

NON-DISCLOSURE OF SEXUAL BEHAVIOUR AND INCOMPLETE STI TESTING AMONG MEN WHO HAVE SEX WITH MEN

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Background:

Australian guidelines recommend quarterly STI testing at oropharyngeal, anorectal, and urogenital sites plus syphilis serology ('comprehensive STI testing') for sexually-active men who have sex with men (MSM). MSM are unlikely to receive oropharyngeal and anorectal tests if they do not disclose sex with men. We assessed prevalence and correlates of comprehensive STI testing.

Methods:

A national, cross-sectional online survey was conducted in July-August 2024 among adult men who had ≥ 1 male sexual partner in the past year. Logistic regression identified characteristics associated with annual comprehensive testing.

Results:

Of 2,138 participants (Median age=37yrs, 46.2% gay, 36.3% bi+, 7.4% straight), 23.1% had never tested for STIs (16.8% gay, 27.8% bi+, 37.2% straight), 20.6% had tested more than one year ago, and 56.3% had tested in the last year. Among those tested in the last year (n=1,513), 66.6% had comprehensive testing at least once, and 28.1% had comprehensive testing ≥ 3 times. Comprehensive testing was more common among gay men (78.7%) compared to bi+ (55.4%) and straight MSM (34.8%; $\chi^2(4)=122.95$, $p<.001$), primarily reflecting differential uptake of oropharyngeal (87.9%, 72.9%, 59.4%, respectively), and anorectal (82.6%, 60.6%, 39.1%) swabs, despite oral sex (87.4-89.0%) and receptive anal sex (37.7-59.8%) being very common.

Comprehensive testing was independently associated with attending a public sexual health (aOR=3.04, 95%CI=2.13-4.34) or community clinic (aOR=2.96, 95%CI=1.80-4.88), and receptive anal sex in the past six months (aOR=1.93, 95%CI=1.47-2.53). Lower odds of testing was associated with identifying as straight (aOR=0.25, 95%CI=0.13-0.48) or bi+ (aOR=0.65, 95%CI=0.46-0.91) versus gay, not disclosing sex with men to providers (aOR=0.36, 95%CI=0.25-0.52), and greater discomfort discussing sexual health with healthcare providers (aOR=0.54, 95%CI=0.40-0.71).

Conclusions:

One-third of tested MSM did not receive recommended oropharyngeal and anal swabs, rising to two-thirds among straight MSM. Interventions that reduce disclosure burden, such as digital pre-consultation forms and non-identity-based behavioural questions, could substantially reduce disparities.

Disclosure of Interest Statement:

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