirty-seven percent have not used any of these substances in the last year, and one-fifth (18%) have used these substances only occasionally (one to four times). One-quarter (24%) have used these substances moderately (5 to 49 times), and another one-fifth (21%) have used these substances heavily (50 or more times) in the last year. The following are more likely to say they have used these substances heavily in the last year:

- Those 18 to 29 years of age (30%). Among those over 45 years of age, just 9% say they are heavy users of recreational drugs;
- Those who have used intravenous drugs at some point in their life (39%);
- Those who have engaged in unprotected anal intercourse in the last year (29%);
- Those who have never made a commitment to not engage in unprotected anal intercourse (35%).
Classification of 1989 Respondent Recreational Drug Use

- Have Not Used: 37%
- Used Occasionally: 18%
- Used Moderately: 24%
- Used Heavily: 21%
10.7 Needle-Injection Drug Usage in Lifetime

As has been found since this question was first asked in 1985, the vast majority (87%) of San Francisco gay and bisexual men report never using intravenous drugs. Thirteen percent of 1989 respondents say they have used intravenous drugs at some time in their life.

The following are more likely to say they have used intravenous drugs at some point in their life:

- Those whose annual income is $15,000 or less (25%);
- Those 35 to 45 years of age (20%);
- Those who have experienced symptoms related to HIV infection in the last year (31%);
- Those who have tested positive for the HIV-antibody (26%). Those who have tested negative and those who have not taken the test are less likely to have ever used intravenous drugs (10% and 5% respectively);
- Those who have used recreational drugs heavily in the last year (24%);
- Those who say they never drink alcohol (33%).
FIGURE 10.7

Percentage of Two Samples Reporting Needle-Injecting Drug Usage In Their Lifetime

1987: 15% (N=201)
1989: 13% (N=401)

(Question 61)
10.8 Number of Acquaintances Who Use Needle-Injection Drugs

Half (54%) of San Francisco gay and bisexual men say they know individuals who have used intravenous drugs at some point in their life. This includes one-fifth (19%) who know five or more such people. On average, San Francisco gay and bisexual men know 6.6 people who have used intravenous drugs at some point in their life. This question has not been asked in previous studies.

The following are likely to know a greater number of intravenous drug users:

- Those who have experienced symptoms related to HIV infection in the last year (14.8);
- Those who have tested positive for the HIV-antibody (12.2);
- Those who have used recreational drugs heavily in the last year (13.8);
- Those who have used intravenous drugs at some point in their life (26.7);
- Those who are heavy and frequent users of alcohol (17.1), as well as those who never drink alcohol (18.4).
FIGURE 10.8

Number of Acquaintances Who Use Needle-Injection Drugs as Reported by 1989 Respondents

1989C N=401
(Question 86)
10.9 Needle-Injection Drug Usage in Last Year

Few respondents (2%) say they have used intravenous drugs in the last year. In 1987, 3% said they had used intravenous drugs in the six months preceding the survey.

Because of the low number who reported using intravenous drugs in the last year, no crosstabular analysis has been conducted on this variable.

Drugs Injected in Last Year:

Those few respondents (nine men) who reported using intravenous drugs in the last year were asked which substances they had used. Because of the small number of men answering this question, no crosstabular analysis has been conducted on variables presented in this section. Extreme care should be taken in interpreting any of these results.

Of those injecting drugs in the last year, two-thirds (67%) had used crystal, one-fifth (22%) had used heroin, another one-fifth (22%) had used speed, and 11% had used cocaine. This question has not been asked in previous studies.

Needle-Sharing Behaviors:

Half (45%) of those who had used intravenous drugs in the last year say they shared needles with someone else, but all of these respondents also say they cleaned their needle with bleach before sharing needles. This is similar to results from previous surveys.
FIGURE 10.9

Needle-Injection Drug Usage in Last Year:
Results from Two Samples

<table>
<thead>
<tr>
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<th>1989C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Respondents Reporting Injecting Drugs In Last Year</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Number of Respondents Reporting Injecting:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heroin</td>
<td>NA</td>
<td>2</td>
</tr>
<tr>
<td>Cocaine</td>
<td>NA</td>
<td>1</td>
</tr>
<tr>
<td>Speed</td>
<td>NA</td>
<td>2</td>
</tr>
<tr>
<td>Crystal</td>
<td>NA</td>
<td>6</td>
</tr>
<tr>
<td>Number of Respondents Reporting Sharing Needles in Last Year</td>
<td>2</td>
<td>4</td>
</tr>
<tr>
<td>Number of Respondents Reporting Always Cleaning Needles with Bleach Before Sharing in Last Year</td>
<td>1</td>
<td>4</td>
</tr>
<tr>
<td>Number of Respondents Reporting Sometimes Cleaning Needle with Bleach Before Sharing in Last Year</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

(Question 62, 63, 64)
Combining Substance Use and Sex in Last 30 Days

Those who had had sex in the last 30 days with any partner were asked how many times they had used alcohol or recreational drugs while having sex. Half (52%) say they had used alcohol while having sex for an average of 2.3 times. This is similar to results seen in 1987, when 58% said they had used alcohol while having sex for an average of 2.9 times.

Three in 10 (30%) say they had used marijuana while having sex in the last 30 days, for an average of 1.2 times. One-fifth (18%) had used poppers while having sex in the last 30 days, for an average of 0.7 times. Figure 10.10 shows other substances that respondents had used while having sex in the last 30 days.

In 1987, respondents were simply asked if they had used drugs while having sex in the 30 days prior to the survey, and were not asked which drugs they had used. At that time, 35% said they had used drugs while having sex in the 30 days prior to the survey, for a total of 1.0 times.
FIGURE 10.10

Mean Number of Instances When Substance Use and Sex were Combined in Last 30 Days: 1989 Respondents

1989C N=264
(Question 53)
10.11 Classification of Sex and Drug Combining Behavior

By combining the responses to several questions, a composite variable can be created that shows how often San Francisco gay and bisexual men are combining alcohol and drugs while having sex. Figure 10.11 displays this composite variable. As can be seen, one-third (34%) of those who had sex in the last 30 days say they never used alcohol or drugs while they were having sex. An equal number (28%) used substances less than half the time they had sex during the last 30 days, and four in 10 (39%) say they had used alcohol or drugs 50% or more of the time they had sex in the last 30 days.

