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"Santé gaie" Project

First-round focus group discussions among gay men in Geneva on health, needs, and strategies

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Summary

A series of focus groups was carried out in Geneva among gay men in four separate age groups—25 years and under, 26-40 years, 41-55 years, and over 55 years—in preparation for a project on gay men's health. Some key findings from the discussions on conceptions of health, quality of life, perceived needs, and strategies for meeting those needs include:

A. Concepts of health

- gay men expressed a holistic view of health with both mental and physical aspects

When asked specifically about "gay health",

- every group mentioned HIV/AIDS, and in the younger groups, this was the very first response; however, there was no discussion about the issue
- much of the discussion centered around mental health issues (e.g., self-respect, accepting one's own homosexuality, societal acceptance)
- problems specific to young gays (e.g., suicide and difficulties growing up different) were mentioned in every group, except by the group of men under 25 years
- gay men coming out to their doctors and discrimination in health care

B. Quality of life

Seven life domains were mentioned spontaneously by individuals in all groups (in descending order of frequency): love / relationships, work, friends, health, family, sex, volunteer work.

- health in the center as the basis for all other domains

When asked to rate how they were doing in each domain mentioned,

- friends and health received the highest average scores (positive)
- love and sex received the lowest average scores (neutral)

C1. Some perceived needs in the main life domains

- having a stable relationship
- coming out, acceptance, and respect were needs for work, friends and family
- socializing with other gay men was important for friends and volunteer work
- mental health issues such as self-acceptance and role models
- coming out to one's doctor and access to gay-friendly health services
- respect and protection from HIV and STDs were needs for sex

C2. Some strategies for meeting expressed needs

- list of gay-friendly health care providers
- training for health care providers
- health promotion campaign for gay men
- coming out
- communication about gay men's lives
- discussion groups
- homosexuality at school
- retirement homes for gay seniors
- political action and legislation for equal rights

Some comments and reflections by the authors

- There is considerable support for addressing other health issues of concern to gay men, while not forgetting HIV/AIDS prevention.
- Uncertainty about the specificity of "gay" health concerns suggests lack of discourse around gay health issues and some discomfort around being a target group.
- Like many young people, young gay men appear to demonstrate low interest in health issues, including those considered typical for this group.
- Gay health may serve as a good rallying point for gay organizations to mobilize gay men who are not interested in politics but interested in health, well-being, and quality of life

1. Introduction

Both internationally and in Switzerland, there is little information available about gay men's health outside the realm of HIV/AIDS prevention and care. Dialogai, a gay organization with a mandate for HIV/AIDS work based in Geneva, launched a needs assessment to inform pilot projects in health promotion among gay men. The primary goal of this first series of focus groups was to gather information from gay men in Geneva about their conceptions of health, their health-related needs, and their strategies and ideas for meeting those needs. This information provides a context for future work on specific health topics.

2. Procedures

2.1 Study team

The study team is made up of two project managers and one epidemiologist, all gay men with experience in the HIV/AIDS field. The study team worked together with the study advisory board to draft the questions and determine participant recruitment and profiles for the focus groups. The study advisory board is made up of professionals in health and education (both gay and straight) as well as gay men from Dialogai.

2.2 Topics, questions, and instruments

The focus group session was divided into 3 sections. In the first section, the goal was to gather men's conceptions of health and their reactions to the term "gay health". This section were carried out with a flip-chart in brainstorming fashion to get the participants thinking about health and speaking in the group.

The definition of health used in this study is based on WHO's definition of health as expressed in the preamble to the WHO Constitution [WHO, 1946] and the Ottawa Charter [WHO, 1986]—i.e., a state of physical, mental, and social well-being encompassing bio-psycho-social dimensions. Indeed, in health research, the work on quality of life comes closest to this definition. Therefore, in the second section, the goals were to elicit important areas of life as determined by the participants themselves and have them rate their level of functioning in those areas.

We implemented questions and exercises based on the SEIQoL (Standard Evaluation of Individual Quality of Life) measure [Dept. of Psychology, Royal College of Surgeons in Ireland]. Normally administered as an individual interview, SEIQoL is a validated quality of life instrument which allows respondents to nominate their own life domains, determine current status in each, and weigh their relative importance. We adapted the first two steps to the focus group format. The participants were asked to write the most important areas of their life on large post-it notes and to mark their current status for each domain on a horizontal visual analog scale from 0 to 100—i.e., 0 being "worst possible" and 100 being "best possible"—on a separate sheet. The post-it notes were then collected and grouped by the facilitator on a board for all participants to see and comment on. The rating sheets were collected for the report and not discussed in the group. The participants were allowed to name as many or as few domains as they wished and not 5 as prescribed in the SEIQoL manual. Due to time constraints and practicability, the participants were not asked to weigh each domain relative to the others.

