

MSM Masterclass

Module: **ANAL SEX, CONDOMS AND CONDOMLESS SEX**

FACILITATOR GUIDANCE NOTES

Description to be shared with participants in advance

In this session we will consider how to talk about anal sex with men and why it is important to do so. You will hear about what men report about the meaning and importance of anal sex. You will consider the role of sexual health services in supporting men to talk about anal sex. The session will also look at condom use and how we help men to mitigate the risks of condomless anal sex. The proposition remains that in order to talk about condoms and minimising risk the support, information and advice that is offered needs to be tailored to the individual's feelings and experiences in terms of the anal sex they are having.

Suggested duration of this session is 60 minutes.

Before the session

Ensure participants complete Reflection Sheet 1 and the Preparatory Session before attending the Masterclass.

In preparing for the Masterclass ask participants to pay particular attention to the engagement they have with men in clinics before the session: ask them to pay particular attention to the conversations they have with men about anal sex and condom use and jot down any issues or topics or questions that they feel are important.

By the end of this session participants will have:

1. Understood why it is important to talk explicitly about anal sex with men by developing a greater awareness of the importance and meaning of anal sex for men.
2. Considered the language needed to talk to men about anal sex and what makes it a difficult topic to discuss. This means addressing personal feelings about talking with men about anal sex, condoms and condomless anal sex.
3. Considered what influences the opportunities men have to talk about anal sex in a sexual health service.
4. Identified the importance of a dialogue that is about feelings, intimacy, pleasure, vulnerability as well as safety, STI/HIV risk and testing.
5. Considered how to give advice and information tailored to the needs of the individual.

Follow up

Further information is available from these sources (this is listed on the final slide).

- HIV Needs Assessment (NHS Lothian and NHS GGC)
- FAQ Scotland Chapter 3: *Anal sex, condom use and condomless sex* at: <http://www.faqscotland.co.uk>

Resources:

- PowerPoint slides as a hand-out.
- Case study Prop/text available as hand-out.

Outline

The session is built around a number of slides which draw on information from the NHS Lothian/GGC HIV Prevention Needs Assessment including the FAQ Community Engagement work, and other work that address the experiences, needs and rights of men who have sex with men.

Slides may have prompts for discussion; either as one group or in pairs/smaller groups. As a general guide around 5 minutes should be allocated for 'discussion' slides.

Facilitator guide notes for PowerPoint slides is suggested as follows:

Slide 1 Title/Introduction

As the advance information stated, in this session we will consider how to talk about anal sex with men and why it is important to do so. You will hear about what men report about the meaning and importance of anal sex. You will consider the role of sexual health services in supporting men to talk about anal sex. We will also focus on condom use and reducing risk.

Slide 2

(Facilitator: no need to read learning outcomes out but just refer to these as follows) This slide describes what we intend participants will get from taking part in this session.

Slide 3/4

A starting point

There is no denying that the topic of anal sex is not an easy one to discuss, even for those of us who work in sexual health and HIV. But we know we need to be able to talk about it because anal sex is *the means* by which HIV is most easily transmitted between men who have sex with men.

So, here are a couple of ways of looking at it – the first from philosopher Martha Nussbaum and the second from author Christopher Hitchens might be familiar from the preparation module that everyone did on advance of the Masterclass.

“It is not surprising that sexuality is an area of life in which disgust often plays a role. Sex involves the exchange of bodily fluids, and it makes us bodily beings rather than angelic transcendent beings. So sex is a site of anxiety for anyone who is ambivalent about having an animal and mortal nature, and that includes many if not most people.... What inspires disgust is typically the male thought of the male homosexual, imagined as anally penetrable.” Martha Nussbaum

“The four most over-rated things in life are champagne, lobster, anal sex, and picnics.”
Christopher Hitchens

Discussion: Full group

How do you think anal sex is viewed in our culture?

Do you feel that societal views on anal sex might inform your professional practice?

Slide 5/6

Useful language

As a start it is helpful to consider the everyday words used by men when discussing anal sex, and how in turn professionals might talk about it. These points are made for your consideration.

