

SEXUAL PRACTICES AND HEALTHCARE USE OF MEN WHO HAVE SEX WITH MEN ONLY AND MEN WHO HAVE SEX WITH MEN AND WOMEN – A QUALITATIVE COMPARISON

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Background: It is unclear why gonorrhoea and syphilis rates are increasing among women in Australia. One possible reason is transmission to women from men who have sex with men and women (MSMW). We aimed to explore sexual practices and healthcare use of MSMW and men who have sex with men only (MSMO).

Methods: Semi-structured interviews were conducted. Participants were recruited from a public sexual health clinic and via community advertisements in Melbourne, Australia. Men were eligible if they were cis male, aged 18+ years and had sex with either men or men and women in the last 12 months. Data were analysed thematically.

Results: 28 interviews were conducted (15 MSMO, 13 MSMW). Half of MSMW reported predominantly male partners and half predominantly female. Most viewed STIs as “an annoying reality of life” and both groups had positive perceptions of STI testing; however, MSMW reported less frequent testing. MSMO and MSMW who were more involved with the queer community had better sexual health knowledge. Many MSMW noted it was easier to have sexual health discussions with male partners; however, many also described the pressure of condom use, “with men, [was] to not use a condom a fair bit of time and probably by women, [was] to use a condom.” Chemsex was more commonly reported by MSMW and many MSMO had negative views towards chemsex. There was significant reluctance in both groups to disclose sexual practices to general practitioners. Biphobia and bisexual invisibility were frequently discussed.

Conclusion: MSMW described less comprehensive sexual health knowledge and many MSM were not disclosing their sex with men to health care providers. Service provision and health promotion must be broadened to capture the reality of increasing sexual fluidity. Destigmatising MSM behaviour and sexual health discussions, particularly in primary care, are crucial to ensure all people receive appropriate sexual health care.

Disclosure of Interest Statement:

None to declare.