In the third section, the goal was to elicit concrete needs associated with the main life domains arising in each focus group and impressions on how those needs may be addressed. The purpose here is to gather personal strategies used by participants and those around them, but also expectations towards and the potential contribution of organizations and the health care system in meeting certain needs. This section was carried out as a discussion with the aid of a flip-chart.

2.3 Participants

Gay men living in and/or frequenting the gay scene in Geneva, an urban canton of 403,100 inhabitants in the French-speaking part of Switzerland (a.k.a. Romandie). The men were recruited by the following methods:

- snowball referrals by the study team members, Dialogai group leaders, advisory board members, and other gay men
- active onsite recruitment in some local bars (Thermos and Déclic), saunas (Bain de l'Est and Avanchets), and chatrooms used by Swiss Romands (Caramail and Talk to me)
- website ads (Dialogai and Boy Instinct) and by flyers (at gay bars, Jungle party, saunas, and the university)

From April to June 2001, contact was established with 74 potential participants, of whom 56 were referred by snowball (half of which by the study team), 8 were recruited onsite by members of the study team, and 7 responded to an ad or flyer.

Both health status and health perceptions are known to vary significantly with age. Therefore, in this first wave of focus groups, the participants were divided into four age groups in order to gain better understanding of similarities and differences in health concerns among gay men of different ages. The goal was to recruit 5-12 men for each focus group.

Table 1. Characteristics of the 34 focus group participants, May-June 2001

Group	Age characteristics	Potential participants	Actual participants		
			Number	Snowball (%)	Non-Dialogai (%)
Group 1	25 years and under	17	5	60%	70%
Group 2	26-40 years	23	11	73%	82%
Group 3	41-55 years	21	11	82%	59%
Group 4	over 55 years	13	7	100%	21%
TOTAL		74	34	79%	60%

Recruitment of men under 26 years or over 55 years proved most challenging, as these age groups are least present and visible in the gay scene. For Group 1, a member of the age group assisted with recruitment. Reasons for non-participation among men with whom contact was established but did not participate included time conflicts (work, holidays), exams, and waitlisting due to high interest in certain groups. One young gay man said that he did not want to participate in the focus groups because he was fed up with AIDS and did not want to hear or talk about it any more.

Overall, 4 out of every 5 participants was recruited via snowball referrals, but despite the low proportion of participants recruited via other methods, 60% of the participants were not

active members of Dialogai. There were differences between focus groups, however, with a higher degree of non-member, non-snowball participants in Groups 1 and 2. Importantly, Group 4 is composed almost exclusively of active Dialogai members recruited via snowball.

The focus groups were held in Geneva on Mondays at the Syndicats patronaux and Wednesdays at PVA Genève from 19:00 to 22:00. All discussion groups were completed in a one-month period between mid-May and mid-June 2001.

3. Findings

Block A: Conceptions of health

A1. As gay men, how you do define health?

An initial reaction to this question was that health is very broad and encompasses a lot of different aspects. The most popular synthesis expressed in all groups was a balance in mental and physical health. Many participants clearly viewed the importance of mental health and its link to physical health. "Mens sana in corpore sano." The interdependency between these domains is essential: "When one part doesn't work, it affects the other" or "there's a health problem."

Feeling good (about yourself in your surroundings) was the most popular way of expressing mental health, but more specific items such as self-respect, accepting one's own homosexuality, being well-balanced, mental problems (such as depression), and societal acceptance also figured prominently in several groups. In one group, a participant commented on—to wide silent acknowledgement—the difficulties in having meaningful relationships with others beyond sex as a gay mental health issue.

More classical conceptions of health as functioning of the body and not being sick were also widely mentioned. In two groups, hepatitis was named specifically; however, there was some debate about whether having a disease or condition precluded one from being healthy. "If you're sick with a disease, you're not healthy even if you react well psychologically." Two other groups brought up general disease prevention. Men in several groups also mentioned behaviors, or rather "healthy" behaviors such as sports and safer sex.

