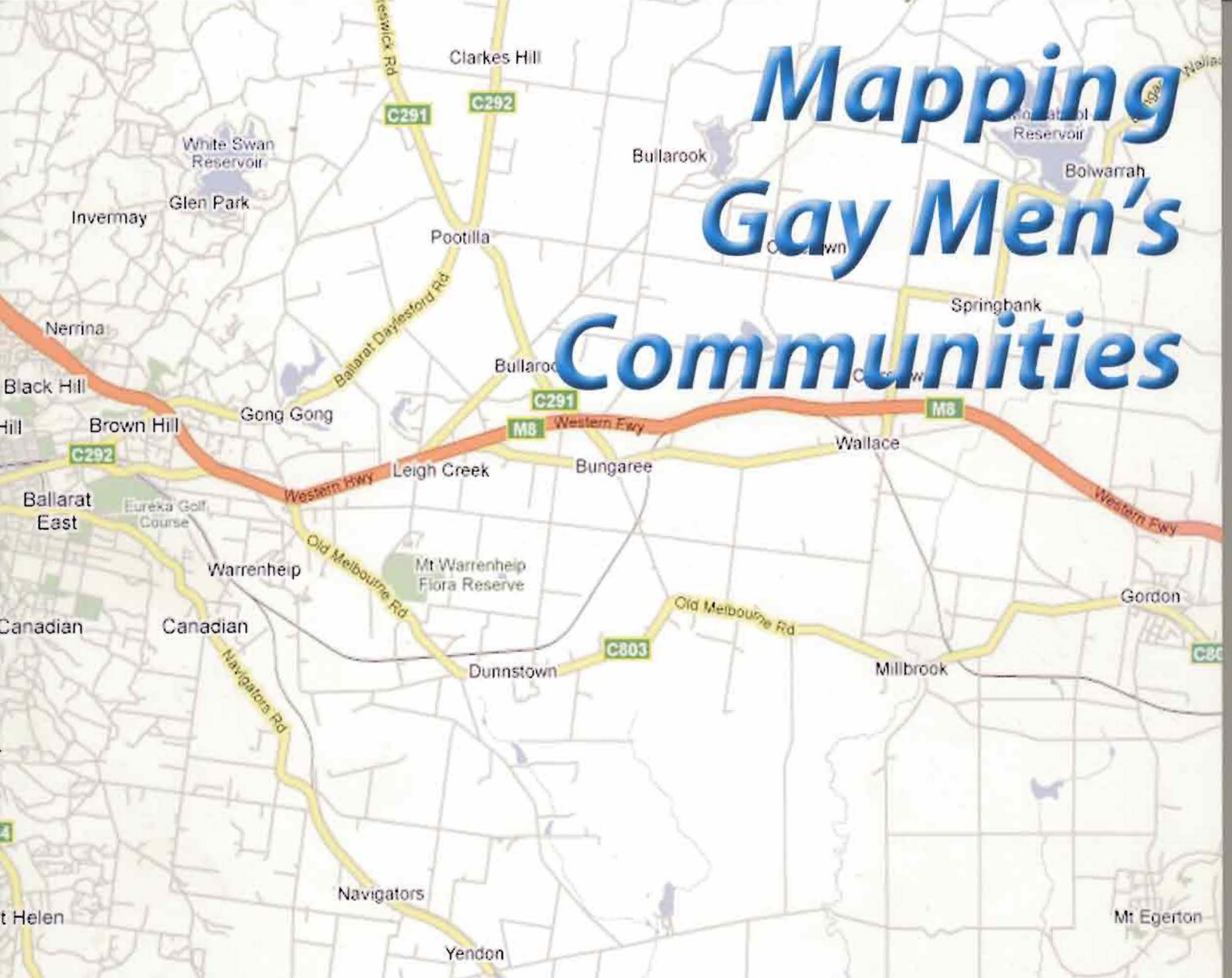
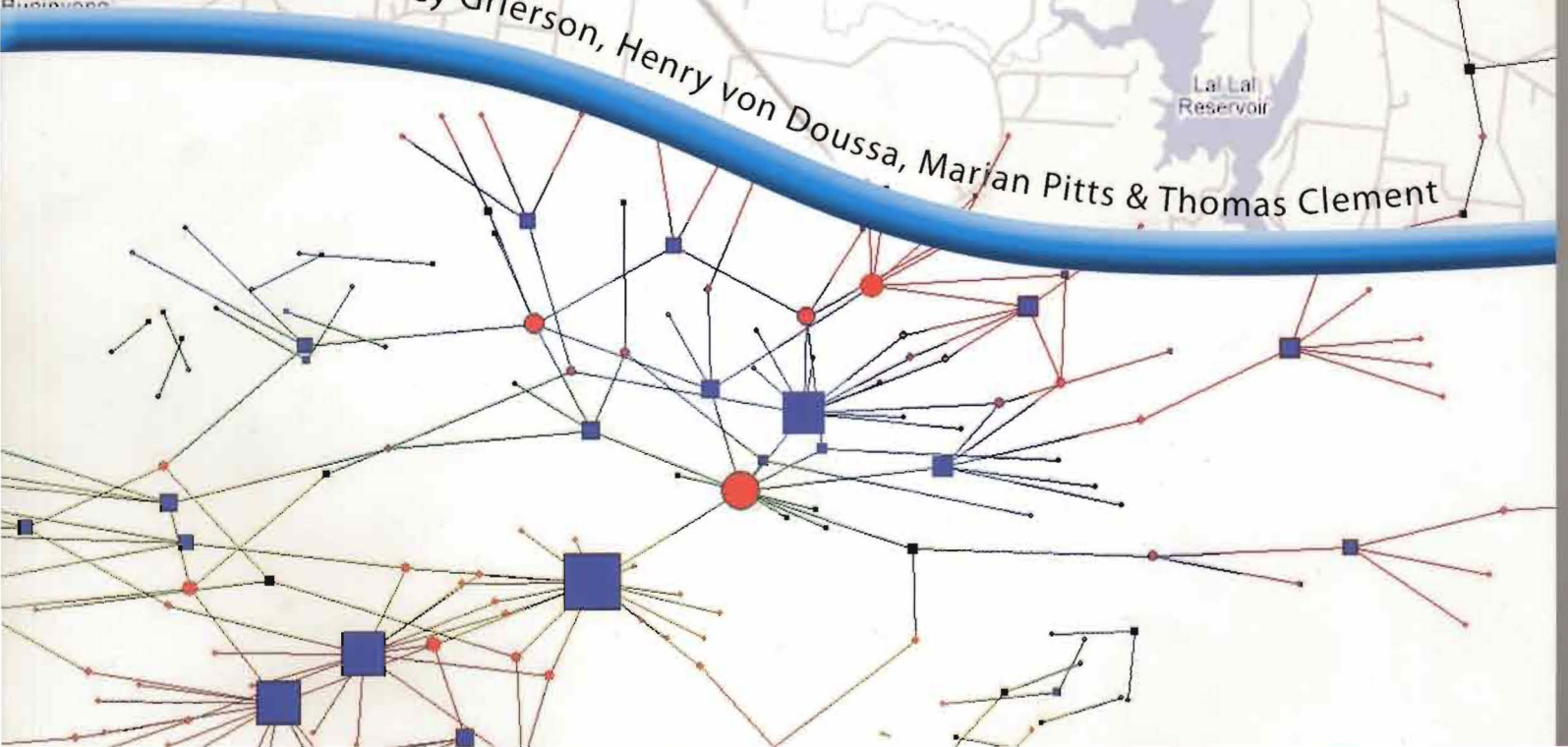


Mapping Gay Men's Communities



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Lastly, to our faithful research participants. At a time when there is a new urgency to address sexual health issues in the gay communities, there is also an increased demand on community members for participation in the research needed to understand them. This research could not have been successful unless our surveys were picked up and completed, so to all those who did, we give thanks.

