HIV-related sexual risk behaviour between 1996 and 2008, according to age, among men who have sex with men (Scotland)

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ABSTRACT
Objective To examine changes in the proportions of those reporting 2+ unprotected anal intercourse (UAI) partners in the previous 12 months among men who have sex with men (MSM) in Scotland between 1996 and 2008. Differences according to age group were also examined.

Methods Logistic regression was used with data from eight cross-sectional anonymous, self-report surveys in commercial gay venues in Glasgow and Edinburgh (N=10 223). Data were stratified according to survey and age group (<25 years vs ≥25 years).

Results The percentage of 2+ UAI partners reported in the previous 12 months increased significantly between 2000 and 2002, adjusted for age group. When the surveys were divided into two time periods (1996–2000 and 2002–2008), no significant differences were found within each time period in the percentage of 2+ UAI partners reported (adjusted for age group). However, a significant increase was found when the aggregated figures for 2002–2008 were compared with those for 1996–2000. At the aggregate level, those aged <25 years were significantly more likely than those aged ≥25 years to report 2+ UAI partners in the previous 12 months (adjusted for survey).

Conclusions HIV-related sexual risk behaviour did not change significantly between 2002 and 2008 among MSM in Scotland, after the increases noted between 2000 and 2002. A significant minority of MSM continue to engage in relatively high levels of sexual risk, and younger generations appear to be at particular risk. This represents a public health concern and highlights the need for targeted age-specific interventions.
Although HIV-related sexual risk behaviour increased among MSM in Scotland between 2000 and 2002, our analysis suggests that, at the population level, sexual risk behaviour was stable between 2002 and 2008. This conclusion is reflected elsewhere, albeit using different populations and measures of risk behaviour. The increase between 2000 and 2002 is perhaps consistent with a reported increase of HIV notifications between 2000 and 2005. The findings highlight the need to examine further the mechanisms of community-level change and details of risk behaviour within particular subpopulations, in addition to the monitoring of community level data over time. Moreover, the data suggest the value of tracking individual sexual careers within changing contexts. HIV-related attrition no longer removes those engaging in HIV-related behaviour from the sexually active population of MSM. As our data do not show a trend of increasing levels of UAI across time, there could be cause for interpreting the plateau in observed risk behaviour as indicative of some success in prevention efforts. However, the findings highlight significant on-going levels of sexual risk and, episodically, age-related vulnerabilities.

The analysis was limited to some extent by lack of information on UAI partners and on the frequency of patronising recruitment venues, and by a failure to record city of recruitment at respondent level in one of the surveys. Despite such limitations, it would appear that there is an on-going need for both population-based and targeted HIV prevention. While it is acknowledged that age-related differences may hide more complex patterns of behaviour, our findings highlight the need to target the younger generations of MSM who are reporting higher levels of risk behaviour.

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Competing interests None.

Ethics approval This study was conducted with the approval of the University of Glasgow Ethics Committee for Non-clinical Research Involving Human Subjects, University of Glasgow Faculty of Medicine Ethics Committee, or the Psychology Ethics Committee at Glasgow Caledonian University.

Contributors PF, CK and LMcD devised the paper. CK conducted the analysis and the aggregation of data for 2002a, 2002b, 2003 and 2005. The findings highlight the need to examine further the mechanisms of community-level change and details of risk behaviour within particular subpopulations, in addition to the monitoring of community level data over time. Moreover, the data suggest the value of tracking individual sexual careers within changing contexts. HIV-related attrition no longer removes those engaging in HIV-related behaviour from the sexually active population of MSM. As our data do not show a trend of increasing levels of UAI across time, there could be cause for interpreting the plateau in observed risk behaviour as indicative of some success in prevention efforts. However, the findings highlight significant on-going levels of sexual risk and, episodically, age-related vulnerabilities.

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