Well-being and joie de vivre were popular responses as "alternatives" to the word health. General functioning that straddled mental and physical health was expressed as making choices and being able to do things.

Concrete attempts to view the gay aspect to health surfaced primarily in Groups 3 and 4, and indeed, when talking about coming out and different development as youth. They voiced political aspects as an integral part of gay men's health. This was expressed not just recognizing the importance of health policy per se, but also the political aspects behind determinants affecting gay men's health—e.g., treatment of homosexuality at school, political recognition for gay men's health needs besides HIV prevention.

A2. What comes to mind when you hear the term "gay health"?

When asked about gay health, the two themes mentioned in all groups were HIV/AIDS (the very first response in Groups 1 and 2) and coming to terms with one's own homosexuality

(i.e., self-acceptance). Though mentioned in every group, HIV/AIDS was not discussed at any length. In Group 4, one man commented that "there are many dead men in our age group, and for me, gay health means not having the disease," without naming "AIDS". In Group 2, one participant remarked, "gay does not equal AIDS". Single groups also mentioned hepatitis and STDs in brainstorm fashion. Rather than disease, the discussions in several groups centered more around sexual behaviors and "sexual health" as well as responsibility towards others.

Most of the discussion was taken up with mental health issues directly and indirectly associated with homosexuality—i.e., self-acceptance, self-respect, psychological problems, and coming out (i.e., both as a young person and continuous coming out throughout life). One participant mentioned, to acknowledgement by others, that internalized homophobia posed an even greater problem than the perceptions of others. Groups 2, 3, and 4 also discussed at length items specific to young gays, suicide and difficulties encountered when growing up. In two groups, the participants saw express links with lesbians' health, especially in the area of mental health, and queried about their place in this project.

Even though one participant lamented that gay health appears to be linked only to health problems, participants also raised potential advantages of being gay. One participant read that gays may experience less stress than heterosexuals since they do not have kids. Another participant read somewhere that gays are more resilient and resistant to depression given all the difficulties they encounter and overcome. In Group 4, a participant noted that elderly gay men are more used to being on their own and dealing with solitude than their heterosexual counterparts. Only this assertion received some support by others in the group. Nevertheless, loneliness was an issue for men in groups 2, 3, and 4.

Two groups also mentioned coming out to your doctor and discrimination in the health care sector as elements which come to mind. The participants consider it important for gay men to take the initiative in coming out to their doctors and for doctors to be approachable, non-judgmental, and understanding. Of course, this is made difficult by the homophobia of many doctors, but several participants also offered very positive testimonials about coming out to their own doctor.

In three groups, participants debated whether health for gay men is any different than for heterosexuals. Referring to the responses for the previous question, one participant noted, "there isn't anything specifically gay on the flipchart." The debate was resolved after some discussion, however, by recognizing that there is a "certain basis in health that's shared by everyone" and at the same time certain "special needs" among gay men. Indeed, it became clear to all participants that there are indeed specific needs. The term "gay health" ("santé gaie") appears to be acceptable, even though many participants define (or reformulate) it as "gay men's health" ("santé des gais").

Block B: Key domains in quality of life

B1. What are the most important aspects in your life at the moment?

In an individual exercise, participants were asked to indicate the key domains in their lives on cards. The men listed an average of 4 areas (range 2-7). The spontaneous individual responses were grouped into common areas, and those mentioned by 2 or more different people are listed in Table 2. The two areas nominated most widely were love (65%) and

work (56%). They were followed by friends (47%) and health (44%). Three other domains were mentioned in all four groups: family (24%), sex (18%), and volunteer work (15%).

Table 2. Important life areas nominated by the focus group participants (N=34)

Area	Num. of nominations	Percent nominated	Num. of groups	Average score
love, relationship	22	65%	4	49.5
work (including studies)	19	56%	4	60.4
friends / friendship	16	47%	4	75.3
health	15	44%	4	72.9
family	8	24%	4	69.4
sex	6	18%	4	45.2
volunteer work	5	15%	4	55.0
plans and projects	5	15%	3	49.6
spirituality	4	12%	3	58.8
culture, art, creativity	4	12%	3	42.5
financial matters	3	9%	2	28.3
retirement	3	9%	1	54.0
sports	2	6%	2	75.0
self-acceptance	2	6%	2	40.0
success	2	6%	2	67.5
ageing	2	6%	1	70.0
quality of life	2	6%	1	65.0
having time	2	6%	1	15.0

The participants viewed the process of grouping the individual responses into shared areas with great interest. Some groups had brief discussions about the areas represented. In Group 2, there was consensus that the domains mentioned would be largely the same among heterosexuals.

