



MALE CALL CANADA METHODS SUMMARY



BRIEF BACKGROUND

While a significant number of new HIV infections continue to occur among men who have sex with men (MSM) in Canada, there are a lack of in-depth and current Canadian data on the social situation, sexual attitudes and knowledge, and men's understanding of risk behaviours related to HIV. Information that does exist is limited in its scope of examination of social, behavioural and other determinants; and in its ability to examine and explain variations between communities, subgroups and urban and rural contexts. To date survey research on MSM in Canada has focussed largely on self-identified gay men who frequent gay venues, or who are attached to the community in some manner.

In 2011–2012, Male Call Canada conducted a cross-sectional national toll-free telephone survey of MSM to gather information on a broad spectrum of attitudes, behaviours and related social issues and determinants. The study recruited gay and bisexual men as well as other MSM who don't identify as gay or bisexual.

**Call
me**
1-855-846-MALE

RESPONSE TO THE SURVEY:

- 1,562 calls were logged including 1,235 complete and partially complete interviews with eligible participants.
- Calls were received from all across Canada and from all provinces and territories.
- The youngest respondent was 16 years of age and the oldest was 89.

SCIENTIFIC METHODOLOGY AND INFRASTRUCTURE

Male Call Canada adapted a toll-free telephone method that previously had proven successful in Australia, New Zealand, and the UK. For Male Call Canada separate telephone lines were set up for English and French participants.

EQUIPMENT

The interviewing space was housed in the Research Services Unit at the University of Toronto. Seven data collection stations were designated for English interviews and 3 stations for French interviews. Stations were separated by noise cancelling dividers and each was equipped with a telephone, headset and laptop. Respondents who dialled the advertised toll-free number (1-855-846-MALE [6253]) would reach an automated bilingual message that provided information about the study and the option to select the survey in English or French.



PERSONNEL: THE INTERVIEWERS

Thirty-four interviewers were hired and trained for data collection, the majority worked part-time, all were male, and 12 were fluent in French. Training sessions covered topics ranging from ethical data collection to cultural sensitivity. The training sessions also provided an opportunity for interviewers to familiarize themselves with the equipment, database, and questionnaire.

DATA COLLECTION PERIOD

Data collection began in October 2011 and finished in February 2012. Phone lines were open Monday to Friday from 10 a.m. to 1 a.m. Eastern Standard Time as well as Saturdays and Sundays from 12 p.m. until 8 p.m.

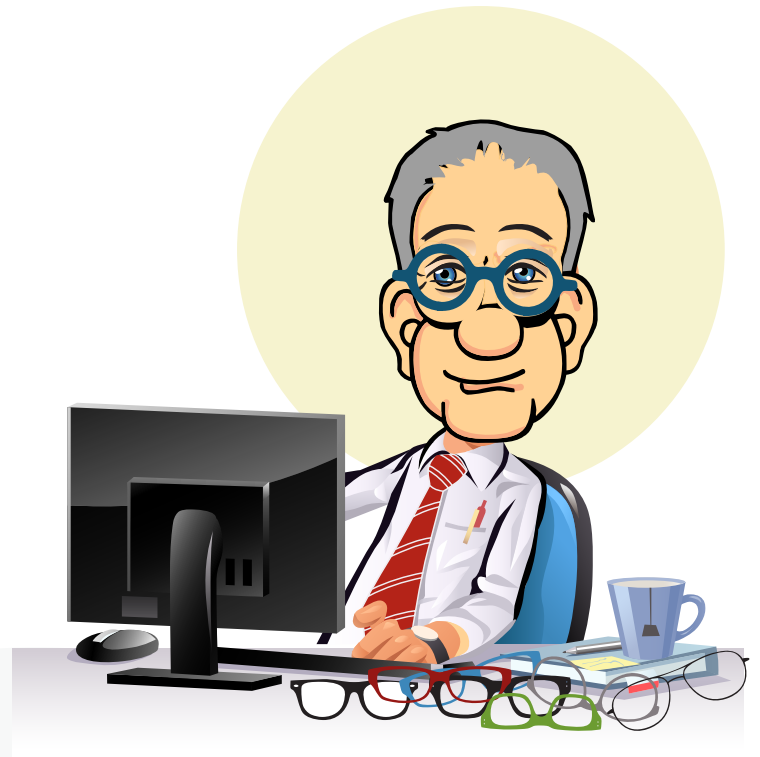
DATA COLLECTION: ELIGIBILITY, CONFIDENTIALITY AND CONSENT

The research was approved by the University of Toronto HIV Research Ethics Board. Participants were screened for eligibility at the beginning of the call: they needed to be at least 16 years of age, live in Canada, and have at some point in their life engaged in any kind of sex with a man. Participation was anonymous. Eligible participants were given a unique survey code which they could use in the event the interview was interrupted. This code allowed respondents to call back at another time and continue the survey from where they had left off. Participants were informed that they could skip any questions that made them feel uncomfortable and they were able to end the interview at any time. Participants were not compensated for their participation.

DATA COLLECTION: THE QUESTIONNAIRE

The questionnaire was developed over the course of several months with contributions from the team of investigators and national advisory members. Once pretested and finalized, the questionnaire was housed online on a secure password-protected site. To collect data, interviewers would login to the centralized online database which provided the script, questions and response fields. Only members of the core research team had access to data stored in the online database through a separate password-protected Internet address. Operating a centralized online database was a highly efficient method of collecting and storing information. It also provided an almost seamless transition from data collection to data analysis, avoiding data entry errors and saving time and costs. On average, interviews conducted in English lasted 45 minutes and those in French lasted 60 minutes.

The questionnaire covered topics ranging from sexual identity and behaviour, drug use, and social support, to attitudes towards condoms, people living with HIV, and issues of non-disclosure and criminalization. A referral database was developed in-house to assist interviewers to provide referrals to health and social care services, if requested.



CALL VOLUME

Higher call volumes were experienced on weekdays during the daytime, compared to evenings and weekends. Although equipped with 7 English phone lines, there was never a time when all 7 lines were occupied. There were several instances when all 3 French lines were occupied.

RECRUITMENT CAMPAIGN

Canada is a world leader in adopting information technology. Canadians increasingly use social media platforms and mobile technology is common place. At the same time, newsprint continues to be widely read and advertising that uses traditional means is often a requirement for a successful marketing strategy. Further, Canada's relatively small multilingual population is spread over a vast territory. As a result, a recruitment strategy that employed multiple mediums and messages was necessary to successfully appeal to a diverse sample of MSM. Male Call Canada engaged a marketing firm and a graphic designer to develop a national recruitment campaign.

The results of the campaign demonstrate a media landscape undergoing rapid change. Classified ads were placed in nearly 1000 local and major newspapers coast-to-coast and produced 43.9% of calls received – surprising in a digital-age! Radio supplemented classified ads were used when reaching MSM in Canada's northern territories. Different approaches were employed on Facebook, which resulted in 19.8% of calls. All online advertisements included a link to the Male Call Canada bilingual website www.malecall.ca or www.appelauxhommes.ca. Over the course of the study the websites attracted

19,228 visitors. Male Call Canada's online presence included email listservs such as Squirt.org, a major national cruising site for MSM, which produced 8.2% of calls. More localized sites such as Craigslist produced 2.8% of calls. Posters and postcards placed in gay establishments in major urban centres helped reinforce marketing messages; however, only 1.5% of participants reported these as their primary source of recruitment. Further, display advertisements in gay publications were rarely referenced by respondents as their source of recruitment.

In January 2012, David Testo, a professional Canadian soccer athlete endorsed Male Call Canada and a robust public relations campaign was initiated. This resulted in a 43.0% increase in call volume from survey participants and over 30 media stories on national broadcast and print networks, as well as articles in major and minor sports and queer publications. This was the first time an endorsement of this kind had been linked to HIV prevention research with MSM in Canada.



FACT SHEET 1 DEMOGRAPHICS



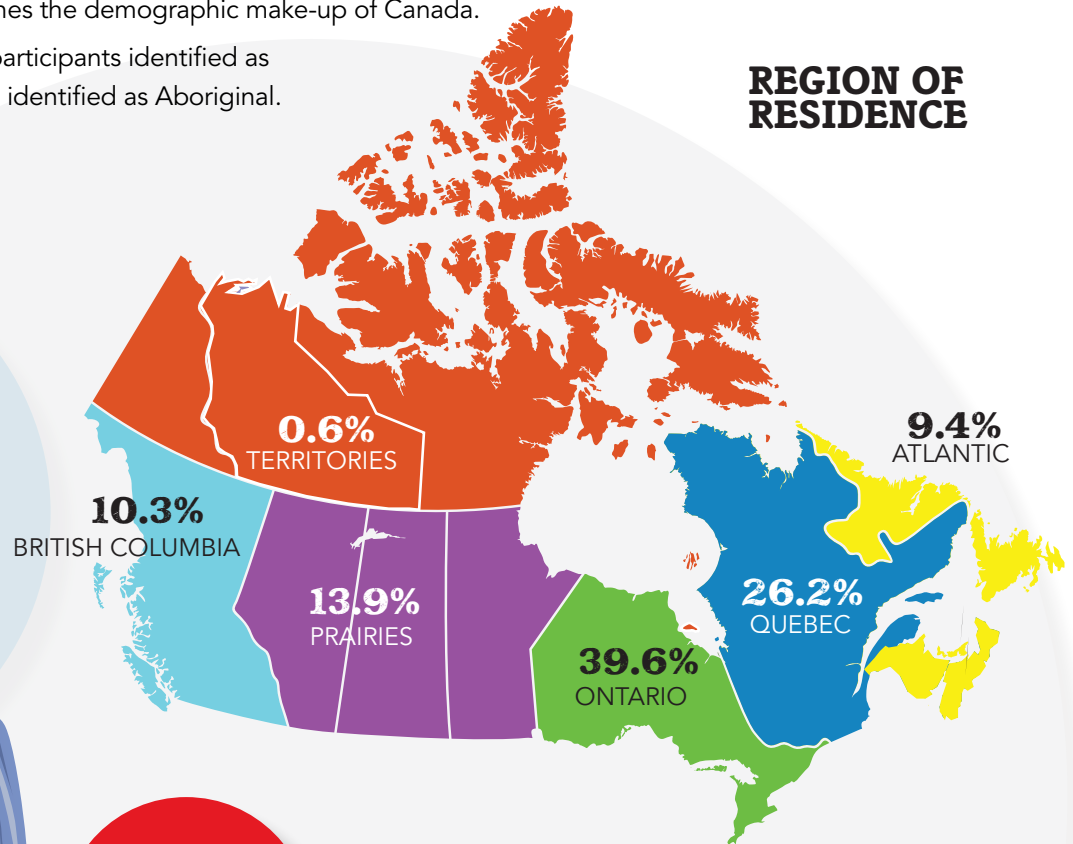
The Male Call sample closely matches the demographic make-up of Canada.

While the vast majority (89.4%) of participants identified as North American or European, 3.6% identified as Aboriginal.

