

Health-seeking behaviours among MSMW: The role of sexual identity, attraction, and behaviour

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Background:

Men who have sex with men and women (MSMW) are a priority population in HIV and sexually transmitted infection (STI) prevention yet remain underrepresented in research. Incongruence between sexual identity, attraction, and behaviour may influence engagement with both sexual health services and mainstream healthcare. This study examined how different dimensions of sexual orientation relate to health-seeking behaviours among MSMW.

Methods:

A cross-sectional online survey was conducted with MSMW in Australia ($n=543$). Participants self-reported sexual identity, attraction, and experience, alongside sexual health clinic attendance, STI/HIV testing practices, general practitioner (GP) engagement, and awareness of sexual health services. Chi-square analyses examined associations between sexual orientation dimensions and health-seeking behaviours. A binary logistic regression model examined independent predictors of sexual health clinic attendance.

Results:

Sexual health clinic attendance differed significantly by sexual experience ($\chi^2(2, N=272)=30.35, p < .001, V = .26$) and attraction ($\chi^2(6, N=462)=22.08, p = .001, V = .22$), following a clear gradient. Participants reporting predominantly male sexual experiences were more likely to have attended a clinic (72.3%) compared to those with predominantly female experiences (40.5%). Higher attraction to men was also associated with more frequent STI/HIV testing, including testing in the past 12 months ($p \leq .003$), as well as greater awareness of MSM-targeted ($\chi^2(6, N=444)=33.92, p < .001, V = .28$) and online testing services ($\chi^2(3, N=542)=10.14, p = .017, V = .14$). In contrast, GP engagement was consistently high across all groups, with only modest variation.

Conclusion:

Health-seeking behaviours among MSMW align more closely with sexual behaviour and attraction than with identity. While general healthcare engagement is broadly consistent, disparities in usage of sexual health clinics highlight potential gaps in current service models. Strategies integrating mainstream healthcare and behaviorally informed sexual health approaches may better reach MSMW and improve testing and care outcomes.

Disclosure of Interest Statement:

None