The men in Group 2 concluded after lengthy discussion that health—in particular, working on and taking care of oneself physically and mentally—occupies a position of central importance for all other domains. In Group 4, there was consensus about physical health—"the machine has to run"—serving as the basis for all other things. "These domains are the result of good health."

In both Groups 3 and 4, respondents commented that they were surprised by how few people mentioned health. In Group 4, there was a discussion about fear of disease as being a reason for health not being cited by certain people, and in this context, HIV/AIDS was mentioned specifically. HIV/AIDS was spoken about in political terms—"our work is not finished yet"—and while "we all have friends who are sick or dead", some respondents distanced its relevance for their own personal health. "I'm not seropositive, and I no longer go to sex venues," and "catching AIDS or not is a matter of chance".

Some participants in Group 2 were surprised that the term "love" was not mentioned more often. It was agreed that the terms "love" and "relationship" can be grouped together. Love and sex, however, to the lament of some participants, cannot. Whereas the word "amour" was used for love in Groups 1 and 2, men in Group 3 used terms based on

"affection" (affectif, vie affective), and men in Group 4 mentioned tenderness "tendresse" rather than love. There was some debate in Group 3 as the term "affection" refers solely to one's bond with someone special (not necessarily a lover) for some men but is seen as being broader for others—e.g., "everyone that you love"—to include friends and family. Therefore, concepts of love and relationships appear to differ between the age groups and encompasses non-conventional concepts. It remains to be seen whether this difference is associated with life phases or represents a generational difference.

In both Groups 1 and 2, the facilitator asked why sex was not mentioned more frequently. In Group 1, this question just prompted a joke and laughter. In Group 2, one respondent replied, "we have as much as we want, so there's no need to talk about it." Another mentioned self-censure as a possible reason, but ultimately, the reasons remain unclear.

Retirement was mentioned only by the group of men over 55 years (9% overall, 43% in Group 4) and ageing (6% overall, 18% in Group 3) only by men between 40 and 55 years. Similarly, several participants in both age groups mentioned having plans and projects as an important domain. Having time and quality of life appeared only in Group 3. Interestingly, self-acceptance was only mentioned by two men in the older age groups.

B2. How are you doing at the moment in each area?

Participants were asked to rate the key domains in their lives on a scale from 0 to 100. There were no discussions for this self-completed individual exercise, and the results presented here are aggregate ratings for each area and group. These ratings can also be interpreted on a scale from 0 to 100, with 100 indicating the best possible status.

The last column in Table 2 shows the average score for each area given by all the participants who had nominated that particular domain. In the top seven areas nominated in all four groups, friends (mean=75, range 40-100) and health (mean=73, range 50-92) received the highest scores followed closely by family (mean=69, range 30-90). Work had an average of 60 (range 10-100). Volunteer work (mean=55, range 0-80), love (mean=50, range 0-90), and sex (mean=45, range 15-85) all straddled the mid-point at 50 points which can be interpreted as being neither good nor bad.

Among the remaining domains, several were mentioned either as areas which were doing particularly well (e.g., sports, ageing, success, and quality of life) or very poorly (e.g., having time, financial matters). But the reader should bear in mind that the number of responses in these areas is small.

The unweighted mean individual quality of life score for all the participants is 60 (range 17.5 - 90). This score is quite low compared to global scores using other instruments and suggests that SEIQoL is also successful in eliciting domains which are going poorly. There were no differences in average quality of life scores between the four age groups.

Block C: Perceived needs and strategies

C1. What are concrete needs associated with each life domain?

In each focus group, the participants were presented with a list of the main domains arising from B1. The participants were asked to specify concrete needs for the main domains, and

the discussion was free-form rather than systematic. Therefore, many needs are listed for some domains and fewer for others, as not all domains were given equal discussion time. Also, as will become apparent, many needs cut across several domains. The needs will be presented by domain, and each need is underlined.

Love and relationships

Having a stable relationship or having a partner with whom to share were considered the most essential need in this domain. In all groups, participants commented on the difficulties faced by gay men in relationships and the need for gay couples to be accorded more societal respect in the form of legal recognition—e.g., gay marriage and adoption.

