Describing Western Australia’s (WA) men who have sex with men (MSM)
A definition of MSM

According to the UNAIDS Action Framework, the term ‘men who have sex with men’ is used to describe those males who have sex with other males, regardless of whether or not they have sex with women or have a personal or social identity associated with that behaviour, such as being ‘gay’ or ‘bisexual’.¹

MSM is a term which is behaviourally and epidemiologically driven. It ignores the complexity of social and cultural identities, self-determined sexual identities, and can obscure elements of sexual behaviour that are important for public health research and intervention.² This can include developing a clearer understanding of how MSM engage in sexual behaviours, such as whether they are gay identifying or not.

Overview of presentation

1. Population and context of MSM in WA
2. What our epidemiology highlights
3. Our understanding of MSM in WA: theories; assumptions; program experiences; social research
4. Public health considerations
5. Research moving forward
Estimating the WA MSM (WAMSM) population

23,741 male same-sex couples in Australia in 2016
12-13,000 unique Grindr users in WA per month
6,116 unique M Clinic clients from 2011-present
3,753 HIV-negative men in WA who engage in ‘high-risk’ practices, placing them at risk of acquiring HIV

Community context of MSM in WA

2 LGBTIQ Nightclubs
1 LGBTIQ Print Magazine
15 Gay Men Accepting Community Groups
3 Registered Sex On Premise Venue
~90 Active beats
Popular Social Networking
Grindr, Scruff, Tinder
Instagram = 51,479 posts #gayperth
Gonorrhoea notifications in MSM, 2017 (n=454)

Mapping of MSM in metropolitan area by residential postcode

M Clinic clients, 2017 (n=2040)
PrEPIT WA participants vs HIV notifications by area of residence (distance from Perth CBD)

PrEPIT WA participants
Nov 2017 to Jan 2018 (n=395)
- 32%
- 38%
- 30%

HIV notifications in MSM, WA residents 2015-2017 (n=454)
- Distance from CBD
  - < 5km: 52%
  - 5-10km: 20%
  - > 10km: 28%
General theories/assumptions about WAMSM

- Predominantly meet sexual partners through mobile applications and online\textsuperscript{1,2}
- Decreasing condom use and increasing condomless anal sex practices\textsuperscript{1}
- Generally higher frequency of HIV/STI testing across MSM\textsuperscript{1,2,3}
- Drug and alcohol use as a part of sexual practices (‘chemsex’) occurs across all age categories, with varying knowledge of harm reduction practices\textsuperscript{1,2,3,4,5}
- Not all WAMSM identify as gay or bisexual\textsuperscript{2}
### 4 theories/assumptions about WAMSM

<table>
<thead>
<tr>
<th>Theory/assumptions of WAMSM</th>
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| 1. Hard to reach MSM have different levels of engagement with the gay community, often influenced by their sexual identity. | **Anecdotal**  
- Client profiles at M Clinic  
- Clinical anecdotal feedback  
- AIDSLine client feedback  
- WAAC peer profiles on Craigslist, Squirt, Grindr | **Program experiences**  
- Notes from meeting to address rise in HIV notifications amongst gay men and other men who have sex with men  
- The interplay between drug use, sexual activity, and risk of blood-borne viruses and sexually transmitted infections: A report from a policy discussion | **Social research** |
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| 2. Socially and geographically hard to reach MSM may experience incidences of stigma and discrimination (self/perceived/enacted) and have poorer health (STI/BBV) outcomes | • AIDSLine client feedback | • 1. Notes from meeting to address rise in HIV notifications amongst gay men and other men who have sex with men | • Writing themselves in [3]6
• Minority stress and community connectedness among gay, lesbian and bisexual Australians: a comparison of rural and metropolitan localities [7]
• National LGBTI Health Alliance, The statistics at a glance: The mental health of lesbian, gay, bisexual, transgender and intersex people in Australia [8] |
3. Gay and bisexual men are diversifying ‘community’ experiences away from once public spaces (ie nightclubs) to privately organised ‘safe spaces.’

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<td>People engaging in workshops use this space as a way to meet people in situations they feel more comfortable.</td>
<td>Reach of campaigns through community groups.</td>
<td>Perth Gay Community Periodic Survey¹</td>
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<td>Workshop participants associated with numerous LGBTIQ community groups.</td>
<td>Workshop participants being recruited through alternate LGBTIQ spaces</td>
<td>E-Male Study²</td>
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<td>Changes in gay men’s participation in gay community life: Implications for HIV surveillance and research⁹</td>
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<td>4. Methamphetamine is readily available in GBM networks, with high purity, and its use is often stigmatised</td>
<td>Anecdotal</td>
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<td>1. Assessments of profiles on apps while engaging in online outreach.</td>
<td>Program experiences</td>
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<td>2. Consultation with MHC on MSM and Methamphetamine campaign.</td>
<td>Social research</td>
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<td>1. Chemical Use Concurrent with Sexual Activity amongst Gay and Other Homosexually Active Men in WA: Discussion Paper</td>
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<td>1. Methamphetamine use among men who have sex with men in Australia: A literature review</td>
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<td>2. Perth Gay Community Periodic Survey</td>
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1. There’s a greater need for MSM to be health literate/aware of personal risk behaviours

2. Targeting all groups of MSM with health promotion messaging

3. Understanding the applicability of ‘gay community engagement’ across WA

4. Sexual fluidity, culture, and MSM that cross several epidemiological categories

5. Notification reporting at patient diagnosis- do we get accurate risk exposure information?

6. Health workforce upskilling to ensure holistic approaches to sexual and mental health of MSM

7. Scaling up responses and reaching the hard-to-reach
GBM community engagement survey
How do gay and bisexual men engage with community and how does this effect self-perception, confidence and health outcomes.

MSM scoping/surveillance activity
Assess the value and reach of creating a campaign project targeted at hard to reach MSM and assess which platforms and locations are relevant to do this.
References for theories/assumptions about WAMSM

Questions?