MEN WHO HAVE SEX WITH MEN: A COMPARISON OF THE SEXUAL PRACTICES AND RISK-TAKING BEHAVIOUR OF GAY AND BISEXUAL MEN AND MALE PROSTITUTES

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RESUME

This paper involves a comparative analysis of the sexual practices and risk-taking behaviour of gay and bisexual men and men (straight, gay, and bisexual) practising street prostitution in Canada. Data on the former are drawn from two sources: the *Men's Survey*, a pan-Canadian study of gay and bisexual men conducted in collaboration with the Canadian Aids Society (Ted Myers et al., 1993) and *Entre Hommes*, a survey conducted in Quebec by the Coalition des organismes communautaires québécoise de luttre contre le sida (COCQ-sida) and Université Laval (1993). Data on male prostitutes are drawn from a series of field work interviews conducted in Montreal in 1991. The possibility for comparisons across all three studies are limited but are made with respect to several socio-demographic variables, sexual practices and risk-taking behaviour. Selected correlations from the three studies regarding risk-taking behaviour and age, level of education, income, language, sexual identity, drug use, and number of partners are discussed. In addition, the Montreal hustlers are compared to samples of male prostitutes in other locations in order to assess their representativeness. Policy implications and recommendations are presented along with an analysis and interpretation of the findings.

Key words: male prostitutes, gay men, HIV, risk-taking, sexual-practices

INTRODUCTION

Given the HIV/AIDS pandemic and the prevalence of seropositivity among gay men in pattern-1 countries, there are a growing number of studies about men who have sex with men. Two important ones were conducted in Canada: the *Men's Survey*, a pan-Canadian study of gay and bisexual men conducted in collaboration with the Canadian Aids Society (Ted Myers et al., 1993), and *Entre Hommes*, a survey conducted in Quebec by the Coalition des organismes communautaires québécoise de luttre contre le sida (COCQ-sida) and Université Laval (1993). These two studies, like the many similar ones conducted in the United States and Europe, failed to capture a sizeable group of men who have sex with men: male prostitutes and their male clients.

In Canada, as elsewhere, information about sex workers, especially male sex workers is very limited (Boles and Elifson, 1994:5). Indeed, "there are almost no sexual behavior data available which are sufficient for the development and assessment of intervention programs for male prostitutes" (Pleak and Meyer-Bahlburg, 1990:557). Studies about clients are even fewer and none to our knowledge include information on their prevalence of seropositivity or their sexual practices.

Despite the lack of information on this group of men—and it is a substantial group (there are large numbers of male prostitutes in most cities servicing even larger numbers of clients)—"they represent a group of men who are considered to be at very high risk of acquiring AIDS and ARC" (Waldorf and Murphy, 1990:109 reporting on four studies conducted in the late 1980s).[1] Male prostitutes are often presumed to be equally or more at risk than gay and bisexual men. Some researchers have suggested that they serve as "vectors of transmission of HIV infection into the heterosexual population" (Morse et al., 1991; Pleak and Meyer-Bahlburg, 1990:558 citing a bunch of people) or as "epidemiological bridges to females and children" since a high proportion of their clients are family men from middle-class communities (Waldorf and Murphy, 1990:110).

This study aims to fill this lacuna and address these fears by identifying the differences, if any, between the gay and bisexual men represented in the *Entre Hommes* and *The Men's Survey* and a sample of male hustlers we interviewed as part of a larger study of individuals involved in human service work. The possibility for comparisons across all three studies is limited but will be made with respect to several socio-demographic variables, sexual practices, and risk-taking behaviour. Selected correlations from the three studies regarding key factors for risk-taking behaviour (age, level of

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1. It is estimated that 25% of prostitutes in Canada are male (Fraser et al., 1985:371 (note 15)).

education, income, language, sexual identify, hard drug use, and number of partners) are also discussed. In addition, some comparisons will be made between the male prostitutes in our study and those in other locations. Policy implications and recommendations will be presented along with an analysis and interpretation of the findings.

LITERATURE REVIEW

Male prostitutes have been nearly ignored by AIDS researchers (Waldorf and Murphy, 1990:110). There has been a lack of research from the onset of the pandemic in 1981 to at least 1988 (Pleak and Meyer-Bahlburg, 1990:558). According to Pleak and Meyer-Bahlburg (1990:558) much of the research that did address prostitution and prostitutes actually dismissed or failed to address male prostitution. This lack began to be corrected in the late 1980s when two studies—one in New York city and another in north-eastern Italy—tested male prostitutes for the HIV antibody (Waldorf and Murphy, 1990:110). Both concluded that male prostitutes were a high-risk group.

These seropositive findings of male hustlers do not necessarily set them apart from other men who have sex with men. The Italian study was conducted with control groups: 11% of the prostitutes were positive compared with 17% of the homosexual controls and 49% of the addict controls (Waldorf and Murphy, 1990:111). In 1988, HIV antibody testing on 32 male prostitutes from brothels in Amsterdam found 13% to be seropositive, less than the prevalence of seropositivity in homosexual men in Amsterdam (which was about 31%) (cited in Pleak and Meyer-Bahlburg, 1990:560). A 1989 study of 194 male street prostitutes in Atlanta collected blood samples and conducted brief interviews to assess sexual history, drug use, social networks, and health issues. Of the 194 subjects, 24.7% tested HIV positive, about the same incidence (or slightly higher) than gay men in Atlanta (cited in Pleak and Meyer-Bahlburg, 1990:559).

