Non-Gay-Identifying Men Who Have Sex with Men: Formative Research Results from Seattle, Washington

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SYNOPSIS

NON-GAY-IDENTIFYING MEN who have sex with men are at risk for human immunodeficiency virus (HIV) infection. To understand these men and to develop interventions to reduce their HIV risks, the authors interviewed staff at agencies that serve non-gay-identifying men who have sex with men, business people who interact with them, and the men themselves. Interviews were augmented with focus groups of non-gay-identifying men who have sex with men and field observations at sites identified as places where they meet to negotiate or have sex. These qualitative data suggested 73 possible groups, which were consolidated into 16 broader "sectors," and then formally ranked by level of HIV risk, ease of access to the sector, psychosocial risks, and influence of other local interventions or research activities. The authors identified six priority groups of non-gay-identifying men who have sex with men (and sites where members of these groups could be approached): hustlers, closeted men, experimenters, incarcerated or formerly incarcerated men, men of color, and heterosexually identified bisexuals. Masturbation and oral sex were reportedly common, but anal and vaginal sex were also noted; condom use was rarely reported. Risk behaviors among non-gay-identifying men who have sex with men persist for a variety of reasons and may require a variety of intervention approaches.

Of 476,899 persons with acquired immunodeficiency syndrome (AIDS) reported in the United States through June 1995, more than half are men who have sex with men *(1)*. Although sex between men is not confined to men who self-identify as gay, homosexual, or bisexual, efforts to reduce HIV risk have often focused on gay men, potentially never reaching men who are at risk but do not identify as gay. Therefore, information about non-gay-identifying men who have sex with men (NGI-MSM) is needed to better assess the risk of this population and to develop appropriate prevention programs.

In 1989, the Centers for Disease Control (currently the Centers for Disease Control and Prevention, or CDC) funded the AIDS Prevention Project of the Seattle-King County Department of Public Health to develop, implement, and evaluate interventions targeting NGI-MSM. This paper presents the results of the formative evaluation phase of this project, during which we identified major

groups of NGI-MSM, how we could reach them, and what their knowledge, attitudes, beliefs, social norms, languages, daily activities, and risk behaviors were. This information was later used to formulate intervention strategies and risk-reduction messages tailored to the characteristics of NGI-MSM in Seattle.

Methods

During a period of 3 months, we followed the eleven steps described in detail in the article by Higgins, et al. *(2)* in this issue. As Higgins notes, this process begins by ascertaining the viewpoints of individuals outside the target population, then refines this information with the viewpoints of individuals inside the target population.

NGI-MSM meet other men and have sex in a variety of locations, including restrooms, parks, bars, bath-houses, and video arcades. Oral sex is most common, but anal sex takes place. Condom use in these settings is rare.

1. Define the risk population: Drawing upon personal or professional knowledge and experience, project staff defined the risk population as homosexually active men who did not read the local gay press, did not participate in local gay events (such as parades or dances), and generally did not frequent publicly gay establishments (such as bars).

2. Search for information: A search of available information on the risk population (including scholarly research and popular literature) suggested considerable gaps in knowledge. Research about the sexual behavior of men was limited and sometimes conflicting. It appeared that 1.5 percent to 10 percent of married U.S. men had engaged in homosexual activities during the preceding year *(3, 4)*, and that 5 percent to 14 percent of married U.S. men had ever (or at least since 1978) had a homosexual contact *(3, 5)*. Most information about the sexual behaviors of NGI-MSM came from somewhat dated ethnographic observations *(6)*, interviews of relatively small numbers of men or their spouses *(7, 8, 9)*, highly select populations *(10)*, or personal anecdotes *(11)*. However, based on interviews of 79 NGI-MSM at bathhouses and a movie-sex shop complex, Earl reported secretive attitudes, risky behaviors, and denial of risk among these men *(12)*. All together, these reports suggested a wide range of risky sexual activities and some points of access to NGI-MSM, but no definitive intervention strategies.

3. Survey internal personnel: Using standardized instruments (for this and every subsequent step), project staff formally interviewed other ("internal") staff at the AIDS Prevention Project and the Northwest AIDS Foundation (a private, nonprofit agency that has many programs specifically targeting men who have sex with men). These interviews (as well as interviews of external personnel and interactors—see steps 4 and 5) highlighted the diversity of the NGI-MSM population.

4. Survey external personnel: Project staff formally interviewed (by telephone or in person) staff and volunteers at 14 other agencies ("systems"), including sexually transmitted disease clinics, neighborhood health centers, community-based AIDS organizations, mental health agencies, minority advocacy agencies, the police, corrections and court agencies, church groups, local parks departments, and county and state transportation departments.

5. Survey interactors: Project staff surveyed individuals who have contact with NGI-MSM but are not themselves NGI-MSM: employees and managers of adult erotica businesses (bookstores, video arcades, X-rated theaters), public park groundskeepers, public and private transportation workers (rest-stop maintenance personnel, taxicab drivers), bartenders, vice officers, male escorts (prostitutes), counselors and therapists, and gay and bisexual support group participants. These interviews clarified points of access to NGI-MSM.