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARCSHS	Australian Research Centre in Sex, Health and Society
HIV	Human Immunodeficiency Virus
GLBTI	Gay, Lesbian, Bisexual, Transgender and Intersex
MCV	Melbourne Community Voice
PLWHA Vic	People Living with HIV and AIDS Victoria
SOPV	Sex On Premises Venue
STI	Sexually Transmissible Infection
VAC	Victorian AIDS Council

Executive summary

Background

Mapping gay men's communities was designed to produce a map and profile of the sites and organisations used by gay and other homosexually active men in Victoria. The project was made up of three phases:

- The enumeration of the institutions, sites and networks of gay men's communities (349 organisations used by Victorian gay or homosexually active men were identified)
- An interviewer conducted survey with each of the organisations or sites (195 organisations participated in the interview)
- A survey in either hard copy or online with the participants of each of the identified organisations, sites or networks (1033 men completed the participant survey naming 450 sites).

Results

Organisational characteristics

- The majority of the 195 organisations who participated in an interview were based in the inner city or metropolitan area. Youth focused groups were most likely to have a regional presence.
- Half the sites characterised their constituency as "adult" with a further 28% characterising their age profile as "all ages". Youth focused sites were more likely to have a focus on young people and commercial entertainment sites were restricted to adults.
- The majority of sites were gender inclusive for men and women, although less so for other gender categories. Exceptions to this were sex-on-premises venues, which were exclusively male, and organisations with a transgender/intersex focus with higher membership from these gender categories.
- Sexual identity of client base. Given the criteria for inclusion of these sites all included either gay men or queer clients. What is of interest is the extent to which these sites have focused on diverse constituencies, as this has implications for organisational or site specific health promotion. The majority of sites did in fact include lesbian, bisexual and heterosexual clients or customers.
- Almost half of the sites surveyed had memberships of less than 100, most notably social support and youth focused groups. Media and commercial sites were those with the largest membership or client base.
- Around one in five sites characterised their clientele as very connected to gay community, while the majority characterised their clients as somewhat involved. Media and youth focused sites were the most likely to characterise their constituency as having little involvement in gay community, although the absolute numbers are small.
- Perceived client/patron levels of knowledge regarding HIV/STIs were reported by most sites as moderate. The only report of significant lack of knowledge regarding HIV/STIs was in 13% of the religion/ethnicity focused sites.
- Most sites had some affiliation and interconnectedness with other local GLBTI organisations. Around 32% and 11% had affiliations with national and international organisations respectively.

HIV/STI health promotion and resources

- For most of these organisations health promotion was not a part of their charter. Those with the highest proportion of sites engaging in health promotion were youth organisations, media and the commercial sector. Around 32% of HIV focused sites did not specifically engage in HIV/STI health promotion.
- Health promotion activity was more likely when sites perceived their clients as more engaged with HIV. There is no clear relationship between perceived client knowledge about HIV and site health promotion. When there was little knowledge of client engagement or knowledge, there was unlikely to be health promotion activity.
- Of the organisations engaging in HIV/STI health promotion, most reported either that they experienced no difficulty accessing sexual health promotion resources or received resources unsolicited.
- Most organisations expected that sexual health promotion resources would be supplied by the Victorian AIDS Council, with smaller percentages nominating the Department of Human Services and PLWHA (Victoria).
- A multi-faceted approach was cited by most informants as the optimal modality for HIV/STI health promotion for gay men in Victoria. These included modalities like interactive events, workshops, outreach educators, posters/pamphlets and banner advertising online

Networks

- Melbourne Sexual Health Centre was found to be the key bridge between the centres that make up the **medical networks** of Victoria's gay and homosexually active men.
- The daily political network was almost entirely dominated by Joy FM. The weekly and monthly show the increasing importance of print media over broadcast media. The annual **political network** was dominated by Midsumma and the Pride March.
- The daily **recreational network** was largely dominated by Joy FM although gay chat sites such as www.gaydar.com and www.manhunt.com feature. The weekly recreational network was very similar to the daily network. The monthly network was made up of physical sites such as the Laird and Peel Hotels with media such as Bnews and MCV gaining prominence. The annual recreational network was dominated by the Midsumma and Queer Film festivals.
- The daily **romantic network** was dominated by www.gaydar.com and to a lesser extent www.manhunt.com. The weekly romantic network was dominated by Joy FM. The monthly romantic network brought into play the print media and continued the presence of online sites. The annual romantic network included a range of bars and hotels along with annual events such as Midsumma, Chill Out and the Queer Film Festival.
- The daily **sex network** was almost exclusively dominated by online sites. The weekly network was very similar. The monthly network contained physical sites such as Club 80 and Wet on Wellington, although www.gayday.com remained a significant presence. The annual sex network was similar to the monthly network.
- The daily **social network** was largely dominated by just two sites: Joy FM and www.gaydar.com. In the weekly social network the relative dominance of Joy FM and www.gaydar.com was reversed and the weekly print media emerged as important. The Laird and Peel Hotels were important to the monthly social network. The annual network was dominated by Midsumma and to a lesser extent the Melbourne Queer Film Festival.

- The daily **support network** was dominated by Joy FM and the weekly network by Joy FM and the print media. The monthly support network included the weekly press, the Laird and Peel Hotels, the Victorian AIDS Council and PLWHA Vic. As with the majority of other annual networks, the annual support network was dominated by the Midsumma Festival.
- The daily **volunteer/work network** was entirely dominated by Joy FM. The weekly volunteer/work network was also dominated by Joy FM with significant presence from the Victorian AIDS Council, the Gay and Lesbian Switchboard and the MCV. The annual network was dominated by Midsumma with smaller presences from the Pride March, ChillOut Festival and the Melbourne Queer Film Festival.

Site characteristics

For the 125 sites we recorded data about the men using each site. Data was collected for the following areas:

- Proportion of men using the site
- Age
- Indigenous status
- Current relation status
- Outness to friends, family, workmates, neighbours
- How many gay friends
- HIV status
- Hep C status
- STI test in the last year
- Drugs and alcohol use

Introduction

This study will produce an exhaustive network map of Victorian gay men's communities, characterising the groupings of gay men and the relationships that exist between groups. The map will determine the reach, target populations, and appropriate foci of novel opportunities for HIV/STI interventions in the sites and contexts mapped.

This study is unique in that it will have as its main unit of analysis the *structural* relationship between gay men and the institutions of gay community in Victoria.

The aims of the study are to:

1. Map and characterise the groupings and networks of gay men in Victoria and the relationship that exists between those groups
2. Describe the extent of the engagement (or non-engagement) of these groups with the mainstream "gay-community"
3. Explore appropriate methodologies for the delivery of HIV/STI health interventions to gay men who participate in these groups.

Background

Ongoing increases in HIV and other sexually transmissible infections among gay and other homosexually active men have been defining features of the past five to ten years. These increases follow a period of marked expansion in the number of ways in which men can engage, both socially and sexually, with what might have been thought of as the gay community.

Thus, the environment in which we currently operate is very different to that which existed at the time of the initial appearance of HIV and the development of community responses to the epidemic, which was largely formulated from the perspective of a single organisation charged with marshalling the entire gay community response (Grierson 2006; Nutland 2006). Moreover, the number of ways in which men can currently engage with what might have been thought of as the gay community remains largely undocumented.

It is clear that the earlier notions of a single "gay community" have been overtaken by the reality of a proliferation of extraordinarily diverse sets of networks and communities. Some are focussed around sport, others around media, others still around cultural background and some around age or sexual cultures. Few, however, have HIV as a primary focus. If we are to harness the vast array of these networks we need to map and understand their dynamics and inter-relatedness.

