

Messages promoting STI screening

This Insight Blast reports on responses to questions about STI screening asked in the Panel months 4 and 10, that were asked in order to aid the development of a CHAPS social marketing campaign to decrease the number of sexual partners gay and bisexual men have between screenings for sexually transmitted infections.

1. Social norms for regularity of STI screening

In Month 4 of the Panel 1536 men responded to the question *After how many different sex partners do you think it is reasonable to expect someone to go for an STI check-up?* They were offered the responses: None; One; Two; Three; Four; 5 to 9; 10 to 19; 20 to 49; 50 or more; people should go **regularly** however many partners they have; people only need to go for an STI check-up if they have **symptoms**; Don't know; Other answer.

Overall (see Figure 1), 25% indicated a number of partners and 64% 'regularly'. Only a small proportion (2%) indicated when symptomatic and 8% did not know. Among the men who indicated a number, half thought it reasonable to expect someone to go for an STI screen after one partner (ie. 12.5% of Panel members thought it reasonable to expect people to STI screen between each sex partner).

Men who indicated 'people should go regularly' were asked: *How frequently do you think it reasonable to expect sexually active gay and bisexual men to go for an STI check-up?* They were offered the responses: Monthly; every 3 months; every 6 months; every year; every 5 years; less frequently than every 5 years; Don't know. Among those who suggested it was reasonable to expect people to go for STI checks regularly, the majority (84%) indicated 6 monthly or more often (See Figure 2).

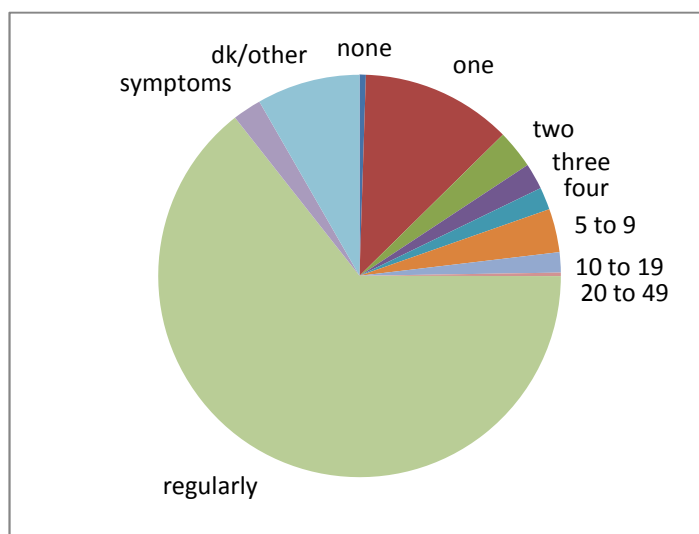


Figure 1: After how many different sex partners do you think it is reasonable to expect someone to go for an STI check-up?

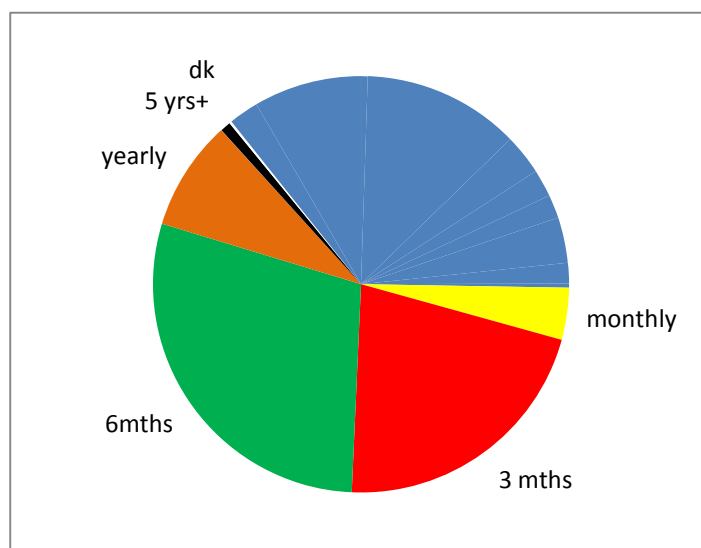


Figure 2: How frequently do you think it reasonable to expect sexually active gay and bisexual men to go for an STI check-up?

INSIGHT: The social norm for asymptomatic STI screening among gay and bisexual men in England is very strong and the expectation for regularity of screening (or number of partners between screens) is stricter than current ‘guidelines’ and advice from educators. Most men think everyone should do it more than they actually do.

