

**The Sigma Panel**

The Sigma Panel is a community-based research project investigating HIV precautions and change among gay and bisexual men in England. It consists of 13 monthly internet surveys routinely measuring sexual behaviour and health promotion encountered in the preceding month and a rolling programme of qualitative insight questions. The aim is to generate formative and outcome evaluation data to improve sexual health promotion with gay and bisexual men.

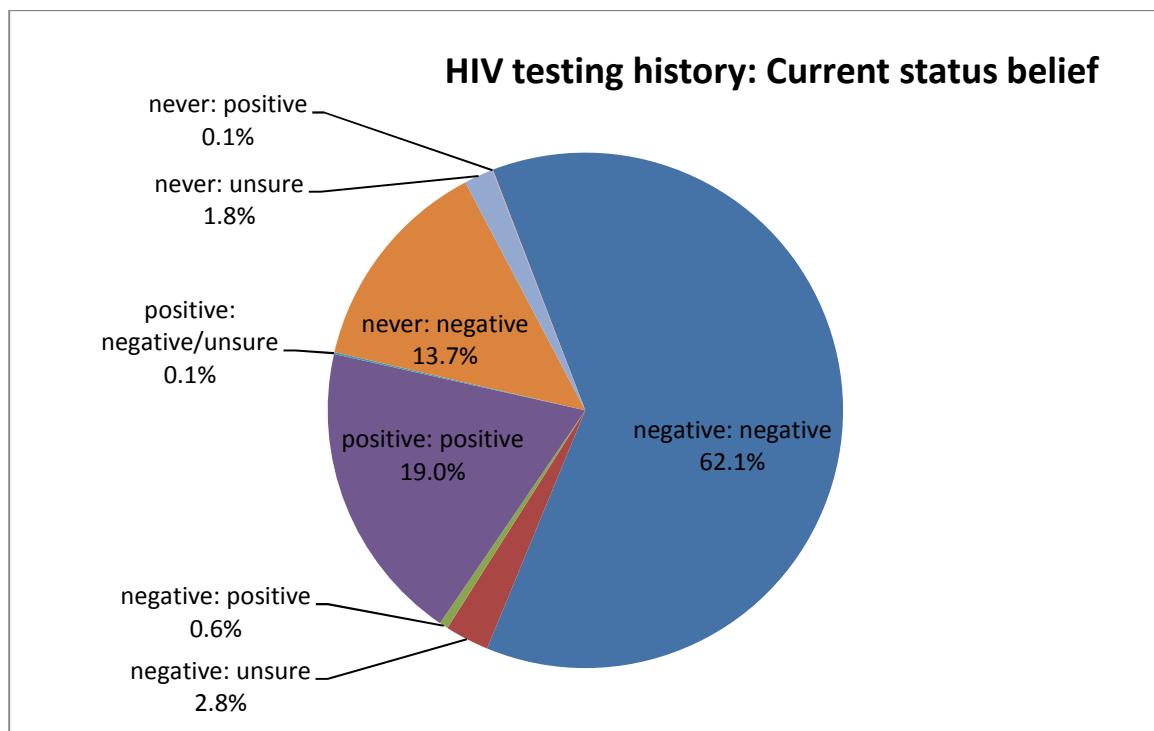
Each month an Insight Blast will provide swift feedback to health promoters on one or more of the ten HIV-related choices described in *Making It Count 4* (CHAPS Partnership, 2011). This Insight Blast focuses on HIV testing and uses both quantitative and qualitative data from the Month 1 Survey.

**Month 1: Invitations and Responses**

From 8pm on 1<sup>st</sup> February 2011 a total of 3390 Panel members were invited to complete Month 1 (and 1851 were sent a reminder on 10<sup>th</sup> February). Men are given two weeks to complete the survey and by midnight 14<sup>th</sup> February 55 invitations had bounced and a total of 1823 had submitted the survey (55% of unbounced Panel members). From the number of servings of each survey page we estimate that another 289 men (9% of unbounced Panel members) opened the survey but closed it before reaching the end.

**HIV Testing History and Current Status Belief**

1808 men answered both *Have you ever received an HIV test result?* and *What do you think your current HIV status is?* The pie chart shows the proportion of men giving each combination of answers.



Overall, 16% (281 men) had never taken an HIV test. The majority of these men (88%) thought they were HIV negative, a small proportion (12%) were not at all sure about their status and only one man (<0.5% of the never tested) thought he was HIV positive.

Overall, 65% (1182 men) had last tested HIV negative. The vast majority of these men (95%) thought they were still negative, a small proportion (4%) were unsure and a slightly larger proportion than among the untested thought they had HIV (but still less than 1%).

Biological surveillance tells us that most men with undiagnosed HIV have had a previous negative test result, as we might expect since among men not tested HIV positive (ie. those among whom new infections will occur) the majority, 80%, have received a negative test result.

19% (345 men) had tested HIV positive, including two men who were unsure or sceptical that their positive test result meant they had HIV.

