

HIV/STI testing among bi+ people in Australia: Findings from the first national Bi+ Sexual Health and HIV study (BiSHH) 2024–25

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Background:

Bi+ people report barriers to HIV/STI testing, linked to stigma, risk misconceptions, and structural gaps within healthcare delivery, yet there has been little targeted research examining factors associated with recent HIV/STI testing among bi+ people in Australia.

Methods:

A multidisciplinary team, with input from a Bi+ Community Advisory Group, designed an anonymous online cross-sectional survey for Bi+ adults. Participants were recruited from Sep-2024 to Feb-2025 through social media, hook-up apps and mailing lists. Analyses were restricted to participants reporting sex with a casual partner (repeated or one-time) in the last year. Multivariable logistic regression examined factors associated with HIV/STI testing in the last year.

Results:

Of 2462 participants, 1,159 were included: 37.0% cis men, 30.0% cis women, and 33.0% trans or non-binary/gender diverse people. Median age was 34, 83.0% were Australian-born. 5.3% were Aboriginal and/or Torres Strait Islander. Half (51.1%) were in committed relationship/s (38.0% one partner, 13.1% multiple partners). In the last year, 80.7% had ongoing casual partner/s, 74.8% had one-time hook-up/s. Overall, 65.4% had tested for HIV/STIs (HIV:55.9%, STIs:63.2%), 36.7% and 9.8% had received an STI diagnosis ever and in the last year, respectively. 1.8% were living with HIV.

In multivariable analysis, HIV/STI testing was associated with: being in a committed relationship/s (aOR=1.64, 95%CI=1.10-2.15); lifetime STI diagnosis (aOR=2.72, 95%CI=1.86-3.97); receiving sexual health information from LGBTQ+ friends (aOR=1.98, 95%CI=1.24-3.18); having a regular GP/clinic (aOR=1.98, 95%CI=1.24-3.18); confidence discussing STI/pregnancy prevention with partners (aOR=2.32, 95%CI=1.58-3.40); being 'out' to healthcare providers (aOR=1.81, 95%CI=1.23-2.65); PrEP knowledge (aOR=6.97, 4.48-10.84) and recent condomless vaginal sex with casual partners (aOR=1.70, 95%CI=1.20-2.42).

Conclusion:

One-third of sexually-active bi+ participants had not tested for HIV/STIs in the last year. This is concerning given screening recommendations, and suggest that bi+ specific approaches to increasing engagement are warranted, including those that

increase risk awareness, and support confidence disclosing and communicating about sexual identities and sex.

Disclosure of Interest Statement:

This study was supported by funding from the Kirby Institute and an unrestricted community grant from Gilead Sciences Inc. 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.