

SPOTS

Sex and Prevention of
Transmission Study

Blood donation and views about blood donor policy among gay, bisexual, takatāpui and other men who have sex with men in Aotearoa New Zealand: **Community report**

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February 2024



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Transmission Study

Acknowledgements

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This report:

Photos do not necessarily indicate the sexuality, relationship status, HIV status, behaviour or blood donor eligibility of the individuals represented.

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Glossary

Blood: Whole blood collected from a single donor and processed either for transfusion or further manufacturing.

Blood-borne infections: Bloodborne infections are caused by microorganisms such as viruses or bacteria (i.e. pathogens) that are carried in blood and can cause disease in people. These infections can be transmitted via blood transfusions.

Blood donor: Someone who has donated either blood or a component of blood (e.g. red cells, white cells, platelets, plasma).

Blood transfusion: A medical treatment arranged by a doctor which involves giving blood or a product made from blood to a patient.

Cis-: A prefix commonly used with 'male' or 'female' (e.g. cis-male or cis-female), describing someone whose gender identity matches the one they were assigned at birth.

Compliance: A term that refers to individuals adhering to behavioural and physical health guidelines (i.e. deferral policies) in order to be considered suitable and safe to donate blood.

Chemsex: A term that refers to the use of drugs (such as methamphetamine) for the purpose of enhancing sexual experience.

Deferral: Suspension of the eligibility of an individual to donate blood or blood components. Such suspension can be either permanent or temporary. For example, when someone is "deferred" for 3 months for anal intercourse with another man, this person would not be allowed to donate blood for 3 months starting from the last time they had anal intercourse with another man.

Eligibility criteria: These refer to the specific requirements and conditions that an individual must meet in order to be considered suitable and safe to donate blood.

GBM and MSM: GBM (gay, bisexual, and other men who have sex with men) and MSM (men who have sex with men) are terms used to talk about behaviour (MSM) and identity (GBM). When we talk about MSM, we are referring to any man (cis or transgender) who has engaged in sexual behaviour with another man, including those who may not identify as gay. On the other hand, GBM refers to men (cis or transgender) who identify as gay or bisexual or another non-heterosexual identity, including those who may not have had sex with a man. Historically, blood services around the world have focused on behaviour not identity, since someone's behaviour is most relevant to their risk of having an undiagnosed blood-borne infection.

HIV: An acronym that stands for Human Immunodeficiency Virus. HIV is a blood-borne virus that can be transmitted to a patient during a blood transfusion if not detected by blood screening procedures.

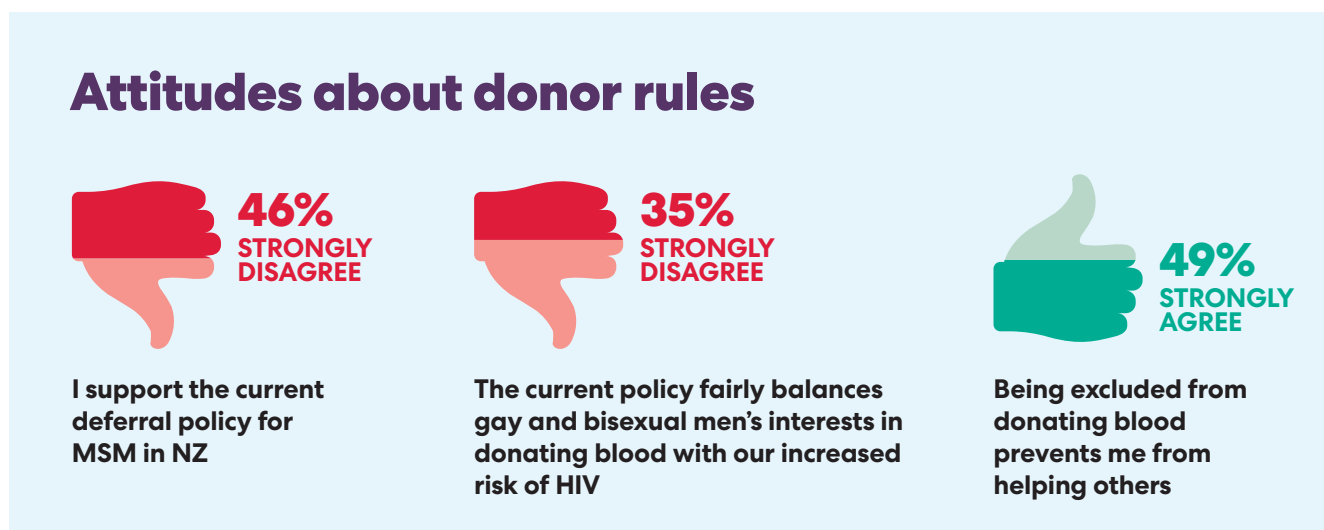
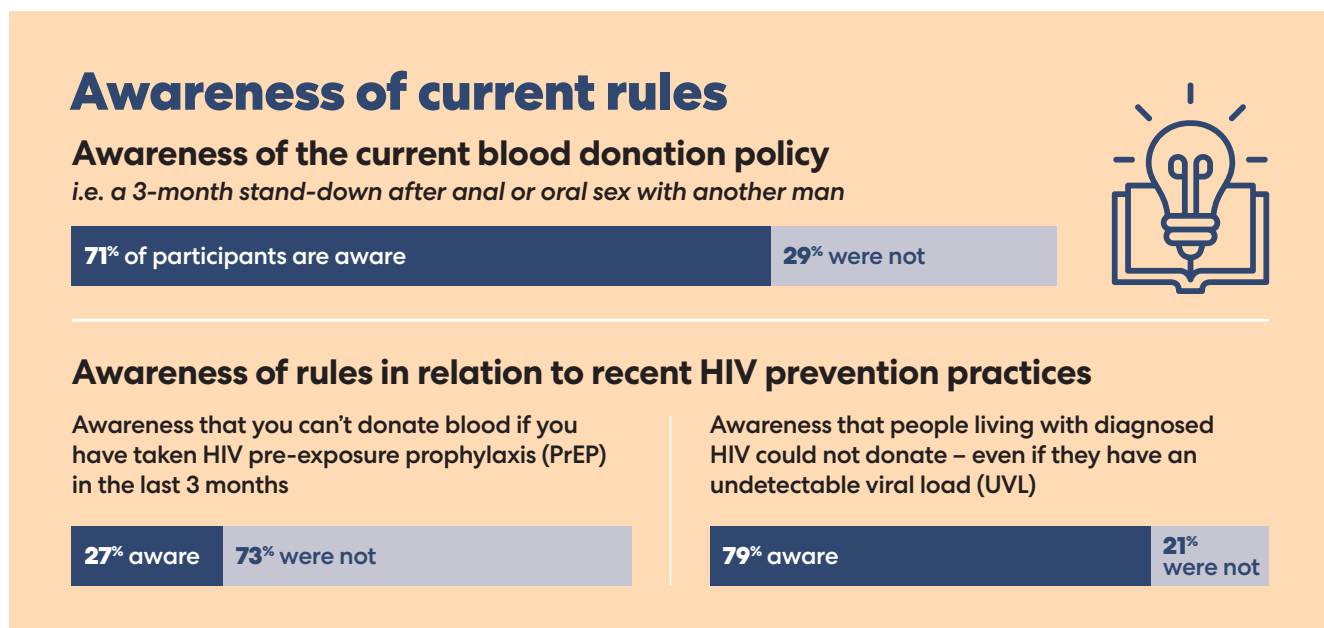
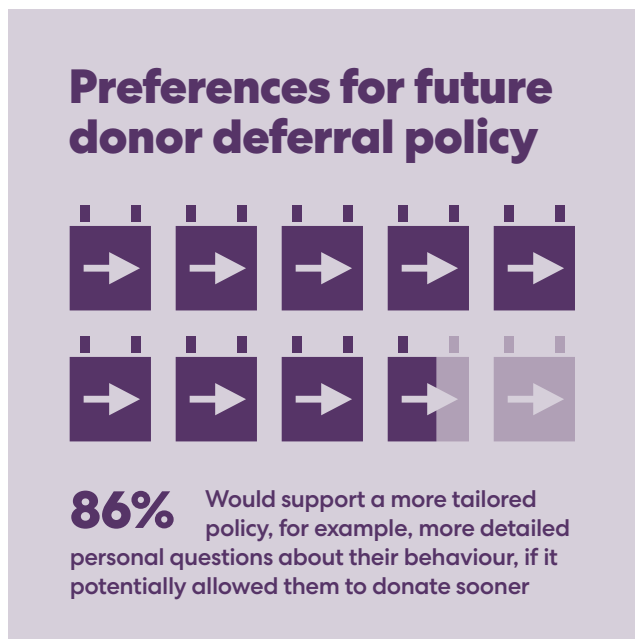
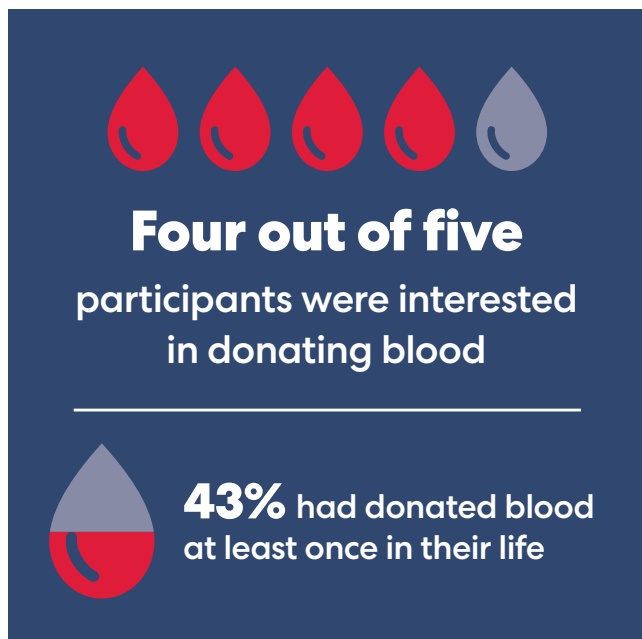
Medsafe: New Zealand's medical regulatory body run by the Ministry of Health. Any blood donor deferral policy that is recommended by the New Zealand Blood Service will need to be independently approved by Medsafe.

New Zealand Blood Service: The New Zealand Blood Service (NZBS) is the service responsible for recommending the donor deferral policy and managing the collection, processing, testing, and distribution of blood and blood products for New Zealand.

PrEP: An acronym that stands for pre-exposure prophylaxis, a medication which can be taken by individuals at risk for HIV to reduce their chances of acquiring the virus.

STI: An acronym that stands for sexually transmitted infections. These are infections you can contract from someone through sex, for example during anal intercourse, vaginal intercourse, oral sex, and skin-to-skin contact.

