

Sexual practice and health care use of men who have sex with men only and men who have sex with men and women; a Qualitative Comparison

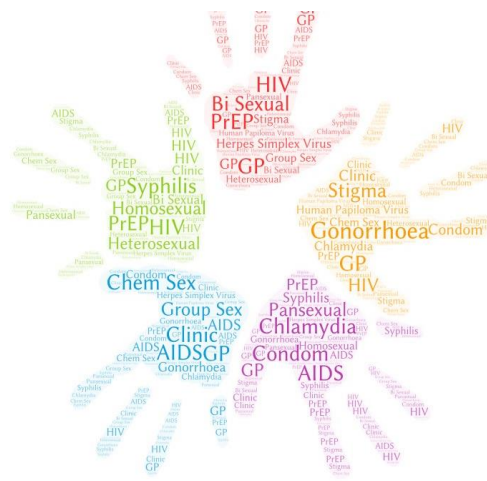
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Background:



- ▶ Gonorrhoea and syphilis rates have increased considerably among women with gonorrhoea increasing by 56% and infectious syphilis increasing by 323% between 2013 and 2017
 - ▶ Increased use of online dating - 'disassociated' mixing
 - ▶ More overseas travel and sexual mixing
 - ▶ Men who have sex with men and women acting as a bridge between the two populations, facilitating increased transmission among 'heterosexuals'.

Aims:



To explore sexual practices in men who have sex with men only (MSMO) and men who have sex with both men and women (MSMW)



To explore difference in accessing sexual health care between MSMO and MSMW



To explore the impact of 'bridging' of STIs between MSM and heterosexual populations

Methods

- ▶ Men were recruited via
 - ▶ An urban sexual health clinic
 - ▶ Community advertisements and social media
- ▶ Men were eligible if:
 - ▶ Cisgender
 - ▶ Aged 18+ years
 - ▶ Had sex with either men only (MSMO) or men and women (MSMW) in the last 12 months
- ▶ Semi-structured telephone interview
- ▶ Thematic analysis

Results

- ▶ 28 men participated
 - ▶ 14 recruited from clinic; 14 from community
 - ▶ 15 MSMO; 13 MSMW
 - ▶ MSMO aged 18-54; average age 26.4 years
 - ▶ MSMW aged 20-53; average age 30.0 years
- ▶ Number of partners last 12 months:
 - ▶ MSMO - 8.4 partners
 - ▶ MSMW - 23.2 partners

Key themes identified:

- ▶ Sexual risk
- ▶ Discussion of sexual risk with partners
- ▶ Attitudes to STIs
- ▶ Accessing sexual health care
- ▶ Community
- ▶ Homophobia
- ▶ Bi Erasure

Sexual risk - condom use

- ▶ *‘With men, [was] to not use a condom a fair bit of time and probably by women, [was] to use a condom’ (MSMW #12).*
- ▶ *‘In the last 3 months the number of guys that I have been with who are willing to participate in bare backing and they tell me they are on PrEP’ (MSMO #14).*



Sexual risk - chemsex

- ▶ *The majority of people in those circles that I have played with all participate in chem sex of varying level'(MSMW #32).*



Sexual risk - group sex

- ▶ *‘An environment where people are engaging in more risky behaviours. I do recall doing things I wouldn’t normally have done. So, in that environment it contributed to me taking greater sexual risks. (MSMO #8)’*
- ▶ *Yeh it is harder with a threesome kind of thing... going between different partners kind of thing and multiple fluids and all that kind of stuff - MSMW #38*

Discussion of sexual risk with partners



*'It's always a bit of a hard conversation so I prefer not to talk about it that much but if I meet them for the first time, I won't tell anything about that, no, so **they don't know I have sex with men.**' MSMW #26*

Attitudes to STIs

‘Well I guess they are an annoying reality of life’

MSMO #37

‘If you haven’t had anything you haven’t had the gay rite of passage.’ MSMW #34

Accessing sexual health care

- ▶ *Yeh, I think the clinics are great actually because the GP it's a bit awkward. But at the clinic they make you feel really relaxed and it really cool - (MSMO #3)*
 - ▶ *'I had a very distinct experience my first time when I was 16 through my GP. Um... first time I had genital warts and I was given a lecture that I am too young to have sex and made to feel quite shit'. (MSMW #31)*

Accessing sexual health care

*‘When I go into my GP I tend to ask for a full sexual health check and that’s it, afterwards they generally just get me to pee into a cup and get some bloods done and that’s it, **doesn’t really involve a conversation...** GPs seem to be in a frame of seeing so many different patients for so many different problems if you just say to them you want a sexual health check they will just send you off to the path and get the bloods done’ (MSMW #36).*

Community

*‘My personal experiences in the queer community, yeh, even within the queer community **bisexual men or men who have sex with men and women experience the difficulty of not being gay enough, but then, in non-queer circles men who have sex with men and women are not straight enough...**and compounded with the knowledge that bi sexual men and women are at such higher risks of mental health problems and suicide risk, really brings to the forefront the knowledge that men who have sex with and men and women and their female counter parts who have sex with women and men are ostracised or don’t have the sense of belonging which is the same as simply straight or gay people’ (MSMO #8)*

Homophobia

'Unfortunately, part of the Australian identity or... the 'classic Australian identity' is being macho, emotionally disconnected, unsophisticated, unintelligent, sporty, um alcoholic um... and none of that, there's no room in any of that to be gay. Like that's just not part of the Australian image, it's fundamentally incompatible with that image.' (MSMO #37)

[illegible]

‘Homosexuality is viewed positively when heteronormative. But once it deviates from that, like I as a white male want to marry a white partner and adopt a white dog its fine but if I’m in a relationship with my brown boyfriend and another boyfriend it’s very deviated and viewed very negatively. So homosexual relationships are viewed very positively when they mimic heterosexual relationships. And I think sleeping with both men and women deviates with that enough and adds another layer on top of polyamory. So, the fact that I have a boyfriend and I sleep with women as well is viewed more negatively than if I slept with other men.’ (MSMW #31)

Key Learning Points

- ▶ MSMW are a sub group of MSM who are at high risk of contracting STIs
- ▶ MSMW were accessing sexual health services less frequently and often not receiving appropriate testing.
- ▶ Barriers cited were considered to originate from larger social and systemic intolerance or perceived intolerance for homosexual activity.
- ▶ MSMW are a highly varied population and as a result is difficult to direct promotional/education resources

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