

Sexual practices among Two-spirit, Gay, Bisexual, and Queer men of different HIV statuses in Manitoba

**MANITOBA
TWO-SPIRIT, GAY,
BISEXUAL
& QUEER
MEN'S HEALTH
STUDY**

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RATIONALE & OBJECTIVE



- 2SGBQM in Manitoba remain one of the most vulnerable populations for HIV, and other sexually transmitted and blood-borne infections (STBBI).
- This study examined the relationship between self-reported HIV status and HIV sexual risk behaviours among Two-Spirit, gay, bisexual, queer and other men who have sex with men (2SGBQM) men in Manitoba.



METHODOLOGY

Data were drawn from a community-based, Manitoba-wide online survey of 2SGBQM (age 18+).

Eligibility:

- Identify as a man (cisgender or transgender).
- Report any sex with another man in the previous 12 months or identify as 2SGBQM.
- Be 18 years of age or older.
- Live or work in Manitoba.

Recruitment and Sampling:

Participants for the survey were recruited in Winnipeg, Brandon, and Thompson, and other locations across Manitoba using printed flyers, CBOs, social media, and website

www.manitobamenshealthstudy.com

Statistical Analyses

Chi-square analyses and logistic regression were used to examine the relationships between HIV status and sexual risk behaviours.



Two-Spirit? Gay? Bisexual? Queer? Straight?

Having Sex with Guys?
18 years of age or older?

We are interested in your experiences.

You will receive **\$20** upon completion of the survey.

manitobamenshealthstudy.com

For more information:
menshealthstudy@umanitoba.ca

The **Manitoba Two-Spirit, Gay, Bisexual, and Queer Men's Health Study** survey is focused on guys' sexual, physical, and mental health, and their experiences of discrimination.

Participation is CONFIDENTIAL.



In collaboration with:



RESULTS

1. Among 300 2SGBQM, 72 (24%) reported living with HIV, 8 (2.7%) were unsure, and 220 (73.3%) were HIV-negative.
2. 2SGBQM living with HIV in Manitoba were more likely to bottom without using a condom with a partner whose HIV status was unknown than HIV-negative 2SGBQM (22% versus 10% respectively) ($\chi^2=6.506, p<.05$).
3. 2SGBQM living with HIV were also more likely to bottom condomless with a male HIV-positive partner whose viral load they did not know (27.8% versus 4.5% for HIV-negative men) ($\chi^2=31.642, p<.001$), and to top condomless with an HIV-positive partner whose viral load they did not know (27.8% versus 4.5% for HIV-negative men) ($\chi^2=35.803, p<.001$).
4. There were no differences in the proportion reporting condomless anal intercourse with a detectable partner when bottoming (4.2%, $p=0.614$) or topping (0%, $p=0.397$).

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FINDINGS & DISCUSSION

1. The findings show that HIV-positive 2SGBQM in Manitoba are engaged in serosorting and strategic positioning.
2. Future research needs to examine how 2SGBQM take their sexual partners' HIV viral load into account during sex.
3. Health promotion for HIV combination prevention strategies should continue to ensure 2SGBQM are aware of a variety of preventive practices to optimize their sexual health.

Thank you!

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