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INTRODUCTION AND ACKNOWLEDGEMENTS

This report has been produced by The Testing Barriers Project at Gay Men's Health, Edinburgh and compares data with that collected for research carried out by the project in 2002. The philosophy underpinning the Testing Barriers Project derives from research undertaken by Dr. Paul Flowers at Glasgow Caledonian University in 2000 (1999 data) and the subsequent publication, 'Testing Barriers'¹ produced by Healthy Gay Scotland. The aim of the project is to tackle perceived and real stigma and discrimination on the commercial gay scene, and other barriers which prevent gay and bisexual men from having an HIV test thus enabling these men to make more informed personal choices about whether to have a test.

The report uses the same format and analyses as last year's report and is based on the results of a survey carried out in all the commercial gay venues in Edinburgh during October 2003. The questionnaire used in the survey was based on the original "Testing Barriers" research questionnaire and was developed in conjunction with Paul Flowers and Christina Knussen at Glasgow Caledonian University. Paul Flowers provided the overall design of the research and the analysis of questionnaire data was carried out by Christina Knussen. The questionnaire included questions on demographic information, HIV testing behaviour, perceived and actual HIV status, recent sexual behaviour, attitudes towards testing, attitudes to new treatments and factors which prompt or inhibit testing including real and perceived stigma and discrimination.

A team of volunteer researchers carried out the survey in the commercial gay venues in Edinburgh. Only gay and bisexual men were asked to complete the questionnaire. A team leader co-ordinated each session ensuring that response rates were monitored, that no man was approached twice on the same evening to complete the questionnaire and to provide information on HIV testing and services where required.

A total of 275 men took part in the survey which represented a response rate of 64% of all men approached. The majority of men completed the entire questionnaire but there were missing responses to some of the questions and so, in some instances, both percentages and the number of men answering each question is indicated.

Part A of the report summarises the information provided in the questionnaires, Part B examines the men's responses to the individual attitude questions including beliefs about and attitudes to real and perceived stigma and discrimination and finally in Part C we look at differences between testers and non-testers and which characteristics and attitudes are associated with men who intend to have an HIV test in the near future.

I would like to thank Paul Flowers and Christina Knussen of Glasgow Caledonian University for providing the overall design, data analysis of the questionnaire and guidance and support throughout the project. I would also like to thank all the gay venues in Edinburgh for allowing us to carry out the survey in their premises and the Gay Men's Health volunteers who conducted the survey and proof read the drafts of this report.

Steve O'Donnell Testing Barriers Project Manager Gay Men's Health Edinburgh November 2004

¹ Flowers, Paul et al (2000) 'Testing Barriers' Healthy Gay Scotland

EXECUTIVE SUMMARY

This research updates information contained in the 2003 research report (2002 data) "HIV Testing in Edinburgh and The Lothians" produced by the Testing Barriers Project at Gay Men's Health. It builds on findings of the original 'Testing Barriers' research² carried out in 1999 by Paul Flowers et al at Glasgow Caledonian University. The research allows comparisons to be made with the 2002 data and assists in identifying trends in HIV testing behaviour by comparing data collected in 1996 for the study carried out by the Gay Men's Task Force (Hart et al 1999), the original 'Testing Barriers' data of 1999, the MRC survey of 2002 and the 2003 Gay Men's Health research.

One of the most noticeable trends was the increase in the percentage of gay and bisexual men who had had an HIV test. Last year's research reported and increase in HIV testing from 55% in 1999 to 62% in 2002. This increase was also reflected in the MRC survey of 2002³ which noted an increase in reported testing from 52% in 1999 to 60% in 2002. This report indicates a further significant increase in HIV testing from 62% in 2002 to 73% in 2003. These percentages indicate a trend of increasing numbers of gay and bisexual men who have had an HIV test.