Visual abstract

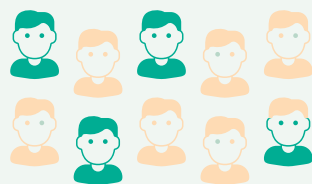


GBM eligibility to donate



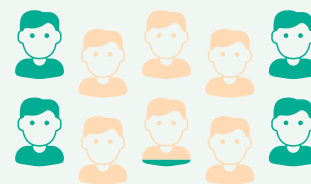
Current
New Zealand policy

APPROX. **13%** ELIGIBLE



Potential future
"UK-style" policy

APPROX. **37%** ELIGIBLE



Potential future
"Canada-style" policy

APPROX. **41%** ELIGIBLE

Future intentions, in their own words

Participants less inclined to donate blood in future:

Intense fear of needles

My culture does not allow me to do this

I can contribute to society in so many other ways. There is no way that this is the most important discrimination I face as a MSM

Participants unsure or ambivalent about donating blood in future:

I'm indifferent

They haven't exactly rolled out the red carpet

I still feel discriminated against by the blood service

Participants intending to donate blood in future:

I want to awhi my hapori

To give back to society

To help people in need



**DOES YOUR
DOCTOR KNOW
YOU'RE GAY?**

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SPOTS

Sex and Prevention of
Transmission Study

Executive summary

Participants

- The Sex and Prevention of Transmission Study (SPOTS) was a national cross-sectional voluntary online survey conducted April-August 2022 across Aotearoa New Zealand (NZ). The survey was promoted in gay and mainstream media, social media, gay social spaces, health organisations and community organisation networks
- The experiences of 3,253 participants are examined in this report on blood donation. This includes men (cis and trans) who have sex with men (MSM), non-binary people assigned male at birth who have sex with MSM, and men who identify as gay, bisexual, takatāpui, pansexual or queer but who have not had sex with men. In this report, we refer to these participants collectively as gay, bisexual and other men who have sex with men (GBM). Participants had to be aged 16 and over and live in NZ
- The sample was demographically diverse. The average age was 35 (range 16–85). 12.8% identified as Māori, 2.4% as a Pacific ethnicity, 9.4% as an Asian ethnicity, 2.4% as a Middle Eastern, Latin American or African ethnicity, and 1% as another ethnicity
- 81.2% identified as gay, 17.6% as bisexual, 15.5% as queer and many reported other identities
- Half the sample had a regular partner at the time of survey (defined as long-term partners, friends you have sex with, and fuckbuddies). Of those, less than 10% were “new” regular relationships of less than 3 months
- Most (83.4%) had engaged in sex with a man in the 3 months prior to survey, including over half (55.6%) who had done so in the last 7 days. 69.8% had engaged in anal intercourse with a man in the 3 months prior to survey
- A quarter had taken HIV pre-exposure prophylaxis (PrEP) in the six months before survey
- 87.8% had tested for HIV at least once in their life. One in twenty (4.7%) were living with diagnosed HIV
- Of all those not living with diagnosed HIV (i.e. those whose last HIV test was HIV negative or who had never tested for HIV), 60.4% had tested negative for HIV in the last 12 months, including 38.6% who had tested HIV negative in the 3 months prior to survey.

Blood donation history

- 43.1% had donated blood at least once in their life
- Most of those who had donated (74.8%) had done so more than once
- Older participants were more likely to have donated blood at least once. A history of blood donation did not appear to differ according to a participant’s ethnicity
- Many participants had last donated blood a long time ago. 44.2% of those who had donated at least once had last donated blood prior to 2009, while one in ten (9.9%) had last donated blood in 2021 or 2022

- Of the participants who had donated blood under the current 3-month MSM deferral (exclusion) policy in 2021 or 2022 (4.1% of all participants), most (77.9%) did not report oral or anal sex with a man in the 3 months prior to donating. However, 22.1% stated they did engage in oral or anal sex with a man in the 3 months before donating, which indicates non-compliance with the policy.
- Alternatively, 99.1% of all participants did not report being non-compliant with the MSM deferral policy in 2021 or 2022. In other words, they did not try to donate blood, they presented for blood donation and disclosed behavioural information that resulted in them being deferred (excluded), or they donated blood and had not had oral or anal sex with a man in the prior 3 months
- Other reasons for donating blood despite potentially meeting criteria for deferral included “I did not want to be excluded” (8.8%), “I was confident the blood screening process would detect any infections” (11.9%) and “I believed I was at low risk for HIV” (13.1%). Few (less than 1%) stated they had donated blood because they wanted an HIV test
- Less common reasons included: “I was a teenager at school. All students donated blood”; “Was not out as a trans man at the time”; “My blood would still be helpful regardless of the fact I’m gay”
- Of participants who had never given blood (56.9% of the sample), most said they had self-deferred (i.e. were aware they could not donate and did not try to). Around one in ten (9.5%) said they had tried to donate but were deferred. Only 9% stated they had not tried to because they were not interested in donating blood.

Awareness of blood donation deferral rules

- Most but not all participants were aware of current blood donor deferral rules in NZ relating to MSM, HIV and PrEP
- 71.0% stated they were aware of the rule “If you’re a man you are asked not to donate blood for 3 months following anal or oral sex with a man, with or without a condom”
- 27.3% were aware of the rules relating to blood donation and PrEP: “People are asked not to donate blood for 3 months following their last pre-exposure prophylaxis medication”
- 79.1% knew that “people living with HIV are never allowed to donate, even if they are taking HIV antiretroviral medications and have an undetectable viral load”.

Interest in donating blood

- 82.0% stated they were interested in donating blood, with fewer than one in five (18.0%) stating they were not interested
- Participants aged under 40 appeared to be more interested in donating blood than older participants. Interest in donating blood was universally high across GBM of different ethnicities.

Attitudes towards the current blood donor deferral policy

- Around three quarters of participants felt the current blood donor deferral rules relating to GBM in NZ were unfair (75.1%) and discriminatory (73.1%)
- A third (32.9%) trusted the NZ Blood Service to fairly weigh the interests of GBM and those of blood recipients, but 70.4% of participants did not support the current 3-month deferral policy
- More participants than not felt that donating blood would enable them to contribute to society (78.6%). Similarly, 73.9% felt that being excluded from donating blood prevents them from helping others
- Some (10.8%) felt that their own blood would pose a risk to others.

Preferences for future policy

- Most participants (86.1%) preferred a more tailored and individualised policy, for example that asked more questions about their behaviour, in exchange for a shorter deferral period
- 13.9% preferred a policy similar to the current one, with less detailed questions about their personal behaviour and being asked not to donate within a certain timeframe.

Intentions to donate blood

- Most participants (80.6%) indicated they intended to donate blood in future, if the policy changed and they became eligible to donate. More than one in ten (11.8%) indicated they did not intend to donate blood even if the rules changed, and 7.5% indicated they were neutral.

Effect of the current blood donor deferral policy in NZ

- Under the current NZ policy, GBM who have had anal or oral sex with a man in the last three months cannot donate blood (i.e. are “deferred”). People living with HIV, or who have taken HIV pre-exposure prophylaxis (PrEP) in the last 3 months, also cannot donate blood
- Under the current NZ policy, approximately one in eight GBM (13%) are eligible to donate blood. It will be lower than this if people report other deferrable behaviours the SPOTS study did not ask about (e.g. tattooing, travel history). At least 87% of GBM are currently deferred from donating blood.

Potential effect of a future “United Kingdom (UK)-style” policy in NZ

- In 2021 the United Kingdom (UK) changed their blood donor policy, allowing more GBM to donate. GBM can now donate blood in the UK so long as they have not had anal intercourse with more than one partner, or had anal intercourse with a new partner, in the last 3 months. This policy is also gender-neutral, meaning that all people are asked these questions, not just GBM. Some other restrictions apply, including for people living with HIV, taking PrEP, or engaging in chemsex (sexualised drug use)
- Under a potential future “UK-style” policy, approximately 37% of GBM in NZ could be eligible to donate blood (if they are not deferred for other reasons). At least 63% would be deferred from donating blood
- A more inclusive policy similar to the current UK policy could attract almost 3 times the number of GBM donating blood in NZ, compared with the current policy (i.e. 37% vs 13% currently).

Potential effect of a future “Canada-style” policy in NZ

- In 2022 Canada also changed their blood donor policy, allowing more GBM to donate. GBM can now donate blood in Canada so long as they have not had anal intercourse with more than one partner, or had anal intercourse with a new partner, in the last 3 months. This policy is also gender-neutral, meaning that all people are asked these questions, not just GBM. Some other restrictions apply, including for people living with HIV, or taking PrEP. Unlike the new UK policy, Canada does not have a restriction on people engaging in chemsex
- Under a potential future “Canada-style” policy, approximately 41% of GBM in NZ could be eligible to donate blood (if they are not deferred for other reasons). At least 59% would be deferred from donating blood
- A more inclusive policy similar to the current Canadian policy could attract more than 3 times the number of GBM donating blood in NZ, compared with the current policy (i.e. 41% vs 13% currently).

Recommendations

- The NZ Blood Service should develop a more inclusive blood donor deferral policy for GBM and seek approval to implement this from Medsafe, the NZ regulator
- The new policy should move towards more individualised risk assessments that are favoured by GBM in NZ, and remove overly broad criteria, such as engaging in any oral or anal sex with a man
- The NZ Blood service should consider the current UK and Canadian deferral policies as examples of more inclusive policies that have been implemented overseas
- In addition to the behaviours and attitudes presented in this report, the NZ Blood Service should consider recent trends in HIV transmission in NZ. This includes the likely low number of GBM living with undiagnosed recently-contracted HIV
- The NZ Blood Service should also consider how a more inclusive blood donor deferral policy for GBM will affect the number of people available to donate blood in NZ
- The NZ Blood Service should consider effective ways to engage GBM and explain any changes to policy. This recognises the strong feelings of distrust and hurt expressed by many GBM in relation to historic and current NZ deferral policy, but also the strong interest in donating blood among many GBM. This could increase participation in blood donation by future eligible GBM
- The NZ Blood Service should also seek more effective ways to communicate donor deferral criteria regarding newer biomedical HIV prevention tools, for example, through strong collaborations with GBM community organisations. This includes communicating rules on PrEP, and HIV undetectable viral load (i.e. the fact that “undetectable equals untransmissible (U=U)” does not apply to donating blood in the same way it applies to sex). This will be important given increasing access to and use of these prevention approaches by GBM in NZ, and the goal to increase biomedical HIV prevention coverage under the National HIV Action Plan for Aotearoa New Zealand 2023-2030.

Next steps for the study

- The research team will continue to analyse SPOTS responses provided by participants. We will share the findings with communities, the NZ Blood Service and other researchers in a range of ways, such as hui, presentations and academic journals
- We will also host a major workshop in early 2025 to highlight key findings across the SPOTS study, gather feedback, and identify new priorities for policy and practice.



Background

This report summarises results from the largest study to date into blood donation among gay and bisexual men in Aotearoa NZ (NZ). Currently in NZ, gay and bisexual men (GBM) are excluded (“deferred”) from donating blood for 3 months since the last episode of anal or oral sex with a man, with or without a condom.¹ Many GBM view deferral policies as discriminatory, unscientific and inconsistent with modern safe sex approaches.² Likewise, the NZ Blood Service wishes to improve the policy, but lacks the necessary NZ-specific evidence. The purpose of this report is to provide an evidence base to support both community advocacy and policy decision-making.

The balancing act of blood donor policy

A safe and self-sufficient blood supply benefits everybody. NZ has achieved one of the safest blood supplies in the world through a combined approach including: testing all blood for known pathogens; deferring individuals with a higher probability of a recently acquired undiagnosed infection like HIV; and methods to remove or destroy pathogens that might be present in a donation. Deferral of some individuals is still required, because even state-of-the-art testing can fail to detect an infection in the early stages (the “window period”).

Multiple factors are taken into account when designing donor deferral criteria. On the safety side, these include understanding advances in science and testing, the epidemiology of blood-borne infections in NZ, and changes in behaviours relevant to the risk of infection. On the supply side, NZ needs enough blood for medical procedures like surgeries, so deferral policies can't be unnecessarily strict and defer everyone. Practical considerations also include the way individuals are asked about socially sensitive behaviours at the point of blood donation, like sexual behaviour (and whether individuals can answer such questions safely and without embarrassment).

The views of affected individuals about the fairness and justifiability of behavioural criteria are also important. GBM remain the group most affected by the HIV epidemic in NZ,³ and consequently most GBM have been excluded from donating blood. At the same time, some GBM feel singled out by this treatment, noting that HIV prevention tools have improved in recent years, and many have reported strong feelings of distrust and hurt in relation to NZ's deferral policies.² Increasingly negative feelings towards blood donation policies might increase the chance some people will choose not to comply. On the other hand, some GBM may have a strong interest in donating blood. For them, a more positive relationship with institutions like the NZ Blood Service could increase the likelihood they will donate blood in future, if policies change and become more inclusive.

These considerations are why commentators sometimes refer to the balancing act of blood donation policy.⁴ How can we strike a policy that is safe for vulnerable blood recipients, sustainable for our country's needs (i.e we have enough supply of blood), and more inclusive of people who wish to donate blood, including GBM?

