Greetings Gay Couples Study participants and welcome to the spring edition of our biannual study newsletter. The purpose of this newsletter is not only to help us keep in touch with one another; it also serves as a venue where we can address the concerns you bring to us each time you participate.

Recently, two concerns have been coming up for many of you. First, we are hearing that many of you are eager to know more about our findings. This is not at all unusual, especially given that many of you have been involved in the study for close to three years. Second, some of you have been asking about whether we plan to increase the compensation that we give you for participating. Much of the content of this newsletter is dedicated to addressing these two issues.

Our Statistician, Deepalika Chakravarty, explains in her article why it is not possible for us to share our results with you at this time. In the spirit of sharing relevant and up-to-date findings with you, however, our new Research Assistant, Latham Bonem, discusses new research on gay men coming out of Australia.

As far as the question of your compensation is concerned, we are happy to announce that we will be increasing it for the sixth and final survey. Please see our Project Director Sean Beougher’s article for more details. This newsletter includes much more and we hope that you enjoy all of it.

As always, we appreciate your participation in this study and thank you for the time and effort you have given us so far. Also, we always invite your feedback. If you have questions or comments, do not hesitate to contact us. Happy reading!

“Where’s the beef?”: A note on our sharing our results.
By Deepalika Chakravarty

This spring we are delighted to report that data collection for the second wave of our study is now officially complete. In other words, all our participants have completed their T2 interviews. In fact, many of you are much further ahead, having completed up to five of the total six interviews.

Since you are investing your time in this study, it is but natural that you are keen to know what we are learning from the data we are so rigorously collecting from you. However, we haven’t been able to share any details of our data analysis with you yet and I would like to take this opportunity to explain to you the reasons for this seeming lapse on our part. The fact that we are conducting the largest longitudinal study with gay couples, doing a number of different analyses and looking to answer various important questions in a scientifically valid manner, in no way implies that we don’t have you in mind. Instead, there are two other very important reasons for not being able to so far share any findings with you.

The most critical reason for being unable to share even the most preliminary results is the need to avoid bias. It has been scientifically proven that participants in studies modify their thoughts and behaviors based on the information they receive about their peers’ actions. Simply put, it means for example, that if, we report “At baseline, 55% of the couples in our study reported having gone shopping for clothes with their primary partner”, it is purely human tendency to imbibe that information, perhaps even subconsciously. Further, if we find that in T2 the number has fallen to 10%, how can we be sure that this result is because of some factor we are studying (say,
Increasing Incentives for T6
By Sean Christian Beougher

This spring, we will revise the survey for the last time in preparation for those of you who will be returning for your sixth and final follow-up visit with us. And, as a final way of saying “thank you” we are pleased to announce that we are increasing the incentive from $80.00 per couple (or $40.00 per person) to $100.00 per couple (or $50.00 per person).

The increased incentive only applies to the sixth and final survey and all couples who return for that survey are eligible to receive it. Couples do not have to have completed all six surveys in order to receive the increased incentive. Please note that the incentive for all other follow-up visits will remain the same. That is, for couples returning for their third, fourth, and fifth follow-up visits, the incentive will remain the same, or $80.00 per couple (or $40.00 per person).

We decided to increase the incentive for the sixth and final survey as a way of acknowledging your hard work over the years you participated in the study and your dedication to coming in and taking the survey. Thank you!

If you have any questions about the increased incentive, do not hesitate to contact us. Ask to speak with the Project Director and I will be happy to answer your questions. You can find our contact information on the front and back pages of this newsletter.

Agency Spotlight: International Gay and Lesbian Human Rights Commission
Walter Gomez interviewing Tim Lane

1. What are the main objectives of the IGLHRC?

The mission of the International Gay and Lesbian Human Rights Commission (IGLHRC) is to secure the full enjoyment of the human rights of all people and communities subject to discrimination or abuse on the basis of sexual orientation or expression, gender identity or expression, and/or HIV status. A US–based non–profit, non–governmental organization (NGO), IGLHRC effects this mission through advocacy, documentation, coalition building, public education, and technical assistance.

2. What issues affect MSM on a global scale?

On a global scale, the criminalization of same–sex sexuality in much of the world contributes to the vulnerability of MSM to poverty and poor health, including HIV. This is particularly true in sub-Saharan Africa, where HIV prevention and treatment for MSM is not generally prioritized and we are only beginning to get a sense of how badly MSM have been disadvantaged by being overlooked by HIV prevention and treatment efforts in this region. But homophobia, stigma, and de facto discrimination in places where same–sex sexuality is not criminalized, including South Africa, parts of Latin America and Asia, and the US, continue to leave MSM vulnerable to poverty and health problems when compared to the general population.

3. Where do AMSM fit into this global model?

In the developing world, the human rights struggles entail fighting arbitrary arrest, police brutality, and the torture and murder of same–sex practicing people. But these are our issues too! Sexual minority youth are bullied in schools, and teachers often don’t have the power to intervene against the perpetrators. Same–sex practicing people still face discrimination in employment, housing, and health care. And American MSM are still highly vulnerable to poor health, including substance abuse and HIV infection.

