



Bi+ Sexual Health and HIV Study: Experiences of Sexual Healthcare and Improving Sexual Healthcare Delivery

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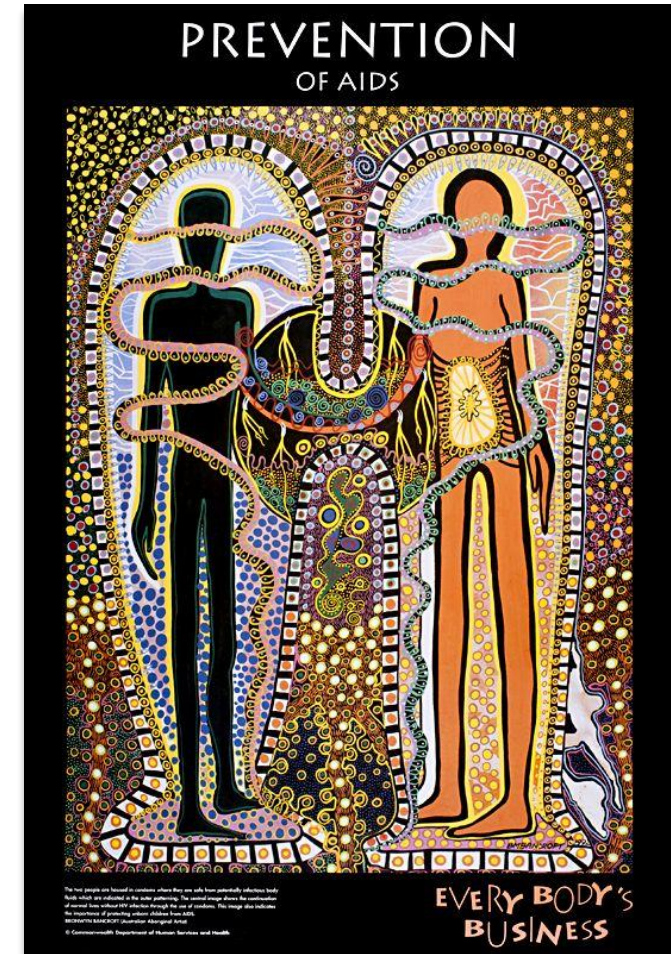
Disclosure of interest

- BiSHH received an unrestricted community grant from Gilead Sciences. Gilead had no role in the conduct of the study or the analysis or interpretation of the data.
- The Kirby Institute, UNSW Sydney, received funding from the Australian Government Department of Health and Aged Care.
- B. Bushby is supported by an Australian Government Research Training Program Scholarship.

Acknowledgement of Country

Prevention of AIDS. Everybody's Business. (1992) by proud Bundjalung Woman and artist, Bronwyn Bancroft for Commonwealth Department of Health

“The two people are housed in condoms where they are safe from potentially infectious body fluids which are indicated in the outer patterning. The central image shows the continuation of normal lives without HIV infection through the use of condoms. This image also indicates the importance of protecting unborn children from AIDS.”



Overview

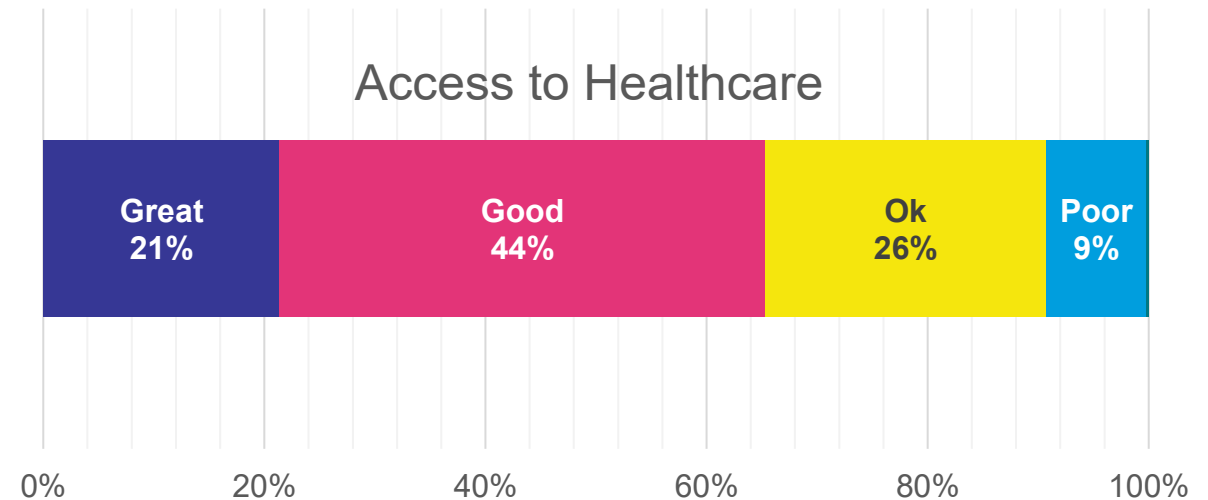
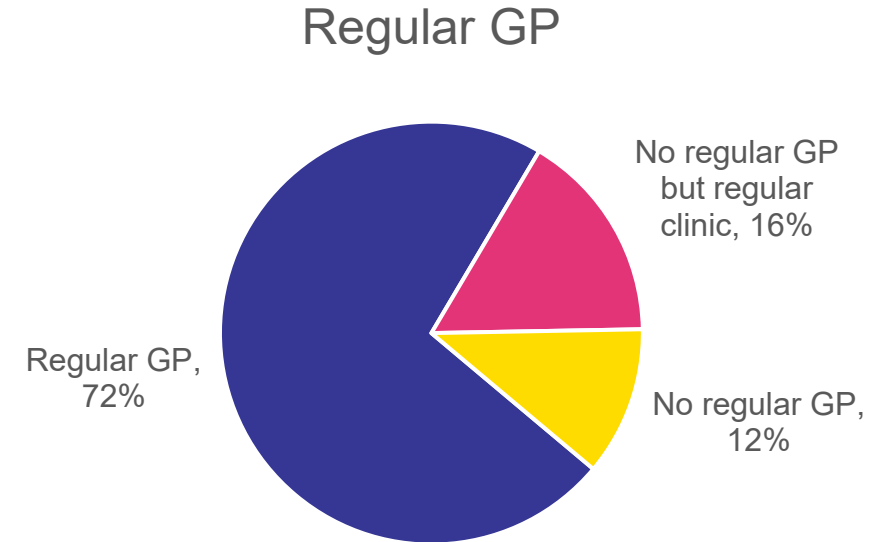
- Sexual healthcare experiences
 - Access
 - Service usage
 - Sources of information
 - Communication with healthcare providers
 - Attitudes and experiences with LGBTQ+ services
- Improving sexual healthcare delivery
- Conclusions

