

Hong Kong Community Planning Process on HIV/AIDS
MSM Working Group
Draft Situation Analysis
Part 1: Review of Research and Prevention Programs

**AIDS Prevention among MSM in Hong Kong:
Review of Research and Prevention Activities
October 2000**

1. Introduction

Although HIV has not yet had the kind of impact on MSM in Hong Kong as has been seen in many Western countries, a steady growth in the rate of reported infections and evidence from behavioral studies suggesting a high degree of unsafe sex are reasons for concern. A recent review of HIV/AIDS policy and programs in Hong Kong (Brown et al. 1998) identified 'men who have sex with men' (MSM) as a 'priority' population in the region and called for increased efforts in both prevention and behavioral research among this group (Brown et al. 1998). This purpose of this report is to review what we know and what we do not know about HIV related risk behavior among MSM in Hong Kong and what efforts have been made so far to promote HIV prevention in this population. This review will later be supplemented with information gathered from formal and informal individual and group interviews with a cross-section of the MSM community to form a 'Situation Report' which will help the Hong Kong HIV/AIDS Community Planning Committee in planning suitable prevention and research activities for MSM.

There is no reliable data on the number of MSM in Hong Kong. Although some researchers have estimated the number based on foreign statistics, these foreign statistics are themselves unreliable. A recent telephone survey of 2074 men in Hong Kong found that 4.1% indicated that they had at some time in their lives had sex with another man.

Until 1991, homosexual behavior was a criminal offense under the Offences against the Person Ordinance which prescribed penalties of up to life imprisonment for anal intercourse between men. In 1991, homosexual acts were decriminalized, but the age of consent for MSM remains 21 and acts of 'buggery' or 'gross indecency' with people under this age carry a penalty of two to five years in prison.

2. Epidemiological Situation

As of June 2000, of the 1446 reported cases of HIV transmission and the 475 reported cases of AIDS in Hong Kong, 286 HIV infections and 91 AIDS cases were attributed to 'homosexual' transmission and 74 HIV infections and 26 AIDS cases were attributed to 'bisexual' transmission.

The number of cases attributed to 'homosexual' or 'bisexual' transmission per year has been showing a clear though erratic increase since the first reported case in 1984 (see table 1).

Annual cases attributed to ‘homosexual’ or ‘bisexual’ transmission routes

Year	Total cum. HIV/AIDS cases in HK	“homosexual” or “bisexual” cases		
		HIV*	AIDS	Cum. No.
1984	7	1	0	1
1985	53	11	2	12
1986	106	8	0	20
1987	134	19	3	39
1988	172	14	6	53
1989	206	21	11	74
1990	266	13	5	87
1991	337	26	8	113
1992	416	29	10	142
1993	520	22	8	164
1994	642	26	18	190
1995	776	30	12	220
1996	957	23	7	243
1997	1146	43	13	286
1998	1359	22	7	308
1999	1399	43	9	351
June 2000	1446	9	1	360

* The number of HIV cases has included AIDS cases.

Table 1 (Hong Kong SAR Government Department of Health)

Of the 264 reported cases attributed to this transmission route between June 1984 and June 1999, 61.1% were Chinese and 38.9% were non-Chinese, with the percentage of cases reported per quarter among Chinese increasing since the early nineties and those among non-Chinese decreasing.

The majority of reported cases in this period attributed to homosexual contact occurred in people between the ages of 30-39 (114), the second most common age group being 20-29 (90) and the third being 40-49 (49). Three of the reported cases were in individuals under the age of 19 and 2 in those over the age of 60. While individuals between 30-39 (23) also made up the greatest number of cases attributed to ‘bisexual’ transmission, a slightly higher proportion of individuals between 20-29 (21) were represented in this group as well as a higher proportion of those between 50-59 (7) and over 60 (4).

The only epidemiological study of trends in infection among MSM is Chin (1994) which argued that the sharp burst of HIV infections among MSM in the mid-eighties would likely level out in the nineties. This prediction, however, appears not to have been borne out, with the current rate of reported cases exceeding Chin’s projection of total cases (Smith 1998a, b). The actual extent of HIV infection among MSM is difficult to gauge. No unlinked surveillance studies have been done on this population and little data is available on the extent of HIV testing (but see Lau and Wong 2000 reviewed below). Furthermore, even data of reported cases attributed to ‘homosexual’ or ‘bisexual’ transmission routes is questionable given that fears of discrimination may make many men reluctant to disclose same sex sexual behavior in the context of HIV testing and the apparent prevalence of MSM who do not self-identify as either ‘gay or *tongji* [1] (much less ‘homosexual’ or ‘bisexual’) (Smith 1998a). Even the categories ‘homosexual’ and ‘bisexual’ are problematic, ‘homosexual’ being applicable either to a kind of behavior or an identity, but ‘bisexual’ seeming to refer more to an identity (since the transmission itself cannot be ‘bisexual’).

3. Overview of Research

The most striking thing about the research on MSM in Hong Kong is how little of it there is. In a review of AIDS research published in 1996 none of the 162 works listed focused on MSM (Smith 1998a). Most of the research cited in this report was done in the last three years.

Table 2 summarizes the major research projects that have been undertaken with this community. The bulk of the research on MSM in Hong Kong has been qualitative, and has focused more on the social and cultural aspects of MSM life rather than HIV risk. Ho (1996) Ho and Tsang (2000), for example, have explored the growth of 'gay identity' in Hong Kong and its relationship to larger socio-cultural and economic trends as well as issues of race and class and how they affect the negotiation of anal sex, Jones (2000) has studied the ways Chinese and foreign MSM constructed their identities in personal ads before the 1997 change of sovereignty, and a writer using the pseudonym 'Gei Lou' (nd) has examined the culture of gay saunas in Hong Kong using participant observation. The most well known qualitative studies are those produced by the writer Chou Wah Shan (1996, 1998) who adopts a more narrative approach in reporting his findings, allowing his interviewee's to speak 'in their own voices'. While all of the above studies devote a great deal of attention to sexual behavior, none of them focuses on risk behavior or HIV transmission. Nevertheless, the issues they highlight of social identity, cultural codes and values, power and the ways people negotiate sexual practices are all relevant to understanding HIV transmission and uncovering the social and psychological factors behind the way knowledge is constructed and acquired, the ways attitudes are formed and the ways behavior unfolds in particular contexts.

There have been relatively fewer quantitative studies on the sexual behavior of MSM, and most of those have involved relatively small samples gathered through convenience sampling and little rigorous statistical analysis of the data. The AIDS Scenario Surveillance Research Project (2000), for example produced data on MSM sexual behavior based on respondents recruited from HIV testing clinics, and Li (1998) surveyed the behavior and attitudes towards HIV of 100 MSM recruited mostly through *tongji* organizations. Lulla (1997) adapted two foreign questionnaires in his survey of 110 MSM and gathered respondents from commercial venues, public sex venues and over the internet, but his survey is mostly limited to English speaking MSM who could understand his English questionnaire and half of his respondents were not Hong Kong Chinese.