The following are more likely to be heavy combiners -- using alcohol or drugs at least 50% of the time they had sex in the last 30 days:

- Those over 45 years of age (49%);
- Those not in a primary relationship with a man (51%);
- Those who have engaged in unprotected anal intercourse in the last year (47%).
FIGURE 10.11

Classification of 1989 Respondents' Sex and Drug Combining Behavior

Light/Moderate Combiner
(Combines less than half the time)
28%

Heavy Combiner
(Combines more than half the time)
39%

Does Not Combine
34%

1989 N=401
11. HIV ANTIBODY TESTING

11.1 Attitudes Towards HIV Antibody Testing: Should SF Gay/Bisexual Men Take Test?

Three-quarters (75%) of San Francisco's gay and bisexual men believe that San Francisco gay and bisexual men should be encouraged to be tested for the HIV-antibody. Eight percent say gay/bisexual men should not be encouraged to take the test, and 14% say it depends on the situation. This question has not been asked in previous studies.

The following are more likely to say that San Francisco's gay and bisexual men should be encouraged to be tested:

- Those who have lived in the city less than two years (88%);
- Those who have already been tested for the HIV-antibody (84%). Even among those who have not been tested for the HIV-antibody, however, half (53%) say that San Francisco gay and bisexual men should be tested;
- Those who agree with unsafe social norms (80%);¹
- Those who discuss safe sex with some or all sexual partners (79%);
- Those living in the Castro/Noe Valley (83%).

The following are more likely to say that San Francisco's gay and bisexual men should not be encouraged to be tested:

- Those who have lived in the city all of their life (18%);²
- Those who have not been tested for the HIV-antibody (18%).

¹This is statistically significant at the 90% level of confidence.
²This is statistically significant at the 90% level of confidence.
1989 Respondent Attitudes Towards HIV Antibody Testing: Should SF Gay/Bisexual Men Take the Test?

- Yes: 75%
- Not Sure/DK: 4%
- Depends on Situation: 14%
- No: 8%

1969C N=401
(Question 70)
11.2 Attitudes Towards HIV Antibody Testing: Reasons for Taking the Test

Those who believe that San Francisco gay and bisexual men should be encouraged to be tested for the HIV-antibody (75% of the sample) were asked in an open-ended question why they had this opinion. Respondents were allowed to give up to three responses.

One-third (32%) say that AIDS can be treated with AZT, and that is why gay and bisexual men should be encouraged to take the test. One-quarter (25%) say it is important that men know if they are a danger to someone else, and another one-fifth (19%) say getting tested might help a person to no longer engage in unsafe sex.

Additional responses can be seen in Figure 11.2. A full listing of responses to this question can be found in the appendix to the interview schedule.
1989 Respondent Attitudes Towards HIV Antibody Testing: Reasons for Taking the Test

- Can treat with AZT: 32%
- To know if they are a danger to someone else: 25%
- Can stop having unsafe sex: 19%
- Can slow progress of AIDS: 14%
- You can change lifestyle: 13%
- Can get health care if positive: 13%

1989 N=301
(Question 71)
11.3 Attitudes Towards HIV Antibody Testing: Reasons for Not Taking the Test

Those who did not believe that San Francisco gay and bisexual men should be encouraged to be tested for the HIV-antibody (8% of the sample) were asked in a similar open-ended question why they had this opinion. Respondents were allowed to give up to three responses. Because of the small number of respondents who actually answered this question, extreme care should be exercised in interpreting these results.

Half (47%) say the decision to be tested is a personal one, and should be the choice of each individual. One-quarter (23%) say that some people may "give up on life" upon learning they are positive, and another 23% say that some people might not be able to handle the knowledge of whether or not they are positive.

Additional responses can be seen in Figure 11.3. A full listing of responses to this question can be found in the appendix to the interview schedule.
1989 Respondent Attitudes Towards HIV Antibody Testing: Reasons for Not Taking the Test

- **Personal and private choice/Should be individual choice**: 47%
- **If positive, people may give up on fight for life**: 23%
- **Depends on person's ability to handle results**: 23%
- **Knowing doesn't help them**: 17%
- **Knowledge of HIV causes stress, destroys immunity**: 10%
- **If positive, people become paranoid/freaked out, think they have it**: 7%
- **People are afraid of knowing**: 3%

1989C N=30
(Question 71)
11.4 Antibody Test Utilization: Percentage Tested

Three-quarters (74%) indicate they have been tested for the HIV-antibody. This is more than double the number that said they had been tested in 1987 (35%). One-quarter (26%) say they have not been tested for the HIV-antibody.

The following are less likely to have been tested:

- Those who have lived in San Francisco more than 15 years (40%) or all of their life (39%);
- Those whose annual income is $15,001 to $40,000 (30%);
- Those 18 to 29 years of age (35%) or over 45 years of age (47%). Among those 30 to 45 years of age, just 16% have not been tested;
- Those who do not self-identify as homosexual/gay (36%);
- Those who have never used intravenous drugs at any point in their life (28%). Among those who have used intravenous drugs, just 9% have not been tested;
- Those who are heavy and frequent users of alcohol (32%);
- Those who are celibate (42%);
- Those who do not discuss safe sex with any sexual partners (43%);
- Those living outside of the Castro/Noe Valley (31%). In the Castro/Noe Valley, just 12% have not been tested.

1Those who had previously disclosed that they had AIDS or ARC are also included in this figure.
Antibody Test Utilization: Percentage Tested in Two Samples

(Question 74)
11.5 Antibody Test Utilization: Dates of Testing

Most men were tested in 1989 (29%), 1988 (34%), or 1987 (27%), with many indicating they have been tested in more than one year, and some saying they get tested more than once a year. No crosstabular analysis has been performed on these variables.
Antibody Test Utilization:
Dates of Testing Among 1989 Sample

1989: 29%
1988: 34%
1987: 27%
1986: 15%
1985: 9%
Before 1985: 4%
Refused/NA: 1%
Not Asked: 37%
11.6 Antibody Test Utilization: Testing Sites Used

Of those who have been tested (74% of the sample), 35% have been tested at District Health Center #1. An additional 15% have been tested at another city clinic, 16% have been tested by a private physician, 8% have been tested in conjunction with a research project, 15% have been tested non-anonymously at a public clinic or hospital, and 15% say they have been tested by another means.

The following are more likely to have been tested at District Health Center #1:

- Those who have lived in the city six to 10 years (51%) or all of their life (53%);
- Those 30 to 35 years of age (45%);
- Those living in the Castro/Noe Valley (52%).
Antibody Test Utilization: Testing Sites Used

- Dist HC #1 (Castro) - 35%
- Other City Clinic - 15%
- Private Physician - 16%
- Non-Anon Clinic/Hosp - 15%
- Research Project - 8%
- Other - 15%

1989C N=401
(Question 76)
11.7 Percentage Reporting Positive Test Result

One-quarter (26%)\(^1\) of San Francisco's gay and bisexual male population have tested positive for the HIV-antibody. This includes those already diagnosed with AIDS or ARC. Two percent refused to answer or were not sure of their antibody status. Close to half (46%) say they have tested negative, and 26% had previously told us they had not been tested. In 1987, just 10% had said they had tested positive, but an additional 19% said they thought they would test positive.