BORN IN CANADA 88.2%
OUTSIDE CANADA 11.8%



REGION OF RESIDENCE



BISEXUAL
35.6%

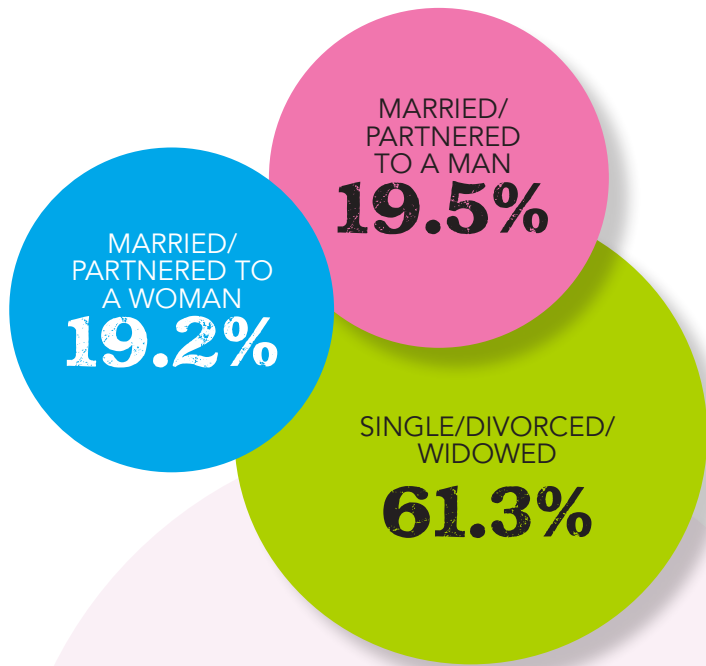
SEXUAL IDENTITY

GAY
54.6%

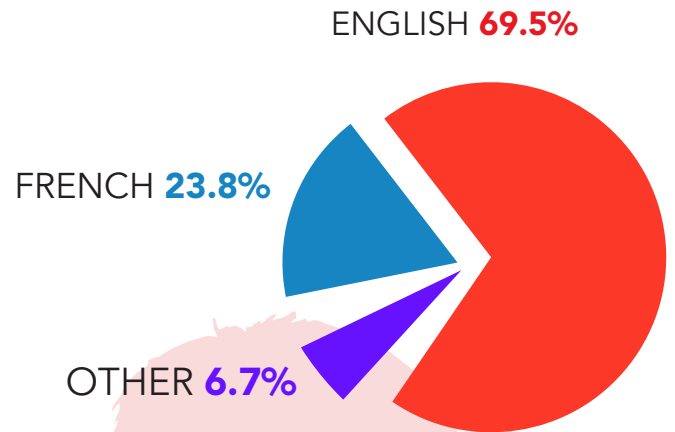
OTHER
5.7%

STRAIGHT
4.1%

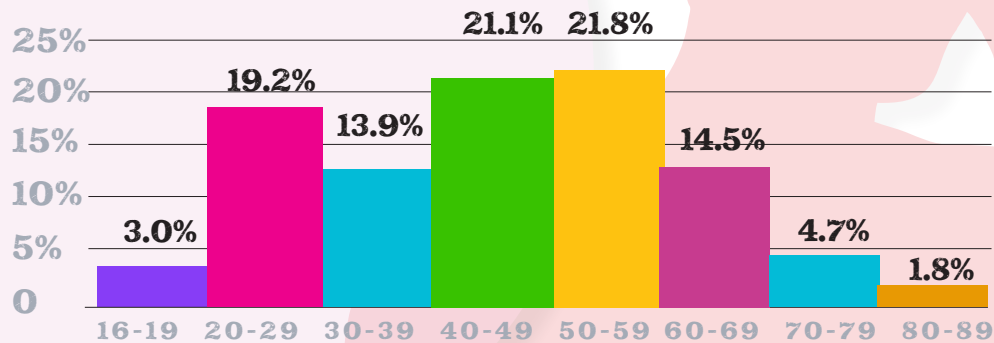
RELATIONSHIP STATUS



FIRST LANGUAGE LEARNED/STILL UNDERSTOOD



AGE OF PARTICIPANTS



URBAN AND RURAL

MONTREAL, TORONTO,
VANCOUVER
33.9%

OTHER URBAN
33.9%

RURAL
32.2%

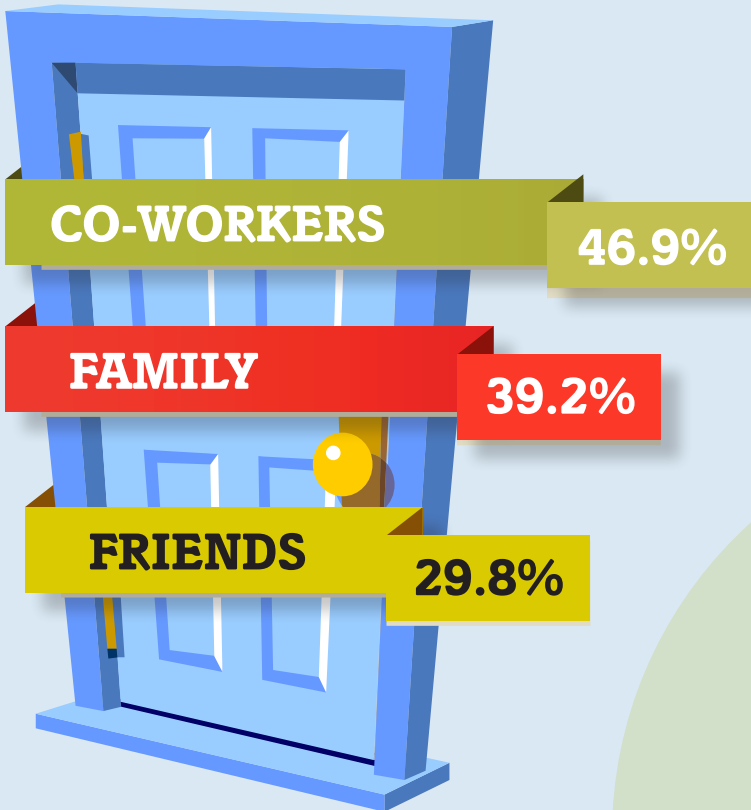


SEXUAL IDENTITY

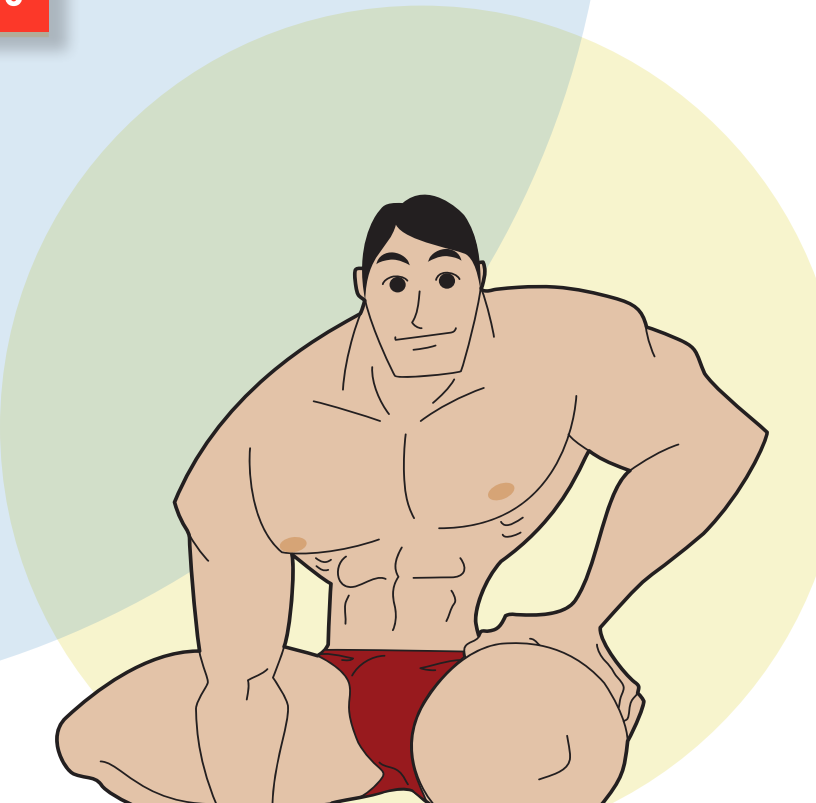


- In the 60+ age group more men identified as bisexual than in younger age groups.
- More men identified as gay in the younger age groups compared to older age groups.
- Urban men were more likely to identify as gay.
- Rural men were more likely to identify as bisexual.





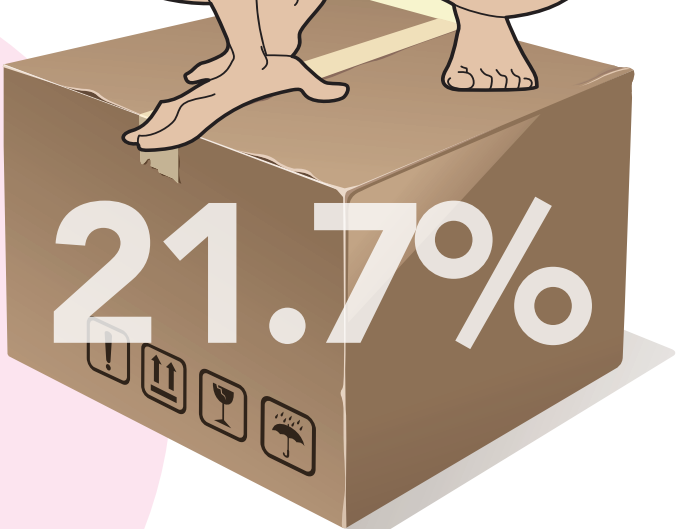
PARTICIPANTS NOT OUT TO...
 A lot of men didn't disclose their sexual identity.

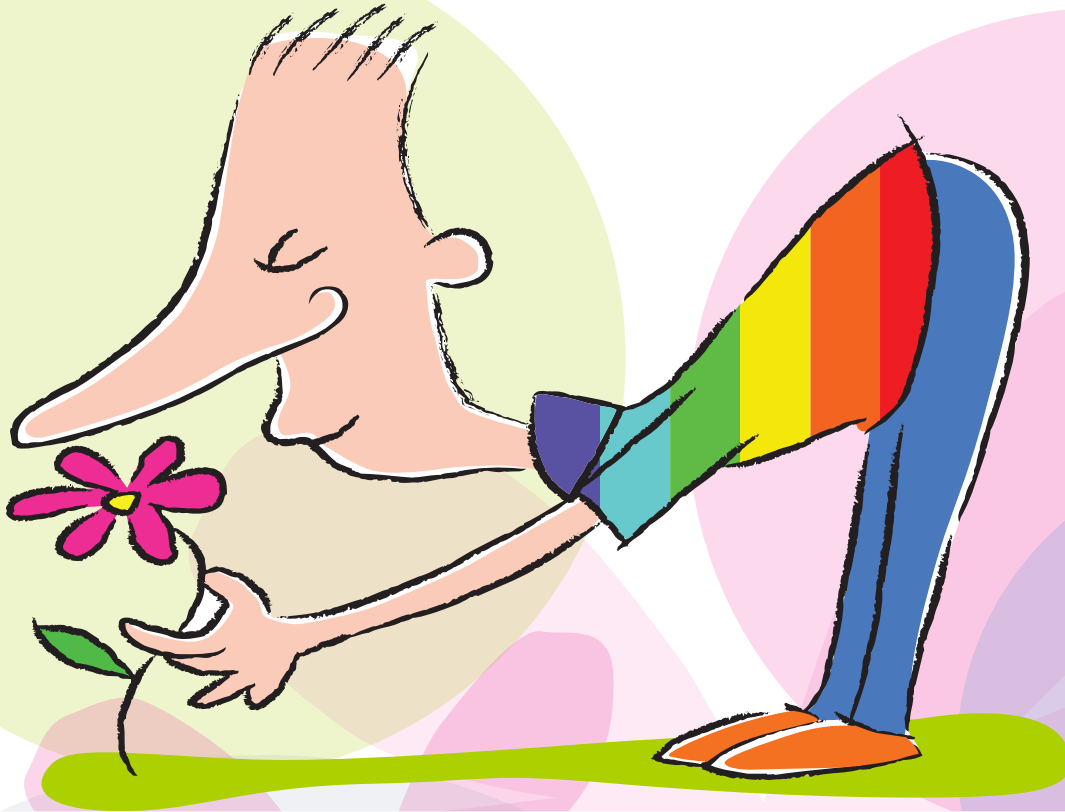


MIGRATION AND SEXUAL IDENTITY

HAVE YOU MOVED AWAY FROM FRIENDS OR FAMILY BECAUSE OF YOUR SEXUAL IDENTITY?

YES

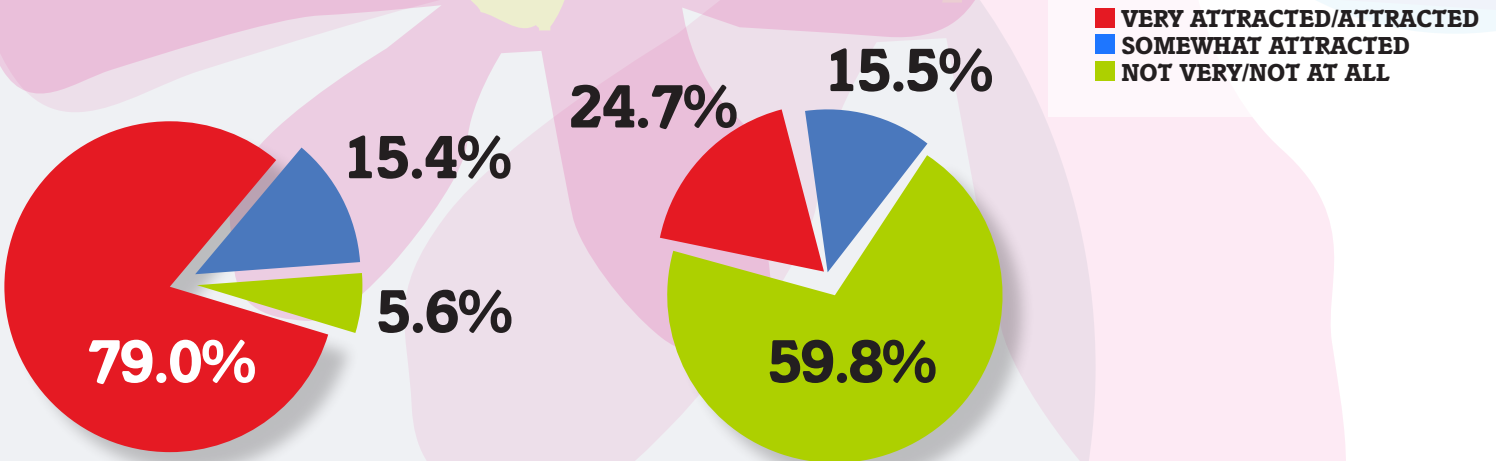




ATTRACTION

How sexually attracted are you to men?

How sexually attracted are you to women?

