

Bisexual men face unique challenges to their sexual health

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Bisexual men have many unmet public health needs, which leave them vulnerable to sexually transmitted infections (STIs) and other health problems. This new study from the Centers for Disease Control and Prevention (CDC) illuminates the behavioral, interpersonal, and social realities of men who have sex with men and women (MSMW), and it explores possible interventions to better serve their needs. The findings are published today in the *American Journal of Preventive Medicine*.

MSMW represent a small portion of the population, with about 2% of sexually active males reporting sex with both men and women. Although low in numbers, the bisexual male population is disproportionately affected by HIV and STIs. According to study author William L. Jeffries IV, PhD, MPH, MA, factors that may affect the [sexual health](#) of MSMW include sex without condoms, early sexual debut, forced sexual encounters, increased numbers of sexual partners, substance use, exchange sex, risk behaviors of their male and female partners, and attitudes toward pregnancy. These factors shape MSMW's vulnerability to HIV and STIs in ways that distinguish [bisexual men](#) from gay and heterosexual men. Negative attitudes toward bisexual individuals, economic barriers, masculinity norms, and the meanings associated with their sexual identities are among the social factors that may negatively influence their sexual partnerships and risks for HIV/STIs.

While HIV prevalence among MSMW is lower than among gay men, MSMW are more likely than heterosexual men to become infected with HIV. Also, MSMW are less likely than gay men to be tested for HIV, which can lead to undiagnosed HIV and transmission to partners. Along with HIV, other STIs are common among MSMW, with 21% of these men reporting STI treatment in the past year, compared to 12% for gay men and 2.3% of heterosexual men.

"MSMW's increased likelihood of insertive sex without a condom, as well as commonly occurring oral sex with men and women, likely increase MSMW's vulnerability to STIs readily acquired via penile-insertive and oral sex," writes Dr. Jeffries. "Moreover, receptive and insertive sex without a condom with men (no matter how common) makes MSMW more vulnerable to HIV than men who only have sex with women because HIV is more prevalent among men than women in the United States."

Dr. Jeffries also identifies other behavioral factors that may increase chances of acquiring HIV and STIs among MSMW, including early sexual experiences, multiple partners, illicit drug use, and attitudes towards pregnancy.

"MSMW's attitudes toward pregnancy influence their sexual health. Qualitative data from black men suggest that desires to prevent pregnancy may prompt some MSMW to consistently use condoms with women," Dr. Jeffries explains in the paper. "Yet, MSMW may avoid condom use when their female partners use other contraceptives or when female partners perceive condom use as a sign of relationship infidelity. Further, MSMW's desires to produce offspring biologically may prompt sex without a condom with female partners. In this regard, desires for fatherhood may indirectly increase these men's vulnerability to HIV/STIs and transmission of these infections within their sexual networks."

In the current social climate, MSMW face several sociocultural obstacles including biphobia, or negative attitudes towards bisexuals.

"Biphobia can manifest in erroneous beliefs that MSMW are gay men who have not disclosed their sexual orientation and, particularly for black men, responsible for HIV transmission to women," Dr. Jeffries adds. "Experiencing these sentiments can contribute to MSMW's social isolation and

psychological distress, which in turn may promote HIV/STI risk through substance use, sexual risk behaviors, and the avoidance of prevention services."

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This new research not only describes an understudied population, but also recommends interventions to better serve bisexual men. Dr. Jeffries suggests that some strategies for comprehensively promoting MSMW's sexual health may be to:

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- Launch social marketing campaigns that use affirmative images of sexual minority men to counteract the biphobia and homophobia that MSMW experience
- Develop comprehensive sexuality education programs that provide invaluable HIV/STI prevention education to MSMW, including promoting school safety for MSMW
- Encourage social spaces that cultivate a sense of community to provide opportunities for social support and candid discussion of sexual health concerns
- Engage medical and health professionals in sensitivity trainings to lessen any hostility encountered by MSMW when they seek information about sexual health or HIV/STI testing

While more research and outreach is needed to better understand the particular health and other needs of bisexual men, this study sheds new light on the current situation.

"Sexual health promotion for MSMW should not be limited to HIV/STI prevention alone," concludes Dr. Jeffries. "Recognition of MSMW's unique sexual and social experiences can lay the foundation necessary for ensuring that these [men](#) have healthy and fulfilling sexual experiences. Purposefully designed and tailored efforts for MSMW are indispensable for improving the sexual health of this vulnerable population."

More information: "Beyond the bisexual bridge: Sexual health among U.S. men who have sex with men and women," by William L. Jeffries IV, PhD, MPH, MA, is published in the *American Journal of Preventive Medicine*, online ahead of Volume 47,

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