Studies on HIV seropositivity (with blood draws) of both gay men and male prostitutes are multiplying (Pleak and Meyer-Bahlburg, 1990:560 cite seven studies of male prostitutes initiated or completed in 1990). So are studies involving self-reported results (Pleak and Meyer-Bahlburg, 1990:560 mention three). Nevertheless, we still need more careful studies of the precise factors and specific behaviours that put sex workers and their clients at risk. Several recent studies have taken this focus (Pleak and Meyer-Bahlburg, 1990; Waldorf and Lauderback, 1992; Waldorf and Murphy, 1990; Elifson et al, 1993; Boles and Elifson, 1994). Data from these and other study populations are considered in order to determine whether need targeted intervention programs for male hustlers in specific locations or may rely on more generic ones.

de Zalduondo (1991) argues that the list of things we "need to know" before making conclusions about risk patterns of sex workers is long. She includes information on: the prevalence of HIV among samples of sex workers; the prevalence of HIV among their partners (both private and commercial); the representativeness of sex workers in general; the number of partners and the rate of partner acquisition; the number of sex workers active at a given time; IV drug use; the proportion, distribution, and sexual practices of the men using their services; and the rates of transmission from clients of sex workers to individuals not involved in sex work. This present research does not cover all these items. It does, however, provide information in four of the areas: prevalence of HIV among samples of male sex workers, commonalities among sex worker samples, information about their IV drug use, and information about the number of partners. To this we add information about sexual practices and risk-taking behaviours and the comparisons between gay and bisexual men and male hustlers.

METHODOLOGY AND MEASURES

Both the *Men's Survey* and *Entre Hommes* targeted men who socialize in gay-identified venues. Respondents for the *Men's Survey* were recruited through 125 different venues (88 bars, 22 bathhouses, 15 community dances). Seven sampling strata were identified to provide national representation (N=4803). Due to their size, Montreal, Toronto, and Vancouver were each designated as a stratum and attempts were made to obtain as representative a sample as possible within and across stratum.[2] Data were collected between October 1991 and February 1992. The analysis in this paper focuses on the Montreal data (N=689).

Entre Hommes was conducted in the province of Quebec. Three distribution strategies were initiated in Montreal, Quebec City, and five smaller cities. Between 1991 and 1992, 564 respondents were recruited in gay-identified bars; through a snow-ball distribution of the survey instrument in organisations and medical clinics; and through classified advertisements. An effort was made to recruit a diversity of subjects by age, education and contacts with the gay community. Forty-six percent of the interviews from the bars and 31% of the snow-ball interviews were conducted in Montreal. The full data base is used in this comparison since it was not possible to select for Montreal.

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2. The four other stratum were: British Columbia and the Prairies (except Vancouver); Ontario (except Toronto); the province of Quebec (except Montreal), and the Atlantic Provinces.

The survey instrument used in both surveys was similar: both focused primarily on current sexual practices, risk-taking behaviour, social environment, and HIV testing. The *Men's Survey* also included questions about knowledge of risk transmission associated with sexual practices. No information was collected regarding risk transmission associated with IV drug use, haemophilia, or the transmission of STDs other than HIV/AIDS. Both questionnaires were available in french and english. They took 15-20 minutes to complete; consent was received and confidentiality ensured. Participants were paid $2.00 for their collaboration.

The data on the male hustlers (N=40) used in this study are drawn from a series of field work interviews conducted in Montreal in 1991. The 40 respondents include 30 men and 10 transgender prostitutes (men who dress as women when working and who identified themselves as gay).[3] These data represent one element of a large field work study of street prostitution conducted in San Francisco (1990), Montreal (1991 and 1993), and Toronto (1994). In all, 325 women, men, and transgender prostitutes were interviewed.[4]

The field work strategy entailed a week or two of introductions and public relations activity that served to legitimate both the study and our role as researchers. Subjects were drawn into the study by encouraging them to help identify existing stroll boundaries, friendly restaurants, and the demographic characteristics of the regular and non-regular workers. This permitted us to validate our field observations, legitimate our note-taking while in the field, and enhance the accuracy of the data base and sampling technique. In order to preserve the integrity of the data, we only interviewed people we had seen working on several different occasions and who were not under the influence of alcohol or drugs at the time of asking. We also took care to ensure that the distinguishing characteristics of those

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3. Unlike the transvestite prostitutes studied by Boles and Elifson (1991) and the transsexual prostitutes we encountered in San Francisco and Montreal, the group of men identified transvestite prostitutes in our sample are not strongly committed to transvestism. They work in women's clothing and may do the occasional show in drag but otherwise present themselves as men. During our time in the field we encountered several that worked both as a male hustler and as a woman. On this basis, we felt it was reasonable to include the transvestites with the male hustlers. The transsexuals will be analysed separately.

4. The prostitution stroll identified in each city was similar: all were adjacent to down-town commercial areas and considered to be medium to high-track strolls; all included male, female, and transgender sex workers. The data include information on socio-economic background, current demographics, job history and future plans, work activity and work risks, sexual practises with others on and of the job, and support networks. This research was funded through grants from SSHRC, FCAR, and Concordia University.

interviewed reflected as much as possible the characteristics of the stroll population in question. Interviews generally lasted between 45 minutes and 2 hours (most were 90 minutes). They were conducted off the street over coffee and in some cases in the respondent's home. Interviews were conducted in french or english, depending upon the preference of the respondent. Consent was received and confidentiality assured before the interviews took place. Respondents were paid an honorarium of $20.00 for their participation.[5]

The comparable demographic measures included age, level of education completed, yearly income, language, and sexual identify. The latter three required some adjustment in order to make them comparable. The gay and bisexual men simply reported their yearly income; the hustlers reported their weekly income from prostitution. An annual income figure for the male hustlers was estimated using two different methods. The first was based on each hustler's estimate of his average weekly income from prostitution. The second was calculated using the average number of clients served per week in conjunction with the type and cost of the services provided. Although the results were similar, the more direct estimate—the one based on average weekly income—was the more conservative of the two and we used it when calculating yearly income. We measured language skill by asking the respondents to identify the language(s) they spoke well enough to apply for a job. The two other studies focused on mother tongue. A comparable language measure was constructed based on whether respondents spoke french only or both french and english, spoke english only, or spoke another language.

