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HIV in Europe Working Together for Optimal Testing and Earlier Care

PROFILE AND DETERMINANTS OF HAVING NEVER BEEN TESTED FOR HIV AMONGST MEN WHO HAVE SEX WITH MEN IN SPAIN

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OBJECTIVES

To describe the socio-demographic profile of men who have sex with men (MSM) who have never been tested for HIV and to analyse factors associated with never HIV testing.

METHODS

The European MSM Internet Survey (EMIS) was implemented in 2010 in 38 European countries on websites for MSM and collected data on socio-demographics, sexual behaviour, and other sexual health variables. Univariate and multivariate logistic regression analysis was conducted to identify demographics characteristics and behaviours associated with never HIV testing.

RESULTS

In total, 13,111 men residents in Spain completed the survey. Twenty six percent had never been tested for HIV. The distribution of respondents according to HIV status is shown in the Figure 1.

Figure 1: Percentage of respondents according to HIV serostatus



- live in a city with less than 100,000 inhabitants (33% vs 22%),
- be less than 25 years old (43% vs 16%),
- have a lower educational level (11% vs 8%),
- be a student (32% vs 13%),
- identify themselves as bisexual (19% vs 10%).

Table 1 shows the multivariate analysis results:

Table 1: Factor associated with having never been tested for HIV

	OR	95%CI
Born in Spain.	1.46	1.20 - 1.65
Being less than 25 years old.	3.00	2.58 - 3.50
Being out to no-one or only few people.	2.17	1.95 - 2.40
Having had none non-steady partner in last 12 month.	2.46	1.81 - 3.34
Not having a steady partner.	1.24	1.09 - 1.40
Not being confident at all to get a test for HIV.	3.94	2.38 - 6.53
Not having any knowledge about HIV/STI/PEP. Not having used any recreational drug in the last 12 months.	3.87 1.49	1.09 - 13.68 1.35 - 1.64
Not having been diagnosed with any STI in the last 12 months.	3.79	3.02 - 4.75

Compared with testers, never testers were significantly more likely to:

CONCLUSIONS

The profile of the MSM who had never been tested for HIV indicates that most of them are men hard to reach (e.g. young, bisexual men, being in the closet) and therefore they may not have access to prevention programs. Public health resources and prevention marketing efforts should be directed toward increasing awareness about availability of HV testing, in particular among younger MSM and those who live in small cities or villages.

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