The page features a decorative graphic consisting of several overlapping circles in various shades of green (from light to dark) and thin green lines that intersect and extend across the page. One large circle is in the top right, a smaller one is in the middle right, and another large one is in the bottom right. Lines also run from the top left towards the middle right circles.

OCCASIONAL PAPER 3

**THE PRACTICES AND BEHAVIOUR OF MEN WHO
HAVE SEX WITH MEN: A SUMMARY OF “SEXUAL HEALTH
AND BEHAVIOUR OF MEN IN NEW SOUTH WALES 2013-2014”
ISSN: 2206-3889**

**James A Athanasou
April 2016**

Occasional Papers is a series of articles and research reports. The views expressed are those of the author and not those of the University of Sydney

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ISBN 978-1-365-12593-5

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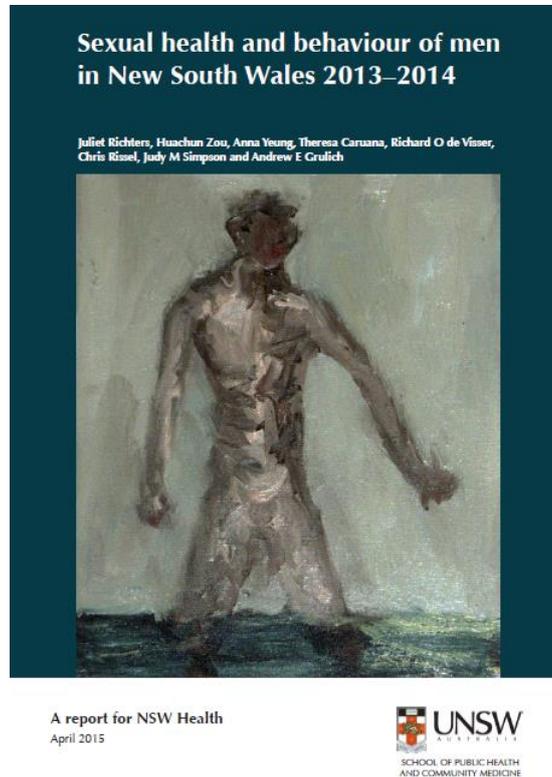
ABSTRACT

The purpose of this paper is to describe key aspects of the behaviour and practices of men who had sex with men. It is a secondary analysis of the report, *Sexual Behaviour of Men in New South Wales 2013-2014*. The available evidence indicates that the phenomenon of men having sex with men is overwhelmingly an abnormal male response engaged in by some 3.6% of the male population. Homosexuality is discussed and promoted as an abstract concept but this camouflages its reality. It is a broad set of specific sexual practices. It is also reflected in the differing sexual experiences, the attitudes of men who have sex with men, their use of pornography or their substance use. The distribution of homosexuality in the community is not random but has particular sociocultural links. Evidence is provided of signs of poor psychosexual adjustment in a subset of this population.

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THE PRACTICES AND BEHAVIOUR OF MEN WHO HAVE SEX WITH MEN: A SUMMARY OF “SEXUAL HEALTH AND BEHAVIOUR OF MEN IN EW SOUTHWALES 2013-2014”.



BACKGROUND

As one can imagine, sexual behaviour is a difficult area to research because of the sensitivities involved. For the most part it has relied on self-report through surveys as a basis for indicating aspects of sexual practices. These surveys are used to indicate the prevalence and incidence of heterosexual and homosexual behaviours.

In 2001-2002 the first Australian Study of Health and Relationships comprised 10,173 men and 9,134 women and reported 97.4% of men and 97.7% of women as heterosexual (Smith *et al.*, 2003). This survey involved computer-assisted telephone interviews and the overall response rate was 73.1% (men, 69.4%; women, 77.6%). This study was funded by the Australian Department of Health and Ageing. The sequence of some other relevant studies on this topic are summarised in Figure 1.

The New South Wales Department of Health sought additional data on higher risk populations and funded an additional sample of 1000 extra interviews of men. The reason for this is that with some 97% of men being heterosexual, the number of homosexuals in the sample for New South Wales was very small. A further and separate oversampling of 1000 men in

the Central Sydney Area Health Service was also funded. This allowed comparison with convenience samples such as the Sydney Gay Community Periodic Survey.

