

ORIGINAL RESEARCH—BEHAVIOR

The Influence of Sexual Orientation and Sexual Role on Male Grooming-Related Injuries and Infections

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ABSTRACT

Aim. Pubic hair grooming is a common practice in the United States and coincides with prevalence of grooming-related injuries. Men who have sex with men (MSM) groom more frequently than men who have sex with women (MSW). We aim to characterize the influence of sexual orientation and sexual role on grooming behavior, injuries, and infections in men in the United States.

Methods. We conducted a nationally representative survey of noninstitutionalized adults aged 18–65 residing in the United States. We examined the prevalence and risk factors of injuries and infections that occur as a result of personal grooming.

Results. Of the 4,062 men who completed the survey, 3,176 (78.2%) report having sex with only women (MSW), 198 (4.9%) report sex with men (MSM), and 688 (16.9%) report not being sexually active. MSM are more likely to groom (42.5% vs. 29.0%, $P < 0.001$) and groom more around the anus, scrotum, and penile shaft compared with MSW. MSM receptive partners groom more often (50.9% vs. 26.9%, $P = 0.005$) and groom more for sex (85.3% vs. 51.9%, $P < 0.001$) compared with MSM insertive partners. MSM report more injuries to the anus (7.0% vs. 1.0%, $P < 0.001$), more grooming-related infections (7.0% vs. 1.0%, $P < 0.001$) and abscesses (8.8% vs. 2.5%, $P = 0.010$), as well as lifetime sexually transmitted infections (STIs) (1.65 vs. 1.45, $P = 0.038$) compared with MSW. More receptive partners report grooming at the time of their STI infection (52.2% vs. 14.3%, $P < 0.001$) compared with insertive partners.

Conclusions. Sexual orientation, and in particular sexual role, may influence male grooming behavior and impact grooming-related injuries and infections. Anogenital grooming may put one at risk for an STI. Healthcare providers should be aware of different grooming practices in order to better educate safe depilatory practices (i.e., the use of electric razors for anogenital grooming) in patients of all sexual orientations. **Gaither TW, Truesdale M, Harris CR, Alwaal A, Shindel AW, Allen IE, and Breyer BN. The influence of sexual orientation and sexual role on male grooming-related injuries and infections. J Sex Med 2015;12:631–640.**

Key Words. Grooming; Men Who Have Sex with Men (MSM); Sexually Transmitted Infection (STI); Sexual Role; HIV; Injury

Introduction

Throughout the United States and other developed nations, pubic hair grooming is becoming increasingly common [1]. The number of emergency department (ED) visits for genitourinary (GU) injury related to grooming products

or practices increased fivefold from 2002 to 2010 [2]. The reason for an increase in pubic hair removal is unclear, although some studies suggest trends in sexually explicit material to be a main influencer [3]. Vannier et al. analyzed pornographic movies and found men are likely to be groomed and most women were likely to have no

pubic hair at all, mirroring some pubic hair grooming trends [4].

Pubic hair removal has also been associated with various sexual behaviors in women, such as receiving vaginal and clitoral stimulation with fingers [5]. The role of sexual behavior and pubic hair removal in men is less clear. Several studies have looked at psychological factors contributing to pubic hair removal in men and have found the drive for muscularity, gender role conflicts, and physical appearance social comparisons have been correlated with increasing degrees of body hair removal [6]. It has been shown that men who have sex with men (MSM) remove their pubic hair more frequently [7]. However, differences between MSM and men who have sex with women (MSW) in hair removal patterns and practices are unexplored.

Sexual role is an important aspect of identity in MSM, and various roles carry different health risks. According to the CDC, receptive anal intercourse is the most efficient way to acquire HIV from sexual activity [8]. In young MSM, sexual role shapes sexual risk behavior [9]. Moreover, receptive MSM are twice as likely to be infected with HIV but more likely to be unaware of this increased risk [10]. Microinjuries and skin abrasions are likely to be more common in groomers and hence may increase infection transmission risk. Thus, various aspects of sexual behavior warrant future research. To our knowledge, how sexual role (i.e., insertive vs. receptive anal intercourse) influences grooming characteristics has never been studied.

Aims

We aim to identify any differences in removal patterns and location of pubic hair grooming in MSM and MSW. We intend to determine if MSM sexual role during anal sex is associated with different grooming characteristics. We hypothesize that MSM groom more frequently and in different anatomical locations, which may place them at greater risk for injuries or infections. As MSM receptive partners have been associated with less masculinity [10], we hypothesize that this group grooms more frequently than insertive partners and would hence be at a greater risk for injury or infection.

Methods

Study Population

We conducted a nationally representative survey of noninstitutionalized adults aged 18–65 residing

in the United States. We developed a questionnaire examining the prevalence of injuries and infections that occurs as a result of personal grooming and associated risk factors. The survey was conducted with the GfK Group (GfK, formerly Knowledge Networks). Details regarding GfK study methods have been reported previously [11]. The panel members are recruited using random probability-based sampling to increase accuracy [12].

Panel members are randomly recruited using address-based sampling methods. GfK samples addresses from the U.S. Postal Service's Delivery Sequence File. Address-based sampling estimates 97% of households can be reached and contacted through household mail [11]. Once the panel members are recruited, they receive notification via email to participate in a study sample. Panel members may also check their personal online member page to participate in survey taking. The topic of the survey is given to participants. Participants do not see any questions from a particular survey until they accept the survey. The topic of the current study given to participants was "Personal Grooming Injuries." GfK provides a laptop or netbook computer and free Internet service to all panel members without access to the Internet. For the current study, panel members received 1,000 points for completing the survey, which is the cash equivalent of \$1.

In addition to standard measures taken by GfK to enhance survey cooperation, email reminders were sent to nonresponders on day three of the field period. Although the survey as a whole has not been validated elsewhere, a pretest survey was completed in December of 2013 to ensure participants understood the questions. The final survey was conducted in January of 2013 in which 7,580 subjects completed the survey out of 14,409 sampled (completion rate of 52.5%). GfK consented all participants prior to the beginning of the survey.

GfK uses statistical weighting adjustments to correct for known deviations. Additional survey errors such as noncoverage and nonresponse are also corrected for using panel demographic poststratification weights. The Committee on Human Research at the first author's institution approved the study.

Predictor Variables

We collected the following demographic data: age, race, relationship status, education, and geographic

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