Sexual Behaviour in a Group of Swedish Homosexual Men

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Using self-administered questionnaires, sexual behaviour was assessed among 181 male homosexuals who were members of a 'gay' organization. Eighty-seven out of 181 (48%) had a regular partner and 14% reported their relationship as monogamous. The number of different sexual partners among the studied men was found to be low. Anal intercourse with non-steady partners in the past year had been practised by 43%, 79% of whom had generally used a condom. Use of condoms during oral intercourse was less common. Most of the men (86%) had made some risk-reducing behavioural changes (since a mean of 2.8 years) because of perceived risk of HIV/AIDS. 73% had had an HIV antibody test performed. Adoption of safer sexual practices seems to have occurred among the gay men studied.

Key words: Condom; HIV.

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An increased prevalence of sexually transmitted diseases (STD) among groups of homosexual men was reported in the 1970s and early 1980s (1–4). Asymptomatic carriage of various sexually transmitted agents together with certain sexual practices, such as unprotected anal intercourse, oro-anal contact and frequent change of sexual partners, are important risk factors for further spread of STD among these men (5–8). Information concerning risk reduction in sexual practices has been one of the measures taken to reduce this spread. The occurrence of AIDS has increased the importance of such information.

The aim of this study was to collect data on sexual behaviour among male members of a gay organization in order to evaluate to what extent risky sexual behaviour still occurs.

PATIENTS AND METHODS

The gay and lesbian organization RFSL has about 500 members in Göteborg (approx. 440 000 inhabitants). Half of these members are males. Starting in 1979, the members of this organization have received continuous information on STD, risk factors and risk-reducing measures. Initially, the stress was placed on information about STD in general and on the occurrence of asymptomatic infections in particular. As risk-reducing measures, regular check-ups, even in the absence of symptoms, and reduction of the number of sexual partners were recommended. Since 1983 the information has become more detailed concerning different sexual techniques as risk factors for contracting STDs. The main recommendation has been adoption of safer sexual practices, including the use of condoms. The methods used to get this information across have included pamphlets, lectures, the gay radio covering the Göteborg area and personal communication with men attending for check-ups for STD.

In September 1987, a self-administered questionnaire and a stamped envelope were sent to all male members of the gay organization. To preserve confidentiality, the distribution was arranged by the organization itself. After answering the questions, the men were asked to return the questionnaire in the stamped envelope addressed to the investigator. Information was collected on number of partners, frequency of anonymous partners, place of sexual encounters, use of different sexual techniques, use of condoms, self-reported changes in risk behaviour because of perceived risk of HIV and whether the respondent had ever had an HIV antibody test performed. For reasons of confidentiality, the result of the HIV test was not asked for. Age was recorded within 5-year intervals between 16 and 49 years of age, 50–59 years and 60 years or older.

Statistics

χ²-tests were used when evaluating the difference in number of partners and sexual practices between men with and without regular relationships. p-values <0.05 were regarded as significant.

RESULTS

Some 254 questionnaires were distributed in September 1987, 181 (71%) of which were returned. The median age was 34.7 years. Eighty-seven (48%) of the 181 men were living in a regular relationship. In all but one case the partner was another male. The mean duration of these relationships was 5.3 years (range 3 months–25 years) and 28 out of 87 (67%) had lasted for at least 2 years. Monogamous relationships were reported by 26 (14%) of the 181 men.