Recent changes to blood donation policy for GBM

Many countries are now seeking to improve the inclusiveness of blood donor deferral policies. The United Kingdom (UK), Canada and most recently the United States (US) have moved towards more individualised and gender-neutral deferral criteria. For example, the UK now defers everyone (not just gay and bisexual men) who has engaged in anal intercourse with a new or multiple partners in the last 3 months, and allows blood donation among gay men who only have anal intercourse with a long-term regular partner. It has also removed the previous exclusion for oral sex. Early assessment of the new UK policy has found it to be safe for recipients; that is, the liberalisation of deferral policy has not significantly increased risk to people who need blood.

NZ has generally been among those countries with the most liberal blood donation policy, while at the same time maintaining safety and adequate supply. The current NZ policy (a 3-month deferral for any anal or oral sex between men) was set in December 2020. Prior to that, the deferral periods had evolved (became more liberal) when the scientific evidence indicated it was safe to do so. For example, the deferral was 12 months from 2014 to 2020, and it was 5 years from 2008 to 2014. NZ now finds itself in a position to improve our blood donor policy again in light of international developments.

This report aims to help shape NZ's future policy by:

- Describing the historic and recent blood donation behaviour of GBM in NZ
- Describing GBM's interest in donating blood, awareness of the current deferral criteria, and their views about the current and future policy
- Estimating what proportion of GBM are deferred from donating blood under the current NZ policy
- Estimating what proportion of GBM could be eligible to donate blood under potential future scenarios.

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4. Saxton P. Out with the gay blood ban. Newsroom, 17 Dec 2020. <https://newsroom.co.nz/2020/12/17/out-with-the-gay-blood-ban/>



About the SPOTS study

The Sex and Prevention of Transmission Study (SPOTS) was a national cross-sectional online study of HIV prevention, sexual health and blood donation conducted in 2022. The study was a collaboration between the University of Auckland, University of Otago, Burnett Foundation Aotearoa, Body Positive Inc., Te Whāriki Takapou and the NZ Blood Service.

The SPOTS questionnaire, social marketing and recruitment campaign were informed by extensive consultations. This included previous NZ and international studies, local topic and community experts, stakeholder organisations and community members. Early versions of the questionnaire were pilot tested and subjected to quality assurance checks. These processes improved the study relevance, comprehension and experience for participants. Ultimately the SPOTS questionnaire consisted of 10 sections designed to collect information relevant to HIV prevention, sexual health and blood donation. These were: eligibility and identity; sexual behaviours; HIV testing and status; sexual health; pre-exposure prophylaxis (PrEP); blood donation; health experiences; drug use and sex work; attitudes and knowledge; demographics.

People were eligible for SPOTS if they self-identified as one of the following:

- Men (cis and trans) who have sex with men (MSM)
- Men who identify as gay, bisexual, takatāpui, pansexual or queer but have not had sex with men
- Trans women and non-binary people who have sex with MSM.

The fieldwork phase ran from 26 April to 4 August 2022. The study was promoted via a number of channels and collateral, including:

- a dedicated website (www.spots.org.nz) and profiles on Instagram, Facebook and Tiktok that created shareable content to encourage peer-to-peer survey promotion
- mainstream media interviews (TV news, print and radio including Māori media)
- social media advertising (Google, Instagram, Facebook, TikTok)
- a nationwide poster campaign (four themed posters including one on blood donation)

- gay dating apps and porn sites (e.g. Grindr, Pornhub, Twitter)
- gay community organisations (e.g. Burnett Foundation Aotearoa, Body Positive Inc. and Te Whāriki Takapou organisational member bulletins)
- health service delivery agencies (e.g. sexual health clinics, NZ Needle Exchange Programme, NZ Prostitutes Collective)
- queer community influencers.

Interested individuals were directed to the SPOTS website containing information about the study. A survey start button linked to the online survey platform hosted by SurveyTitan. Participation was voluntary and self-completed. All individuals were shown a participant information sheet and had to provide consent before proceeding to the questionnaire. Following compulsory eligibility questions, ineligible individuals (e.g. aged under 16 years old or not living in New Zealand) were exited from the survey. After this, participants were permitted to skip any question they wanted; logic and branching were programmed into the questionnaire so that participants were only shown questions relevant to them (for example, only those who had ever tested for HIV were asked about their test result).

Participants reaching the end of the questionnaire were asked additional items about providing optional dried blood spots ("DBS"; findings from the DBS sub-study will be reported elsewhere). Only those participants requesting a DBS kit were asked to provide personal contact details; these were stored in a secure Salesforce database separate from their survey responses and linked via a unique survey identifier. For all other participants, taking part in SPOTS was anonymous.

The study was funded by the Health Research Council of NZ and the Ministry of Health and received ethics approval from HDEC 2021 EXP 11450.

Who took part?

Overall 4,587 individuals started the SPOTS survey, of whom 3,838 were deemed eligible for analysis after data checks. Of these:

- 3,742 participants were men (cis or trans) who have sex with men, or men (cis or trans) who identified as gay/bisexual/takatāpui/queer/pansexual who had not had sex with men
- A further 96 individuals were either trans women who have sex with MSM, or individuals identifying as non-binary and assigned female at birth who have sex with MSM.

This report is primarily concerned about blood donor deferral among MSM, so the analysis is focused on those individuals who were MSM or gay/bisexual/takatāpui/queer/pansexual men who had not had sex with men. In this report, collectively we refer to these participants as gay, bisexual and other men who have sex with men (GBM).

It will still be important to examine the blood donation experiences of the remaining 96 participants (trans women who have sex with MSM, or individuals identifying as non-binary and assigned female at birth who have sex with MSM) in future work. This is because blood donor deferral processes also need to be improved for these communities (e.g. sensitively asking about pregnancy or hormone therapy that may be relevant for the blood service to know before someone donates blood).

Who is included in this report?

As Figure 1 shows, of the 3,742 GBM starting the survey, 86.9% (n=3253) responded to the blood donation section (which we have defined as someone who provided a response to either the first (“Have you ever donated blood?”) or second (“Are you interested in donating blood?”) question in that section).

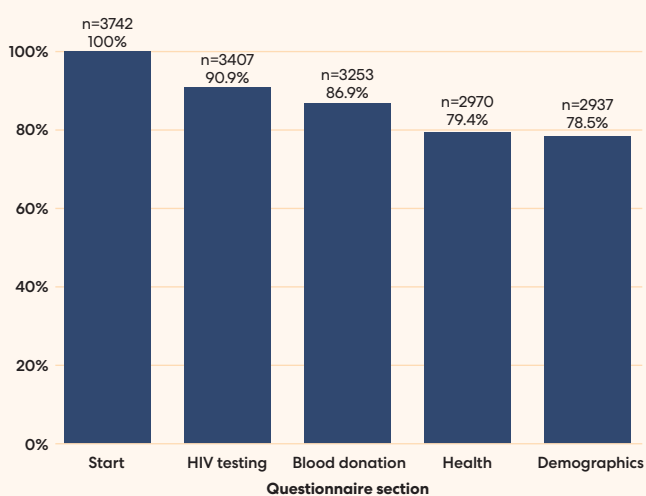


Figure 1. SPOTS participants reaching key sections in the questionnaire

In this report, unless otherwise specified, we show the responses from all 3,253 participants (percentages (%) are of the non-missing sample). This includes people who are currently excluded from donating blood, for

example people living with diagnosed HIV, or who have injected drugs, or who may be currently deferred due to their age (e.g. being aged over 70 years). This is because the experiences of everyone are valuable to understand, and in the future, some of these groups might be able to donate if the rules change.

In some places, we highlight statistically significant differences between groups being compared (e.g. whether a participant's ethnicity was associated with donating blood). These analyses use chi-square tests of proportion and we report the resulting p-values; by convention a p-value of less than 0.05 is considered statistically significant.

Age and ethnicity

The mean age of the sample was 35.3 years (median 32) with a range of 16–85 years old. More than four out of every ten (42.2%) participants were aged under 30 (Figure 2).

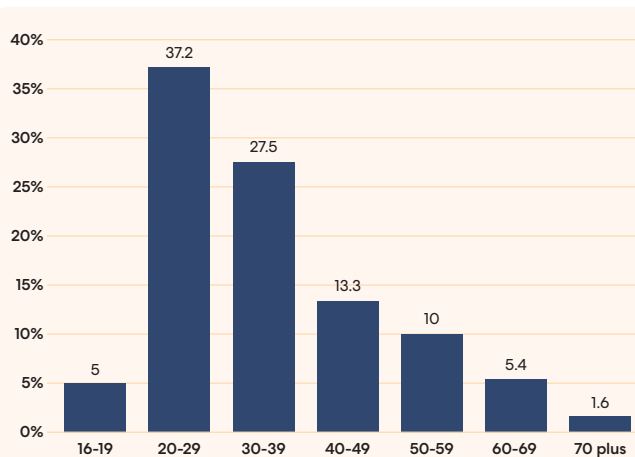


Figure 2. Age group of participants (N=2,916)

More than one in eight (12.8%) participants identified as Māori, approximately one in ten (9.3%) identified as one of several Asian ethnicities, one in every 41 identified as one of several Pacific ethnicities (2.4%) or as a Middle Eastern, Latin American, or African (MELAA) ethnicities (2.4%), and 1% as another ethnicity (Figure 3). The most common ethnicity was European (72.2%).

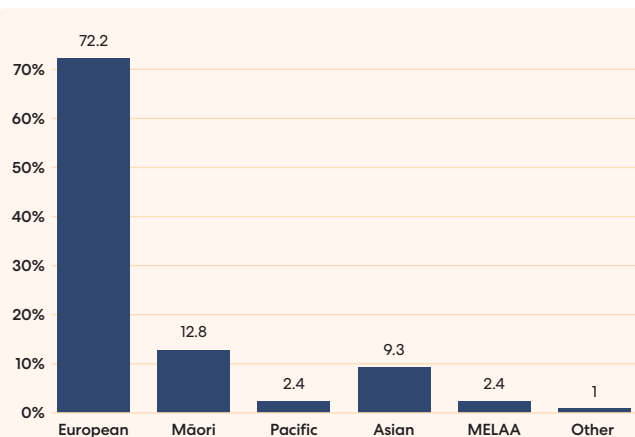


Figure 3. Ethnicity of participants (prioritisation method) (N=3,225)

Sexual identity

Participants were offered a list of sexual, gender and cultural identities to choose from, and could select multiple identities. Although most (81.2%) participants identified as gay, almost one in five (17.6%) identified as bisexual, almost one in six (15.5%) identified as queer and some reported “pansexual”, takatāpui, “non-binary”, “trans man” and other identities (Figure 4).

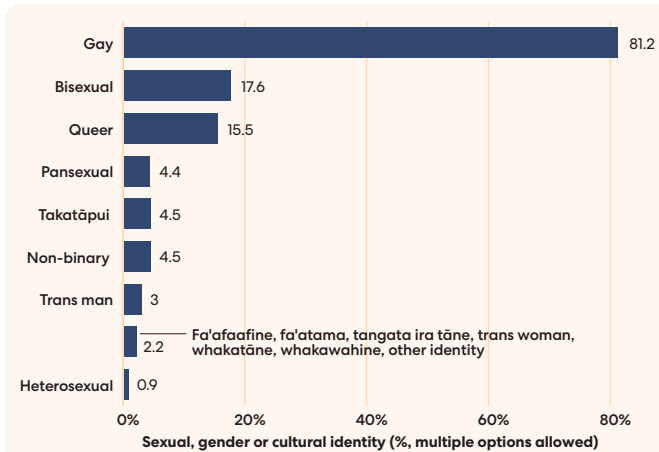


Figure 4. Sexual, gender or cultural identity (N=3,252)

Education, employment, place of residence

The sample was highly educated, with over half (56.4%) having a bachelor's degree or more. Most were in full-time (71%) or part-time (8.2%) employment, one in eight (12.9%) were students, around 5% were retired or on a benefit and around 2.6% were unemployed at the time of survey.

Most (41%) participants lived in the Auckland region, followed by Wellington (20%), Canterbury (12.3%), Waikato (6.7%), Otago (5.6%) and the rest of New Zealand (14.4%).