The following are more likely to say they had tested positive:

- Those who have lived in the city six to 10 years (39%);
- Those 30 to 45 years of age (37%). Among those 18 to 29 years of age, just 9% say they are positive, and among those over 45 years of age, 11% say they are positive;
- Those who have used intravenous drugs at some point in their life (53%). Among those who have never used intravenous drugs at any point in their life, 22% say they have tested positive to the HIV-antibody;
- Those who discuss safe sex with some or all sexual partners (29%). Among those who do not discuss safe sex with any sexual partners, 17% say they have tested positive to the HIV-antibody;
- Those living in the Castro/Noe Valley (41%). Outside of this neighborhood, sero-prevalence is much lower (23%).

This percentage of self-identified HIV-positives is substantially lower than the 50% sero-prevalence estimates for this population generated in the mid-1980's. However, it is not incompatible with the earlier sero-prevalence estimate for a number of reasons. First, the 2% refusing to disclose their sero-status may be HIV-positive but unwilling to disclose it. Second, if the untested are infected in the same proportion as those currently tested, then sero-prevalence would currently be 38%. It is possible, however, that the proportion of infected individuals among those untested is greater than among the tested. Our data indicate that untested respondents are more likely than the sample as a whole to report unprotected anal intercourse in the last year.

Also, it is likely that the 1989 population of openly gay/bisexual men is very different from the mid-1980's population. The study suggests that there are large numbers of newly-arrived gay male immigrants to San Francisco. These men were not available for study in the mid-1980's. There has also been an out-migration of undetermined size and a high rate of HIV-related mortality.

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\(^1\)Before rounding, this figure is 25.69%.
FIGURE 11.7

Percentage of Two Samples Reporting Positive Test Result

(Question 77)
11.8 Likely Utilization of Antibody Test Among Those Not Tested

Those who had not been tested for the HIV-antibody (26% of the sample) were asked how likely it was that they would be tested in the next year. Half (51%) say it is likely they will be tested in the next year, including one-quarter (24%) who say it is very likely they will be tested in the next year. Forty-nine percent say they do not intend to get tested, including 22% who say it is not at all likely they will be tested in the next year.

The following are more likely to say it is very likely they will be tested in the next year:

- Non-Whites (44%);\(^1\)
- Those not in a primary relationship with another man (32%). Among those in a primary relationship, just 11% say they would be very likely to take the test in the next year;
- Those who believe they are at greater risk of being infected with the AIDS virus than other Bay Area people (33%);\(^2\)
- Those who discuss safe sex with some or all sexual partners (32%).

The following are more likely to say it is somewhat likely they will be tested in the next year:

- Those who have lived in the city less than 11 years (37%);
- Those 18 to 35 years of age (37%);
- Those in a primary relationship with another man (40%);
- Those who believe they are at greater risk of being infected with the AIDS virus than other Bay Area people (43%);
- Those who discuss safe sex with some or all sexual partners (37%).

The following are more likely to say it is not likely they will be tested in the next year:

- Those over 45 years of age (68%);
- Those who are celibate (77%);
FIGURE 11.8

Likely Utilization of HIV Antibody Test Among Those Not Tested: Results from 1989 Sample

Somewhat Likely 27%
Very Likely 24%
NS/Ref 4%
Not Very Likely 27%
Not At All Likely 22%

1989 N=101
(Question 93)
Those who believe they are at less risk of being infected with the AIDS virus than other Bay Area people (63%);

Those predisposed toward unsafe sex (62%);

Those who do not discuss safe sex with any sexual partners (76%).

1 This is statistically significant at the 90% level of confidence.
11.9 Probable Testing Site Among Untested Who Are Likely to be Tested Next Year

Those who indicate it is likely they will be tested for the HIV-antibody in the next year (13% of the sample) were asked where they would go to take the test. Eighteen percent say they would go to a private physician, 16% say they would go to a non-anonymous public clinic or hospital, and 14% say they would go to District Health Center #1. One-quarter (23%) say they would not be sure where to go to be tested. Because of the low number of respondents answering this question, crosstabular analysis has not been conducted on this variable.
FIGURE 11.9

Probable Testing Site Among Untested Respondents Who Are Likely to be Tested in the Next Year: 1989 Sample

Private Physician: 18%
Non-Anom Clinic/Hosp: 16%
Dist HC #1 (Castro): 14%
Not Sure: 23%

1989C N=52
(Question 94)
11.10 Estimated Sero-status of Those Not Tested

Those who had not been tested for the HIV-antibody (26% of the sample) were asked whether they thought they would test positive or negative to the HIV-antibody if they were to be tested. Almost all of these men (79%) think they would test negative to the HIV-antibody. Eight percent believe they would test positive, and 13% are not sure if they would test positive or negative.

In 1987, results to this question were very different. At that time, 65% of the population still had not been tested, and 29% of those who had not been tested said they thought they would test positive. However, if the numbers are recomputed to reflect percentage of the entire population, results from the two years are remarkably similar. In 1987, 10% of the entire population tested positive, and another 19% said they thought they would test positive, for a total of 29%. In 1989, 26% say they have tested positive, and another 2% say they think they would test positive, for a total of 28%.

The following are more likely to think they would test positive to the HIV-antibody:

- Those who have lived in the city six to 10 years (33%);
- Those 30 to 35 years of age (21%);¹
- Those informed about AIDS risk factors (13%);
- Those who believe they are at greater or equal risk of being infected with the AIDS virus than other Bay Area people (14% and 13% respectively).²

¹This is statistically significant at the 90% level of confidence.
²This is statistically significant at the 90% level of confidence.
FIGURE 11.10

Estimated Sero-status of Those Not Tested: Data from Two Samples

(Question 95)
11.11 Reasons for Not Taking the Test

Those who had not been tested for the HIV-antibody (26% of the sample) were asked in an open-ended question why they had not been tested. Respondents were allowed to give up to three responses to this question. Half (47%) say they have not been tested because they are fearful of insurance being denied. An additional one-third (35%) say they are fearful of the results, and 20% say they see no reason to be tested because their health is currently fine.

Additional responses can be seen in Figure 11.11. A full listing of responses to this question can be found in the appendix to the interview schedule.
Leading Reasons for Not Taking the Test Among 1989 Respondents

1989 N=105
(Question 92)
11.12 Antibody Status of Primary Partner

Close to three-quarters (72%) of those in a primary relationship with another man say that their partner has taken the HIV antibody test. One-quarter (23%) are in a primary relationship with a man who has tested positive to the HIV-antibody, and 46% are in a primary relationship with a man who has tested negative to the HIV-antibody.

