

## Gay men's strategies to avoid COVID-19 through sexual encounters

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The initial period of the COVID-19 pandemic was characterised by decreases in the number of sexual partners/encounters among gay, bisexual, and queer-identifying (GBQ) men (1-6). In Australia, from late March, community-based LGBTQ and HIV organisations also started explicitly advising people in LGBTQ communities to refrain from having casual sex (7). However, to date, very few studies have explored risk-reduction strategies (4), which is somewhat surprising, given questions about the feasibility of sustaining such sudden and dramatic changes (2, 6), although some studies have at least reported how changes have been tempered by partner type (3).

A recent review of comments to open-ended questions about COVID-19 in an ongoing cohort study of gay and bisexual men revealed that these men were adopting a range of strategies to avoid the risk of infection. In particular, men tended to restrict sex to partners who were 'known' to them – although there was quite a lot of variation in what was considered a 'known' partner. For some participants it referred specifically to people with whom they were already very familiar (including friends), whereas for others it was a much looser concept. This strategy was pursued because they had at least some awareness of these men's lives – including their other sexual partners – and was also considered useful with regards to notifying recent contacts in case of infection. This strategy was often supplemented by other measures, such as spacing out sexual contacts temporally in order to account for the average incubation period of the disease – and therefore to reduce the likelihood of transmission within sexual networks.

Many men also reported that they screened potential sex partners, and this screening was based on a range of factors including: symptoms; residential location; recent travel; work role; and number of other sexual contacts. Less common were *in situ* practices to reduce risk, such as avoiding kissing or the exchange of semen. Several participants also speculated about the risk of transmission of SARS-CoV-2 through sexual contact, focusing for example on semen. Alongside their reporting of strategies to avoid transmission, participants also often indicated that they did not think these strategies were necessarily likely to be very effective between sexual partners. Notably, men rarely referred to testing as part of their strategies to reduce risk (and usually only speculatively), and the federal government's *COVIDSafe* app was not referred to at all.

These findings provide insights into cultural responses to the pandemic, some of which have particular resonances with responses to HIV.

### References

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