HIV testing and HIV status

Most (87.8%) had tested for HIV at least once in their life, although one in eight (12.2%) had never tested for HIV.

About one in twenty (4.7%) were living with diagnosed HIV.

Of those who had last tested HIV negative or who had never tested (i.e those not living with diagnosed HIV), 60.4% had tested HIV negative within the 12 months prior to survey, including 38.6% who had tested HIV negative in the 3 months prior to survey.

Figure 5 shows the HIV testing history of all participants.

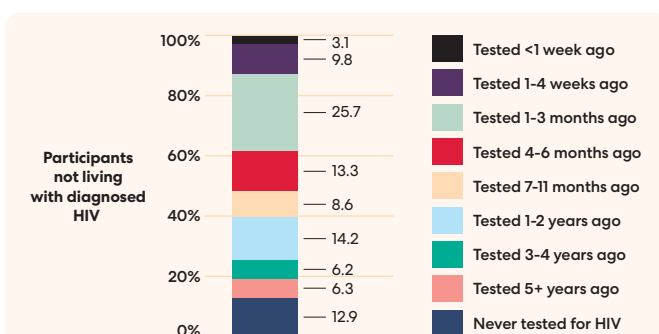


Figure 5. HIV test history (excluding people living with HIV) (N=3026)

Pre-exposure prophylaxis

Overall a quarter of participants had taken HIV pre-exposure prophylaxis (PrEP) in the six months prior to survey. Most of these participants had taken PrEP in the last 3 months.

Sexual partnering and behaviours

Four out of five (83.4%) participants had had sex with a man in the 3 months prior to survey, including over a half (55.6%) who had done so in the last 7 days and 19% in the 24 hours prior to survey (Figure 6). Around one in ten participants had not had sex with a man in the six months prior to survey.

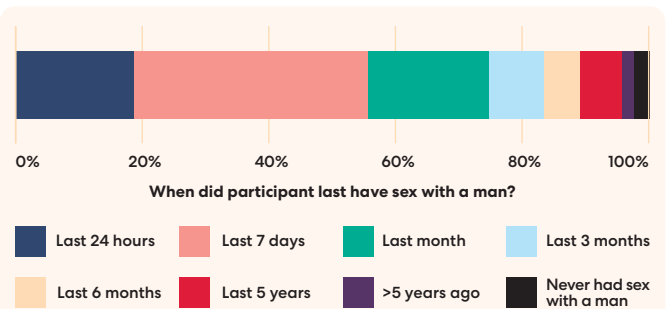


Figure 6. When did participant last have sex with a man? (N=3,200)

Proportionately fewer (69.8%) had last had anal intercourse with a man in the 3 months prior to survey (Figure 7), including 35.2% who had engaged in anal intercourse in the last 7 days.

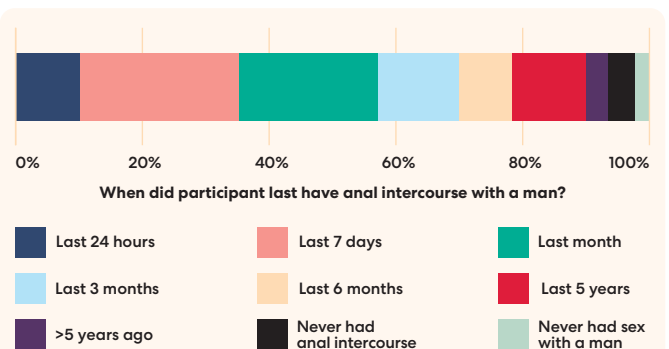


Figure 7. When did participant last have anal intercourse with a man? (N=3,203)

Around 30% had one sexual partner in the six months prior to survey, 30% had between 2-5 sexual partners, and around 29% had more than 5 sexual partners.

Half the sample were in a regular sexual relationship at the time of survey. A regular partner was defined as “a long-term partner, friend you have sex with and fuckbuddies”. Of those with a current regular partner, three quarters had been with this partner for more than a year. Less than ten percent of those with a current regular partner had been together for less than 3 months.

Blood donation history

More than two out of every five participants (43.1%, n=1,393) had donated blood at least once in their life, and over half (56.9%, n=1837) had never donated blood (Figure 8). Of those who had donated at least once, three-quarters (74.8%) had donated more than once, and the remainder had donated just once.

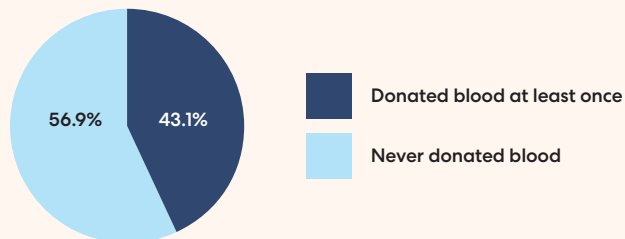


Figure 8. Proportion of participants who had ever donated blood (N=3,230)

A history of blood donation increased with age ($p < 0.001$). Participants aged 16-19 were the least likely to have ever donated blood, with just around a quarter (23.6%) having donated (Figure 9). Conversely, over half of participants aged over 40 had ever donated blood, the highest proportion being among those aged 60-69 at the time of survey.

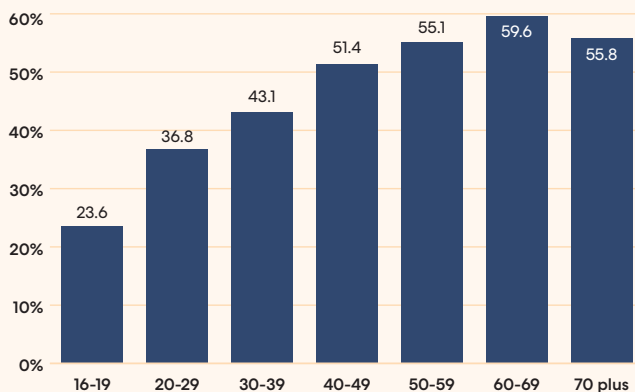


Figure 9. Ever donated blood by age group (N=2,902)

Blood donation history did not appear to be associated with participant's ethnicity, with 40%-52% of all ethnic groups having donated blood (Figure 10).

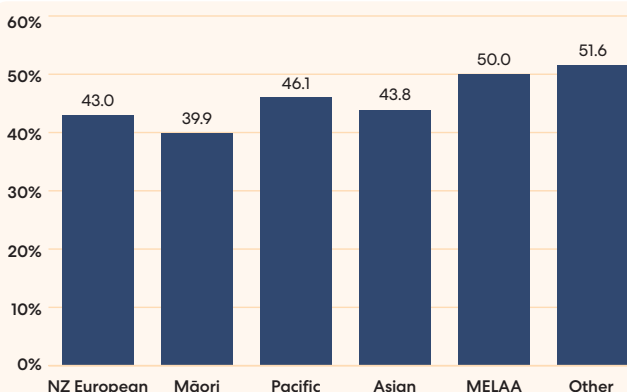


Figure 10. Ever donated blood by ethnic group (prioritised) (N=3,202)

When did participants donate blood?

Figure 11 shows the year participants last donated blood. For many, their last blood donation occurred a long time ago. This tells us that many GBM have been willing to donate blood, and might wish to do so again, if permitted. It also suggests that a history of donating blood does not necessarily mean that GBM have been non-compliant with the rules. For some, blood donation might have occurred before they were sexually active with men. For others who donated more recently (e.g. in 2021 after the rules changed to a 3-month deferral), they might have donated because they had not had sex for a while and became eligible again.

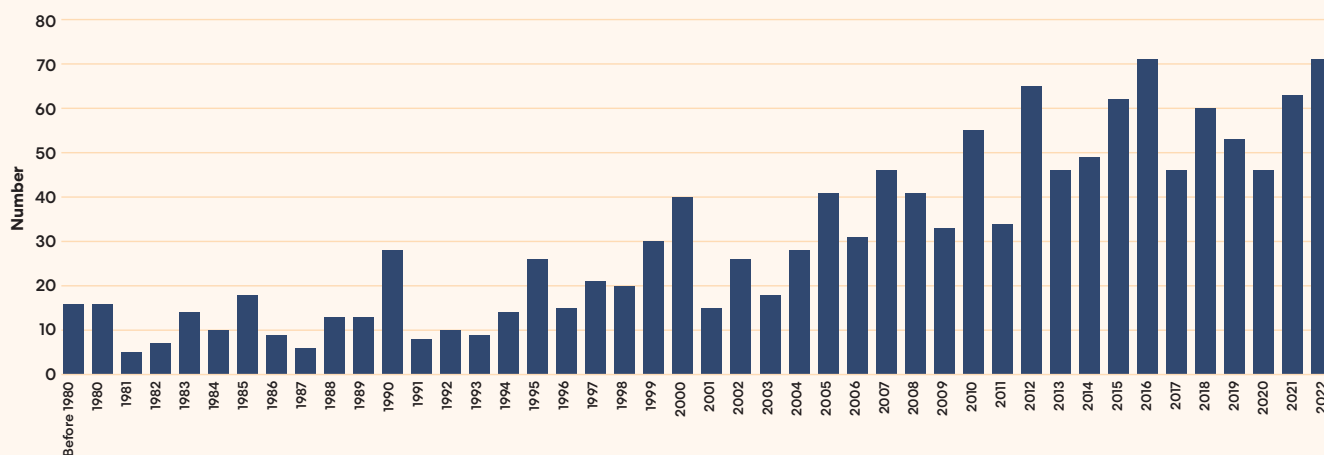


Figure 11. Year last donated blood (N=1,350)

Table 1 groups the year participants last donated blood according to time periods when there were different blood donor deferral rules for GBM in NZ. Around one in ten (9.9%, or 4.1% of all participants) last donated in 2021 or 2022, when there was a 3-month deferral for GBM.

Table 1. Year last donated blood, by MSM donor deferral periods (N=1,350)

Deferral	Period	n	%
10 years deferral or lifetime	2008 or earlier	596	44.2%
5 years deferral	2009-2014	282	20.9%
12 months deferral	2015-2020	338	25.0%
3 months deferral	2021-2022	134	9.9%

Note: The periods above may not always coincide with the month the blood donor deferral rules changed. For example, the most recent change to a 3-month deferral was announced in December 2020 and enacted 2021. A lifetime ban existed from the mid-1980s to 1998. Following a review in 1999, the deferral was changed to 10 years until the subsequent review in 2008.

The year participants last donated blood is, logically, associated with their current age, the age at which they first had an opportunity to donate blood, as well as the rules relating to blood donation over time. As Figure 12 shows, all participants aged 16-19 at the time of survey had last donated blood either in the period 2021-2022, or 2015-2020. Conversely, 86% of participants aged 70 and over had last donated blood in 2008 or earlier (for many, this would have been pre-HIV, or before their first sex with a man).

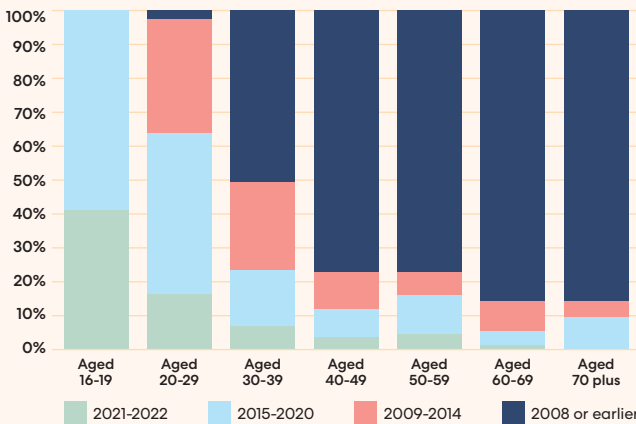


Figure 12. Year last donated by deferral policy periods and age group (N=1,230)

Sex with men before donating blood?

We asked participants who had ever donated blood whether or not they had engaged in oral or anal sex with a man prior to their last blood donation event. Of the 131 participants who had donated blood in 2021 or 2022 and answered this question (around 4.1% of all participants), 77.9% did not report oral or anal sex with a man in the 3 months prior to donating (i.e. they were compliant with the current policy) (Table 2 and Figure 13). However, 22.1% of participants donating blood in 2021 or 2022 did report oral or anal sex with a man in the previous 3 months, which indicates non-compliance with the policy.

