

Reflection and reflexivity: Investigating COVID-19 risk and sexual experience among gay and bisexual men in Australia

Authors:

Storer D¹, Murphy D¹, Stephenson N², Hammoud MA¹, Prestage G¹ on behalf of the study investigators.

¹ The Kirby Institute, UNSW, Sydney

² School of Population Health, UNSW, Sydney

Background:

HIV and COVID-19 have required gay and bisexual men (GBM) to rethink their sexual practices. Changes to sexual behaviour in response to HIV were driven within the community, whereas government imposed physical distancing restrictions have driven changes for COVID-19. We investigated the changes to and impact on sexual behaviours among GBM in Australia during COVID-19, including perceptions of sexual risk.

Methods:

Twenty-six semi-structured interviews were conducted via phone and Zoom across Australia during the Delta wave (June-October 2021). Twenty-two interviews were follow-up (between nine and eleven months after first interview) and four were interviewed for the first time. Interviews explored sexual behaviour since the first interview for follow-up participants and since the beginning of restrictions in Australia (mid-March 2020) for new participants to the time of the interview.

Results:

At the time of interview, twenty-two participants had been sexually active throughout the pandemic, with one participant doing so against government restrictions. Four had no sex since the beginning of restrictions. None had tested positive for COVID-19. Changes to sexual behaviour for the purposes of COVID-19 risk reduction (e.g., pausing sex, partner selection, screening for symptoms of illness, hygiene) caused participants to reassess and reflect on what COVID-19 risk means in sexual settings. Participants choice of practices often drew on established risk reduction used for HIV. However, participants were reflexive about how practices to reduce COVID-19 risk impacted have broader impacts on, including on sexual experiences (e.g., changes in sexual connection, quality of sex, availability and variety of partners) and how they engage with sexual partners.

Conclusion:

Australian GBM were in a unique position for establishing risk reduction for COVID-19 in sexual by drawing on established practices for HIV. By drawing on these established practices, it will be important to understand how changes, if any, affected established HIV risk reduction practices.

Disclosure of Interest Statement:

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