The following are more likely to say that their partner has not been tested for the HIV-antibody:

- Those respondents who themselves have not been tested for the HIV-antibody (76%);
- Those who have engaged in unprotected anal intercourse in the last year (44%);
- Those who do not discuss safe sex with any sexual partners (38%).

The following are more likely to say their primary partner has tested positive:

- Those who have experienced symptoms related to HIV infection in the last year (50%);
- Those who have tested positive for the HIV-antibody (46%).

In addition, those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment are more likely to say their primary partner has tested negative (59%).

Half (46%) of those in a primary relationship with a woman say their partner has been tested, and all of these women have tested negative.

One-third (31%) of those in a primary relationship with another man report that both partners are negative. One-fifth (22%) are in a primary relationship with another man in which one partner has tested positive and the other has tested negative. Thirteen percent are in a primary relationship with another man in which both partners are positive, and 17% are in a primary relationship with another man in which neither partner knows his antibody status. Seventeen percent are in a relationship in which one partner knows his antibody status, and the other does not.

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1 This is statistically significant at the 90% level of confidence.
FIGURE 11.12

Antibody Status of Primary Partner: 1989 Sample

Male Partner 1989C N=161
- Positive: 23%
- Negative: 46%
- Not Sure/Ref: 3%
- Not Tested: 26%

Female Partner 1989C N=11
- Negative: 46%
- Not Tested: 55%

(Question 96, 97)

Antibody Status of Both Partners in Primary Male Relationships: 1989 Sample

- Positive/Unknown: 22%
- Positive/Positive: 13%
- Negative/Unknown: 13%
- Negative/Negative: 31%
- Unknown/Unknown: 17%
12. STATE OF HEALTH

12.1 Self-Perception of State of Overall Health

As has been the case in all previous studies, the majority of San Francisco gay and bisexual men (88%) say they are in a positive state of health, rating their health excellent (40%), very good (29%), or good (19%). Just 12% say their health is fair or poor. Question wording was changed between 1987 and 1989, so direct comparisons are not possible. However, almost all rated their health excellent or good in both 1987 and 1984 (90% and 92% respectively), so it would appear there has been no change in how San Francisco gay and bisexual men rate their overall state of health.

The following are more likely to say their health is fair or poor:

- Those whose annual income is less than $15,000 (25%);
- Those who do not self-identify as homosexual/gay (18%);
- Those who have experienced symptoms related to HIV infection in the last year (45%);
- Those who have tested positive for the HIV-antibody (28%);
- Those who have used intravenous drugs at some point in their life (26%);
- Those who have an alcoholic drink less than once a month (32%), as well as those who are heavy and frequent users of alcohol (22%).
1989 Respondents' Self-Perception of Overall Health

- Excellent: 40%
- Very Good: 29%
- Good: 19%
- Fair: 7%
- Poor: 5%

1989 N=401

(Question 1)
12.2 AIDS/ARC Diagnosis

The incidence of AIDS in 1989 is 4%. In 1987 it was 3%. The following are more likely to have AIDS:

- Those whose annual income is less than $15,000 (11%);
- Those who have used intravenous drugs at some point in their life (11%);
- Those who have an alcoholic drink less than once a month (13%);
- Those who are celibate (13%).

The incidence of ARC is 6%, an increase from 1987 when it was 3%. The following are more likely to have ARC:

- Those whose annual income is less than $15,000 (11%);
- Those 30 to 45 years of age (11%). No men younger than 30 or older than 45 say they have ARC;
- Those who self-identify as homosexual/gay (7%). Among those who do not self-identify as homosexual/gay, just 2% say they have ARC;
- Those who have used intravenous drugs at some point in their life (15%);
- Those who have an alcoholic drink less than once a month (13%);
- Those living in the Castro/Noe Valley (13%);
- Those who are celibate (13%).

1In 1987, 2.99% of the sample said they had been diagnosed with AIDS. In 1989, this figure is 4.24%. This increase is not statistically significant.

2In 1987, 2.99% of the sample said they had been diagnosed with ARC. In 1989, this figure is 6.23%. This increase is statistically significant.

3This is statistically significant at the 90% level of confidence.
FIGURE 12.2

Percentage of Three Samples Reporting AIDS/ARC Diagnosis

<table>
<thead>
<tr>
<th>Year</th>
<th>AIDS (N)</th>
<th>ARC (Not asked in 1984)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1984</td>
<td>2%</td>
<td></td>
</tr>
<tr>
<td>1987C</td>
<td>3%</td>
<td></td>
</tr>
<tr>
<td>1989C</td>
<td>4%</td>
<td></td>
</tr>
</tbody>
</table>

(Question 72, 73)
12.3 Symptoms of HIV Infection and Their Severity

Thirteen percent say they have experienced symptoms related to HIV infection in the last year, including 6% who say this has prevented them from working or has disabled them in some other significant way. This question was not asked in previous years.

The following are more likely to say they have experienced symptoms related to HIV infection in the last year:

- Those whose annual income is less than $15,000 (25%);  
- Those 30 to 45 years of age (19%);  
- Those who have used intravenous drugs at some point in their life (31%);  
- Those who have an alcoholic drink less than once a month (30%);  
- Those who are celibate (19%);  
- Those who have made a commitment to not engage in unprotected anal intercourse and have kept that commitment (16%).

12-5
Symptoms of HIV Infection and Their Severity: 1989 Respondents

- No Symptoms Reported: 40%
- Disabling Symptoms Reported: 6%
- Non-Disabling Symptoms Reported: 7%
- NS/Ref: 1%
- Tested Negative on HIV Antibody Test: 46%

1989C N=401
(Question 78, 79)
12.4 Reported Number of T-Cells Among 1989 Respondents Treated for HIV Infection

Of those who say they were treated for HIV infection in the last year (15% of the sample), almost all (97%) say they have had their T-cell levels checked. Because so few people were asked the two questions discussed in this section, no crosstabular analysis has been completed on the responses.

Of those who have been treated, 28% say their T-cell level is less than 200, half (50%) say it is 200 to 499, and 17% say it is 500 or over.

Neither of these questions was asked in previous studies.
FIGURE 12.4

Reported Number of T-Cells Among 1989 Respondents Treated for HIV Infection

- Less than 200: 28%
- 200-499: 50%
- 500 or over: 17%
- NS/DK: 5%

1989 C N=60
(Question 90)
12.5 Reported Frequency of Nervousness

A brief battery of screening items for detecting depressive disorders was incorporated into the instrument and administered to all respondents.\(^1\) These data are summarized in the following, final sections of Chapter 12. We have only reported frequency distributions on these variables. Subsequent analysis would entail construction of a scale and examination of the relationships between depressive disorders and various attitudes and behaviors.