HIV/STI health education and health promotion have largely operated through core institutions and with specific target populations of homosexually active men. In the historical context of the HIV epidemic and in the absence of structural analyses of gay community, this has been a prudent and generally effective strategy. However, given the changes in the ways in which homosexually active men relate to each other and to the institutions of gay community, it is clear that understanding the structures and mechanisms of community engagement will offer a more effective way to identify and target the settings and contexts for ongoing prevention initiatives.

The explosion of internet sites within gay communities and the subsequent shifts in organisations' market share gives virtual communities a centrality to the concerns of this study. The shift away from conventional communities to online communities in some sections of the Victorian gay communities has been noted in the literature. For example, the 2008 Melbourne Gay Community Periodic Survey reports that from the period 2002 to 2008 there has been a statistically significant increase in the proportion of men who reported having used the internet to look for sex partners in place of historically privileged sites like beats and sex venues (Frankland, Zablostka et al. 2008).

Funding

The *Mapping Gay Men's Communities* Study is funded through a grant provided by the Victorian Government through the Department of Human Services.

Project Partners

The Victorian AIDS Council/Gay Men's Health Centre, PLWHA (Victoria) and the ALSO Foundation are project partners in this research.

Ethics Approval

Mapping Gay Men's Communities has been approved by the La Trobe University Human Ethics Committee.

Methodology

Mapping Gay Men's Communities is a quantitative study using social networks analysis as its primary methodological framework. Unlike conventional actor/attribute research, social network analysis focuses on the relationships between subjects rather than relationships between subject attributes (Luke and Harris 2007). In keeping with this method, the study design, data collection methods and data analysis for this research thoroughly incorporate this *relational* perspective and therefore use a unique approach to each part of the project. This is the first time a study of the gay communities in Victoria has been done this way.

The project is made up of three distinct but interdependent phases:

- The enumeration of the institutions, sites and networks of Victorian gay communities
- An interviewer conducted survey with each of the organisations
- A survey in either hard copy or online for the participants of each of the identified organisations, sites or networks

Phase One: Enumeration of the institutions of the gay community

The first phase is the enumeration of the institutions of the gay communities in Victoria including gay and HIV community based organisations, social and support groups, recreational and sporting groups, religious organisations, youth groups, gay media, gay venues and virtual sites. The enumeration process used as its starting point the three most obvious sources for gay community membership in Victoria, namely, the ALSO Directory and the community listings from the GLBTI street press publications with the largest circulation, Melbourne Community Voice (MCV) and Bnews¹.

It must be noted that these are not stable sites. The two street press are published weekly and accordingly may, from week to week, contain different postings in the community listings². We continued to review the listings over a six week period, compiling a list of groups and organisations used by men. All transgender organisations in Victoria were invited to participate.

The overlap of an organisation, site or network across different source domains is important to establish the likelihood that a person may come into contact with the organisation, site or network through multiple pathways. This speaks to the reach of different organisations through their advertising strategies, and how likely it is that a person will find out about an organisation depending on their level of attachment to the community. Gay sex venues advertising solely in the *Truth* newspaper, for example, will attract a different clientele to a venue which advertises concurrently in the MCV, Bnews and the ALSO Directory. The mapping of these pathways allowed us in the second phase (once organisations had been interviewed to determine their level of engagement with HIV/STI health strategies) to extrapolate how likely it is that a person using a particular source, or combination of sources, will come into contact with sexual health promotion messages or materials.

The main six sources used in locating organisations, sites or networks were the ALSO Directory; 2008 Pride March participant list; Joy FM Radio; MCV street press; BNews street press; and Google online searchers. The number of organisations identified was 349.

¹ Part way through the enumeration phase Bnew publication ceased operating. Southern Star at SSO Press emerged soon after to fill the gap left by Bnews.

² The ALSO Directory is published annually. Comparisons between the 2007 and 2008 issues (the timeframe across which the enumeration was composed) showed a noticeable variation in the listings, with some listings dropping off and others appearing for the first time. It is also noteworthy that the ALSO online directory is different from the widely circulated hard copy. If either one of these sources had been exclusively used the enumeration map would have been compromised.

Phase Two: Organisational Interview

Once a list of the organisations, sites or networks used by gay men in Victoria had been compiled, each of the sites was contacted and invited to participate in the organisational survey. While the survey was not strictly a key informant survey (it was asked of all participating organisations), it contained some qualitative items which allowed us to further understand the terrain and expand the enumeration phase before moving to the final third phase of the project, the participant survey. In most instances the interview happened over the phone. The study achieved a Phase Two sample size of 195.

The survey contains items regarding:

- Size of organisation, staff employed and numbers of members/clients/patrons
- membership/clientele demographic information
- visibility of HIV issues in the organisation
- location of organisation, metro/country
- organisational strategies to reach its target group
- level of involvement in the gay community
- affiliations or collaborations with other gay community groups or networks
- level of sexual health initiatives or strategies in organisation
- sexual health promotion resources used in or distributed from the organisation
- access to and suppliers of sexual health materials
- constraints to sexual health promotion initiatives in the organisation
- best practice for future HIV/STI prevention message in the organisation

The iterative or snowballing methodology of the enumeration process was dependent on organisations being added during this phase and in this way allowed the network to stay active at its edges, reaching further and further as both its breadth and depth increased. In this way we used *full network* methods to collect data from each of the organisations identified through the snowballing process (Hanneman and Riddle 2005).

Phase Three: Participant Survey

The survey was designed to measure participants' engagement (or non-engagement) with the organisations, sites and networks of Victorian gay communities. Participants were recruited using a multi-pronged approach of online recruitment, hard copy distribution, direct recruitment in venues and recruitment through gay community press.

The study achieved a Phase Three sample size of 1033.

The survey contains:

- Demographic information
- Items designed to gauge community connectedness
- Items specifically designed to record engagement with or participation in organisations, sites or networks of the gay communities
- Sexual health information and HIV/STI testing items
- Drug and alcohol items

Recruitment Methodology

The online survey went live on June 20, 2008. At the same time hard copies of the survey (with return postage) were posted/delivered to organisations who did not believe the online survey would be the most effective way to generate responses. This was particularly significant for the members of age-specific groups who may not be as computer literate as members of other groups (Vintage Men participants for example) or may not have access to computers (Minus 18 and other youth focused organisations where homelessness and computer access are issues).

Two same sex attracted youth (SSAY) organisations, Minus 18 and The Action Centre's YAK group, requested an ARCSHS' researcher bring hard copies of the survey and be present at the group meetings so the young male participants could ask questions as they completed the survey. This was successful with 100% participation of all eligible men at the YAK group and 15 surveys completed during the Minus 18 event.

The differing nature of the sex-on-premises-venues (SOPVs) in Melbourne required a mixed method approach for the recruitment of SOPV patrons. Some of the venues have free internet terminals and, where this was the case, a poster with the survey URL was placed on the wall near the terminals and recruitment cards left. At other SOPVs (mostly the larger venues with a café area) trained recruiters distributed surveys and waited to collect them as they were completed. At venues where it was not appropriate to station recruiters, hard copies of the surveys were left near the MCV/Bnews in the hope they would be taken, completed in the venues or at home, and posted back to the centre via the accompanying postage paid envelope. Previous SOPV research indicates however that patrons infrequently take printed material away from sex venues so it was no surprise that this method yielded low survey returns (Grierson, Smith et al. 2007).