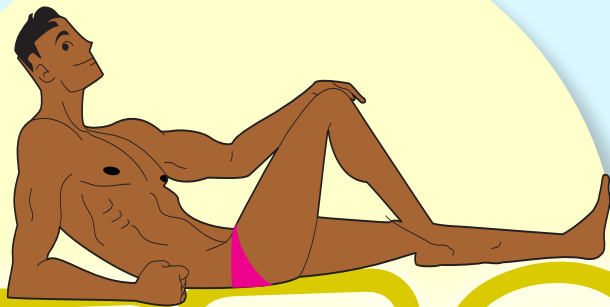


STANDING OUT

Some men were unique when describing their sexual identity.



FACT SHEET 4 SEXUAL BEHAVIOUR



CASUAL SEX WITH MEN IN THE PAST 6 MONTHS

67.5% of respondents reported having casual sex with men in the past 6 months.

67.5%

NUMBER OF MALE PARTNERS IN THE PAST 6 MONTHS

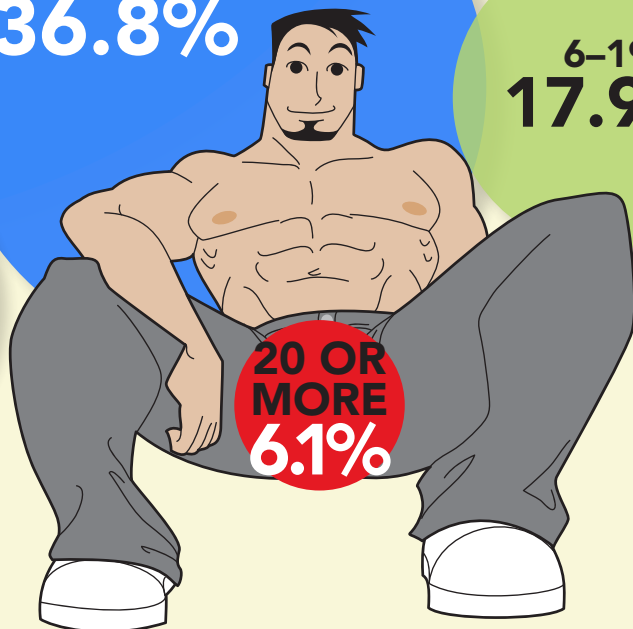
NONE
16.8%

ONE ONLY
22.3%

2-5
36.8%

6-19
17.9%

20 OR
MORE
6.1%



CASUAL SEX WITH MEN IN THE PAST 6 MONTHS BY RELATIONSHIP STATUS

Casual sex was reported on a frequent basis regardless of relationship status.



**73.4% OF SINGLE/
DIVORCED/
WIDOWED MEN
REPORTED
CASUAL SEX**

**51.4% OF MEN
MARRIED OR
PARTNERED
TO A MAN
REPORTED
CASUAL SEX**

**65.1% OF MEN
WHO WERE
MARRIED/
PARTNERED
TO A WOMAN
REPORTED
CASUAL SEX**

CASUAL SEX WITH MEN IN THE PAST 6 MONTHS: URBAN/RURAL

**MONTREAL / TORONTO / VANCOUVER
70.5%**

**OTHER URBAN
65.2%**

**RURAL
66.8%**



FACT SHEET 5 SOCIALIZING



WHERE MEN SOCIALIZE

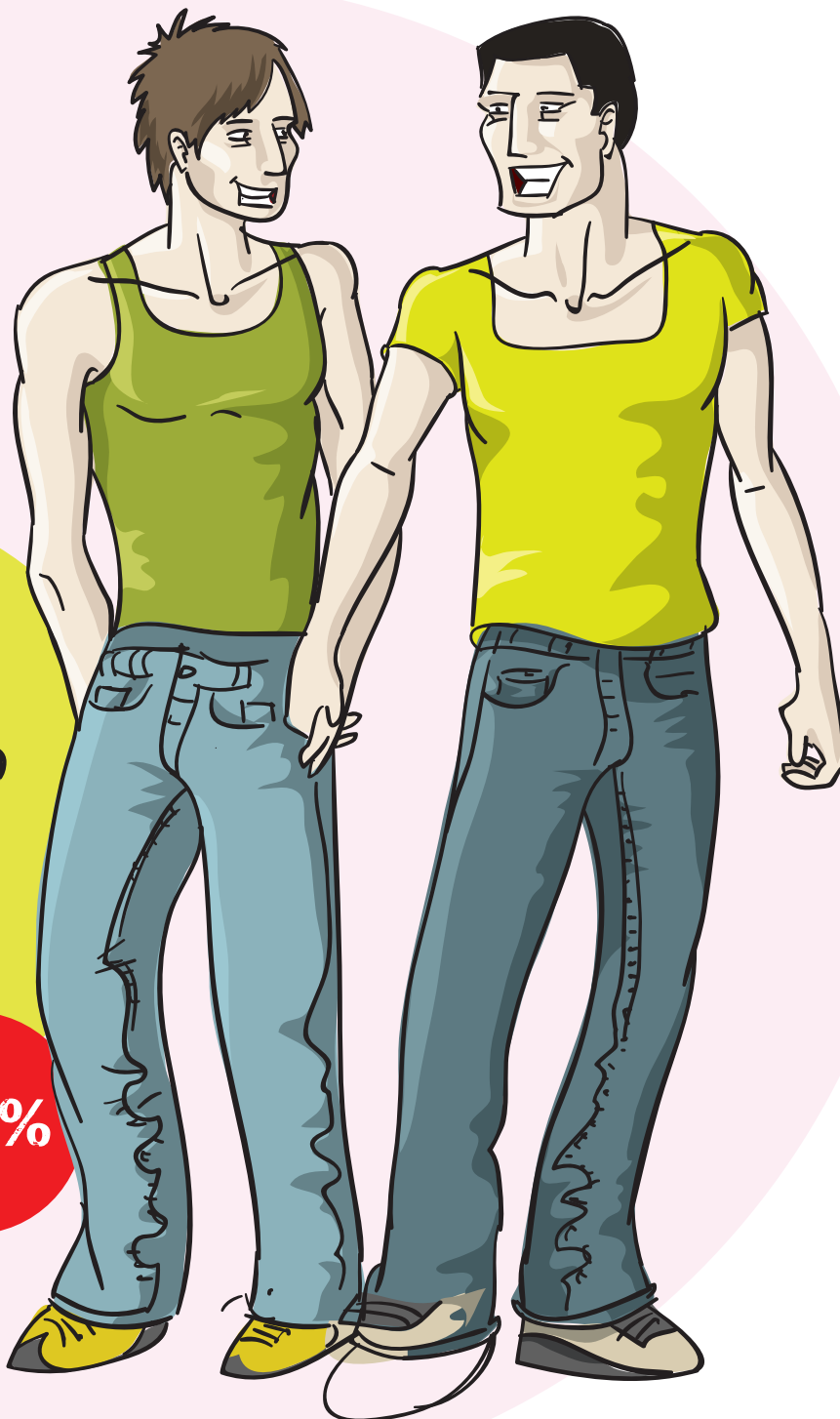
- In the online gay commercial community, men in their 20s were most active and men over the age of 50 were least active.
- Urban men were more likely to socialize in the virtual gay community and commercial gay community than were rural men.
- Men who were more community engaged were more likely to know their HIV status.

- DID NOT SOCIALIZE IN THE VIRTUAL GAY COMMUNITY (ONLINE)
- DID NOT SOCIALIZE IN THE GAY COMMERCIAL COMMUNITY
- DID NOT SOCIALIZE IN THE STRAIGHT COMMUNITY

33.7%

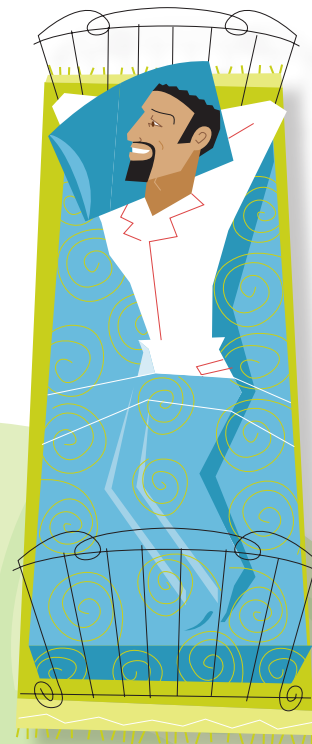
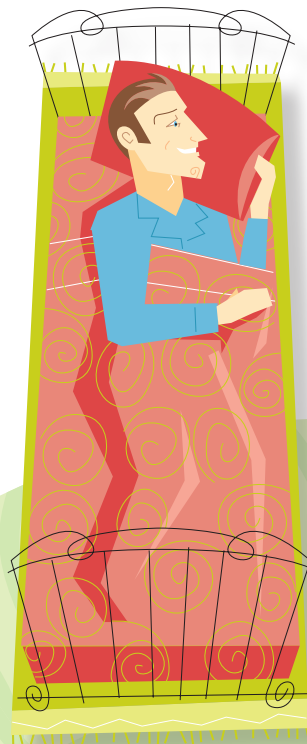
25.5%

4.9%



WHERE GUYS LOOK FOR SEX

- Men under the age of 50 used new media more than commercial venues – men over 50 showed the opposite pattern.
- While all men actively looked for sex, younger ages reported more sex seeking behaviour.
- Men in rural areas reported less sex seeking behaviour than urban men.



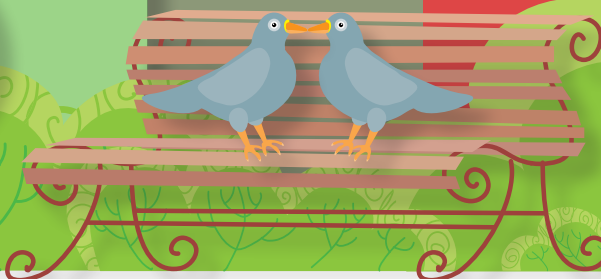
**COMMERCIAL
VENUES: 47.8%**

**NEW MEDIA
VENUES: 52.1%**

**PUBLIC SEX
VENUES: 44.5%**

**COMMUNITY
VENUES: 39.6%**

**TRADITIONAL
MEDIA VENUES:
36.9%**



Community venues include coffee shops, community organizations, gay associations, recreational groups and gay events. **Commercial venues** include gay bars, straight bars, circuit parties, after hours clubs, gyms and health clubs. **Public sex venues** include saunas, bath houses, parks, bike paths and public restrooms. **New media venues** include the Internet, Grindr and other mobile applications. **Traditional media venues** include telephone chat lines and personal ads.

FACT SHEET 6 HOMOPHOBIA



HOMOPHOBIA WAS REFLECTED IN HOW 'OUT' MEN WERE.



- The younger the men, the more out they were.
- Men in Canada's three largest cities were more out than men in other urban centres; men in rural areas were even less out.
- Men with higher levels of education tended to be more out.

EXPERIENCE OF HOMOPHOBIA

Have you been told by a family member or friend to consult a mental health professional because of your sexual orientation?

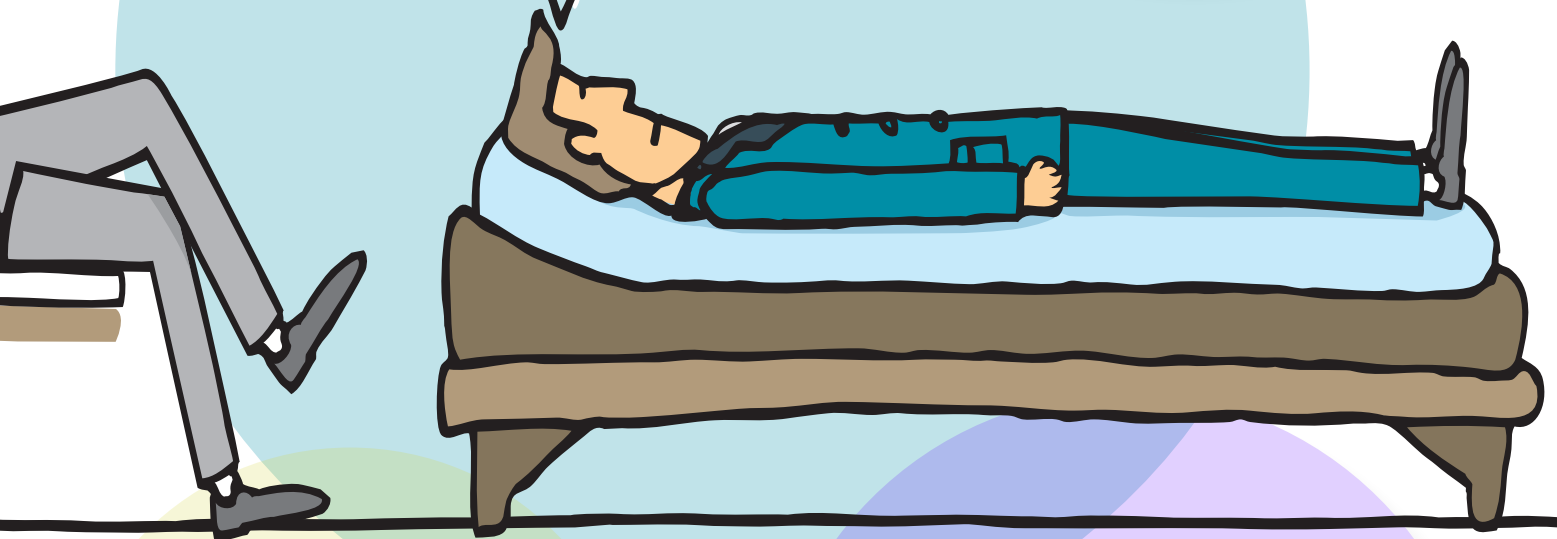
Yes 17.2%

Have you been told by a family member or friend to consult a religious leader or group because of your sexual orientation?