Some studies have been aimed at larger populations of men, such as Lau and Wong (2000) which reports the results of a telephone survey of 2074 men, among which 85 (4.1%) had reported having had sex with a man. Although the study provides good data to compare the differences in attitudes and behavior among MSM, clients of commercial sex workers and men who do not engage in either of these activities (called the 'general public'), the actual number of self-identifying MSM respondents is even smaller than the questionnaire surveys above, which may either be indicative of the relatively small number of men who are willing to identify themselves as MSM or the difficulties in doing large scale telephone surveys among this population or around this topic.

Some studies have attempted to combine qualitative and quantitative methods. In his book *Stories of Hong Kong Tongji* (1996), Chou reports, along with his 'stories', the results of a survey on sexual behavior and social identity involving 300 respondents obtained through *tongji* organizations. More recently, Jones and his colleagues (2000) combined a qualitative study involving 16 MSM keeping diaries of their sexual experiences

for two months with a survey (based on the qualitative data) of 203 respondents gathered from bars, saunas, *tongji* organizations and public sex venues.

Researcher(s)/ Year	Type of Study	Source of Respondents	n	Focus
Ho, P.S.K. (1995)	Qualitative (case study)	Personal network	1	Gay identity
Chou, W.S. (1996)	Qualitative (interviews) and quantitative (questionnaire survey)	<i>Tongji</i> organizations	300	Gay identity, sexual practices,
Hong Kong Government (1996)	Quantitative (telephone survey)	Random ('general public')	1535	Discrimination, Attitudes towards homosexuality
Smith, G. (1998a)	Discussion paper	na	na	HIV prevention experience among MSM
Smith, G. (1998b)	Report of prevention project	Saunas	na	HIV prevention experience among MSM
Choi, T. (1998)	Literature Review	na	na	HIV prevention
Li M. C. (1998)	Quantitative (questionnaire survey)	<i>Tongji</i> organizations	100	
Lulla, R. (1997)	Quantitative (questionnaire survey)	<i>Tongji</i> organizations / bars / toilets / internet / personal network	110	Sexual and social behavior
Jones, R. (2000)	Qualitative (Text analysis)	Personal advertisements	1040	Gay identity, self-presentation
Jones, R., Yu, K.K. and Candlin, C. (2000)	Qualitative (diary study) / Quantitative (questionnaire survey)	<i>Tongji</i> organizations / bars / saunas / toilets / personal network	16/203	Sexual behavior, risk behavior, attitudes, patterns of interaction
Ho, P.S.K. and Tsang, A.K.T. (2000)	Qualitative (Interviews)	<i>Tongji</i> organizations / Personal network	12	Anal sex in interracial relationships
'Gei Lo' (nd)	Qualitative (participant observation)	Saunas	na	'Sexual culture'
Lau, J.T.F. and Wong, W.S. (2000)	Quantitative (telephone survey)	Random ('general male population', MSM, clients of sex workers)	2074	HIV testing and risk behavior
AIDS Scenario Surveillance Research Project (2000)	Quantitative (survey)	Clinic based		Risk history/ behavior of MSM visiting Government HIV testing clinics

Table 2 (Summary of Research)

Other work providing important data about HIV related risk behavior among MSM are papers based on experiences of prevention workers (AIDS Concern 1998, Smith 1998a, b, 1999) and strategy papers based on experiences with this population in other countries (Choi 1998). Also relevant to understanding the social determinants of HIV risk behavior among MSM are studies examining social attitudes towards MSM, the largest of which to date has been that commissioned by the HK government for its 1996 Consultation Paper on Discrimination on the Grounds of Sexual Orientation (Hong Kong SAR Government 1996, Survey Research Hongkong Ltd. 1995).

Finally, there is a report of MSM and HIV/AIDS prepared for the UNAIDS/ ASAP Regional Workshop of Policy and Programmatic Issues for Men who have Sex with Men, outlining the legal status of MSM, trends in the tonji community and AIDS prevention efforts among MSM (Smith 1999).

There are also, of course, innumerable studies on MSM sexual behavior in other countries which while not always directly applicable to the local situation provide valuable clues regarding the direction further research in Hong Kong might take (see Stall et al. 2000 for an overview). Research on MSM overseas in the last ten years has focused on such issues as the social context in which risk behavior takes place, the 'negotiation' of safer sex, the relative vulnerability of particular sub-groups (like young MSM), and the epidemiological role of sex in particular venues like bathhouses. Studies in MSM sexual behavior in other Chinese communities like Taiwan, Mainland China and Singapore are as rare as they are in Hong Kong, although there are a number of studies on the HIV related risk behavior of 'Asians and Pacific Islanders' in North America and Australia mostly suggesting a relatively lower rate of risk behavior among these populations, but, at the same time, a lower degree of awareness and knowledge about HIV (see for example Choi et al. 1995)

4. Research Findings: Sexual Behavior

4.1 Partners

Number of Partners

One of the most common preoccupations of research into MSM sexual behavior and HIV risk is the number of sexual partners people have. This is also one of the most potentially sensitive issues given the common stereotype of MSM as 'promiscuous'. Li (1998) reported that his respondents had an average of 3.1 sexual partners a year with about 20% reporting 6 to 10 and only 7.4% reporting over 20. In Lulla's (1997) study nearly a quarter of the respondents reported having 11-20 casual partners a year, and in Chou (1996) nearly a quarter reported only 1-5 partners a year while 16% reported 10-15.

The biggest problem with figures like this when it comes to HIV prevention is understanding what constitutes a 'sexual partner' and what kinds of sexual behaviors are involved in these 'partnerships'. Respondents to such questions may not be clear about which sexual encounters to count as 'sexual partners' (since some sexual episodes may take place rather quickly and may not involve insertive sex or ejaculation by either party). Furthermore, responses to such questions on surveys of sexual behavior are notoriously unreliable (Gangon and Parker ed. 1995). Finally, in terms of HIV prevention the number of partners matters much less than the kinds of sexual behavior engaged in. A man having up to fifty sexual encounters a year involving only masturbation in public toilets, for example, would be much less at risk than a man practicing 'serial monogamy' with two or three 'lovers' with whom he engaged in unprotected anal intercourse.

Relationships

Much more important than the number of partners people have seems to be the kinds of partners they have. Available data strongly suggests that MSM are much more likely to engage in high risk sexual behavior with steady partners, 'lovers' and people whom they deem to be less experienced or less 'promiscuous'.

Longer term relationships, while often (but not always) reducing the risks associated with multiple partners, are much more likely to involve unprotected anal intercourse and oral sex with ejaculation in the mouth than 'casual' encounters, and condoms are less likely to be used under these circumstances. Approximately 17% of Li's (1998) respondents gave 'trust in their partners' as their main reason for not taking precautions and nearly 14% cited 'love'. In Lulla's (1997) study, among respondents in a steady relationship a quarter reported unprotected oral sex with their partners involving ejaculation in the mouth and nearly 20% of those reported unprotected anal intercourse involving ejaculation in the anus.