Clubs and pubs proved to be the most difficult environment to recruit from. It was agreed at the outset of the project that the survey was much too cumbersome an instrument to be completed in the pub/club environment with their often restricted lighting and any number of other distractions. Other shorter gay community surveys have had success recruiting in this environment (Melbourne Gay Community Periodic Survey and the Suck It and See prevalence study) however, given the constraints of survey size, it was decided that the distribution of project postcards would be a more appropriate recruitment strategy for pubs and clubs. At four of the large Melbourne gay clubs the recruitment postcards were handed out by research assistants who spent a few hours in each venue approaching patrons, distributing the cards and giving a quick project summary to potential participants.

At one of the venues recruitment cards were handed out by the cloakroom staff, and at all other participating venues the cards were dispensed alongside other promotional material left at venues. The support of venue staff was crucial to the recruitment strategy.

Phone chat-lines and internet cruising sites are an increasingly dominant part of the gay communities but proved to be difficult environments in which to recruit. In discussing recruitment for these areas it was decided we would use internet sites where possible and then through cross-membership of organisation, sites and networks would hear from men who use the phone chat services or the more difficult to recruit from internet sites. Because the enumeration of participating organisations was iterative and ongoing, it was possible to use the data elicited in the networks section of the participant survey to further build the list of gay community organisations and networks. This was particularly true for internet sites.

Identifying internet sites and establishing contact with the people who run them are two different things. It was not easy to contact organisations to ask for assistance with recruitment, and where contact was established, the cost of recruiting on internet sites through the commercial advertising channels of 'flash banner advertising' proved, for the most part, prohibitively expensive. In the end, our recruiting presence in online gay communities was small: gaydar; gatmatchmaker.com; and samesame.com. Here we drew on already established relationships between the community health and research sector and the management of internet sites through our project partner, the Victorian AIDS Council/Gay Men's Health Centre.

Community advertisements were placed twice in the MCV press in the weeks during venue recruitment. The advertisements did not contain a link to the online survey as we did not want to generate a sample overly weighted towards the large population of MCV readers. It was hoped that advertisements in the press would increase the visibility of the project and act as a reminder to those who had already been forwarded the survey link or a hard copy of the survey or who still had a recruitment card in the back pocket of their jeans.

Towards the end of the recruitment phase advertisements were placed in Southern Star GLBTI community press over a three week period. This series of advertisements did contain the survey URL, and it was anticipated that by this blanket advertising strategy at the end of recruitment we would pick up those who may have peripheral links to the community and so had not been recruited as participants/users of the 163 groups or organisations which had previously participated in the recruitment process. As already stated, the GLBTI print media was not used earlier in the recruitment phase as we did not want to skew the sample by having it heavily weighted to a handful of the largest GLBTI organisations. Recruiting through the print media at the end of the phase potentially maximised our population sample without losing the embeddedness of the participant networks gleaned through a larger number of smaller organisations being the starting node to the networks.

Anecdotally we hear that country and regional GLBTI organisations experience isolation from the larger organisations at the centre of metropolitan or inner-city gay communities. Twenty Victoria organisations outside the metropolitan area (the total number identified) were included in the sample in an attempt at greater understanding of the relationships between country and city organisations and networks.

Methodology: a closing remark

Gay community members are, for the most part, generous with their time and enthusiastic about community well-being. Of the 200 organisations with whom we established contact during the project only three declined our invitation to participate in at least one phase of the project. The success of the recruitment strategy was its ability to treat recruitment sites not as one homogenous group but to be keenly aware of the heterogeneity of the GLBTI population and its organisations. This strategy is more time consuming than a one size fits all approach to recruitment but it allowed us to produce a data set by census rather than by identifying a sample of only the most obvious gay community attached organisations. This method is crucial for capturing the breadth and embeddedness of social networks (Hanneman and Riddle 2005).

Part of our research ethos and recruitment strategy is to have a presence in the communities we research. All too often research institutions run the risk of setting themselves apart from the communities on which they rely for the collection of data (Pitts and Smith 2007). Placing advertisements in the MCV to establish a brand for the project; doing radio interviews on community stations; project partnering with community-based organisations; having carefully chosen and trained research assistants in venues and SOPVs who are comfortable in the environments and can act as community participants as well as researchers; having a presence at the Pride March Bake-off, the Melbourne Leather Pride Festival, and the Minus 18 event, all contributed to a sense that the *Mapping Gay Men's Communities* research was by and for the GBTI community of Victoria.

Results: Site survey

Organisation and Group Key Informant Interviews

Types of organisations and sites

In total 195 organisations were surveyed. In the following chapter we have grouped these organisations into ten categories: arts/cultural/sporting and professional groups – these are organisations that are structured around a community of interest that is not specifically health related and have a focus on social peer network building; religious and ethnicity based organisations- these are organisations focused on GLBTI populations within broader identity groups; political and advocacy groups– including ALSO Foundation and the Victorian Gay and Lesbian Rights Lobby; media organisations; organisations with an HIV specific focus- including AIDS council, PLWHA groups and HIV support groups; other health and testing organisations; community and social support groups; organisations with a GLBTI youth focus; commercial entertainment venues and organisations- including sex-on-premises venues, gay bars and dance parties; and other organisations that do not fit within one of the previous categories. The number of organisations within each category and the percentage of the total can be found in Table 1.

Specific organisations will not be named in this chapter.

Table 1 Site Classification

	Number	%
Arts/ Cultural/ Sporting/ Professional	24	12.3
Religion and Ethnicity based	16	8.2
Political and Advocacy	17	8.7
Media	7	3.6
HIV focus	19	9.7
Other health and testing	18	9.2
Community and social support	42	21.5
Youth focus	26	13.3
SOPVs Clubs Pubs and Dance parties	22	11.3
Other	4	2.1
Total	195	100.0

Venue/Site Location

Respondents were asked the location of their organisation. The responses were coded into five categories: Those that were based in inner city Melbourne; those based in other areas of metropolitan Melbourne; those based in regional centres; those in other country or regional areas; and those that have substantial online mode of operation (as opposed to simply having a website). Allowance was made for multiple geographic sites for each organisation (for example based in the inner city with a branch office in a regional centre), although most had only one site of operation. Table 2 details these data for each of the site categories. Not surprisingly the majority of identified geographical sites were in inner city or metropolitan Melbourne. Youth focused groups were most likely to have a regional presence.

Table 2 Location of site/organisation (percentage within site categories- multiple responses possible)

	Inner City	Metropolitan	Regional	Country-based	Virtual
Arts/ Cultural/ Sporting/ Professional	62.5	37.5	4.2	8.3	
Religion and Ethnicity based	50.0	50.0			
Political and Advocacy	35.3	47.1	11.8		11.8
Media	71.4	28.6	14.3		14.3
HIV focus	73.7	26.3	5.3		
Other health and testing	50.0	38.9	16.7		
Community and social support	52.4	42.9	19.0	7.1	
Youth focus	30.8	42.3	34.6	3.8	
SOPVs Clubs Pubs and Dance parties	86.4	13.6			
Other	100.0				

Clients/patrons profile

Interviews asked the organisation representative to attempt to characterise the membership or clientele of the organisation/site in demographic terms, including age profile, gender profile, sexuality profile etc.

Age profile

An open ended question was asked about the age profile of the clients/members or customers of the organisation/site. The majority of responses fell into four broad categories: those with a primary focus on young people- that is the majority of members were under 25 years old, with membership extending to those under the age of 18; groups with a membership primarily of adults- that is those over the age of 18; groups with an open or broad age profile- that is groups and sites that characterised their membership as being of “all ages” or unrestricted in terms of membership or participation; and groups that had a primary focus on older people- the lower age limit varied but the primary characteristic was a focus on the particularities of older GLBTI people. The profiles within each of the organisational categories can be found in Table 3.

Overall, half the sites characterised their constituency as “adult” with a further 28% characterising their age profile as “all ages”. Not surprisingly, youth focused sites were more likely to have a focus on young people and commercial entertainment sites were restricted to adults.