Yes 14.0%

Have you moved away from friends or family because of your sexual orientation?

Yes 21.7%



Additional Facts:

- Straight men reported more internalized homophobia than bisexuals.
- Bisexuals reported more internalized homophobia than gay men.

- The more highly educated men were the less internalized homophobia they experienced.
- Men in Montreal, Toronto and Vancouver had a more positive view of society's attitudes toward gay men than men in other areas of the country.

FACT SHEET 7 GENERAL HEALTH



IN GENERAL, WOULD YOU SAY YOUR PHYSICAL HEALTH IS...

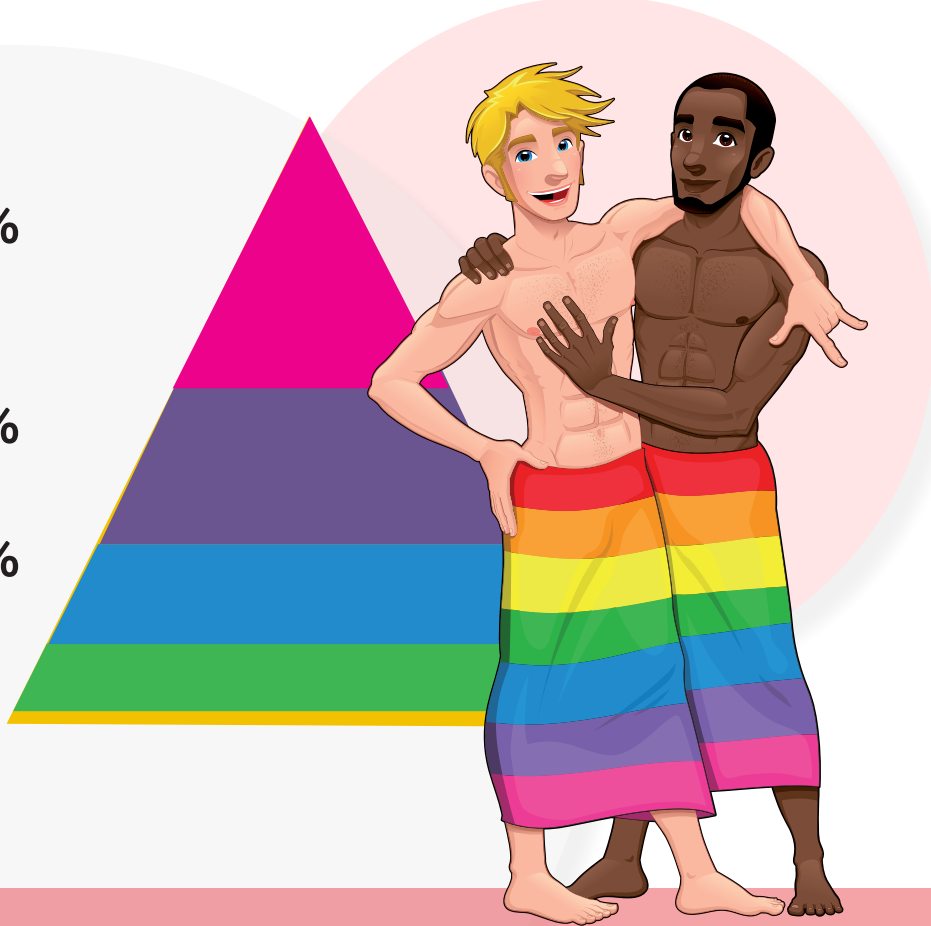
EXCELLENT 23.7%

VERY GOOD 40.2%

GOOD 24.9%

FAIR 9.0%

POOR 2.2%



BODY MASS INDEX (BMI)

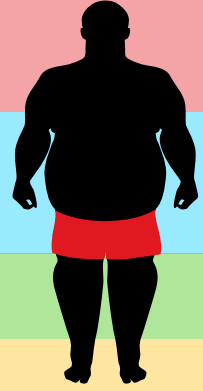
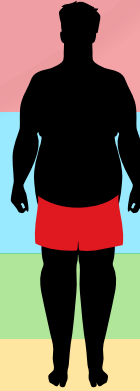
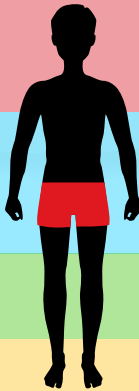
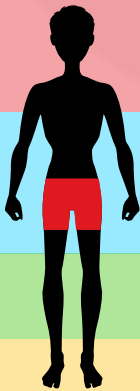
On average the overall body mass index (BMI) of Male Call Canada's sample was lower than the general male population.

UNDERWEIGHT*

AVERAGE*

OVERWEIGHT*

OBESE*



MALE CALL CANADA PARTICIPANTS

1.7%

37.3%

42.5%

18.5%

CANADIAN MALE POPULATION

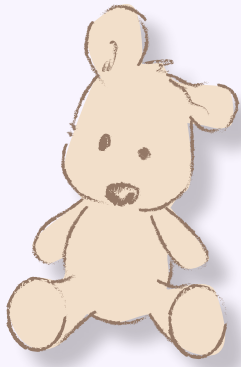
1.4%

30.4%

42.1%

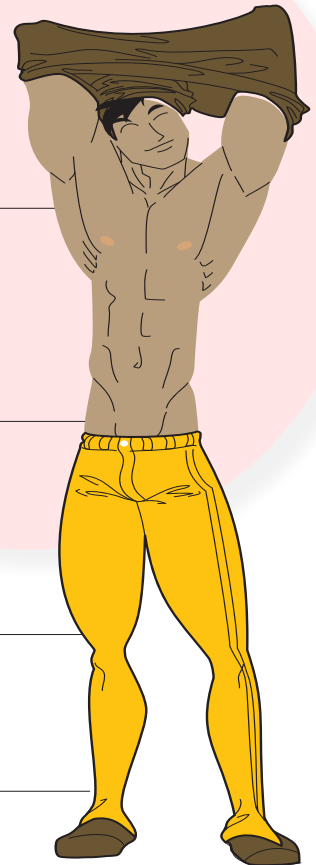
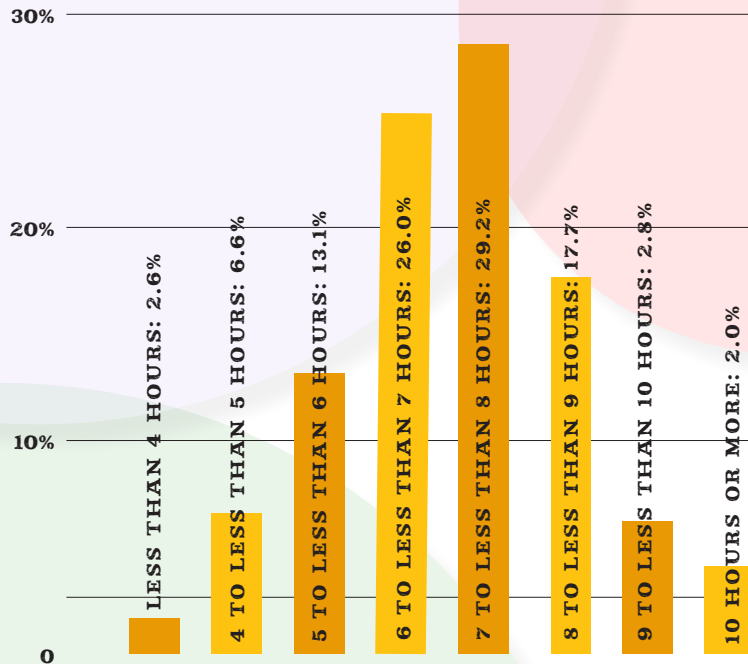
26.0%

* Underweight means a BMI less than 18.5, average means a BMI of 18.5 to 24.9, overweight means a BMI of 25.0 to 29.9 and obese means a BMI of 30.0 or more.



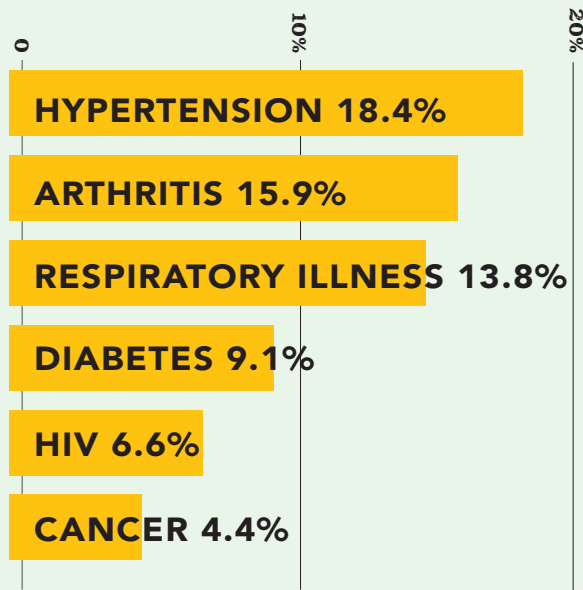
HOW LONG DO YOU USUALLY SPEND SLEEPING EACH DAY

77.5% of men reported sleeping less than 8 hours per day.



CHRONIC HEALTH CONDITIONS

Men reported a variety of chronic health conditions.

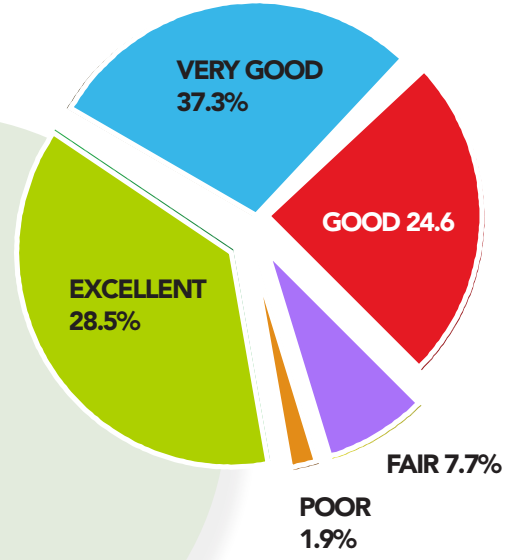


10.3%

of men had an unspecified physical disability.



FACT SHEET 8 MENTAL HEALTH AND SOCIAL SUPPORT



- Overall, the majority of men (90.4%) rated their mental health as good to excellent.
- Men over the age of 70 reported better mental health than other age groups.
- Men outside of Montreal, Toronto and Vancouver reported the best mental health.

SOCIAL SUPPORT

Not all participants enjoy the same level or type of social support.

19.0% had no one to talk to about private feelings and concerns.

13.5% had no one they could count on for advice around important personal decisions.

11.3% had no one they could count on for help in a crisis situation.

9.6% had no one who made them feel loved and cared for.

EMOTIONAL WELL-BEING

In the past 6 months...



19.3%
often or always
felt sad

17.0%
often or always
were unhappy
about the way

19.7%
often or always were
discouraged and
worried about
the future

13.9%
often or always
felt depressed

24.8%
often or always felt lonely

11.7%
often or
always felt
like crying

RESILIENCE

A majority of participants agreed with the statement
"I am able to adapt to change."

56.5%
Mostly true

25.0%
Often true

13.5%
Sometimes
true

3.5%
Rarely true

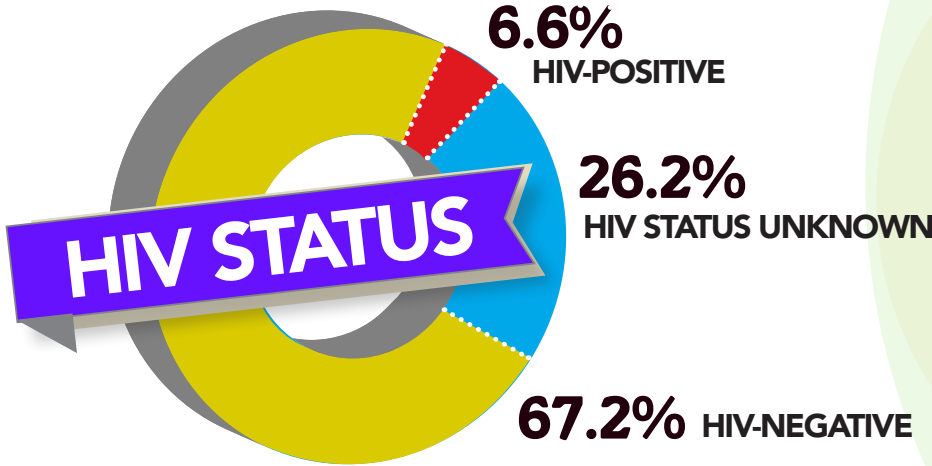
1.5%
Not true at all





HIV+ WELL-BEING

6.6% of survey participants reported they were HIV-positive.