Jones et al. (2000) also found 'steady relationships' and love to be major determinants in both diary writers' and questionnaire respondents' willingness to engage in unsafer sex. About 73% of the questionnaire respondents rated 'having sex with a lover' as moderately to very highly increasing the chances they would engage in unsafer sex, 70% said they were more likely to have unprotected sex with a 'steady partner', and nearly 60% indicated that having a 'special feeling' for their partner would make them more likely to engage in unsafer sex. More than a quarter of the respondents either agreed or strongly agreed with the statement: 'If I really love someone I don't worry about AIDS'.

For men who are not in 'steady relationships', the desire to enter into one is also implicated in unsafer sexual practices. Among Lulla's (1997) respondents, 'boyfriends' was rated the number one concern, and Jones et. al (2000) found in their diary study that participants' desire to form lasting relationships (and the fear that they would not) sometimes led them to engage in unsafer behaviors which otherwise they might not have engaged in. One particular preoccupation of participants was how to 'keep' a partner once one had one, and sometimes unsafer sex was one of the strategies they used to do this.

Sexual activity always involves a process of negotiation between two (or more people) and understanding why people have safer or unsafer sex often depends on understanding the norms governing this process. Jones and his colleagues (2000) observed that many of their participants made decisions about what practices they were willing to engage in based on the principles of 'reciprocity' (the feeling that if their partner performed a certain act on them that they were to some degree obligated to reciprocate) and 'accommodation' (the tendency for people to go along with the wishes of their partner). About half of the respondents in their survey reported that a partner's refusal to adopt safer sex measures moderately to highly increased their chances of engaging in unsafer sex.

Men also frequently make decisions about what practices they are willing to engage in based on their perceptions of their partners, being more willing to engage in unsafer practices with those they believe are not 'promiscuous', 'look healthy' or are younger.

One area of *tongji* relationships about which very little is known is the dynamic involved in 'open' relationships, steady partnerships which involve an either explicit or implicit agreement that partners are permitted to engage in 'casual' sex with people outside of the relationship. 9% of Lulla's sample reported being in such relationships. Understanding how men think about and talk about such relationships is essential to developing strategies for HIV prevention beyond condom use such as 'negotiated safety'.

4.2 Practices

Data on the prevalence of sexual practices with potential for HIV infection is at best sketchy and sometimes contradictory.

Among the sexual practices potentially associated with HIV transmission, oral sex appears to be the most prevalent. Li (1998) found that 90% of his respondents reported engaging in oral sex and in Jones et al. (2000) survey respondent rated oral sex, particularly receiving it, as the most pleasurable among a list of sexual practices. The degree to which respondents reported enjoying oral sex, however, dropped dramatically when condoms were introduced into the equation, and performing oral sex on a partner wearing a condom was one of the lowest rated items.

One of the chief factors in HIV transmission in oral sex is ejaculation in the mouth, and this practice also seems to be fairly prevalent, nearly half of Lulla's (1997) sample reporting unprotected oral sex with ejaculation in the mouth with 'causal partners', and survey respondents in Jones et al. (2000) associating a relatively high degree of pleasure with ejaculating in their partner's mouth.

Data regarding the prevalence of anal sex is less consistent. While 62% of Li's sample reported having engaged in anal intercourse and about half of Lulla's (1997) sample reported engaging in anal sex with condoms, Chou (1996) found that only 5% of his respondents liked anal sex, leading him to claim that this practice is engaged in by only a small minority of *tongji*. Furthermore, diary writers in Jones et. al (2000) frequently used words like 'dirty', 'unhygienic' and even 'immoral' to describe anal sex. These contradictions may be the result of methodological limitations in these studies, but may also reflect an ambivalence about anal sex among MSM themselves which may affect the degree to which they are willing to reveal experiences with anal sex to researchers, AIDS prevention workers and even friends.

The extent of HIV related risk in anal sex varies greatly for the inserter and the insertee, the later being at much greater risk of infection. Roughly the same percentage of survey respondents in Jones et al. (2000) associated 'being fucked by their partner' with a moderate to high degree of pleasure as did 'fucking their partner'. A large number, however, (nearly 20%) also reported disliking 'being fucked'.

Ho (2000) points out the importance of the dimension of power in relationships involving anal sex and its effect on the respective roles partners take. While Ho focuses on economic and socio-cultural inequalities (particularly in interracial relationships), Jones et. al (2000) also found age to be an important factor, with younger partners often being expected to take the passive role and some younger men even reporting that they felt obligated to do so.

4.3 Safer Sex Practices

Whether or not they use condoms, most MSM appear to adopt some form of risk reduction strategy in sexual encounters. Only 11% of Li's (1998) sample reported taking no precautions, while 50% reported using condoms, 22% percent reported 'avoiding casual sex' and 20% reported 'avoiding high risk behaviors'. It is unclear, however, how respondents might have interpreted 'casual sex' or 'high risk behaviors'. Both the diarists and survey respondents in Jones et al. (2000) reported using a wide variety of methods to avoid HIV infection.

In anal sex the most popular risk reduction strategy reported in studies was condom use (about 50% reporting using condoms always or usually in anal sex (Jones et al. 2000)). At the same time, studies also suggest that unprotected anal sex is not uncommon.

Nearly a third of Lulla's (1997) sample, for example, reported having had unprotected anal sex resulting in ejaculation in the anus, and about 20% of the sexual episodes in the diaries of Jones et al. (2000) involved unprotected anal sex. On the other hand, respondents in the quantitative component of this study reported enjoying anal sex (whether as inserter or insertee) more with a condom than without one. The most popular risk reduction strategy after condom use reported in Jones et al. (2000) was being selective about partners, followed by withdrawal. Unprotected anal intercourse often seems less a matter of knowledge and awareness than other factors like circumstances (no condom available) and interpersonal relationships (people more willing to engage in unprotected anal sex with lovers or steady partners).

As for oral sex, respondents reported attempting to reduce the chances of transmission chiefly through being selective about their partners, not getting ejaculate in their mouths and paying attention to the condition of their teeth and gums. Condom use was rated the least popular risk reduction strategy in oral sex. Jones et al. (2000) stress that all of these strategies are a matter of negotiation, people often reporting opting for particular strategies in order to please their partner or because of the circumstances in which the encounter took place.

Reasons cited by respondents in the above studies for not using condoms during anal intercourse included the belief that their partners were 'safe', the loss of sensitivity associated with condoms, and the lack of availability of condoms at the 'right time'. The main reason condoms were not used in oral sex were that respondents believed oral sex to be low risk for HIV infection and found the taste of condoms unpleasant. In the context of longer term relationships, and even to some extent in 'casual' encounters, another important reason behind reluctance to use condoms seems to be the meaning people give to condom use (and to not using condoms). Jones et. al (2000) found that sometimes initiating condom use was viewed by participants as communicating a lack of trust or implicating the initiator as promiscuous, and in longer term relationships the willingness of partners to engage in unprotected anal intercourse was sometimes seen as an expression of love or commitment. Unprotected anal and oral sex resulting in ejaculation was also viewed as especially enjoyable by participants. About three quarters of the respondents associated 'coming' in their partner's mouth or anus with a moderate to high degree of pleasure. Similarly, unsafer oral sex appears to be associated with feelings of excitement and intimacy some men associate with swallowing the ejaculate of their partners.