2. Pre-testing potential messages

In Month 10 of the Panel members were asked a series of questions about draft health promotion messages developed by the CHAPS Partnership concerning STI screening. This acted as a pre-testing for message development.

2.1 Stratification questions

Three questions were asked to stratify responses. These were placed at the beginning of the monthly survey and concerned number of sexual partners, recency of STI testing and recency of a positive STI diagnosis.

	<i>How many men have you had sex with in the last 12 months, that is between November 2010 and October 2011, inclusive?</i>	
N=1389 (missing 5)	% of sample	Cumulative %
None	4.7	4.7
One	14.0	18.6
2, 3 or 4	20.2	38.9
Between 5 and 12	24.8	63.7
Between 13 and 29	17.5	81.2
30 or more	18.8	100.0

- The Panel members cover a wide range of sexual lifestyles.

Within the last...	<i>When was the last time you <u>had</u> a test for any sexually transmitted infection (STI), including HIV? (N=1383, missing 11)</i>		<i>When was the last time you <u>were</u> diagnosed with any sexually transmitted infection (STI), including HIV? (N=1371, missing 23)</i>	
	% of sample	Cumulative %	% of sample	Cumulative %
24 hours	0.8	0.8	0.1	0.1
7 days	2.5	3.3	0.4	0.5
4 weeks	12.7	15.9	1.9	2.4
6 months	36.2	52.1	8.2	10.6
12 months	13.5	65.7	6.6	17.1
5 years	17.3	82.9	22.8	40.0
Over 5 years ago	9.7	92.6	24.0	64.0
Never	7.4	100.0	36.0	100.0

- Two thirds of Panel members had been for an STI screening in the last year, and 17% had been diagnosed with an STI in the last year.

Association between number of sexual partners and STI diagnoses

The following table shows the recency of men's STI diagnoses by the number of sexual partners in the last year.

Last STI diagnosis was within the last...	Number of male sexual partners in last year											
	None		One		2, 3 or 4		5 to 12		13 to 29		30+	
	%	Cum. %	%	Cum. %	%	Cum. %	%	Cum. %	%	Cum. %	%	Cum. %
24 hrs	--	--	--	--	--	--	--	--	0.4	0.4	0.4	0.4
7 days	--	--	0.5	0.5	0.4	0.4	0.3	0.3	--	0.4	0.8	1.2
4 wks	--	--	1.6	2.1	1.1	1.5	1.5	1.8	3.3	3.7	2.7	3.9
6 mths	1.6	1.6	3.7	5.8	1.8	3.3	9.5	11.3	10.3	14.0	15.8	19.7
12 mths	1.6	3.2	1.6	7.4	5.8	9.1	4.4	15.7	11.2	25.2	10.8	30.5
5 yrs	14.8	18.0	19.0	26.4	19.4	28.5	24.0	39.7	25.2	50.4	27.0	57.5
Over 5 yrs	36.1	54.1	25.9	52.3	25.5	54.0	24.0	63.7	21.5	71.9	20.5	78.0
Never	45.9	100.0	47.6	100.0	46.0	100.0	36.4	100.0	28.1	100.0	22.0	100.0

The proportion diagnosed with an STI in the last 12 months was: 3.2% among those with no partners; 7.4% among those with one partner; 9.1% among those with 2, 3 or 4 partners; 15.7% among those with 5 to 12 partners; 25.2% among those with 13 to 29 partners; and 30.5% among those with 30 or more partners.

- The more sexual partners men had in the last year the more likely they were to have been recently diagnosed with an STI.

2.2 Panel members as co-researchers

Panel members were co-opted as development partners by telling them exactly what we were doing. The page heading was "How might you respond to these messages" and Panel members were offered the following text: Sigma Research are running the Panel on behalf of CHAPS, a group of agencies committed to better sex with less harm for men who have sex with men. The CHAPS agencies would like to encourage more frequent screening for sexually transmitted infections (STIs). They would like your help in finding ways to do this. We then asked an open-ended question about triggers, scoring of 13 health promotion messages (contained in two sets), and a question about guideline preferences.

2.3 Triggers for screening

The first question was, *What do you think someone could say to you or tell you that might prompt you to go for an STI screening?* men were offered a 3-line open-ended box for response.