We assessed sexual identify in two different ways: (i) by asking each respondent whether they considered themselves to be heterosexual, bisexual, or homosexual and (ii) by asking whether they were sexually turned on by just men, men but some interest in women, both sexes equally, women but some interest in men, or just women. Sexual experience was determined by asking them about the gender of their current and past sexual partners. The measure for experience and the first identity measure were compatible with those adopted by the *Men's Survey*, but the most interesting associations were reported using sexual identity. *Entre Hommes* also gathered both sets of information but tended to report on sexual experience rather than sexual identify. Given this reporting discrepancy and the fact that the majority of male hustler studies focus on sexual identity, we adopted sexual identity as the measure in this paper.

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5. Respondents were free to refuse to answer interview sections without risk of non-payment. Only two or three took this option.

Three variables related to sexual practises were included; all were easily compatible. The prevalence of sexual activities practised was assessed by asking respondents to indicate if they had participated in any of several sexual activities in the last six months.[6] Consistency of condom use was measured by asking respondents to indicate how often they used them during fellatio, vaginal relations and anal relations: never, rarely, some of the time, most of the time, or all of the time.[7] Respondents were asked to identify the number and gender of their sexual partners in the past year.

Three basic indicators were used to establish the prevalence of risk-taking behaviour. The first focused on sexual activities. Measures were developed for fellatio, vaginal intercourse, and anal relations based on whether the respondents engaged in the activity, had done so with protection, or had done so without protection. Respondents having 'unprotected-relations-only' were combined with those reporting 'protected-and-unprotected relations' in order to facilitate the comparison of the data in the hustler study with the other two studies. The two additional risk measures included whether they had taken an HIV antibody test and whether they had tested positive.

SELECTED DEMOGRAPHICS OF THE 3 STUDY POPULATIONS

The basic demographic information for the three study populations is presented in Table 1. There are a number of striking differences that set the male hustlers apart from the men in the other two studies. The hustler population is younger (55% are under 26 compared to 11% and 17%) and has much less education than the respondents in the other two studies (51%, in contrast to 11% and 10%, have not completed high school). The hustler population is also much more diverse with respect to sexual identity: only 50% (in contrast to 89% and 81% of the respondent's in the gay men's studies[8]) identified as homosexual or gay. Significantly higher proportions of the hustlers identified as bisexual or heterosexual.

-- TABLE 1 about here --

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6. *Entre Hommes* and the *Men's Survey* asked about the past three months.
7. We are unable to distinguish between insertive and receptive activities because of the crude condom measure adopted in the Sex Work Survey.
8. *Entre Hommes* (1993:22) reported on sexual experience rather than sexual identity. The 89% reflected in Table 1 includes men who only had male sexual partners in the last year and men who fit that description but who had previous experience with women, or with both men and women.

The three sample populations are not dissimilar with respect to either language skills or yearly income. In fact, income differences are much less distinctive than we expected: 34% of the hustlers in comparison with 41% and 38% of the comparison groups reported an annual income of equal or superior to $30,000. Overall, however, the studies are clearly tapping into quite different populations of men: hustlers are younger, less well educated, and more diverse in their sexual identity. Canadian studies on men having sex with men have indeed failed to capture some of the men who have sex with men. Three questions remain: (a) do the two populations (gay and bisexual men and male hustlers) vary with respect to sexual practices and risk-taking behaviour? (b) are the correlates regarding key factors for risk-taking behaviour within the two populations similar or different? (c) how does our sample of male hustlers compare to other samples of hustlers?

FINDINGS

In order to answer the questions raised above, this section provides (a) an analysis of the data related to the sexual activities practised, (b) information on risk-taking and serostatus, and (c) a discussion of the correlates of risk-taking behaviour. Data regarding the prevalence of sexual practices, the consistency of condom use, and prevalence for multiple partners are presented in Table 2. In each case, the categories identified within each of the measures are ranked from low to high risk. Hustlers' practices with partners and clients are differentiated. Partner-relations are the focus when comparisons are made between the three studies. The hustlers' relations with partners and clients are compared separately in order to measure the variation, if any, between the practice of personal-sex and work-sex.

Overall, there are two striking features in this table. First, the differences between the two population types are minimal. The most prevalent sexual activities among <u>both</u> groups of men are the least risky: mutual masturbation and insertive and receptive fellatio. The activities least likely to be practised are the most risky: vaginal sex and insertive and receptive anal sex. Among male hustlers, condom consistency increases with the riskiness of sexual activity. However, when compared to condom use by the other group during anal relations (the only point of comparison available), male hustlers report less consistent condom use. Male hustlers report fewer male partners: only 29% have had six or more sexual partners in the last year compared to 49% and 54% of the men in the other studies. In contrast, however, the hustlers were much more likely to have had at least one female partner (54% versus 12%).

-- TABLE 2 about here --

The second striking feature is reflected in the different way hustlers relate to their partners and clients. The prevalence pattern for client activity is the same as for partner activity: the most prevalent activities practised are the least risky (masturbation, and insertive and receptive fellatio). However, hustlers are much less likely to engage in the high risk activities with clients than with their partners and much more likely to use condoms when doing so, regardless of the sexual activity.