Table 2. Sex with a man prior to donating blood, of participants donating blood in 2021 or 2022 (N=131)

“Thinking of the last time you donated blood, did you have oral or anal sex with a man...”	n	%
Within 3 months before donating blood	29	22.1
3-12 months before donating blood	57	43.5
1-5 years before donating blood	14	10.7
More than 5 years before donating blood	9	6.9
I've never had oral or anal sex with a man	22	16.8

Note: Of the n=134 participants donating blood in 2021 or 2022, n=131 answered this question

We can also estimate compliance and non-compliance with the current MSM deferral rules another way. Of all the participants who provided information on their blood donating history, the year last donated and compliance (n=3141), 0.9% (n=29) reported being non-compliant with the current 3-month MSM deferral policy, and 99.1% (n=3,112) did not report being non-compliant with the current policy (Figure 14). In other words, 99.1% of participants had either not donated blood in 2021 or 2022, or had donated blood in this period but had not had oral or anal sex with a man in the 3 months prior.

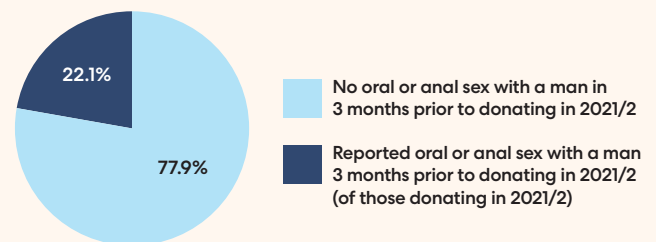


Figure 13. Sex with a man in 3 months prior to donating blood in 2021/2 (of those donating in 2021/2, N=131)

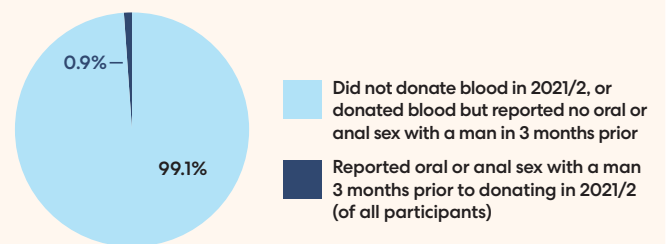
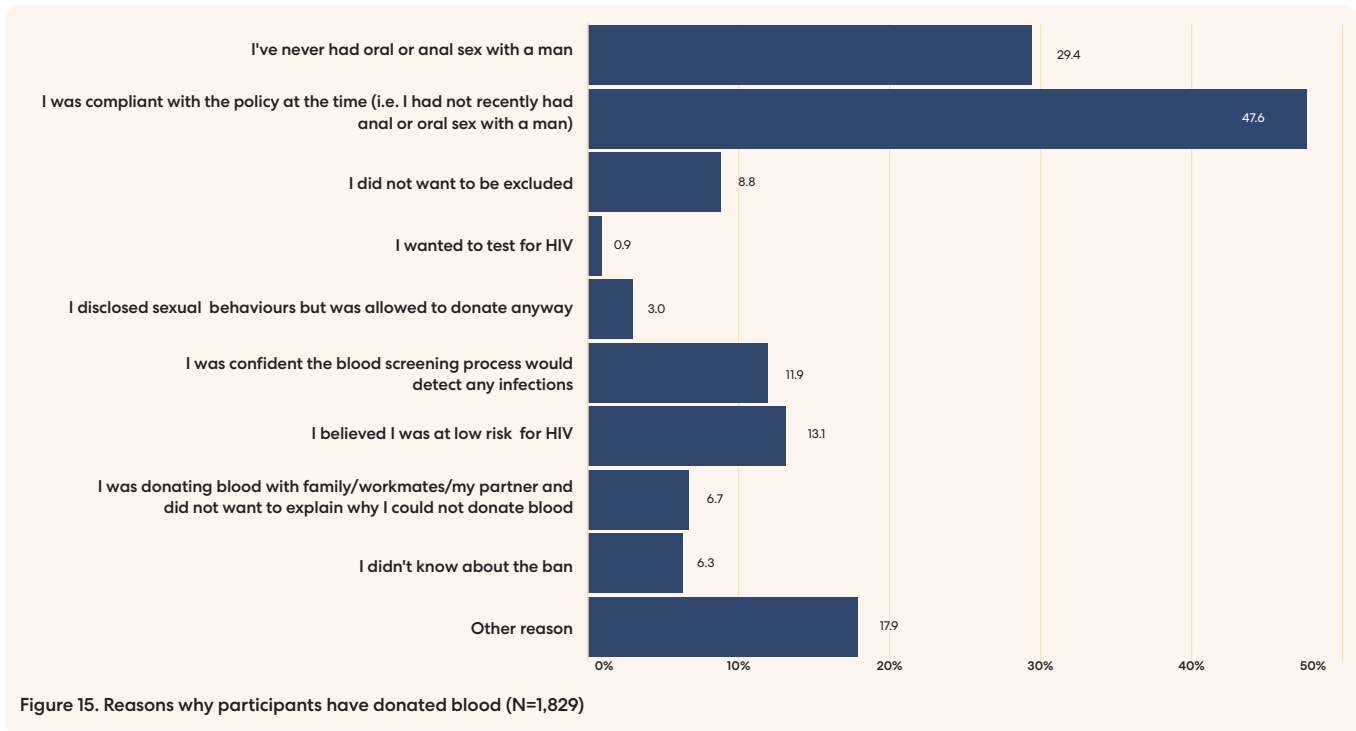


Figure 14. Sex with a man in 3 months prior to donating blood in 2021/2 (of all participants, N=3141)

Reasons for donating blood

We asked participants why they had donated blood the last time they did so, despite the deferral policy for men who have had anal or oral sex with a man over a defined period of time. The most common reasons given were that they were compliant with the policy at the time of donating (47.6%), or they had never had oral or anal sex with a man at the time (29.4%) (Figure 15).

A smaller proportion of participants who had donated gave reasons such as “I did not want to be excluded” (8.8%), “I was confident the blood screening process would detect any infections” (11.9%) and “I believed I was at low risk for HIV” (13.1%). Few (less than 1%) stated they had donated blood because they wanted an HIV test.



Several participants gave “other reasons” for having donated blood in the past (Figure 16). Common reasons included: donating a long time ago before “the ban” or HIV was in the community; donating at high school or college; donating overseas; donating before their first gay sexual experience.

Some felt that the ban was unfair and they were sure they were HIV negative, including some who had a rare blood type or wanted to help others. Others had once been regular donors, then found they could not donate any longer once they came out and started having sex with men, presumably later in life.

“Before the ban was a thing”

I was still in the closet and hadn't slept with a man at the time

I was a teenager at school. All students donated blood

Before I came out

Was straight married regular donor now excluded when I became gay

“Donated blood overseas”

Figure 16. Examples of “Other reasons” given by participants for donating blood in the past, despite the deferral criteria for men who have sex with men in NZ (N=249)

rare blood group

“We were students in college. It was the 80s. We were expected to donate”

Because I wanted to save lives and wasn't sexually active at the time

My blood would still be helpful regardless of the fact I'm gay

Had a donate blood tent set up at health day

“At the time I was a teenager. Thinking back I had had oral sex with a guy but I guess I didn't think that counted”

“High school with everyone else”

Was not out as a trans man at the time

Donated but wasn't aware of policy, not out at the time and was donating with friends so had to ring and cancel donation

“It was before the ban or even HIV was identified”

PrEP

I was straight then

It was before HIV arrived in NZ

“The ban is discriminatory and uneducated. There is a shortage of donors and I knew I was negative”

Before HIV

Reasons for not donating blood

We also asked participants who had never donated blood (n=1,829) why they had not done so. The majority (66.9%) stated they had self-deferred (i.e. were aware they could not donate and did not try) (Figure 17). Around one in ten (9.5%) said they had tried to donate but were deferred. Only 9.0% stated they were not interested in donating blood. Around one in seven participants (14.7%) gave another reason.

The youngest participants i.e. aged 16-19 were the most likely to state “another reason” (29.4%) and least likely to say they self-deferred (47.7%) (p<0.001).

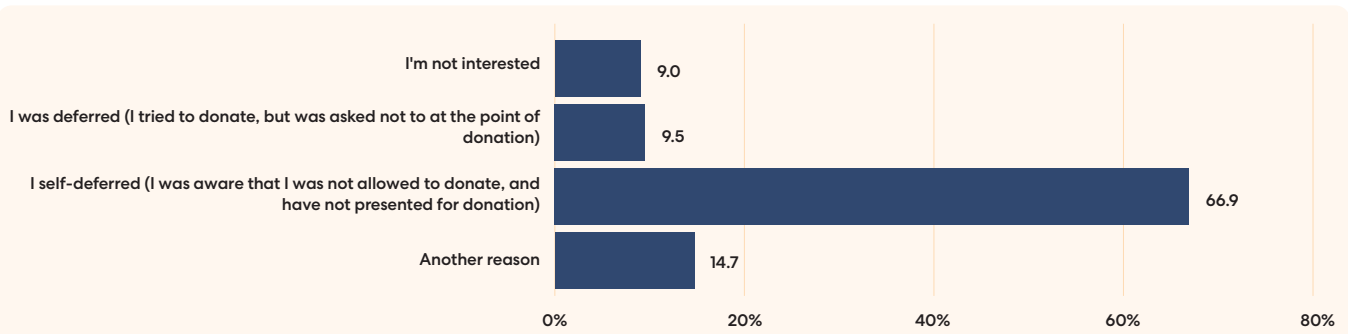


Figure 17. Reasons why participants have never donated blood (N=1,829)



Awareness of the blood donor deferral rules

Most, but not all, participants were aware of the current blood donor deferral policy in NZ affecting GBM. Fewer than three-quarters of participants (71%) stated they were aware of the rule “If you’re a man you are asked not to donate blood for 3 months following anal or oral sex with a man, with or without a condom” (Table 3).

A considerably smaller proportion (27.3%) were aware of the rules relating to blood donation and PrEP (“People are asked not to donate blood for 3 months following their last pre-exposure prophylaxis medication”). The highest proportion (79.1%) knew that “people living with HIV are never allowed to donate, even if they are taking HIV antiretroviral medications and have an undetectable viral load”.

Table 3. Awareness of current blood donor deferral rules in NZ (N=3,168)

Criteria	Aware of rule		Not aware of rule	
	n	%	n	%
“If you’re a man you are asked not to donate blood for 3 months following anal or oral sex with a man, with or without a condom”	2251	71.0	921	29.0
“People are asked not to donate blood for 3 months following their last pre-exposure prophylaxis medication”	862	27.3	2297	72.7
“People living with HIV are never allowed to donate, even if they are taking HIV antiretroviral medications and have an undetectable viral load”	2506	79.1	663	20.9

We examined whether awareness of these current deferral rules was associated with a participant’s PrEP and HIV status. Figure 18 suggests that participants who had taken PrEP in the six months prior to survey were not more aware of the deferral relating to PrEP, compared to other participants. Participants living with diagnosed HIV were also not more likely to be aware of the deferral relating to HIV status. On the other hand, participants living with HIV were less likely to be aware of the general deferral for MSM, compared to those not living with HIV (Figure 18) (p=0.001).