When asked how much of the time they had been nervous in the last month, four in 10 respondents (39%) say a little of the time, and 28% say some of the time. Eleven percent say they have been nervous a good bit of the time, and just 9% say they have been nervous most or all of the time. Twelve percent say they have not been nervous. This question was not asked in previous studies.

The following are more likely to say they have been nervous most or all of the time:

- Those who have lived in the city all of their life (21%);\(^2\)
- Those who do not self-identify as homosexual/gay (20%);
- Those who are heavy and frequent users of alcohol (21%);
- Those who agree with unsafe social norms (15%).

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\(^1\)The battery was developed by M. Audrey Burnam, Ph.D., of the Rand Corporation along with colleagues at the University of California, Los Angeles.

\(^2\)This is statistically significant at the 90% level of confidence.
Reported Frequency of Nervousness Among 1989 Respondents

- Some of the time: 28%
- A good bit of the time: 11%
- Most/All of the time: 9%
- None of the time: 12%
- A little of the time: 39%
12.6 Reported Frequency of Calmness

When asked how much of the time they have been calm and peaceful in the last month, four in 10 (37%) respondents say all or most of the time, and 23% say a good bit of the time. One-quarter (27%) say they have been calm and peaceful just some of the time. Eleven percent say they have been calm and peaceful a little of the time, and just 1% say they have not been calm and peaceful in the last month. This question was not asked in previous studies.

The following are more likely to say they have been calm and peaceful just a little of the time during the last month:

- Those whose annual income is less than $15,000 (23%);
- Those who do not self-identify as homosexual/gay (24%);
- Those who have used recreational drugs heavily in the last year (21%).
FIGURE 12.6

Reported Frequency of Calmness Among 1989 Respondents

Most/All of the time: 37%
A good bit of the time: 23%
Some of the time: 27%
A little of the time: 11%
None of the time: 1%

1989 N=401
(Question 103)
12.7 Reported Frequency of Happiness

Half (49%) of respondents say they have been happy most or all of the time during the last month. One-fifth (21%) say they have been happy a good bit of the time, and another one-fifth (22%) say they have been happy some of the time. Just 7% say they have been happy a little of the time, and no respondents say they have not been happy at all in the last month. This question was not asked in previous years.

The following are more likely to say they have been happy only some or little of the time in the last month:

- Those whose annual income is less than $15,000 (46%);
- Those not in a primary relationship with another man (35%);
- Those who have used intravenous drugs at some point in their life (42%).
FIGURE 12.7

Reported Frequency of Happiness Among 1989 Respondents

Most/All of the time 49%

A good bit of the time 21%

A little of the time 7%

Some of the time 22%

1989 N = 401
(Question 105)
12.8 Reported Frequency of Depression

Few respondents say they have felt down-hearted and blue in the last month. Just 12% of respondents say they have felt down-hearted or blue a good bit of the time or more in the last year. One-quarter (25%) say they have felt this way some of the time, half (47%) say they have felt this way a little of the time, and 17% say they have not felt this way in the last month. This question was not asked in previous years.

The following are more likely to say they have felt down-hearted and blue a good bit of the time or more during the last month:

- Those whose annual income is less than $15,000 (18%);
- Those predisposed toward unsafe sex (18%).

In addition, those who have experienced symptoms related to HIV infection in the last year are more likely to say they felt down-hearted and blue some of the time (40%).
FIGURE 12.8

Reported Frequency of Depression Among 1989 Respondents

Some of the time
25%

A little
47%
of the time

A good bit/
Most of the time
12%

Most of the time
17%

None of the time

1989 N=401
(Question 104)
12.9 Reported Frequency of Extreme Depression

Few respondents say they have felt so down in the dumps in the last month that nothing could cheer them up. Ten percent say they have felt this way at least some of the time, and 24% say they have felt this way a little of the time. Two-thirds (66%), however, say they have not felt this way at all in the last month. This question was not asked in previous studies.

The following are more likely to say they have felt so down in the dumps that nothing could cheer them up at least some of the time during the last month:

- Those whose annual income is less than $15,000 (19%);
- Those who do not self-identify as homosexual/gay (20%);
- Those who have experienced symptoms related to HIV infection in the last year (21%);
- Those who are celibate (19%).

\(^1\)This is statistically significant at the 90% level of confidence.

12-17
Reported Frequency of Extreme Depression Among 1989 Respondents

- A little of the time: 24%
- Some of the time: 10%
- None of the time: 66%

1989 N=401
(Question 106)
13. TREATMENT FOR HIV DISEASE

13.1 Treatment for HIV Infection

Fifteen percent of the total sample say they have been treated for HIV infection in the last year. However, of those who have tested positive to the HIV-antibody and who have not progressed to a disease state (no ARC or AIDS diagnosis), just 36% have received treatment in the last year. Sixty-four percent of positives without AIDS or ARC have not received treatment.

Among these positives without AIDS or ARC, the following are more likely to say they have not received treatment in the last year:

- Those who have lived in the city 11 to 15 years (87%);¹
- Those in a primary relationship with another man (77%);²
- Those who self-identify as homosexual/gay (72%);
- Those who have not experienced symptoms related to HIV infection in the last year (71%);
- Those who have used recreational drugs heavily in the last year (79%) as well as those who have not used drugs at all (80%);
- Those who have engaged in unprotected anal intercourse in the last year (100%);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (100%), as well as those who have never made such a commitment (89%).

¹This is statistically significant at the 90% level of confidence.
²This is statistically significant at the 90% level of confidence.
FIGURE 13.1

Percentage of 1989 Sample Reporting Treatment For HIV Infection

- Did not receive treatment: 39%
- Received treatment: 15%
- NS/Ref: 1%
- Reported negative test result on HIV antibody test: 46%

N=401
(Question 60)
13.2 Types of Treatment Received

Those respondents who had received treatment were asked what types of treatment they had received. Two-thirds (65%) say they are currently being treated with AZT. One-third (32%) are being treated by drugs such as aerosolized pentamidine to prevent opportunistic infections, and another 25% say they are using such drugs to treat opportunistic infections. Twelve percent say they are receiving experimental drugs such as DDI or Compound Q.