88.9%

of HIV-positive participants rated their mental health as good to excellent

87.3%

of HIV-positive participants rated their physical health as good to excellent

BODY MASS INDEX (BMI) OF HIV-POSITIVE PARTICIPANTS

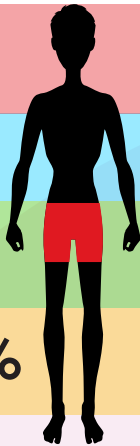
When reported weight and height were calculated, most HIV-positive participants reported a mid-range body mass index (BMI).

UNDERWEIGHT*

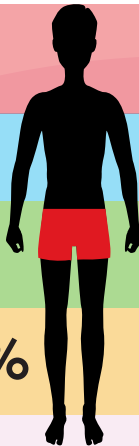
AVERAGE*

OVERWEIGHT*

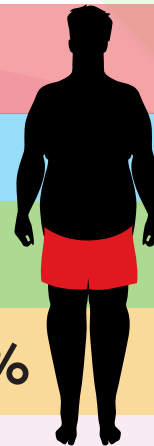
OBESE*



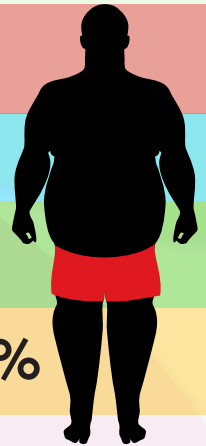
3.2%



41.9%



46.8%



8.1%

* Underweight means a BMI less than 18.5, average means a BMI of 18.5 to 24.9, overweight means a BMI of 25.0 to 29.9 and obese means a BMI of 30.0 or more.



THE SLEEP OF HIV-POSITIVE PARTICIPANTS

68.3% of HIV-positive participants slept less than 8 hours per day. Only 31.7% reported 8 hours of sleep or more.



HIV-POSITIVE WORRIES AND CONCERNS

Despite medical advances and generally high levels of physical and mental health, it isn't always easy being HIV-positive. Here's how HIV-positive men responded to a few key concerns:



I worry about...

Being discriminated against and stigmatized because of HIV.

YES 82.5%

Being rejected by gay and bisexual men in my community because I am HIV-positive

YES 67.7%

The fear of being prosecuted by someone for not disclosing that I am HIV-positive.

YES 51.6%

Not understanding medical information about HIV.

YES 30.2%

CHRONIC HEALTH CONDITIONS

HIV-positive men's other chronic health conditions reported were:

HYPERTENSION 22.2%

RESPIRATORY ILLNESS 17.5%

ARTHRITIS 15.9%

CANCER 14.3%

PHYSICAL DISABILITY 14.3%

DIABETES 3.2%

SEXUALLY TRANSMITTED INFECTIONS (STIs) AND HEPATITIS

Rates of hepatitis and STIs were high in HIV-positive participants.

77.8%

YES, STI (LIFETIME)

30.2%

YES, ANY HEPATITIS (LIFETIME)

23.5%

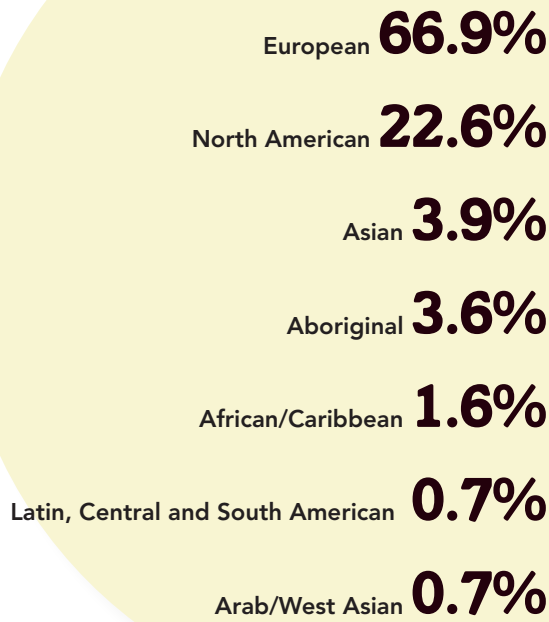
YES, OTHER INFECTIOUS DISEASES (LIFETIME)



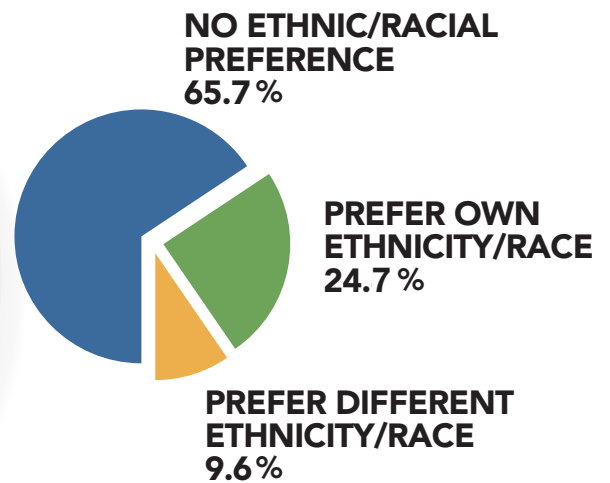
REPORT 10 ETHNO-CULTURAL EXPERIENCE



ETHNICITY OF MALE CALL CANADA PARTICIPANTS



WHICH STATEMENT BEST DESCRIBES YOUR PREFERENCE FOR MALE SEX PARTNERS?





BECAUSE OF RACE OR ETHNICITY...

19.4%

reported that a male sex partner paid more attention to their race or ethnicity than to who they were as a person.

17.7%

were treated differently because of their accent.

14.1%

were ignored or treated with less respect than others in public.

12.3%

were turned down for sex.

12.1%

felt uncomfortable in a gay bar or club.

9.6%

had difficulty finding a boyfriend.

6.5%

found it difficult to obtain employment.

3.4%

felt they had to engage in sexual acts they didn't want to.

Additional Fact: Some groups are more affected than others by racial, ethnic and/or cultural discrimination – in order from highest to lowest reported exposure to discrimination: Asian; Arab/West Asian; African/Caribbean; Aboriginal; Latin, Central and South American; European; North American.

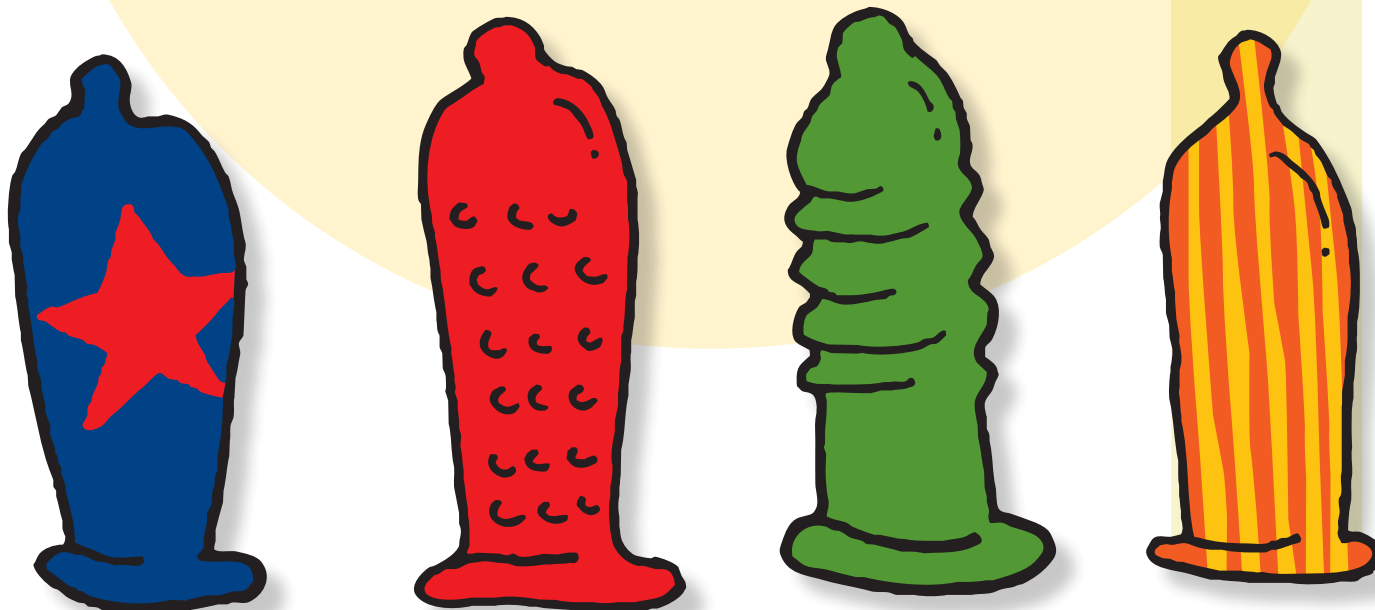
REPORT 11 CONDOM USE

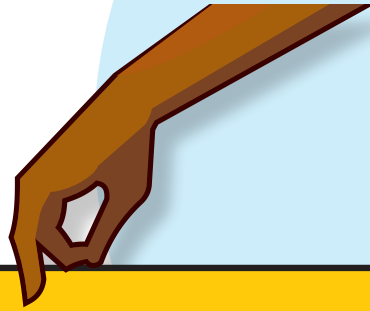
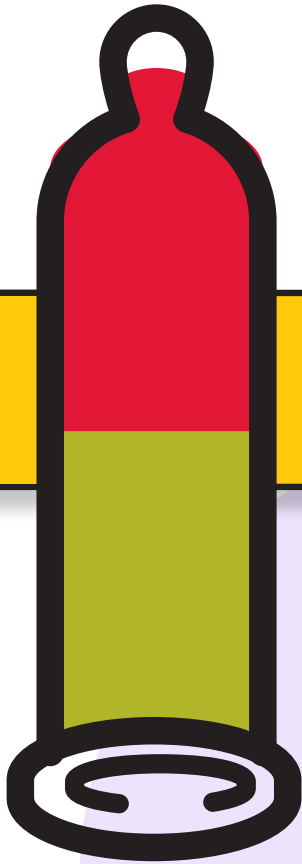


ATTITUDES TO CONDOMS

AGREE

The benefits of using condoms outweigh the disadvantages	88.1%
I would only have anal sex with an HIV positive man if we used condoms	69.4%
It feels good to wear a condom because I feel safe	67.8%
I feel guilty when I don't use a condom	57.7%
Condoms make sex less pleasurable	48.6%
The intimate act of giving or receiving cum is lost when using a condom	48.4%
When a person brings out a condom I feel physically aroused	32.1%
Safer sex is less important now that HIV treatments are available	10.2%





CONDOM USE DURING ANAL SEX

How often did you or your partner use a condom for anal sex in the past 6 months?

Overall, **50.7%** of participants said "not always"



BY RELATIONSHIP STATUS

MARRIED/PARTNERED TO A WOMAN	MARRIED/PARTNERED TO A MAN	SINGLE/DIVORCED/WIDOWED
------------------------------	----------------------------	-------------------------

NOT ALWAYS: 39.3%

NOT ALWAYS: 73.0%

NOT ALWAYS: 44.1%

BY SEXUAL ORIENTATION

GAY	BISEXUAL	STRAIGHT
-----	----------	----------

NOT ALWAYS: 56.5%

NOT ALWAYS: 38.8%

NOT ALWAYS: 22.2%



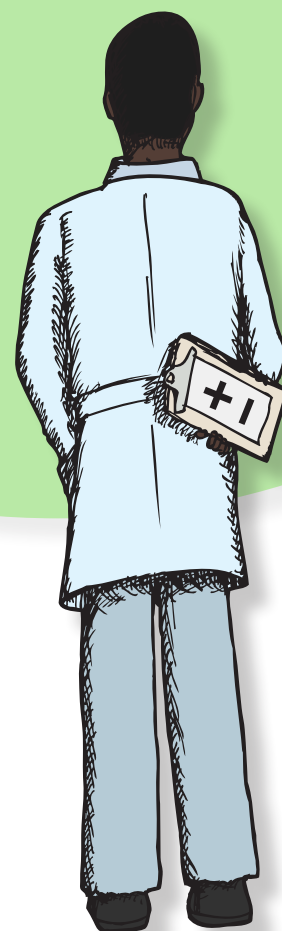
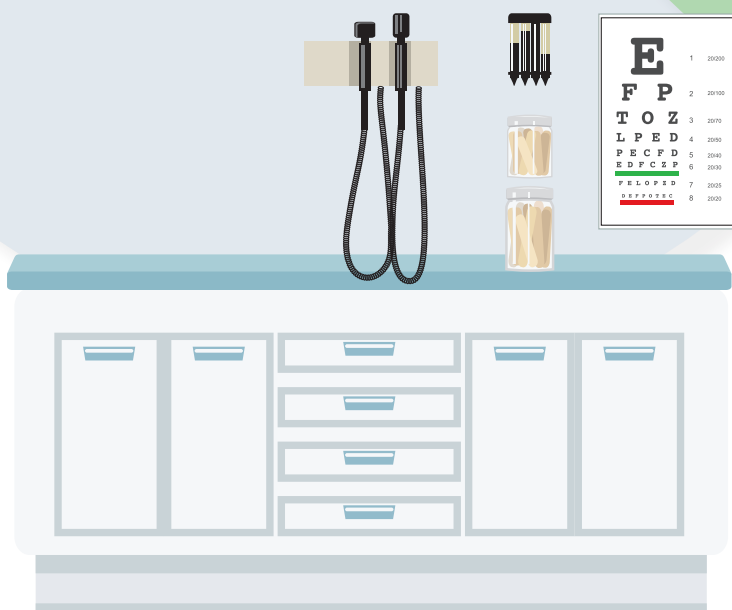
FACT SHEET 12 HIV TESTING



TO TEST OR NOT TO TEST?
HAVE YOU EVER BEEN TESTED FOR HIV?