The deferral rules around PrEP, and the specific qualifier of undetectable viral load for people living with HIV, are relatively new criteria introduced in December 2020, so it might be that these criteria have not been well socialised yet

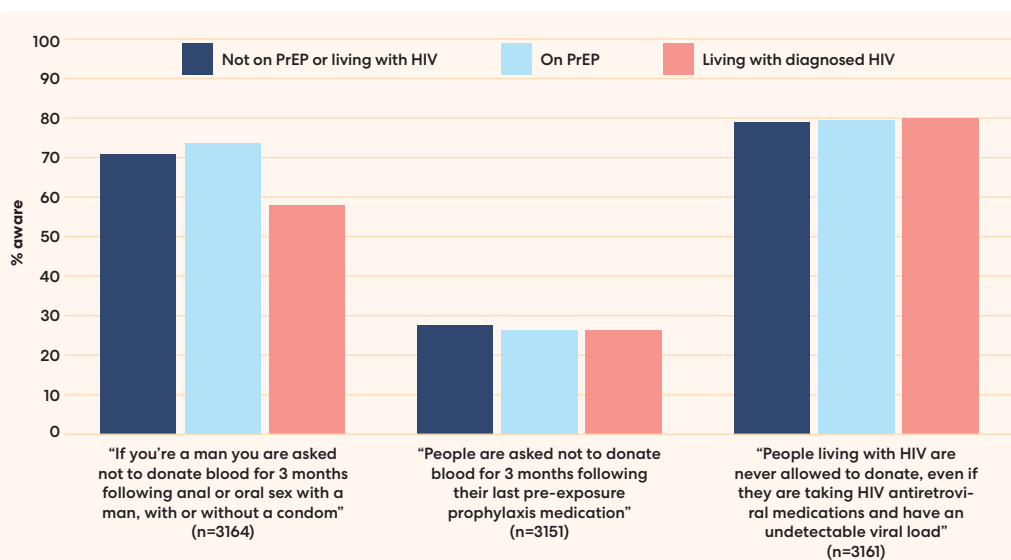


Figure 18. Proportion aware of the current deferral rules in NZ by PrEP and HIV status

Interest in donating blood

Participants expressed high interest in donating blood. More than four out of five participants (82.0%) stated they were interested in donating blood, with fewer than one in five (18.0%) stating they were not interested (Figure 19). Interest in donating blood was higher among participants who had previously donated more than once, compared to those who had donated once or never (Figure 20) ($p < 0.001$).

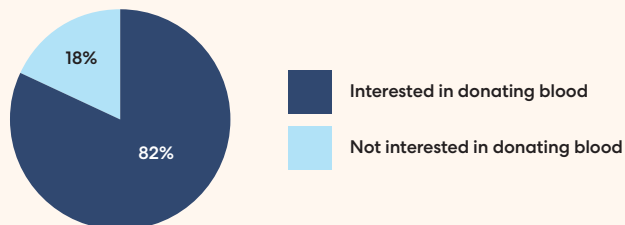


Figure 19. Proportion interested in donating blood (N=3,235)

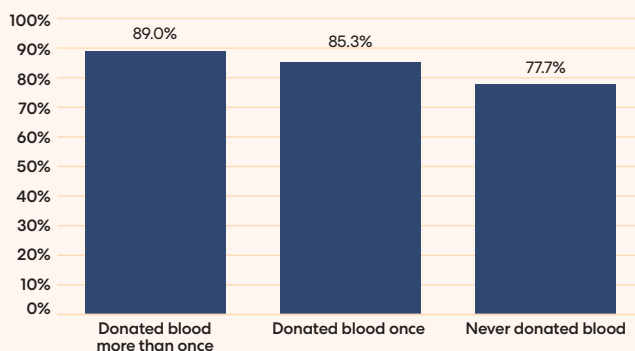


Figure 20. Proportion interested in donating blood by donation history (N=3,201)

Participants aged under 40 appeared to be more interested in donating blood than older participants ($p < 0.001$). For example, 87% of those aged 20-29 indicated they were interested in donating blood, compared to 67.3% of 60-69 year-olds. Interest in donating blood was universally high across GBM of different ethnicities (Figure 21). This was highest among GBM identifying as Māori (85.3%) or one of the MELAA ethnicities (86.8%), and was lowest among GBM identifying as one of the "Other" ethnicities (63.3%) ($p = 0.026$).

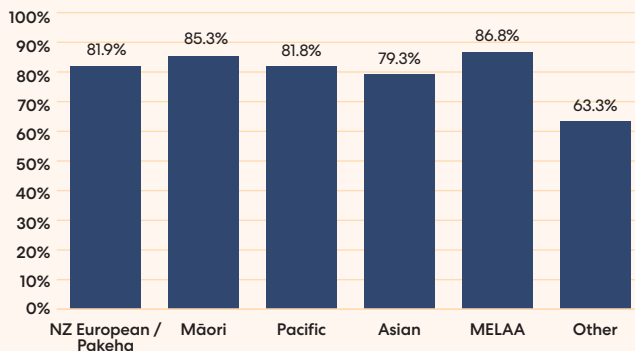


Figure 21. Proportion interested in donating blood by ethnicity (prioritised) (N=3,207)

Although blood donation is not currently allowed by people taking PrEP medication, or by people living with diagnosed HIV (even if someone is on antiretroviral treatments and has an undetectable viral load), many of these participants expressed interest in donating blood.

Figure 22 shows that a similar proportion of GBM on PrEP (82.7%) were interested in donating blood compared to GBM not on PrEP (83.9%).

Half (49.0%) of GBM living with diagnosed HIV expressed an interest in donating blood, the majority of whom would have been on treatment and had an undetectable viral load. This was still significantly lower than participants not living with HIV ($p < 0.001$).

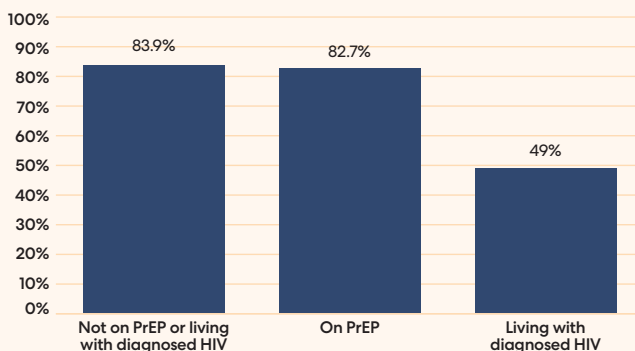


Figure 22. Proportion interested in donating blood by PrEP and HIV status (N=3,229)

Attitudes to blood donation

We asked participants a variety of questions regarding their attitudes to blood donation (Figures 23 and 24, and Table 4). These included feelings about NZ's current 3-month donor deferral policy, feelings about the risk posed by participant's own blood should it be donated, and feelings about the NZ Blood Service itself. For each statement, participants were asked to choose a score from [1] "strongly disagree" to [5] "strongly agree". Most questions about a particular issue were asked at least two ways, for example, we asked about an issue both in the affirmative and in the negative.

In this report, we show responses to these attitude questions to give an overall flavour to participant's views. We are also conducting more in-depth analyses of these items, for example, in order to see if they can help predict future intentions to donate blood, and to see whether participants' attitudes are associated with their own HIV risk and protective behaviours.

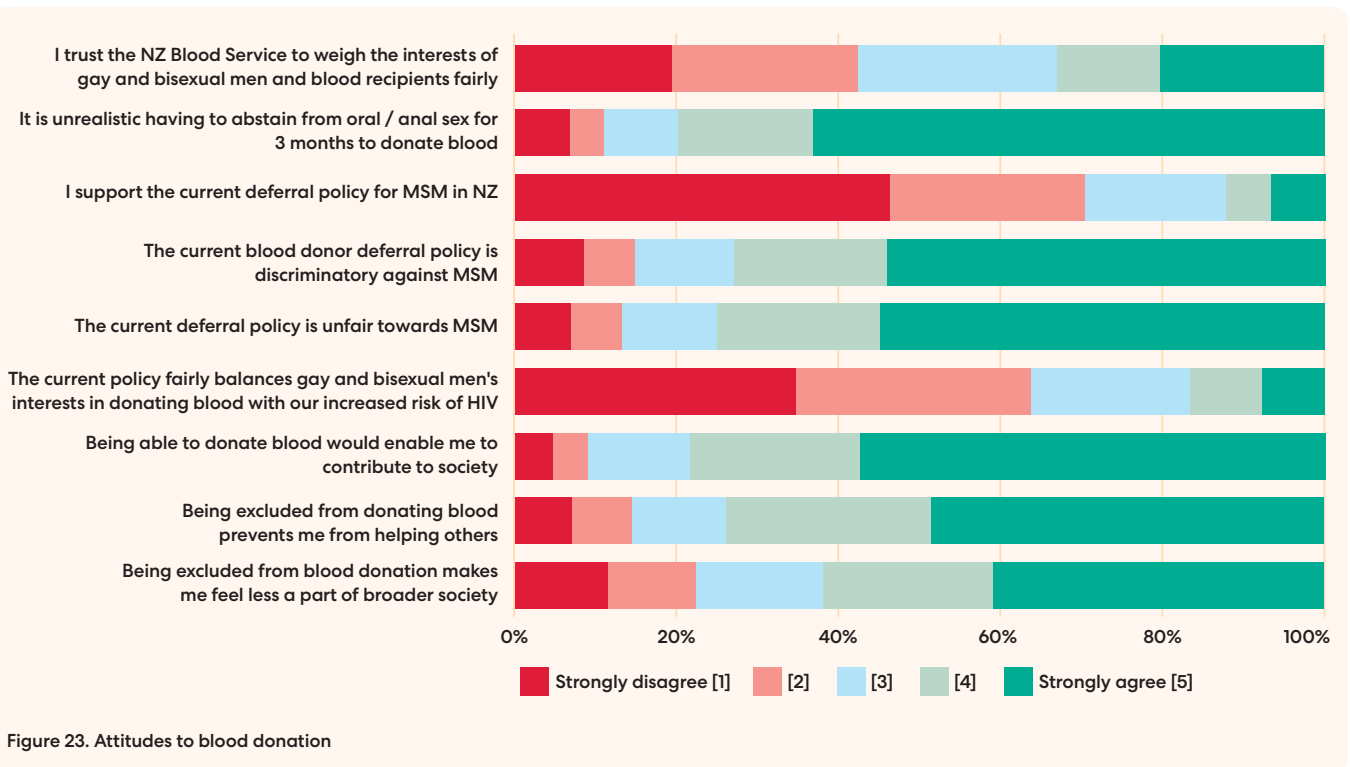


Figure 23. Attitudes to blood donation

Three-quarters (75.1%) felt the current deferral policy is unfair towards MSM (Table 4). Around a third (32.9%) agreed that they trusted the NZ Blood Service to weigh the interests of gay and bisexual men and recipients fairly, and almost four out of five (78.6%) agreed that being able to donate blood would enable them to contribute to society.

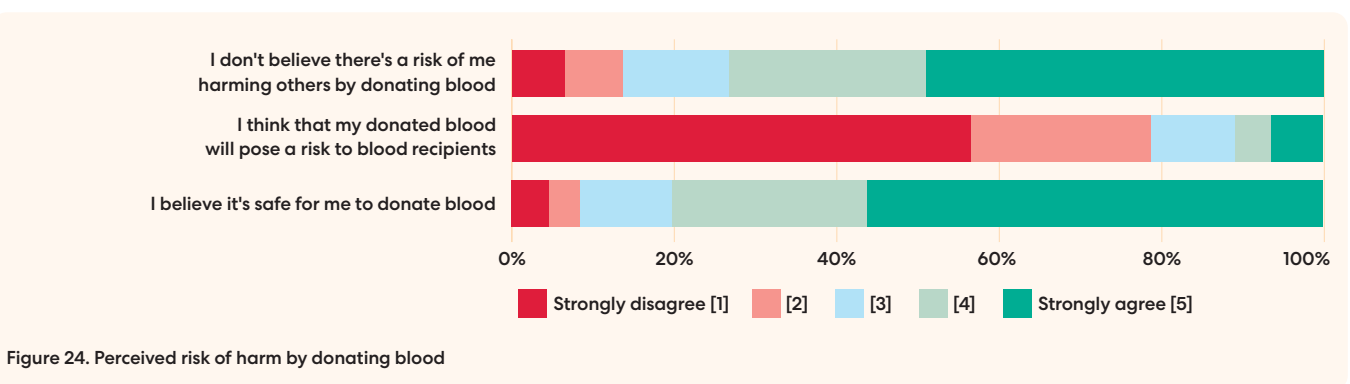


Figure 24. Perceived risk of harm by donating blood

We also asked participants whether they believe it is “safe” for them to donate blood. Most participants in our sample expressed confidence in their ability to donate, without jeopardising recipients’ well-being (Table 4).

