

MSM Masterclass

Module: **Men in relationships**

FACILITATOR GUIDANCE NOTES

Description to be shared with participants in advance

In this session we will consider the experiences and needs of men who are in different kinds of romantic, intimate or sexual relationships. Understanding how men live their lives, including how they experience relationships, is a necessary part of delivering a holistic, person-centred service. Given different arrangements or behaviours it is important for clinic staff to understand as best we can each man's sexual behaviour and relationships to discuss HIV risk and prevention.

When it comes to relationship status men who attend sexual health or HIV services might be in a monogamous relationship, an open relationship, have concurrent sexual partners or have sex with friends. In this Masterclass session you will hear about what men report about their relationships and their views of how this might be perceived or discussed in the context of a 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 are in different kinds of relationships.

Suggested duration of this session is 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 men who are in or talk about different kinds of romantic, intimate and sexual relationships: 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 different kinds of romantic, intimate and sexual relationships men can have: monogamous relationships, open relationships, concurrent relationships or sex with friends.
2. Developed a greater awareness of the sexual lives of men who are in relationships, this means talking about behaviours (what men do) but also what their relationships mean to them.
3. Recognised the individual professional understandings and characteristics that they need to develop to help attract and retain men in services whatever the man's relationship status.
4. Understood what characteristics of a service are likely to help engage and sustain the attendance of men who are in relationships.

Follow up

Further information is available from these sources (repeated 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 15: *Relationships* at: <http://www.faqscotland.co.uk>

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.

Slides may have prompts for discussion; either as one group or in 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

Understanding how men live their lives, including how they experience relationships, is a necessary part of delivering a holistic, person-centred service. Some aspects of the relationships we will discuss in the session will raise questions and concerns we may have for men in terms of HIV/STI risk. This session is part of the Masterclass programme because given different arrangements or behaviours it is important for clinic staff to understand as best we can each man's sexual behaviour and relationships to discuss HIV risk and prevention.

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.

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

This session seeks to explore different kinds of relationships. We can understand these relationships as follows:

- Men who are in a **monogamous relationship** have an exclusive intimate/sexual relationship with one man.
- Men in an **open relationship** have a primary partner but the man, his partner or both have sex with other men (or women). An open relationship can be negotiated so that both men understand what sex out with the primary relationship will happen. This can include the negotiation of certain rules or parameters to sex with others, such as no anal sex with others or only anal sex with condoms. Open relationships may mean both partners having sex together with another man/men. Open relationships are

not always discussed openly and agreed; one partner or both may have sex with others without their partner's knowledge or agreement.

- Men may have **sex with friends**. This can be on-going contact with a sexual partner who they do not consider a partner/boyfriend but someone with whom a relationship has been built, the central part of which is sex. Sex with friends is a considered choice for men, sometimes in the absence of a relationship and sometimes in addition to a relationship. Men also identify that sex can be with one friend or with several. Social media can play an important role in establishing and maintaining relationships and arranging contact.
- Men who have **concurrent sexual partners** have overlapping sexual relationships with more than one person. This can happen as one relationship ends and another begins, although 'concurrency' applies to any man who has more than one sexual partner at a given time. Concurrency is only an HIV risk if one or more of the individuals is HIV positive and has condomless anal sex with a partner.

Facilitator: Do these descriptions fit the understanding you have from your service about the different romantic, intimate and sexual relationships men have?

Slide 5 + 6

Monogamous relationships

We'll move on now to think about different kinds of relationships. Firstly, in the HIV Prevention Needs Assessment men talked about being in a monogamous relationship and decisions about HIV testing and condom use. These quotes capture some of the experiences and considerations highlighted by men. (Ask participants to read themselves):

No condoms, he prefers not to so I go for that. It's a monogamous relationship, so not using is his preference... We were friends for a while, it got serious, not interested in anyone else so became monogamous. We're both the kind of people who wouldn't sleep around. It's a mutual thing... No, didn't talk about that, stopped using condoms 6 months ago (been together 3 and a half years). Can't really remember how it came about. Lots of fore play, just he said he wanted to try without... Neither of us have tested, we are pretty sure we are HIV negative. (Gay, 26-35, HIV negative)