Data regarding the prevalence of risk-taking behaviour, HIV antibody testing, and HIV serostatus are presented in Table 3. As before, the categories identified within each of the measures are ranked from low to high risk and hustler practices with partners and clients are differentiated.[9] As before, partner-relations are the focus when comparisons are made between the three studies and hustler-relations with partners and clients are compared in order to measure the variation, if any, between the practice of personal-sex and work-sex.

The prevalence of risk-taking behaviour between the hustlers and the two comparison groups is not different with respect to anal relations: similar proportions of all three either did not engage in anal sex, or only engaged in protected anal sex. The male hustlers, however, were more likely to have been tested for HIV and less likely to report a seropositive status.

-- TABLE 3 about here --

The findings in Table 3 also add to our understanding of the different ways in which male hustlers relate to their clients and partners. Risk-taking behaviour is higher with partners than with clients: regardless of the sexual activity in question, they are more likely to engage in unprotected sexual relations with their partners than with their clients.

Data regarding some of the factors associated with risk-taking behaviour are presented in Table 4. For comparative purposes, the dependent variable used as an indicator for risk-taking is ANAL SEX RISK. We were able to draw together information with respect to risk-taking and seven different independent variables: age, education, income, language, sexual identify, number of partners, and drug/alcohol use. The table simply serves to summarize the findings about the variables associated with this behaviour in the three studies. Details are provided when risk-taking is associated with a

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9. When operationalizing the risk-taking indices for anal, oral, and vaginal sexual relations, we combined unprotected-relations-only with protected-and-unprotected relations. This facilitated the comparison of the data in the hustler study with the other two studies, especially with respect to anal relations.

specific category of an independent variable as well as when the relationship is statistically significant. Although the analysis is bi-variate and limited, it does allow for a preliminary examination of the factors associated with risk-taking in the three studies.

Direct comparisons between the two studies of gay and bisexual men can only be made with respect to three variables: age, education, and drug/alcohol use. There is some indication that the young, the least educated, and those using alcohol or drugs[10] before or during sexual relations are more likely to engage in risk-taking behaviour (*Entre Hommes*:11 & 14; *Men's Survey*:45, 44 & 53 respectively). However, only two of the six bi-variate relationships reported here are statistically significant (education and risk-taking, and drug-use and risk-taking) and then only in the case of the *Men's Survey* (pp.44, 53). Patterns of risk-taking with respect to the other four variables cannot be compared. Nonetheless, two show signs of being related to risk-taking in the *Men's Survey* (income (p.45) and language (p.44)). The relationship between number of partners and risk-taking is bimodal and significant in the case of *Entre Hommes*: men with one partner and those with 15 or more are most likely to have unprotected anal sex (p.11).

When the information from the two studies of gay and bisexual men are combined, comparisons can be made with the male hustlers across all seven of the independent variables. The findings indicate that the variables related to the risk-taking of male hustlers with their partners are not the same as those related to the risk-taking of gay and bisexual men. Age is the only variable that appears to be important: as in the case of gay and bisexual men, the risk-taking of male hustlers decreases with age.

The correlates of risk-taking for male hustlers also seem to vary by partner type. Age is not related to risk-taking between hustlers and their clients, but there is some indication that risk-taking with them decreases as education increases. Drug use was measured somewhat differently in the hustler study. It is limited to the use of hard drugs (heroin, cocaine, crack) any time rather that the use of soft drugs or alcohol just before and during sexual relations. This impairs the comparison with other gay male studies but not the comparison between partner-types. It is worth highlighting that hard drug users are not more likely that non-users to have unprotected anal relations with either their partners or their clients.

--TABLE 4 about here --

10. Drug use here is in reference to soft drugs (alcohol, poppers, marijuana).

Both groups of men are knowledgeable about AIDS and the risks involved. Indeed, many of them have changed their behaviour since hearing about AIDS. A total of 83% of the Montreal respondents in the *Men's Survey* indicated they have made some change in their sexual practices ("a lot" or "a little"); only 12% said they had made no change (p.38). About half of those who had changed their behaviour affirmed, when asked, that they felt a loss of the sexual practices they had given up (p.38). In spite of this feeling of loss, the majority (68%) reported that they enjoyed their current sexual practices ("somewhat" or "very much"). We asked the male hustlers whether the AIDS crisis had affected their work patterns: 65% said yes. The most frequent behaviour changes that were reported included: increased condom use, more restricted services, more discriminating client selection, and in general being more cautious.

Both groups of men also have a reasonable knowledge of the risks involved. Knowledge was generally in concordance with the safe(r) sex guidelines published by the Canadian AIDS Society. For high-risk sexual practices (insertive and receptive anal relations), there was strong agreement. For low-risk practices such as fellatio, there was less agreement (pp.31-33).

The male hustler study did not include specific questions about knowledge risk. Nonetheless, we learned a great deal about their knowledge level during the questions about sexual practices and condom use with their partners and clients, especially with respect to the less risky activities. Those who claimed not to use condoms generally during fellatio went on to say why. "It's okay if you don't swallow it." "Even if you swallow it, your stomach acids get it." and "I just don't brush my teeth before I come to work." This variation is reflected in their condom usage: only 61% use them always during oral sex with clients while 83% report using them all the time during anal relations. This variation was not in evidence among the women sex workers (more that 95% of the women used them all the time in both situations).