In Group 1, the participants mentioned needs within a relationship—i.e., fidelity, sincerity, trust, honesty, free expression of love, and respect for your partner. In Group 4, a relationship was clearly expressed as a need for countering loneliness. As one participant noted in his group, none of the groups spoke about the difficulties in finding a partner and keeping a relationship going.

Work

"Everyone works eight hours a day, so work should be an important domain." But although widely cited in B1, there was relatively little discussion on this subject in Block C among the participants. The participants in Group 1 agreed that studies could be placed together with work. The needs expressed center largely around issues of respect and coming out: acceptance of one's homosexuality by others, coming out at the workplace, respect for gay lifestyle and partnership, legislation protecting one's rights, striking a better balance between work and private life, and motivation for one's studies.

Only the men in Group 3 discussed this domain at length. They talked, for example, about the special relationship gay men may have with their work. Work may have more important connotations of self-fulfillment, since most gay men do not have children. In addition, some participants talked candidly about their life-long perfectionism or over-achievement in order to prove themselves "despite being homosexual". Some men have sacrificed their private lives for their profession—i.e., workoholism. Besides these internal reasons, however, several men gave examples where they—as "single" men—were asked and expected by bosses and work colleagues to make greater sacrifices at the workplace than their married colleagues. Even gay men in relationships are not accorded the same respect as non-married heterosexuals when it comes to things like overtime or vacation time.

Friends / friendship

One young man defined friendship as "love without sex". While some gay men may not necessarily agree, friends are considered very important by many participants. In a friendship, the men want acceptance of their homosexuality by others, honesty, being oneself (e.g., coming out and "lowering one's mask"), and having places for true exchange. While the participants were adamant about not seeing differences between their gay and straight friends, a desire for meeting and socializing with other gay men in a non-sexualized context also arose clearly from the discussion. This ties in to discussions about community.

Health

For one's own well-being and balance, acceptance of one's own homosexuality, role models, having someone to talk to, and practicing sports were some of the concrete needs mentioned. Some of these needs were also mentioned as separate domains in B1. For example, participants feel a need to be able to practice certain sports among other gay men as discrimination in sports is still a very real phenomenon. Acceptance of one's own homosexuality was also a specific domain mentioned by a couple of men and arose prominently in several discussions, closely linked to coming out and self-acceptance.

In several groups, there was considerable discussion about gay men coming out to their doctors. While the participants agreed that coming out was necessary, how to come out was not very apparent, especially in light of perceived stereotypes and homophobia among doctors. There is a clear need for gay-friendly health services, and one way to facilitate access to existing services is to have a list of gay-friendly physicians, psychologists, and practitioners of alternative medicine. Participants emphasize that the health professionals do not need to be gay themselves but should have good understanding of gay men and their life situation. Home care services such as Spitex are considered a positive development for gay men who may not have traditional family networks to assist in care.

Many participants lamented gay men's lack of knowledge in health issues beyond protection from HIV (i.e., condom use)—which was still seen as a necessity—and posited that gay men need greater knowledge about how their bodies work and topics such as STDs in the form of basic health and sexual health education for gay men.

Family

There was very little discussion about family in this block, as the discussion focused more on the couple and social networks which can be considered "family substitutes" for gay men. One participant mentioned that he no longer had any contact with his family, so it also does not matter in terms of functioning or needs. Nevertheless, the classical family was mentioned by several participants in all age groups as being important. All but one of these men gave this domain a high functioning score. Important needs for this domain included coming out to one's family, acceptance of one's homosexuality by others, respect for differences, and receiving support.

Sex

Groups 1 and 4 were the only groups to speak about this domain directly in this block. Respect for oneself and for one's counterpart came across in several groups, sometimes in allusion to HIV/AIDS prevention. While men recognize the need for protection from HIV and STDs, some men voiced displeasure with condoms—"condoms aren't natural"—and made a plea for alternative methods of protection. The young men in Group 1 also forwarded trust, communication, and pleasure as the needs in this domain. Men in Group 4 mentioned the need for places where they can meet peers, and a topic for some men in this group is recourse to prostitutes.

Volunteer work

This domain was not discussed specifically in any group; however, in the general discussion, it was evident that several men did volunteer work in gay organizations (most commonly in Dialogai). However, the needs for this domain were not apparent from the discussions. The men in Group 4 mentioned that it was important for them to find or create an adequate structure for channeling their time, energy, and abilities, especially in retirement. Indeed, retirement was treated as a domain in Group 4, and the primary need voiced was a social network to counter isolation.