The statistics are, however, complex. The first important point to note is that participants in this year's survey were significantly older than in the 2003 study. This is a random factor but it has a bearing on how we interpret the findings. To take account of the age differences we looked at those men who had taken a test in the previous 12 months. The percentages of those taking a test in that period had risen in those up to 35 but had fallen in those over 35. It is not possible to come to firm conclusions based on this analysis because of the age differences in the two samples but it does appear that there has been an increase in HIV testing particularly among men under 35.

Another interesting outcome of comparing this research with last year's data was an indication that this year's participants were significantly more aware of HIV stigma and discrimination against men with HIV. The original 'Testing Barriers' research identified men who had not had an HIV test as perceiving higher incidences of discrimination against men with HIV. However, this survey indicated there was very little difference between men who had had a test and those who had not in this regard.

As was the case in last year's survey, many participants described seeking an HIV test in order to put their minds at ease but, if the result of a test was likely to be positive, living with an uncertain HIV status could be preferable to actually knowing one was positive. Fear of a positive result again emerged as a key reason why gay men do not seek HIV testing. In both last year's survey and this one those men who had had a test were less fearful of a positive result than those who had not tested. However, in this year's survey the difference between these two groups was even greater. Higher perceived likelihood of positive status was associated with greater fear and avoiding testing.

Many negative and untested men assumed that HIV positive sexual partners would and should disclose their HIV status during sexual interactions and believed that HIV positive men should bear greater responsibility for sexual safety than untested or negative men.

Engaging in HIV risk-related sexual behaviour was understood to be a key reason why HIV testing is sought. A large number of men indicated that they thought if a gay man found out any of his sexual partners was HIV positive, he would go for an HIV test. The impacts of a positive diagnosis, both psychological and material, were identified as a reason not to test for HIV.

² Flowers, Paul et al (2000) Testing Barriers. Healthy Gay Scotland

³ MRC Survey (2002) Gay Men's Sexual Health, HIV Testing in Edinburgh

SUMMARY OF COMPARATIVE DATA

Comparing data collected for the Testing Barriers Project research in 2002 with data collected for this report produced the following observations.

- The percentage of men who had had an HIV test had risen from 62% in 2002 to 73% in 2003. Of these, 79% reported a negative result, 6% a positive result and 15% were either unsure of the result or failed to provide this information.
- Respondents readily acknowledged the high levels of stigma and discrimination experienced by people with HIV. The original 'Testing Barriers' research identified men who had not had an HIV test as perceiving higher incidences of discrimination against men with HIV. However, this survey indicated there was very little difference between men who had had a test and those who had not in this regard.
- In terms of sexual behaviour, 28% of respondents reported having between 2 and 5 anal sex partners in the last year and 24% reported having 6 or more. These percentages were similar to the 2002 data. However, 47% of respondents in 2003 had had one or more UAI partner in the past year (compared to 42% in the 2002 data).
- The sample in this research was significantly older than in the 2003 study. This is a random factor but it has a bearing on how we interpret the findings. It is not possible to come to firm conclusions but it does appear that there has been a particularly increase in HIV testing among men who are under 35.
- Just over 40% of those who had not had an HIV test indicated their perceived status to be definitely negative, just over 20% of those not tested perceived their status to be probably negative and only 36% said they didn't know their status.
- Of those who had had a test: 59% indicated their status to be definitely negative; 27% said they were probably negative; 5% said they were definitely positive; 1% (2 people) said they were probably positive and 8% didn't know.
- There continue to be some men who have been given HIV test results yet still feel unsure of their status (they may have tested years ago and had UAI since then) and some men who feel certain of their HIV status yet have never taken an HIV test.
- There is still a discrepancy between men's perceived status and their testing history. Some men who felt certain of their HIV status had never had a test and equally some men who had received test results in the past currently do not know their status. Thus perceived status often will not reflect actual status.
- As indicated in Last year's research, psychological factors such as perceived benefits of testing and fear of positive results remain central in shaping men's future testing decisions.

PART A

1. Demographic Information

<u>Age</u>

The mean age of the sample was 34, ranging from 18 - 77. As shown in Figure 1, most men were in their 20's or 30's as was the case in the 2002 data. This sample however had significantly fewer men under 20 and significantly more over 40.