The numbers of male sexual partners during the last month and in the preceding 12 months are shown in Table I. The number of partners did not differ significantly when comparing men with regular relationships (RR) versus men without regular relationships.
Table I. Number of male partners among 181 studied gay men

<table>
<thead>
<tr>
<th>Number of male partners in preceding month</th>
<th>≤ 1</th>
<th>2</th>
<th>3–5</th>
<th>≥ 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>72%</td>
<td>14%</td>
<td>13%</td>
<td>1%</td>
<td></td>
</tr>
</tbody>
</table>

Number of male partners in preceding 12 months

<table>
<thead>
<tr>
<th>≤ 1</th>
<th>2–5</th>
<th>6–20</th>
<th>≥ 21</th>
</tr>
</thead>
<tbody>
<tr>
<td>34%</td>
<td>41%</td>
<td>22%</td>
<td>3%</td>
</tr>
</tbody>
</table>

(NRR) (data not shown). One or more female partner during the past 12 months was reported by 14 (6%) of the men. Among 163 men, having had one or more partners, the preceding 12 months, 70 (43%) had had at least one anonymous partner but only 32 (20%) reported that half or more of their partners were anonymous. An anonymous partner was defined as a person who the respondent was unable to contact after the encounter because of lack of information about his name or address.

91% of RR and 77% of NRR reported that most of their sexual activity had taken place in their own or their partner’s home. Among extra-domestic places for sexual encounters, parks, public lavatories, cars and peep shows were those most often mentioned.

All questions about sexual techniques referred to activity levels during the last 12 months. The extent to which the men had engaged in anal intercourse, orogenital intercourse and oro-anal contact is shown in Table II. For all of these sexual practices, the activity level was significantly higher for RR vis-à-vis NRR. However, many of the RR commented that such more risky behaviour was only practiced with their regular partner. 103 (57%) and 100 (55%) of the 181 men had practiced insertive and receptive oral intercourse, respectively, with a non-steady partner in the preceding 12 months. Anal intercourse (insertive and/or receptive) with a non-steady partner was reported by 78 out of the 181 (43%) men. The use of condoms among these men is shown in Table III.

Of 40 men in non-monogamous regular relationships, 13 (33%) almost always or always used a condom during anal intercourse with their regular partner. Fifty-seven out of 104 (55%) men always used lubricants during anal intercourse. Recommended, water-soluble lubricants were used by most of the men (61/104, 59%). Vaseline and saliva were used by 9% and 19%, respectively.

Poppers (nitrite inhalants) were infrequently used in this population. Only 14 out of 172 (8%) men had used these drugs in the past 12 months, most of them less than once a month. A majority (149/174, 86%) of the 181 studied men reported having made changes in their sexual behaviour because of perceived risk of HIV/AIDS. The mean duration of such changes was 2.8 years. Of these men, 62% (92/149) reported having reduced their number of partners and 59% (88/149) had made changes in the direction of safer sexual practices, e.g., increased use of condoms, abstinence from anal intercourse, not practising analingus and not taking sperm in the mouth. Most of the men who had not changed their sexual behaviour stated they had already avoided high-risk sexual practices before the occurrence of HIV/AIDS.

One hundred and thirty-two (73%) of the 180 men had had an HIV antibody test performed at least once. Among 48 never-tested men, 10 were living in monogamous relationships and 16 had had no or only one partner in 12 months. Twenty-three men had had multiple partners but only 7 of these had practiced unprotected anal intercourse, oro-anal contact or orogenital intercourse with ejaculation in the last 12 months.

DISCUSSION

The study population is a highly selected group of gay men. The results may therefore not be valid for other

