



Research Findings on the Sexual Practices of Young Gay Men in South Africa



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L G B T W E L L - B E I N G



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RESEARCH FINDINGS ON THE SEXUAL PRACTICES OF YOUNG GAY MEN IN SOUTH AFRICA

Little data exists in South Africa concerning HIV and sexual practices of men who have sex with men (MSMs). OUT held focus groups (2002) to determine what sexual health/ safer sex issues were issues faced by a resourced group of MSMs. An online questionnaire survey was conducted by OUT in collaboration with staff members from the Centre for the Study of Aids (CSA), in December 2004-January 2005, to test whether the issues identified in the focus groups applied to a larger, more representative sample. This study was the first of its kind to be conducted in South Africa to assess the sexual practices of young MSMs. The information provided by the survey would help facilitate the development of a fun online intervention for young gay men; providing information and help on practicing safer sex.

This report provides a summary of important findings from the survey. Please note that these are only results with no interpretations of the data - care should therefore be taken so that these results are not read/interpreted out of context.

The key findings in this report are divided into the following main sections:

- Profile of respondents
- Internet Usage and Information about Gay Issues
- Lifestyle Issues
- Sex
- Condoms and Lube Use
- HIV
- Relationships
- Recreational Substance Use
- Well-being
- Comments

Because this survey was online and thus self-administered, some respondents did not answer every question. Thus it should be noted that the number of respondents changes for each question. Please note that percentages may not sum to exactly 100 due to rounding.

PROFILE OF RESPONDENTS

After data cleaning the total sample size was 318 young men.

Area of Residence (n=318):

Young gay men¹ from all over South Africa completed questionnaires; the majority were from Gauteng (67%), Western Cape (15%), KZN (8%) and North West Province (3%). The remainder were from Eastern Cape, Free State, Limpopo Province, Mpumalanga and Northern Cape. Respondents lived mainly in suburban areas (96%) with 4% living in townships.

Age (n=318):

Only respondents between the ages of 16-35 years were eligible for further analysis. The average age was 26 years.

Ethnic Identity:

Most respondents were white men (81%), other respondents being; coloured men (7%), black men (6%), indian men (5%) and 1% identifying as other.

Sexual Identity (n=318):

On the whole respondents identified as gay (89%), with 6% identifying as bisexual, 4% as curious/open-minded and 1% as straight or undecided.

Education (n=318):

The majority (71%) of respondents have a tertiary education qualification, with 54% having a university degree. 2% of respondents were still at school.

Employment Status (n=318)

Three-quarters of respondents are employed, 2% unemployed and 22% are students or still at school.

Income Levels (n=276)

	%
Less than R5 000 ²	15
R5 000 - R10 000	29
R10 000 - R15 000	22
R15 000 - R20 000	9
More than R20 000	11

Religious Preferences (n=315)

Approximately half the respondents identified as Protestant, Catholic, Christian, Christian Orthodox, Lutheran or Zionist, 25% stated that they were atheist/agnostic/had no preference, 16% Spiritual, with other respondents identifying as Hindu (3%), Muslim (2%), African Traditional (1%), Buddhist (1%) or Jewish (1%). Most (75%) seldom or never attended religious services or meetings, 11% attended once a month and 14% once a week or more.

¹ Note: the term gay men will be used but will refer to other categories of MSMs as well.

² Of the 15%, 1% are scholars and 9% are students

INTERNET USAGE AND ACCESSING INFORMATION ABOUT GAY ISSUES

The majority of the sample (84%) uses the Internet daily, mainly at their office or at home. Almost all (97%) respondents said that they use the Internet to gain information about gay issues. The main issues searched for (in order of frequency) are: gay lifestyle, gay events/parties, gay sex, gay dating services, gay chat lines, gay organisations, gay health issues and safer sex practices.