Because the number of those who answered this and the remaining questions in this section was so low, few attitudinal and demographic differences are statistically significant. In this section, there were no demographic or attitudinal differences that were statistically significant.
FIGURE 13.2

Percentage of 1989 Sample Receiving Different Types of Treatment

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>AZT</td>
<td>65%</td>
</tr>
<tr>
<td>Drugs to prevent opportunistic infections</td>
<td>32%</td>
</tr>
<tr>
<td>Drugs to treat opportunistic infections</td>
<td>25%</td>
</tr>
<tr>
<td>Vitamin therapy or special diet</td>
<td>23%</td>
</tr>
<tr>
<td>Acupuncture or acupressure</td>
<td>13%</td>
</tr>
<tr>
<td>Other alternative therapies</td>
<td>23%</td>
</tr>
<tr>
<td>Experimental drug (such as DDI, Compound Q)</td>
<td>12%</td>
</tr>
<tr>
<td>Other</td>
<td>27%</td>
</tr>
</tbody>
</table>

1989C N=60
(Question 81)
13.3 Utilization of HIV Treatment Providers

Those respondents who said they had received treatment for HIV infection were asked where they had gone to receive that treatment. Half (47%) said they had gone to a private physician's office. One-fifth (22%) said they had used San Francisco General Hospital, and an equal number (18%) say they used Ralph K. Davies Medical Center. A full listing of responses to this question can be seen in Figure 13.3. Forty percent indicated they went to a variety of other hospitals and clinics in and around San Francisco.

Crosstabular analysis is difficult because so few respondents answered this question. However, some differences are apparent:

The following were more likely to have used San Francisco General:
  o Those whose annual income is less than $15,000 (50%);
  o Those who agree with unsafe social norms (41%).

Non-Whites (43%) were more likely to have used Pacific Presbyterian Medical Center.

The following were more likely to have used a private physician:
  o Those whose annual income is $40,000 or greater (78%). Among those whose annual income is less than $15,000, just 20% have been treated by a private physician;
  o Those who have never used intravenous drugs at any point in their life (60%). Among those who have used intravenous drugs at some point in their life, just 22% have been treated by a private physician in the last year.
FIGURE 13.3

Utilization of HIV Treatment Providers: 1989 Data

Private Doctor  47%
SF General  22%
Ralph K. Davies  18%
Kaiser  13%
VA Hospital/Clinic  12%
Pacific Presbyterian  10%
St. Mary's  2%
Mt. Zion  0%
Other  40%

1989C N=60
(Question 82)
13.4 Utilization of HIV Treatment Practitioners: Medical Doctors

A majority (58%) of those who have been treated for HIV infection say they see a medical doctor about once a month. One-fifth (22%) say they see a doctor less than once a month, and an equal number (19%) say they see a doctor more than once a month.

There were no attitudinal or demographic differences associated with this variable that were statistically significant.
Utilization of HIV Treatment Practitioners: Medical Doctors
1989 Data

- More than once/week: 2%
- Weekly: 7%
- Every other week: 10%
- Once a month: 58%
- Less than once/month: 22%
- Not sure/ref: 2%

1989: N=60

(Question 83)
13.5 Utilization of HIV Treatment Practitioners: Mental Health Professionals

Close to three-quarters (72%) say they have not used a mental health professional like a psychiatrist or psychologist for HIV-related issues in the last year.

There were no attitudinal or demographic differences associated with this variable that were statistically significant.
Utilization of HIV Treatment Practitioners: Mental Health 1989 Data

- More than once/week: 3%
- Weekly: 7%
- Every other week: 3%
- Once a month: 5%
- Less than once/month: 7%
- Never: 72%
- Not sure/ref: 4%

1989 N=60 (Question 64)
13.6 Extent of Multiple Practitioner Utilization

Six in ten (60%) say they see only one physician on a regular basis. Forty percent say they regularly see more than one physician.

There were no attitudinal or demographic differences associated with this variable that were statistically significant.
FIGURE 13.6

Extent of Multiple Practitioner Utilization: 1989 Sample

- 40% Uses more than one practitioner regularly
- 60% Uses only one practitioner regularly

1989 N=60
(3uestion 85)
13.7 Hospital Utilization for AIDS and ARC

Seven percent of those who have been treated for HIV infection say they have been hospitalized overnight in the last year for an AIDS-related illness. Eight percent say they were hospitalized overnight for an ARC-related illness.

There were no attitudinal or demographic differences associated with these variables that were statistically significant.
Hospital Utilization for AIDS/ARC
1989 Sample

Percent of Treated
Respondents Hospitalized
One or More Nights for AIDS 7%

Mean Number of Times
Hospitalized Overnight
for AIDS in Last Year 0.1

Percent of Treated
Respondents Hospitalized
One or More Nights for ARC 8%

Mean Number of Times
Hospitalized Overnight
for ARC in Last Year 0.1

1989C N=50 (Question 87, 88)
14. HEALTH CARE INSURANCE

14.1 Insurance Coverage

Among all respondents, 83% are covered by health insurance. Seventeen percent say they are not currently covered by health insurance. This question was not asked in previous studies.

The following are more likely to say they do not currently have health insurance:

- Those who have lived in the city less than two years (42%);
- Those whose annual income is less than $15,000 (51%);
- Those 18 to 29 years of age (27%);
- Those who do not self-identify as homosexual/gay (37%);
- Those who have used intravenous drugs at some point in their life (29%);
- Those who have engaged in unprotected anal intercourse in the last year (26%);
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (26%);¹
- Those who would not refuse to have unprotected anal intercourse with a new partner (28%).

¹This is statistically significant at the 90% level of confidence.
FIGURE 14.1

Percentage of 1989 Sample Covered by Health Insurance

1989 C N=401
(Question 109)
14.2 Utilization of Specific Insurers

Those who were covered by health insurance (83% of the sample) were asked which insurance carriers they relied on the most for their health care. Half (53%) say they rely on a major carrier such as Blue Cross or Prudential. One-quarter (25%) say they are covered by Kaiser, and 14% say they are covered by another HMO. Few are covered by MediCal, MediCare, or the Veteran's Administration (2% each). This question was not asked in previous studies.

The following are more likely to say they are covered by MediCal/MediCare:

- Those whose annual income is less than $15,000 (33%);
- Those over 45 years of age (11%).

The following are more likely to say they are covered by a major carrier such as Blue Cross or Prudential:

- Those whose annual income is $40,000 or greater (67%);
- Those 18 to 29 years of age (66%).

Those over 45 years of age are more likely to say they are covered by Kaiser (34%).

The following are more likely to say they use another health maintenance plan:

- Those who have experienced symptoms related to HIV infection in the last year (28%);
- Those who have engaged in unprotected anal intercourse in the last year (23%).

---

1This is statistically significant at the 90% level of confidence.

14-3
FIGURE 14.2

Percentage of 1989 Respondents Using Specific Insurers

1989 N=352
(Question 110)
14.3 Health Insurance Payment Sources

Six in 10 (61%) say their employer pays for their health insurance. Three in 10 (28%) say they pay for their own insurance. Nine percent say their health insurance is paid for by some other person or organization. This question was not asked in previous studies.