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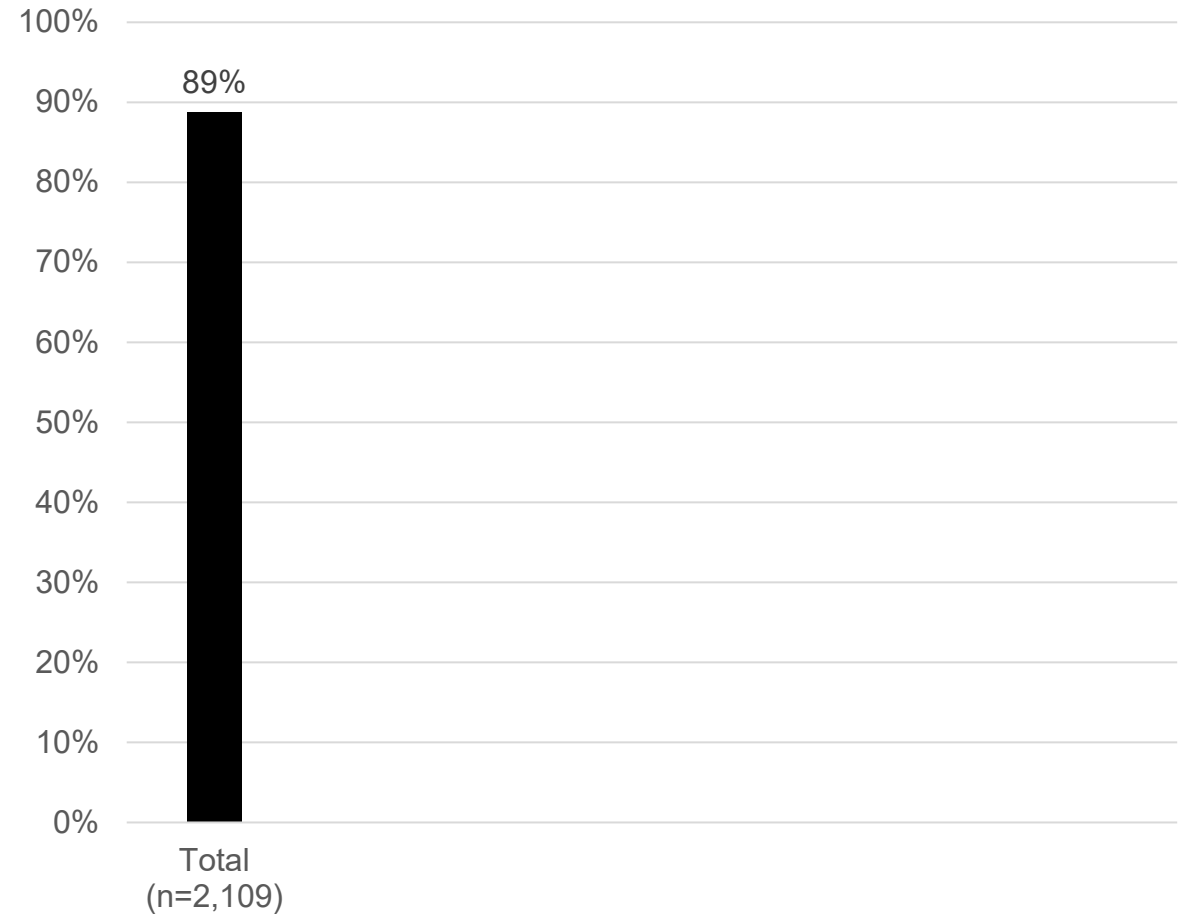
Results: Healthcare engagement

- Sample was engaged in healthcare.
 - **72%** had a regular GP.
 - **65%** had 'good' or 'great' self-reported access to healthcare.