- In the HIV Prevention Needs Assessment, the research team settled on using the word **anal** to mean anal sex/anal intercourse. An example of how this might be used in a question would be: *Did you do anal?*
- In the clinic a man might use the term *fuck*. Some men find it inappropriate or offensive. The professional might use this term if the man does, and it was felt it would facilitate clear communication. However, it is important for the professional to feel and sound comfortable and so the term 'anal' might be best.
- Men often use the term **bottom** to mean receptive/passive partner or **top** to mean insertive/active partner; using these terms will allow for clarity when speaking to men who might not necessarily understand the terms *insertive* or *receptive*.
- Condomless anal sex is often called **bareback**, particularly in the context of apps/social media platforms or pornography. Men might use this term, and if they do the professional person might use it to help discussion.
- In the HIV Prevention Needs Assessment, the team preferred to use the phrase **condomless anal sex** because of its clarity. It was felt that the term bareback fetishises the behaviour. It is suggested that the phrase *unprotected anal intercourse* should also be avoided as some men may be safe having condomless sex ('unprotected' suggests risk) while some men might just not understand the term.

Discussion: In a small group of 3/with immediate neighbours.

Are these pointers toward language you can use helpful?

What language do you feel comfortable with?

Slide 7

Who is having anal sex and is it important to them?

The next few slides help us think about who is having anal sex and its importance to them.

- Both heterosexuals and gay/bi men have anal sex.
- It is likely that around 1 in 4 heterosexuals have tried anal sex and at least 1 in 10 has anal sex regularly.
- When it comes to gay/bisexual men 9 in 10 of the men involved in the HIV Prevention Needs Assessment have had anal sex. Research shows that men who have anal sex can be mainly insertive or mainly receptive but that most men adopt both behaviours.
- There can be an assumption (and so pressure) that anal sex is ALWAYS part of MSM sexual behaviour, this can be reinforced in pornography and online/apps. The implication is that some men may need support in asserting their right not to have anal sex and for this to be ok.

Slide 8

Different parts of the FAQ work/Needs Assessment research (across interviews and surveys) found that:

- 40% to 60% of men said anal sex was important or preferred.
- 27% to 34% said anal sex was quite or fairly important.
- 12% to 24% said anal sex is of little, low or no importance.

Slide 9

The quotes that follow give some indication of how men feel about anal sex.

- Quote 1 describes anal sex as 'instinctual' and in the context of a loving relationship: There's not many people to talk to and it's mainly instinct I'd say. I just felt natural. I didn't really know much. I didn't know that it's going to hurt. It doesn't hurt to me, I've no idea why but when I was doing it, it was more of a pleasure so I enjoyed the whole session. Maybe because I'm doing it with the person I love instead of just plain sex.
- Quote 2 is very much about a man for whom anal sex *is* sex: If it's not penetrative, it's just not worth it.

Slide 10

The top quote is from a man for whom anal sex is not important, particularly with one off sexual partners:

- I think it's a bit over rated. I am one of those people who has very rarely had anal sex on random meets and one night stands. I don't see it as the only sex.

These next quotes, here and on the next slide, also continue to show how men talk about their experience of anal sex and what it means to them:

- I'd rather do without a condom and be in a relationship. It's the whole point of having intimacy in a relationship and using condoms sometimes interferes with that. (Gay, 26-35, HIV negative)
- No, we didn't use them. I trust him. I know him fairly well, I know he's tested and I do too so there's a level of trust, none of us are riddled. (Gay, 16-25, HIV negative)

Slide 11

- I would only have anal sex with someone I was in a serious relationship... I just wanted it to be more intimate with my boyfriend. It just felt right. (Gay, 26-35, HIV negative)
- I want to do it for EMOTIONAL reasons, to give yourself totally. (*Online respondent*)

Discussion: In a 3/with neighbours discuss these points.

Men have anal sex for many reasons - because they find it pleasurable or it is a marker of intimacy or trust with a sexual partner. Or perhaps because it is expected.

- **Do these views and experiences fit with your understanding?**
- **In your discussion with men do you explore the importance or meaning of anal sex to them?**

Slide 12

Talking and learning about anal sex

The HIV Prevention Needs Assessment provided an opportunity to find out from men how they talk about anal sex with others. What came up was that a significant challenge in fostering a dialogue about anal sex is that men themselves rarely talk about it explicitly with a sexual partner, particularly if that partner is not otherwise known to them.

With little chance to talk or learn about anal sex positively, pornography, jokes and homophobic 'banter' can be the only sources of information.

Men told the Needs Assessment that they received no information about anal sex at school.