25% **NO**

75% **YES**



Those who had never tested were asked why.

I think I am HIV-negative	83.8%
I am at low risk for HIV infection	74.4%
It could affect my relationships	38.5%
I have never thought about it	34.2%
I want to be tested, just haven't done it yet	30.2%
I do not know where to get the test	23.1%
I could not deal with knowing I was infected	22.2%
I am afraid of my name being reported	18.0%
I do not want to know	17.1%

Those who had tested were also asked how long it had been since their last HIV test.

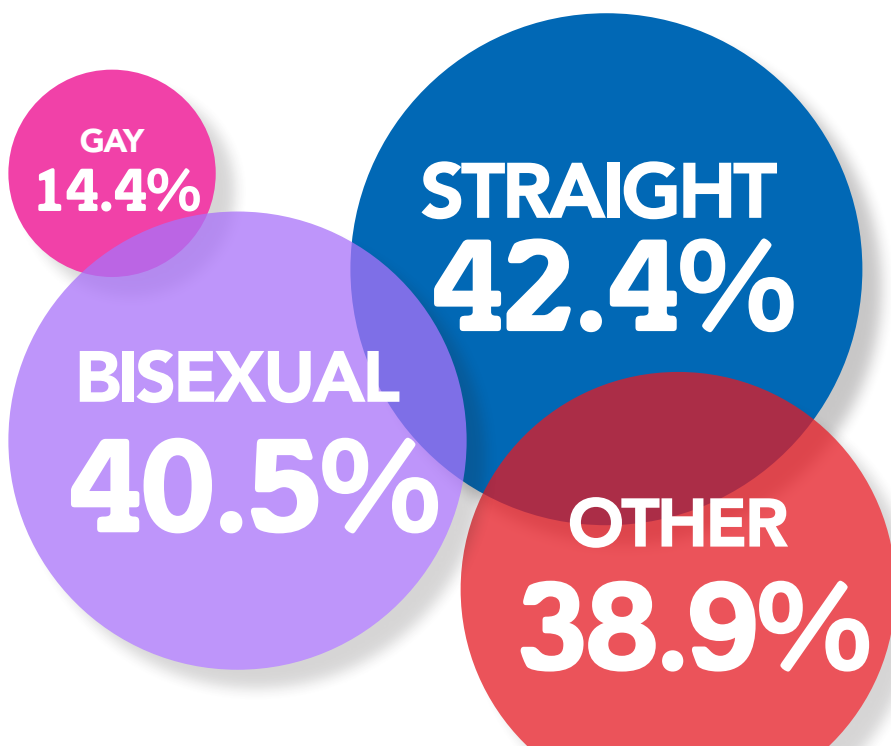
Less than 6 months	34.5%
6 months to less than 1 year	17.7%
1 year or longer	47.8%

HIV status of participants

HIV-negative	67.2%
HIV-positive	6.6%
Not tested	25.2%
Didn't receive the result	0.8%
Don't know	0.2%

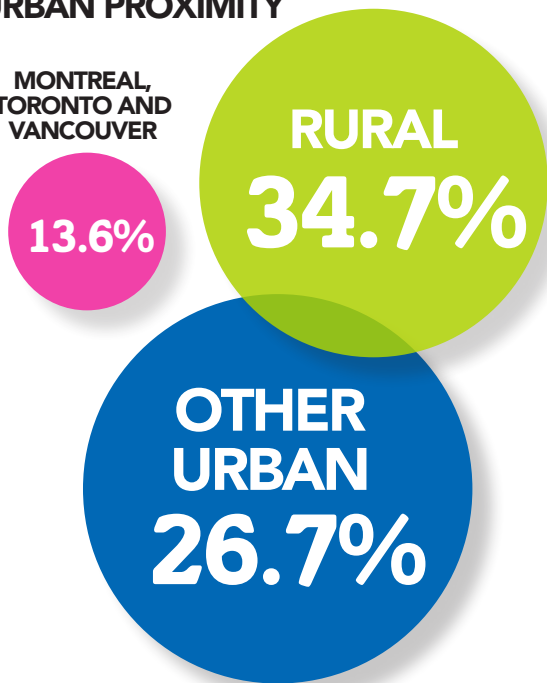
WHO'S NOT TESTING?

BY SEXUAL ORIENTATION



BY URBAN PROXIMITY

**MONTREAL,
TORONTO AND
VANCOUVER**



FACT SHEET 13 DISCLOSURE OF HIV STATUS



MALE CALL PARTICIPANTS WERE ASKED...

When is the best time for an HIV-positive man to disclose his HIV status to a new sexual partner?

WHEN THEY FIRST MEET

56.2%

BEFORE ANY NON-PENETRATIVE SEX (E.G. MUTUAL MASTURBATION)

25.9%

BEFORE ANY PENETRATIVE SEX (E.G. ORAL OR ANAL) WITH A CONDOM

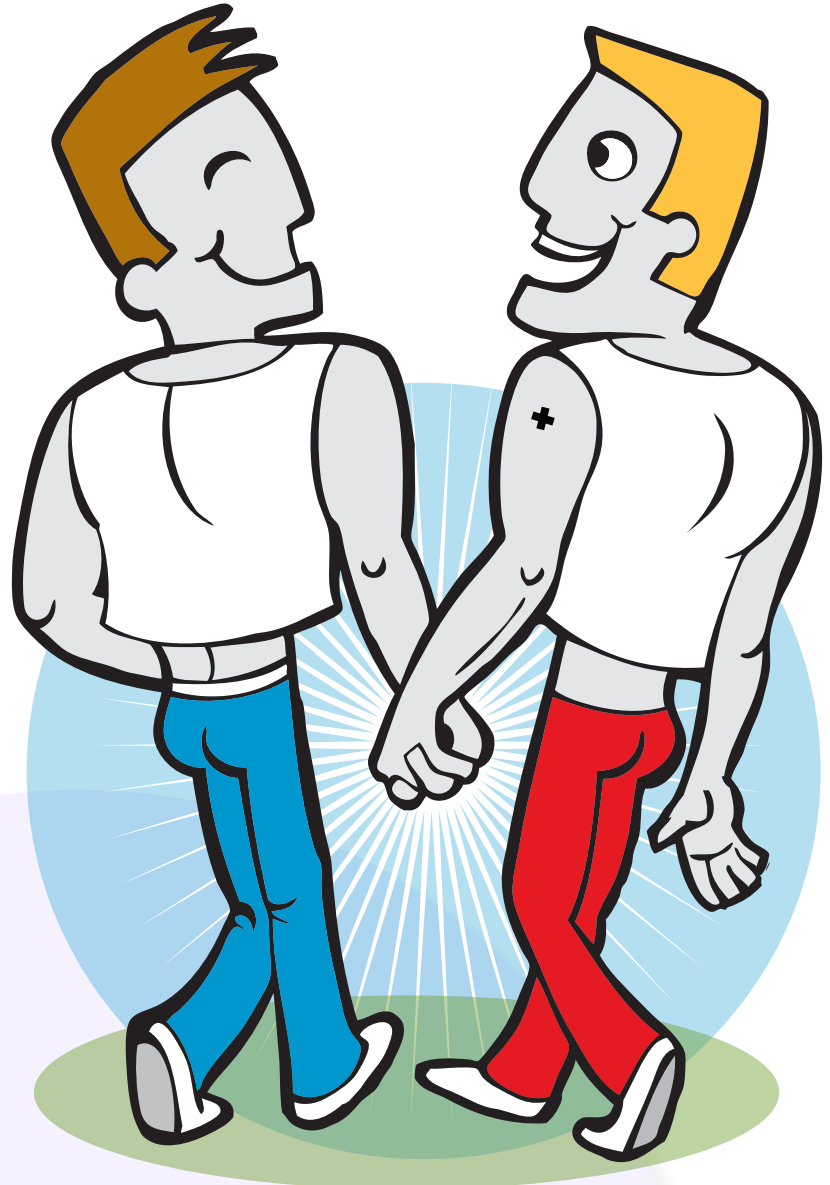
11.9%

BEFORE ANY PENETRATIVE SEX (E.G. ORAL OR ANAL) WITHOUT A CONDOM

5.1%

NEVER

0.9%



EXPECTATIONS

84.5% expected a casual sexual partner to say if he is HIV-positive.

71.4% expected a casual sexual partner to say if he did not know his HIV status.

62.5% expected a casual sexual partner to say if he is HIV-negative.

**IMPORTANCE OF KNOWING A PARTNER'S HIV STATUS
BEFORE ENGAGING IN THE FOLLOWING SEXUAL ACTS**

96.3%

before unprotected anal sex.

84.4%

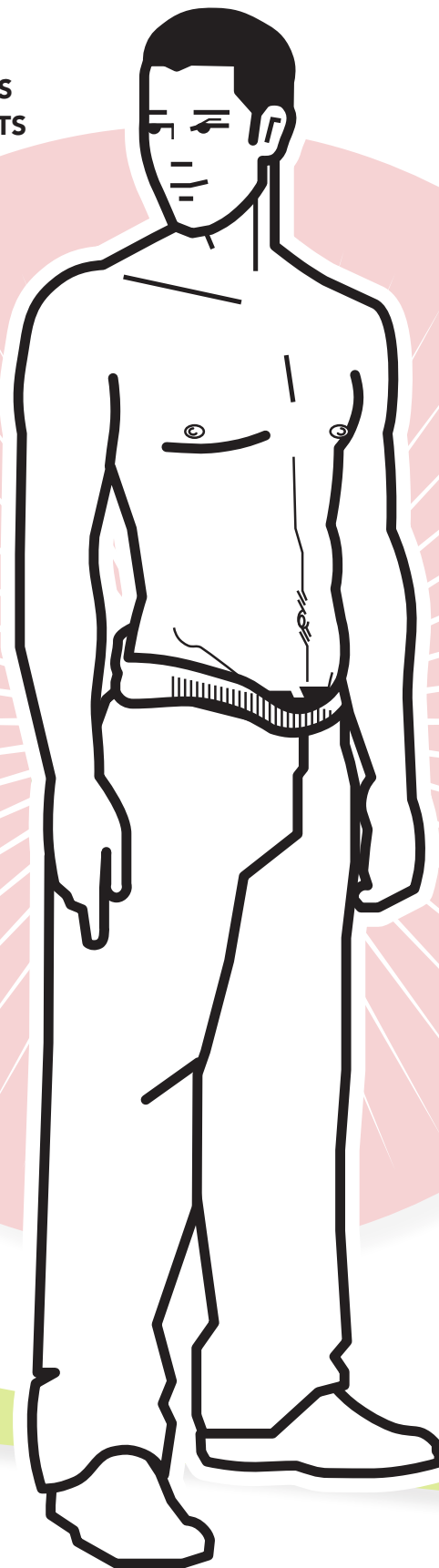
before protected anal sex.

75.4%

before oral sex.

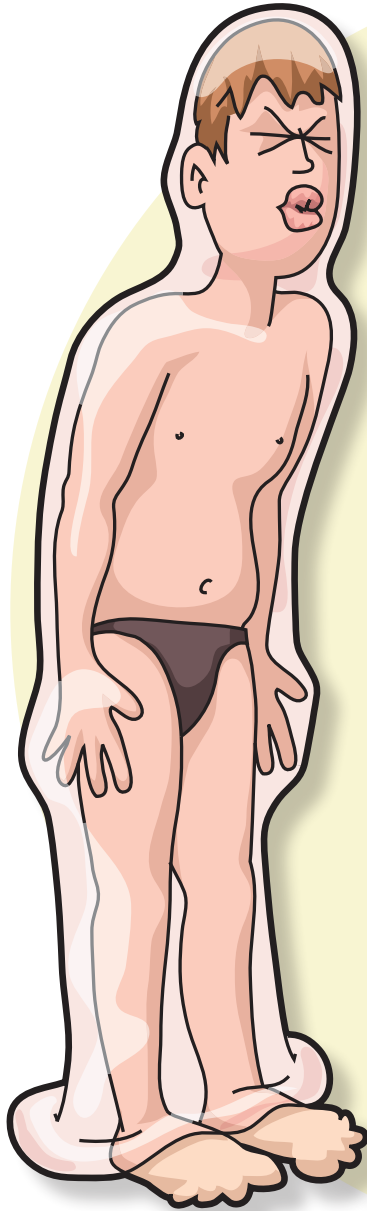
43.3%

before mutual masturbation.