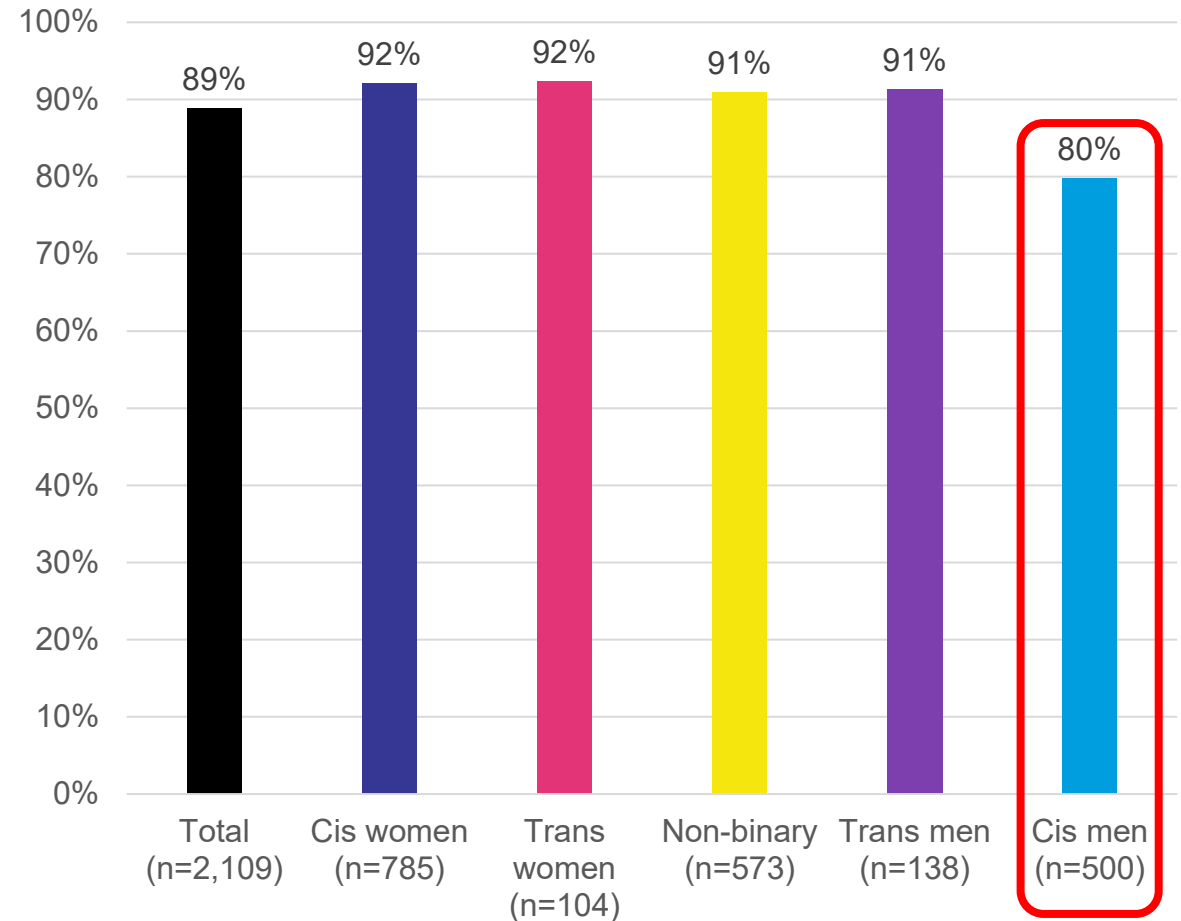
Results: Sexual health care access

- **89%** had accessed a sexual health-related service in Australia at least once in their lifetime.