Always condoms used at first, I hadn't had many sexual partners but just assumed it was the best thing to do, my partner hadn't always used condoms with others. Now after 4 or 5 months, we tested and so stopped condoms... We talked about it. My partner had had a previous scare. I've got quite a sensible head... I do worry but now we are screening regularly and it's monogamous. I prefer to use condoms but partner doesn't so we just don't. (Gay, 36-45, HIV negative)

We both felt we should get tested, so now we know we are negative we're not using condoms. We're exclusive now... it's a commitment to trust each other. (Gay, 36-45, HIV negative)

Slide 7

Discussion: (In 3s/with neighbours)

Men in monogamous relationships may stop using condoms when having anal sex with their partner.

- When a man tells you he is considering this, or shares this decision, what is your response?
- Does your response differ in any way from your approach to a heterosexual person/couple deciding to stop using condoms in a monogamous relationship?
- The FAQ/HIV Needs Assessment research concluded that: “Clinic staff should not routinely recommend condom use within relationships as this risks alienating men and devalues the establishment of trust within a gay relationship.” What’s your view?

Slide 8

Open relationships

The term ‘open relationship’ will be familiar to you. The HIV Prevention Needs Assessment found that men aged 26 to 35 are most likely to be in an open relationship. Men who talked about their open relationship *generally (although not exclusively)* described it like this: both men have sex with others, they have talked about and agreed rules about how this works, they may have anal sex with men other than their partner, condoms are not used when having anal sex within the relationship but they are used with other men.

Slide 9

One contributor to the HIV Prevention Needs Assessment told us this:

With my partner we just established that we wouldn’t use condoms. We did chat about it again about a year ago, just after I went to the sexual health clinic. The advice from the clinic had been if you’re having any sex, even with your partner, you should use condoms. They said things can happen and people in relationships end up with HIV. We spoke about our open relationship and they said I should definitely be using condoms. But for us it’s a lot less intimate using condoms. Our conversation was like we’d be very sure to use condoms with others - if there’s issues, like a problem with a condom, we’ll talk. We don’t use condoms because there’s trust, and because it’s more pleasurable. (Gay, 26-35, HIV negative)

Slide 10

Discussion (In 3s/with neighbours)

As well as men in monogamous relationships, men in open relationships may stop using condoms when having anal sex with their (primary) partner.

- Why do you think this is?
- If a man in an open relationship tells you he has stopped using condoms, or is considering stopping condoms, with his primary partner: What is your response? What’s your focus?

Slide 11

Talking about open relationships at the clinic

Men might not find it easy to talk about their open relationship at the clinic. In the HIV Needs Assessment men were asked why they might not discuss their open relationship. They highlighted concerns about:

- Judgemental attitudes/being judged
- Open relationships are stigmatized or taboo and not the norm
- Embarrassment

- That the matter is private or secret
- Being seen as overtly sexual/a 'slut'
- Feeling shame about the choice
- Being lectured by the clinic staff.

Slide 12 + 13

Here are a couple of quotes from men talking about the experience or likelihood of talking about their open relationships in the clinic.

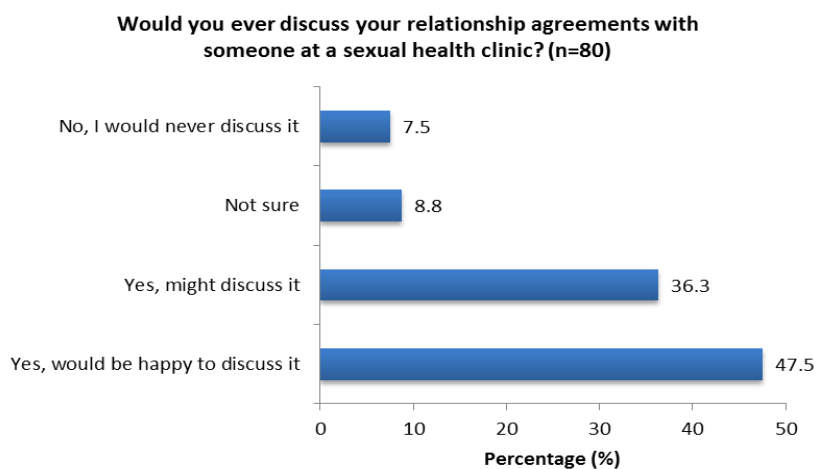
Q: Have you talked about your relationship? Only in passing, being at a clinic feels like a checklist, it's not a conversation. There's an amount of hostility amongst people about open relationships. Amongst gay guys, if you are online and you say you are in an open relationship you can get different negative responses; that you are sex mad or you are denigrating your partner and the relationship. Probably it's this second attitude that you can get at the clinic, there's a residual condemnation of anything other than a monogamous relationship. (Gay, 36-45, HIV negative)

