INTRODUCTION

Behavioral research focused on people living with HIV has shown that the minority report sexual practices that would place their partners at high risk of HIV infection. Reviews of the literature have found that about 70% of heterosexual HIV-positive persons remain sexually active after seroconversion, whereas only a third of these individuals report vaginal intercourse without the use of a condom (Crepaz and Marks, 2002; Kalichman, 2000). Similar rates of unprotected anal intercourse have been documented among HIV-positive gay and bisexual men (Kalichman et al., 2002a; Parsons et al., 2003).

Recent studies have reported increases in sexual risk behaviors among gay and bisexual men in the US, Europe, and Australia (Chen et al., 2002; Ekstrand et al., 1999; Kalichman et al., 2002b; Stolte et al., 2001; Van de Ven et al., 2000). In addition, young gay and bisexual men, and particularly men of color, remain at considerable risk of HIV infection as a result of unprotected anal sex (CDC, 2002; Koblin et al., 2000). In New York City, 33% of young African American gay and bisexual men are estimated to be HIV positive and rates among Latinos are also quite high (Valleroy et al., 2000). Other studies have shown increases in HIV incidence (Calzavara et al., 2002) and sexually transmitted infection (STI) rates among young men who have sex with men (Fox et al., 2001). The number of syphilis cases in San Francisco increased from six in 1998 to 115 in 2001, and cases of rectal gonorrhea among gay and bisexual men increased from 162 in
1999 to 237 in 2002 (Chen et al., 2002; Katz et al., 2002). In New York City, cases of primary and secondary syphilis doubled in 2001, predominately among gay and bisexual men (CDC, 2002). Nearly half of these new cases of syphilis were among HIV-positive men. This is of great concern, as syphilis is more likely to facilitate the sexual transmission of HIV than other STIs (Wheater et al., 2003).

These findings underscore the need to more fully understand the safer sexual behaviors of HIV-positive gay and bisexual men. Clearly most men living with HIV neither want to nor intend to transmit HIV (Wolitski et al., 2003). However new infections continue to grow, and in some areas of the US, rates of HIV infection among gay and bisexual men have shown a continued upward trend (Valdisseri, 2003). Gay and bisexual men remain the largest subgroup of persons living with HIV/AIDS in the US; with 14% to 25% of these men living with HIV, a prevalence rate equivalent to that in some sub-Saharan African countries (Catania et al., 2001).

HIV-positive gay and bisexual men can transmit HIV to sexual partners, primarily through unprotected anal sex (Vittinghoff et al., 1999). Placing a partner at risk of HIV infection is particularly dangerous in cases in which HIV-positive men have developed drug resistance, as medication resistant HIV can be transmitted to HIV-negative sexual partners (Hecht et al., 1998). HIV-positive men who engage in unprotected sex, regardless of the HIV status of their sexual partners, risk rapid loss of CD4 cells (Wiley et al., 2000), acquiring pathogens which may lead to opportunistic infections (Renwick et al., 1998), co-infection with Hepatitis C (Spengler and Rockstroth, 1998), and contracting STIs which can lead to further immune system deterioration (Bonnell et al., 2000).

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The prevalence of unprotected anal intercourse differs by whether the HIV-positive gay or bisexual man is the insertive or receptive partner (Parsons et al., 2003). Studies have shown that many HIV-positive men intentionally position themselves as the receptive partner for unprotected anal sex, as a method of “strategic positioning” perceived to result in sexual risk reduction (Parsons et al., in press; Van de Ven et al., 2002). It is unclear to what degree such harm reduction efforts actually decrease the likelihood of HIV transmission, although such notions of strategic positioning to reduce the risk of HIV infection are supported somewhat by epidemiological evidence (Vittinghoff et al., 1999).