

MSM Masterclass

Module: **Bisexual men/Men who have sex with men and women**

FACILITATOR GUIDANCE NOTES

Description to be shared with participants in advance

In this session we will consider the experiences and needs of men who have sex with men and women; some of whom will identify as bisexual. In some of the text in this session the term 'bisexual' will be used, this is shorthand and does not imply that all men who have sex with men and women will necessarily identify as bisexual. You will hear about what men report about relationships and sexual experiences and their views of sexual health services. There will be an opportunity to reflect on what you think works well about current service provision, and consider how we can provide services which are inclusive of men who have sex with men and women/bisexual men.

Suggested duration of this session is 35/40 minutes.

Before the session

Ensure participants complete Reflection Sheet 1 before attending the Masterclass
In preparing for the Masterclass ask participants to pay particular attention to the engagement they have with bisexual men/men who have sex with men and women in clinics/services before the session: ask them to jot down any issues or topics or questions that they feel are important.

By the end of this session participants will have:

1. Developed a greater awareness of the impact of discrimination or stigma on bisexual men's wellbeing.
2. Developed a greater awareness of the sexual lives of bisexual men, not just in terms of behaviours (what men do) but also what sexual relationships mean to them.
3. Recognised the individual professional characteristics that they need to develop to help attract and retain bisexual men in services.
4. Understood what characteristics of a service are likely to help engage and sustain bisexual men's attendance.

Follow up

Further information is available from these sources (also detailed on the last slide).

- HIV Prevention Needs Assessment (NHS Lothian and NHS GGC)
<http://www.scotland.gov.uk/Topics/Health/Services/Sexual-Health/HIVMSMNeeds>
- FAQ Scotland Chapter 4: *Men who have sex with men and women/bisexual men* at:
<http://www.faqscotland.co.uk>
- The Bisexuality Report: Bisexual inclusion in LGBT equality and diversity (2012)
<http://www.open.ac.uk/ccig/files/ccig/The%20BisexualityReport%20Feb.2012.pdf>

Resources:

PowerPoint slides as a 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 and women/bisexual 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

Much of the information on the slides we will be looking at in this session is taken from the HIV Needs Assessment FAQ community engagement work; men participated in online surveys and interviews. Some of the information is also from other aspects of the HIV Needs Assessment and other useful sources of information about the experiences, needs and rights of men who have sex with men and women/bisexual men.

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

This session uses the terms *men who have sex with men and women* and *bisexual men*. Before we get into some discussion about our practice its worth thinking about language and how we currently approach things; there are a number of initial questions here for us to discuss.

Discussion In 3s/with immediate neighbours:

- How do you determine the gender of the partners a man has when he attends the clinic?
- Are assumptions made? Why might it matter?
- What language do you/your colleagues usually use? 'Men who have sex with men and women' or 'bisexual'?

Slide 4

This slide identifies why we are concerned about men with male and female partners. It highlights that bisexual men bear a disproportionate burden of ill-health.

- Bisexual people's experiences differ in important ways from those of heterosexual people, and from those of lesbian and gay people.
- Bisexual people often face discrimination and prejudice from within heterosexual, and lesbian and gay, communities. This can be obscured by LGBT amalgamation.
- Bisexual populations have significantly higher levels of distress and mental health difficulties than heterosexual or lesbian/ gay populations.

Slide 5

This is described further in this quote from Open University research: “Of all the larger sexual identity groups, bisexual people have the worst mental health problems, including high rates of depression, anxiety, self-harm and suicidality. This has been found both internationally and in the UK specifically, and has been strongly linked to experiences of biphobia and bisexual invisibility. While there has been little research into bisexual people’s physical health, links between mental and physical health suggest that bisexual people should also be considered more at risk of physical health problems.”

Slide 6

This slide reflects findings from the HIV Prevention Needs Assessment identifying particular concerns about sexual health and wellbeing. It highlights that when it comes to men who have sex with men and women/bisexual men:

- They make up 11% of new HIV infections.
- They are less likely to have tested for HIV or engaged with sexual health services.
- If they do attend a clinic, they are less likely to talk about anal sex.
- Men can fear the reactions of others to their bisexuality; this can lead to isolation.

Discussion Initially in a 3/with neighbours then seek views in the group.

Are there any aspects of the health of bisexual men as described that are new or surprising to you?

