

## MANAGEMENT OF HIV RISK WITHIN THE STEADY GAY COUPLES AND ITS RELATION WITH REPORTED SEXUAL PRACTICES

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**BACKGROUND/OBJECTIVES:** In 1993, behavioural monitoring of men who have sex with men (MSM) was introduced as part of integrated HIV/AIDS surveillance system in Catalonia. The objectives of this paper are: (1) to describe the reported strategies for management of HIV risk in men who had had a steady partner in the last 12 months, 2) to determine the proportion of men who reported risk practices among men who had had a steady relationship for the complete study period, and 3) to compare risk practices with the reported strategies for management of HIV risk among them.

**METHODS:** For the purpose of this study we only use data from the 363 men who had had a steady partner within the last 12 months from the last survey (2002). Anonymous questionnaires were obtained from gay men recruited in different venues. *Risk Practice (RP)* was calculated only among the participants who had had a steady relationship for the complete study period (N=206), in order to assure that casual contacts occurred during the steady relationship. *RP* was defined as an unprotected anal intercourse (UA) with casual partners or an UA with discordant or unknown seroestatus steady partner.

**RESULTS:** 38.8% of couples were both HIV-negative, 3.9% were both HIV-positive, 11.8% were serodiscordant and 45.5% did not know their serological status (HIV-unknown couples). Strategies of managing HIV risk within the couple differed significantly according to the serological status of the partners (Pearson's chi-square,  $p < 0.0001$ ). "Negotiated safety" (NS) in which both partners had taken an HIV-negative test and subsequently stopped using condoms, was reported by 50.4% of seroconcordant negative couples, 74.5% and 49.1% of serodiscordant and HIV-unknown couples, respectively, reported safe strategies (abstention from anal sex and consistent condom use). Unsafe agreements (they had not taken a test together and did not use condoms) were reported by 9.6%, 7.0% and 21.9% of seroconcordant negative, serodiscordant and HIV-unknown couples, respectively. Of the 206 respondents with steady partner for the complete study period, 29.2% engaged in *RP*. Of these men, 41 (71.9%) reported that they engaged in UA only within a regular relationship, 9 (15.8%) reported that they engaged in UA with both regular and casual partners, and 7 (12.3%) reported that they engaged in UA only with an occasional partner. Only 5.9% of men broke NS agreements. Men with unsafe agreements had the higher levels of *RP* (85.2%).

**CONCLUSIONS:** NS agreements were common among gay couples; however 6% of men broke these agreements and put themselves and their partners at risk. The majority of men who engaged in *RP* did so with a regular partner, which confirms the importance of regular relationships as sites of possible transmission of HIV. Our results provide evidence of the need for disclosure of test results to steady partners, as well as to casual partners. Encouragement of testing is needed in order to decrease HIV transmission among MSM.