Table 4. Attitudes to blood donation and perceived risk of harm by donating blood

Attitudes	% strongly disagree or disagree	% neutral	% strongly agree or agree
I trust the NZ Blood Service to weigh the interests of gay and bisexual men and blood recipients fairly	42.5	24.6	32.9
It is unrealistic having to abstain from oral / anal sex for 3 months to donate blood	11.1	9.0	79.9
I support the current deferral policy for MSM in NZ	70.4	17.4	12.2
The current blood donor deferral policy is discriminatory against MSM	14.8	12.1	73.1
The current deferral policy is unfair towards MSM	13.3	11.6	75.1
The current policy fairly balances gay and bisexual men's interests in donating blood with our increased risk of HIV	63.9	19.6	16.5
Being able to donate blood would enable me to contribute to society	9.0	12.4	78.6
Being excluded from donating blood prevents me from helping others	14.4	11.7	73.9
Being excluded from blood donation makes me feel less a part of broader society	22.4	15.7	61.9
Perceived risk of harm by donating blood			
I don't believe there's a risk of me harming others by donating blood	13.6	13.0	73.4
I think that my donated blood will pose a risk to blood recipients	78.9	10.3	10.8
I believe it's safe for me to donate blood	8.3	11.4	80.4



Preferences for future policy

Participants were asked which potential future blood donor deferral policy they would prefer, if given a choice. The exact wording was:

“Of the two policies presented below, which would you prefer? (please note this does not necessarily indicate a future policy from the NZ Blood Service):

- **Option 1:** I support the current policy, for example, being asked a simple broad question (e.g. when did you last have sex with a man), but being asked not to donate if I have had sex within a certain timeframe
- **Option 2:** I support a more tailored policy, for example, more detailed personal questions about my behaviour, if it potentially allowed me to donate sooner”.

The majority (86.1%) stated that they preferred the second option, that is, a more tailored policy that asked more questions about their behaviour, in exchange for a shorter deferral period. Around one in seven participants (13.9%) preferred a policy similar to the current one, with less detailed questions.

Support for each option varied by a participant’s age and ethnicity. Participants aged in their 20s and 30s were the most likely to favour Option 2 (more direct personal questions) (Figure 25). Those aged 50 and over were least likely to favour Option 2, even though most still preferred that option, (Figure 25). Participants who identified as an Asian ethnicity or one of the “Other” ethnicities were also the most likely to prefer Option 1 (less detailed questions), even though the majority still favoured Option 2 (Figure 26).

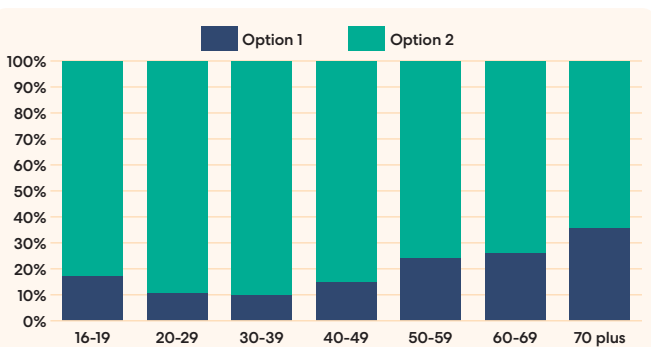


Figure 25. Preference for potential future deferral policy by age group (N=2,764)

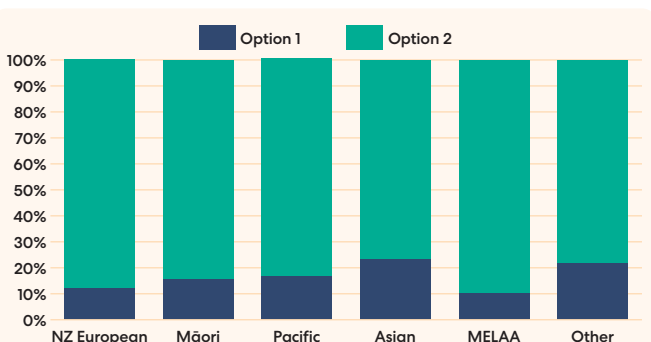


Figure 26. Preference for potential future deferral policy by ethnic group (prioritised) (N=2,792)

Intentions to donate should participants become eligible

We gauged participants’ intentions to donate blood in the future, if the deferral rules changed and they became eligible to do so. We asked participants the following:

“If I became eligible in the future, I intend to donate blood”

All participants were asked to choose a score from [1] “strongly disagree” to [7] “strongly agree”.

Of the 2,989 participants responding, 11.8% “disagreed” with this statement (i.e. gave a score of [1] to [3]), 7.5% were “neutral” (i.e. gave a score of [4]), and 80.6% “agreed” (i.e. gave a score of [5] to [7]) (Figure 27).

The high level of intention to donate blood in future is encouraging. However, a challenge for blood services will be converting these intentions into presentations for donating blood.

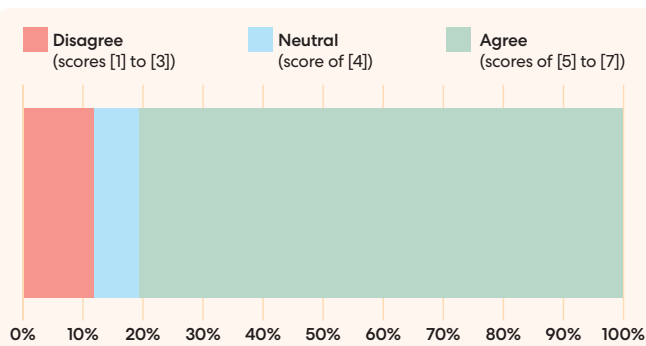


Figure 27. “If I became eligible in the future, I intend to donate blood” (N=2,989)

We will examine intentions to donate blood and how they are related to other behaviours and attitudes in more detailed analyses elsewhere.

In participants' own words

A final question in the blood donation section of the SPOTS survey invited participants to write in their own words how they felt about possibly donating blood in future. Participants provided extensive comments; over 2,300 participants wrote in their thoughts.

We provide a tone of these comments here, and have organised them into three groupings: those less inclined to donate blood in future; those who were unsure or ambivalent; and those who were more inclined to donate blood in future. By far the most comments related to participants who intended to give blood in the future, should the policy change and make them eligible.

Participants less inclined to donate blood in future

Over 280 participants wrote comments explaining why they felt less inclined, or not inclined, to donate in future. Needle phobias were the most common reason given. Other reasons included living with diagnosed HIV, other health issues, or simply not being interested.

Figure 28 shows examples of specific comments as written by participants.

I would have to give too much blood, and people don't want blood from gay donors anyway

"I would like to donate blood but I am not prepared to isolate from sexual activity to do so"

Not that fussed about the issue & don't like needles

I don't want to put anyone at risk

I feel like I won't ever be able to trust them

Because in Te Ao Māori everything has a mauri, meaning I wouldn't want to pass some of my mauri into another human that isn't a direct whakapapa link to me

"Being undetectable still carries a margin of risk"

"I believe the current situation policy is correct and the rights of recipients trump the rights of donors"

Figure 28. Open-ended responses provided by participants less inclined to donate blood in future

I can contribute to society in so many other ways. There is no way that this is the most important discrimination I face as a MSM

My culture does not allow me to do this

Other medical reasons

“Do not like needles or seeing blood”

I get nauseous with blood

Honestly it sounds bad but it just creeps me out majorly

I am ineligible to donate for reasons other than MSM

Age but if it was to save a life I would

“I have too many risk factors to feel comfortable about donating blood again”

“I choose other ways of contributing to society. I work in health so try to support education”

Religion

Intense fear of needles

Fear of the process

Participants unsure or ambivalent about donating blood in future

Over 150 participants were unsure or ambivalent about donating blood in future should the policy allow this. Needle anxiety was again a common response, as well as indifference, and feeling discriminated against by the blood service (Figure 29).

“Because of being unable to for so long it makes me feel bitter”

They haven’t exactly rolled out the red carpet

As a drug user currently not appropriate but things could change

“I feel alienated by Blood Donation services through the current policy, so I feel reluctant to help them even if they change their policy”

Would love to help people out as it can help save lives but don’t really feel comfortable donating my blood to a homophobic organisation

I don’t really think about it, but I would like the option to

I’m uncertain whether or not I would, as I already have so many blood tests with being on PrEP

Why should I give rhnull (rarest blood in the world) to homophobes?

I’m indifferent

“If the situation arose that blood was urgently needed I would, but I believe for the sake of eliminating the risk of HIV from the blood donation pool the current rules are important. It would be selfish to donate for the sake of equality”

Figure 29. Open-ended responses provided by participants unsure about donating blood in future

For so long they have not wanted my perfectly fine blood so a change in policy would leave me hesitant. Why do they now want my blood when it's been the same all along. Kind of a "stuff you" mentality

I will trust what the rules are set for active gay men

"I feel indifferent to it. I think a significant part of that indifference is to protect myself from feeling hurt"

"If it is safe for my blood for others then I will consider a donation"

I still feel discriminated against by the blood service

I believe it is important, however do feel nervous of the process

I won't because I feel uncomfortable being asked about my sexual preference and sexual history

Probably donate if emergency call for blood or the like

Effects on my body and blood pressure

"Although undetectable I would worry about passing it on"

Participants intending to donate blood in future

Over 1,850 participants who intended to donate blood wrote in comments. There was an overwhelming sense of wanting to help others, to give back, and to contribute to society (Figure 30).

“Social responsibility to contribute what I can, especially when it comes at very little personal cost”

I want to do my bit to help others out

Seems like a very easy way to make the world slightly better

It's a public service to help people who might need blood - and as a gay man in a long-term, monogamous relationship the idea that my blood poses anyone a risk is ridiculous

“Making a contribution to society is a part of my broader sense of my value as a human being. I also come from a family where giving blood was routine for my father and was always a mark of quiet pride”

Shortage of blood donors

It's desperately needed for NZers health, and it's screened anyway so my being bi isn't an added risk and is probably less risk than some heterosexual people

It's the one thing I did in life for purely selfless reasons and always gave me a good feeling afterwards

“I intend to donate because I have a rare blood type”

“It's something I've always wanted to do”

Figure 30. Open-ended responses provided by participants intending to donate blood in future

My mum is a rare blood type and has always encouraged us to do it

“I’d like to, but they are probably weird about transgender men too”

It just makes sense. I am an organ donor, and would love to be a blood donor as well

I would love the opportunity to help others in need and, as the [Blood Service] advertises, ‘be a hero’

I’ve had surgery before, and believe donating blood is important

**Do my part.
Simple as that**

“To give back to society”

Part of my social contract

Address inequity and apologise publicly first, then I’ll donate...

“I want to awahi my hapori”

My whaanau have had many incidences in the past with needing blood. We come from an area where it’s massively in demand. Yet here we are on the outside, wanting to help but never able to enter the room. Stink

Me and my boyfriend have only ever had sex with each other

Eligibility of GBM to donate blood under current and potential future deferral policies

This section estimates what proportion of GBM are affected by the current and potential future blood donor deferral policies in NZ. To develop these estimates, we draw upon various behavioural measures collected in the SPOTS survey that are relevant to blood safety, for example sexual behaviours and HIV status. These measures can approximate the proportion of GBM who would be deferred, but might over- or underestimate the true proportion of GBM in NZ who could donate blood. This might be because:

- The behaviour measured in SPOTS differs to the NZ Blood Service policy (for example, the time periods might not match exactly, or the behaviour may be defined slightly differently)
- There are other general behaviours relevant to blood donor deferral that have not been collected in the SPOTS study (for example, recent tattooing, or travel to certain higher risk parts of the world). To view the current donor eligibility criteria, see: <https://www.nzblood.co.nz/become-a-donor/am-i-eligible/detailed-eligibility-criteria/>
- SPOTS participants may not be representative of all GBM in NZ.