The US lags behind most other industrial democracies in the world and even some so–called developing countries in its approach to the human rights of same–sex practicing persons. But what we have in the US is not quite a human rights movement, so much as a civil rights movement behind single issues, like gay marriage. These issues are important, to be sure—each is a case of clear cut discrimination. Creating second–class citizen categories in a country founded on equality makes it easier to deny the humanity of sexual minority persons. I think we have to fight for our rights but also make sure we remain focused on the broader issues of human rights, here and abroad.

People can get involved by becoming aware of how difficult life is for same–sex practicing individuals in the rest of the world, and then looking at how we as US Citizens can make a difference. Supporting the work of human rights advocates is not only about writing a check: writing to members of Congress, or even local newspapers or

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Global Connections: Agreements about sex among gay men in Australia

By Lathem Bonem

At the Gay Couples Study, we are always on the lookout for new articles and current themes in HIV research. As such, we’re pleased to share with you findings from a study published this year out of Australia that looked at trends in agreements about sex and condom use among gay men in relationships. Specifically, this study looked at different types of agreements made about sex and condom use, sexual behavior, and relationship boundaries among gay men in “regular” relationships. A “regular” relationship was defined as being with the same sexual partner for six months or longer. Between 1998 and 2007, a survey was administered to gay men in three South Eastern Australian cities.

This study provides a “snapshot” of the frequency and basic types of agreements about sex and condom use among gay male couples. Agreements were often referred to as “negotiated safety agreements” or just “safety agreements.” So what constitutes a safety agreement? Broadly defined, a safety agreement is a term used to describe different types of spoken, consensual agreements made between two people in a relationship about the sexual boundaries for that relationship. For couples who are in open relationships, safety agreements also include setting boundaries about sexual encounters with casual or outside partners.

In total, 51,449 gay men were surveyed. Everyone who took the survey took it only once. About half, or 23,424, of the men surveyed were in a “regular” relationship, meaning that the individual had, at the time of the survey, been with the same male partner for six months or longer. Within this group, about three-quarters had some form of a spoken agreement (about sex and condom use) with their primary partner. Researchers found that over time, there was no increase in the likelihood of couples having an agreement. However, they did notice that for couples who had safety agreements, there were changes in what the agreement permitted (or what was agreed to) over time. For example, all men in relationships showed a slight rise in the last decade in not using condoms with both primary and casual partners. They also found an increase over time in monogamous agreements made between men in seroconcordant negative relationships (meaning both partners are HIV negative). Although the researchers reported these trends over time, it is important to note that they were based on patterns noticed during the ten years the study was conducted and not as a result of participants being followed over time.

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Research Opportunity
The Staying Well Project

Are you HIV+ and trying to stay well?

The Staying Well Project at UCSF is seeking HIV+ participants who are not currently on meds for a research study on the effects of meditation–based stress management and education on physical health and well–being. Attend 8 weekly meditation or HIV education classes, plus 5 clinic visits over one year. Compensation provided.

To be eligible you must be at least 18 years old, HIV positive, and not on meds. Viral load > 100, CD 4 > 250.

For more information visit us at www.stayingwellstudy.org and call our study line at 415–353–9744. CALL NOW!
decreased relationship satisfaction) and not simply because our participants saw the earlier result and changed their behaviors? What if instead, the number went up to 75% in T2? Perhaps some respondents, who earlier never shopped for attire with their primary partner decided to start now simply because we reported that a majority of their peers are doing it! So, in effect, introducing bias muddies the waters. The discerning ones among you will notice that even to explain this issue, I picked up an example of a question that is not asked in our study! One can never be too careful. ☺

Ours is a longitudinal study where the same participants are asked similar questions over a period of three years in an effort to study what drives critical behaviors over a period of time and how we can propose future interventions to reduce the transmission of HIV. If we relay our results to you as soon as we have them, we introduce possible bias into your behaviors and responses. That, in and of itself, would undermine the validity of our results and make it almost impossible to get them accepted by our research-peers.

Which brings me to the other critical reason for this delay in conveying results – every result we extract from the data needs to be reviewed by other experts in this field (i.e., peer-reviewed). This is a basic requirement of any quality research and is in place so that only conclusions drawn objectively, via scientifically correct methods, are relayed to society in general. The assumption here (and rightly so), is that not every member of the public has the time, the knowledge, or the means to verify the processes which lead to our conclusions. UCSF, being a leading institution in medical and health research, has very high standards that need to be met before any results can be published. Those standards in turn require the investment of considerable amounts of time and effort to prove to our reviewers that our findings are worthy of being disseminated to the community. We are constantly working towards that objective.

As soon as we have results that do not violate either of the above conditions, we will start sharing them with you. We plan to disseminate our findings not only through our newsletters and the study website, but also through reputed peer-reviewed journals and the mass print media. Unless you specifically decline, you will continue to receive our bi-annual newsletters with updates from us even after you finish all six interviews. From the very beginning, we have been grateful for your commitment and support to the study and now we’d like to thank you for your patience and understanding while we all work towards exciting and useful results.