Table 3 Age profile of organisations/sites (percentage within site category)

	Young people only	Adults Only	All Ages	Older people only
Arts/ Cultural/ Sporting/ Professional		69.6	30.4	
Religion and Ethnicity based	6.3	50.0	43.8	
Political and Advocacy		29.4	58.8	11.8
Media		28.6	71.4	
HIV focus	5.9	58.8	29.4	5.9
Other health and testing		38.9	61.1	
Community and social support	4.8	76.2	16.7	2.4
Youth focus	88.5	7.7	3.8	
SOPVs Clubs Pubs and Dance parties		90.9		9.1
Other		75.0	25.0	
Total	14.1	54.7	28.1	3.1

Gender profile

Respondents were also asked to characterise the gender profile of the site's membership or clientele. In this case respondents were asked if the membership included men, women, transgendered people, intersex people or people of other genders. The results can be found in Table 4. The majority of sites were gender inclusive for men and women, although less so for other gender categories. Exceptions to this were unsurprisingly sex-on-premises venues, which were exclusively male, and organisations with a transgender/intersex focus with higher membership from these gender categories. Given the criteria of the research you would expect all organisations to include males. Transgender organisations account for some organisations having a gender profile that does not achieve 100% for the inclusion of males.

Table 4 Gender profile of sites (percentage within site categories)

	Male	Female	Transgender	Intersex	Other
Arts/ Cultural/ Sporting/ Professional	95.8	91.7	50.0	25.0	
Religion and Ethnicity based	100.0	62.5	37.5	18.8	6.3
Political and Advocacy	88.2	88.2	64.7	41.2	
Media	100.0	100.0	71.4	28.6	
HIV focus	100.0	73.7	42.1	21.1	
Other health and testing	100.0	88.9	72.2	16.7	5.6
Community and social support	97.6	54.8	47.6	21.4	2.4
Youth focus	100.0	92.3	42.3	11.5	
SOPVs Clubs Pubs and Dance parties	100.0	36.4	45.5	18.2	
Other	100.0	100.0	50.0	25.0	
Total	97.9	73.3	50.3	21.5	1.5

Sexual identity profile of client base

As with gender, respondents were asked whether their membership or clientele included gay men, lesbians, bisexual people, heterosexual people, those who identified as queer or other sexual identities. The findings can be found in Table 5.

Obviously, given the criteria for inclusion of these sites all included either gay men or queer clients. What is of interest in this item is the extent to which these sites have focused on diverse constituencies, as this has implications for organisational or site specific health promotion. The majority of sites did in fact include lesbian, bisexual and heterosexual clients or customers.

Table 5 Sexual identity profile of sites (percentage within site category)

	Gay	Lesbian	Bi	Straight	Queer	Other
Arts/ Cultural/ Sporting/ Professional	95.8	79.2	50.0	62.5	33.3	
Religion and Ethnicity based	93.8	56.3	87.5	56.3	25.0	
Political and Advocacy	88.2	82.4	64.7	64.7	58.8	11.8
Media	85.7	85.7	85.7	85.7	100.0	14.3
HIV focus	94.7	57.9	73.7	78.9	42.1	10.5
Other health and testing	94.4	88.9	88.9	88.9	77.8	11.1
Community and social support	88.1	52.4	64.3	50.0	35.7	14.3
Youth focus	100.0	96.2	96.2	69.2	73.1	7.7
SOPVs Clubs Pubs and Dance parties	100.0	40.9	86.4	81.8	45.5	13.6
Other	100.0	100.0	100.0	100.0	75.0	
Total	93.8	69.2	75.9	68.2	50.3	9.2

Ethnicity

An open ended question was asked concerning the profile of the membership/ clientele in terms of ethnicity. While most organisations had no a-priori restrictions on ethnicity, many reported that the actual membership was limited in its ethnic diversity. We have therefore categorised the responses to this item in four groups: those that noted a “minimal” presence of non-Anglo members or clientele (for example “mostly Caucasian” or “low portion of CALD community”); those that identified visible ethnic groups within the membership (for example, “97% Anglo, 3% south eastern Asian” or “mostly Caucasian, 20-30% Asian”); those that had a specific CALD focus; and those that used descriptions of the profile of the membership like “diverse” or “representative” without identifying any specific ethnic communities represented in the membership. The results are shown in Table 6.

Table 6 Ethnicity profile of site membership (percentage within site categories)

	Minimal	Visible	CALD specific	"diverse"
Arts/ Cultural/ Sporting/ Professional	40.9	9.1		50.0
Religion and Ethnicity based	31.3	6.3	37.5	25.0
Political and Advocacy	42.9	17.1		40.0
Media	25.0			75.0
HIV focus	55.6	16.7		27.8
Other health and testing	27.8	27.8		44.4
Community and social support	50.0	15.0		35.0
Youth focus	34.6	61.5		3.8
SOPVs Clubs Pubs and Dance parties	31.8	18.2		50.0
Other		25.0		75.0
Total	39.1	21.2	3.3	36.4

Client base size

The size of the client/membership base was asked in an open ended question. We recoded these responses to reflect the clustering of client sizes: very small sites with fewer than 100 members; small groups; moderately sized groups; large groups; and very large groups. The large and very large groups tended to be commercial sites or those with an online membership. The results can be found in Table 7. Almost half of the sites surveyed had memberships of less than 100, most notably social support and youth focused groups. Media and commercial sites were those with the largest membership or client base.

Table 7 Client/ membership size of sites (percentage within site category)

	<100	100-499	500-999	1000-4999	5000+
Arts/ Cultural/ Sporting/ Professional	43.5	30.4	4.3		21.7
Religion and Ethnicity based	71.4	21.4	7.1		
Political and Advocacy	28.6	35.7	14.3	21.4	
Media	16.7				83.3
HIV focus	46.7	26.7	6.7	20.0	
Other health and testing	33.3	6.7	26.7	20.0	13.3
Community and social support	61.5	30.8	5.1	2.6	
Youth focus	66.7	8.3	12.5	8.3	4.2
SOPVs Clubs Pubs and Dance parties	5.6	16.7	33.3	27.8	16.7
Other	33.3	33.3	33.3		
Total	46.2	22.2	12.3	9.9	9.4

Client/Patron Location

Respondents were asked the geographic catchment for their patrons/members. Responses were coded for the presence of a significant proportion (i.e. more than one or two) of members from: the inner city; metropolitan Melbourne; regional areas; interstate; and overseas. The results can be found in Table 8. The majority of sites had clients or patrons from both metropolitan and regional Victoria. Religion/ethnicity based, HIV focused and youth sites were least likely to include interstate or international clients or members.

Table 8 Client patron geographic catchment (percentage within site category- multiple responses possible)

	Inner City	Metropolitan	Regional	Interstate	Overseas
Arts/ Cultural/ Sporting/ Professional	91.7	95.8	45.8	50.0	16.7
Religion and Ethnicity based	68.8	93.8	43.8	25.0	25.0
Political and Advocacy	88.2	82.4	82.4	47.1	41.2
Media	85.7	100.0	85.7	71.4	71.4
HIV focus	84.2	89.5	84.2	31.6	31.6
Other health and testing	77.8	77.8	94.4	55.6	50.0
Community and social support	81.0	90.5	81.0	45.2	21.4
Youth focus	34.6	69.2	76.9	23.1	7.7
SOPVs Clubs Pubs and Dance parties	90.9	100.0	86.4	86.4	68.2
Other	100.0	100.0	100.0	100.0	50.0
Total	77.4	88.2	75.9	47.7	32.3

Gay community involvement

Respondents were asked the extent to which they felt the membership or clientele were involved in the “gay community”. The results are shown in Table 9. Around one in five sites characterised their clientele as very connected to gay community, while the majority characterised their clients as somewhat involved. Media and youth focused sites were the most likely to characterise their constituency as having little involvement in gay community, although the absolute numbers are small.