In 2012-2013, the second Australian Study of Health and Relationships surveyed 20,094 men and women using computer assisted telephone interviews. The response rate had fallen to 66.2%. The majority of people identified as heterosexual (97% men, 96% women) (Richters *et al.*, 2014). This study was funded by the National Health and Medical Research Council. My understanding is that this involved a grant of some \$1.64 million.

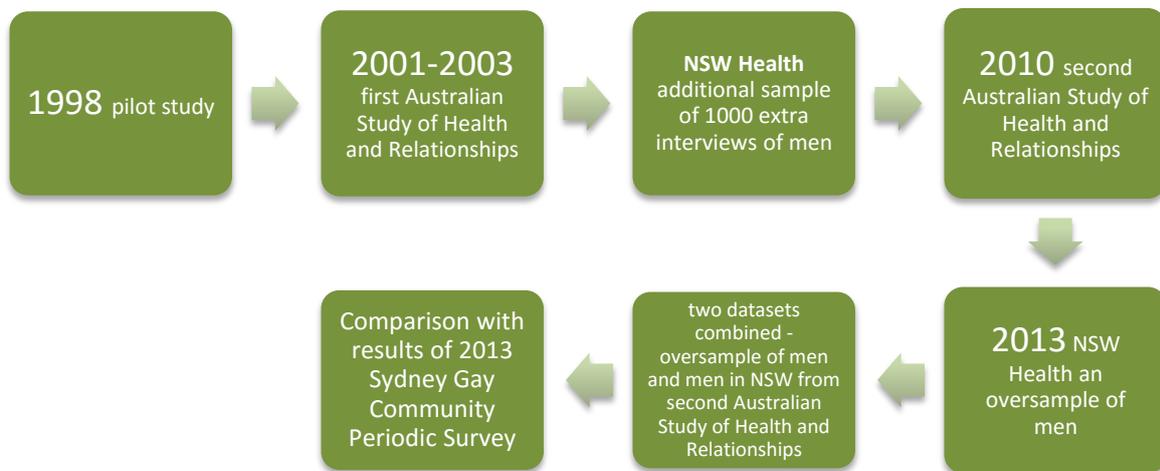


Figure 1. The sequence of commissioned studies on sexual health and behaviour.

In 2013, the New South Wales Ministry of Health commissioned “an oversample of men in New South Wales... to examine the population distribution of homosexually active men and trends in sexual risk behaviour over time” (Richters *et al.*, 2015, p. 3). Two datasets were brought together: the men in New South Wales who responded to the Second Australian Study in 2012-2013 and the oversample of men in New South Wales from 2013-2014. That combination is the subject of the *Sexual Health and behaviour of Men in New South Wales 2013-2014* (Richters *et al.*, 2015). Finally the data for this survey was compared with results from the 2013 Sydney Gay Community Periodic Survey. This has been funded by the New South Wales Ministry of Health since 1996.

The specific purpose of this paper is to compile a picture of the homosexual behaviour of men who have sex with men. This focuses on some key aspects from the report of *Sexual Health and Behaviour of Men in New South Wales 2013-2014*. Of necessity it does not report all the details but focuses on the background, practices and behaviours.

The focus *Sexual Health and Behaviour of Men in New South Wales 2013-2014* was on men who have sex (anal intercourse, oral sex, or manual sex) with at least one other man (in the last 12 months). The report distinguishes between how men think of themselves (sexual identity), whether they are attracted to other men and whether they had sex with males or females (p. 8 – all subsequent page references are to the report of Richters *et al.*, 2015).

FINDINGS

Table 1 provides a concise summary of key findings from *Sexual Health and Behaviour of Men in New South Wales 2013-2014*. Some aspects are discussed in greater detail in the sections below.

Sexual identity

A total of 4195 people participated in the survey: 96.4% identified themselves as heterosexual, with 92.2% attracted only to women and 90.2% had sexual experience only with females (p. 9).