Slide 13

Some men report they are upfront about expectations or desire for anal sex (although not always face-to-face, perhaps intentions are stated online or through messaging) while for others it can be difficult to raise the issue. Rather than talk about anal sex, men themselves might only have some cursory dialogue about condom use, although again it is sometimes unclear how condom use will pan out.

These quotes highlight some of the issues.

- No talk. I'd seen porn and it was something I was instinctively interested in.
- At school I was taught about straight sex and nothing about gay sex.

Slide 14/15

Talking about anal sex in a sexual health service

So do men talk with us in our clinics about anal sex, condoms or condomless anal sex?

The chart in this slide suggests not often enough, these results are from 3 of the HIV Needs Assessment community engagement process (FAQ) online surveys – and the quotes on the next slide (15) highlight that even when we do talk about anal sex with men in services we are perhaps more limited or clinical than exploratory or conversational.

- They focus on whether you're a top or a bottom, activity, not like what you like or prefer. They're more sort of clinical. (Gay, 26-35, HIV negative)
- I remember questions about anal sex, with condoms or not, just questions you need to answer. (Gay, 45+, HIV negative)

Slide 16

Discussion: In a small group of 3/with immediate neighbours.

- Is the information on the chart surprising?
- How do you currently approach a conversation with a man about anal sex?
- Do your personal feelings about anal sex inform how you approach it?
- What can get in the way of a conversation about anal sex?
- If you do discuss anal sex, what's the focus: Pleasure? Risk?

Slide 17

Facilitator: this point is half way through the topic. It may be that after approximately 30 minutes you would like participants to have a short break, if so this slide just re-introduces the session as 'part 2' – if not necessary just skip it.

Slide 18

Anal sex and HIV risk

We now turn to some more explicit consideration of HIV risk. Men involved in the HIV Prevention Needs Assessment recognised that anal sex can expose them to HIV risk. This graphic shows responses from two FAQ Community Engagement online surveys which posed the question 'are you worried about risks of getting an STI or HIV from anal sex?' Clearly most men recognise the potential risks associated with anal sex.

Slide 19

Condoms

Most men understand that condoms are protective. Yet not all men find them easy to use and to sustain a commitment to using. This graphic indicates from one online survey what kinds of problems men report.

Slide 20

The quotes highlight that loss of erection and problems with fit are common.

- It's to do with me not liking condoms; they kill my hard-on in the moment. (Gay, 45+, HIV negative)
- I don't really like condoms. They're not the same for me. They are quite tight on me. They're uncomfortable. (Gay, 45+, HIV negative)

Discussion Full group/short discussion.

Are these problems you also identify as coming through in consultations?

Slide 21

Commitments to condom use and other strategies

It's important to remember that men can be very committed to condom use as these quotes show.

- It's not really a conversation - when you fuck you use a condom.
- Didn't talk, I just wouldn't do anal without a condom. We were just doing stuff, about to fuck; I said 'do you have a condom?' We were at his flat, he had a condom, but I had one. It was just automatic. If there had been any hesitation I would have stopped it. I'm very aware of risk, it's obvious if you're having sex with a lot of people there's risk. I wouldn't consider doing anything with anyone who says 'needs discussion'. For me that means they prefer no condoms, so I don't go there.

Slide 22/23

Commitments to condom use and other strategies

While men report that condom use is the primary strategy to avoid HIV/STI infection some men use other strategies; this includes only being a top, only penetrating the other man for a short period, not ejaculating inside a sexual partner, 'trusting' a sexual partner will know and declare his HIV (negative) status, only having condomless anal sex with the same regular partner or partners.

The quotes from men taking part in the HIV Prevention Needs Assessment give an insight into some approaches used:

- Sometimes if it's a quickie or you're a top you don't use one.
- I should be safe as I'm a top. I feel in a much safer position on the giving end than the receiving end. Make sure not to cum inside the person. But having said that, in hindsight that doesn't really matter. Those two thoughts make you feel like you can dodge it. It doesn't make you feel you are risking in a way.
- He has on occasion gone in without a condom but just momentarily. He said he got tested recently, said he was negative... pretty confident, he's honest, and we're not having risky sex.

Discussion: In a small group of 3/with immediate neighbours.

While many men are committed to condom use others might have other strategies.

Do you hear of such approaches in a consultation?

How do you respond?