DISCUSSION

Although there are important demographic differences between the two populations types (hustlers are younger, less educated, and more sexually diverse than gay and bisexual men), the data do not justify our fears about the risky practices of male hustlers. With regard to both sexual practises and risk-taking behaviour, male hustlers behaviour with partners seems to be more similar to that of gay and bisexual men than it is different. Among <u>both</u> groups of men, the most prevalent sexual activities are the least risky (mutual masturbation and insertive and receptive fellatio) and the least prevalent are the most risky (vaginal sex and insertive and receptive anal sex). Male hustlers report

somewhat less consistent condom use but have fewer partners. The incidence of risk-taking behaviour is similar as well, although male hustlers are more likely to get sero-tested and less likely to be sero-positive. In addition, both groups are knowledgable about AIDS and the risks involved, and both have made some change in their sexual practises. Nevertheless, the factors that are associated with risk-taking behaviour seem to vary. Where reported, it varies significantly with age, education and drug/alcohol use among gay and bisexual men, but no significant relationships were found using these variables in the male hustler study. Before anything more definitive can be said about variations in the correlates of risk-taking, more research needs to be done on a wider variety of variables.

The dissimilar patterns that appear when comparing the male hustlers' relations with their partners and their clients add to our understanding of the distinction between personal-sex and work-sex. Overall, they seem to have different rules for partners than for clients regarding both their sexual practices and their risk-taking behaviour: the less risky activities are practised with clients and the incidence of risk-taking behaviour is higher with partners. Although not significant, there is some suggestion that the variables linked to risk-taking vary by partner type: there is a tendency for age to be negatively related to risk-taking with partners and for education to be negatively related to risk-taking with clients.[11]

Higher levels of condom-use and the limitation of sexual practices with clients may well serve to differentiate work-sex from personal-sex. Clients are business; one does not have to enjoy sexual relations with them, or even see the encounter as being other than a cash for service transaction. The barriers help to maintain this distance. Partners, on the other hand, are loved and trusted. Whether the relationship is short- or long-term, barriers such as the limitation of sexual activities and condoms are often seen as an impediment to its development. As will be reported in the next section, this differentiation is apparent in other studies of male hustlers, especially with respect to those identifying as heterosexual. "I'm hustling money—not sex" (Boles and Elifson, 1994). It is also apparent in studies with female prostitutes (Gold et al., 1989).

The sexual practices and risk-taking behaviour of the hustler population in the Montreal study resemble that of the gay and bisexual men in the other two studies. But, how representative are our male hustlers of other populations of hustlers? Studies with male hustlers in Manhattan (Pleak and Meyer-Bahlburg, 1990), Atlanta (Boles and Elifson, 1994), and San Francisco (Waldorf and Murphy,

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11. There is limited variation with respect to these two variables (age ranges between 18 and 31 years and 51% of the hustlers have less that high school education) and this may account, in part, for the non-significant results.

1990,Waldorf and Lauderback, 1991) also indicate that they are young, poorly educated, and diverse in their sexual identity.[12] Nonetheless, there is sizeable variation among the samples of male hustlers cited here, especially with respect to age, sexual identity, and drug use (considered to be a basic demographic variable in most hustler studies). Mean age varies from a low of 20.7 years in Manhattan (Pleak and Meyer-Bahlburg, 1990) to a high of 28 years in Altanta (Boles and Elifson, 1994).[13] In our Montreal sample and in a San Francisco study (Waldorf and Murphy, 1990), only a small proportion identified as heterosexual (15% and 11% respectively) while a much larger proportion identified as homosexual (50% and 45% respectively). This pattern was reversed in Manhattan and Atlanta where 48% and 46% identified as heterosexual and 20% and 18% as homosexual ((Pleak and Meyer-Bahlburg, 1990; Boles and Elifson, 1994). Drug use—although frequent across all studies—still varies extensively. In the studies we conducted, hard drug use was the highest in Montreal (50%), the lowest in Toronto (20%), and mid-range in San Francisco (30%). In Atlanta (Elifson et al., 1989, 1993) and in Waldorf's San Francisco study (Waldorf and Murphy, 1990), 40% and 68% of the hustlers reported hard drug use. This variation suggests that there are important demographic differences in hustler populations.[14]

There are also important differences with respect to HIV testing. Since the two Atlanta studies and the one New Orleans included blood-draws, 100% of the hustlers were tested (Boles and Elifson, 1994; Elifson et al., 1993; Morse et al., 1991). In Manhattan (Pleak and Meyer-Bahlburg, 1990), New Orleans (Morse et al., 1991), and San Francisco (Waldorf and Murphy, 1990)—studies that depended upon self-reports of the hustlers—only 56% and 69% respectively had been tested. These numbers are more similar to those we cited with respect to gay and bisexual men (61% and 68% had been tested), than those we found among the Montreal hustlers (88% had been tested) (cf. Table 3). Reports of seropositive status vary significantly as well. In the Atlanta and New Orleans studies—where all were tested as part of the data collection process—35%, 29% and 18% tested positive (Boles and Elifson, 1994; Elifson et al., 1993; Morse et al., 1991). In Manhattan (Pleak and Meyer-Bahlburg, 1990:571)

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12. The San Francisco study (Waldorf and Murphy, 1990; Waldorf and Lauderback, 1992) includes call-men and men working the street. The data reported here are from the street prostitutes only. The call-men tend to be older, better educated, and more gay-identified than the street hustlers.
13. The mean age of the hustlers in our Montreal sample is 24 years.
14. Education diverged but not to the same extent: the mean number of years in school varied from 11 years to 12.26 years across the street samples we examined (Waldorf and Murphy, 1990; Pleak and Meyer-Bahlburg, 1990; Boles and Elifson, 1994).