There were no attitudinal or demographic differences associated with this variable that were statistically significant.
FIGURE 14.3

Health Insurance Payment Sources:
1989 Sample

Employer 61%
NS/Ref 3%
Other 7%
Family/Lover 2%
Respondent 28%

1959C N=332
(Question 111)
15. SIZE AND DEMOGRAPHIC PROFILE OF THE POPULATION

15.1 Household Composition

Forty-six percent of San Francisco's gay/bisexual men live by themselves, 43% live in a two-person household, and 11% live in a household containing three or more people. The average number of people per home is 1.68. Household size has decreased since 1984, when the average size was 1.81 people and just 38% lived alone. The difference between the 1984 and 1989 data is statistically significant.

The following are more likely to live in larger households:

- Those who have lived in the city less than six years (1.8) or all of their life (2.0);
- Those 18 to 29 years of age (1.9);
- Those who are in a primary relationship with another man (2.0);
- Those who do not self-identify as homosexual/gay (1.9);¹
- Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment (1.8), as well as those who have never made such a commitment (1.9);
- Those who do not discuss safe sex with any sexual partners (1.9);
- Those living in the Haight/Ashbury, the Mission, or San Francisco's other neighborhoods (1.8 each).

The average number of gay/bisexual men per household is 1.50. Fifty-six say they are the only gay/bisexual man living in their household. Thirty-nine percent live in a household with one other gay/bisexual man, and 6% live in a household with more than one other gay/bisexual man.

The following are more likely to live in a household in which a greater number of gay/bisexual men live:

- Those who have lived in the city two to five years (1.7);
- Those 18 to 35 years of age (1.6);
- Those who are in a primary relationship with another man (1.9);
- Those who self-identify as homosexual/gay (1.6). Among those who do not self-identify as homosexual/gay, the average number of gay/bisexual men in the household is just 1.2;

¹This is statistically significant at the 90% level of confidence.
FIGURE 15.1

Household Composition
1989 Sample

168
167
15

1989C N=401
(Question 121, 122, 123)
o Those who have made a commitment to not engage in unprotected anal intercourse and have not kept that commitment, as well as those who have never made such a commitment (1.7 each);

o Those who would not refuse to have unprotected anal intercourse with a new partner (1.6);

o Those who are attitudinally predisposed toward unsafe sex (1.6);

o Those who do not discuss safe sex with any sexual partners (1.7);

o Those who live in the Castro/Noe Valley (1.7).
15.2 Size of the Population

One of the main objectives of this study was to determine the number of openly gay/bisexual men that live in San Francisco. To accomplish this goal, we utilized a random digit dial sample of the entire city, and went to great lengths to keep detailed records of each call attempt. In total, we used 19,500 telephone numbers throughout the course of this study, and we were able to talk to someone in 6477 of these households. Of these households, we located 474 in which an openly gay/bisexual man lived, for an overall incidence of 7.318%. Multiplying this figure by the total number of San Francisco households (327,716)\(^1\), we find that there are 23,983 households in which an openly gay/bisexual man lives. As determined by our survey, the average number of gay/bisexual men in each of these households is 1.501, thus our estimate of the population size is 35,999.

Of course, there is sampling error involved in any survey research undertaking. Taking account of the error at two locations in the process -- in the estimate of those households in which an openly gay/bisexual man lives, as well as in the average number of such men per household -- the population estimate ranges from a low of 31,593 to a high of 40,649.\(^2\)

It should be remembered that this is an estimate of those willing to self-identify themselves as gay/bisexual on the telephone. It should also be remembered that this estimate does not include men under the age of 18 nor those who are not part of the household population. Thus, the true size of the gay/bisexual male population is significantly larger than reported above.

We have made an effort to gauge just how much larger this population might be. In our survey, 4.24% of respondents say they have been diagnosed with AIDS. Using our estimate of the size of the population, this would yield 1526 AIDS cases among this population. According to the San Francisco Department of Public Health, there are 2506 San Francisco gay/bisexual men living with AIDS, 60.9% more than our study can account for.\(^3\)

It is reasonable to assume that these additional men come from the portion of the larger gay/bisexual male population we were unable to survey: men who are younger than 18, non-householders, and those who are unwilling to disclose same-gender sexual behavior. In other words, the size of the total population of gay/bisexual men in the city may be 60.9% greater than the size of the

\(^1\)Because the 1980 census was conducted ten years ago, the actual number of households in San Francisco is difficult to estimate. There are a number of estimates, each very different. The number that we have used was provided by the San Francisco Planning Department.

\(^2\)The incidence of qualifying households varies from a low of 6.690% to a high of 7.946% at the 95% level of confidence. The mean number of gay/bisexual men living in each household varies from 1.441 to 1.561.

\(^3\)This estimate was based on November 30, 1989 data.
population we sampled.

Using this approach, we have increased the above lower bound estimate of 31,593 by 60.9% to get 50,833. We have increased the above upper bound estimate of 40,649 by 60.9% to get 65,404.\footnote{Readers are cautioned not to compare this estimate with the population size estimate generated in 1984. The 1984 study was never designed to yield a rigorous estimate of homosexual and bisexual men living in the city. A random digit dial sampling methodology was not used. Rather, a listed sample was used, and this sample was weighted to produce more telephone numbers in those census tracts with a greater number of single male residents. Although an effort was made to take this into account while determining the estimated population size, it was not possible to do so in a rigorous fashion. Because methods differed greatly in the two studies, the 1984 and 1989 estimates are not comparable.}

It should be acknowledged that these estimates are subject to considerable error. Not all AIDS cases are reported to the San Francisco Department of Public Health. Also, in our sample we undoubtedly missed a significant number of men with AIDS. Some may have been too ill to be interviewed or residing in hospices or group homes during the period when the study was fielded.
15.3 Length of Residence in San Francisco

As has been seen in previous studies, there continues to be an influx of new gay and bisexual men into San Francisco. One-third (32%) have lived in San Francisco less than six years, including 12% who have lived in the city for less than two years. One-quarter (23%) have lived in the city for more than 15 years, and 9% have lived in the city all of their life.

As can be seen in Figure 15.3, there is a greater proportion of new residents in 1989 than in 1984. At that time, 6% of the population indicated they had lived in the city less than two years. In the current study, twice as many (12%) say they have lived in the city for less than two years. The difference between the 1984 and 1989 data is statistically significant.
FIGURE 15.3

Length of Residence in San Francisco: 1989 Sample

<table>
<thead>
<tr>
<th>Duration</th>
<th>1984 N=500</th>
<th>1989 N=401</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 2 years</td>
<td>6%</td>
<td>12%</td>
</tr>
<tr>
<td>2-5 years</td>
<td>20%</td>
<td>26%</td>
</tr>
<tr>
<td>6-10 years</td>
<td>31%</td>
<td>31%</td>
</tr>
<tr>
<td>11-15 years</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>More than 15 years</td>
<td>22%</td>
<td>32%</td>
</tr>
</tbody>
</table>

1984 N=500
1989 N=401
(Question 114)
15.4 Neighborhoods Where Respondents Live

Most of San Francisco's gay and bisexual men live in the eastern portion of the city. One-fifth (20%) live in the Castro/Noe Valley. Seventeen percent live in the Mission/South of Market/Potrero Hill/Bernal Heights, 14% live in the Haight Ashbury, 11% live in the Polk Gulch, 10% live Downtown/Tenderloin, and 9% live in North Beach/Pacific Heights. An additional 20% live throughout the rest of the city.