Responses were content analysed and then coded into ten categories that captured the broad nature of responses. Partner notification has been separated into two categories to enable a distinction to be made between notification of a diagnosed STI and a suspected STI. The 'displaying symptoms' category covers those men that mentioned that they were exhibiting symptoms. 'Service availability and standard of care at GU clinic' included all issues encountered when accessing services. This category was the broadest as it covered waiting times, opening hours, confidentiality and ease of the screening process. 'Other' included those men who provided an answer that did not

fit into this coding framework, but there were insufficient numbers of similar responses to justify a category of their own.

<i>What do you think someone could say to you or tell you that might prompt you to go for an STI screening.</i>	% of men with diagnosed HIV (n=214)	% of men not tested HIV positive (n=872)
% giving this response		
Nothing	9.4	9.3
Partner notification of diagnosed STI	27.2	31.8
Partner notification of suspected STI	5.6	10.7
Displaying STI symptoms	2.4	3.7
As part of regular screening	11.4	18.2
Benefits of early testing and early treatment	5	2.8
Service availability and standard of care at GUM clinic	13.8	8.4
Perception of risk (including that of sexual partner)	6.3	3.7
Health Campaigns / most up-to-date information	7.1	2.8
Other	6	1.4
No answer	5.8	7

- Many men indicated that they regularly attend STI screening.
- The most common response was that partner notification (a current or previous sexual partner had been diagnosed with an STI) would prompt them to go for an STI screening.
- Men with diagnosed HIV (13.8%) were more likely to consider service quality as a factor in STI screening than other men (8.4%).
- The same percentage of untested and HIV negative men (9.3%) and men with diagnosed HIV (9.4%) indicated that nothing would prompt them to access STI screening.
- Health campaigns and a desire for more up-to-date information about STI's in general played more of a role among men with diagnosed HIV (7.1%) than other men (2.8%)

2.4 Ratings of draft messages

Men were told: *Below are nine health promotion messages that might motivate someone to go for an STI screening. Please score each message according to whether it motivates YOU to go for an STI screening.* They were offered five points of which (1) was labelled 'Doesn't motivate me at all' and (5) was labelled 'Motivates me a lot'. The following table shows the nine items and their scorings (Ns vary slightly due to missing data). A higher score indicates a more motivating message.

Mean scores (N=1370 to 1357) on a scale from 1 to 5	Overall	Men with diagnosed HIV	Men not tested HIV positive
“A check-up gives me peace of mind.”	3.85	3.87	3.85
A check-up shows you care about yourself and the men you have sex with.	3.67	3.80	3.64
“Having regular check-ups makes me feel I’m doing the right thing.”	3.51	3.65	3.47
The more men you have sex with, the more chance you’ll get a sexually transmitted infection.	3.51	3.61	3.48
Nearly 8 out of 10 gay men have had a routine check-up even though they had no symptoms.	3.45	3.48	3.44
You can have sexually transmitted infections without feeling any symptoms, especially in the throat or arse.	3.38	3.45	3.36
In Britain most cases of syphilis and 4 out of 10 cases of gonorrhoea are among gay and bisexual men.	3.23	3.30	3.21
“If I get an infection and give it to others I’ll worry about my reputation.”	3.12	3.19	3.10
You’re almost 8 times more likely to get an infection if you have 13-29 partners a year than if you have one.	3.12	3.12	3.11

- Among both men with diagnosed HIV and those without, the most highly rated message was “A check-up gives me peace of mind.”
- The only message that was rated differently by HIV status was “Having regular check-ups makes me feel I’m doing the right thing”, which was rated as more motivating by positive than not positive men.

The second set of four attitudes, was headed *Do you disagree or agree with the following statements?* Men were again offered five points but this time with (1) labelled ‘Disagree’, (3) labelled ‘Neither’ and (5) labelled ‘Agree’. It should be noted that since the question (and labels on the scale) changed, the ratings of these items are not comparable with the previous nine.

Mean scores (N=1370 to 1357) on a scale from 1 to 5	Overall	Men with diagnosed HIV	Men not tested HIV positive
“It’s better if I have a check-up before I stop using condoms in a relationship.”	4.39	4.14	4.45
“It’s better if I have a check-up for infections before starting a new relationship.”	4.27	4.32	4.26
“If I had an infection, I’d rather find out from a doctor than be told by someone I recently had sex with.”	4.03	4.05	3.95
“It’s better if I have a check-up for infections before each new sexual partner.”	3.04	2.95	3.06

- The statement that garnered most agreement differed between men tested positive and those not.
- Men tested HIV positive most strongly agreed with “It’s better if I have a check-up for infections before starting a new relationship”.
- Men **not** tested positive most strongly agreed with “It’s better if I have a check-up before I stop using condoms in a relationship”.