and San Francisco (Waldorf and Murphy, 1990:124) 4%, and 11% of those tested reported a seropositive status. In Montreal none of the hustlers were HIV positive (cf. Table 3).[15]

Nonetheless, comparisons along other variables reveal more similarities than differences. Where reported, the overall sexual practices and risk-taking behaviour patterns are similar: mutual masturbation and fellatio are the most common practices and anal intercourse the least common. Condom consistency with anal relations is high. The Manhattan study reports that condoms are used all or most of the time by 85% of the sample—a much higher proportion than the researchers expected (Pleak and Meyer-Bahlburg, 1990:563, 578). The differential pattern that emerges when comparing the hustlers' relations with their partners and their clients is also in evidence in the other studies of male hustlers. They too are less likely to engage in the high risk activities and more likely to use condoms with their customers than their partners (Boles and Elifson, 1994; Pleak and Meyer-Bahlburg, 1990; Waldorf and Murphy, 1990; Waldorf and Lauderback, 1991). Also comparable to the hustlers in Montreal was the sparse practice of anal sex (only 17% provide the service in one study (Pleak and Meyer-Bahlburg, 1990) and 31% in another (Boles and Elifson, 1994)).

AIDS knowledge was tested and reported to be high in two of the samples (Pleak and Meyer-Bahlburg, 1990; Waldorf and Murphy, 1990) and positively correlated to safety of sex in one (Pleak and Meyer-Bahlburg, 1990:557). The subjects did well on the test: swallowing semen and unprotected anal intercourse (both I and R) were rated unsafe (means 4.2-5) and unprotected receptive anal sex with ejaculation was rated correctly (as 5) by all subjects (Pleak and Meyer-Bahlburg, 1990:572).

Comparisons regarding the correlates of risk-taking behaviour are more difficult to make since risk-taking is not always measured in the same manner and only a few of the variables reported in Table 4 are tested for association. Nevertheless, some comparisons are possible and follow the patterns we reported with respect to the Montreal hustlers. Drug use, for example, was not significantly associated with risk-taking behaviour (consistency of condom use) in the Atlanta study (Pleak and Meyer-Bahlburg, 1990:573-574).

Other comparisons do not follow the patterns we found. Unlike the findings in Montreal, risk-taking in some of the studies varied significantly by sexual identity. In the Atlanta study, for example, 63.4% of the homosexual men engaged in receptive anal intercourse compared to only 23% of the

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15. HIV is not the only sexually transmitted disease risk, nor the most prevalent. Based on self-identification, the rate of hepatitis infection in the Atlanta study was 62.5% for homosexuals, 70% for bisexuals, and 45% for heterosexuals. The corresponding rates of HIV infection are much lower (50%, 36.5%, and 18.5% respectively (Boles and Elifson, 1994:Table 3)).

bisexual and 5.6% of the heterosexual identified men (Boles and Elifson, 1994:T3). Condom usage also varied by sexual identify: many of the homosexually identified felt that condoms interfered with sexual pleasure, both for themselves and their paying and non-paying partners. Heterosexuals, on the other hand, willingly used condoms because they were uninterested in receiving sexual pleasure from their clients (Boles and Elifson, 1994). Several studies provide evidence that serostatus varies by sexual identity: it is highest among those homosexually identified, lowest among those heterosexually identified, and mid-range among those bisexually identified (Boles and Elifson, 1994; Morse et al., 1991; Elifson et al., 1989). Boles and Elifson (1994) caution, however, that it was the behavioral risk (receptive anal sex) and not sexual identify that was the significant predictor of HIV serostatus: the odds ratio associated with receptive anal sex indicated that a respondent who engaged in it was 4.5 times more likely to be HIV+ than was a respondent who did not engage in this activity.

IMPLICATIONS FOR POLICY AND INTERVENTION

It is essential to recognize that the sexual practices and risk-taking behaviour of male hustlers are similar to those of gay and bisexual men as well as other populations of hustlers. We need not be alarmist in our response. Nevertheless, there are some differences—between hustlers and gay and bisexual men, and between geographically diverse hustler populations—that do need to be kept in mind when developing programmes.

Given the demographic differences in age and education, it is clear that neither *Entre Hommes* nor the *Men's Survey* adequately tapped the younger and less educated strata of the Canadian population. The *Sex Work Survey* has also inadequately accessed this strata: we focused on male hustlers and—though young and poorly educated—they are hardly representative of boys and men who are not involved in prostitution. Given this breach, it is especially important to develop ways to reach the young and less well educated men who are not involved in prostitution but who are having sex with men. Given the within-strata diversity among the hustler samples, it will also be important to fine-tune outreach programmes for the specific age and educational structure of the hustlers within a given geographic local. In addition, it must be kept in mind that reaching the young and less well educated within the two different groups (the hustlers and those not involved in hustling) will likely require different types of outreach programmes. Male hustlers, for example, are more likely than the others to be doubly marginalized. Not only are they perceived to be gay, they also have an outlaw status as a consequence of their quasi-illegal activity. Indeed, many have criminal records related to prostitution offenses, property crimes, and other infractions such as parole violation and trespassing.

Waldorf and Murphy (1990) argue that such marginalization is likely to foster an outlaw orientation and distance them from mainstream medical and other service providers.

