MSM are residents of the district and are above the age 18 years at the time the study was conducted with voluntary willingness to participate in the study without any financial compensation. The collected data were compared and analyzed through regression-model using health-belief-model.

Results More than 75% of respondents reported that cultural belief is used as a tool that prevented them from accessing health-care-services, impacted on accessing prevention and treatment. 60% of clinicians and 80% of non-clinicians had insufficient knowledge about MSM, using culture to promoted stigma/discrimination. 60% of the respondents experienced physical/verbal abuse in their community fueled by cultural beliefs. Culture is used as a yardstick to manhood, denying MSM of their cultural rites.

Conclusions Cultural influence on MSM health has shown to be very vast affecting the perceptions of their overarching beliefs. Culture is used as a yardstick to manhood, denying MSM of their cultural rites.

Background In response to the COVID-19 pandemic, a lockdown was imposed in England March-June 2020, requiring people to cease outside physical contact except for essential reasons. A study was conducted to understand the impact on mental and sexual wellbeing among Male and Gender-Diverse People who have Sex with Men.

Methods A structured anonymous survey was conducted online, advertised via social media using a convenience sampling approach. Participants were asked about use of sexual health interventions and sexual networking apps, sexual behaviour and COVID-19. Qualitative interview participants were purposively sampled from survey participants who provided contact details for that purpose.

Results N=1429 MGDPMSM completed the survey (March-July 2020). N=15 survey respondents who reported having casual sex partners during lockdown participated in an interview (August 2020-February 2021). N=331 (26.5%) reported feeling anxious about COVID-19 more than half of the time. N=155 (12.1%) reported 1 casual sex partner during lockdown, and n=156 (12.2%) reported 2+. N=1014 (77.6%) reported decreasing their number of casual sex partners during lockdown. This was not associated with COVID-19 anxiety (Chi-square=0.82 p=0.36) or belief about being infected (Chi-square=1.77 p=0.41). Qualitative findings suggest desire to comply with guidance was a key motivator in reducing casual partner numbers, and that this was facilitated by using COVID-19 risk-reduction strategies such as having virtual sex.

Conclusion The majority of survey respondents reduced casual partner numbers. This may be explained by desire to adhere to physical distancing measures which was not measured but which emerged as a key motivator among interviewees. As the pandemic continues alongside growing lockdown fatigue, future research is needed to identify and monitor motivations to reduce casual partner numbers during future physical distancing requirements, and to ensure health promotion highlights self-protective strategies available to MGDPMSM.