Nevertheless, these data provide the first estimates of what proportion of GBM might be eligible to donate blood, under NZ's current and potential future policies. This will help the NZ Blood Service and the community understand the potential impact of a change in policy.

This section is in four parts:

- First, we estimate the proportion of GBM affected by the current blood donor deferral policy in NZ
- Second, we estimate the impact of a potential new behavioural deferral policy similar to that in the UK
- Third, we estimate the impact of a potential new behavioural deferral policy similar to that in Canada
- Fourth, we provide summary notes about these estimates. This includes the criteria collected in SPOTS relevant to blood safety, and also notes about the SPOTS sample.



Proportion of GBM affected by the current blood donor deferral policy in NZ

Under the current NZ policy, GBM who have had anal or oral sex with a man in the last 3 months cannot donate blood (i.e. are “deferred”). People living with HIV, or who have taken HIV pre-exposure prophylaxis (PrEP) in the last 3 months, also cannot donate blood. A number of other restrictions also apply, including age, sexually transmitted infection (STI) history, injecting drug use and sex work.

According to the 2022 SPOTS study, we estimate that under the current NZ policy:

- One in eight GBM (13%) are eligible to donate blood, so long as they satisfy other general donor deferral criteria the SPOTS study did not ask about (e.g. no recent tattooing, travel history)
- At least 87% of GBM are deferred from donating blood.

Notes about this estimate:

This deferral estimate is based on the proportion of participants reporting any of the following characteristics collected in the SPOTS survey:

- Aged 71 or over
- Living with diagnosed HIV
- Current regular partner has HIV or last anal sex partner <3 months has HIV
- Ever diagnosed with hepatitis C (even if cured)
- Ever diagnosed with syphilis
- Diagnosed with gonorrhoea <12 months
- PrEP <3 months
- Any sex with a man <3 months
- Ever injected drugs
- Paid for sex <3 months
- Been paid for sex <3 months.



Potential impact of future behavioural deferral policy similar to the UK

In 2021 the UK changed their blood donor policy, allowing more GBM to donate. GBM can now donate blood in the UK so long as they have not had anal intercourse with more than one partner, or had anal intercourse with a new partner, in the last 3 months. This policy is also gender-neutral, meaning that all people are asked these questions, not just GBM. Some other restrictions apply, including for people living with HIV, taking PrEP, or engaging in chemsex (sexualised drug use).

According to the 2022 SPOTS study, we estimate that under a potential future “UK-style” policy:

- Approximately 37% of GBM in NZ could be eligible to donate blood (so long as they satisfy other general donor deferral criteria)
- At least 63% would be deferred from donating blood.

This means that a more inclusive policy similar to the current UK policy could in theory attract almost 3 times the number of GBM donating blood in NZ, compared with the current NZ policy (i.e. 37% vs 13% currently).

It also means that of the MSM deferred under the current NZ policy (87% of all MSM), 31% would become eligible to donate under a potential future “UK-style policy”, and 69% would remain deferred.

For example, under a “UK-style” policy, GBM having anal intercourse in a monogamous relationship could potentially donate. GBM who had not had any anal intercourse in the previous 3 months could also potentially donate, even if they had more than one sexual partner over this period.

Notes about this estimate:

This deferral estimate is based on the proportion of participants reporting any of the following characteristics collected in the SPOTS survey:

- Aged under 17 or over 66
- Living with diagnosed HIV
- Current regular partner has HIV or last anal sex partner <3 months has HIV
- Ever diagnosed with hepatitis C
- Ever diagnosed with syphilis
- PrEP <3 months
- Anal intercourse with new (<3 months) regular partner, or anal intercourse with casual partners <6 months
- Ever injected drugs
- Chemsex
- Paid for sex <3 months
- Been paid for sex <3 months.

Potential impact of future behavioural deferral policy similar to Canada

In 2022 Canada also changed their blood donor policy, allowing more GBM to donate. GBM can now donate blood in Canada so long as they have not had anal intercourse with more than one partner, or had anal intercourse with a new partner, in the last 3 months. This policy is also gender-neutral, meaning that all people are asked these questions, not just GBM. Some other restrictions apply, including for people living with HIV, or taking PrEP. Unlike the new UK policy, Canada does not have a restriction on people engaging in chemsex.

According to the 2022 SPOTS study, we estimate that under a potential future “Canada-style” policy:

- Approximately 41% of GBM in NZ could be eligible to donate blood (so long as they satisfy other general donor deferral criteria)
- At least 59% would be deferred from donating blood.

A more inclusive policy similar to the current Canadian policy could in theory attract more than 3 times the number of GBM donating blood in NZ, compared with the current policy (i.e. 41% vs 13% currently).

It also means that of the MSM deferred under the current NZ policy (87% of all MSM), 34% would become eligible to donate under a potential future “Canada-style” policy, and 66% would remain deferred.

For example, as with the UK, under a “Canada-style” policy, GBM having anal intercourse in a monogamous relationship could potentially donate. GBM who had not had any anal intercourse in the previous 3 months could also potentially donate, even if they had more than one sexual partner over this period.

Notes about this estimate:

This deferral estimate is based on the proportion of participants reporting any of the following characteristics collected in the SPOTS survey:

- Aged under 17
- Living with diagnosed HIV
- Current regular partner has HIV or last anal sex partner <3 months has HIV
- Ever diagnosed with hepatitis C (even if cured)
- Ever diagnosed with syphilis
- PrEP <3 months
- Anal intercourse with new (<3 months) regular partner, or anal intercourse with casual partners <6 months
- Ever injected non-prescribed drugs
- Paid for sex <3 months
- Been paid for sex <3 months.

Explanatory notes about estimating blood donation eligibility in SPOTS

Select characteristics relevant to blood safety and GBM in NZ

The following characteristics are relevant to blood safety in NZ and elsewhere (Table 5). A brief description of the current NZ blood donor deferral criteria is given alongside.

Table 5. Characteristics relevant to blood safety

Characteristic	Description
Age	A new blood donor can donate after the age of 16 and before the age of 71.
Living with HIV	People with diagnosed HIV are not permitted to donate blood. This applies even if the person is on HIV antiretroviral treatment (ART) and has an undetectable viral load (UVL).
Sexual partners are living with HIV	People are not permitted to donate blood if they have had sex with a partner living with HIV within the last 3 months, even if the partner is on HIV antiretroviral treatment (ART) and has an undetectable viral load (UVL).
Hepatitis C	People with hepatitis C cannot donate blood (permanent deferral).
Sexually transmitted infections such as gonorrhoea and syphilis	People should not donate blood if they have ever had syphilis, or if they have had gonorrhoea (until 3 months after completion of treatment).
Time since last sex with men	Men are not permitted to donate blood if they have had sex (oral or anal, with or without a condom) with a man in the last 3 months.
Anal intercourse with new or multiple partners	In some countries such as the UK, Canada and US, people are deferred if they have had anal intercourse with a new sexual partner in the last 3 months, or more than one partner in the last 3 months.
Injecting drug use	People who have ever injected drugs that have not been prescribed are not permitted to donate blood.
Chemsex	In some countries such as the UK, people are deferred if they have taken a drug to enhance sexual interaction before or during sex.
Sex work (paying for sex and being paid for sex)	People are not permitted to donate blood if they have accepted payment in exchange for sex in the last 3 months or paid for sex.

As noted earlier, it was not always possible to exactly match a blood donor deferral criteria to a SPOTS question. For example, in NZ people are deferred from donating blood for 3 months following completion of treatment for gonorrhoea. However, SPOTS only asked participants if they had been diagnosed with gonorrhoea in the last 12 months, and did not ask a specific question about gonorrhoea treatment.

Notes on the SPOTS sample used to generate these estimates

For the estimates in this section we limited the sample to participants who reached the end of the survey and answered questions on: (i) time since last sex with a man; (ii) age. This reduces the amount of missing data relevant to developing the eligibility estimates. Of the n=3,253 participants who responded to the blood donation section of the questionnaire, n=2,920 reached the final section of the questionnaire that included age, and of these, n=2,877 answered the question on time since last sex with a man.



Summary

SPOTS is the most comprehensive NZ study to date on blood donation practices and attitudes among GBM. Although this was a non-random community study and therefore not generalisable to the wider GBM population, the sample is the largest and most diverse of its kind in NZ. The survey was conducted in 2022, in a policy context of a 3-month deferral for men having oral or anal sex with a man (with or without a condom), and in an HIV prevention context of new biomedical tools such as PrEP and undetectable viral load. Other jurisdictions such as the UK, Canada and US have also recently liberalised their deferral policies relating to sex between men.



Many GBM participants in SPOTS reported a history of donating blood. More than two out of every five participants had donated blood at least once in their life, although for most this had occurred some time ago, and only one in ten of prior donors (or 4.1% overall) had donated blood in 2021/22 under the current 3-month deferral policy in NZ. Most donors in 2021/22 were compliant with the MSM deferral policy; of the whole sample, less than 1% showed evidence of non-compliance with the MSM policy during this period. Donors gave a variety of reasons for donating despite the deferral rules, including being compliant with the policy at the time, altruism, faith in blood screening processes, and believing they were at low risk of having HIV.

Most participants were aware of the current 3-month deferral rules for MSM, although fewer knew about the newer deferral relating to PrEP that was introduced in December 2020. About three-quarters of participants felt the deferral rules for MSM were unfair or discriminatory, a similar proportion felt that being excluded from donating blood prevented them from helping others, and around 70% did not support the current rules. Only around one in ten felt that their blood would pose a risk to others. Around four out of every five participants were interested in donating blood, and a similar proportion stated they intended to donate blood should they become eligible to do so in future. Most participants preferred a future blood donor deferral policy that was more tailored and individualised.

We estimate that 87% of GBM are excluded from donating blood under the current NZ blood donor deferral policy, meaning just over one in every eight GBM (13%) are currently eligible to donate. A more inclusive blood donor policy such as in the UK or Canada could increase eligibility among GBM to 37% and 41% respectively. This could in theory attract around three times as many GBM donors to NZ's blood donor pool, compared to the current number eligible.

For GBM, a more inclusive policy could also potentially allow GBM in monogamous relationships to donate blood, as well as GBM of any relationship status who have not engaged in anal intercourse in the prior three months, so long as they are not deferred for other reasons.

Recommendations

- The NZ Blood Service should develop a more inclusive blood donor deferral policy for GBM and seek approval to implement this from Medsafe, the NZ regulator
- The new policy should move towards more individualised risk assessments that are favoured by GBM in NZ, and remove overbroad criteria, such as engaging in any oral or anal sex with a man
- The NZ Blood service should consider the current UK and Canadian deferral policies as examples of more inclusive policies that have been implemented overseas
- In addition to the behaviours and attitudes presented in this report, the NZ Blood Service should consider recent trends in HIV transmission in NZ. This includes the likely low number of GBM living with undiagnosed recently-contracted HIV
- The NZ Blood Service should also consider how a more inclusive blood donor deferral policy for GBM will affect the number of people available to donate blood in NZ

- The NZ Blood Service should consider effective ways to engage GBM and explain any changes to policy. This recognises the strong feelings of distrust and hurt expressed by many GBM in relation to historic and current NZ deferral policy, but also the strong interest in donating blood among many GBM. This could increase participation in blood donation by future eligible GBM
- The NZ Blood Service should also seek more effective ways to communicate donor deferral criteria regarding newer biomedical HIV prevention tools, for example, through strong collaborations with GBM community organisations. This includes communicating rules on PrEP, and HIV undetectable viral loads (i.e. the fact that “undetectable equals untransmissible (U=U)” does not apply to donating blood in the same way it applies to sex). This will be important given increasing access to and use of these prevention approaches by GBM in NZ, and the goal to increase biomedical HIV prevention coverage under the National HIV Action Plan for Aotearoa New Zealand 2023-2030.

Next steps for the study

- The research team will continue to analyse SPOTS responses provided by participants. We will share the findings with communities, the NZ Blood Service and other researchers in a range of ways, such as hui, presentations and academic journals.
- We will also host a major workshop in early 2025 to highlight key findings across the SPOTS study, gather feedback and identify new priorities for policy and practice.