The table below indicates where respondents accessed information about gay life:

	%
Internet:	
Mamba-online	91
Q	38
Behind the Mask	5
GMax	22
GayDar	62
Other ³	8
Mainstream magazines/ TV/ Newspapers	60
Gay magazines/ newspapers:	
Exit	34
Wrapped	15
Gay Pages	35
Other ⁴	7
Friends	71
Clubs	38
Gay and Lesbian Organisations Equality project, GALA, GCC, GSSA, Lesbigoay, OUT, SOHACA, SAYLO, Triangle	5
Don't know where to access information	5

³ 365gay.com, indogayform.org, 7 sense, onthredge, Advocate, dating.com, bearwww.com, chumads.com, sparkleroad.com, gay.com, gaysa chat channel, general search engines (e.g. google), meetonline.co.za, other international sites, rainbow network, gaysite.nl, ugas.com, planetout, gaywired.com, oasismagazine.com

⁴ Advocate, Gay Times, Attitude, Refresh, AXIM, Detail, GUS, Blue, Instinct, Interview, OUT, Other international magazines, Proud

LIFESTYLE ISSUES

Levels of Outness/ Disclosure:

Almost all respondents (91%) are out/ disclose their sexual orientation to their friends. Approximately 2/3 of the sample was out to their family as well as people at work/school. Of those who attend church⁵, 20% have disclosed their sexual orientation. There were 8% that are not out to anyone.

There is a difference for sexual risk between those that are out and those that have not come out to anyone. Those that are not out to anyone appear to have higher sexual risk.

Age of coming out:

Responses from age 4-6 were deleted from this analysis so as not to distort the data. The table below indicates the average, minimum and maximum age that respondents came out.

	Average	Minimum	Maximum
Yourself (n=270)	17	8	31
Family (n=227)	21	9	32
Friends (n=271)	20	9	31
People at work school (n=198)	21	9	32
People at church (n=41)	20	12	32

When looking at the distribution of when respondents came out to themselves, the following trends can be seen -most respondents came out to themselves around puberty (13 years) or at school leaving age (18 years).

A relationship exist between the age one came out to family and friends and risk practices - the younger one came out to these groups, the higher the sexual risk. It is thought that less support exists for those that come out early which could possibly have an effect on risk practices.

Socialising (n=317)

Most respondents (71%) socialise with both gay and straight people, 10% socialise mainly with gay people and 19% mainly with straight people. The following table indicates (in order of frequency) where the respondents would most like to be on a Saturday night.

	%
Dinner/ theatre/ movies	29
Dance club	24
House party	17
At home	15
Live entertainment venue	9
Sex club	6
Other ⁶	3

⁵ This is a percentage of those that seldom, once a month or once a week or more attend religious services

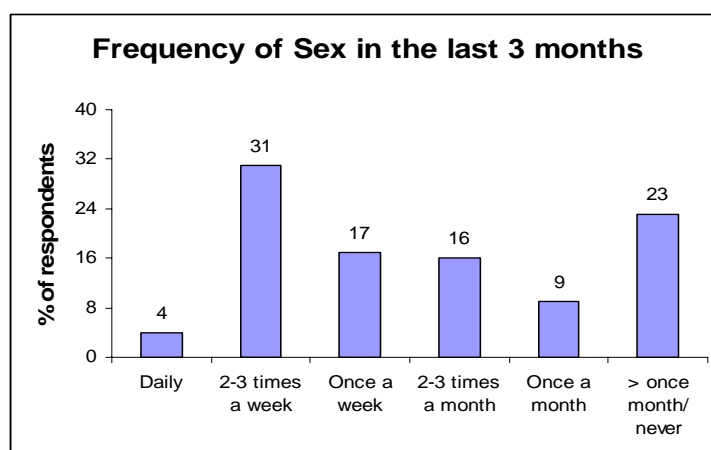
⁶ A boyfriend's place, bar, work, playing sport, at the gym, sleeping, weekends away, where the fun is.

SEX

The table below lists the people who respondents have sex with:

(n=318)	%
Gay men	86
Bisexual men	37
Straight men	26
Married men	19
Not having sex	10
Women	7

Most people have sex at either their home (82%) or their partner's home (75%). Respondents also indicated having sex in public places (24%), sex clubs (22%), clubs (13%) and other (2%)⁷. There is a relationship between those who have sex in sex clubs, clubs and public places and risk practices⁸. The figure below indicates the frequency of sex in last 3 months (n=314):



Perceptions around sex:

	Agree	Unsure	Disagree
Anal sex is the only real kind of sex (n=318)	18	12	70
* Condoms aren't necessary for oral sex (n=317)	36	26	38
* Most guys in relationships don't use condoms (n=316)	49	31	20
Most guys fuck with condoms if they don't know the other guy (n=317)	65	22	13
Tops who want to have unprotected sex are usually HIV- (n=316)	9	39	52
I find it easy to tell if a guy is HIV+ (n=316)	5	17	78
A man who is HIV+ would tell me before we have sex (n=317)	9	29	62

* indicates significant positive relationship with sexual risk, the more agreement with these statements the higher sexual risk.