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In Groups 1 and 2, participants debated whether the needs expressed are the same for heterosexuals or not. "Aren't we just the same as straight people? We have the same needs." However, a consensus developed that there are gay-specific issues—e.g., lack of legal recognition of our relationships, lack of traditional family and kids, etc... As a reference to differences arising from discrimination, one participant remarked, "society makes us different."

The participants in Group 2 debated whether or not there is such a thing as gay culture. One participant summarized gay culture as consumerism boiling down to designer brands, but this was heavily contested by other participants. Similarly, men debated whether there is a need for a gay community or specifically gay locales. The answer appears to be a clear yes, as many men in all age groups expressed the need for associating with other gay men, especially in non-sexual contexts. "There's a need to be able to have an exchange about certain things." This need was expressed strongest in Groups 3 and 4 where men spoke about the importance of a community for gay men in countering isolation with social networks. The same participants were very critical about the dearth of such structures in Geneva. Self-help groups such as "Gay and Gray" are needed to help people establish a social network, and there was consensus that healthy social behavior should be promoted as early as possible since it gets more difficult with age. People need to learn to open themselves towards others early on. Addressing loneliness and isolation is a topic which is seen in relationships, friendship, sex, and retirement. Many men perceive loneliness to be more acute among gay men due to the lack of traditional family and discrimination against gay relationships.

In both Groups 1 and 2, respect is considered vital to all domains. Coming out is also a common thread through many domains and can be considered closely related to respect and acceptance which also come across in many domains.

C2. What are some strategies for meeting those needs?

Besides generating ideas for future projects at the community level, we also wanted to get a sense of what gay men currently do themselves to meet their needs by eliciting actual strategies used by the participants and those around them. The idea was then to determine at which level a strategy should be implemented—e.g., individual, community, or political. However, this framework proved to be complex, especially given the various domains, and the discussions often did not develop as fully as planned.

There were some difficulties with formulating the question in French: "What do you do to meet those needs?" vs. "What can be done to meet those needs?" Several participants

commented on difficulty in coming up with collective strategies and the inappropriateness of simply talking about personal strategies. Indeed, the distinction between them did not always come across clearly in the discussions. Men in Group 3 observed that there were relatively few strategies presented in light of all the needs listed.

Despite these caveats, however, the group discussions did yield some project ideas. In fact, many of the strategies were discussed in several if not all groups, and these are presented below.

A list of gay and gay-friendly health professionals would be a valuable resource for gay men seeking care providers. Current reference service provided by MediGay (the Swiss association of gay health professionals) should be extended to the Romandie. A continuously updated list of gay and gay-friendly health professionals should be distributed among all doctors to facilitate referrals and also be available online for direct consultation.

In the long-term, health professionals need to be sensitized to gay health issues in basic training and continuing education. Participants suggest special training courses for health care providers to educate them about gay men's health needs. Courses should be offered in traditional training curricula, especially in certain fields such as urology, proctology, and psychiatry.

Communication of gay health issues is important. In one group, the participants suggested the creation and continual updating of a small practical health guide with everything which is relevant to gay men's health in a broad sense. In another group, the men mentioned media campaigns to sensitize gay men about pertinent health issues.

As far as health issues go, participants seem to agree that general health issues such as smoking prevention should also be addressed. If an organization like Dialogai is serious about doing health promotion, it should also institute healthy policies like non-smoking areas and participate in non-smoking campaigns. Currently, some participants criticize the smoke as being pretty bad.

Coming out, assuming a gay identity, and promoting gay visibility are considered strategies for promoting both self-acceptance and societal acceptance of gays. Coming out is recognized as a continual process, and gay men should be encouraged to and supported with their efforts to come out in their everyday lives. The participants recognize coming out as a difficult task requiring courage. Large events such as Gay Pride and the Gay Games contribute to the visibility of gays in society. In Groups 1 and 2, participants mentioned role models as facilitators in coming out and improving visibility. There was a strong consensus that gay individuals and organizations should try to do a better job with pro-active communication to others about who we are and how our situation is.

Discussion groups (in a non-medical setting) are strongly favored by the participants in both Groups 3 and 4, as many believe that even simple (i.e., non-professional) exchanges have considerable value. And they do not need to be psycho-intensive either as sports groups such as H2O (a gay swim club in Geneva) also offer an opportunity to socialize in addition to exercise.