Given the greater diversity in sexual identify, outreach and prevention programmes for male hustlers will also have to be different from those designed for gay and bisexual men. The heterosexual identified hustlers are unlikely to be members of the gay community, nor are they likely to congregate in gay-identified venues after or during work. According to Boles and Elifson (1994), many of the homosexual identified did not feel comfortable within the gay community even though they had many gay friends. They rarely went to gay clubs and felt rejected by that community. "We aren't welcome in the clubs. I guess they think we're too low class" (p.18). Boles and Elifson also report that the bisexuals were more hesitant to identify themselves than either the heterosexuals or homosexuals (p.20). Outreach and intervention efforts must be tailored to meet the unique needs of the men in each sexual identify group.

Although sexual practices and risk-taking behaviours do not vary between the two populations, nor between the different populations of hustlers, our limited analysis suggests that the factors linked to risk-taking do differ. More study is required in this area, especially since there is some suggestion that risk-taking varies with sexual identify.

The striking variation with respect to personal-sex ethics and work-sex ethics must be taken into account when developing programmes. Male hustlers must be congratulated for their business ethics, but they need to be educated and encouraged to upgrade their personal-sex ethics. More research designed to identify and understand the 'need' for the difference would also be appropriate, especially given the variation across sexual identify and gender.

Targeting programmes for drug users means separating out the risks related to IV drug use from the risks related to the use of alcohol, poppers and other soft drugs before or during sexual activity. The data presented above indicate that the latter situation was associated with a greater probability of risk-taking among gay and bisexual men and that the former was not related to risk-taking among hustlers. More information is needed about the incidence of IV drug use in the former case and soft drug use in the latter one. Although all male hustlers are not IV drug users, they are certainly more frequent users of such drugs than are gay/bisexual men. Information on the safe use of needles and needle exchange programs should be both available and accessible, preferably within easy reach of the stroll.

Finally, there is a whole new category of men to access: clients. If one considers the mean number of clients served per week by each male hustler, this not a small group. The Manhattan study

reports an average of 495 life-time clients per hustler (Pleak and Meyer-Bahlburg, 1990:568). There were 50 hustlers in that study. This makes for a group of 24,750 men—many of whom will not identify as homosexual. Even after accounting for the duplication of clients between hustlers, this represents a sizable population of men.[16] It is highly unlikely that they will be captured by studies targeting gay and bisexual men. New initiatives must be developed in order to reach these men.

RECOMMENDATIONS AND STRATEGIC DIRECTIONS

1. Male hustlers need not be targeted because of their sexual practices and risk-taking behaviour. It is similar to that of gay and bisexual men and similar across hustler populations.
2. When targeted, intervention efforts for male hustlers must to be tailored to take into account the differences between work-sex and personal-sex ethics. In addition, we need more behavioural studies of male hustlers, especially those that examine the factors related to safe(r) sex practices and risk-taking behaviour and that focus on the behavioural patterns of their partners.
3. Male hustlers must be targeted differently than gay and bisexual men. They are younger, less well educated, more sexually diverse, and more frequent hard drug users. Hustlers are a difficult to reach population and are likely to avoid or miss programs available to others of comparable age and education because of their distrust of outsiders and double marginalization. According to Andrew Sorfleet, a prostitutes' rights activist currently working in Vancouver, hustlers need clear, concise and simple information delivered by peers. Materials should be eye-catching, pocket-sized, and available in spaces that are likely to be frequented by a range of the public as well as individuals in the sex trade: pool halls, arcades, donut shops, all night drug stores. He cautions that when distributing information in smaller cities, care must be taken not to expose the stroll to outsiders.[17]
4. Peer education programs are likely to be the most viable and effective approach when trying to reach male hustlers—regardless of whether developing generic or locally specific programmes

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16. The median number of life-time clients reported was 90. Using this more conservative estimate produces a smaller, but still sizable estimate of 4,500 clients (Pleak and Meyer-Bahlburg, 1990:568).
17. Prior to moving to Vancouver and founding the Sex Workers Alliance of Vancouver (SWAV), Andrew Sorfleet was on the board of directors of Maggie's (The Toronto Prostitutes' Community Service Project) and a member of SWAT (The Sex Workers Alliance of Toronto). For more information on SWAV contact their web site: HTTP://WWW.WALNET.ORG.SWAV

(Cockerline, 1989; Gold et al., 1989). Once hustlers become educators, they also provide a useful instrument for alerting clients to the risks.

5. Some of the outreach programmes to be developed for male hustlers can be of a generic nature. All for, example must be sensitive to variations with respect to sexual identity.
6. Given the diversity in hustler populations with respect to age, hard drug use, and sexual identity, intervention efforts must be tailored to the specificity of the local population. More comparative research must be conducted before we can generalize across localities.
7. Finally, we need to begin working out ways to study the behavioural patterns of their clients.

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Table 1: DEMOGRAPHIC CHARACTERISTICS OF THE 3 STUDY POPULATIONS

	ÉNTRE HOMMES QUÉBEC 1991-1992 N=564 %	*MEN'S SURVEY* MONTRÉAL 1991-1992 N=689 %	*SEX WORK SURVEY*[1] MONTRÉAL 1991 N=40 %
AGE			
≤ 20[2]	-	3.9	7.5
21-25	10.6	12.6	47.5
26-30	16.2	26.5	35.0
31-35	22.6	24.1	10.0
≥36	50.6	32.9	-
EDUCATION			
< high school	11.0	10.2	51.4
high school degree	19.0	21.1	35.1
university[3]	70.0	68.7	13.5
INCOME			
< $10,000	16.1	13.1	6.3
$10,000-29,999	42.9	48.9	59.4
$30,000-49,999	29.2	26.9	15.6
≥ $50,000	11.8	11.1	18.8
LANGUAGE			
french or bilingual	90.9	86.0	87.5
english only	8.3	11.8	12.5
other	0.7	2.2	-
SEXUAL IDENTITY			
homosexual	89.0	80.7	50.0
bisexual	11.0	16.0	30.0
heterosexual	-	1.2	15.0
other	-	2.1	5.0

[1] Male and transvestite prostitutes only.
[2] Age categories are slightly different in the *ENTRE HOMMES* survey.
[3] Some, or completed college or university.

