

## Quantitative Study on Men who have sex with men who attend private group sex parties

### Background

Previous studies have revealed associations between attendance of private group sex party (GSP) in Hong Kong and HIV infection among men who have sex with men (MSM). Reasons contributing to a higher risk of HIV transmission include expanded sexual partnerships, practices of esoteric sex and rampant use of recreational drugs. This study, conducted by the CUHK Stanley Ho Centre for Emerging Infectious Diseases, aims to quantify the characteristics of GSP goers, ascertain qualitative observation and conduct a comprehensive assessment to inform the planning of effective HIV prevention.

### Methods

A few community organisations that had connections with people who participated or organized GSP for MSM were solicited to plan and implement the study. Data was collected through a self-administered anonymous Chinese questionnaire by men who admitted attendance to GSP for MSM in Hong Kong. Subjects were recruited in two ways, namely community-based via centres or outreach activities of the community organisations and internet-based via promotion in gay websites and forums. Minimal incentive was provided to the participants who took part on a voluntary basis. The community-based survey was conducted from June to December 2011; the internet-based survey was conducted from September to December 2011.

### Results

#### *Community-recruited (CR)*

A total of 235 respondents were successfully recruited. Almost all (99%) identified themselves as local and the median age was 27. The median age of joining the first GSP was 20. During the past one year, 77% had taken part in GSP and 24% had joined over five GSP. Among GSP ever participated, the three most popular venues were gay saunas (65%), private homes (40%) and hotels/love hotels (40%).

The most reported reasons of joining the first GSP were desire to have sex (58%) and being invited (42%). Reasons related to pursuit of sexual pleasure (46% - 59%) commonly accounted for their ongoing participation in GSP. Most common perceived risks in GSP goers were related to threat from the presence of strangers or potential law enforcement (25% - 47%), losing face (30%) and contracting HIV/STI (24%).

In relation to the most recent GSP participated, most (97%) had no knowledge if HIV-infected participants were present but 38% thought so; anal sex with at least one participant was reported by 87% of them; a minority had discussed condom use while arranging (31%) or before sex (28%), or had used condom consistently in anal sex (41% - 43%). The most prevalent reasons for unprotected sex were related to sexual desire (up to 32%), but influence of illicit drugs was also suggested by 20% of them. Less than two-third (62%) indicated that free condoms were available at the last GSP.

Concurrent anal sex with lovers or boyfriends in the past 6 months was reported by 59% of respondents and 29% of them had always used condoms in such relationship. Participation in GSP was usually not disclosed to such partners (89%) or other gay friends (77%).

89% had ever had HIV testing and 85% had their recent HIV tests performed in the past one year.

#### *Internet-recruited (IR)*

A total of 162 respondents were successfully recruited. 97% identified themselves as local with the median age of 31. The median age of joining the first GSP was 25.5. During the past one year, 83% had taken part in GSP and 15% had joined over five GSP. Among GSP ever participated, saunas (56%), private homes (54%) and hotels/love hotels (38%) were again the three commonest places. While reasons accounting for participation in GSP were similar to those of CR

samples, IR samples perceived higher risk due to presence of strangers (72%) but lower risk of being caught by the police (24%).

In the last attended GSP, consistent condom use was reported by 68% and 74% of respondents in receptive and insertive anal sex respectively. Similar to the CR samples, respondents reported other forms of body fluid contact between sex partners, for example, ejaculated into mouth with/without performed oral sex with a third person afterwards (40%) and using semen as lubricant for fingering (30%). Free condom was reported to be available at the last GSP by 61% of respondents.

80% had ever had HIV testing and 54% had their recent tests performed in the past one year.

### ***Comparison between community-recruited and internet-recruited samples***

When compared with CR samples, more IR samples had tertiary education (75% vs 45%), higher median age of first anal sex with men (21.5 vs 19), more had seldom or not spent time with gay friends (29% vs 17%) and disclosed own participation in GSP to them (66% vs 23%). In the last GSP, IR samples reported less sex partners (3 vs 6), higher consistency in condom use during anal sex (68%-74% vs 41%-43%) and less illicit drug use (10% vs 19%). More of the IR samples had lovers / boyfriends with anal sex in the past 6 months (77% vs 59%) and reported consistent condom use in such relationships (49% vs 29%). Most respondents (70% CR and 85% IR samples) regarded HIV as a serious infection. More IR samples (57%) than CR samples (6%) had thought of quitting GSP.

### ***Factors associated with more frequent GSP attendance and HIV testing***

Employment, reporting of 4 or more active anal sex partners in the past 6 months, ever tested for HIV and use of illicit drugs were associated with a history of attending more than 5 GSP. Respondents who had attained tertiary education, enrolled online and been in GSP overseas were less likely had ever received HIV testing.

## **Discussion**

1. In comparison with similar findings in the HIV prevalence and risk behavioural survey of MSM conducted around the same period of time, less respondents in this study reported consistent condom use but more had HIV tests in the past one year.
2. The respondents were aware of HIV as a serious infection but the perceived risk of contracting HIV/STI through GSP was generally low. Overall, 14% of respondents had not received any HIV testing before but reported same level of risk behaviours. Given the huge perceived pleasure gained through GSP and inadequate HIV testing in this sub-population of MSM, a harm reduction approach addressing high risk behaviours and regular HIV testing rather than sole promotion of condom use is more likely to be relevant in this context. There was room to increase the availability of free condom in GSP for those who are willing to practise safer sex and counselling for participants who want to quit GSP.
3. Participation in GSP was usually secretive for many respondents. As consistent condom use in anal sex with their lovers/boyfriends was even more unsatisfactory, infection through regular sex partners could be a significant route of HIV/STI transmission. These risks were largely unspoken among peers in the MSM community. The importance of building community network, implementing holistic approach to HIV prevention and reducing HIV stigma could not be emphasized more.
4. Generalisation of the study findings to MSM attending GSP is limited as convenient samples recruited from the community and the internet were used. Difference in many parameters between the CR and IR samples warrant separate analysis as they might not represent a homogenous group.

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## **FACTSHEET on GSP study 2011**

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