One current strategy praised by many participants is the homosexuality in the schools project by Pink Cross, the national gay organization. The participants believe that this project addresses some of the issues of differential development among gay youths and also sensitizes new generations about homophobia.

Another project which received wide support in several groups was a retirement home for gay seniors where "you can remain gay until the very end". Once again, such a project would meet combat isolation and promote social contact among gay men.

The topic of legislation came up in all discussions as a medium for granting and guaranteeing equal rights for gays—i.e., anti-discrimination laws and legal recognition of rights for gay people as individuals and in couples. Political action was mentioned in all groups as a necessary strategy to see this process through.

At what level should such strategies be carried out?

As for the balance between personal and collective resources, the general consensus is that there are things which one can take care of individually and others which need to be done collectively. For example, someone can do individual work on himself with therapy or counselling. Coming out was also coined as "everyday activism". However, as the participants in Group 4 concluded, individuals are not capable of creating structures on their own, and this is what leaders and organizations should do.

A gay organization can create structures for developing groups along the topics listed here (e.g., spirituality, gay seniors) in order bring people together. The gay community needs to reconsider its structures and be creative and idealistic in creating spaces for social interaction and exchange with other gay men in non-sexualized spaces. According to the participants, there are many important topics which are not discussed openly among gay men, and such spaces would create opportunities for meaningful exchange.

Since several of the discussion participants are active members of Dialogai, some equated gay organization activity with that of Dialogai and at times, the emphasis on what Dialogai in particular should do. One participant commented, "Dialogai can do a lot of things, but we are also aware of the problems associated with the organization." The participants widely praise Wednesday night dinners at Dialogai as offering a laid-back, non-sexualized climate for socializing with a wide variety of gay men. More of such activities would be welcome.

4. Some comments and reflections

The focus groups went over very well among the participants. The participants appeared to be engaged throughout the entire discussion, remained attentive to and respectful of the opinions of other participants, and left satisfied with a sense of personal gain. As one young man said at the end, "We could go on talking for hours".

Members of Group 1 agreed enthusiastically that it was interesting for them to hear what others think. "We never have a chance to talk about these topics like this." The young men who had been unfamiliar with gay youth groups decided to give those groups a visit in the hopes of continuing similar exchanges. Men in Groups 3 and 4 talked about launching similar discussion groups around these issues. Indeed, the method of a moderated discussion group received a very favorable response from the participants as a strategy for meeting one of their main needs—meaningful exchanges between gay men.

The readers should be aware of the limitations in this report. Focus groups are not representative, and indeed, some of the discussion groups may be more subject to bias given

their recruitment. For example, the men in Group 4 were largely integrated into gay community structures, and their non-community counterparts may have different needs. The gay scene in Geneva is small, and not all gay men may feel comfortable speaking openly in such a setting. The figures presented here should not be taken as population prevalences, rather they should merely be used as a guide in weighing the popularity or relevance of certain topics in the discussion. Population prevalences need to be gathered by a population survey. Finally, very general questions were asked in this first phase, and the participants were largely free to determine the topics themselves. In a future series of focus groups, some topics will be preselected and developed for in-depth discussions.

HIV/AIDS prevention in a context of gay men's health

HIV/AIDS did not occupy a prominent place in these group discussions. Protection from HIV/AIDS is mentioned briefly in both health and sex domains; however, even here, there is a conscious attempt to broaden the agenda. The participants emphasize protection from HIV/AIDS and STDs. There is also a certain resentment or insult that men have been left with "the impression that there's nothing but AIDS." It does not appear in the domains of love/relationships (except perhaps partially expressed in needs such as trust and fidelity) and volunteer work.

Most men appear to have a broad understanding of health beyond HIV/AIDS prevention and somatic medicine which includes mental health issues and the socio-political environment. The participants noted that "some of these topics go beyond basic health and a gay health project should be envisioned as a global project on gay life." This broad understanding of health and the impact of setting and human rights should be reinforced in future work in health among gay men.

There is considerable support in the groups for addressing broader health issues, while not forgetting traditional health or HIV/AIDS prevention. Mental health issues (e.g., coming out, self-acceptance) occupied a very prominent place for all age groups, even though physical health was perceived to be an important requisite. Participants find the concept of gay health acceptable and view it as a good framework for finding financial support for some of these ideas.