KNOWLEDGE: TRUE OR FALSE?

Men were asked about HIV transmission. On average, participants answered 5 out of 7 questions correctly. All statements below are true.



A man can get HIV if he is a top.

94.6% agreed

A man can be infected with HIV and have no signs or symptoms.

91.1% agreed

One-quarter of the people infected with HIV in Canada don't know they are infected.

84.7% agreed

HIV is a chronic or ongoing, but manageable infection

81.4% agreed

There is no effective vaccine to prevent HIV infection.

80.0% agreed

Performing oral sex without swallowing ejaculate is very unlikely to cause HIV infection.

52.6% agreed

A man is more likely to get HIV if he is a bottom.

50.0% agreed

Disclaimer: The above facts may contribute toward a risk reduction strategy to prevent HIV; however, there are other factors to consider such as the presence of sexually transmitted infections (STIs), cuts or sores in/on/around the mouth or genitals and HIV viral load. The use of a condom remains the most effective way to reduce HIV transmission.

ATTITUDES AND PERCEPTIONS

Participants were asked if they thought the following measures were effective in reducing HIV transmission. Answers below reflect participant attitudes, not actual effectiveness.

Regular testing for sexually transmitted infections (STIs) and HIV.

Yes, effective: 76.5%

Disclosure/discussion.

Yes, effective: 66.5%

Sero-sorting: Having sex with men who have the same HIV status.

Yes, effective: 50.1%

PEP (Post Exposure Prophylaxis): PEP involves an HIV negative person taking anti-HIV drugs after sex to reduce the risk of HIV infection.

Yes, effective: 41.8%

PrEP (Pre-Exposure Prophylaxis): PrEP involves an HIV negative person taking anti-HIV drugs prior to sex to reduce the risk of HIV infection.

Yes, effective: 36.0%

Delayed condom application: Putting a condom on part way through anal intercourse so that it's on before ejaculation.

Yes, effective: 12.4%

Strategic positioning: Being the top or bottom based on HIV status.

Yes, effective: 10.8%

Sero-guessing: Guessing a partner's HIV status.

Yes, effective: 8.2%



FACT SHEET 15

ATTITUDES TOWARD HIV-POSITIVE MEN



Male Call participants were asked their thoughts about HIV-positive men.

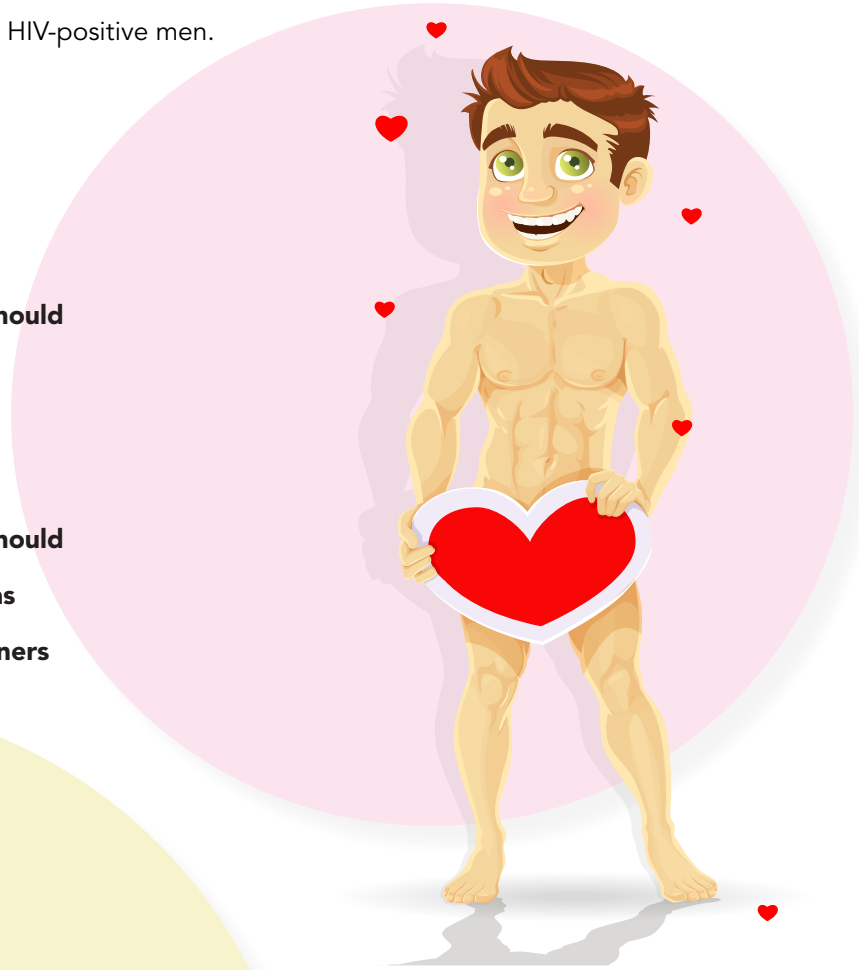
SEXUAL ACTIVITY

76.7%

agreed that people living with HIV should have the right to be sexually active.

75.4%

agreed that people living with HIV should have the right to be sexually active as long as they inform their sexual partners about their HIV status.



SHARED RESPONSIBILITY



98.4%

agreed that both sexual partners are equally responsible for preventing HIV transmission.



87.4%

agreed with the statement "In order to know a partner's status for certain, it is an individual's responsibility to ask his partner his status."



49.0%

agreed with the statement "I would not have sex with a man who is HIV-positive even if I am very attracted to him."

HOUSING AND EMPLOYMENT

98.7%

agreed that people living with HIV should have the same right to housing as others.

94.0%

agreed that people living with HIV should have the same right to employment as others.

BENEFITS OF HIV MEDICATIONS

72.5%

agreed that it was now possible for people living with HIV to have satisfying sex lives because of the availability of medications to treat HIV.

10.2%

agreed with the statement "safer sex is less important now that HIV treatments are available."

71.8%

agreed that it was now possible for people living with HIV to have the same quality of life as any other person because of effective HIV medications.



LOCK THEM UP AND THROW AWAY THE KEY!

A small minority (4.1%) felt that people living with HIV should be quarantined from others to protect the public health.



FACT SHEET 16 CRIMINALIZATION OF HIV



Male Call participants were asked about HIV non-disclosure and the law.

60.7%

agreed there should be a law that requires people who are HIV-positive to disclose their HIV status to their sexual partners.

74.4%

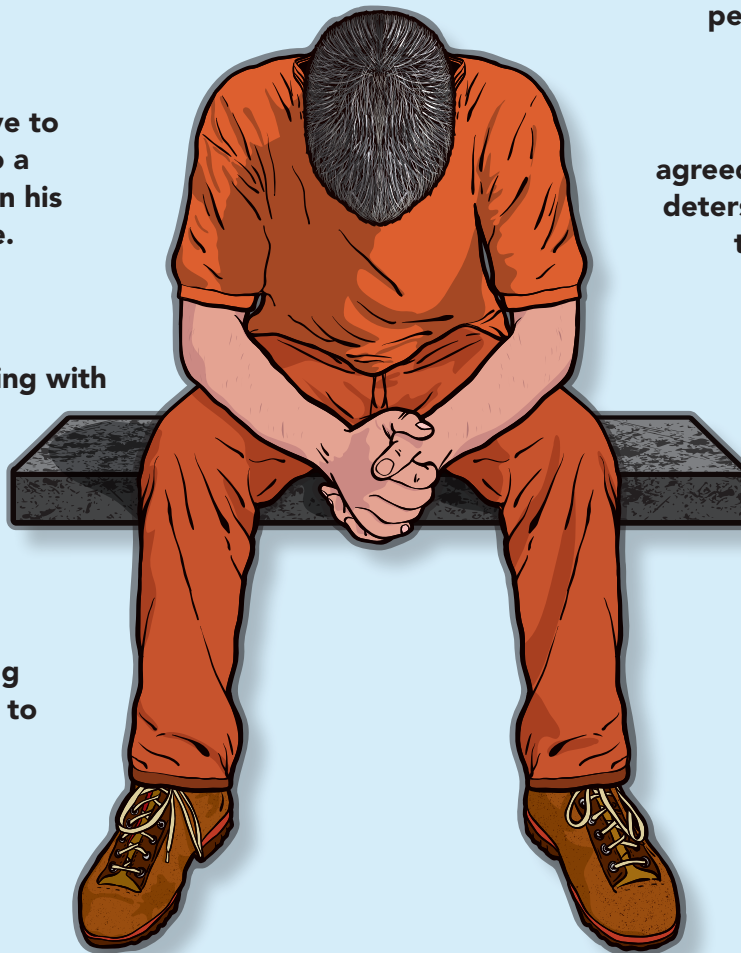
agreed a man should have to disclose his HIV status to a sexual partner even when his viral load is undetectable.

70.1%

agreed that someone living with HIV who lies about their status when asked should be criminally charged.

65.2%

agreed that not disclosing one's HIV-positive status to sex partners should be a criminal offence.



62.1%

agreed that criminal prosecution increases the stigma and discrimination of people living with HIV/AIDS.

47.5%

agreed that criminal prosecution deters or stops those who think they might be HIV-positive from getting tested.

30.3%

agreed that criminal prosecution is an effective way to stop or deter people from transmitting HIV to their sexual partners.

17.7%

agreed that it is better not to know one's HIV status in the current legal context.



Do you think a man with HIV should be charged with a crime for having unprotected anal sex without disclosing his HIV status?

No, never **17.2%**

Yes, always **41.9%**

Yes, in some circumstances **40.9%**

If answering "yes, in some circumstances" men were asked...

If a condom is used for anal sex, do you think someone with HIV should be charged with a crime for not telling his sexual partners?

Yes **30.2%** No **69.8%**

If it is clear that the man did not tell a sexual partner that he has HIV, and clear that the man wanted to pass HIV to the partner, should the man be charged with a crime?

Yes **96.7%** No **3.3%**

If an HIV-positive man gets a blow job and does not disclose his status should he be charged with a crime?

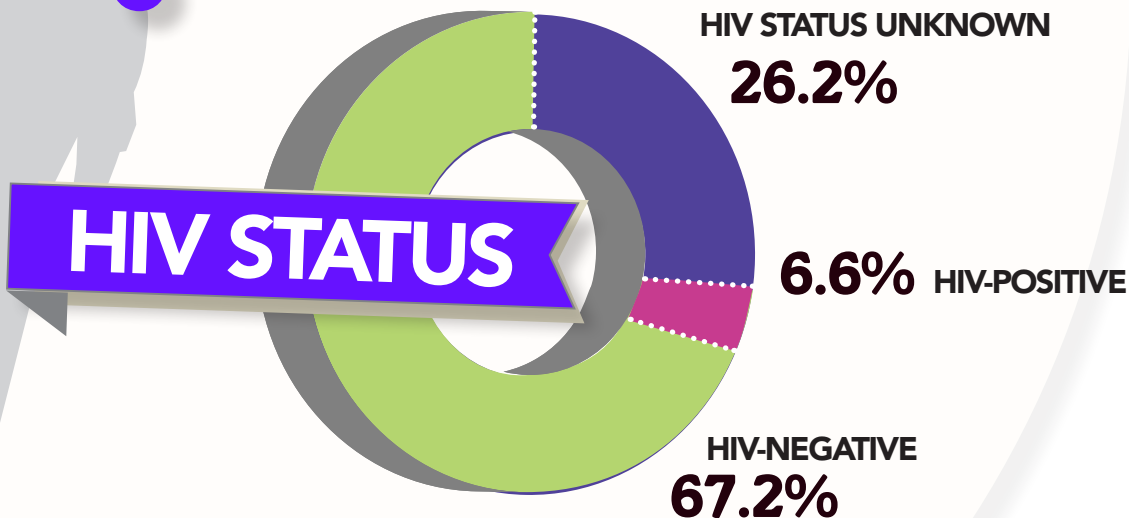
Yes **42.5%** No **57.5%**

THE UNKNOWNNS



THE UNKNOWNNS

26.2% of survey participants did not know their HIV status mostly because they reported never testing or not testing recently.



HIV STATUS

WHERE ARE THEY?

Men who did not know their HIV status were more likely to reside in rural or smaller urban areas rather than Canada's largest cities.