Table 9 Client/patron involvement in gay community (percentage within site category)

	not at all	a little	somewhat	very
Arts/ Cultural/ Sporting/ Professional		9.1	50.0	40.9
Religion and Ethnicity based		21.4	71.4	7.1
Political and Advocacy		25.0	50.0	25.0
Media	14.3	28.6	42.9	14.3
HIV focus		5.6	55.6	38.9
Other health and testing	6.3	31.3	37.5	25.0
Community and social support		22.0	63.4	14.6
Youth focus	16.7	29.2	50.0	4.2
SOPVs Clubs Pubs and Dance parties	9.1	22.7	50.0	18.2
Other			75.0	25.0
Total	4.3	20.7	54.3	20.7

HIV/ sexual health engagement of client base

Respondents were asked for their assessment of the degree to which their membership were concerned about HIV and STIs in Victoria. The results are shown in Table 10. This was not intended to ascertain the actual engagement of the clientele, but rather the key informants' perception of this.

Table 10 Perceived client/patron concern regarding HIV/STIs (percentage within site category)

	not at all	a little	somewhat	very	don't know
Arts/ Cultural/ Sporting/ Professional			50.0	12.5	37.5
Religion and Ethnicity based	6.7	20.0	33.3	26.7	13.3
Political and Advocacy	5.9	5.9	47.1	11.8	29.4
Media	14.3	14.3	57.1		14.3
HIV focus			36.8	57.9	5.3
Other health and testing	11.1	11.1	33.3	33.3	11.1
Community and social support	4.8	14.3	38.1	19.0	23.8
Youth focus		28.0	40.0	20.0	12.0
SOPVs Clubs Pubs and Dance parties	9.1	9.1	45.5	18.2	18.2
Other			25.0	25.0	50.0
Total	4.7	11.4	40.9	22.8	20.2

Respondents were asked their perception of the level of knowledge their clients/patrons have about HIV and STIs. The results are shown in Table 11. Most sites reported a perception of moderate HIV/STI knowledge among their clientele. The only report of significant lack of knowledge was in 13% of the religion/ethnicity focused sites. In some categories there was a high level of "don't know" responses.

This tended to be for organisations where the interactions with clients was less intimate and therefore the perceptions of their knowledge levels more difficult to gauge, for example from the media category.

Table 11 Perceived client/patron knowledge of HIV/STIs (percentage within site category)

	not at all	a little	somewhat	very	don't know
Arts/ Cultural/ Sporting/ Professional			33.3	33.3	33.3
Religion and Ethnicity based	13.3		40.0	26.7	20.0
Political and Advocacy	5.9	11.8	47.1	11.8	23.5
Media		28.6	28.6		42.9
HIV focus		5.9	47.1	41.2	5.9
Other health and testing	5.9	17.6	47.1	5.9	23.5
Community and social support		4.8	38.1	47.6	9.5
Youth focus	4.2	16.7	50.0	16.7	12.5
SOPVs Clubs Pubs and Dance parties	4.5	9.1	45.5	18.2	22.7
Other			75.0		25.0
Total	3.2	8.5	42.9	26.5	19.0

Organisation

We asked a series of questions about the way in which the organisation or site operates in relation to other sites and in relation to HIV/STI health promotion.

In terms of inter-organisational linkages, we asked respondents which other organisations they had affiliations with in the gay community. As the specific organisations varied enormously, we classified the named organisations into geographic categories: local and Victorian organisations; national organisations; and international organisations. The results are shown in Table 12. Overall most sites had some affiliation with local organisations, while around 32% and 11% had affiliation with national and international organisations respectively.

Table 12 Geographic location of gay community affiliations (percentage within site category)

	Local	National	International
Arts / Cultural/ Sporting/ Professional	83.3	50.0	33.3
Religion and Ethnicity based	62.5	25.0	6.3
Political and Advocacy	76.5	58.8	5.9
Media	100.0	85.7	28.6
HIV focus	73.7	31.6	15.8
Other health and testing	88.9	16.7	11.1
Community and social support	81.0	38.1	7.1
Youth focus	76.9	11.5	3.8
SOPVs Clubs Pubs and Dance parties	86.4	9.1	4.5
Other	100.0	25.0	
Total	80.5	32.3	11.3

HIV/STI Health Promotion

We were interested in the extent to which HIV and STI health promotion played a role within the organisations and sites surveyed. It is important to acknowledge that health promotion is not the primary purpose for most of these organisations. The results are shown in Table 13. Interestingly, those with the highest proportion of sites engaging in health promotion were youth organisations, media and the commercial sector. Around 32% of HIV focused sites did not specifically engage in HIV/STI health promotion.

Table 13 Engagement in HIV/STI health promotion (percentage within site category)

Arts/ Cultural/ Sporting/ Professional	33.3
Religion and Ethnicity based	31.3
Political and Advocacy	29.4
Media	85.7
HIV focus	68.4
Other health and testing	66.7
Community and social support	50.0
Youth focus	88.5
SOPVs Clubs Pubs and Dance parties	81.8
Other	50.0
Total	58.5

Relationship between HIV/STI health promotion and beliefs about clients

We examined the perceptions of clients' engagement with and knowledge of HIV (Table 14 and Table 15 respectively). It can be seen that health promotion activity is more likely when sites perceive their clients as more engaged with HIV. There is no clear relationship between perceived client knowledge and site health promotion. Interestingly, when there is little knowledge of client engagement or knowledge, there is unlikely to be health promotion activity.

Table 14 Site engagement in HIV/STI health promotion by client engagement with HIV (percentage of client ratings)

Client engagement with HIV	Site does Health Promotion	
	Yes	No
not at all	33.3	66.7
a little	28.6	71.4
somewhat	24.1	75.9
very much	40.9	59.1
don't know	15.4	84.6

Table 15 Site engagement in HIV/STI health promotion by client knowledge of HIV (percentage of client ratings)

Client knowledge of HIV	Site does Health Promotion	
	Yes	No
not at all	33.3	66.7
a little	37.5	62.5
somewhat	30.0	70.0
very much	24.0	76.0
don't know	13.9	86.1

We asked those sites that engaged in health promotion to specify the media through which they did so. The results are shown in Table 16. ALSO, Joy FM and the gay press were the most commonly cited mechanisms.

Table 16 HIV/STI health promotion resources used (percentage within site category for those engaged in health promotion, multiple responses possible)

	MCV	Bnews	SX	Qmag	ALSO	Joy FM	3CR	Rainbow Radio	Midsumma	Queer FF	Chill out	Leather Festival	Mail outs	list servers	forums	banner ads	other
Arts/ Cultural/ Sporting/ Professional	66.7	66.7	12.5	4.2	75.0	79.2	16.7	12.5	66.7	25.0	12.5		8.3	50.0		8.3	62.5
Religion and Ethnicity based	43.8	50.0	12.5	6.3	68.8	25.0	6.3		31.3	6.3	6.3		12.5	18.8	6.3		68.8
Political and Advocacy	70.6	52.9	11.8	11.8	88.2	64.7	23.5	17.6	58.8	23.5	23.5	5.9	17.6	58.8	5.9		76.5
Media	14.3	14.3		14.3	57.1	85.7		14.3	57.1	14.3	28.6		28.6	28.6	14.3		57.1
HIV focus	42.1	42.1	21.1	26.3	78.9	36.8	10.5	10.5	42.1	26.3	21.1	26.3	21.1	10.5	5.3	15.8	73.7
Other health and testing	33.3	45.8		8.3	87.5	45.8	25.0		37.5	12.5	8.3	4.2	25.0	37.5	8.3	4.2	54.2
Community and social support	63.9	47.2	8.3	5.6	69.4	61.1	5.6	5.6	36.1	2.8	16.7	8.3	22.2	33.3	8.3	11.1	66.7
Youth focus	26.9	26.9	3.8	3.8	84.6	42.3	11.5	7.7	42.3	3.8	23.1		30.8	19.2	11.5		76.9
SOPVs Clubs Pubs and Dance parties	63.6	59.1	9.1	13.6	27.3	40.9		9.1	27.3	4.5	9.1	18.2	9.1	18.2	4.5	27.3	77.3
Other	50.0	50.0	25.0	50.0	100.0	25.0			75.0	25.0	25.0	100.0	25.0	50.0		50.0	50.0
Total	50.3	47.2	9.2	10.3	72.3	51.8	11.3	7.7	43.6	12.3	15.9	9.2	19.5	31.3	6.7	9.2	68.2