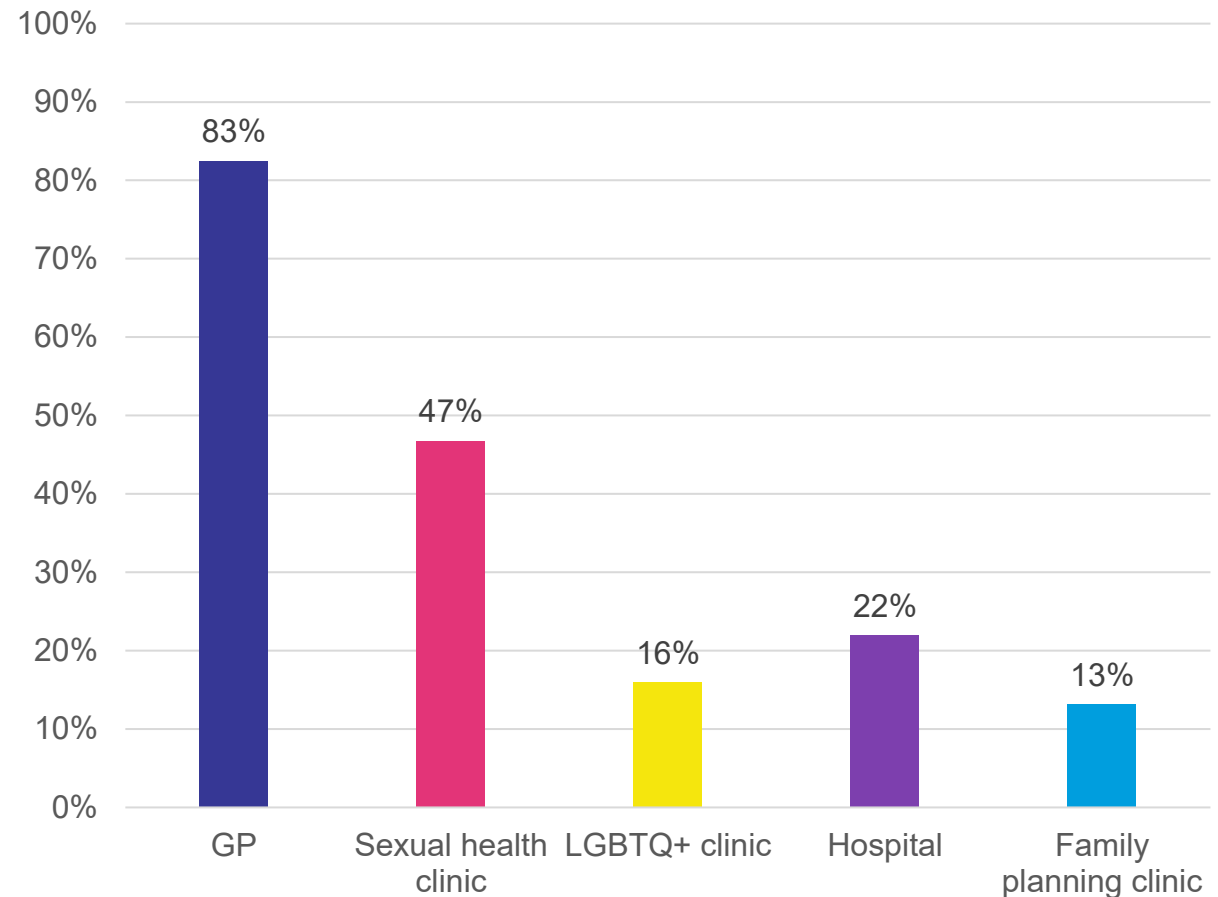
Results: Sexual health care access

- **89%** had accessed a sexual health-related service in Australia at least once.
 - >90% for all gender groups except cis men (80%).



Results: Sexual health service usage

- Most common services were GPs (83%) and sexual health centres (47%).
 - Cis men less likely to seek sexual health care at a GP (66% versus 83%).
 - Cis women less likely to go to sexual health centres (41% versus 50% or more).
 - Trans women, trans men and non-binary/gender diverse participants more likely to go to LGBTQ+ service or clinic (26%-34% versus 16%).



Results: Sexual health information

- Most common sources were searching online, doctor/health professionals, social media, and community health organisations.
- More likely to access information from LGBTQ+ friends compared to non-LGBTQ+ friends or family.
 - Trans and non-binary/gender diverse participants more likely to access information from their doctor/healthcare professionals.
 - Trans men were more likely to access sexual health information from LGBTQ+ community health organisations.
 - Cis men were less likely to access sexual health information from LGBTQ+ friends.

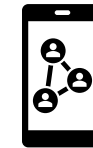
Sources of sexual health information in the last 12 months



