Published in final edited form as:

AIDS Care. 2006 November ; 18(8): 1046–1049. doi:10.1080/09540120600580967.

Circuit parties: Sexual behaviors and HIV disclosure practices among men who have sex with men at the White Party, Palm Springs, California, 2003

P. PATEL^{1,2}, M. M. TAYLOR^{3,4}, J. A. MONTOYA⁴, M. E. HAMBURGER¹, P. R. KERNDT⁴, S. D. HOLMBERG¹

¹Division of HIV/AIDS Prevention, Centers for Disease Control and Prevention, Atlanta, GA

²Epidemiology Program Office, Centers for Disease Control and Prevention, Atlanta, GA

³Division of STD Prevention, Centers for Disease Control and Prevention, Atlanta, GA

⁴County of Los Angeles Department of Health Services, Sexually-Transmitted Disease Program, Los Angeles, California, USA

Abstract

The syphilis epidemic among men who have sex with men (MSM) in major US cities and concomitant increases in high-risk sexual behavior, have raised concerns of increased HIV transmission in this population. Therefore, to provide information for health promotion and disease awareness efforts, we investigated sexual behaviors, partner selection preferences and HIV serostatus disclosure practices of MSM at the White Party in Palm Springs, California. Circuit party attendees reported engaging in unprotected anal sex, however, a high proportion reported disclosing their HIV status. These findings suggest that some gay men are serosorting as a risk reduction strategy or implementing sexual risk reduction strategies to protect themselves and their partners. In our study, HIV-negative men were nine times more likely to report a preference for a seroconcordant sexual partner. The self-protecting attitudes of HIV-negative men in our sample outweighed the partner-protecting attitudes of HIV-positive men. This suggests that prevention interventions focusing on HIV-positive persons are warranted.

Introduction

Circuit parties typically involve a weekend-long series of social events, culminating in a 24-hour main dance during which thousands of gay and bisexual men socialize. They occur each year at the same time and in the same town or city, attracting thousands of attendees. The term ‘circuit’ refers to the phenomenon of many men traveling on an annual basis to attend specific parties in different cities, domestic and international (Colfax et al., 2001; Mansergh et al., 2001). Originally, circuit parties were mainly intended to raise funds for AIDS service organizations. Ironically, they now may be venues for the transmission of not

only HIV but other STDs. Prior reports of high rates of drug use and sexual activity at circuit parties support this notion (Colfax et al., 2001; Mansergh et al., 2001).

The syphilis epidemic among MSM in major US cities (Centers for Disease Control and Prevention (CDC), 2003) and concomitant increases in high-risk sexual behavior (CDC, 1999; Chen et al., 2002) have raised concerns of increased HIV transmission in this population. Given the potential for HIV transmission at circuit parties, we investigated sexual behaviors, partner selection preferences and HIV serostatus disclosure practices of MSM at the largest circuit party in the US—the White Party in Palm Springs, California.

Methods

Recruitment and eligibility

A survey was administered in Palm Springs, California on the last day of the four-day White Party weekend. Participants were recruited at or near the three major events scheduled on that day: the pool party, the street fair and the ‘tea party’. Eligible participants were men, 18 years or older, who reported a sexual partner of the male gender in the previous twelve months and who had arrived at the White Party at least two days prior. Men were screened at the point of contact (on the street) and, if they were eligible, were consented and surveyed immediately and privately.

Questionnaire and measures

Five interviewers verbally administered the ten-minute questionnaire. Survey questions were based on information gathered by previous research. The survey tool, a one-page questionnaire of approximately twenty questions, was piloted with a small focus group by the Los Angeles County department of health sexually-transmitted disease program prior to the circuit party. Data were collected on demographics, sexual behaviors and sero-sorting preferences. In addition, respondents were asked about self-reported HIV serostatus and HIV disclosure practice during the prior 48 hours at the White Party (see Table I).

Men who have sex with men were defined as men who had one or more male partner in the last twelve months. Unprotected anal or oral sex was defined as insertive or receptive anal or oral sex without a barrier, such as a latex condom, between the participant and his partner during the last 48 hours. Seroconcordance was defined as preferring a sexual partner of the same serostatus, HIV-infected versus HIV-uninfected. Serodiscordance was defined as not preferring a sexual partner of the same sero-status. Participants were asked if they change the type of sex they have depending on their and their partner’s HIV status and if so, how? Their answers were used to assess risk-reduction strategies and were subsequently back-coded. Participants who indicated they were indifferent to their sexual partners’ HIV serostatus were categorized as a separate variable. Disclosure was defined as communicating one’s HIV status to their sexual partner.