⁷ hotels, office, car, anywhere, our home, friends home

⁸ Caution needs to be taken when interpreting this data as the sample could select more than one option.

Reasons for casual sex (n=314):

Respondents were asked the two reasons most applicable to them for engaging in casual sex. The table below indicates (in order of frequency) the reasons why respondents engage in casual sex:

	%
For pleasure	76
Because I can	37
For tension relief	29
For affection	24
Because it make me feel better about myself	15
Don't have casual sex ⁹	11
Because everyone does	4
Because I feel pressured	3

No significant differences were found between the reasons for having sex and sexual risk practices. However, a significant difference exists between reasons for having sex and well-being - those that have sex because:

it makes them feel better about themselves, because they feel pressured and because everyone does

scored lower on the well-being scale.

Anal sex:

Most respondents (84%, n=316) engage in anal sex. The majority (70%, n=264) are either/both insertive/receptive partner with only 16% being only receptive and 14% only insertive partners.

Condoms and anal sex (n=264)

37% of respondents stated that they always use condoms for anal sex, 28% use condoms most of the time. Approximately 10% sometimes or hardly ever use condoms and less than 1% never used condoms. 24% of respondents said that they didn't use condoms because they were in a monogamous relationship.

Lube and anal sex (n=264)

The table below indicates (in order of frequency) what lube is used for anal sex

Type of Lube	%
Water based (eg KY)	93
Saliva	30
Aqueous cream	29
Hand cream	25
Vaseline	17
Nothing	5
Other ¹⁰	2

⁹ In a relationship, too risky

¹⁰ baby oil, arnica, conditioner

The most frequent reason stated for not using lube for anal sex was that respondents (n=95) did not always have lube (83%). Some respondents said that they preferred sex this way (8%), and others did not know where to get lube or what to use (8%).

Pressure to have anal sex without a condom in the last 3 months (n=260)

Most respondents (73%) said that they had not felt pressure to have anal sex without a condom, 15% said that they had been pressured once, 10% had been pressured between 2-9 times, and 2% more than 10 times. An increase in sexual risk occurred the more people felt pressured to have anal sex without a condom (in the last 3 months).

Oral sex:

95% of respondents (n=310) engage in oral sex.

Condom use and Oral Sex (n=301)

71% of the respondents never use condoms for oral sex (22% because they are in monogamous relationships). 24% hardly ever or sometimes use condoms and 6% use condoms most of the time or always for oral sex.

It was found that the more often people use condoms for oral sex, the less sexual risk.

Oral sex and Ejaculation (n=301):

The following table indicates responses to giving a blow-job without a condom

	%
Don't let anyone come in my mouth	49
I sometimes let men come in my mouth	17
I only allow my primary partner to come in my mouth	28
I allow anyone to come in my mouth	3
I only allow a man to come in my mouth if I know his HIV status	3

Forced sex:

19% of respondents (n=250) had been forced to have sex that they didn't want to before age 17 years, and 22% of respondents (n=261) after age 17 years. No significant difference was found between forced sex and sexual risk.

Sexual Risk

A scale for sexual risk practices was derived with a minimum score of 0 (low risk) and a maximum score of 22 (high risk). Respondents scored a mean score of 5 (standard deviation =3), with a minimum score of 0 and a maximum score of 17. 9% of respondents were at lower/ no risk (1 standard deviation or more below the mean), 77% med/low risk and 14% at a higher risk (1 standard deviation or more above the mean).

A significant negative correlation was found between age and sexual risk practices. In other words, as age increases, sexual risk decreases.

13% of respondents said that they sometimes don't care if the sex they are having is safe.

CONDOMS

Difficulties with condoms (n=308):

Approximately 50% of respondents have problems with condoms. These include condoms being too big, small, and/or uncomfortable (36%), condoms coming off during sex (30%) and condoms breaking when having sex (17%). 3% said that they have other problems with condoms.¹¹

Sex without a condom in the last 3 months:

The table below indicates how many times respondents had sex without a condom in the last 3 months.

	% with men (n=309)	% with women (n=192)
Never	38	53
Once	14	1
2-5 times	17	0.5
6-10 times	5	3
11-20 times	6	0
20+ times	12	0.3
No sex	7	42

Of those who had sex without a condom in the last 3 months (between 1-20+ times) approximately a third were in monogamous relationships.