Sexual practices

Sexual practices included masturbation (96.2%; median = 10 times in the last 4 weeks), using a sex toy (29.5%), roleplay or dressing up (17.2%), bondage-dominance-sadomasochism-submission (14%), group sex (25.6%), anal fingering (65.8%), fisting (8.1%) and rimming (54.1%) (Table 17, p. 26).

Number of male sex partners

The number of male sex partners varied from 0 to 1103 (Table 5, p. 13). In the last 12 months the maximum number of male sex partners was 92 (Table 5, p. 13). Naturally, most people in the sample (94.3%) did not report any male sex partner in their lifetime.

The distribution of the number of male sex partners over a lifetime is shown in Figure 2.

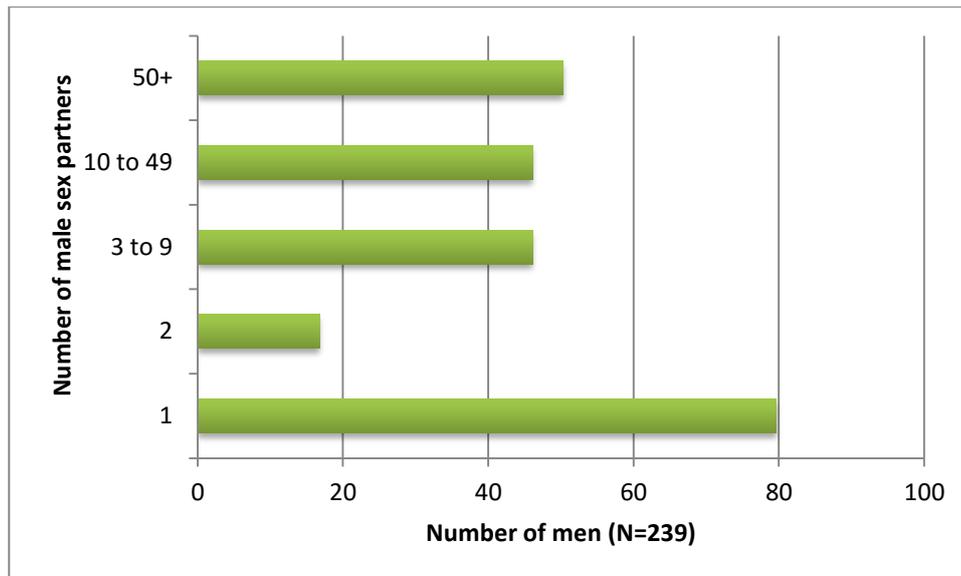


Figure 2. Lifetime number of male sex partners (N= 239 and excludes 3948 without any form of male sex) (Source Table 5, p. 13)

The number of males who had multiple same sex partners was almost double that of males with a single lifetime partner

Sex with a male partner

The median age at which men who ever had sex with a male was 18 years but around one-fifth were aged 16 years or less.

The time that that the first male partner was known was less than 24 hours in around one-quarter of cases or a year or more in two-fifths of cases.

Payment for sex with men was rare (less than 1%) (Table 8, p. 16).

Around 1 in 4 of men who had sex with another man experienced sexual coercion compared with less than 1 in 20 of other men (Table 16, p. 25).

Internet use

The Internet and other electronic media was used by almost 70% of men who had sex with another man to look for a partner compared with 13% of other men (Table 18, p. 27).

Pornography

Looking at pornographic material in the last 12 months was reported by 95.1% of the men who had sex with another man compared with 63% of other men (p. 2).