Clarifying the "gay" in "gay men's health"

In several questions during the focus group discussions, debate arose about whether gay men have any "special" health concerns or needs at all. While all groups brought up many items which are clearly relevant and specific to gay men, the participants also see the link to heterosexuals and lesbians on many issues. In the discussions, the groups invariably reach the conclusion that yes, gay men do have special needs. But the fact that gay men can list gay-specific needs and still struggle to see the "gay" in "gay health" shows that a broad discourse on gay men's health needs to take place.

Actors should take note, however, that the particularities of gay men's health need to be communicated clearly to gay men, and the similarities and differences to heterosexuals and lesbians need to be presented transparently. Furthermore, since gay health issues appear to be largely negative to some men, the concept may need to be balanced with positive resources. Experience has shown that some gay men in Switzerland have been

uncomfortable with their target group status in HIV/AIDS prevention and as such may resent being targeted as "sick" yet again.

Can gay men under 25 years be involved successfully?

It was especially hard to find gay men in this age group for this discussion. Indeed, several Swiss projects have encountered difficulties in motivating young people to engage about health due to a lack of interest, and studies among gay youth in the Romandie have encountered problems finding participants. While our experience may be "typical", there are also some insights we have gained in this first cycle.

The idea that young gay men may equate gay health with AIDS appears to be supported by the fact that this was the very first response for question A2 on gay health in Group 1. In the discussions, there was a palpable discomfort around the topics of HIV prevention and sex. Besides lack of interest, the negative association between health and AIDS may pose a significant barrier to involving young gay men in gay health projects. There may be a feeling that health means AIDS and that we young gay men do not want to hear about it anymore.

One interesting finding is that the topics affecting gay men in their youth—i.e., difficulties in growing up, coming out, first experiences, suicide—were mentioned in every group except among gay men under 25 years. Is there a qualitative difference in young gay men's experience compared to their older counterparts? Or are young gay men still coming to terms with those very issues and as such do not articulate them? Whatever the explanation may be, one thing appears to be clear: what we perceive as typical gay youth issues may not serve as effective rallying points for young gay men.

Gay men's health as the renaissance of gay mobilization

The men in Group 1 stated at the very end of their discussion that "many gays are not interested in hearing about gay issues; therefore, we have to discuss these issues first and foremost amongst ourselves before making demands of others." This statement highlights the communication and discussion which needs to go on within the gay community about health issues.

"At the moment, there's not a lot, but there are many positive things in gay life which can be promoted," and gay health may serve as a new direction for gay organizations. Indeed, the participants believe that many of these health issues could serve as good rallying points for mobilization. Even the apolitical may be sensitized about relevant gay issues through health, well-being, and quality of life.

Many of the older men appear to have community experience and orientation which differs from that of younger men who are more used to a consumer socierty and an individualistic "we can do it on our own" attitude. This difference is especially apparent between Groups 2 and 4. Therefore, the dichotomy between individual and collective resources and responsibilities is an important optic to account for when addressing these issues.

Appendix 1: Original focus group questions in French

Block A

Question A1	Vous êtes des hommes qui aimez les hommes, pour vous, la santé qu‘est-ce que c‘est ?
Question A2	Qu'est-ce qui vous vient à l‘esprit quand vous entendez parler de « santé gaie » ?

Block B

Question B1	Quelles sont les domaines qui revêtent le plus d‘importance dans votre vie à l‘heure actuelle ?
Question B2	Comment ça se passe pour moi dans ces domaines de la vie ?

Block C

Question C1	Où voyez-vous des besoins concrets, pour vous et les gens qui vous entourent ?
Question C2	Que faites-vous (et ceux autour de vous) pour répondre à ces besoins ?

Appendix 2: Members of the Study Advisory Board

Nabil BENAÏSSA	Geneva
Juliette BUFFAT	medical psychiatrist, sex therapist, and MP in Geneva Grand Conseil
Jean-Marc GUINCHARD	lawyer and general secretary of the Association des Médecins de Genève
Philippe KUNZI	student and member of the AIDS commission, Dialogai, Geneva
Christian MOUNIR	Service Santé Jeunesse, Geneva
Philippe SUDRE	deputy cantonal doctor, Service du médecin cantonal, Geneva
Ralph THOMAS	independent researcher, Biel/Bienne
Michel THURIAUX	medical epidemiologist in public health, Geneva