We asked whether the site's engagement with HIV/STI health promotion had changed over time. For most sites there had been no change (Table 17). Of those that reported change over time, similar proportions reported an increase (due to more available physical and web based resources) and decrease (due to reductions in funding or membership).

Table 17 Change in HIV/STI health promotion role (percentage within site category)

	not at all	a little	somewhat	very
Arts/ Cultural/ Sporting/ Professional	72.7	22.7	4.5	
Religion and Ethnicity based	84.6	15.4		
Political and Advocacy	70.6	11.8	17.6	
Media	50.0		33.3	16.7
HIV focus	33.3	8.3	25.0	33.3
Other health and testing	70.0	20.0	5.0	5.0
Community and social support	75.8	12.1	9.1	3.0
Youth focus	70.0	15.0	10.0	5.0
SOPVs Clubs Pubs and Dance parties	47.4	5.3	26.3	21.1
Other	50.0	50.0		
Total	66.3	14.5	12.0	7.2

We asked respondents if their organisation or group had experienced difficulty in accessing health promotion material like posters, pamphlets and condom and lubricant packets. We categorised the responses into: very difficult; somewhat difficult; not difficult; and resources being received unsolicited (Table 18). We added the fourth category to characterise those sites that did not actively seek health promotion resources, but received them from core HIV organisations, for example through mail outs. Most sites reported either that they experienced no difficulty or received resources unsolicited.

Table 18 Difficulty accessing health promotion resources (percentage within site category)

	very difficult	somewhat	not difficult	resources unsolicited
Arts/ Cultural/ Sporting/ Professional	14.3		71.4	14.3
Religion and Ethnicity based			83.3	16.7
Political and Advocacy		25.0	50.0	25.0
Media			75.0	25.0
HIV focus		16.7	58.3	25.0
Other health and testing	5.3	15.8	68.4	10.5
Community and social support			92.9	7.1
Youth focus		8.7	91.3	
SOPVs Clubs Pubs and Dance parties		15.4	69.2	15.4
Other			33.3	66.7
Total	1.8	10.1	74.3	13.8

We asked who supplied the health promotion resources used in the organisation or site for those that received such material. While many sites used material (or other modalities) produced by themselves, the primary external supplier was the Victorian AIDS Council (Table 19).

Table 19 Supplier of HIV/STI health promotion resources (percentage within site category- multiple responses possible)

	DHS	VAC	PLWHA	GLHV	VicHealth	ALSO	MSHC	AFAO	NAPWA	CAN
Arts/ Cultural/ Sporting/ Professional		8.3			4.2					4.2
Religion and Ethnicity based		25.0	6.3			6.3		6.3		
Political and Advocacy	5.9	41.2	5.9		5.9	5.9				
Media		42.9	42.9							14.3
HIV focus	10.5	47.4	36.8			10.5	5.3	15.8	5.3	
Other health and testing	20.8	20.8	4.2	4.2		4.2	12.5	4.2		4.2
Community and social support		25.0		2.8		2.8	2.8	2.8	2.8	8.3
Youth focus	3.8	19.2		11.5		15.4		3.8	3.8	7.7
SOPVs Clubs Pubs and Dance parties	4.5	77.3	27.3			4.5				
Other		75.0								
Total	5.1	32.8	9.7	2.6	1.0	5.6	2.6	3.6	1.5	4.1

We also asked respondents who they would expect to supply HIV/STI health promotion resources in the future (Table 20). Again, most expected that resources would be supplied by the VAC, with smaller percentages nominating the Department of Human Services and PLWHA (Victoria).

Table 20 Expectations of HIV/STI health promotion resource supplier (percentage within site category)

	DHS	VAC	PLWHA	GLHV	VicHealth	Other
Arts/ Cultural/ Sporting/ Professional	4.2	54.2	12.5	12.5	8.3	25.0
Religion and Ethnicity based	6.3	37.5	18.8	6.3	6.3	12.5
Political and Advocacy	5.9	29.4	11.8	5.9	5.9	5.9
Media		28.6	28.6			
HIV focus	5.3	21.1			10.5	
Other health and testing	33.3	33.3	8.3	4.2	4.2	4.2
Community and social support	25.0	41.7	11.1	8.3	11.1	16.7
Youth focus	23.1	11.5	3.8	3.8	11.5	
SOPVs Clubs Pubs and Dance parties		31.8	4.5		4.5	
Other		50.0				
Total	13.8	33.3	9.2	5.1	7.7	8.2

Given that health promotion is not the primary purpose for most sites interviewed, we were interested in the types of constraints they experienced in engaging with health promotion. While there were many specific constraints identified by sites, we categorised the majority into: time constraints; financial constraints; geographic reach or isolation; the policy environment of the organisation (for example organisational charter, operational style or modes of contact with members); and resistance of members or clients to a health promotion component to their interaction with the group.

Overall, time and financial constraints were most likely to be cited. Specific and local considerations were also frequently cited (these did not meaningfully group together so are reported under other).

Resistance of clients was most likely to be cited by the commercial sites and, interestingly, HIV focused sites. Policy environment was most likely to be cited by religion/ethnicity focused sites, political/advocacy groups and media.

Table 21 Constraints on conduct of HIV/STI health promotion (percentage within site category- multiple responses possible)

	time	expense	geographic	policy history	resistance of clients	other
Arts/ Cultural/ Sporting/ Professional	29.2	20.8		16.7	12.5	41.7
Religion and Ethnicity based	25.0	25.0	6.3	31.3	6.3	43.8
Political and Advocacy	58.8	41.2		29.4		41.2
Media	28.6	14.3		28.6		42.9
HIV focus	31.6	26.3	10.5	15.8	15.8	5.3
Other health and testing	25.0	29.2	8.3	12.5	8.3	
Community and social support	11.1	13.9	11.1	13.9	8.3	30.6
Youth focus	26.9	26.9	19.2	19.2	11.5	7.7
SOPVs Clubs Pubs and Dance parties	22.7	27.3		9.1	31.8	22.7
Other	50.0	25.0				25.0
Total	27.2	24.6	7.2	17.4	11.3	24.1

We also asked respondents what they considered to be the optimal modalities for HIV/STI health promotion for gay men in Victoria. While a wide and varied range of responses were generated, we have characterised the primary modes in Table 22. Multiple modalities were cited by most informants. There was also considerable variation among the categories of organisations in their support for several of the modalities. Some examples to note include lower support for online health promotion from HIV focused sites, lower support for banner ads from religion/ethnicity focused sites, and lower support for Midsumma outreach from commercial sites. In many ways these differences reflect the constituencies of the sites and clearly the nature of these constituencies colour their perception of optimal outreach. The high percentages for the “other” category requires a note of explanation. The interviewer was required to mark the “other” box on the interview sheets if the respondent went on to expand their thoughts about health promotion. As can be seen by the percentages, many did. These answers are reflected in the categories chosen.