Table II. Sexual practices in preceding 12 months among 181 gay men

<table>
<thead>
<tr>
<th></th>
<th>Insertive</th>
<th>Receptive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Anal intercourse</strong></td>
<td>RR</td>
<td>NRR</td>
</tr>
<tr>
<td>Number of occasions</td>
<td>(n=86)</td>
<td>(n=94)</td>
</tr>
<tr>
<td>0</td>
<td>42%</td>
<td>60%</td>
</tr>
<tr>
<td>1–10</td>
<td>31%</td>
<td>33%</td>
</tr>
<tr>
<td>&gt;10</td>
<td>27%</td>
<td>7%</td>
</tr>
<tr>
<td><strong>Oral intercourse with ejaculation</strong></td>
<td>RR</td>
<td>NRR</td>
</tr>
<tr>
<td>Frequency of practice</td>
<td>(n=86)</td>
<td>(n=93)</td>
</tr>
<tr>
<td>Never</td>
<td>41%</td>
<td>79%</td>
</tr>
<tr>
<td>A few times</td>
<td>36%</td>
<td>16%</td>
</tr>
<tr>
<td>More often</td>
<td>23%</td>
<td>5%</td>
</tr>
<tr>
<td><strong>Oro-anal contact</strong></td>
<td>RR</td>
<td>NRR</td>
</tr>
<tr>
<td>Frequency of practice</td>
<td>(n=86)</td>
<td>(n=92)</td>
</tr>
<tr>
<td>Never</td>
<td>55%</td>
<td>76%</td>
</tr>
<tr>
<td>A few times</td>
<td>25%</td>
<td>19%</td>
</tr>
<tr>
<td>More often</td>
<td>20%</td>
<td>5%</td>
</tr>
</tbody>
</table>

* Men with regular relationships.
  * Men without regular relationships.
groups of Swedish gay men. As members of a gay organization, the men studied have received detailed information on safer sexual practices for several years. A high prevalence of STDs was found among male homosexuals in Göteborg, including organized gay men, in 1982–83 (4), indicating that high-risk sexual behaviour was common at that time.

The reported number of sexual partners among the studied men was low. Seventy-five per cent of the men had had 5 or less partners in the preceding year. In 1982, Ross (9) reported a mean of 3.8 partners a month over the past year among organized gay men in Stockholm. The men in the present study had had approximately 0.5 partners a month in the preceding 12 months.

The generally low number of partners may explain why no difference in number of partners was found between men with and without regular relationships. Almost half of the studied men reported having a steady partner but only a minority were living in monogamous relationships. Accordingly, most of them also had some sexual encounters outside their regular relationship, thereby running a risk of contracting an STD.

Men in regular relationships significantly more often practised analgising, anal intercourse and fellatio with ejaculation compared to men without steady partners but, being aware of the above-mentioned risk, they usually restricted these sexual practices to their steady partner. Among those men in regular relationships who practised anal intercourse with casual partners, 91% almost always or always used a condom. Even so, this may be a cause for concern. High-risk sexual practices, such as unprotected anal intercourse and analgising, are better restricted to strictly monogamous relationships where both partners have been found to be free of STDs. In non-monogamous relationships, the same precautions must be recommended as for non-steady partners.

The overall use of condoms among men who had had anal intercourse with casual partners was very high. Only 11% stated that they had never used a condom in the preceding 12 months. As receptive anal intercourse by a non-steady partner has been found to be highly associated with HIV seroconversion (10), this means that the studied men have lowered their risk of HIV considerably. Furthermore, the extent to which receptive anal intercourse was practised by men in non-regular relationships was found to be low.

Use of condoms during orogenital contact was less prevalent but 50% of the men at least sometimes used a condom during receptive oral intercourse. The taste of rubber and aesthetic reasons may contribute to the lower frequency of regular use compared with during anal intercourse. Furthermore, the level of risk for HIV transmission during fellatio seems low (10), even though it is still not established (11).

The gay men in this study seem well aware of the risk of STD, including HIV. 86% of them had modified their sexual behaviour because of perceived risk. Continuous information on safer sexual practices may have contributed to these behavioural changes. Knowing someone with AIDS has been found to be significantly correlated with changes in sexual behaviour among gay men in London (12). The prevalence of HIV infection in Göteborg is low, a total of 96 identified HIV infected individuals at the time of this study. Knowing someone with HIV/AIDS can hardly be of any major importance in explaining the behavioral changes found in this study.

As pointed out earlier, the men studied are a selected group of Swedish gay men but may be regarded as 'ambassadors' for safer sexual practices. By using low-
risk sexual techniques in their sexual encounters with
other, perhaps less well-informed, men, they may
counter the spread, not of STD, but of a safer
sexual life-style.

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