Results

Analysis was performed on 185 surveys completed by 67% of men who were approached. The participants’ median age was 35 years (range: 20–59 years), 72% were Caucasian, 14%

Hispanic, 6% Asian, 3% African American and 5% of other race or ethnicity. Among 183 men who reported their HIV status, 158 were HIV-negative and 23 were HIV-positive.

Of the 185 respondents, 50% ($n = 91$) reported having had sexual relations over the weekend with a total of 116 partners, (mean: 1.27 partners per respondent). Of those reporting sexual activity over the weekend, 87% reported having had one sex partner and 13% reported having had more than one partner. Approximately 40% of all respondents attended the White Party with their steady partners.

Unprotected oral sex and unprotected anal sex were reported by 34% and 15% of respondents, respectively. Analysis by HIV serostatus showed no significant difference in the reports of engaging in either unprotected anal sex or unprotected oral sex (see Table II) (oral sex is a risk reduction strategy, having oral sex instead of anal sex reduces the possibility of contracting HIV). Oral sex was practiced by 70% of HIV-negative men and by 57% of HIV-positive men ($p = 0.16$).

Typically, respondents reported discussing HIV status with their partners and the rate of disclosure was high. For sexual activity taking place during the White Party, 80% of HIV-positive men disclosed their status to their partners compared with 71% of HIV-negative men ($p = 0.50$). Conversely, 69% of partners were reported to have disclosed their HIV status to respondents; this disclosure was not significantly different for partners of HIV-positive and HIV-negative respondents ($p = 0.80$).

In general, the preference to choose partners on the basis of serostatus was common among study respondents. HIV-negative men (88%) were significantly more likely than HIV-positive men (44%) to prefer a partner of the same serostatus (OR = 9.44, 95%CI 3.64, 24.5). Of HIV-negative men, 25% stated explicitly that they would not have sex, protected or unprotected, with an HIV-positive person. Of the HIV-positive men, ten (43%) indicated an indifferent preference to their partners' HIV status.

Discussion and conclusions

This study is the first face-to-face, on site survey of men attending a circuit party. Fewer sex partners and lower rates of unprotected anal intercourse (see Table II) were reported at this party than at others (Colfax et al., 2001; Katz et al., 2002). Most study respondents reported having had one or no sex partners at the party. Only 15% of men engaging in sexual activity reported having unprotected anal sex. We found that HIV-negative men were significantly more likely to prefer a seroconcordant sexual partner than a serodiscordant sexual partner. Moreover, when they did engage in sexual behavior with serodiscordant partners, they reported using condoms. These results are not consistent with earlier reports of increasing rates of unsafe sex practices among MSM (CDC, 1999; Chen et al., 2002; Mansergh et al., 2001). These differences in reported high-risk sexual activity may be due to different methodologies used by each study. Both Katz et al. (2002) and Colfax et al. (2001) conducted their studies months after the event and collected retrospective data, which could introduce a recall bias. Katz et al. conducted these interviews face-to-face at a variety of

community settings. However, Colfax et al. conducted telephone interviews by trained health department staff.

Serostatus disclosure rates were high in our sample. Although disclosure of HIV serostatus to partners is not necessary for ensuring safe sex, it allows men to establish seroconcordant sexual partnerships or use other measures of risk reduction. Since a person may incorrectly assume the HIV status of their partners, verbal disclosure of status is necessary for reduction of HIV transmission. The high disclosure rate by respondents in our survey, especially HIV-positive men, suggests a propensity to communicate HIV status either as a risk reduction strategy or other motivations, such as doing away with the need to use a condom.

Unprotected oral sex is widely practiced among MSM, often as an alternative to anal sex (Carne et al., 1998; Cohen et al., 2000; Hawkins et al., 2001; Rothenberg et al., 1998). In this study, oral sex was widely reported by HIV-negative men as a means of HIV risk reduction.

Our findings should be interpreted with caution because they are based on a convenience sample. It is possible that the men who refused to participate in the survey are more likely to engage in high-risk sexual behavior. Also, this face-to-face interview may have elicited more socially desirable answers from the participants. Because drug use at circuit parties has already been reported (Colfax et al., 2001; Katz et al., 2002), we felt it was important to use the limited time afforded by an on-street interview to explore previously unreported behaviors and attitudes, such as choosing partners on the basis of serostatus and disclosure practices.

With increasing rates of syphilis in MSM in many US cities (CDC, 2003) and previous reports of increases in high-risk sexual behavior which facilitate HIV transmission (CDC, 1999; Chen et al., 2002), our findings suggest that some MSM are implementing sexual risk reduction strategies to protect themselves and their partners. Although considerable concerns exist that circuit parties are loci of high-risk behavior and HIV transmission, these findings suggest that some MSM who attended the White Party do not appear to engage in behaviors that transmit HIV. Moreover, circuit parties may present opportunities for targeted HIV prevention efforts.