5. Research Findings: Social Factors

5.1 The *Tongji* Scene in Hong Kong

Rather than speaking of a *tongji* or MSM community in Hong Kong, it would be more accurate to speak of 'communities', with distinct but sometimes overlapping demographic profiles, forming around various sites of engagement like bars, discos, karaoke lounges, toilets, saunas, *tongji* organizations and internet chat rooms. While many men make use of several or all of these venues, access to some of them by *tongji* with economic constraints is limited and some seem to be particularly popular with certain sub-groups like married MSM or young MSM. Little is known, however, about the demographic profiles of men who frequent particular venues to meet potential partners or have sex.

Since the decriminalization of same sex sexual behavior in 1991 the visibility of MSM in Hong Kong has steadily increased and the social and commercial *tongji* scene has

flourished. There are at least 18 bars catering to MSM either exclusively or on certain nights and 13 karaoke lounges (Spodick 2000). Among Lulla's (1997) largely middle class sample more than 90% reported at least occasionally going to bars and 48% to karaoke lounges. In addition there are at least 19 saunas and 'fitness clubs for gay men (see below). Although commercial venues for MSM, especially bars, are generally cooperative in allowing HIV prevention activities on their premises, few have so far taken an active role in HIV prevention. Most operators of commercial venues for MSM at this point do not seem to see it as their responsibility to promote safer sex practices among their customers (Smith 1998b).

In addition a number of non-commercial venues serve a meeting places for MSM including public toilets, shopping centers, swimming pools and beaches.

There has also been significant growth in media channels through which MSM issues are discussed. Not only has coverage by mainstream media outlets become more frequent and more positive, but also the number and availability of publications targeted specifically at the MSM market has increased. New technologies like Internet-based 'chat' and e-mail/listserv groups have provided other important channels through which MSM are able to make contact with one another and raise issues of individual and collective concern.

The first *tongji* organization in Hong Kong (The 10% Club) was formed in 1986. There are currently about twenty organizations for MSM in Hong Kong. Among these are three university based groups and one group for secondary school students, two religious groups, an arts group, two drama groups and a group for hearing impaired *tongji*. Three *Tongzhi Conferences* have been held in Hong Kong with the aim of developing a culturally specific agenda for Chinese gay men and lesbians, and recently *tongji* organizations have become more active in lobbying politicians and Government officials regarding their concerns. During the 2000 Legislative Council elections, *tongji* organizations compiled a voters' guide which was distributed in bars and other *tongji* venues. Every two months members of the community meet to discuss their concerns at the *Tongzhi Community Joint Meeting*. The annual Gay and Lesbian Film Festival regularly screens films about HIV/AIDS and is used as a venue for AIDS prevention activities by AIDS Concern and other groups.

5.2 Places People Have Sex

Although much of the sex between MSM occurs in private homes, a great deal also occurs in more public venues like saunas and public toilets. Reasons for the prevalence of public sex and sex in commercial venues varies. One obvious reason is the large number of *tongji* who live with their families (or wives); about two thirds of the Hong Kong Chinese respondents In Lulla's (1997) sample, for example, reported that they lived with their families. Other reasons, however, might be less obvious, having to do with the complex psychology and social meanings and emotions that can be attached to public sex (Leap 1999) as well as the comfort of the familiar cultures that grow up in places like saunas and cruising areas.

Public Toilets

As in many societies, public toilets often serve as venues for MSM to meet sexual partners and sometimes to engage in sex. Nearly every district in Hong Kong has at least one public toilet known to be frequented by MSM, a fact sometimes made explicit by graffiti written on the walls and the doors of cubicles in these venues. In Lulla's (1997) study 38% of respondents reported 'cruising in toilets', and over a third of the survey

respondents in Jones et al. (2000) reported visiting toilets in search of sexual partners at least once a month.

Jones et al. (2000) found toilets to be associated with high risk oral sex, but less frequently associated with anal sex. They also noted that different toilets seem to have their own particular 'culture', particular sets of preferred practices and particular ways of negotiating sexual activity often affected by the demographic characteristics of the men who frequent them and the physical layout of the space. Toilets tend to have 'hot' and 'cool' regions, with oral sex occurring more commonly inside cubicles and other areas being more common associated with masturbation and exhibitionism/voyeurism. These last two practices are clearly the most common sexual practices which occur in toilets, and neither of them generally involve any risk of HIV infection.

The greatest risk people who use toilets for sex usually consider is not the risk of HIV infection but the risk of arrest, and while this fear sometimes mitigates against situations in which high risk behavior is more likely to occur (such as having sex inside cubicles), it can also sometimes increase the chances of high risk behavior, measures like condom use, for example, being much more difficult to negotiate in such circumstances. Nearly a third of the survey respondents in Jones et al. (2000) rated the 'fear of being caught' as moderately to highly increasing their likelihood of engaging in unsafer sex. Other risks more recently reported by MSM are robbery and blackmail.

Toilets are an important part of MSM culture in Hong Kong and serve as a site of socialization into same sex eroticism for many men. In Li's (1998) survey, 19% of respondents reported having their first sexual encounter in a public toilet, and Jones and his colleagues (2000) noted that in narratives of such encounters initiates were at more risk for unsafer sex partly due the power dynamic involved and partly due to younger participants not having as much mastery over the mostly silent negotiation process.

Saunas

An increasingly popular place for MSM to have sex are saunas or 'fitness centers', a popularity which shows in the growth of the industry. In the mid nineties there were only a handful of saunas in HK catering to MSM, and today there are almost twenty.[2] In Lulla's (1997) study, 47% of respondents reported visiting saunas occasionally and 11% often, and about half of the respondents in Jones et al. (2000) reported visiting saunas at least once a month.

Although most saunas and 'fitness centers' operate as private members clubs, it is still technically illegal for men to have sex there, and this can sometimes interfere with AIDS prevention activities, some sauna operators being reluctant to distribute condoms openly for fear that this might be used as evidence that they are operating a 'vice establishment' (Smith 1998b) [3]. Currently about eighteen saunas are making condoms available to users, seventeen through AIDS Concern's sauna outreach Program (see below) and one providing their own supply of condoms. Table 3 shows how condoms were being distributed in saunas as of September 2000.

Still, there are important logistical problems associated with condoms in such venues. Since customers wear only towels while they are 'fishing' in saunas, they are sometimes at a loss as to what to do with the condom that has been provided for them, often choosing to simply leave it in their locker until the time comes when they may need it. When that time comes, however, they are usually in a position in which going to get the condom means risking losing either the cubicle they are occupying to other couples waiting to use it or losing their sexual partner to another customer.

Table 3 (Methods of condom distribution in saunas)

Methods of Distribution	n
At counter on request	2
In mugs at counter	3
In lockers	7
In rooms	4
At open area	6

* the result is either reported by sauna staff or observed by AIDS Concern worker. A few have been confirmed by informants who are sauna customers.

* Some saunas use more than one way of distribution

* At open area refers to corridor or changing room where they are not within the eyesight of sauna staff.