Table 1. Summary of some findings for men who have sex with men

Items	Response/Percent
Sexual experiences	
Sexual experience with both males and females	6.2%
Maximum number of males sex partners for anal intercourse	501
Range in age when first had sex with a male partner	5-60 years (median = 18 years)
Range in the age of the first male sex partner	10-64 years (median = 22 years)
Time knew first male partner before having sex with him	25.6% less than 24 hours
Ever coerced	48.9%
Age first coerced	6-40 years (median = 18.5 years)
Used Internet site to look for potential partners	69.1%
Looked at pornographic material in last 12 months	95.1%
Sexual practices	
Number of times masturbated in last four weeks	10
Sex toy used	29.5%
Role play/dressing up	17.2%
Bondage-discipline-sadomasochism-dominance-submission	14.0%
Group sex	25.6%
Insertive anal fingering	65.8%
Fisting	8.1%
Rimming	54.1%
Tobacco, alcohol, injecting drug use	
Current smoker	33.6%
Non-drinker	16.2%
Ever injected drug in lifetime	8.8%
Health	
High level of negative feelings	3.5%
Any sexually transmitted infectious disease	48.9%
HIV positive	5.9%
Attitudes	
Sex before marriage	99.2% agree
Active sex life for a sense of well-being	93% agree
An affair in a committed relationship is always wrong	59.6% agree
Pornography can improve sexual relations among adults	80.2% agree
Sexual health education for adolescents increases the likelihood of sexual activity	21.7%
Sociodemographic	
Major city	83.6%
English speaking country of birth	81.9%
Never married	91.0%
Employed	82.8%
Tertiary education	54.8%
Family income > \$125,000	32.8%

Regional location of men who have sex with men

More than four-fifths of men who had sex with men resided in a major city (Table 9, p.18).

Elsewhere in the report, the male homosexual population is described as being concentrated in inner city where “as many as 10% to 52% of the male population had same sex experience and 4% to 48% identified as homosexual/gay or bisexual - up to 19 times as high a percentage as in Australia in general...” (p. 3).

Educational background of men who have sex with men

More than half of men who had sex with men had tertiary or higher qualifications (Table 9, p. 18).

Attitudes of men who have sex with men

Men who had sex with another man had more liberal attitudes than other men (p. 1). These aspects are listed in Table1 under the heading of “Attitudes”.

COMMENTS ON THE FINDINGS

It is not straightforward at all to obtain valid and reliable findings on heterosexual or homosexual behaviour. Understandably the anonymous self-report has been the most common approach:

The overall impression is that sex research lacks a gold standard for the validation of self reports; biological markers are cumbersome and expensive for community-based surveys and non-biological markers suffer from imprecisions and measurement problems of their own. Current studies have revealed an appreciable level of internal validity but justifiable concerns still remain (Dare & Cleland, 1994, p. 102)

Accordingly, there are bound to be problems of participation, cooperation and truthfulness.

Sexual Health and Behaviour of Men in New South Wales 2013-2014 does not purport to be perfect by any means. At the outset, it does not represent the entire population of males adequately. For instance, the 108 men in the Second Australian Study of Health and Relationships are a far smaller sample than the 2546 men in the Sydney Gay Community Periodic Survey of 2013. The addition of an oversample bolstered the numbers. The authors acknowledged that the study is not perfectly representative but

the findings are still useful because it was designed as a representative sample¹ and it surveyed many aspects.

In any interpretation of the findings it must always be remembered that the research effort was substantial - "70,000 telephone calls were made to achieve the 4195 interviews" in Australian Study of Health and Relationships 2 (p. 5). The non-response rate was acceptable for a social survey but still of considerable size. The landline participation rate for the overall study was reported as 64.4% and the mobile phone participation rate varied from 66.2% for the second Australian Study of Health and Relationships sample and 69.5% for the oversample (p. 5). It is important to emphasise that around one-third of males did not even participate in the study. There will always be concerns whether the sampling was valid and adequate for the topic in question but under the circumstances this was a reasonable attempt.

Nevertheless, there is always the potential for participation bias in such studies, such that those who take part are systematically different. There are also issues related to the methods used and the validity checks for accuracy. All in all it is not an easy area of research (Fenton, Johnson, McManus & Erens, 2000).

The report is important because it paints a picture to readers who may be unfamiliar with the practices and behaviours of men who have sex with men. The impressions of laypersons may be based on partial reporting, innuendo and incomplete information in the public arena.

The overwhelming conclusion from *Sexual Health and Behaviour of Men in New South Wales 2013-2014* is that the behaviour of men who have sex with men is abnormal. It is abnormal in the sense of being irregular or nonstandard or atypical. This is simply because the overwhelming majority of males do not have sex with men.

Furthermore, on the basis of the information that was provided, it seems reasonable to infer that men who have sex with men form a distinct subset of the population of males. There are sociocultural factors that correlate with these behaviours. Males who have sex with men are not at all representative of the general population of males in terms of sociodemographic characteristics such as education, income, marital status, language background of country of birth or area of residence.