Q: Would you ever talk about your open relationship? If they were to ask, yeah I probably would, but I don't think I would bring it up myself. If they asked what's your relationship status I think I would say that it's open but it's usually just a check-up I go for. Why might a man in an open relationship not bring it up in a clinic? It could just be that it's not conventional, not traditional, so they could be embarrassed, afraid of being judged that way. I don't think I would mind. I'm quite open that way. (Gay, 16-25, HIV negative)

Discussion: Do you recognise men's concerns about talking about their open relationships? How might you encourage them to talk openly?

Slide 14

When men were also asked in one of the FAQ online surveys if they would *ever* discuss their open relationship at the clinic, despite some concerns about doing so a majority of men indicated they might or would discuss their relationship:



Slide 15 + 16

Using condoms with a primary partner

While seeking to understand men's relationships the focus of the Needs Assessment and this Masterclass is on HIV/STI prevention. Some of the key learning that has emerged from the HIV Prevention Needs Assessment about condom use in the context of sex with a primary partner (remembering that might be a partner in a monogamous relationship or a main partner/boyfriend where sex with other men might also take place) was as follows:

- Men are concerned that clinic staff do not understand the meaning of ceasing condom use within relationships.
- Men stop using condoms for anal sex in a relationship for several reasons; this can include trust, a commitment to monogamy, that condomless anal sex is more intimate, or a preference for condomless sex.
- In some relationships men use HIV testing as an integral part of decisions about discontinuing condom use; others may not, preferring to discuss the issue and base decisions on a belief that a partner knows his HIV status.
- Men will make decisions to stop condom use with their partner at different stages of a relationship; some men a few months after being together, some men after considerably longer.
- For some men a commitment to condoms for anal sex remains, even in context of a monogamous relationship; this might reflect a long term commitment or preference for anal sex with condoms. Or they may view it as a pragmatic self-protection strategy in case a partner has sex with someone else without their knowledge.
- Decisions about condom use with a partner can change; not using condoms on some occasions might be influenced by alcohol or desire for intimacy.

Slide 17

Sex with friends

Moving on, men also talked about sex with friends as part of the Needs Assessment research. These quotes capture some key contributions.

Sex isn't anonymous. We know the guys through social media, you feel like friends. You use the apps you need to be safe, have our lifestyle, but be responsible for each other. Not just STIs but the psychological effects of sex. Sex is about fun and your whole wellbeing, no regrets. (Gay, HIV negative, 26-35)

But sex with friends usually happens if we've been drinking and one thing leads to another. (Gay, 26-35, HIV negative)

Slide 18

He's regular. About a year or 18 months. Once a month, but not recently. We've been having regular sex without condoms. He had shown me some records that he had because he works in the medical profession... I would say you can never be 100% but I do trust him. I think he's being honest from conversations that we've had... Sometimes it has worried me because we all go out and we all have fun but you have to trust that person as well. (Gay, 45+, HIV negative)

Discussion: (Full group)

- Is 'sex with friends' something that comes up in a consultation?
- When it does, what is your response? What's your focus?

Slide 19

This slide identifies some reflective questions for us to consider.

Discussion: (In 3s/with neighbours)

- What are the challenges here – about any of the different kinds of relationships a man may discuss with you?
- How do you support men in defining the parameters of their relationships and planning for risk reduction in different contexts?

Slide 20

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