PO9/05

A participatory research on HIV and men who have sex with men: Uptake of HIV testing and its determinants

Ana Gama[1], Luís Mendão[1], Ricardo Fuertes[1] & Sónia Dias[2]

[1] GAT - Grupo Português de Activistas sobre Tratamentos de VIH/Sida Pedro Santos; [2] Institute of Hygiene and Tropical Medicine, Universidade Nova de Lisboa

INTRODUCTION

Men who have sex with men (MSM) have been considered one of the most vulnerable groups for HIV infection in countries with concentrated epidemics as Portugal[1]. Timely access to testing services and increased awareness of HIV positive status have been associated with treatment effectiveness and adoption of safer sexual behaviours, contributing to prevent and control the infection[2,3]. Nevertheless, a significant proportion of HIV infected people, especially those disproportionately affected, remain undiagnosed in Europe.

OBJECTIVES

This study aims to describe HIV testing among MSM and its demographic and behavioural correlates. It also aims to provide information on self-reported HIV infection.

METHODS

A cross-sectional study was conducted in 2010-2011 with MSM, as part of the Project PREVIH - *HIV/AIDS infection in MSM and CSW: Prevalence, determinants, prevention interventions and access to health*. In this project, a participatory approach was used in which governmental and non-governmental organisations beside community members participated actively through the entire project's phases.

The study conducted included a sample of 1046 MSM, purposively selected through snowball sampling. Peers were trained to recruit MSM in gay social venues and LGBT associations. A structured questionnaire was used to collect data on sociodemographics, number of sexual partners, contact with health services for HIV information, participation in prevention initiatives, HIV testing and self-reported serostatus for HIV. A multiple logistic regression analysis was performed to identify factors associated with having been tested for HIV in the last year. The magnitude of associations was estimated by means of odds ratios with 95% confidence intervals.

RESULTS

Overall, the mean age of participants was 31.9 ± 9.9 years; 41.5% were 26-35 years old and 28% were younger (Table 1). About 40% had higher education and 39.3% had secondary education; 71.4% reported being employed. The majority of participants had Portuguese nationality (90.3%). Among those non-nationals (9.7%), 58.3% were Brazilian and 30.2% were European; 87.5% reported having legal status.

Approximately 29% of participants reported having had 2-4 male partners in the previous year, 25.3% having 5-12 partners, 23.2% having ≥ 13 and 22.6% having one (data not shown).

As regards the services used when searching for HIV-related information, participants referred more frequently the VCT centres, the public hospital and the primary health care centre; yet, about one third did not use any service (Table 2). Approximately 83% of participants reported having received free condoms during the previous year.

Of the total sample, 88.3% reported having been tested for HIV; 60.6% had a traditional laboratory test and 35% were tested in a VCT centre (Table 3). Reasons for having never been tested included no engagement in risk behaviours (34.4%), low self-risk perception (27%), not thinking about it (19.7%) and fear of the test result (18.9%). Of those ever tested for HIV, 71.4% had a test during the previous year.

Table 4 shows the results obtained through the logistic regression analysis. Having been tested in the last year was positively associated with having higher number of sexual partners, having searched for HIV-related information at health services and organizations and having received free condoms during the previous year, and was negatively associated with being older. No significant association was found between having been tested during the last year and nationality and educational level.

Of those participants ever tested, 10.3% reported being HIV positive, 82.5% being HIV negative and 7.2% not knowing their serostatus (data not shown).

CONCLUSIONS

Self-risk perception and fear of the test result were two major motives of having never been tested. The results highlight that targeted health education and information strategies may be important to scaling up HIV testing and therefore should be supported. Health services play a crucial role in information, prevention and promotion of HIV testing, especially for most vulnerable groups. It is important to continuously ensure access and promote utilization of health services among MSM. Further research on HIV social and behavioural factors and testing among MSM groups, based on a participatory approach, would be valuable.

Table 1. Sociodemographic characteristics of participants.

		n	%
Age (n=1045)	18 – 25	293	28.0
	26 – 35	434	41.5
	36 – 45	216	20.7
	≥ 46	102	9.8
Educational level (n=1035)	Elementary	218	21.1
	Secondary	407	39.3
	Higher	410	39.6
Professional status (n=1024)	Employed	731	71.4
	Non employed	293	28.6
Nationality (n=1032)	Portuguese	932	90.3
	Foreign	100	9.7

Table 2. Contact with health services for HIV information and participation in prevention initiatives.

		n	%
Services used to obtain HIV-related information	VCT centre	285	27.2
	Public Hospital	184	17.6
	Primary care centre	175	16.7
	NGO/Mobile unit	118	11.3
	AIDS telephone service	49	4.7
	Private clinic/hospital	44	4.2
	National Coordination for HIV/AIDS Infection	24	2.3
	None	332	31.7
Having received free condoms in the last year (n=1043)	Yes	862	82.6
	No	181	17.4

Table 3. HIV testing.

		n	%
Having ever been tested for HIV (n=1040)	Yes	918	88.3
	No	122	11.7
Type of test	Rapid test in VCT centre	315	35.0
	Traditional laboratory test	545	60.6
	Both	39	4.4
Reasons for having never been tested for HIV (n=122)	No engagement in risk behaviours	42	34.4
	Low self-risk perception	33	27.0
	Not thinking about it	24	19.7
	Fear of the result	23	18.9
	Not knowing where to do the test	18	14.8
Having been tested for HIV in the last year (n=902)	Yes	644	71.4
	No	258	28.6

Table 4. Factors associated with having been tested for HIV in the last year.

	%	*P* value	Adjusted OR (CI 95%)
Age			
18-25	80.7		1
26-35	71.7	*<0.001*	0.60 (0.39-0.91)
36-45	66.3		0.39 (0.24-0.64)
≥ 46	59.3		0.41 (0.22-0.76)
Nationality			
Foreign	71.6	*0.541*	1
Portuguese	68.5		1.16 (0.70-1.92)
Educational level			
Elementary	75.8	*0.301*	1
Secondary	69.5		0.69 (0.44-1.09)
Higher	70.8		0.89 (0.57-1.39)
Number of male sexual partners in the last year			
1	63.8		1
2-4	70.9	*0.046*	1.48 (0.96-2.28)
5-12	75.6		1.69 (1.08-2.66)
≥ 13	74.2		1.71 (1.08-2.70)
Having ever searched for HIV-related information at health services/ organizations		*0.001*	
No	63.1		1
Yes	74.9		1.63 (1.16-2.29)
Having received free condoms in the last year			
No	61.9	*0.005*	1
Yes	73.4		1.53 (1.02-2.32)

References

[1] National Coordination for HIV/AIDS Infection (2007). National Programme for the Prevention and Control of HIV/AIDS 2007–2010: A Commitment to the Future. Lisbon: National Coordination for HIV/AIDS Infection; [2] Heymer, K.J., & Wilson, D.P. (2011). Treatment for prevention of HIV transmission in a localized epidemic: The case for South Australia. Sexual Health, 8(3), 280-294; [3] WHO (2011). Guidelines: prevention and treatment of HIV and other sexually transmitted infections among men who have sex with men and transgender people: recommendations for a public health approach 2011. Geneva: WHO.