Slide 24

Condomless anal sex

So, condomless anal sex clearly remains a challenge, for several reasons.

- In the online elements of the HIV Prevention Needs Assessment only 55% of men report *always* using condoms for anal sex when a 'top' and 58% when a 'bottom'. Other research in Glasgow and Edinburgh (MRC) also shows increases in condomless anal sex.
- Many men do not like using condoms or find they get in the way of pleasure, intimacy and spontaneity. Men under 35 are more likely to report problems with condom use including losing erection, problems with fit and putting the condom on.
- Choices to have condomless anal sex can be based on assumptions - for example that a sexual partner 'looks' HIV negative, that his professional status means he would know he is HIV negative, that he is young or bisexual and so less likely to be HIV positive - or a belief that a sexual partner will simply know and report his HIV status accurately.

Slide 25/26

Condomless anal sex

These quotes articulate some of the contexts and scenarios where condomless sex can happen.

- It was my fault we didn't use condoms, we got ahead of ourselves, didn't show restraint. It was in my house, I was being top. I'm more sexually active so it was my responsibility. (Gay, 26-35, HIV negative)
- Probably just to be honest, it's about somebody I would really like. And the fact that it's really horny doing it without a condom. And because you really like that person, there's no real barrier. I suppose it's animal instinct and it is more horny and more enjoyable. If it was somebody I really liked, I probably would want them to cum up me. Cause I really like them and I was enjoying having sex. I can feel it maybe a wee bit. Just probably it reinforces the sexual roles of you being really passive and them being really active and penetrating you and fucking you really. (Gay, 26-35, HIV negative)

- It's just something I prefer, the feeling you get from it. It's more enjoyable without condoms, there's no barrier between you and the other person, it's an intimacy. There's something clinical about condoms. HIV and STIs aren't really in my thoughts. I go for check-ups every 3 months. (Gay, 36-45, HIV negative)

Discussion: In 3s/with immediate neighbours.

- Are these views and experiences on condomless anal sex familiar to you?
- How do you respond (verbally and in your body language) to reports of condomless sex or ambivalent attitudes towards condom use?
- Can *not* using condoms ever be a positive decision for men? For example, couples who have tested and who don't have anal sex with other men? Men living with HIV with viral suppression?

Slide 27

Talking about anal sex in a sexual health service

In an earlier slide we saw that fewer than half of men who were asked said they spoke about anal sex or condomless anal sex when attending a clinic. This graphic shows that many more, a majority, would be willing to do so.

Slide 28 Case study

But how do we talk about anal sex and the choices men make, including ambivalent attitudes toward condomless sex? This short excerpt from an interview articulates some of the challenges faced. This is from an FAQ interview, not a consultation as such, but we would like you to read it through and have a discussion using the questions provided, based on what you can learn from the information provided. (Give out hand-out, participants can read themselves)

Prop/text available as hand-out

If you didn't use a condom, do you remember the reason you didn't? Nice and sexual, a bit of foreplay, you get kissing and get really horny on the poppers so it naturally progresses into fucking. Always fucked without with this guy. I think we met in the pub and it was just from there.

Did you talk about HIV status – yours or his? Not the first time but we have spoken about it since. It just came up, but we're both negative so that was fine. I think it came up because I had a blood test. And he told me he was negative as well. Because of his job, I know he would be tested so I know I can trust him on that side as well... I'm not going to have sex with somebody who's HIV positive. I don't want to put myself at risk. Sometimes I do have unprotected sex with other guys. I know that's when I usually have had a fair amount to drink and I'm horny. Normally because I'm very horny and being top and I prefer to fuck and the horn takes over. Never get fucked myself....

What kinds of things are you thinking when you're fucking/getting fucked without a condom? Just the enjoyment of it, getting high on the enjoyment of it. Sometimes if it's poppers, the poppers take over it's just the enjoyment of it. Making sure that I'm doing it right making sure that the person is enjoying it, that I'm enjoying it. (Gay, 26-35, HIV negative)

Discussion In 3s/with neighbours.

If you find yourself in a consultation having such a conversation, hearing these responses what would your focus be in the conversation that emerges?

What needs to be achieved in terms of a follow-up plan?

Facilitator: ask for some feedback in the group if there is time.

Slide 29

Ask participants to take the last minute to note down a few thoughts on the reflection sheet provided.