6. Integrate data: Qualitative data from steps 3 to 5 were reviewed, reduced, and integrated to define 73 groups of NGI-MSM with similar characteristics.

7. Define groups: We informally consolidated the 73 groups into 16 broader "sectors," which we then ranked in four steps. First, we identified four rating criteria and weights: (a) level of HIV risk (40 percent); (b) ease of access to sector (25 percent); (c) psychosocial risk (poverty, etc.) (20 percent); and (d) influence of other local research activities or interventions (15 percent). Next, we defined a 3-point scale (low=1, medium=2, high=3) for each criterion. Third, three project staff members rated each sector, multiplying each criterion score by the criterion weight and then summing the weighted criterion scores to yield a summary rating for each sector. Staff ratings were averaged to yield a final rating for each sector. Finally, sectors were ranked by final rating. Only the top six sectors (which overlap considerably) were examined subsequently:

a. *Hustlers,* or men who have sex with men primarily for economic reasons, including adolescents living on the

streets, low-income men, and non-gay-identified professional prostitutes or escorts.

b. *Closeted* (highly secretive) or coming-out men, including NGI-MSM who generally are not heterosexually active, but have some compelling reason not to identify as homosexual. Some men are closeted by choice (to maintain heterosexual privilege within the general population) and others by circumstance (men in the military or clergy). This sector also includes men who are in the process of coming to terms with their sexual orientation.

c. *New Age men or experimenters,* including NGI-MSM who reject conventional notions of sexual roles and feel free to participate in or experiment with a variety of sexual activities.

d. *Incarcerated or formerly incarcerated,* including men in and out of jail or prison who may experience same-sex behavior while incarcerated and who continue to practice this behavior after release from jail or prison.

e. *People of color or cultural groups,* including NGI-MSM from other sectors who are distinguished by cultural factors that allow or encourage same-sex behavior among heterosexuals or that restrict the ability of a member of a particular culture to identify himself as gay or bisexual if he is involved in same-sex activity.

f. *Heterosexually identified bisexual men,* including married men who have occasional same-sex encounters, men who have sex with men in all-male institutions (such as dormitories), and sexually active men who don't necessarily discriminate on the basis of gender. This sector is a "catch-all" for the majority of NGI-MSM.

8. Obtain access and observe population: Having identified the sectors of interest, staff contacted owners and managers of local sex shops, erotic bookstores, and video arcades to obtain access to local NGI-MSM. Staff visited these and other sites (notably parks and highway rest stops) to observe NGI-MSM directly. These observations (which continued until the formative evaluation ended) generally confirmed the data obtained to this point, that this population is extremely diverse, but there are places where interventions targeting NGI-MSM can be delivered. Equally important, our contacts with the shop owners and managers opened avenues for delivering interventions.

9. Interview "key" members: We recruited NGI-MSM through newspaper advertisements, flyers, and word of mouth. We attempted to recruit NGI-MSM from each of the six priority sectors. Each "key participant" was interviewed for about an hour. Representing the transition from the "insider" view to the "outsider" view, these interviews (and the focus groups that followed—see #11) particularly challenged stereotypes about NGI-MSM as socially dysfunctional and suggested instead that NGI-MSM are fully functional members of society who manifest their sexuality in unconventional ways.

10. Interpret collected data: Data were formally reduced, maps of where NGI-MSM could be reached were created, and potential intervention strategies were crafted, based upon theoretical models described elsewhere *(13)*.

11. Conduct focus groups: Recruiting largely by word of mouth, we conducted focus groups of NGI-MSM, specifically to confirm information from the individual interviews and to assess the acceptability to NGI-MSM of the proposed intervention.

> Intervening with this population begins with acknowledging and helping NGI-MSM to acknowledge that, whether or not they identify themselves as gay, same-sex activity presents a risk.

We interviewed 133 individuals: 32 project staff members, 48 systems staff members, 14 interactors, 28 individual key participants, and 11 key participants in two focus groups.

Results

Who are they? At every step in the formative research, interviewees claimed little knowledge of the size of the NGI-MSM population. Estimates of the ages of NGI-MSM varied widely, from the mid-teens through the sixties. Many respondents used age-group terminology to classify NGI-MSM: "older married men," "adolescents," "young men," "college-age men," or "street kids." Descriptions of socioeconomic status also ranged widely, from homeless men and youth to affluent suburbanites, with no particular patterns of distribution within the target population. Observations at NGI-MSM sites confirmed the diversity of socioeconomic status; NGI-MSM were noted to be "well-dressed," "in street clothes," "unkempt," or "driving a new Lincoln Town Car."

Race and ethnicity also reportedly vary among NGI-MSM, generally reflecting the race and ethnic distributions of the local population. However, Hispanic and, to a lesser extent, black men were considered more likely than white men to engage in closeted same-sex activity. NGI-MSM were often described as being married or involved with women.