Acknowledgements

We thank Jan King, Kerry Kenney and Daniel Brown for their participation in administering the survey and Gail Bolan, who was instrumental in starting the project. We also express our gratitude to Gary Marks, Gordon Mansergh and Alan Greenberg for their helpful comments and suggestions.

References

- Carne C, & Edwards S (1998). Oral sex and the transmission of viral STIs. *Sexually-Transmitted Infections*, 74, 6–10. [PubMed: 9634307]
- Centers for Disease Control and Prevention (1999). Increases in unsafe sex and rectal gonorrhea among men who have sex with men, San Francisco, California, 1994–1997. *Morbidity and Mortality Weekly Report*, 48, 45–48. [PubMed: 9935141]
- Centers for Disease Control and Prevention (2003). Primary and secondary syphilis—United States, 2002. *Morbidity and Mortality Weekly Report*, 46, 1117–1120.

- Chen SY, Gibson S, Katz MH, Klausner JD, Dilley JW, Schwartz SK, et al., (2002). Continuing increases in sexual risk behavior and sexually-transmitted diseases among men who have sex with men: San Francisco, California, 1999–2001. *American Journal of Public Health*, 92, 1387–1388. [PubMed: 12197957]
- Cohen MS, Shugers DC, & Fiscus SA (2000). Limits on oral transmission of HIV-1. *Lancet*, 356, 272. [PubMed: 11071180]
- Colfax GN, Mansergh G, Guzman R, Vittinghoff E, Marks G, Radar M, et al. (2001). Drug use and sexual risk behavior among gay and bisexual men who attend circuit parties: A venue-based comparison. *Journal of Acquired Immune Deficiency Syndrome*, 28, 373–379.
- Hawkins DA (2001). Oral sex and HIV transmission. *Sexually-Transmitted Infections*, 77, 307–308. [PubMed: 11588267]
- Katz MH, Schwartz SK, Kellogg TA, Klausner JD, Dilley JW, Gibson S, et al. (2002). Impact of highly active antiretroviral treatment on HIV seroincidence among men who have sex with men: San Francisco. *American Journal of Public Health*, 92, 388–394. [PubMed: 11867317]
- Mansergh G, Colfax GN, Marks G, Rader M, Guzman R, & Buchbinder S (2001). The Circuit Party Men's Health Survey: Findings and implications for gay and bisexual men. *American Journal of Public Health*, 91, 953–958. [PubMed: 11392940]
- Rothenberg RB, Scarlett M, Del Rio C, Reznik D, & O'Daniels C (1998). Oral transmission of HIV. *AIDS*, 12, 2095–2105. [PubMed: 9833850]

2003 White Party sexual practice and HIV serostatus disclosure behavior and preference survey questions.

Table I.

Sexual practice at the White Party questions
How many sexual partners (anal or oral sex) did you have in the last two days?
Did you have unprotected oral sex, giving or receiving, in the last two days?
Did you have unprotected anal sex, where you were a top, in the last two days?
Did you have unprotected anal sex, where you were a bottom, in the last two days?
HIV serostatus disclosure practice questions
At the White Party...
How many sexual partners did you disclose your HIV status to?
How many sexual partners disclosed their HIV status to you?
When selecting a sexual partner, did you consider your HIV status in your decision?
When selecting a sexual partner, did you consider a person's HIV status in your decision?
In general...
Do you change the type of sex you have depending on your partner's status (same status as you versus different status as you)?
If yes, how?
HIV sero-concordance preference questions
Do you prefer to have a sexual partner of the same HIV status?

Table II.
Behaviors and attitudes of 180 attendees at the White Party, Palm Springs, California, 2003.

	HIV-negative <i>n</i> = 157(%)	HIV-positive <i>n</i> = 23(%)	OR	CI	<i>P</i> -value
Risky behaviors					
Unprotected oral sex	54 (34.3)	7 (30.4)	1.19	(0.46, 3.06)	0.72
Unprotected anal sex	24 (15.3)	4 (17.4)	0.85	(0.27, 2.72)	0.79
insertive	20 (12.7)	3 (13)	0.97	(0.26, 3.55)	0.96
receptive	16 (10.2)	3 (13)	0.75	(0.20, 2.81)	0.67
HIV avoidance behaviors and attitudes					
No sex partners	81 (51.6)	10 (43.5)	1.37	(0.52, 3.6)	0.49
Sex with only steady partner	34 (21.7)	5 (21.7)	0.83	(0.28, 2.5)	0.75
Prefer sex with seroconcordant partner only	138 (87.9)	10 (43.5)	9.44	(3.64, 24.5)	0.00