71% searched online



60% doctor/health care professionals



54% social media



63% LGBTQ+ friends



49% community health orgs



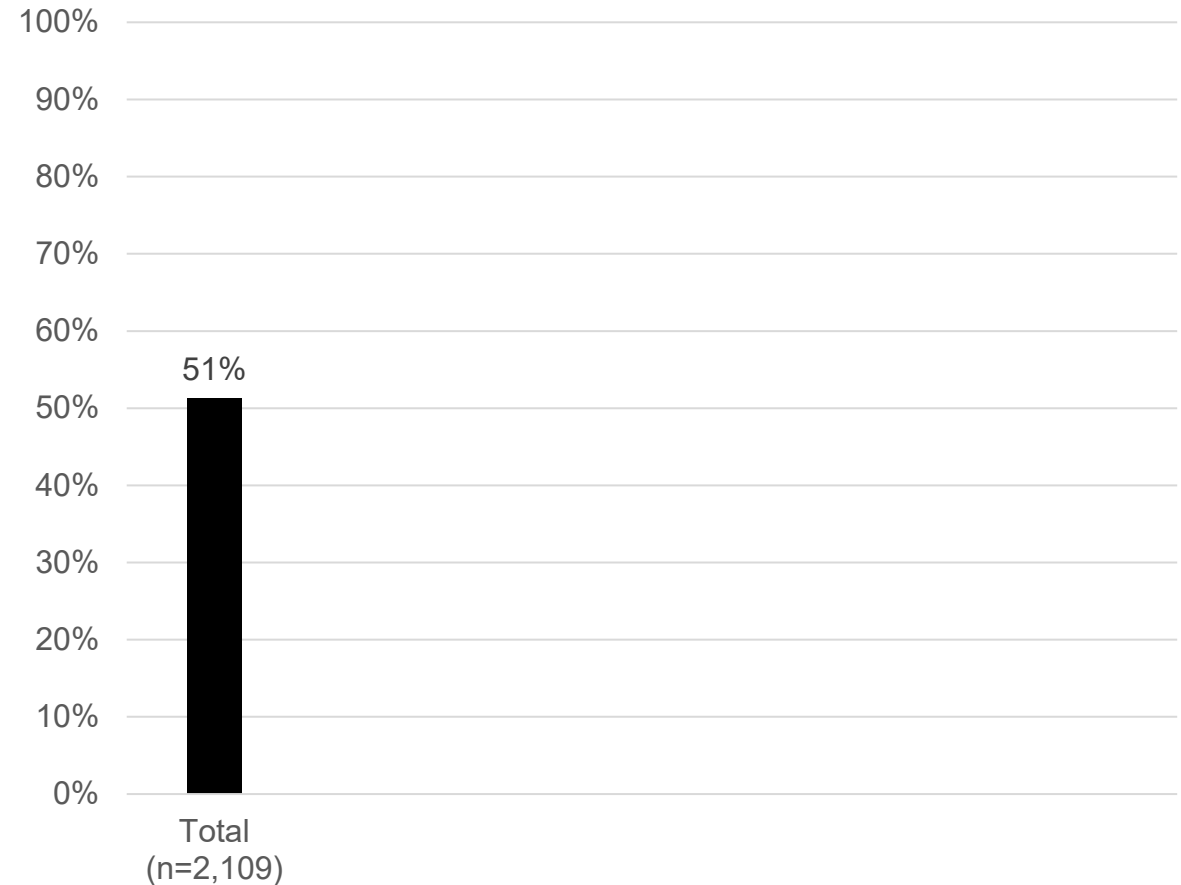
26% Non-LGBTQ+ friends



11% family

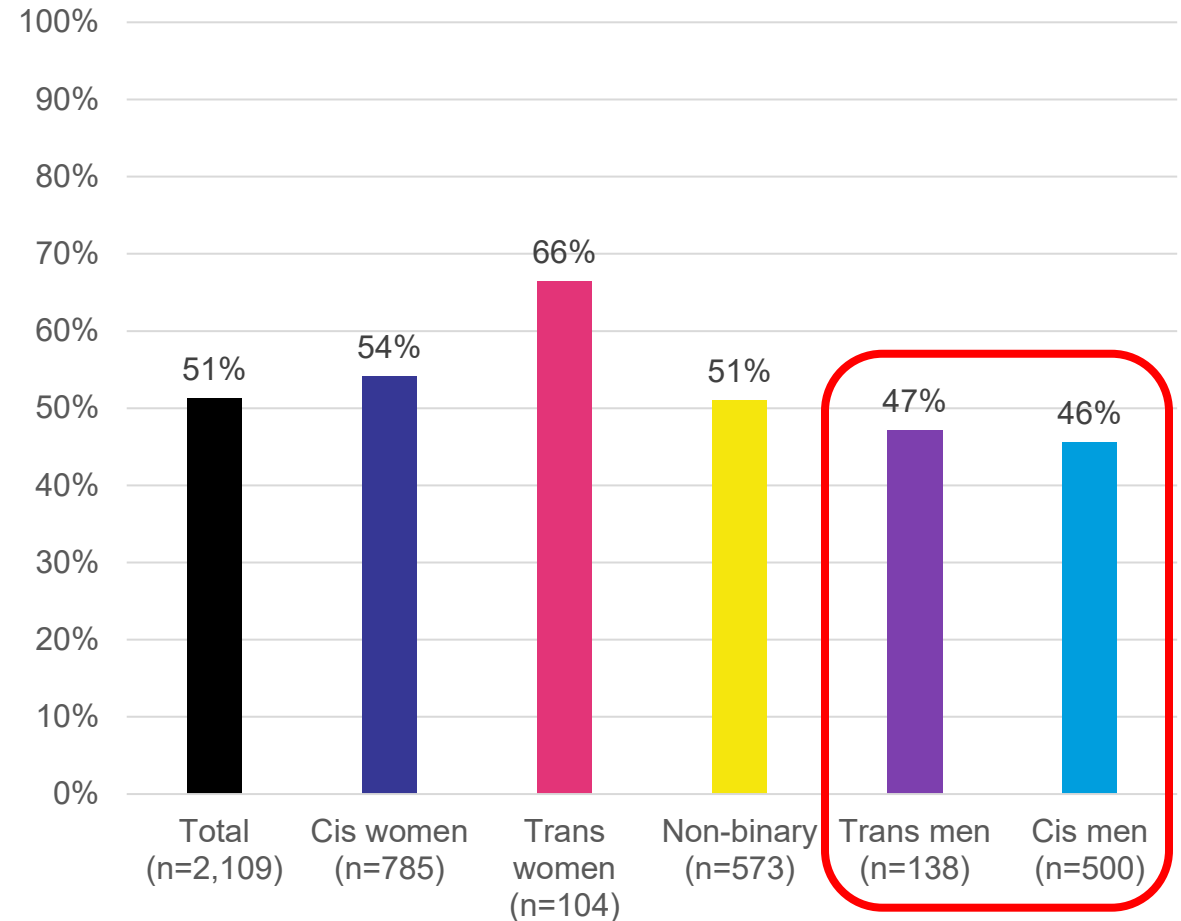
Results: Comfortability discussing sexual health

- Half (51%) of all participants felt '*comfortable*' or '*very comfortable*' talking about sexual health with their health care providers.



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- Half (51%) of all participants felt '*comfortable*' or '*very comfortable*' talking about sexual health with their health care providers.
 - Highest among trans women.
 - Men were slightly less likely to feel comfortable.



Results: LGBTQ+ services

	Total (n=2,109)
LGBTQ+ services serve my needs as a bi+ person.	48%
Feel welcomed in a LGBTQ+ service as a bi+ person.	54%
Avoided using an LGBTQ+ service.	29%
LGBTQ+ sexual health services are bi+ friendly.	55%
LGBTQ+ services could be more bi+ inclusive.	56%
Intake forms should let me say my sexual identity.	59%
Would feel included if visual signs of bi+ support.	74%