Area of Residence

As Figure 2 shows, 76.5% of the respondents had a Lothian postcode and 12% had another Scottish postcode. 8.5% of the sample were from other parts of the UK and 3% were from abroad. One hundred and seventy nine men indicated their place of residence to be within the City of Edinburgh (postcodes EH1 – EH17) and 32 indicated their place of residence to be outside the city but within the Lothians (other EH codes). There was no significant age difference between those living in the City of Edinburgh and those living elsewhere.

Fig 2 Place of Residence



Educational Attainment

Men were asked to indicate their highest level of educational attainment: 6% of men had no qualifications, 18% had "O" grades or equivalent, 26% had Highers or equivalent, 50% had a degree. There were no significant differences here with the data collected in 2002.



Fig. 3 Educational Attainment

In the 2002 study, age was significantly related to educational achievement, with older men being less likely to have higher level qualifications. In this sample, age was not significantly related to educational attainment.

2. HIV testing and perceived HIV status

Experience of HIV testing

There was a significant difference between this sample and the 2002 data in relation to the percentage of men reporting having had an HIV test. The percentage of testers had risen from 62% in 2002 to 73% in 2003.

Men were asked if they had ever had an HIV test, and those who had were also asked the result of their last test. Seventy three percent (n = 198) of the sample had already had an HIV test, 27% (n = 73) had not had a test and one respondent was unsure whether he had tested.

Of those who indicated that they had had an HIV test, 30 (15%) failed to provide further details of the test(s) and test result(s). Of the remaining 168 testers, most had been given a negative test result (79%: n = 156), 6% (n = 11) had been diagnosed positive and 1 person didn't know which HIV status results he had been given.

In the final section of this report we explore the differences between testers and non-testers in more detail, including their recently reported risk behaviours and their attitudes towards HIV testing and intentions to test in the near future. We shall see that there are significant differences between testers and non-testers in these areas.



HIV testing history

Some respondents reported having taken more than one HIV test in their lifetime. For each test, results and date of the test were requested. We coded all men who tested at least twice as repeat testers and those who only tested once as single testers. Among the men who had taken an HIV test, most (72%: n = 142) were single testers and relatively few (20%: n = 40) were repeat testers. Of the repeat testers, 18 men had tested twice and 22 reported at least 3 tests. Sixteen men (8%) did not provide details of test dates.

Feelings about the HIV test

Respondents who had taken a test were asked to rate the extent to which they regretted having a test. Of the men who had taken a test, the majority (85%) indicated they did not regret having had a test i.e. they either disagreed or disagreed strongly with the statement "I regret having had an HIV test". Of the 11 respondents who indicated they were HIV positive on the basis of their last test result, 5 strongly disagreed that they had regret, 1 disagreed, 1 was uncertain, 1 agreed and 3 strongly agreed that they regretted taking the test.

In all, only 29 men indicated that they had regret over taking an HIV test (i.e. they responded 'uncertain', 'agree', or 'strongly agree' with the statement "I regret having had an HIV test").



Fig.4 I regret having had an HIV test

Date of HIV tests

Of men who have had an HIV test, 28.8% (n = 57) took their last test in the 9 months preceding the survey (2003). 21.2% (42) in 2002, 9.1% (n = 18) in 2001, 8.1% (n = 16) in 2000, 20.2% (40) before 2000, and 12.6% (n = 25) did not provide details.

Of the 11 participants who were HIV positive according to their last test result, 3 had been diagnosed in 2003, 1 in 2000, 2 in 1998, and 5 were diagnosed 10 to 15 years prior to 2003.



Perceived HIV status

All respondents were asked the question "What do you believe your HIV status to be?" More than half of them (53.9% n=139) said they were definitely HIV negative and a further 24.8% (n=64) said they were probably negative. Only 2 men said they were probably positive and 12 men (4.1%) said they were definitely HIV positive. 15.9 percent (n=41) responded "don't know" to this question.