In 1984, most gay and bisexual men also lived in the eastern portion of the city, but a larger percentage lived in the Castro/Noe Valley (30%) at that time.

Because of the differences both in the way the two samples were drawn, and in the geographical boundaries used to define neighborhoods in the two studies, residential patterns described in the 1984 study are not directly comparable to those in the 1989 study.
FIGURE 15.4

Neighborhoods Where 1989 Respondents Live

<table>
<thead>
<tr>
<th>Neighborhood</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Castro</td>
<td>20%</td>
</tr>
<tr>
<td>Noe Valley</td>
<td>17%</td>
</tr>
<tr>
<td>Mission S of Market</td>
<td>14%</td>
</tr>
<tr>
<td>Potrero</td>
<td>11%</td>
</tr>
<tr>
<td>Bernal Hts</td>
<td>10%</td>
</tr>
<tr>
<td>Polk</td>
<td>9%</td>
</tr>
<tr>
<td>Gulch</td>
<td>20%</td>
</tr>
<tr>
<td>Downtown Hts</td>
<td>20%</td>
</tr>
<tr>
<td>Tenderloin</td>
<td>20%</td>
</tr>
<tr>
<td>North Beach Hts</td>
<td>20%</td>
</tr>
<tr>
<td>Pacific Hts</td>
<td>20%</td>
</tr>
<tr>
<td>Other Areas</td>
<td>20%</td>
</tr>
</tbody>
</table>

1989 N=401  (Question 126)
15.5 Employment and Occupation

Three-quarters of gay and bisexual men are employed full-time. An additional 10% report being employed part-time. Ten percent are not employed, and an additional 5% are retired.

Fewer gay and bisexual men are working full-time in 1989 than were in 1984. In 1984 81% were of respondents employed full-time. Seven percent of 1984 respondents reported being employed part-time, 9% said they were not employed, and 2% said they were retired.

As Figure 15.5 shows, however, most gay and bisexual men who are employed continue to be employed in professional/technical/managerial occupations (52% in 1989, 56% in 1984) or in sales/clerical positions (27% in 1984, 28% in 1989).
FIGURE 15.5

Occupation:
1984 and 1989 Samples

<table>
<thead>
<tr>
<th>Occupation</th>
<th>1984</th>
<th>1989</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prot./Tech./Mgr</td>
<td>52%</td>
<td>56%</td>
</tr>
<tr>
<td>Sales/Clerical</td>
<td>27%</td>
<td>28%</td>
</tr>
<tr>
<td>Craft/Foremen</td>
<td>5%</td>
<td>2%</td>
</tr>
<tr>
<td>Operator/Laborer</td>
<td>15%</td>
<td>14%</td>
</tr>
</tbody>
</table>

Employment:
1984 and 1989 Samples

<table>
<thead>
<tr>
<th>Employment</th>
<th>1984</th>
<th>1989</th>
</tr>
</thead>
<tbody>
<tr>
<td>Employed Full-Time</td>
<td>21%</td>
<td>76%</td>
</tr>
<tr>
<td>Employed Part-Time</td>
<td>8%</td>
<td>10%</td>
</tr>
<tr>
<td>Not Employed</td>
<td>3%</td>
<td>10%</td>
</tr>
<tr>
<td>Retired</td>
<td>2%</td>
<td>5%</td>
</tr>
</tbody>
</table>

(Question 117)

(Question 118)
15.6 Education Level

1989 respondents remain highly educated, with close to six in 10 (58%) having received college degrees. This includes 22% who have attended graduate school. Just 11% are high school graduates or less.
FIGURE 15.6

Highest Level of Education Attained: 1984 and 1989 Samples

<table>
<thead>
<tr>
<th>Level of Education</th>
<th>1984</th>
<th>1989</th>
</tr>
</thead>
<tbody>
<tr>
<td>H.S. Grad or Less</td>
<td>11%</td>
<td>2%</td>
</tr>
<tr>
<td>Some College</td>
<td>32%</td>
<td>31%</td>
</tr>
<tr>
<td>College Graduate</td>
<td>36%</td>
<td>36%</td>
</tr>
<tr>
<td>Advanced Degree</td>
<td>22%</td>
<td>21%</td>
</tr>
</tbody>
</table>

(Question 119)

15-14
15.7 Income Level

Income levels among the 1989 sample also remain high, with one-quarter (24%) reporting an annual personal income of $40,000 or greater. In 1984, far fewer (13%) reported an annual personal income of over $40,000. The difference between the 1984 and 1989 data is statistically significant.

One-fifth (19%) report an annual personal income of $15,000 or less. In 1984, an equal number (21%) reported an annual income of just $15,000 or less.
Annual Income: Comparison of 1984 and 1989 Samples

(Question 127)
15.8 Ownership of Place of Residence

Most (83%) of San Francisco's gay and bisexual men rent their home. The number of renters is slightly higher than in 1984, when 78% rented their home. The difference between the 1984 and 1989 data is statistically significant.
FIGURE 15.8

Percentage of Respondents Who Are Renters: 1984 and 1989 Samples

(Question 115)
15.9 Age

In 1989, the average age of all respondents is 38.6 years, virtually identical to the average age of respondents in 1984 -- 37.6 years.

In 1989, 19% are 18 to 29 years of age, 24% are 30 to 35 years of age, 37% are 36 to 45 years of age, and 19% are over 45 years of age. These age distributions are almost identical to those in the 1984 sample.
FIGURE 15.9

Age of Respondents:
1989 Sample

18-29: 19%
30-35: 24%
36-45: 37%
Over 45: 20%

1989 C N=401
(Question 118)
15.10 Race/Ethnicity

Eighty-three percent of 1989 respondents are White, and 17% are non-White. In 1984, a greater number of respondents were White (88%). The difference between the 1984 and 1989 data is statistically significant.
FIGURE 15.10

Percentage of Minority Respondents: Comparison of 1984 and 1989 Samples

Race/Ethnicity of 1989 Respondents

White (Non-Hispanic) 83%
Other 1%
Asian 4%
Native American 1%
Black (Non-Hispanic) 4%
Hispanic/Latino 8%