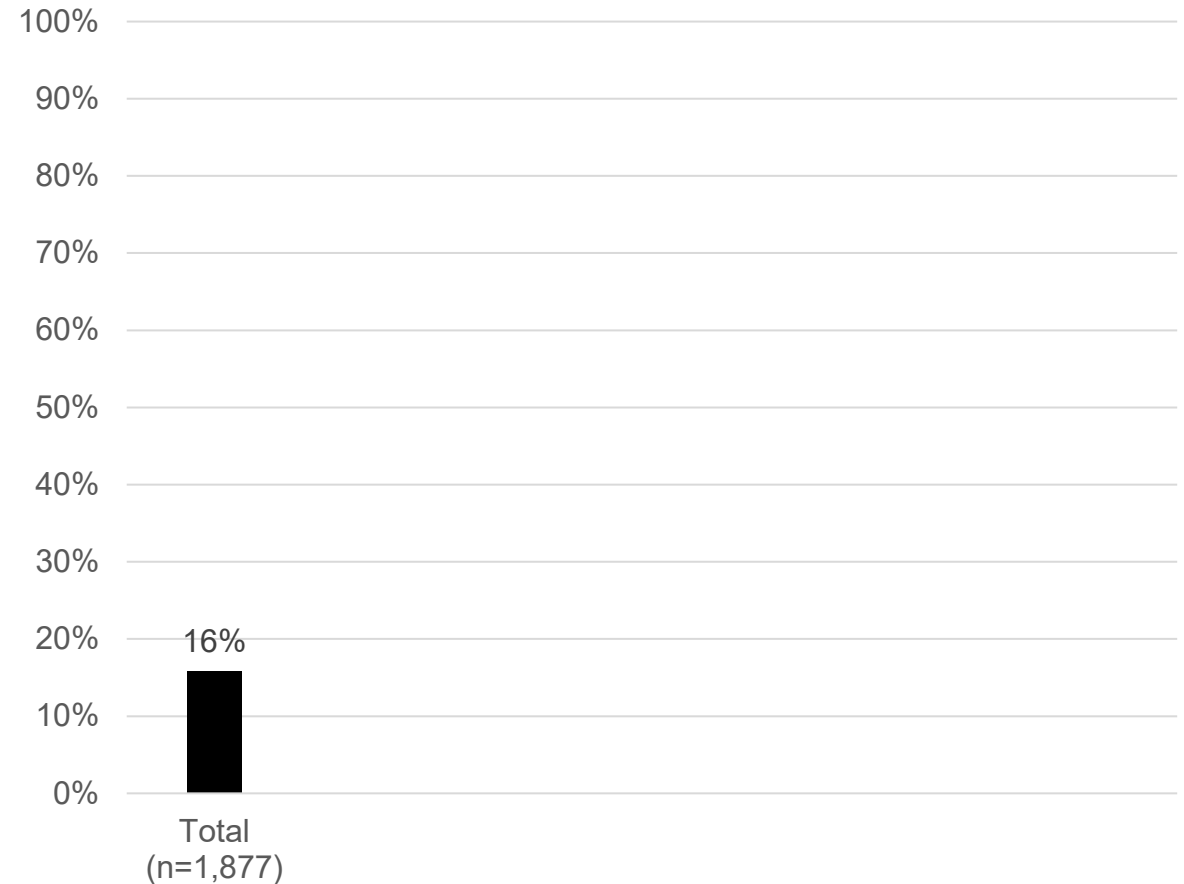
Results: LGBTQ+ services

- A mixed picture regarding how much 'mainstream' LGBTQ+ services are meeting the needs of bi+ people.

	Total (n=2,109)	Cis Women (n=785)	Trans Women (n=104)	Non-binary (n=573)	Trans men (n=138)	Cis Men (n=500)
LGBTQ+ services serve my needs as a bi+ person.	48%	38%	60%	54%	69%	46%
Feel welcomed in a LGBTQ+ service as a bi+ person.	54%	44%	69%	67%	79%	43%
Avoided using an LGBTQ+ service.	29%	33%	23%	21%	19%	34%
LGBTQ+ sexual health services are bi+ friendly.	55%	45%	66%	62%	75%	51%
LGBTQ+ services could be more bi+ inclusive.	56%	62%	49%	65%	60%	35%
Intake forms should let me say my sexual identity.	59%	60%	71%	71%	71%	38%
Would feel included if visual signs of bi+ support.	74%	81%	76%	82%	78%	52%