Slide 7/8/9:

Again these slides draw on direct quotes from men engaging with the HIV Prevention Needs Assessment. In these slides, quotes highlight the experience and impact of labels, stereotypes and discrimination and capture something of the diversity of experience of being bisexual.

- “It's hard to get over but once you do, you feel more comfortable in yourself. I feel sorry for people who first come out because they don't know what to expect. Nobody expects how much bullying there is going to be. I was bullied and it wasn't just people on the street it was from members of my family as well. I got bullied from my brothers for a while. A few friends drifted away when I first come out.” (Bisexual, 16-25, HIV Negative)
- “Nowadays, I think people like to brand people gay, bi, or straight. I don't like these boxes that we all associate people with. With my good friends being a mix of gay or straight, I just think if you like someone and you're attracted to them, I don't think gender really matters.” (Bisexual, 26-35, HIV negative)
- “The straight community and the gay community think bisexuals are selfish.” (Bisexual, 36-45, HIV negative)
- “Gay guys don't really 'get' bisexuality, and most straight guys I know would never admit to having gay thoughts because they are not able to mentally cope with it, they think it will make them become gay or their worst fear is they won't be able to get it up with a woman. It's not easy mentally dealing with bisexuality, but it is definitely a more satisfying human experience than just heterosexuality or homosexuality; I tried doing both at different stages in my life.” (Online respondent)
- “Why did nature made me like this? Because it's not the easiest thing to live with to be honest. I don't think I'm like every other guy because people who are uniquely

Discussion: Full group

Any thoughts or questions about what these quotes give us in terms of understanding the experiences and needs of men who have male and female partners?

Slide 10:

As well as the experiences described earlier – of discrimination, stigma or isolation - the HIV Prevention Needs Assessment found that men who have sex with men and women/bisexual men are less likely to attend a sexual health service and can be reluctant to discuss that they have sex with men and women.

Discussion: Full group

Why do you think this is the case?

Slide 11/12:

This slide and the next slide give us some detail on how men taking part in the Needs Assessment have considered the barriers or things that would encourage engagement with services.

Bisexual men have identified these factors might stop them from coming to a clinic:

- Concerns about privacy and discretion
- Judgement, stigma, staff attitudes
- Embarrassment
- Waiting times
- Distance, location of clinic.

Bisexual men also identified what would encourage them to attend;

- Privacy and discretion
- Worry about symptoms or sexual activity
- Short waiting times, fast treatment and results
- Good health, peace of mind
- The qualities of the staff: open minded, non-judgemental, conversational
- A relaxed clinic atmosphere
- Flexible opening hours and convenient location.

Slide 13:

Then, if a man attends, this slide identifies what men told the HIV Prevention Needs Assessment might prevent them from talking about having male and female partners.

- Feeling embarrassed or ashamed or guilty about being bisexual
- There is stigma/bisexual people are stigmatised
- Fear of being judged
- There are stereotypes about bisexuality/being bisexual
- Being or feeling insecure, shy, or uncomfortable with self or sexuality
- Feeling scared, worried

- Not wanting partners to know about bisexuality
- Just not wanting to talk about it, no one's business
- Shame

We will come back to some of this detail for further discussion.

Slide 14:

Before final reflections on the topic, this slide uses quotes from men to remind us why talking about bisexuality might matter.

- "It's hard for me to talk about these kinds of things." (Bisexual, 16-25, HIV negative)
- "Why aren't more people talking about it? Why can't more men and women admit to sexual attraction to both genders, and why does sexuality have to be so rigid in our society, why can't it change over time and why can't society be more open about this - and how do you tell your girlfriend about it without it freaking her out, and should I even tell my girlfriend? I definitely would like to ask people about this." (Bisexual, Online respondent)

Slide 15

This slide identifies some reflective questions for us to consider, with a short amount of time here, but also beyond this session. Let's at least start with the first! ...and move on if time allows. Feel free to look back on the quotes used in the PowerPoint to help you think about the questions

- "These things are things I'm trying to deal with in my own head. Once you have to express your thoughts vocally it helps you understand them in your head." (Bisexual, 45+, HIV Negative)

Discussion Initial 5 minutes in 3s/with immediate partners. Then, if time allows have some feedback and conversation in the larger group.

- To what extent does your service reflect the barriers or facilitators to engaging with services that bisexual men have identified?
- Do we need to think further about how we determine the gender of the partners a man has when he attends the clinic?
- How ready and able do you feel to be able to talk with men who have male and female partners?

Slide 16

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

Slide 17

Further information