

Gay men's perceptions and experiences of sexually transmissible infections

Findings from the QUICKIE project for HIV educators and other health professionals

Background

Sexually active gay men in Sydney were interviewed about their knowledge of sexually transmissible infections (STIs) other than HIV, their experiences of being tested for or diagnosed with STIs and their reactions to sexual health education campaigns.

Perceptions of STIs

In line with previous research, QUICKIE participants tended to perceive STIs as unpleasant consequences of sex that were difficult to avoid if you were sexually active. STIs were seen as considerably less important than HIV in gay men's perceptions of health risks. Although seen as unpleasant, STIs were generally regarded as acceptable risks of sex because they were known to be curable or treatable:

'I'm not greatly concerned [about STIs] because [they're] treatable. It's not a life sentence.'

(Jeffrey, 53, HIV-negative)

'I guess I'm sort of resolved that it's just part of the way of life. I mean it's not desirable but you have to manage it. That's the way I look at it.'

(Baden, 44, HIV-negative)

A few men suggested that chronic viral infections like genital herpes were of more concern than bacterial STIs. Genital herpes was also a condition about which men appeared to have patchy or inaccurate knowledge:

'Herpes I would be very depressed about because it seems to be more problematic ... I'd be scared it would reoccur.'

(Damien, 39, HIV-negative)

'I picked up herpes on the chest and I'm convinced that is from lying on a bench in the sauna.'

(Jack, 58, HIV-positive)

'It's not something I even think about [discussing herpes diagnosis with partners]. I kind of make the assumption that unless I've got an outbreak I'm not contagious. I think that's valid isn't it?'

(Ray, 48, HIV-positive)

Experiences of diagnosis

Although men were generally not concerned about STIs on a day-to-day basis, those who had been diagnosed with an STI often reported feeling embarrassed and ashamed and saw their diagnosis as marking them as 'dirty':

'It just made me feel a little bit dirty, a little ashamed and embarrassed even, which I think is common. I think a lot of people feel [like that].'

(Carl, 36, HIV-negative)

'Well, I had chlamydia in early 2006 and I felt a little bit dirty and ashamed.'

(Adonis, 26, HIV-negative)

A diagnosis of syphilis was seen as particularly concerning by some men:

'I just went for my annual screen and it kind of alarmed me that I had had [syphilis] for all that time ... It just concerned me that it could be lingering in my body and that I could be a lot sicker and having sex with someone and passing it on without realising it.'

(Baxter, 47, HIV-positive)

Some men changed their sexual practices as a result of being diagnosed with an STI:

'I didn't stop altogether, but I certainly reduced majorly, like 90%, the amount of times I would use the sauna. I used to use it twice a week at least. Now I haven't been for at least a year.'

(Henry, 46, HIV-positive, after being diagnosed with genital herpes)

Disclosing STIs

Because of the stigma associated with having an STI, it has generally been thought that it is rare for gay men to tell their sex partners that they have been diagnosed with an STI. However, some of the men in the QUICKIE project described casual sex partners having disclosed that they had an STI and encouraging them to get tested:

'... I know it is hard to bring it up in conversation because I've been there and somebody actually said, "You need to go and get tested for syphilis because I've had a positive result," and I was quite grateful that they were able to tell me.'

(Daniel, 27, HIV-negative)

'Recently, in a period of two or three weeks, I had sex with ten people. Three of them have told me that they have chlamydia.'

(Chahaya, 46, HIV-positive)

Testing

Men in the QUICKIE study underwent regular testing for STIs in line with recommended guidelines. Participants described how testing could be triggered in response to risk incidents, unexpected symptoms or as part of their sexual health routine. A number of men commented on the positive value of ubiquitous campaign materials encouraging STI testing:

'Something could trigger [testing], like I could have just had sex and then all of a sudden I'd see one of those ads and think, "I must have a test soon," or "When did I have my last test?"'

(Adrian, 21, HIV-negative)

'[The] "Whytest" [campaign] that has been around for years, that probably reminds me that I should

probably get tested more often than I normally would. I'd probably only get tested every twelve months if I didn't keep seeing those messages.'

(Adonis, 26, HIV-negative)

Conclusions

- Gay men generally see STIs as less important than HIV and as acceptable or inevitable risks of sex.
- Knowledge of some STIs, particularly genital herpes, may be patchy among Sydney gay men, suggesting opportunities for education and raising of awareness of the condition.
- Diagnosis with an STI may generate feelings of stigma and shame, underlining the importance of sympathetic support and counselling when gay men present for sexual health testing.
- It may be becoming more acceptable for gay men to disclose the diagnosis of an STI and to encourage sex partners to seek testing.
- Educational campaigns encouraging and supporting regular STI testing are valued by gay men.

About the project

The Qualitative Interviews Concerning Key Issues and Experiences (QUICKIE) project was a qualitative study that investigated key aspects of gay men's lives in Sydney, including sex, relationships, community engagement and HIV. The project provided a way to contextualise issues identified in behavioural research and to identify emergent issues of relevance to gay men. Participants were sexually active HIV-negative and HIV-positive gay men living in Sydney, New South Wales. Thirty-one men aged between 20 and 71 were interviewed in 2007 and 29 men aged between 21 and 73 took part in 2008. Twenty-four of the men interviewed in 2007 were also interviewed in 2008. One of the main topics of the 2008 interviews was men's knowledge and experience of sexually transmissible infections. All names attributed to participants in this fact sheet are pseudonyms.

Acknowledgments

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Further information

For further information about the QUICKIE project, contact Dr Martin Holt at the National Centre in HIV Social Research (m.holt@unsw.edu.au 02 9386 6776).

For information on sexually transmissible infections, testing guidelines or where to get tested, please visit <http://www.whytest.org> or <http://thedramadownunder.info>