The annual HIV testing rate (excluding men diagnosed HIV positive for longer than a year but including men diagnosed with HIV in the preceding year) was 68%. Of men testing in the preceding year 3% received a positive diagnosis (or 2% of all Panel members responding). Of the panel members who had not tested HIV positive, 68% personally know someone who is. As a group Panel members appear closer to HIV than other convenience samples of MSM in England: they are more likely to have tested for HIV, to have tested HIV positive, and to personally know someone with HIV.

### **Incentives and Disincentives to Test**

Men who had not tested positive were asked what, from their perspective, would be the benefits (or advantages) and costs (or disadvantages) of taking an(other) HIV test. The material generated is summarised in Table 1.

A very commonly cited benefit of testing is knowing whether you have HIV or not, 'knowing for sure'. Other benefits depend on what the test result is. If negative the commonly cited benefits were giving peace of mind, and reassurance that you are not passing it on to others. If positive the cited benefits were: being able to start medication and opportunity for preventing onward transmission.

The cited costs of testing were much broader and more specific, and included a range of perceived expenses again both generic and specific to the test result.

However, 'knowing for sure' is also commonly cited as a cost of testing among the men who have never tested: *"You could find out that - contrary to what you expect - you ARE HIV +ve, with all the implications of that"*.

Some cited costs are associated with taking the test (and not with its outcome). These include: painful/unpleasant procedures; embarrassment; and time. However, most of the perceived costs of testing were specific to the outcome of the test. Perceived implications (costs) of having HIV included: being socially ostracised, emotionally traumatised, financially disadvantaged; identification as a man who has sex with men, or as someone who has unsafe sex; relationship breakdown. Extremely negative perceptions of the consequences of a positive diagnosis, even though perceived to be an unlikely outcome if they did take a test, are sufficient to keep some men away from HIV testing.

## **HIV testing significant others**

Men were asked "When it comes to going for an HIV test or not, whose opinion do you pay attention to?" The overwhelmingly common answer was 'my own', sometimes qualified with 'only' or 'alone'. This indicates that gay and bisexual men are very independent minded and resent being told what to do. Adopting the position that men should test for HIV creates resistance in some men: "I tend to resent it when they tell me at the clinic that I SHOULD have one".

The most commonly mentioned significant *others* were doctors (and healthcare professionals). Very occasionally men would mention partners, friends and health education.

## **Insights**

The cost of testing HIV positive is associated in men's minds with the costs of having HIV. Highlighting the costs of acquiring HIV as a means of influencing men to adopt precautionary practices probably has the unintended effect of extending the time between HIV infection and diagnosis (and thereby damaging the health of men with HIV and their sexual partners). Reducing the perceived costs of having HIV should reduce the perceived costs of testing for HIV and therefore increase test uptake, especially if perceptions of result-specific benefits are also raised.

'Knowing for sure' is both a reason to test but it is also a reason to not test. It therefore should not be used as a lever for social marketing of HIV testing as this outcome is a disincentive for men who fear they are HIV positive.

Instead attention should be drawn to the status specific benefits of testing, in particular it may be useful to depict HIV transmissions to loved ones *that did not happen* because of early testing and treatment (eg. '*Because I had my infection diagnosed I took action to prevent infecting the man I love*').

It may also be potential fruitful to raise men's awareness that men who have tested (whatever the result) are more likely to be happy with their sex life than men who have never tested.

It is a commonplace for gay and bisexual men that they make their own decisions about HIV testing. Interventions should avoid telling men what to do but instead take it for granted (or acknowledge) that they will make the decision themselves.

**Suggested Citation:** Sigma Research (2011) *The Sigma Panel Insight Blast Month 1: HIV Testing*. London: Sigma Research.

**Table 1: Benefits and costs of HIV testing perceived by The Sigma Panel members who had not tested HIV positive**

	Not HIV Testing	HIV Testing
Perceived Potential <b>Benefits</b>	<p>Not having to face up to the implications of my HIV status. Living in manageable uncertainty.</p> <p>[The absence of the costs of testing.]</p>	<p>Knowing for sure. Able to better plan for the future.</p> <p><i>If HIV negative</i> Peace of mind. Knowing you cannot infect others. Able to have unprotected intercourse with negative partner without infection concern. Better able to protect yourself.</p> <p><i>If HIV positive</i> Able to access appropriate health care and benefit from treatment. No longer able to unwittingly expose others. Better able to protect others. Able to tell partners of infection.</p>
Perceived Potential <b>Costs</b>	<p>Continuing uncertainty about my HIV status. Living in fear of the unknown.</p> <p>[The absence of the benefits of not testing]</p>	<p>Knowing for sure. Painful procedure. Having to take a needle. Takes up time / effort. Embarrassment approaching a testing service. Being judged for taking a test. Anxiety waiting for the result.</p> <p><i>If HIV negative</i> Reinforces risk taking.</p> <p><i>If HIV positive</i> Having to face fear of having HIV. Mind and life destroying. Upset, depression, anxiety. Illness caused by anxiety. Ostracism, discrimination. Losing job and income. Losing friends. Relationship strain or breakdown. Problems with insurance. Self-loathing. Being exposed as a homosexually active man, or a man who has had unsafe sex. Being identified or recorded as someone with HIV. Having to manage complex illness. Side-effects of treatment. Dealing with possibility of having infected others.</p>