Reasons for not always using a condom (n=226):

	Frequency	%
Don't believe they protect me from HIV	2	1
I do not engage in sex that puts me/ my partner at risk	90	40
Withdraw before orgasm	23	10
I don't always have condoms	41	18
I am often too drunk/ high to think about using a condom	28	12
Condoms make pleasure less	35	15
My partner prefers not to use a condom	42	19
I don't always remember to use a condom	25	11
My partner and I only have sex with each other and are both HIV-	92	41
My partner and I only have sex with each other and are both HIV+	4	2
I am already HIV+	5	2
I am afraid I will be refused sex if I insist on a condom	8	4
I only have sex with people that look HIV-	9	4
Other ¹²	13	6

31% of respondents (n=316) agreed that in the heat of the moment they didn't always remember to use a condom, 11% were unsure and 58% disagreed.

¹¹ loss of sensitivity, don't have sex, get a rash from latex, lose erection and ability to come, putting it on, uncomfortable for receiver

¹² don't know, heat of the moment, no (not always) anal sex, don't have sex, never used one, in trusting relationship, only for oral sex, things are clean/ fluidless

A significant relationship exists with sexual risk practices - a stronger agreement that condoms are not always remembered in the heat of the moment indicates greater sexual risk.

Self-efficacy and condom use:

17% of the respondents (n=315) agreed that they find it difficult to insist on condoms for casual sex, 11% were unsure and 72% disagreed.

23% of respondents (n=314) agreed that they find it difficult to insist on condom use in their relationship, 21% were unsure, and 55% disagreed.

Low self-efficacy around condom use increases sexual risk.

Barebacking (n=313):

65% of respondents have fantasised about unprotected anal sex, and 35% have deliberately chosen to practice unprotected anal sex (of this group, approximately 40% are in monogamous relationships).

Those who fantasise about or deliberately choose to have unprotected anal intercourse have higher sexual risk. (Those in monogamous relationships were eliminated from this analysis).

HIV

78% of respondents (n=316) know their HIV status. A significant difference in sexual risk practices between those who are aware of their HIV status and those who are not was found. Those that know their status have less sexual risk than those who do not know their status.

HIV Status (n=306)

Respondents' HIV status is listed in the table below:

	Frequency	%
HIV+	12	4
HIV-	229	75
Never tested	64	21
Never fetched results	1	0.3

Of the sample that are HIV+ (n=12):

- 4 are receiving Anti-Retroviral Treatment (ART)
- 3 are attending a HIV support group
- 9 are using antibiotics or immune boosting supplements
- 7 have visited alternative health care practitioners
- 9 have received counselling after becoming aware of their status

HIV Testing (n=243)

Of the respondents who had tested

- 34% tested within the last 3 months
- 24% within the last 3-6 months
- 23% within 6 month to 1 year ago
- 20% more than one year ago

HIV Disclosure (n=253)

69% of respondents said that they tell their partner (potential partner) their HIV status, 12% don't tell their partner(s) but always practice safer sex, 7% don't know how to tell partner(s) and 12% don't tell their partner(s).

Partner's HIV Status:

58% of respondents (n= 300) are aware of their current or most recent partners HIV status. 78% of respondents (n=199) stated that their partner's status was the same as theirs, 5% that it was different from theirs and 17% did not know.

RELATIONSHIPS

Relationship status (n=317)

The table below indicates the relationship status of respondents:

	%
Single not having sex	23
Single having casual sex	31
Monogamous (1 relationship)	34
In a relationship and having casual sex	12

Length of time in relationships:

Longest Relationship (n=290)

The longest relationship in the sample was 11 years. Approximately 3% of respondents indicated that their longest relationship was less than one month, 28% that it lasted up to 6 months, 25% between 7-18 months, 20% between 18 months and 3 years and 23% longer than 3 years.

Shortest Relationship (n=278)

The shortest relationship that some respondents noted lasted a few hours. 13% of respondents' shortest relationships lasted less than one week, 34% less than 1 month, 44% between 1-3 months, 7% between 4 -12 months and 3% more than 1 year.

Current Relationship (n=144)

29% of respondents have been in their current relationships for longer than 3 years, 26% between 1-3 years and 35% for less than 1 year. Most respondents in relationships (77%) expect their current relationship to last a long time (more than 2 years), 13% a year or two, 6% a few months and 4% a few weeks.