Perceived HIV status and HIV testing

Of the 187 men who had had an HIV test, 120 indicated that they definitely knew their status (to be either negative or positive). The relationship between perceived status and testing is not straightforward.



Fig. 7 Perceived status and testing

Just over 40% of those who had not had an HIV test indicated their perceived status to be definitely negative, just over 20% of those not tested perceived their status to be probably negative and only 36% claimed they didn't know.

Of those who had had a test: 59% indicated their status to be definitely negative; 27% said they were probably negative; 5% said they were definitely positive; 2 people said they were probably positive and 8% didn't know.

There are then, some men who have been given HIV test results yet still feel unsure of their status (they may have tested years ago and had UAI since then) and some men who feel certain of their HIV status yet have never taken an HIV test.

To understand how men's HIV risk behaviour relates to their perceived HIV status and HIV testing behaviour it is important also to consider men's recent sexual behaviour.

3. Sexual Behaviour

Men were asked to report the number of anal sex partners they had had in the past year, how many of these were unprotected (no condom) and how many unprotected anal sex partners they had had in the past five years. The number of UAI partners in the last year is usually used as a basic measure of HIV risk-related behaviour.

Number of anal sex partners in the last year (n=275):

None	46 (17%)
One	81 (30%)
Two – Five	78 (28%)
Six +	68 (24%)

Only 17% (n=46) of men reported having had no anal partners in the last year while 30% (N=81) reported one contact and 28% (n=78) reported having anal sex with between 2 and 5 partners. A further 24% (n=68) reported more than 5 anal contacts in the last year.

Number of UAI partners in the last year (n=267):

None	142 (53%)
One	80 (30%)
Two – Five	33 (12%)
Six +	12 (5%)

When asked how many of their anal contacts in the last year were unprotected (no condom) the majority of men (53%) reported no unprotected anal intercourse within the last 12 months, 30% reported 1 unprotected contact and 17% reported 2 or more.

Number of UAI partners in the past 5 years (n=261):

None	103 (39%)
One	64 (24%)
Two – Five	66 (25%)
Six +	28 (12%)

When extending this question to the past 5 years less than half the men (39%) reported no UAI, 24% reported one UAI partner and 37% reported 2 or more.

Figure 8 shows how HIV risk related behaviour compares with men's perceived HIV status.





There is some discrepancy between men's perceived HIV status and their reported HIV risk behaviour within the last year. Of the men who believed they were definitely HIV negative 45% had had at least one UAI partner in the last year and, of the men who thought they were probably HIV negative, 52% reported at least one UAI partner in the last year. Almost 60% of men who did not know their status reported at least one UAI partner in the last year as did 18% of men who described their status as definitely positive or probably positive.

Sex with men of unknown HIV status

Men were asked to report on whether, in the past year, they had had UAI with men of unknown HIV status, or whether they only had UAI with a partner who they knew to be the same status as themselves. Men were also asked if they thought this put them at risk of HIV infection.

Of the 272 men who responded, 72 men (26%) reported having UAI with a partner of unknown status, 189 (70%) said this had not occurred and 11 (4%) were unsure. When asked whether they thought their sexual activity over the past year had put them at risk of HIV infection, 79 men (29%) thought it had, 158 (58%) thought it had not and 34 (13%) were unsure.

When applying this only to the men who reported having UAI with men of unknown status, 63% thought it had put them at risk of HIV infection, 18% were unsure and 19% did not think it had put them at risk.

There are then a number of men who are having UAI with men of unknown status. Many of these men do not know their own status and some of them do not believe their sexual behaviour is putting them at risk of HIV infection.

4. Intention to Test

Intention to take an HIV test in the near future

We asked all the men taking part in the survey how likely it was that they would take an HIV test in the near future. Responses were mixed: almost half (47%) said they had decided to test in the near future but 25% were undecided and 28% said it was unlikely or highly unlikely.