UNKNOWNNS

WHERE MEN WHO DID NOT KNOW THEIR HIV STATUS LIVED

20.3%
37.9%
41.8%

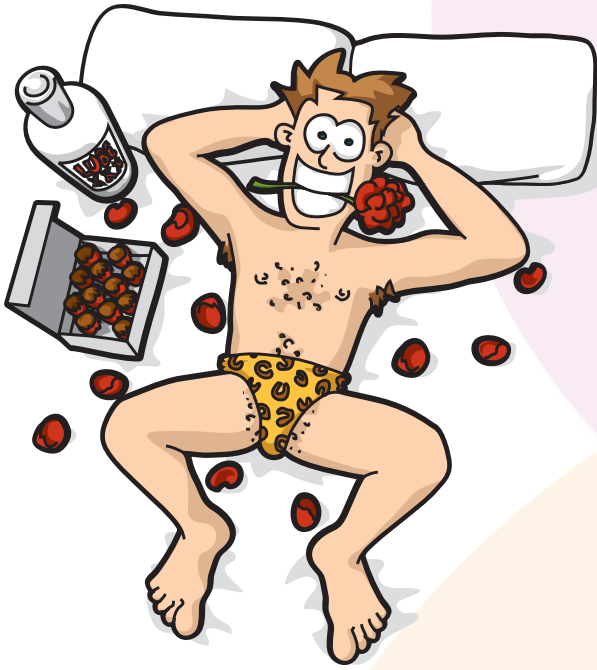
Montreal, Toronto, Vancouver
Other urban
Rural

KNOWNNS

WHERE MEN WHO KNEW THEIR HIV STATUS LIVED

40.0%
33.8%
26.2%





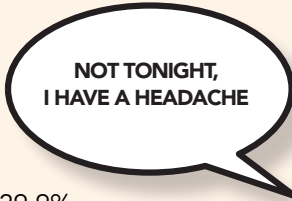
SEXUALITY

There were noticeable differences in the sexual identity of men who reported knowing versus not knowing their HIV status.

MEN WHO DID NOT KNOW THEIR HIV STATUS		MEN WHO KNEW THEIR HIV STATUS
34.7 %	GAY	67.2 %
50.6%	BISEXUAL	25.7%
5.6%	STRAIGHT	2.7%
9.1%	OTHER	4.4%

REASONS MEN WHO DO NOT KNOW THEIR HIV STATUS GAVE FOR NOT TESTING

- I think I am HIV-negative: 83.1%
- I am at low risk for HIV infection: 74.6%
- I have never thought about it: 33.9%
- It could affect my relationships: 39.0%
- I want to be tested, just haven't done it yet: 29.9%



- I do not know where to get the test: 22.9%
- I could not deal with knowing I was infected: 22.0%
- I am afraid of my name being reported: 18.6%
- I do not want to know: 17.0%

HEALTH CARE ACCESS

Men who did not know their HIV status accessed the health care system less often.



Health care accessed in the past 12 months	HIV status unknown	HIV status known
Walk-in clinic	37.3% YES	52.1% YES
Family doctor	67.9% YES	74.9% YES
Medical specialist	21.4% YES	42.1% YES
Nurse/Nurse practitioner	16.3% YES	34.1% YES

SEXUALLY TRANSMITTED INFECTIONS (STIs) AND HEPATITIS

Men who did not know their HIV status reported less hepatitis and fewer STIs.

	HIV status unknown	HIV status known
Yes, STI (lifetime)	15.2%	35.1%
Yes, any hepatitis (lifetime)	2.0%	9.8%



FACT SHEET 18

HIV TREATMENT AS PREVENTION



PrEP and PEP

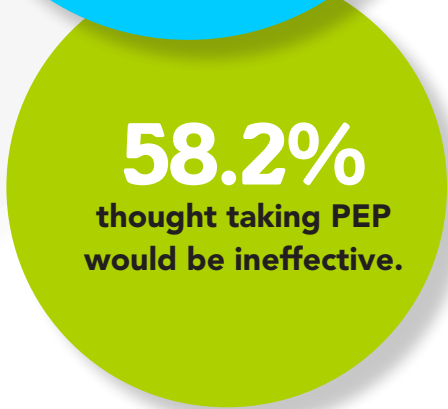
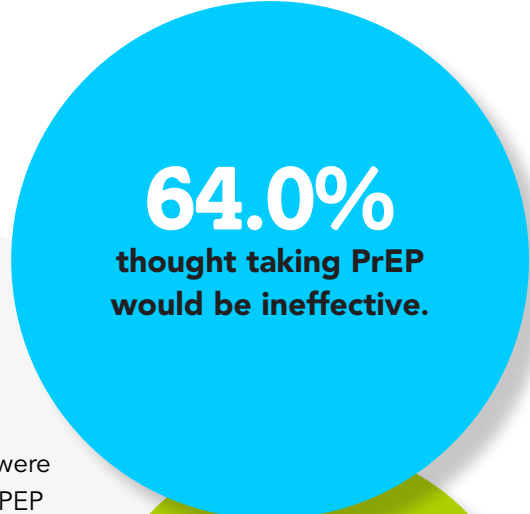
Pre-exposure prophylaxis (PrEP) is a form of treatment as prevention. PrEP involves an HIV-negative person taking anti-HIV drugs prior to sex to reduce the risk of HIV infection.

Post exposure prophylaxis (PEP) is also a form of treatment as prevention. PEP involves an HIV-negative person taking anti-HIV drugs after sex to reduce the risk of HIV infection.

In Canada both PrEP and PEP as forms of treatment as prevention remain controversial.

Effectiveness

Male Call participants were asked about PrEP and PEP in 2012.



How effective do you think it is for an HIV-negative person to take anti-HIV pills to prevent HIV transmission?



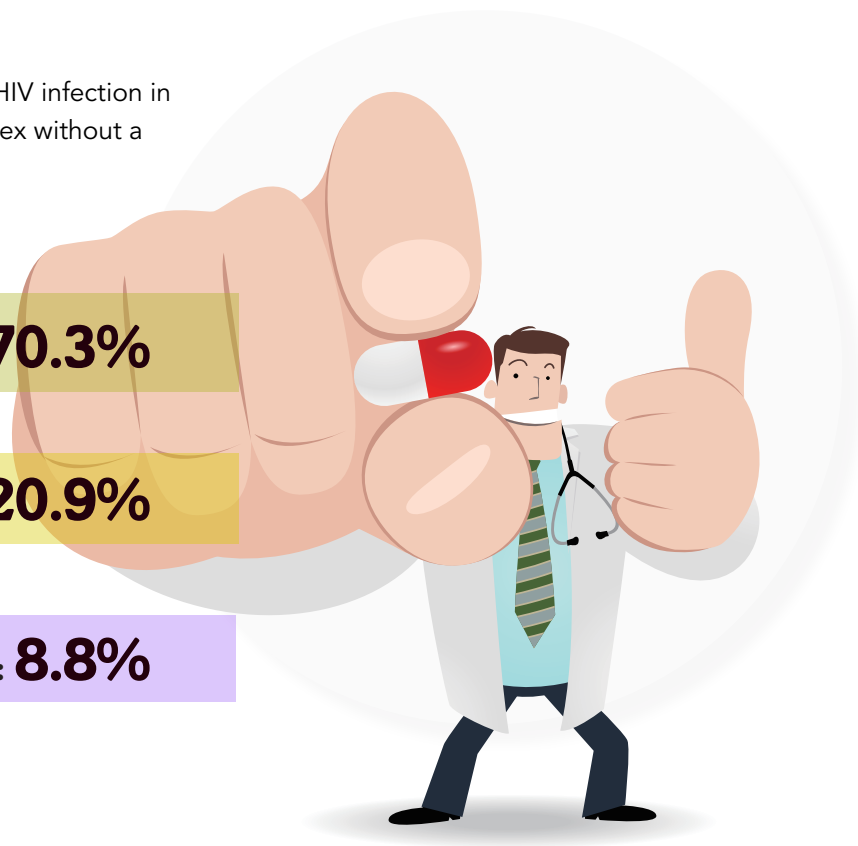
Personal choice

How effective would a pill have to be at preventing HIV infection in order for you to use it prior to having insertive anal sex without a condom?

Always effective: **70.3%**

Most/Half/some of the time effective: **20.9%**

I would never take a pill: **8.8%**



How effective would a pill have to be at preventing HIV infection in order for you to use it prior to having receptive anal sex without a condom?

Always effective: **82.5%**

Most/half/some of the time effective: **14.0%**

I would never take a pill: **3.5%**



FACT SHEET 19

TRANSACTIONAL SEX



Transactional sex is defined as the exchange of money, drugs or other goods for sex. Male Call participants were asked if they had participated in forms of transactional sex in the past 6 months.

15.1%
PARTICIPATED IN SOME FORM
OF TRANSACTIONAL SEX IN THE
PAST 6 MONTHS.

PAYING FOR SEX

7.7% gave money in exchange for sex.

2.2% gave drugs in exchange for sex.

3.2% gave other goods or services in exchange for sex.

Overall, **9.1%** gave some form of compensation for sex.



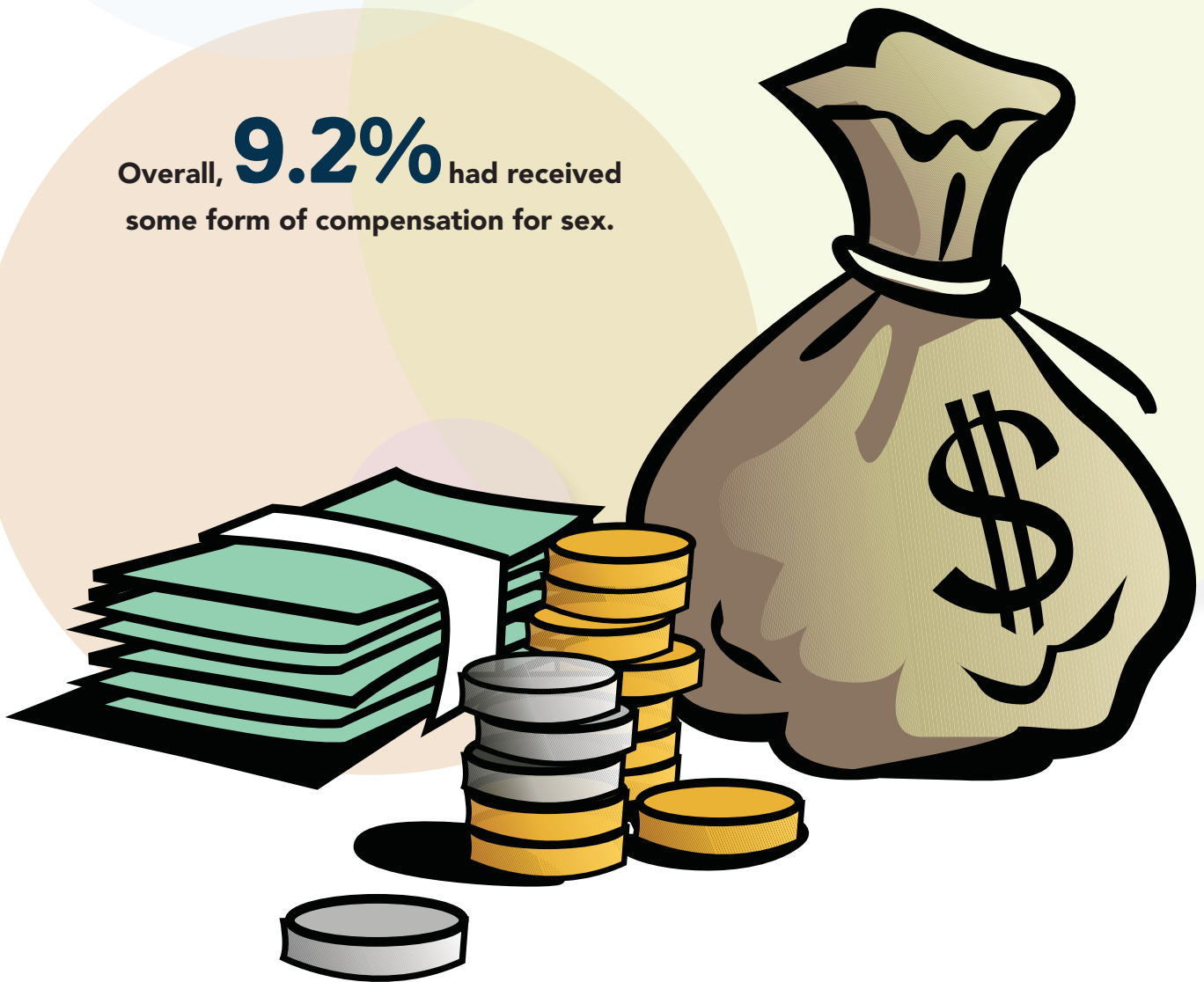
GETTING PAID FOR SEX IN THE PAST 6 MONTHS

7.4% had received money in exchange for sex.

3.5% had received drugs in exchange for sex.

4.7% had received other goods or services in exchange for sex.

Overall, **9.2%** had received some form of compensation for sex.



FACT SHEET 20

CHARITABLE GIVING



Male Call participants were asked about charitable giving.



made a charitable donation at some point in their life to an organization that deals with HIV and AIDS.

How much of a priority is HIV and AIDS in terms of your charitable giving?

High priority **22.5%** Medium priority **35.5%** Low priority or not a priority at all **42.0%**

23.8%



said that social media changed their charitable giving.

Of those who said that social media changed their charitable giving...

65.0%

said that Facebook changed their charitable giving.

19.3%

said that Twitter changed their charitable giving.