In Jones et al. (2000) saunas were associated with high risk oral sex and unprotected anal sex, with several diarists telling stories of multiple episodes of unprotected anal intercourse despite the availability of condoms. Reasons given by diarist centered on pleasure, the logistical problems of carrying condoms cited above and perceptions of their partners as 'healthy looking'. Many also described using other measures like withdrawal which they believed made the use of condoms unnecessary. The researchers also found that different regions in saunas are more likely to be associated different kinds of risk behavior, 'dark rooms or corridors' being more frequently associated with unsafer oral sex and private cubicles being associated with unsafer anal sex.

The main difference between saunas and many other public sex venues like toilets is that they offer more of an opportunity for participants to interact and socialize outside of the context of the sexual act, increasing the possibilities for more direct intervention by HIV prevention workers and peer education. Jones et al. (2000) also noted that, unlike toilets, many MSM visit saunas or fitness clubs with friends and even lovers, and those that do seem less likely to engage in high risk sex.

As in toilets, sauna customers might also include a large number of non-*tongji* identifying (often married) MSM who avail themselves of the convenience, anonymity and relative safety of such venues. AIDS Concern has noted that the uptake of safer sex literature in such venues is generally much slower than in bars and karaoke lounges possibly because more customers in saunas are reluctant to take the materials home and risk having their activities exposed to a spouse or family member.

Apart from the logistical issues, there are also complex social dynamics that can affect HIV risk behavior in saunas. Gei Lou (nd), for example, observed that sauna customers built up among themselves a kind of 'sexual hierarchy' which in many ways mirrored the sexual values of mainstream society, some men, for example, being labeled as 'promiscuous' based on particular practices like having sex in more public areas. Interestingly, the practices that earned men negative labels were usually practices involving much less potential for HIV infection than more 'respectable' practices like sex in private cubicles in which the potential for high risk behavior is much greater. Similarly, Jones et al. (2000) noted that the focus on the body in a place where much more of it is exposed than in bars and toilets contributed to a 'hierarchy of looks', with the criteria with which respondents chose partners varying according to the ratio of 'desirable' to 'undesirable'

partners available at any given time and with customers deemed less desirable more willing to engage in risky sex with those deemed more attractive.

Other places

Other places men 'fish' for sexual partners are shopping centers, beaches and swimming pools. In shopping centers sexual activity might occur in toilets or stairwells, in beaches in more remote areas, and in swimming pools in changing rooms and toilets. Among Lulla's (1997) sample 45,5% of respondents reported seeking sexual partners in shopping centers and 43% at beaches. There is currently no data available regarding the extent of MSM sexual behavior in public swimming pools.

5.3 Age

Studies in other countries (see for example Hays et al. 1990, Strathdee et al. 1998) have suggested that age is an important factor in HIV risk among MSM and that, for various reasons, younger MSM are more vulnerable to infection. Little is known about the extent of MSM sexual behavior among younger *tongji* in Hong Kong, though available evidence suggests that this is an important group on which to focus. Among Li's (1998) respondents, 50% reported having their first same sex sexual experience before the age of 21 (the legal age of consent for MSM in Hong Kong) and 9% had their first MSM sexual encounter before the age of 16. Respondents in Jones et al. (2000) reported MSM sexual experiences as early as the age of 10, and in Chou's (1996) study 20% of respondents reported being aware of their attraction to members of the same sex before the age of 8.

Furthermore, Jones et al. (2000) found that 70% of respondents were moderately to highly likely to engage in unsafe sex with younger partners, believing younger *tongji* to be less likely to have HIV. They also found that younger *tongji* sometimes felt obligated to take the passive role in anal sex and were less able to negotiate condom use in such situations. Obviously the power dynamics involved in inter-generational relationships can have an important effect on HIV related risk behavior and safer sex.

The legal issue of the age of consent makes both researching and providing AIDS related services to younger *tongji* more problematic, and some *tongji* groups have expressed reluctance to provide services to people under the age of consent. On the other hand, the plight of young *tongji* is becoming increasingly visible and recently a group for secondary students was formed.

5.4 Culture and Race

It is difficult to talk about HIV transmission among MSM in Hong Kong without coming up against the notion of 'Chinese culture'. Culture has been used by government officials to justify not promoting HIV prevention more aggressively among MSM, by healthcare workers to account for the lack of services geared towards MSM (especially in social hygiene clinics), by operators of commercial sex venues to explain why they refuse to make condoms more openly available to their customers (Smith 1998a) and by MSM themselves to rationalize low assessments of personal vulnerability. While it is unclear the extent to which 'Chinese culture' itself hinders AIDS prevention efforts, it is clear that the idea of 'Chinese culture' held by some individuals does.

There are, on the other hand, a number of observations made by psychologists, sociologists and anthropologists (see for example Bond 1986, Bond and Hwang 1986, Hsu 1985, Lau and Kwun 1998, Yang 1993) regarding values, attitudes and behavior in Chinese communities that may affect HIV risk behavior, the effectiveness of prevention

campaigns and the treatment of people living with HIV/AIDS. One of these is the structure of Chinese families in which the fulfillment of relatively fixed roles is expected and disclosure of personal secrets or deviant behavior is often discouraged (Wilson 1980, Yang 1993). One consequence of the family structure is the large number of *tongji* who live with their families, making it necessary for them to find other venues for sexual activities. Another consequence is the large number of *tongji* whose family members are unaware of their sexual activities and the constraints hiding these behaviors may impose on their ability to make sexual practices safer. In Lulla (1997) 61% of respondents rated their families as one of their greatest concerns, but at the same time, only 4.5% of the sample reported being able to talk to their families about their worries. Living with ones family and not disclosing one's sexual orientation can also affect the degree to which men are willing to take condoms and prevention materials home with them (Smith 1998a).

The kinds of 'face' systems and strategies common in Chinese communities (Bond and Hwang 1986, Scollon and Scollon 1995) may also have an effect on the negotiation of safer sex, and cultural norms regarding self disclosure (Chen 1995) may have an important impact on the willingness of *tongji* to seek support and to provide accurate reports of their sexual activities in the context of HIV antibody testing and survey research.

Given Hong Kong's colonial heritage, the issue of race is also potentially important, particularly in understanding the power dynamics involved in the negotiation of safer sex. Ho (2000), for example, has observed that in inter-racial relationships between Hong Kong Chinese and Westerners power often plays an important part in the negotiation of sex roles in anal sex. She also suggests, however, that the dynamics of power in such relationships seems to have changed dramatically since the end of the colonial era in 1997.

'Chinese culture' is also a preoccupation of *tongji* activists in Hong Kong who have argued that the 'identity politics', the strategy of 'coming out' and 'homo-hertero binarism' that have characterized Western gay liberation movements are not suitable for Chinese *tongji* who instead must work to develop more indigenous notions of sexual identity (Chou 1998). It is unclear, however, to what degree such ideas are embraced by mainstream *tongji*.

Hong Kong *tongji* life is a complex mixture of cultural elements, some local, and some imported from other countries like the United States and Japan. More research is needed on how cultural representations of sexual identity and the symbolic capital which is invested in such representations affects the ways Chinese *tongji* organize their lives and sexual experiences.