When asked reasons for dating their current partner, 75% of respondents said they their current partner was perfect for them, 6% because he is hot, 6% because he is ok, 6% because it is convenient and 7% had no idea.

77% of respondents (n=143) expect their current relationship to last a long time (more than 2 years), 13% a year or two, 6% a few months and 4% a few weeks. The longer respondents had been in their relationship the longer they expected it to last.

Relationship Boundaries (n=141):

Respondents who were in a relationship were asked if they had an agreement with their partner regarding sex with other men. The table below indicates their responses:

	%
No we haven't talked about it	19
Yes we both agree no sex at all with other guys	64
Yes no anal sex with other guys	4
Yes we both have sex with other guys ONLY if we use a condom	9
Yes oral sex with other guys is ok if we use a condom	0
Yes any sex with other guys is ok	4

Of the respondents who are in a relationship, 16% have broken this agreement and their partner doesn't know and 8% broke the agreement and told their partner. 11% of respondents indicated that their partner had broken this agreement and told them, and 35% were not sure if their partner had broken their agreement.

Casual Sex in the last 3 months (n=296)

The table below indicates the frequency that respondents have engaged in casual sex in the last 3 months.

	%
x1 a week or more	12
2-3 times a month	14
Once a month	13
Less than once a month	8
Very seldom/ never	53

A significant relationship exists between increased casual sex and engaging in sexual risk practices.

Number of sexual partners

The total number of sexual partners that respondents have had in their lives, is listed in the table below

	Males (n=296)	Females (n=178)
	%	
None	3	58
1	5	16
2-5	25	19
6-9	19	3
10-19	16	3
20+	32	1

A significant relationship exists between total numbers of male sex partners in one's life and sexual risk - the higher the number of sex partners, the more sexual risk.

Numbers of sex partners in the last 3 months are given in the table below:

	Male (n=302)	Females (n=161)
	%	
None	15	91
1	43	6
2-5	33	2.5
6-9	6	0.6
10-19	1	-
20+	2	-

RECREATIONAL SUBSTANCES

Alcohol (n=316):

The frequency that respondents drink and get drunk is given in the table below:

	Drink Alcohol	Get drunk
	%	%
Never	5	18
Almost never	20	56
X2 a week or less	47	22
X3 a week or more	22	4
Everyday	6	0

Drugs:

The types of drugs and frequency at which they are consumed is given in the table below:

	Never	Almost never	At least X1 a month	Weekly	Daily
Dagga, dope (n=309)	59	28	7	3	3
Ecstasy (n=310)	66.5	23.5	9	1	0
Acid (LSD), Tic (n=303)	84	14	2	0	0
Coke (n=306)	73	17	8	1	0.3
Heroin (n=303)	98	1	0	0	0.3
Kat (n=305)	75	15	7	2	0.3
Speed, crystal (n=302)	91	8	1	0	0.3
GHB	91	8	1	0.3	0

Other drugs consumed: poppers (2 respondents), thinz (1 respondent) and magic mushrooms (2 respondents)

Sex and substance use:

After consuming alcohol/drugs:

- 46% of respondents (n=257) said that they always use condoms, 35% mostly or sometimes use condoms and 19% never or almost never use condoms.
- 17% of respondents (n=237) always or mostly enjoy the moment and don't worry about safer sex, 15% sometimes, and 68% never or almost never.
- 5% of respondents (n=217) never remember what they do, 15% sometimes or mostly don't remember what they do and 80% remember what they do always or almost always.
- 30% of respondents (n=228) always practice other methods of safer sex, 18% mostly, 24% sometimes and 28% never or almost never practice other methods of safer sex.

WELL-BEING

A scale for well-being was derived with a minimum score of 7 (low well-being) and a maximum score = 35 (high well-being). Respondents (n=309) had a mean score of 25 (standard deviation = 6.5) with a minimum score of 7 and a maximum score of 35. Approximately 20% of respondents had lower than average well-being.

No significant relationship was found between well-being and sexual risk. However one of the items on the scale "I often feel rejected" has a significant relationship with sexual risk practices - strong feelings of rejection can lead to more sexual risk.

Impulsivity:

A scale for impulsivity was derived with a minimum score of 6 (low impulsivity) and a maximum score of 30 (high impulsivity). Respondents (n=307) had a mean score of 18 (standard deviation = 3.7). The minimum score obtained was 7, and the maximum score was 26. About 9% of respondents had relatively high rates of impulsivity score and 16% had scores indicating relatively low rates of impulsivity.

