A REPORT TO THE COMMUNITY ON WHAT WE'RE LEARNING FROM THE "BE A STAR" STUDY
ABOUT THIS REPORT
This is the second report to the community on what we are learning from the "Be A Star" Study. In this edition we will focus on trends in the behavior of study participants over time, or how people seem to change their behavior after their first visit to the "Be a Star" Study.

WHAT'S THE STUDY?
The "Be a Star" Study is a joint research effort between the Seattle-King County Department of Public Health and the federal Centers for Disease Control. Now entering its fourth year, the Study's overall objective is to gather detailed information that will contribute to the design of effective HIV/AIDS prevention programs for gay and bisexual men on both a local and national level. The Study focuses specifically on men who have sex with men. Participants complete interviews and questionnaires every six months that survey their knowledge, attitudes, intentions and behaviors as they relate to HIV and AIDS. The participants may also choose to be tested for the HIV antibody.

WHY "BE A STAR"?
Marilyn Monroe and the other five stars are our way of protecting the anonymity of the study participants. Men who prefer not to give us their name are given the name of a star to remind them to return every six months—not by a letter from us—but by publicity about the star of the month in the gay community. There is little precedent for successfully conducting this kind of research with participants who are totally anonymous. However, from the outset, we have been committed to protecting all clients' confidentiality, given the sensitive nature of the information they provide us. Good research can go hand in hand with privacy protections.

Come Back To The Study, James Dean, James Dean.
If you joined the Study last August or February, then it's time to come back for a six-month follow-up visit. We're depending on you "rebels" to stick with the "cause." Please call for an appointment today.

Be a Star Call 296-4999 AIDS Prevention Project
WHO ARE THE STARS?

More than 2200 men have volunteered for the Study so far. Each has had sex with at least one other man in the past five years. The profile of the average Study participant has remained fairly stable since the Study was launched in 1986. The average age of the study participants is 35, though the range is 15 to 80 years of age. The majority of men are white (93%). Blacks represent about 1% of the total while Hispanics and Asians account for 2% and less than 1% respectively. Eighty-seven percent (87%) of the Stars consider themselves gay while 10% describe themselves as bisexual. One percent (1%) of the participants describe themselves as straight.

HOW HAVE THE STARS CHANGED THEIR BEHAVIOR?

In the first report of the Seattle Star, we found that the men in the "Be A Star" Study were highly knowledgeable about AIDS and HIV risk reduction. Because the Stars return to the study every six months, we have had a chance to follow their behavior over time; that is, to get an idea of how they are putting this high level of AIDS knowledge into practice in their everyday lives. This information is very important to us as it tells us how people perceive their own risk of HIV infection and which lifestyle changes they have made to reduce their risk. This in turn tells us a lot about which AIDS/HIV prevention messages might have the greatest effect.

When the Stars come in for the study, they are asked about their sex and drug-using behavior in the previous three months. In this report, we describe how the Stars answered these questions at the time of their first visit to the Study, and at their six and twelve month follow-up visits. We will concentrate here on differences between visits, or how the Stars changed their behaviors over that time.

Overall, behavior changes reported by the Stars show that most men are taking positive steps to reduce their risk of HIV infection and the risk to their sexual partners.

Anal Sex

Our Stars seem to have changed their behavior regarding anal sex in a number of important ways. First, the number of Stars who reported having receptive anal intercourse without a condom (the most risky sexual behavior) dropped from an already low 12% to only 6% between their first and second visit. Second, the percentage of Stars who didn’t have any receptive anal intercourse—with or without a condom—increased from 56% at the first visit to 78% at the second visit. In addition, about 3% fewer of the Stars reported having insertive anal intercourse by their second visit. These figures suggest that some men consider anal sex to be too great a risk for themselves or their partners. We know that some of these men report substituting less
risky behaviors like mutual masturbation or erotic massage for anal sex. So, we know that fewer of the Stars are engaging in the highest risk sexual behaviors, and the data suggest that more of the Stars who continue to have anal sex are using condoms to reduce their risk. This is really good news.

**Oral Sex**

The Study data are less consistent for questions about oral sex. The Stars do seem to be decreasing their total amount of oral sex over time. Receptive oral intercourse—with or without a condom—was down more than 30% (from about 62% to 30%) between the first and second visit. Insertive oral sex—regardless of condom use—was down nearly 7% between visits. But it seems that for those Stars who do have oral sex, fewer of them are using condoms. By the second visit, only about 9% of the Stars who had receptive oral sex reported "always" using condoms. This might be because oral sex is perceived to be less of a risk for HIV transmission, and some men see unprotected oral sex as a reasonable alternative to abstaining from penetrative sex altogether.