Table 2: PREVALENCE OF SEXUAL ACTIVITIES PRACTISED, CONSISTENCY OF CONDOM USE, and NUMBER OF SEXUAL PARTNERS IN THE LAST YEAR IN THE 3 STUDY POPULATIONS

	ÉNTRE HOMMES QUÉBEC 1991-1992 N=564	*MEN'S SURVEY* MONTRÉAL 1991-1992 N=689	*SEX WORK SURVEY*[1] MONTRÉAL 1991 N=40	
			partners	clients
	%	%	%	%
% PRACTISING				
mutual masturbation	-	85.2	79.5	95.0
fellatio (I)	-	86.0	87.5	80.0
fellatio (R)	-	85.2[2]	84.6	90.0
vaginal sex	-	-	37.5	10.0
anal sex (I)	-	33.9[3]	45.0	27.5
anal sex (R)	-	26.0[3]	27.5	17.5
CONDOM USE				
FELLATIO				
Most or all of time	-	-	44.7	71.0
VAGINAL RELATIONS				
Most or all of time	-	-	62.6	83.3
ANAL RELATIONS				
Most or all of time	77.3[4]	81.0	70.5	91.6
# PARTNERS LAST YEAR				
MALE PARTNERS				
0	2.4	1.6	23.7	
1	17.6	15.2	23.7	
2-5	31.5	29.0	23.7	
≥ 6	48.5	54.2	28.9	
FEMALE PARTNERS				
0	-	87.6	46.2	
1	-	9.8	17.9	
2-5	-	4.5	20.5	
≥ 6	-	1.6	15.4	

[1] Male and transvestite prostitutes only.
[2] Fellatio (R) with no semen.
[3] Anal relations with a condom.
[4] This includes protected anal sex as well as well as other less-risky sexual activities.

Table 3: PREVALENCE OF RISK-TAKING BEHAVIOUR, HIV ANTIBODY TESTING, AND HIV SEROSTATUS IN THE 3 STUDY POPULATIONS

	ÉNTRE HOMMES QUÉBEC 1991-1992 N=564	*MEN'S SURVEY* MONTRÉAL 1991-1992 N=689	*SEX WORK SURVEY*[1] MONTRÉAL 1991 N=40	
			partners	clients
	%	%	%	%
ORAL SEX RISK				
no oral sex	-	-	5.0	5.0
protected oral sex	-	-	35.0	57.5
unprotected oral sex	-	-	60.0	37.5
VAGINAL SEX RISK				
no vaginal sex	-	-	60.0	85.0
protected vaginal sex	-	-	17.5	12.5
unprotected vag. sex	-	-	22.5	2.5
ANAL SEX RISK				
no anal sex	-	51.3	57.5	70.0
protected anal sex	-[2]	31.0	22.5	25.0
unprotected anal sex	22.7	17.7	20.0	5.0
% TESTED FOR HIV	60.6	67.7	87.5	
% HIV+ OF TESTED	10.5	20.5	0.0	

[1] Male and transvestite prostitutes only.

[2] *ENTRE HOMMES* did not differentiate between protected anal sex and other sexual activities.

Table 4: SELECTED CORRELATIONS FROM THE THREE STUDIES

	ÉNTRE HOMMES QUÉBEC 1991-1992 N=564	*MEN'S SURVEY* MONTRÉAL 1991-1992 N=689	*SEX WORK SURVEY*[1] MONTRÉAL 1991 N=40	
			partners	clients
RISK-TAKING BEHAVIOUR[2] BY AGE	Respondents under 25 more frequently report incidents of anal sex without a condom.	Respondents under 25 more frequently report incidents of anal sex without a condom.	Some suggestion that as age increases, risk-taking behaviour decreases.	No relationship.
RISK-TAKING BY EDUCATION	Highschool and college dropouts take more risk.	As education increases, risk-taking behaviour decreases.**	No relationship.	As education increases, risk-taking behaviour decreases.
RISK-TAKING BY INCOME	No information.	Those with income of less than $20,000 have high4st proportion of unprotected anal sex.	No relationship.	No relationship.
RISK-TAKING BY FIRST LANGUAGE	No information.	Some suggestion that English speakers more likely to engage in unprotected anal sex.	No relationship.	No relationship.
RISK-TAKING BY SEXUAL IDENTITY	No information.	No relationship using sexual experience.	No relationship.	No relationship.
RISK-TAKING BY NUMBER OF PARTNERS	Bimodal Relationship: those with 1 and those with 15+ partners are more likely to have unprotected anal sex.**	No information.	No relationship.	No relationship.
RISK-TAKING BY DRUG/ALCOHOL USE	Consumers of alcohol or drugs[3] before or during sex, are more likely to have unprotected anal sex.	Consumers of alcohol or drugs[3] before or during sex, are more likely to have unprotected anal sex. **	No relationship between hard[4] drug use and unprotected anal sex.	No relationship between hard[4] drug use and unprotected anal sex.

[1] Male and transvestite prosititutes only.
[2] For comparative purposes, this focuses on anal sex behaviour.
** $p < .05$
[3] Drugs included poppers, marijuana, hash.
[4] Hard drugs included cocaine, crack and heroine.