A strong relationship exists between impulsivity and sexual risk- the higher the impulsivity the higher the sexual risk.

Self-Esteem

A scale for self-esteem was derived with a minimum score of 6 (low self-esteem) and a maximum score of 30 (high self-esteem). Respondents (n=307) had a mean score of 23 (standard deviation = 4) with a minimum score of 8 and a maximum score of 30. Approximately 15% of respondents had low(er) self-esteem.

Risk for depression:

A scale was derived for risk of depression with a minimum score of 4 (low risk) and a maximum score of 16 (high risk). Respondents (n=311) had a mean score of 9 (SD = 2), with a minimum score of 4 and a maximum score of 16. 15% of respondents appear to have a higher risk for depression.

Thoughts of suicide (n=314):

The table below indicates the frequency of suicidal thoughts amongst respondents:

	%
Never	60
Seldom	33
Often	6
Always	0.6

18% of respondents (n=298) said that their thought of suicide were related to the sexual orientation, 16% that they were not related at all, and 8% were not sure if they were related. 4 respondents said that their thoughts of suicide were related to their HIV status.

Internalised Homophobia:

The Personal Homonegativity scale from the Nungesser Homosexual Attitudes Inventory (NHA) was used to assess internalised homophobia. This scale has a minimum score of 10 (low internalised homophobia) and a maximum score of 50 (high internalised homophobia). Respondents (n=313) scored a mean score of 21 on this scale (standard deviation = 7). The minimum score was 10 and the maximum score was 45. Approximately 15% of respondents have higher internalised homophobia.

Although no significant correlation was found between the internalised homophobia scale and sexual risk, a significant correlation was found between the item "I wish I was straight" and sexual risk practices. Increased discomfort with sexual orientation can increase sexual risk.

Significant relationships existed between internalised homophobia and the following variables:

- Frequency of attending religious services - internalised homophobia is higher for those who attend services more frequently.
- Impulsivity - internalised homophobia is higher for respondents who scored higher on the impulsivity scale.
- Well-being - as internalised homophobia increases, well-being decreases.
- Self-esteem - as internalised homophobia increases, self-esteem decreases.
- Risk for Depression - as internalised homophobia increases risk for depression increases.
- Thoughts of suicide - as internalised homophobia increases, thoughts of suicide increase.

Victimisation:

55% of respondents had experienced some form of hate crimes against them due to their sexual orientation.

Verbal Threats / Abuse (Hate Speech)

53% of respondents said that they had experienced verbal threats and abuse related to their sexual orientation. These respondents are more likely to experience lower levels of well-being, self-esteem and have an increased risk for depression than those who didn't experience verbal threats or abuse related to their sexual orientation.

Physical Assault/ Abuse

Approximately 15% of respondents said that they had experienced physical assault/ abuse related to their sexual orientation.

Sexual Abuse/ Rape

11% of respondents had experienced sexual abuse /rape. Those that have experienced sexual abuse/rape, are more likely to be at risk for depression than those who have not.

COMMENTS:

52% of respondents (n=307) said that they would like further information online. The type of information respondents would like listed below:

- Acceptance issues
- Coming out
- Dating issues
- Mental health issues - depression, suicide, well-being
- Sex - safer sex methods, barebacking, sex positions, spicing things up, safe casual sex
- Relationship issues
- Health - HIV/AIDS, Sexually Transmitted Infections (STI)
- Help line and support groups
- Gay lifestyle issues
- Rape and the police
- Religion
- Legal issues

Comments:

Some of the key themes from comments given are listed below:

- Do something about discrimination - there should be more support structures for gay students at universities.
- Police – what are the police doing if a gay person has been raped?
- Many respondents said that answering such a questionnaire had a positive effect in making them think about their sexual practices and HIV.
- Something also needs to be done to reach more gay men in the more rural areas – outreach work and public education
- Many respondents felt that there were too many questions assuming that all gay guys engage in casual sex, when there are guys who have long-lasting monogamous relationships.
- Some respondents found that they didn't fit into the gay scene and that it was pretentious and dangerous these days
- Coming Out – some respondents would like to be out but are afraid of losing jobs and would like to know how to become part of the gay community. Guidance for young people entering coming into the gay scene.
- Help with organising safer sex workshops

Thank you to all those who took the time to complete the questionnaire, Mamba-online and Gmax who displayed links on their websites and clubs around Pretoria and Johannesburg who distributed flyers advertising the questionnaire.