Table 22 Perceived optimal method of HIV/STI health promotion (percentage by site category-multiple responses possible)

Arts/ Cultural/ Sporting/ Professional	62.5	58.3	20.8	20.8	37.5	4.2	8.3	16.7	16.7	16.7	16.7	16.7	4.2	33.3	12.5	16.7	12.5	20.8	66.7
Religion and Ethnicity based	37.5	43.8	18.8	12.5	18.8	12.5	6.3	12.5	6.3	6.3	6.3	6.3	6.3	31.3	18.8	12.5	6.3	25.0	75.0
Political and Advocacy	64.7	58.8	35.3	47.1	47.1	41.2	23.5	41.2	23.5	23.5	23.5	23.5	35.3	58.8	52.9	41.2	47.1	35.3	64.7
Media	42.9	28.6	42.9	42.9	28.6	14.3	28.6	28.6	14.3	14.3	14.3	14.3	14.3	28.6	28.6	28.6	57.1	28.6	71.4
HIV focus	47.4	47.4	31.6	31.6	36.8	21.1	21.1	31.6	21.1	15.8	26.3	21.1	15.8	21.1	15.8	15.8	21.1	5.3	52.6
Other health and testing	20.8	25.0	16.7	20.8	29.2	16.7	16.7	29.2	20.8	20.8	4.2	33.3	20.8	33.3	20.8	33.3	20.8	25.0	58.3
Community and social support	72.2	66.7	25.0	25.0	50.0	13.9	8.3	38.9	27.8	27.8	13.9	55.6	16.7	16.7	25.0	36.1	36.1	25.0	63.9
Youth focus	19.2	19.2	11.5	11.5	11.5	7.7	7.7	11.5	11.5	7.7	3.8	23.1	7.7	7.7	7.7	11.5	11.5	34.6	76.9
SOPVs Clubs Pubs and Dance parties	31.8	31.8	9.1	13.6	22.7	4.5	4.5	4.5		4.5		9.1	4.5	9.1	4.5	18.2	18.2	27.3	68.2
Other	25.0	25.0	25.0	25.0	25.0				25.0			25.0				25.0	25.0	25.0	50.0
Total	45.1	43.6	21.5	23.1	32.3	13.8	11.8	23.6	19.5	16.9	14.4	10.8	33.8	17.4	19.5	23.6	25.1	25.1	65.6

More specifically within their own organisation or group, respondents were asked what would be the optimal HIV/STI health promotion for their membership. The results are shown in Table 23. Again, most informants nominated multiple modalities. There were fewer marked differences than in the previous item.

Table 23 Perceived optimal HIV/STI health promotion method within organisation (percentage within site category-multiple responses possible)

	interactive workshop event	workshop /seminar	outreach educators	posters	pamphlets	other
Arts/ Cultural/ Sporting/ Professional	33.3	8.3	12.5	41.7	41.7	50.0
Religion and Ethnicity based	31.3	31.3	18.8	18.8	37.5	12.5
Political and Advocacy	17.6	41.2	23.5	41.2	41.2	29.4
Media	14.3	14.3				85.7
HIV focus	10.5	15.8	15.8	26.3	15.8	
Other health and testing	16.7	29.2	20.8	37.5	37.5	8.3
Community and social support	25.0	27.8	30.6	25.0	33.3	36.1
Youth focus	38.5	30.8	42.3	15.4	30.8	3.8
SOPVs Clubs Pubs and Dance parties	13.6	4.5	13.6	54.5	36.4	45.5
Other	25.0	25.0		50.0	50.0	
Total	23.6	23.1	22.1	31.3	33.3	26.2

Results: Participant survey

The survey was designed to measure participants’ engagement (or non-engagement) with the organisations, sites and networks of Victorian gay men’s communities. In the survey, a total of 1033 men participated and they named a total of 450 sites. After data cleaning, we had sufficient data from 803 men for analysis. The main reason for exclusion was having a residential postcode outside Victoria. In order to protect the privacy of men completing the survey, we removed sites that were nominated by fewer than five men. This reduced the number of sites to 125.

The age distribution of the men is shown in Table 24. As can be seen the majority of the men were aged between 20 and 49 with relatively few aged under 20 or over 60. More men declined to give their age than refused any other question.

Table 24. Age distribution of participants

	Freq.	Percent	Cum.
16-19	47	5.85	5.85
20-29	140	17.43	23.29
30-39	182	22.67	45.95
40-49	175	21.79	67.75
50-59	91	11.33	79.08
60+	52	6.48	85.55
Not specified	116	14.45	100.00
Total	803	100.00	

Fewer men than would be expected were of Aboriginal or Torres Strait Islander background (Table 25).

Table 25. Indigenous status

	Freq.	Percent	Cum.
Yes, Aboriginal	7	0.88	0.88
No, neither	787	99.12	100.00
Total	794	100.00	

The men were generally well educated with nearly 70% having a tertiary qualification of some kind (Table 26)

Table 26. Years of formal education

	Freq.	Percent	Cum.
0-6	2	0.25	0.25
7-11	134	16.69	16.94
Year 12/HSC	119	14.82	31.76
Tertiary	548	68.24	100.00
Total	803	100.00	

Just under half (46%) were currently in a relationship with another man.

Men were generally open about their sexuality (Tables 27-30). Most or all of friends, family and workmates knew about the men's sexuality. However, this was less likely to be the case for neighbours.

Table 27. How many of your friends know about your sexuality?

	Freq.	Percent	Cum.
None	13	1.62	1.62
A few	52	6.49	8.11
Some	58	7.24	15.36
Most	204	25.47	40.82
All	474	59.18	100.00
Total	801	100.00	

Table 28. How many of your family know about your sexuality?

	Freq.	Percent	Cum.
None	81	10.11	10.11
A few	65	8.11	18.23
Some	77	9.61	27.84
Most	155	19.35	47.19
All	423	52.81	100.00
Total	801	100.00	

Table 29. How many of your workmates know about your sexuality?

	Freq.	Percent	Cum.
None	92	11.78	11.78
A few	89	11.40	23.18
Some	96	12.29	35.47
Most	177	22.66	58.13
All	327	41.87	100.00
Total	781	100.00	

Table 30. How many of your neighbours know about your sexuality?

	Freq.	Percent	Cum.
None	244	30.50	30.50
A few	150	18.75	49.25
Some	115	14.38	63.63
Most	132	16.50	80.13
All	159	19.88	100.00
Total	800	100.00	

The majority of men indicated that some, most or a few of their friends were homosexual men (Table 31).

Table 31. How many of your friends are gay or homosexual.

	Freq.	Percent	Cum.
None	23	2.87	2.87
A few	171	21.35	24.22
Some	324	40.45	64.67
Most	275	34.33	99.00
All	8	1.00	100.00
Total	801	100.00	

Of the total sample, 73% were HIV-negative, 12% HIV-positive, with 13% never tested and 2% indicated that they would rather not say. More than half of the men (60%) indicated that they had had an STI test for something other than HIV in the previous year, with 10% of the total sample indicating that they had been diagnosed with an STI.

A range of patterns of drug and alcohol use were observed (Table 32-37). Just over a quarter (27%) used tobacco at least weekly, and more than half (52%) used alcohol at least weekly. Less common was weekly use of cannabis (6%), methamphetamine (1%), other drug use (1%) and drug injection (1%).

Table 32. Tobacco use in previous year.

	Freq.	Percent	Cum.
4+ days/wk	193	24.03	24.03
3 or less/wk	27	3.36	27.40
< weekly	78	9.71	37.11
Never	505	62.89	100.00
Total	803	100.00	