**Total Number of Sex Partners**

The men in the Study were asked about the total number of sex partners they had in the past three months, including those with whom they had safer sex. At the time of their first visit, the Stars reported an average of just over four different sex partners in the previous three months. At their second visit, the average number of sex partners had dropped to about 3.25. By the time they came back for their third visit 12 months later, they reported an average of just under three sex partners in the previous three months. This suggests that our Stars are reducing their total number of sex partners as one way to reduce their risk of AIDS. This, combined with the data reported above suggesting that these men are also reducing the amount of risky behavior they engage in, tells us that our Stars are being very creative in the different ways they approach HIV risk reduction. For them—and for the rest of the gay community—being safe doesn't mean stopping or not enjoying sex.

**Non-Monogamy, Monogamy, Abstinence**

We reported above that some study men are reducing their total number of sex partners as one way to minimize their risk of HIV infection. We also know that, at the time of their first visit, about 30% of the Stars were in a monogamous relationship, and just over 7% said they had abstained from sex entirely. By their second visit, these percentages changed very little—a few more reported abstaining and a few more had entered into a monogamous relationship—but we did see another interesting trend. This was the fact that these men tended to stay in the same situation over time; that is, if they reported being monogamous at their first visit, they were likely to still report being monogamous at their second visit. It is reassuring that these monogamous relationships—which reduce HIV transmission risk substantially—tend to last over time.
Alcohol and Drugs

For some time we've been concerned about what we call "relapse"—or slipping back into unsafe behavior after being safer for a period of time. We know that alcohol and drug use can make it more difficult to stick to safer sex intentions because these substances tend to impair judgment. Part of our educational effort has been to spread the word about alcohol and drugs and how they can get in the way of safety. We do have some very good news to report about safer sex and alcohol and drug use. It appears that the men in the Study are significantly reducing the amount of sex they have after drinking or doing drugs. Nearly half of the Stars reported having sex after using drugs or alcohol in the three months prior to their first visit. By the second visit, only about a quarter of the Stars had done so, and by the third visit to the Study, less than 10% of the Stars reported having sex after using alcohol or drugs. This 40% decrease is a very positive change.

SEROCONVERSION

Seroconversion refers to the first appearance of antibodies to HIV, and is detected when a person's HIV antibody test changes from negative to positive as a result of becoming infected with HIV. It is useful to take a close look at the data describing those persons who became HIV antibody-positive after they joined the Study (we call them "seroconverters"). By analyzing their responses to our questions, we may identify specific AIDS-related knowledge, attitudes and behavior that are associated with becoming infected with HIV.

While only a small number (40, or about 2%) of the Study men have seroconverted, several interesting differences can be found when they are compared to the non-seroconverters in the Study. The men who seroconverted:

- engaged in high risk behaviors at much higher rates
- are less knowledgeable about HIV infection even after counseling about risk behaviors
- are less likely to maintain safe sex practices over the long-run.

For example, about three-quarters of the seroconverters practice anal sex with their primary partner, yet only about one-quarter of the non-seroconverters engage in anal sex. In addition, the seroconverters had an average of over 7 partners in the last year compared to 3 partners for those men who did not seroconvert during the course of the Study. Almost half of the seroconverters have a history of intravenous drug use compared to less than a quarter of the non-seroconverters.
A closer look at seroconversion reveals another interesting pattern. Those who became HIV positive during the Study appear to have different attitudes about sex and their sex partners. For example, more than three-quarters of the seroconverters reported that they sometimes "used sex to experience the thrill of danger," while only about half of the non-seroconverters answered this way. Another difference we noted was that over half of the seroconverters said they were likely to stop having safer sex after they had sex with a man a few times while only about one-quarter of the non-seroconverters agreed with that statement.

While the small number of seroconverters in the Study suggests that most men are maintaining safer sexual behavior, some segments of the Study population and the wider community remain at high risk for HIV infection. Understanding the key differences and motivations between these two groups of Study participants enhances our ability to develop effective HIV prevention programs for the gay community.

These findings suggest that the broad dissemination of factual information on HIV/AIDS prevention is only part of a successful overall AIDS prevention effort. Educational strategies must also take into account the factors that influence our choices around sexual, alcohol, and drug behaviors.

**ATTENTION ALL STARS:**
**THE STUDY'S NOT OVER YET!**

If you are one of those men who joined the Study and didn't come back for a follow-up visit, it's not too late. Call 296-4999 for an appointment today.

**WANT TO BE A STAR?**

It's still not too late to join the Study. Here's how it works. Each participant provides his name in confidence, or if he prefers, can join anonymously by taking the name of one of our six stars. Every six months participants are contacted in one of two ways: by written reminders sent by mail for those registered confidentially, or through publicity in the gay community for those preferring to assume a "Star" identity. By being a "Star," participants can maintain complete anonymity. Either way, all participants are helping us develop quality AIDS prevention programs for the community.

Even if you don't want to join the Study, you can call the AIDS Prevention Project for an appointment. Our clinic provides information, physical assessment, risk reduction counseling, HIV testing, and referral services. These services can be anonymous or confidential. All our services are provided on a donation basis, and no one is ever refused service because of inability to pay.
The Study is still enrolling new participants. Please join today.

The AIDS Prevention Project

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