5.5 Discrimination

In 1996 the government held a consultation on discrimination on the basis of sexual orientation which included meetings with members of various sectors of the population and a telephone survey with 1535 respondents (Hong Kong SAR Government 1996, Survey Research Hongkong Ltd. 1995). The survey found public acceptance of homosexuality and bisexuality to be low, the average acceptance level of respondents being 3.4 on a rating scale of 0 (totally unacceptable) to 10 (totally acceptable). The lowest level of acceptance was observed in areas such as same-sex marriage, adoption of children by *tongji*, use of reproductive technology by *tongji*, and contacts with *tongji* in private settings. The kinds of discrimination reported in the consultation by members of *tongji* organizations included: self-rejection and self-stigmatization, the need to conceal sexual orientation, public misconceptions about homosexuality; and discrimination in certain areas like housing and employment.

On the other hand, the study showed a wide divergence of opinions from the public about MSM based on demographic factors of age and education, with people between the ages of 15 to 24 showing significantly more acceptance of MSM than older respondents and people with secondary or tertiary education also showing more acceptance than those with only primary education or no formal schooling. Women were also found to be slightly more accepting than men. (HK SAR Government 1996) The government interpreted the findings rather than as evidence that legal protection was necessary for this group, as a reason to argue that it was not deserving of such protection. Rather than legal measures, the government opted for an educational program to deal with discrimination against MSM. To date the program has consisted of a small amount of printed material and no evaluation has been done on its effectiveness

Diarist in Jones et al. (2000) also frequently mentioned the impact of discrimination on their lives and feelings of well-being, and Lulla's (1997) study suggests that many MSM suffer from a feeling of social isolation, with 14.5% of his respondents claiming that they had no one to talk about their concerns.

Discrimination affects HIV vulnerability in a number of ways, making MSM less likely to seek HIV testing and medical care, narrowing the support network they have for discussing concerns about sex and HIV, resulting in the planning of sexual activities around the need to conceal one's sexual orientation, and lowering self esteem and motivation to protect oneself and one's partners against infection.

5.6 'Community'

Many studies in the West have pointed to the fact that attitudes about the risk of HIV infection and behaviors around it are to a large extent determined by the individual's social integration in a network of friends, acquaintances, lovers, gay groups and the gay sub-culture in general (Bochow 1990) . A Centers for Disease Control study (1992) found, for example, that community peer influence was a particularly strong factor in changing behaviors. Furthermore, most of the HIV prevention success stories among MSM in Western countries have been the result of interventions that grew directly out of the communities towards which they were targeted (Kippax et al. 1992, Kelly et al. 1993). Effective prevention programs for MSM, argues Watney (1990), must focus not on techniques of surveillance and intervention but on making safer sex a 'community practice'.

A 'sense of community' among MSM is still a relatively new phenomena in Hong Kong and there is as yet no data on the relationship between *tongji* community affiliation and HIV related risk behavior. Jones et al (2000), however, found that many respondents held negative perceptions of other *tongji*, believing the '*tongji* community' to be 'dangerous' and 'unpredictable' and researchers suggest that these attitudes may hamper effective peer education. Particularly salient was the belief that it was difficult for *tongji* to establish lasting relationships and that most *tongji* were more interested in sex than in love, a reproduction of mainstream stereotypes of MSM. They also noted that diary respondents were more likely to use the metaphor of the 'marketplace' (in which things like money, attractive partners and good jobs were seen as cultural commodities) than the metaphor of 'community' to describe *tongji* life.

5.7 Attitudes Towards HIV and HIV Education

Studies suggest that attitudes regarding HIV and personal vulnerability among MSM vary, with some MSM considering HIV a serious and immediate threat and others feeling it has little to do with them. 36% of Li's (1998) sample reported that they did not worry about AIDS. Lulla (1997) asked respondents to rate their concern about AIDS on a

scale from 1 to 10 and found that all points on the scale received fairly equal response. Similarly, among respondents in the survey component of Jones et al. (2000) half rated their chances of getting HIV in the middle of the scale with equal numbers of the remaining half on the high and low ends of the scale.

More than a quarter of Lulla's (1997) respondents reported that 'concern about AIDS' had played a role in motivating them to practice safer sex. A high level of concern about HIV among *tongji*, however, does not necessarily translate into a high assessment of personal vulnerability or safer sex practices. Many MSM seem to think that although HIV is a problem, the measures they are already taking (usually being 'selective' about partners and practices and using strategies like withdrawal rather than using condoms) are sufficient to protect them. Jones et al. (2000) noted that many of their diarists were adept at parroting the 'slogans' of HIV prevention while at the same time reporting high risk sex. Furthermore, those who reported anxiety about HIV infection were not always more vigilant in taking precautions; in fact, sometimes anxiety seemed to lead respondents to take few precautions, believing that HIV infection was almost inevitable (or a matter of 'fate') and that there was little they can do to avoid it. In the survey component of Jones et al. (2000) nearly a third either agreed or strongly agreed with the statement 'If I was meant to get AIDS there is nothing I can do to prevent it.'

Another important observation in Jones et al. (2000) was the meaning the concept of risk has for *tongji*, researchers noting that that 'taking risks' and 'courage' were often regarded by participants as positive concepts and necessary to achieving happiness.

Among the greatest obstacles to increasing HIV awareness among MSM in Hong Kong are the very things that make us so fortunate: relatively low levels of infection and good medical care. While high rates of HIV infection and AIDS related deaths among gay men in major Western cities, especially in the late eighties, created an atmosphere of 'crisis' which aided mobilization efforts (Rofes 1998), the epidemic among men who have sex with men in Hong Kong remains largely invisible. Low rates of infection and the availability of antiretroviral therapy have ensured that most *tongji* have no direct exposure to evidence or examples of HIV infection and its consequences among their peers.