The diagram below shows that men who had previously taken an HIV test are more likely to say that they intend to take a test in the near future (64%) than men who had never tested (6%) Over one third of the non-testers said they were unsure about whether they would have a test in the near future and 59% said it was unlikely or highly unlikely.







PART B

Men's attitudes to HIV testing

KEY ISSUES

We measured attitudes that related to eight key issues:

- General attitudes towards HIV testing
- Social norms and values relating to HIV testing
- Attitudes towards new treatments for HIV
- Statements about the importance of treatments in leading to testing (the testing / treatment argument)
- Costs and benefits of HIV testing
- Problems associated with the HIV testing process
- Attitudes about sex with men diagnosed HIV positive
- Attitudes about HIV status of sexual partners and sexual risk taking

Within the questionnaire, men were presented with a list of attitude statements and asked how far they agreed/disagreed with each statement on a 5-point scale. Instead of simply using single statements, we ensured that, wherever possible, multiple statements were provided to get a better measure of underlying attitudes.

To allow men to address each question individually and try to reduce any bias, statements were not grouped under the "Key Issues" above but were presented in a random order. The statements and results have now been regrouped under the "Key Issues" headings and we have merged the results to show only how many men 'agreed', were 'uncertain' or 'disagreed'.

Changing attitudes towards HIV

HIV is less of threat because the epidemic is in decline	4%	11%	85%
	agreed	uncertain	disagreed
I take more HIV risks than I used to	17%	4%	79%
	agreed	uncertain	disagreed

Men were asked 2 general questions about their attitudes to HIV and risk. The responses were very similar to those in the 2002 data. Most men (85%) did not agree that HIV was less of a threat because the epidemic was in decline. Participants also tended to disagree that they personally take more HIV risks now than they used to (only 17% agreed, whilst 79% disagreed with this statement).

Social norms and values relating to HIV testing

It is my responsibility as a gay man	57%	11%	32%
to have an HIV test	agreed	uncertain	disagreed
Most of my gay friends have had an	31%	53%	16%
HIV test	agreed	uncertain	disagreed
I wouldn't tell anyone if I was going for an HIV test	33%	18%	49%
	agreed	uncertain	disagreed

We asked specific questions about HIV testing within the gay community to try to assess the social norms or values surrounding HIV testing, for example whether it is part of a gay man's responsibility to seek an HIV test. These are shown in the table above. Over half (57%) thought it was their responsibility as a gay man to have an HIV test.

Interestingly, in terms of the norms surrounding testing, when asked if their gay friends had taken an HIV test, more than half the sample (53%) were uncertain suggesting a certain lack of disclosure regarding even going for HIV tests. Thirty one percent said that most of their gay friends had taken a test (representing an increase of 5% on the 2002 data) and only 16% did not think that most of their gay friends had had an HIV test. Given that we reported earlier that 73% of gay men in this sample had taken an HIV test, it appears possible a large number of men are choosing not to tell their friends they have had a test.

HIV / AIDS is less serious than it used to be because of new treatments	14% agreed	11% uncertain	75% disagreed
New treatments take the worry out of sex	20% agreed	23% uncertain	57% disagreed
If I was diagnosed HIV positive I would be willing to go on new treatments	89% agreed	8% uncertain	3% disagreed
If every HIV positive person took the new treatments, the AIDS epidemic would be over	6% agreed	16% uncertain	78% disagreed
People with undetectable viral loads do not need to worry so much about infecting others with HIV	6% agreed	28% uncertain	66% disagreed

Attitudes towards new treatments for HIV - "treatment optimism"

A set of questions was designed to measure men's attitudes to new treatments for HIV and the extent to which they were seen as a 'cure' or an end to the epidemic. Most men (75%) disagreed with the statement "HIV / AIDS is less serious than it used to be because of new treatments". Neither did men believe that new treatments would take the worry out of sex (only 20% agreed, representing an increase from 16% in the 2002 data and 13% in the 1999 data)³

The vast majority of men (89%) agreed that if they were diagnosed HIV positive they would be willing to go on new treatments but far fewer men (6%) agreed that if every HIV positive person took new treatments, the AIDS epidemic would be over. Similarly, few men (6%) agreed that people with undetectable viral loads do not need to worry so much about infecting others with HIV: 66% disagreed and 28% were uncertain.

