



Survey Men and Sexuality 2018

Stigma and the HIV response among HIV-negative men who have sex with men in The Netherlands: new evidence from the 2018 Survey of Men and Sexuality (SMS)

John de Wit^{1,2}, Wim Zuilhof³, Philippe Adam^{2,4} & Chantal den Daas^{1,5}

¹ Utrecht University, Department of Interdisciplinary Social Science; ² UNSW Sydney; ³ STI AIDS Netherlands, MSM Program; ⁴ Institute for Prevention and Social Research; ⁵ National Institute for Public Health and the Environment, Center for Infectious Disease Control

Objectives

A large body of research documents that **HIV stigma can adversely affect the health and wellbeing of people living with HIV**. Associations between HIV stigma perceived by non-HIV-positive people and the **HIV response of non-HIV positive people** have received less attention. Here we report novel findings regarding the associations of perceived HIV stigma with **perceived threat of HIV and HIV testing practices** among non-HIV positive men who have sex with men (MSM) in the Netherlands.

Stigma remains the single most important barrier to public action. It is the main reason too many people are afraid to see a doctor to determine whether they have the disease, or to seek treatment if so.

*Ban Ki-moon (2008)
UN Secretary-General 2007-2016*

Results:

Of MSM with HIV-status information, 9.5% were HIV-positive, **88.9% HIV negative, and 1.6% did not know or indicate their HIV-status**. Further analysis were restricted to HIV-negative and HIV-status unknown participants. These **non-HIV-positive MSM** held moderate HIV-stigma (Mean=2.4; SD=0.44; range=1-5). Multivariable linear regression analyses, controlling for personal characteristics, showed that HIV stigma was significantly associated with perceived **severity of HIV infection** (beta=0.24, p<.001), and personal **importance of HIV prevention** (beta=0.08, p<.001), but not perceived personal risk of infection. **HIV testing was not significantly associated with HIV stigma** in multivariate multinomial logistic regression. Associations between HIV testing and perceived personal risk of infection (Chi2=98.0, p<.001), perceived severity of infection (Chi2=23.9, p<.001), and perceived personal importance of prevention (Chi2=33.9, p<.001) were significant.

Conclusions

Findings suggest that, in the current context, **HIV stigma is not directly associated with HIV-testing** among MSM in the Netherlands. Recent HIV-testing was however found to be negatively associated with perceived severity of HIV infection, and positively with perceived personal risk of HIV infection and personal importance of HIV prevention. While MSM who perceived more personal risk of HIV infection and MSM for whom HIV prevention was more personally important were more likely to have recently tested for HIV, men who considered HIV to be a more serious condition were less likely to have done so. This indicates a **complex relationship between HIV testing and perceived HIV threat** and of information and communication regarding the threat of HIV. Furthermore, indicators of HIV threat, notably perceived severity of HIV infection and personal importance of HIV prevention, were associated with HIV stigma, suggesting **indirect pathways linking HIV stigma and HIV testing**. HIV-related stigma may continue to affect the HIV response, including amongst non-HIV-positive MSM. The impact of HIV stigma is likely complex and indirect, and may go under-recognized, compounding the **already difficult fight against HIV stigma**.



Methods

The online Survey Men and Sexuality was conducted from January until June 2018. The aim was to include men who have sex with men at **higher risk for HIV infection, younger men, and men with a migration background**. Participants were recruited through various online and offline strategies, including social media, gay media and dating apps. The questionnaire could be self-completed in Dutch, English, French, Arabic, Turkish and Farsi. Self-report information was collected regarding participant characteristics (e.g., age, sexual identity, education, migration, place of residence), and their attitudes, experiences and practices across a wide range of domains.

HIV stigma was assessed with 12 items (alpha=0.83) based on our previous work, encompassing assessments of **thoughts, feelings and actions** regarding people with HIV that were scored on 5-point scales (1=negative, 5=positive). Perceived HIV threat encompassed assessments, with one item each, of perceived personal **risk of HIV infection** (1=very low risk, 5=very high risk), perceived **severity of having HIV infection** (1=not severe at all, 5=very severe), and personal **importance of HIV prevention** (1=very unimportant, 5=very important). HIV testing was assessed with one question, with responses categorized as recently tested (< 6 months), tested but not recently (>6 months) or never tested.