Protecting Pleasure: sexual health service users' oral STI prevention strategies and views on STI prevention measures

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AIM

The Community Awareness and Surveillance of Transmission (CAST) study explored, in semi-structured interviews, participants':

- Awareness of oral (including salivary) transmission of bacterial STIs (i.e., gonorrhoea, chlamydia, syphilis)
- Use of STI prevention strategies
- Experiences of testing and treatment
- Views on ways to reduce oral STI transmission

INCLUSION CRITERIA

- Clients of Melbourne Sexual Health Centre
- Aged 18 years or older
- Tested positive for gonorrhoea, chlamydia or syphilis (at any anatomical site) in six months prior
- No sex work in the twelve months prior to interview

It's not something that I necessarily felt like super comfortable to just bring up, if I wasn't asked. It's harder to be like, "Oh yeah, I rimmed a girl in a bathroom cubicle" . . . but I knew that it was important. If it could've been helpful with diagnosing and testing then I would've done that.

(Emery, bisexual woman)

[Vaccination] is appealing because it means you don't have to [get an STI]. If I'm getting the STIs otherwise, and I'd rather not have them.

(Touko, gay man)

Table 1. Participant characteristics (n = 21)

Characteristics	No. of participants
History of oral STI	
No history of oral STI	11
History of oral STI	10
Age group	
18 - 24 years	6
25 - 34 years	10
35 + years	5
Gender	
Man or male	12
Woman or female	8
Non-binary	1
Country of birth	
Australia & New Zealand	12
Other countries	9
Sexual identity	
Straight or heterosexual	8
Gay	6
Bisexual	4
Queer	2
Complex	1

I only know because I got exposed. So, now I know that it doesn't matter if you're just having oral sex you can even get an STI in your throat.

(Felicia, straight woman)

I don't use [condoms] for oral sex because it just makes it so uncomfortable in your mouth, the taste, as well . . . you don't really enjoy it.

(Albert, gay man)

(My and my partners')
pleasure^a

Understanding
My Sexual
Practices
(in relation to oral STIs)

Feeling safe
(with
partners I
know well)e

FINDINGS

Participants who had not previously received an oral test were unaware of the risk of oral transmission. Factors influencing awareness of and use of STI prevention measures included:

- a. Pleasure was a key priority in decisions about use of STI prevention measures.
- b. Awareness of oral transmission was mediated by comfort in discussing oral sexual practices with health care providers and peers.
- c. Trust in health care providers was eroded by poor adherence to STI management guidelines and care not tailored to individual sexual practices.
- d. Awareness of the risk of oral transmission informed actions to protect themselves or others that did not impact pleasure.
- e. Knowing partners well created a false perception of lower STI risk.

[My GP] knew I got with guys and girls, as well, but they never mentioned anal swabs and they never mentioned oral swabs. It was only when I came [to MSHC] it was, oh you can get tested - like that whole time I could have had STDs and not even known.

(Shephard, bisexual man)

Protecting others^d

Trust

(in health

care

providers)^c

I would normally like to know and then be able to stop the spread with me . . . than to potentially have something and be passing it on.

(Rory, queer woman)

It does depend perhaps a little bit on the individual, you know, if they were not a known person or a well-known person to me . . . there may be less oral sex.

(Greer, gay man)

KEY IMPLICATIONS...

Comfort

(in the

health care

encounter)b

Protecting

myselfd

Sex positive approaches that acknowledge the central role of pleasure in sex are needed to enable improved awareness of oral STI transmission, informed decision making about STI prevention, and research into acceptable prevention measures (Nimbi et al., 2023; Sarwar et al, 2023).

... for service providers

Sexual health service providers can facilitate understanding of oral STI transmission by:

- Including "check box" questions about oral sexual practices in computer assisted self-interviews or other registration processes
- Initiating conversations about oral STI transmission with people seeking STI testing and treatment
- Offering an oral test to anyone seeking STI testing (Ong et al., 2022)
- Using oral testing as an opportunity to provide information about asymptomatic infection and oral transmission

... for future research

Viable alternatives to barrier methods and frequent testing and treatment are needed to improve uptake and reduce the risk of antimicrobial resistance (Kanmodi et al., 2023; Kenyon, 2018).

If all you're doing is just putting a cross or a tick. . . . you wouldn't feel as . . . different . . . because it's like, "Oh look, there's heaps of options here. Everyone's obviously doing these things. It's fine. I'm not weird."

(Kimball, straight man)

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FURTHER READING

Chow, EPF et al. (2019). Sexually transmitted infections, 95(7), 516-521. doi: 10.1136/sextrans-2018-053896 Kanmodi, KK et al (2023). Oral, 3(2), 215-246. doi: 10.3390/oral3020019
Nimbi, FM et al. (2022). Sexuality research & social policy, 19(3), 894-908. doi: 10.1007/s13178-021-00647-x

Ong, JJ et al. (2022). *Sexual Health.* doi: 10.1071/SH22134 Kenyon, C. R. (2018). *F1000 research*, 7, 1237. doi: 10.12688/f1000research.15569.4 Sarawar, G. (2023). *Heliyon*, 9(4), e15553-e15553. doi: 10.1016/j.heliyon.2023.e15553