The high levels of uncertainty reported for some questions about new treatments may reflect the ongoing medical uncertainty regarding many of these issues.

The importance of treatments in leading to testing (the 'Testing-Treatment' argument)

If there were no new treatments there would be no point having an HIV test	14% agreed	11% uncertain	75% disagreed
If there were no HIV treatments available I would probably not have an HIV test	17% agreed	16% uncertain	67% disagreed
I would not rush to get HIV tested because it doesn't matter when you start treatment	7% agreed	9% uncertain	84% disagreed
Despite new treatments, HIV testing should be avoided	5% agreed	6% uncertain	90% disagreed

One of the major impacts of HAART has been the argument that men should test early to get the most out of available treatments. This is known as the 'testing-treatment' argument and we assessed how important gay men think treatments are as a reason to seek HIV testing. The table above indicates that most men (75%) felt that there were benefits to HIV testing even without new treatments. Accordingly, when asked about themselves, only 17% agreed that they would not have a test if there were no new treatments. A further 16% were uncertain and a total of 67% disagreed.

Similarly, few men (7%) agreed with the statement that they would 'not rush to get tested because it doesn't matter when you start treatments' and even less (5%) agreed that 'despite new treatments HIV testing should be avoided'. There is very little difference in these percentages from the 2002 data.

Having an HIV test puts your mind at rest	64%	14%	22%
	agreed	uncertain	disagreed
Having an HIV test can help you	61%	19%	20%
plan your life	agreed	uncertain	disagreed
If more people had an HIV test there would be less new HIV infections	56%	17%	27%
	agreed	uncertain	disagreed

Benefits of HIV testing

A set of questions was included which related to some of the benefits of HIV testing. These are shown in the table above. Most men (64%) agreed that having an HIV test could bring peace of mind. Similarly, over half the men felt that having an HIV test could help to plan one's life. Men tended to agree (56%) that an increase in HIV testing would lead to fewer new infections while 17% were uncertain and 27% disagreed. Again, there is very little difference here from the 2002 data.

Perceived discrimination against men with HIV

HIV positive men are discriminated against on the gay scene	46%	35%	19%
	agreed	uncertain	disagreed
HIV positive men are discriminated against by bar staff on the gay scene	7%	43%	50%
	agreed	uncertain	disagreed
HIV positive men are discriminated against by other gay men	49%	37%	14%
	agreed	uncertain	disagreed
HIV positive men are discriminated against by potential sex partners	63%	28%	9%
	agreed	uncertain	disagreed
HIV positive men are discriminated against in employment	48%	36%	16%
	agreed	uncertain	disagreed
HIV positive men are discriminated against financially	66%	25%	9%
	agreed	uncertain	disagreed
HIV positive men are discriminated against by the law	36%	44%	20%
	agreed	uncertain	disagreed
If I was diagnosed HIV positive I would get negative reactions from sex partners	49% agreed	39% uncertain	12% disagreed
If I was diagnosed HIV positive I would get negative reactions from family	30% agreed	31% uncertain	39% disagreed
If I was diagnosed HIV positive I would get negative reactions from friends	22% agreed	35% uncertain	43% disagreed
If I was diagnosed HIV positive I would get negative reactions from work colleagues	40% agreed	36% uncertain	24% disagreed

The "Testing Barriers"⁴ report produced in 2000 highlighted the importance of perceived stigma and the psychological impact of positive diagnoses in affecting men's decision-making regarding having an HIV test. We felt it was important to address these issues in the questionnaire and added several statements to those included in the original "Testing Barriers" research.