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So what is the significance of this study? The reported increase in unprotected anal sex may raise the possibility of HIV transmission. However, this study also tested about 90% of men with primary partners, and about three quarters tested HIV-negative. While no final conclusions can be made without follow-up studies, these findings coincide with recent HIV research literature, which has shown a trend over the years of high seroconversion rates among gay male couples.

This study gives us insight into an area of research that has only recently been explored – HIV research focusing on gay male couples as a means of understanding high rates of HIV transmission among gay men in relationships. Given the high number of study participants, the findings from this study offer a glimpse of understanding relationship patterns and agreements made about sex and condom use among gay male couples. Future HIV research studies can benefit from these findings by following couples over time and by including both partners in the relationship (rather than gathering information about the relationship from only one partner).

The Gay Couples Study attempts to answer some of the many unanswered questions posed by previous research. By doing a longitudinal study, we have the opportunity to follow couples over time to see change as it happens. And by involving both partners in the study we can get a better sense of the relationship they share from the point of view of both partners. Also, by including face-to-face interviews, we are able look at, in depth, the nature of spoken agreements while simultaneously taking into account the impact that language, culture, race, ethnicity, and age have on both partners in the relationship.

NOTE: The original article referred to in this newsletter is “Trends in Agreements Between Regular Partners Among Gay Men in Sydney, Melbourne and Brisbane, Australia” (2008, Spring Science + Business Media).
The Gay Couples Study

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websites, can also be helpful in getting these issues before a wider audience and potentially effecting change. The freedom of speech that we enjoy in this country is something that most of the world does not enjoy. We should exercise it more often.

4. How has the current political context of the U.S. affected IGLHRC’s goals?

The conduct of the war on terror has squandered a good deal of America’s moral authority in the world. That’s not even a particularly controversial statement anymore, and I think it is hopeful that this is now a mainstream political view in this country. It has shown the world that this country’s commitment to human rights is highly politicized and not particularly deep, and every American who is associated with IGLHRC is painfully aware that this country’s reputation for global human rights advocacy has been compromised in the eyes of the world.

But this hasn’t affected IGLHRC’s goals. IGLHRC is a global human rights organization. We have field offices in Buenos Aires and Cape Town, and will soon have one in Asia. Those offices help build the capacity of local organizations in these regions to improve the lives of LGBT individuals as well as to respond to LGBT human rights emergencies. Our fieldwork is guided by a group of international advisors. Any misperceptions that we are an “American” organization are fairly easily dispelled once people become more familiar with who we are, what we do, and how we do it.

Staff Spotlight: Lathem Bonem, Research Assistant

In February 2008, Lathem Bonem began working as a Research Assistant for the Gay Couples Study, now in its fifth year. Prior to joining the Couples Study, he worked as a Lecturer and Research Associate at San Francisco State University (SFSU) through the Center for Research on Gender and Sexuality.

Lathem received his MA in Human Sexuality Studies from SFSU in June 2005. For his thesis, Lathem conducted a quantitative study investigating the experiences of 121 transgender men seeking and receiving gynecological health care in the San Francisco Bay Area. His findings showed that although half of all participants reported experiencing past discrimination in health care settings based on their transgender identity, and three-quarters of all participants delayed or avoided a gynecological exam for the same reason, participants reported overall positive treatment from their health care provider during their most recent examination. His study suggests that, despite lived experiences of discrimination in a health care setting, and the discomforts associated with identifying as male and needing gynecological examinations, transgender men living in the Bay Area are networking with others, and taking agency of their health care needs, by seeking providers who are both sensitive and competent to the health care needs specific to transgender men.

For his academic achievements and thesis study, he received the Distinguished Graduate Student Award from the College of Behavioral and Social Sciences, the highest honor SFSU grants to graduate students. Lathem also holds an undergraduate degree in Social Psychology from Antioch College in Yellow Springs, Ohio.

Outside of work, Lathem’s research interests include interdisciplinary teachings of human sexuality, intersections of art and science in film, and various number- and word-theories. Once the Couples Study closes in 2010, Lathem plans to continue teaching sex education classes to hard-to-access audiences, including but not limited to youth, transgender people, and people with disabilities.

5. How do these current efforts compare to the Civil Rights movements initiated roughly four decades ago?

Taken back to the 1940s, the United Nations’ Universal Declaration of Human Rights in 1948 was itself a response to the dehumanizing experience of the Holocaust and WWII. People said, “No more, never again!” and documented principles about what all humans are entitled to enjoy by virtue of being human. The Civil Rights and gay liberation movements were about securing the rights of African-Americans and LGBT Americans as US citizens, and their work is unfinished. Certainly, one aspect of human rights work is about ensuring that governments respect their own laws towards their citizens. But IGLHRC’s work is broader than this— IGLHRC and the social movements we are allied with work locally to advocate for all governments to respect the fundamental rights of all humans in both word and deed.

Visit www.iglhrc.org for more information.
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