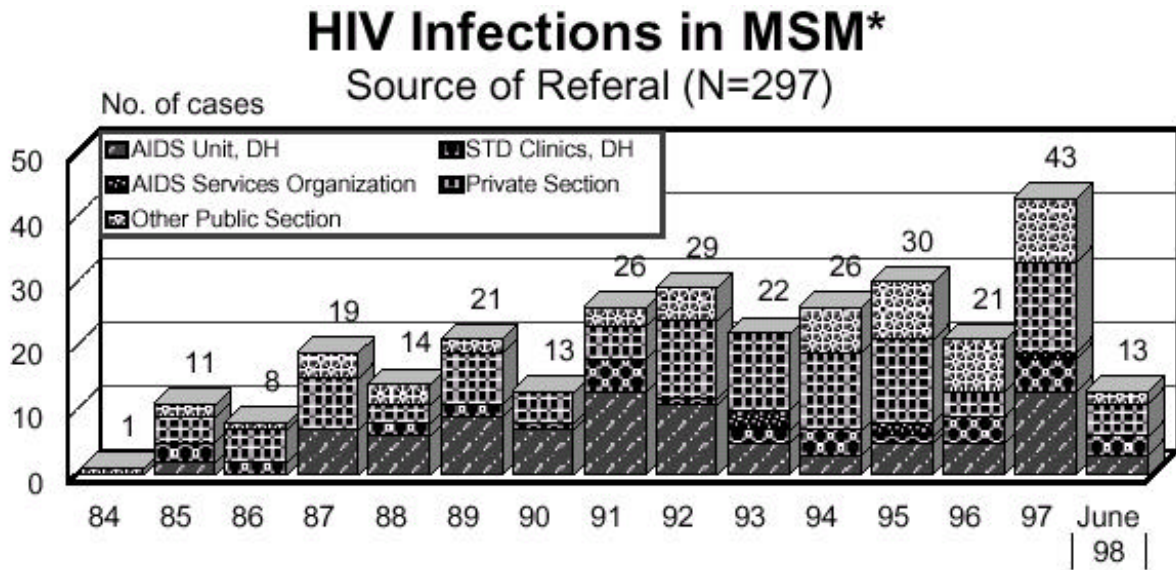
5.8 HIV Testing

The little evidence that is available on HIV testing behavior of MSM suggests that a relatively smaller number of MSM get HIV antibody tests in Hong Kong than in other countries. Among the 85 MSM surveyed in Lau and Wong (2000), only 15.5 had had an HIV antibody test in the previous six months, and among those who perceived themselves to be at moderate to high risk for HIV infection, only 16.1% had, suggesting a weak correlation between perceptions of risk and testing behavior. The study also showed that MSM (and men in general) are more likely to seeking testing from private doctors rather than using public clinics.

Further evidence regarding where MSM go when they want to get an HIV test can be inferred from statistics regarding the source of referral of reported MSM cases of transmission. As can be seen from figure 1, referrals from the private sector has consistently made up at least a quarter and sometimes more than half of the yearly reported infections in this transmission route. This suggests that many MSM are opting to pay for HIV tests from private doctors (who most cases do not give sufficient post-test or pre-test counseling and often report results over the telephone) rather than making use of the free services of public clinics. This can also give some idea about healthcare seeking behavior in general, particularly regarding treatment for STDs. A large number of men seeking STD

treatment in the private sector makes estimates of STD prevalence among MSM based on figures from the social hygiene clinics less than reliable.

Fig. 1 (Hong Kong SAR Government Department of Health 1998)



While many MSM seem to be aware of the risk of HIV and to harbor concerns about their own vulnerability, many of them are reluctant to take an HIV test. 40% of Li's (1998) sample reported reluctance to take an HIV antibody test, and among the 16 diarists in Jones et al. (2000), apart from the two who knew they were HIV positive, only two reported having had an HIV anti-body test. In the larger survey component of that study, although more than half of the respondents agreed or strongly agreed with the statement: 'All *tongji* should have regular HIV antibody tests', only a little over a third reported having had a test within the last year.

The most common reasons given by respondents in Li's (1998) study for not testing were fear and the perception that it was not necessary. Similarly, among respondents who had not had a recent HIV antibody test in Jones et al. (2000) the most common reason given for not testing was 'I don't think I need to' (41.3%), and 14.9% of the respondents who had not been tested in the last year chose 'I don't want to know' as their reason. Nearly a quarter of the 'non-testing' respondents indicated that 'inconvenience' was the main barrier to their taking an HIV antibody test. Although respondents on the questionnaire gave no details as to why they found testing inconvenient, possible reasons might be the relatively few places in Hong Kong where free, anonymous testing is offered and the possible inconvenience of these venues, the long waits that can be involved in both booking a test and waiting for the result, and the lack of training among staff in these venues in dealing with pre and post test counseling for MSM. Lau and Wong (2000), in their QOL study of people with HIV (including both MSM and non-MSM respondents), found that among respondents who had delayed getting a test for HIV, the main reasons for delay were 'being frightened of a positive result' (31.5%), 'thinking the chances of being infected were very low' (23.8%) and 'being frightened of being identified' (11.9%).

5.9 Other Factors

Jones et al. (2000) also mention a number of other psychological and interpersonal factors that seem to have an impact on HIV risk related behavior including boredom, curiosity, low self-esteem, depression, frustration, communication problems in relationships and difficulties negotiating safer sex in 'casual' encounters.

Drug and alcohol use is also a factor that has been associated with HIV risk behavior in many studies overseas, but there is no data at all on the use of drugs and alcohol among MSM in Hong Kong. Anecdotal evidence, however, points to a growing 'rave' scene among MSM involving the use of recreational drugs like 'ecstasy' and this might be an important area to focus on in future research and prevention efforts.

6. Recommendations from Past Research

A number of recommendations regarding HIV prevention programs for MSM and further research have come out of the above studies. Regarding research, nearly all of the authors agree that more research is desperately needed, and most emphasize that such research should, as much as possible, be community based (Li 1998, Jones et al. 2000, Smith 1998 a,b). Recommendations regarding prevention include earlier intervention and a greater focus on younger *tongji* (Jones et al. 2000, Li 1998), more promotion of safer sex in commercial venues like bars (Li 1998), wider availability of condoms and lubricant in public and semi-public sex venues like saunas and toilets (Li 1998, Smith 1998 a,b), more emphasis on MSM issues in school-based sex education programs (Li 1998), more emphasis on addressing social discrimination and stigmatization which may create an environment which hinders the ability of *tongji* to implement safer sex or seek counseling and testing (Chou 1996, Choi 1998, Jones et al. 2000, Li 1998), improving access to care through better training of medical staff and the formation of dedicated clinics or clinic hours for MSM (Choi 1998, Smith 1998a), providing training and counseling on sexual negotiation skills (Jones et al. 2000) and focusing more attention on MSM who do not identify as gay or *tongji* (AIDS Concern 1998).

7. AIDS Prevention Efforts

AIDS prevention efforts in the MSM community have been generally limited to the provision of information and condoms in commercial and non-commercial venues frequented by this population, with relatively less attention paid to addressing larger psychological and sociological determinants of risk. Of the nine AIDS specific NGOs in Hong Kong, only one (AIDS Concern) has ongoing prevention programs for MSM. Although the government has spent considerable resources for material and programs targeting other specific populations (like women, youth and IVDU), they have almost completely ignored MSM. The only materials produced by the government targeting MSM are two television APIs released in the late eighties, one entitled 'Bar' and the other entitled 'Homosexuals', both of which caution against homosexual behavior in general rather than offering information about risk reduction. In Jones and Lau's (1997) focus group study on Hong Kong AIDS television commercials, the group consisting of MSM expressed doubts about the Government's commitment to providing HIV education to this population, and MSM interviewed in other studies (Jones et al. 2000, Jones, Candlin and Yu 2000) have expressed the opinion that Government AIDS prevention efforts have done more to stigmatize MSM than to help them avoid infection.

The first AIDS prevention pamphlet for MSM was produced in the early 1990s by the 10% Club, Hong Kong's first *tongji* organization, which also worked with the Department of Health in producing a safer sex video for this population. It is unclear how these pamphlets and video were distributed and no evaluation was undertaken of these efforts.