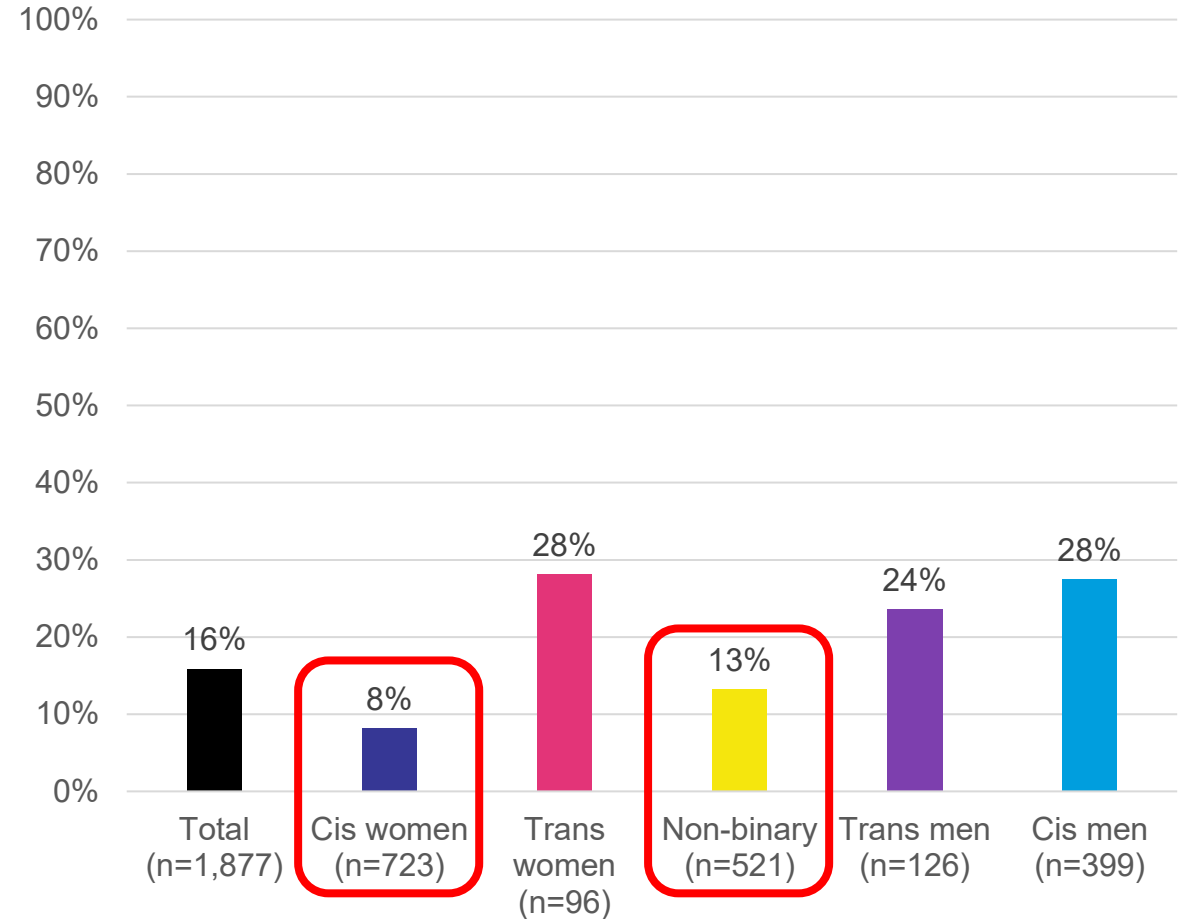
Results: Sexual healthcare experiences

- **16%** felt they were 'always' or 'mostly' provided with information specifically relevant for bi+ people at a service.



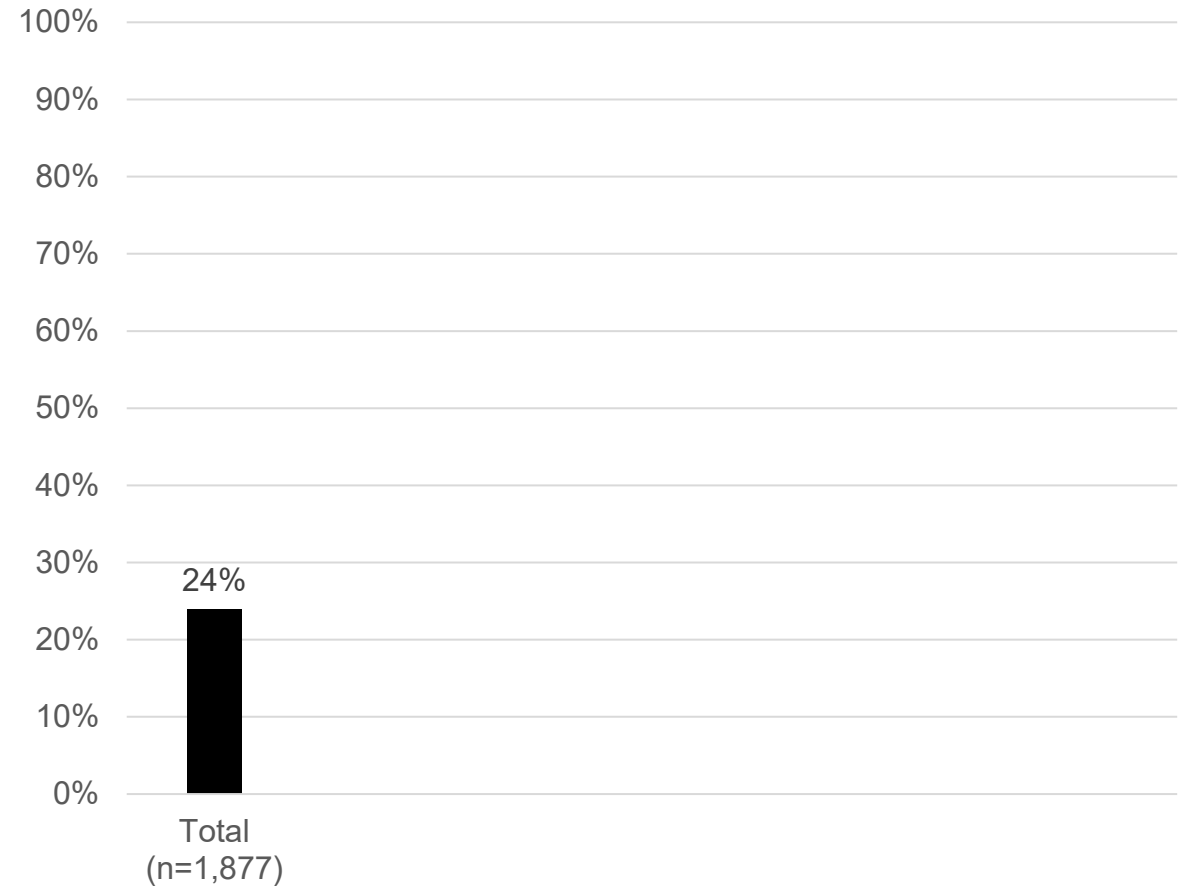
Results: Sexual health experiences

- **16%** felt they were 'always' or 'mostly' provided with information specifically relevant for bi+ people at a service.
 - Lower among cis women (8%) and non-binary people (13%) compared to the other groups (>25%).