It is agreed that the responses to some questions in the survey cannot be verified but for the purposes of this summary the answers have been taken at face value. The reliability and validity of results from such studies is not

¹ The sample was weighted to represent the New South Wales population on the basis of age, residence and telephone ownership.

perfect but it is more than sufficient for providing a preliminary report (Dare & Cleland, 1994; Schrimshaw, Rosario, Meyer-Bahlburg, & Scharf-Matlick, 2006).

As far back as 1969 it was noted that the answers to some questions must be approximate; for instance in one study it was reported that "...these men had had so many partners that it was not possible for them to give even an approximately correct count" (Saghir, Robins & Walbran, 1969, p. 221). To be fair, the cognitive demands of the recall tasks demanded of respondents on such topics can be considerable (Schroder, Carey, & Venable, 2003).

All the same, one cannot say that men who have sex with men are more profligate than men who do not have sex with men. The maximum number of lifetime female sex partners among men was 1288 (median = 7) and the maximum number of lifetime male sex partners was 1103 (median = 3 to 9) respectively (Tables 2 and 5, pp. 10, 13). Whichever way one looks at it, the responses paint a somewhat dissolute picture of heterosexual and homosexual behaviour compared to our social mores.

In this paper it was considered that the summary of sex behaviours is a realistic description of the specifics of some homosexual practices. These practices of men who have sex with men are varied. Some practices may overlap. The descriptions and enumeration are probably disconcerting to some readers.

For instance, differences in men who have sex with men and those men who do not have sex with men range from the frequency of masturbation, use of a sex toy, role play or dressing up, bondage-sadomachism, anal fingering, fisting and rimming. This is hardly a wholesome description of mature sexual development. The practices are suggestive of serious maladjustment in some men who have sex with men (and also some men who have sex with women).

There are other areas that may be of concern for the wider community. These include the extent of homosexual coercion (around 1 in 4). Another is the use of the Internet as a means of recruitment (70%) for men who had sex with another man. Equally important is the massive use of pornography (95.1%). These are considered to be further indicators of poor psychosexual and psychosocial adjustment.

Moreover, in the homosexual community there is an abiding sense (93.0%) that an active sex life is important. At this level it seems almost like a preoccupation. In reality that active sex life and its lifestyle has unique features. It bears little relationship to the active sex life or the sexual ecology of men who do not have sex with men.

The problems of personal adjustment of homosexual persons (suicide attempts, self-harm, depression, anxiety, alcohol and drug dependence) are well known and have been noted elsewhere (King, Semlyen, Tai, Killaspy, Osborn, Popelyuk, & Nazareth, 2008). The results of *Sexual Health and Behaviour of Men in New South Wales 2013-2014* do not clarify whether psychological problems preceded, accompanied or followed homosexual identity. Overall the findings are consistent. For example, men who had sex with men reported greater tobacco, alcohol and injecting drug use (Table 12, p. 22) but not necessarily greater psychological distress on a questionnaire.

CONCLUDING COMMENTS

These aspects of homosexual behaviour illustrate that homosexuality is not an abstract state. It involves a specific set of physical actions, behaviours and responses. It embodies a culture and a mentality.

There will be a tendency amongst some readers to construe many of the preceding comments as homophobia. This ignores the meaning of homophobia as “fear of homosexuals usually linked with hostility toward them” (*Macquarie Dictionary* 2nd edition, 1995, p. 845). Indeed it is possible and quite logically consistent to comment negatively on homosexual practices while still adopting a tolerant and accepting attitude toward individuals.

In short, this paper reports some specific aspects of men who have sex with men that have been highlighted in *Sexual Health and Behaviour of Men in New South Wales 2013-2014*. These have not been reported widely.

It is argued that homosexuality is abnormal or atypical. It is far from a theoretical concept and instead is best described as a range of specific responses. There are variations in the views of men who have sex with men. Homosexuality has particular sociocultural links. Based on the sexual practices it was considered there are signs of poor psychosexual adjustment in a large subset of the males who have sex with males.

Funding

This research received no specific grant from any funding agency in the public, commercial or not-for-profit sectors.

Declaration of conflicting interests

None declared.

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