Changes in Sexual Behaviors Due to Mpox: A Cross-Sectional Study of SGM in Illinois

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INTRODUCTION

• The spread of mpox in 2022 primarily within the sexual networks of men who have sex with men (MSM) triggered a potentially stigmatizing public health response in the US
• Despite mpox primarily spreading through skin-to-skin contact, most messaging has promoted abstinence and/or reduction in sexual risk behaviors
• In this study we investigated whether decreases in sexual risk behaviors continue among sexual and gender minority (SGM) youth and young adults (YYA), and what factors are associated with persistence of reduced risk behaviors

SAMPLE & METHODOLOGY

• The parent study, Keeping It LITE, examined HIV risk factors in young adults who reported sexual activity between 2017 and 2019 (n = 3,444)
• An mpox substudy was conducted between September 10th and 20th, 2022 for all participants with Illinois residency (n = 498)
• Survey questions included demographic data and sexual risk reduction behaviors

KEY FINDINGS

• Compared to the AMIS study, participants in our survey were substantially more likely to report reducing the number of sex partners (64% vs. 48%)
• Similar approaches focused on mpox vaccination or prevention of other infectious disease outbreaks in sexual networks might be equally as effective among SGM individuals
• This would run in contrast to much of the current messaging that advocates for sexual abstinence (Health, 2022; Prevention, 2022a, 2022b) or pauses in sexual activity, but would also acknowledge the reality that abstinence-only interventions are ineffective and difficult to maintain (Stanger-Hall & Hall, 2011)
• We emphasize that a healthy, pleasurable sex life is not incompatible with public health goals

Table 1. Demographic Characteristics and Bivariate Associations with Sexual Contact (n=317)

<table>
<thead>
<tr>
<th>Race/Ethnicity</th>
<th>N (%)</th>
<th>Sexual Contact since 06/01/22</th>
<th>No Sexual Contact since 06/01/22</th>
<th>OR (95% CI)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Hispanic White</td>
<td>153 (48.3)</td>
<td>137 (89.5) 16 (10.5) 1.00 (1.00)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Asian</td>
<td>28 (8.6)</td>
<td>17 (59.6) 11 (39.3) 0.68 (0.18, 2.51)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-Hispanic Hispanic/Latinx</td>
<td>52 (16.3)</td>
<td>48 (92.3) 4 (7.7) 0.40 (0.18, 0.88)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td>7 (2.2)</td>
<td>1 (14.3) 6 (85.7) 0.07 (0.02, 0.21)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Age, Years (mean, SD) 29.0 (9.8) 30.7 ± 2.8 22.4 ± 1.5 1.08 (1.02, 1.15)

Table 2. Risk Reduction Behaviors among Sexually Active Participants (n = 260)

<table>
<thead>
<tr>
<th>Factor 1</th>
<th>Factor 2</th>
<th>N (%)</th>
<th>Having sex less frequently</th>
<th>Taking a temporary break from sexual activities until after you are vaccinated</th>
<th>Having group sex less frequently</th>
<th>Not using your number of sex partners</th>
<th>Avoiding spaces like saunas, bath houses, sex clubs, or private public sex parties</th>
<th>Using condoms to protect yourself from exposure to monkeypox</th>
</tr>
</thead>
<tbody>
<tr>
<td>149 (57.3)</td>
<td>118 (45.4)</td>
<td>53 (20.4)</td>
<td>32 (20.4)</td>
<td>31.2</td>
<td>213 (81.4)</td>
<td>153 (58.5)</td>
<td>106 (40.8)</td>
<td>192 (73.9)</td>
</tr>
<tr>
<td>260 (98.7)</td>
<td>218 (83.2)</td>
<td>76 (29.0)</td>
<td>57 (37.1)</td>
<td>31.2</td>
<td>213 (81.4)</td>
<td>153 (58.5)</td>
<td>106 (40.8)</td>
<td>192 (73.9)</td>
</tr>
</tbody>
</table>

REFERENCES


CONCLUSIONS AND IMPLICATIONS

• SGM communities in Illinois have made significant adjustments to sexual behavior in response to the mpox outbreak, but it is unclear if this behavioral change can be sustained
• Results lend strong support to the importance of sex-positive, harm reduction messaging, similar to approaches used in campaigns such as PrEP4Love in Chicago
• New approaches are needed to ensure that risk reduction messaging is effective, realistic, and tailored to populations most impacted
• We suggest that sex-positive messaging which takes care to avoid stigmatizing marginalized groups should be a key priority for public health prevention work moving forward

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DISCUSSION

• Study participants in Illinois overwhelmingly reported reducing sexual contact due to the mpox outbreak
• Two risk reduction factors were identified through the EFA – Factor 1 (decreasing sexual activity) and Factor 2 (use of protection methods)
• Both factor scores were associated with mpox vaccination – those who were fully or partially vaccinated were less likely to decrease sexual activity and those who were not vaccinated were less likely to use protection methods – demonstrating complex associations
• Compared to the AMIS study, participants in our survey were substantially more likely to report reducing the number of sex partners (64% vs. 48%)
• SGM communities in Illinois have made significant adjustments to sexual behavior in response to the mpox outbreak, but it is unclear if this behavioral change can be sustained
• Results lend strong support to the importance of sex-positive, harm reduction messaging, similar to approaches used in campaigns such as PrEP4Love in Chicago
• New approaches are needed to ensure that risk reduction messaging is effective, realistic, and tailored to populations most impacted
• We suggest that sex-positive messaging which takes care to avoid stigmatizing marginalized groups should be a key priority for public health prevention work moving forward

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