2.5 Guideline preferences

The final question was *What kind of guideline about STI check-ups would you find most useful?* Four responses were offered: A guideline based on numbers of sexual partners (eg. 'a check-up every 5 partners'); A guideline based on a period of time (eg. 'a check-up every 6 months'); I don't find guidelines useful; Other answer. Men who indicated ‘other answer’ were asked *Please describe your other answer* and were offered a 3-line open-ended box for response. Figure 3 shows the proportions giving each response.

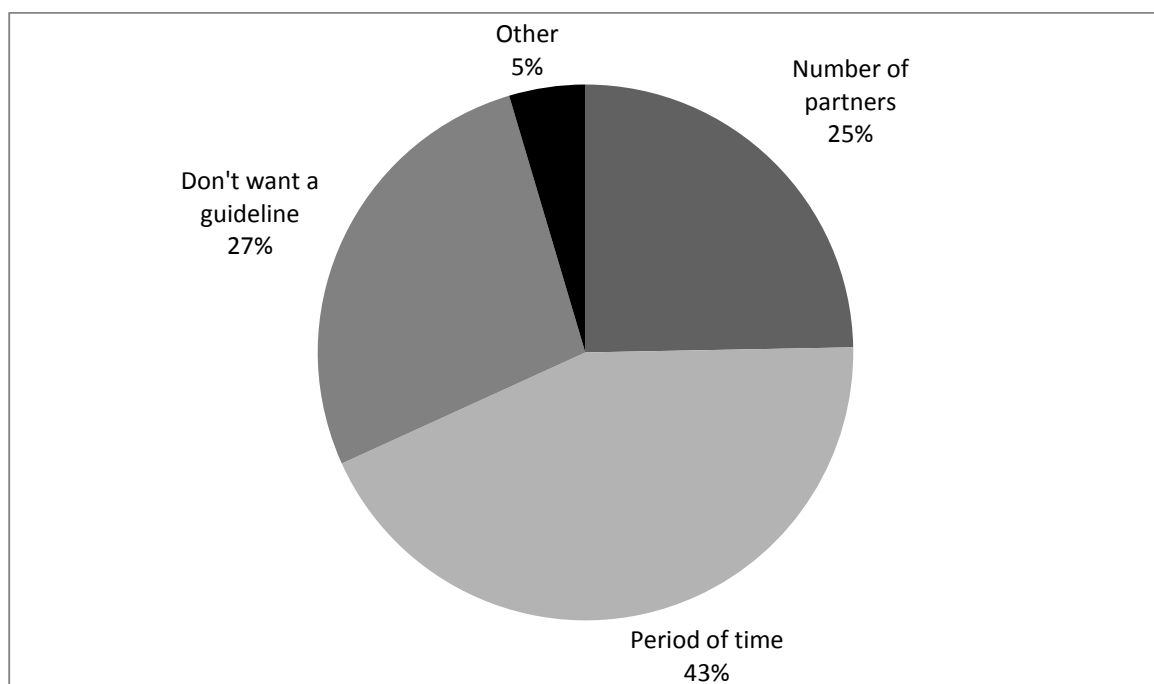


Figure 3: *What kind of guideline about STI check-ups would you find most useful?*

- There was no overwhelming preference for a guideline based on either partner numbers or time periods, but time period based guidance was preferred by almost twice as many men as partner number based guidance.

Other answers included: a combination of time and partner numbers; based on sexual acts; a combination of partner numbers and sexual acts; guidelines based on symptoms; whatever the best scientific information says; guidance should be tailored to individuals.

INSIGHT: There is no single guideline for STI screening that will suit the diverse population of MSM. This suggests a guideline based on “X number of partners or Y period of time” may be preferable.

2.6 Differences by number of sex partners

Three of the first set of 9 and 3 of the second set of 4, as well as the guidelines preference varied by number of sex partners in the last year, although not in clear directions. The following table includes only those items which significantly ($p < .05$) varied across numbers of sex partners.