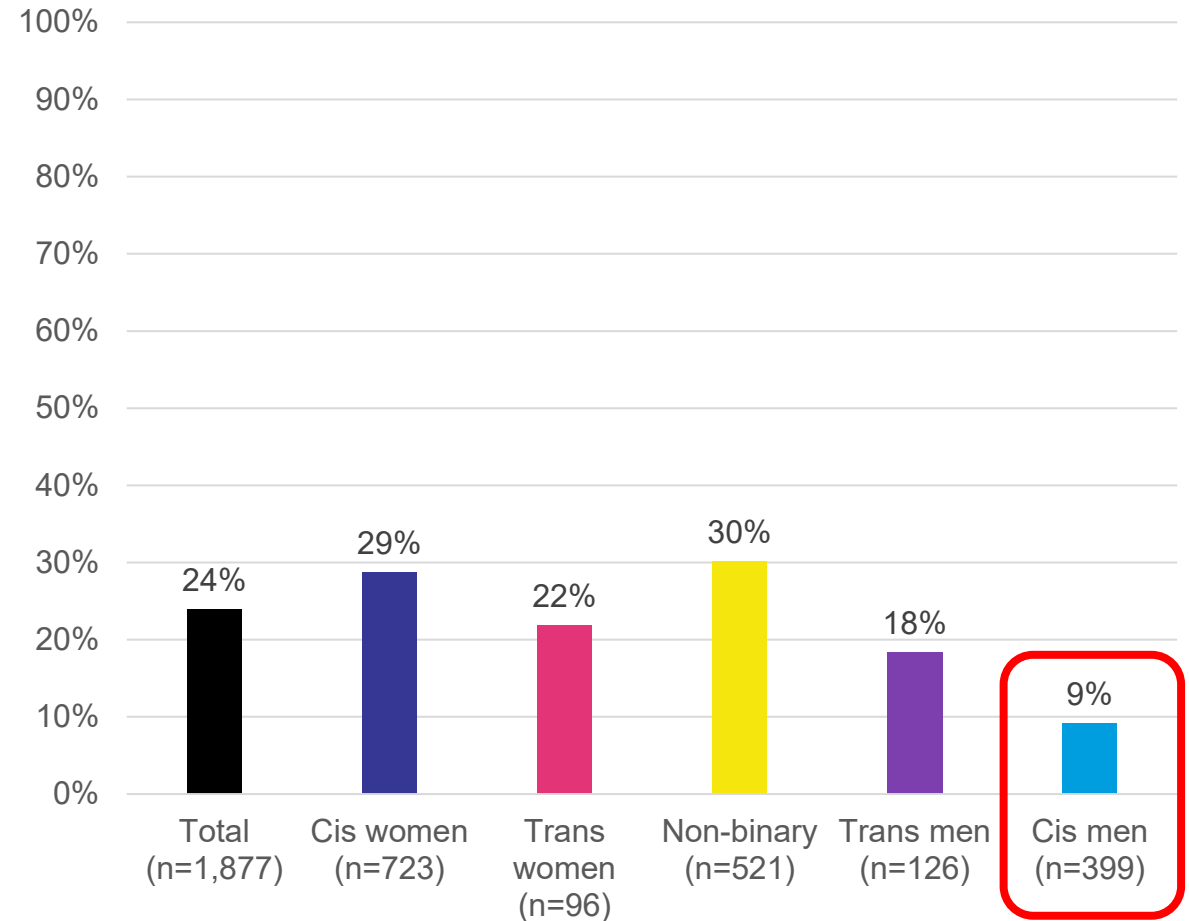
Results: Sexual healthcare experiences

- **24%** felt clinical staff 'always' or 'mostly' made assumptions about their sex life.



Results: Sexual health experiences

- **24%** felt clinical staff 'always' or 'mostly' made assumptions about their sex life.
 - Higher among all other gender groups except for cis men (>18% vs 9%).



Results: Improving sexual healthcare delivery

- Increase understanding on bi+ specific health and social issues and diversity of bi+ community, including the intersections of:
 - Gender identities,
 - Sexual identities, and
 - Non-monogamy and polyamory relationship dynamics.
- Employ the *Parts and Practices* approach.
 - Ask more behaviour-based questions about body parts.
- Offer intake forms to allow an option to indicate sexual identity and practice.

*“Some sexual health services **don't know what to do with me** or my risk profile...”*
– cis woman, 31

*“**Don't make assumptions** about what people engage in sexually.”*
– non-binary/gender diverse, 34

*“**Be better informed about what questions to ask** regarding practices and risk factors”*
– non-binary/gender diverse, 26

Results: Improving sexual healthcare delivery

- Increase signs of bi+ visibility.
 - Visual signals of bi+ support in waiting rooms and on websites (flags, bi+ focused resources, inclusive imagery).
- Use inclusive language.
- Explicit bi+ inclusion and community representation within service design.
- Don't make assumptions.
 - Recognise the complexity.
 - Person-centred approach to care.

*“Recognise that **we are often made to feel less welcome in queer spaces** relative to other LGBTQ+ people and have our queerness minimised, and therefore that **we may need lots more indication of bi+ friendliness** (explicitly, verbally and through signage etc) to feel comfortable. Being bi+ (as a cis woman) generally means **feeling sort-of-but-not-fully accepted in straight spaces** and healthcare, and **sort-of-but-not-fully accepted in queer spaces** and healthcare.” – cis woman, 31*

Conclusions

- Most participants had accessed sexual health care services, despite services not necessarily being inclusive of bi+ people or tailored to their needs.
 - Trans women, trans men and non-binary/gender diverse participants were more likely to be engaged and feel welcome in LGBTQ+ sexual healthcare.
 - Cis men in particular stand out across multiple variables as being less engaged with sexual healthcare.
 - Cis men and women often do not feel “queer enough” to access LGBTQ+ services.
- Improving sexual healthcare delivery for bi+ people should involve:
 - Increasing awareness about diversity of bi+ communities
 - Promoting bi+ visibility and support within LGBTQ+ services
 - Making less assumptions and focusing on a person-centred approach.

Thank you!

“Sex and gender are becoming more fluid than ever before and its about time our sexy health and queer spaces caught up with the behaviours of their communities.”

– cis woman, 37

Acknowledgments

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