

# VARIED AND INCONSISTENT HIV DISCUSSION PRACTICES BY MEN WHO HAVE SEX WITH MEN IN THE BIOMEDICAL HIV PREVENTION ERA: A LARGE SCALE, QUALITATIVE CONTENT ANALYSIS

## Authors:

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## Background:

Expanded PrEP use and U=U knowledge have coincided with increased condomless sex among gay and bisexual men in Australia without increases in HIV transmission. These shifts could reshape expectations around discussing HIV status and prevention with casual partners.

**Methods:** A national, cross-sectional online survey was conducted in July-August 2024 among adult men with  $\geq 1$  male sexual partner in the past year. Free-text responses about discussing HIV status or prevention with casual partners were analysed using content analysis. We assigned responses a stance (supports/neutral/against discussion). Hybrid inductive-deductive coding generated non-mutually-exclusive themes characterising each response.

## Results:

Of 2,138 participants (median age 37yrs, 46.2% gay, 36.3% bi+, 7.4% straight-MSM, 26.0% PrEP-users), 956 provided free-text responses. 38.9% supported discussing status/prevention, 42.5% were neutral and 18.6% against. The most common themes were 'action-oriented self-protection' – discussion prompting protective behaviour before sex (e.g. condoms/serosorting; 259/956, 27.1%), 'affective' – emphasising interpersonal consequences of discussion/disclosure (arousal/feelings/stigma; 256/956, 26.8%), and 'pre-existing or passive self-protection' – risk was already managed or considered low (PrEP/U=U/prevalence) meaning discussion/disclosure was inconsequential (243/956, 25.4%). After stratifying themes by stance, action-oriented self-protection supporting discussion/disclosure was the most common position, e.g. "*I only use condoms with casual partners*" (187/956, 19.6%), followed by neutral pre-existing/passive self-protection, "*it's not important because I take PrEP*" (124/956, 13.0%), and neutral beliefs about norms or assumptions, "*I assume that the person is on PrEP [and] that a HIV-positive person would disclose*" (116/956, 12.1%). Neutral (81/956, 8.5%) and against (85/956, 8.9%) affective responses highlighted social discomfort as a discussion barrier: "*awkward*", "*rude to ask*", "*kills the vibe*".

**Conclusion:** Discussion supported active HIV prevention for some men, but the largest group was neutral towards discussing status/prevention. For many, PrEP and U=U rendered discussions unnecessary, while others made assumptions about risk. Without consistent norms, educational interventions should encourage MSM unprotected by PrEP/U=U to discuss HIV prevention.

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