Mean scores (N=1370 to 1357)	Number of male sex partners in last 12 months						
	None	One	2, 3 or 4	5 to 12	13 to 29	30+	
A check-up shows you care about yourself and the men you have sex with.	4.00	3.65	3.81	3.64	3.68	3.51	
In Britain most cases of syphilis and 4 out of 10 cases of gonorrhoea are among gay and bisexual men.	3.47	3.22	3.34	3.15	3.31	3.07	
You're almost 8 times more likely to get an infection if you have 13-29 partners a year than if you have one.	3.06	2.81	2.95	3.15	3.44	3.20	
"It's better if I have a check-up before I stop using condoms in a relationship."	4.12	4.53	4.45	4.43	4.41	4.21	
"It's better if I have a check-up for infections before starting a new relationship."	4.18	4.46	4.30	4.27	4.31	4.09	
"It's better if I have a check-up for infections before each new sexual partner."	3.57	3.58	3.32	3.03	2.76	2.48	
% of partner numbers sub-groups							
<i>What kind of guideline about STI check-ups would you find most useful?</i>	Partner numbers	30.5	20.2	21.7	27.4	31.4	26.5
	Time period	32.2	44.9	50.2	44.9	41.0	49.0
	Don't want guideline	37.3	34.8	28.1	27.7	27.5	24.5
	<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

Although the patterns were not very clear, in the first set of messages:

- The messages about care and MSM bearing the brunt of infections were more motivating for men with fewer rather than more partners.
- The message "You're almost 8 times more likely to get an infection if you have 13-29 partners a year than if you have one" (the least motivating message overall) was more motivating for men with more rather than fewer partners.

In the second set of attitudinal messages:

- All three statements that varied by partner numbers were less likely to be agreed with by men with larger numbers of partners than those with fewer partners.

Finally, with regard to the guideline preferences:

- Guidelines were more likely to be thought useful among men with larger numbers of sex partners.

2.7 Differences by recency of STI screening

Rating of all nine of the first set of items and two of the second set significantly varied by how recently men had been for an STI test, as well as preferences for guidelines. The following table includes only those items which significantly ($p < .05$) varied across recency of STI screening.

Mean scores (N=1370 to 1357)	When was the last time you <i>had a test for any sexually transmitted infection (STI), including HIV?</i>				
	Last 4 weeks	Last 12 months	Over 12 months ago	Never	
“A check-up gives me peace of mind.”	4.09	4.08	3.48	3.15	
A check-up shows you care about yourself and the men you have sex with.	3.86	3.86	3.36	3.18	
“Having regular check-ups makes me feel I’m doing the right thing.”	3.81	3.75	3.09	2.80	
The more men you have sex with, the more chance you’ll get a sexually transmitted infection.	3.65	3.67	3.21	3.21	
Nearly 8 out of 10 gay men have had a routine check-up even though they had no symptoms.	3.51	3.66	3.16	2.93	
You can have sexually transmitted infections without feeling any symptoms, especially in the throat or arse.	3.50	3.53	3.13	2.98	
In Britain most cases of syphilis and 4 out of 10 cases of gonorrhoea are among gay and bisexual men.	3.29	3.33	3.11	2.85	
“If I get an infection and give it to others I’ll worry about my reputation.”	3.30	3.18	2.95	2.96	
You’re almost 8 times more likely to get an infection if you have 13-29 partners a year than if you have one.	3.25	3.29	2.84	2.69	
“It’s better if I have a check-up before I stop using condoms in a relationship.”	4.33	4.50	4.34	4.03	
“It’s better if I have a check-up for infections before starting a new relationship.”	4.32	4.41	4.15	3.70	
% of screening recency sub-groups					
<i>What kind of guideline about STI check-ups would you find most useful?</i>	Partner numbers	28.1	27.9	22.6	20.0
	Time period	49.3	51.3	37.1	31.0
	Don’t want guideline	22.7	20.8	40.3	49.0
	<i>Total</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>	<i>100.0</i>

With regard to the first set of messages:

- All health promotion messages were rated as more motivating by men who had recently been for an STI test than by men who had been over a year ago or never.

With regard to the second set of items:

- Men were more likely to agree that “its better to have a check-up” the more recently they had been for a check-up.

Finally with regard to the guideline preferences:

- Men who had tested over a year ago and especially those who had never tested were more likely to say they did not find guidelines useful, compared with those who had tested more recently.

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