The organization most involved in HIV intervention among MSM is AIDS Concern. Since the beginning of its Gay Outreach Program in 1994, it has produced the following materials for MSM:

1. A set of three leaflets on safer sex, oral sex and anal sex. (First printed in 1995, over 60,000 distributed)
2. A set of 12 cards on HIV transmission through oral sex, anal sex, kissing/masturbation, STDs, regular partners, and drug use. (First printed in 1996, over 90,000 cards distributed.)
3. A set of three posters to encourage people to collect all 12 cards. (50 copies produced in 1997)
4. A sticker promoting condom use for use in public toilets.
5. A booklet on STD and AIDS. (First Printed in 1997, over 3,000 distributed.)
6. A cartoon booklet on AIDS and safer sex (4,000 printed in 1998. Distribution began April 1998.)
7. A coaster promoting condoms and lube (10,000 produced in 1998. Distribution began in October 1998)
8. A safer sex kit (key chain with a small plastic bag)
9. A safer sex kit (tissue pack) (30,000 produced in 2000. Distribution began in March 2000)

Most of these materials have been distributed in bars, clubs, saunas, through *tongji* organizations, in public toilet outreach activities and at special events like the *Tongji* Film Festival. Attempts have been made to distribute the materials in social hygiene clinics with less success, staff preferring to keep the materials out of public view and give them only to clients who identify themselves as MSM (Smith 1998a). The materials are produced in both Chinese and English versions and make use of a variety of creative methods to get the safer sex message across including erotic images, humor and the use of colloquial language. The materials generally give more information on the relative risks of different kinds of sexual practices and more options for risk reduction than pamphlets produced for the 'general public' by the Government and other AIDS service organizations.

One of the most important components of AIDS Concern's MSM prevention strategy is its sauna outreach program, started in 1997, which is currently serving at least eighteen saunas with regular visits from outreach workers and the provision of safer sex materials, condoms and lubricant sachets. A large part of the program has been negotiating with sauna operators about how the condoms can be best distributed, operators initially reluctant to display them openly or make them too readily available citing fears of police and concerns that customers would not dispose of them properly. Now more saunas are displaying condoms more openly and at least three are placing condoms in the lockers in their changing rooms. A future goal of this program is to get sauna owners take up more responsibility in providing condoms. The apparent strength in this strategy is that it works to encourage operators of MSM related commercial venues to make the promotion of safer sex a kind of 'good business practice', ensuring the sustainability of the program. Evaluation on the impact availability of condoms has on the HIV related risk behavior of sauna customers is still pending (AIDS Concern 1998, Smith 1998a, b). AIDS Concern has also started an HIV antibody testing service at two saunas (as of August 2000). This project will run until the end of October 2000 after which the service will be evaluated.

AIDS concern also instituted an outreach program in public toilets in 1998 which is now in its second stage. It includes the regular provision of safer sex kits and information at 7-13 various public toilets frequented by MSM.

Workers in the toilet outreach program have direct personal dialogue with individual members of the MSM community and can assess their needs and answer any questions they may have regarding HIV/AIDS and safer sex. After one year, workers have gained a better understanding of the characteristics of the scene of toilets and the users. They are currently engaging in building up relationships with frequent users to allow them to follow-up with the development of the service and to evaluate how it has influenced users' awareness and behavior.

Other prevention projects targeting this community by AIDS Concern include workshops on MSM issues for staff at social hygiene clinics and hosting a number of social events promoting AIDS awareness like it's 'Rubber Love' parties. In all of these activities, staff of AIDS Concern have worked closely with members of the community and, in particular, *tongji* organizations.

Tongji organizations in Hong Kong have been rather less active in AIDS prevention than gay organization in the West for a number of reasons. Particularly in the early years when they were struggling to establish themselves, organizations were reluctant to take on an issue which seemed to reinforce many of the stereotypes about MSM which they were fighting against, and some local *tongji* leaders have argued that prevention activities targeted at MSM are stigmatizing (Smith 1998b). This seems, in fact, to be a concern among many MSM even outside of *tongji* organizations, who regard targeted prevention messages and research into MSM HIV related risk behavior as carrying the implication that 'gay=AIDS'. This is not surprising given that MSM must daily live with this perception among the friends, family members and colleagues.

Lately, however, *tongji* organizations have more enthusiastically embraced HIV prevention, holding events like safer sex workshops for their members and working closely with AIDS Concern in prevention projects. Currently leaders from *tongji* organizations sit on committees, sub-committees and task forces of the ACA and organizations are increasingly working together in AIDS prevention efforts. All of the *Tongzhi* Conferences have had special sessions devoted to AIDS and in 1998 six *tongji* organizations took part with AIDS Concern in a Gay Men's Health Week Campaign. Although there are only two official members of the Community Planning Committee representing the MSM community, a large number of other members also belong to the community and are active in *tongji* organizations.

Rainbow of Hong Kong is the only *tongji* organization which has received funding from the AIDS Trust Fund. In the first half of 2000 it ran two programs for MSM, a training program for hotline counselors and a peer education program. Evaluation data on these programs is not yet available.

One possible reason other *tongji* have not benefited from ATF funding may be a lack of awareness among organizations of the availability of funds and application procedures. Another possible problem is lack of awareness among those sitting on the Council for the AIDS Trust Fund of the different forms HIV prevention among MSM can take, activities aimed at community building and increasing self-esteem being sometimes as important as things like the provision of condoms and information

The biggest challenge facing non-governmental organizations working in HIV prevention for MSM is instituting long term programs which create sustainable behavior

change and making safer sex a community norm. This is difficult to do given the present funding structure.

8. Gaps in Knowledge

Given the small sample sizes and methodological problems of the existing studies, more reliable studies on MSM sexual behavior with larger sample sizes are desperately needed. Past research, however, does suggest a number of areas that future research should focus on, which include:

- The effect of relationships on MSM risk behavior
- The different kinds of risk behavior associated with different venues in which sex takes place
- The effect of culture and the construction of MSM identity on risk behavior
- The extent of HIV antibody testing and the extent of actual infection among MSM
- The affect of psychological factors like self-esteem on risk behavior
- The risk behavior of MSM who do not identify themselves as ‘gay’ or *tongji*
- Other factors not yet uncovered by researchers which might play a role in HIV related risk behavior

Current prevention programs, while limited, seem to be moving in the right direction, although few of these programs have been properly evaluated for their effectiveness. In addition, there are a number of areas which we know nothing about, like the extent of MSM commercial sex work in Hong Kong and the affect of drug and alcohol use on MSM risk behavior.

9. Conclusion

As can be seen from above, the extent of our knowledge about MSM sexual behavior is severely limited. Without more reliable data, prevention workers planning programs for this population are essentially ‘working blind’ (Smith 1998b). More resources are needed to conduct further research and institute further prevention programs for MSM. For research projects and prevention programs to be successful, however, the need to be community based and sensitive to such issues as stigmatization and discrimination.

[1] This report uses the word *tongji* (the Cantonese pronunciation of the Chinese word 同志) to refer to the mostly commonly used local identity label for MSM in Hong Kong. The Mandarin rendering of this term (*tongzhi*) is also often used in written form in Hong Kong.

[2] For an overview of the history of gay saunas in Hong Kong see Gei Lou (nd)

[3] Section 118F and 118J of the Crimes Ordinance Cap 200 Laws of Hong Kong stipulates that ‘buggery’ and ‘gross indecency’ in bathhouses and public toilets is a criminal offense.

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