Where are they? Because NGI-MSM seem to fall into no particular racial, socioeconomic, or geographic category,

responses to questions about their location most often referred to where men went for sex, rather than where they lived or worked. Although more than 100 specific sites were mentioned, two major categories emerged: places where men go to have sex with other men, and places where men meet other men to arrange for sex at another location (see box). Parks and "tearooms" (public restrooms) were most commonly reported as public sex locations. Urban parks with restrooms, secluded areas with trees and bushes, and parking lots were described as having the most activity, but restrooms in shopping malls, schools, libraries, department stores, and museums were also mentioned as public sex locations.

What are they doing? Oral sex and mutual masturbation were reported as much more common than anal sex in public sex environments like restrooms, video arcades, and adult bookstores. Nonetheless, respondents noted that NGI-MSM were having anal sex in the parks, especially at night, and in adult theaters and the video arcade areas of adult bookstores. Almost all key participants reported unprotected anal intercourse in the recent past; most also reported continued vaginal sex with wives or girlfriends. Respondents believed that condoms were rarely used with wives or girlfriends ("because then she would suspect something").

Why do risky behaviors persist? Respondents offered several explanations for continued risk behaviors among NGI-MSM. "Denial" was most often cited as a risk factor; respondents used this term in a variety of ways. NGI-MSM may deny being gay or bisexual, or they may deny the risk associated with their behavior; although many NGI-MSM may know intellectually that "gay" sex is risky, they may believe that they are not at personal risk because they are not "gay." NGI-MSM may also perceive that their male partners are not "gay" and thus pose little risk for HIV transmission. Having denied their own risks, these men may deny any risk to their female partners, who usually know nothing of the men's same-sex activity.

Interviewees noted that NGI-MSM are generally isolated from interventions directed at the openly gay and bisexual community. While some key participants would go to gay establishments to look for sex, few reported reading gay newspapers or magazines, and nearly all emphatically rejected participating in the gay "scene" and other non-sexual aspects of gay culture.

NGI-MSM may also have misconceptions about how to protect themselves. For example, some NGI-MSM said they felt safe if they did not swallow semen or if they douched after receptive anal intercourse.

Finally, interviewees noted that there is no social structure for providing risk-reduction information, nor are there close friends or family to support and reinforce risk reduction efforts. NGI-MSM have gone to great lengths to keep their behavior secret, and many have no one to talk to about it. Respondents believed that married NGI-MSM often keep the knowledge of their same-sex behavior from their wives.

Places where non-gay-identifying men who have sex with men arrange or have sex with other men

Places where men meet to arrange sex

- Bars
  - Heterosexual bars
  - "Gay" bars
  - Hotel bars
  - Motorcycle bars
  - Dance or "swinger" bars
  - Bars with drug activity
- Streets and Freeway
  - In gay neighborhoods
  - In urban areas
  - In shopping areas/malls
  - At on-ramps and rest stops
  - On streets known for hustling activity
- Other Public Places
  - Churches
  - Bookstores
  - Gyms and athletic clubs
  - Bus stations and bus stops
  - Ferries
  - Cafeterias
  - Tourist attractions

Places where men meet to have sex

- Public Sex Environments
  - Public parks
  - Public restrooms ("tea rooms")
  - Secluded parking lots and alleyways
- Sexually-oriented Businesses
  - Adult theaters (showing heterosexual erotica)
  - Bookstores and arcades (peep-shows)
  - Bathhouses (both gay- and non-gay identified)

How to intervene? Although both mass media-based and site-specific interventions were mentioned, NGI-MSM generally favored community-level interventions using outreach techniques to directly contact the high-risk population. However, NGI-MSM were also skeptical about the chances of success at this type of intervention, noting that NGI-MSM have little or no incentive to do anything that might threaten to disclose their behavior or identity; talking to an outreach worker might be too threatening.

Discussion

Information about NGI-MSM has been limited in part because NGI-MSM are so difficult to reach. Formal social networks, common among gay men, do not exist for NGI-MSM. However, others have observed (and we have confirmed) that NGI-MSM meet other men and have sex in a variety of locations, including restrooms, parks, bars, bath-

houses, and video arcades. Oral sex is most common, but anal sex takes place. Condom use in these settings is rare.

NGI-MSM may be at particularly high risk for HIV transmission because (a) the need for secrecy may limit their access to HIV-related information, support, and services, and (b) denial of the homosexual nature of their behavior may include denial of HIV risk as well ("I'm not gay, so I'm not at risk").

Intervening with this population begins with acknowledging and helping NGI-MSM to acknowledge that, whether or not they identify themselves as gay, same-sex activity presents a risk (*14*). Although it is unclear how best to reach this population (whether by on-site outreach, mass media approaches, or both), explicit targeted educational messages are needed. The difficulties in mounting any intervention are daunting. The low visibility of the targeted population, the expected reluctance of NGI-MSM to self-disclose even in a confidential setting, and institutional resistance to aggressive outreach or explicit behavioral messages pose enormous obstacles. Moreover, while NGI-MSM can be located in public sex environments, many (perhaps most) NGI-MSM may find their male sex partners through informal contacts in the workplace or elsewhere, potentially limiting the effectiveness of outreach.

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