The table above shows the responses to this set of statements. Forty six percent of men believed that discrimination against men with HIV occurred on the gay scene, 35% were uncertain and

⁴ Flowers, Paul et al (2000) Testing Barriers. Healthy Gay Scotland

only 19% believed that men with HIV were not discriminated against on the scene. When asked whether they believed that HIV positive men were discriminated against by bar staff, only 7% believed they were, 43% were uncertain and 50% believed they were not discriminated against by bar staff.

When asked whether they considered HIV positive men to be discriminated against by potential sex partners, 63% agreed that they were and 28% were uncertain. Only 9% disagreed that HIV positive men were discriminated against by potential sex partners. When asked about themselves, 49% believed they would get negative reactions from sex partners if they were diagnosed HIV positive and 39% were uncertain. Only 12% believed they would not get negative reactions from sex partners if they were diagnosed HIV positive.

In general the percentages of men who believed HIV positive men were discriminated against in various contexts were high and there was a significant increase in the perception of discrimination from the 2002 data. The only instances (apart from the gay scene as discussed above) where the number of men who believed they would not get negative reactions to an HIV diagnosis was higher than those who believed they would were when men were asked about themselves in relation to family and friends.

When asked about reactions from family, 39% of men believed they would not get negative reactions while 31% were uncertain and 30% believed they would get negative reactions from their families if they were diagnosed HIV positive. Forty three percent believed they would not get negative reactions from friends while 35% were uncertain and only one in five believed they would get negative reactions.

Similarly high levels of uncertainty were expressed in relation to discrimination by the law, in employment and in terms of finance. When asked whether HIV positive men were discriminated against in employment, 48% agreed while 36% were uncertain and only 16% disagreed. When asked about themselves 40% agreed that they would get negative reactions from work colleagues if they were diagnosed HIV positive while 36% were uncertain and 24% disagreed.

When asked whether they believed that HIV positive men were discriminated against by the law, 36% agreed, 44% disagreed and 20% were uncertain. Two thirds of the men agreed that HIV positive men are discriminated against financially, 25% were uncertain and only 9% disagreed.

You shouldn't have an HIV test because you might have to tell people you fancy that you are HIV positive	7% agreed	10% uncertain	83% disagreed
Fear of a positive result puts me off testing	26% agreed	11% uncertain	63% disagreed
I would rather not know my status than risk being told I am HIV positive	13% agreed	11% uncertain	76% disagreed
I do not want to test because of the psychological consequences of a positive result	20% agreed	19% uncertain	61% disagreed
It's much better to live with an uncertain HIV status than to wake up every morning actually knowing	11% agreed	15% uncertain	74% disagreed

The costs of HIV testing

you're HIV positive			
I would rather get ill than find out I	5%	7%	88%
was HIV positive	agreed	uncertain	disagreed

Several statements related to the relative costs of HIV testing were included in the questionnaire. The table above shows the responses to these statements. Very few men (7%) thought that testing should be avoided because of the possibility of having to tell people you fancy that you are HIV positive. However, only 12% of men did not think they would receive negative reactions from potential sex partners if they told them they were HIV positive suggesting that the majority of men see this as an acceptable cost of testing.

The remaining statements in this section focussed on men's fear of being diagnosed HIV positive and how this may discourage them from taking an HIV test. Sixty three percent of respondents disagreed with the statement: *"Fear of a positive result puts me off testing"* compared with 57% in the 2002 data and 76% disagreed with the statement *"I would rather not know my status than risk being told I am HIV positive"* compared with 68% in the previous study. Only 11% thought it was better to live with uncertainty than with a positive diagnosis, 15% were uncertain and 74% disagreed that this was a reason to avoid testing. Very few men. (5%) reported that they would rather get ill than find out they were HIV positive.

Clinics don't open at the right times for gay men to get tested	21%	23%	56%
	agreed	uncertain	disagreed
The way staff treat people when they get tested puts them off having a test	11%	31%	58%
	agreed	uncertain	disagreed
If I wanted an HIV test I would have to travel a long way to the clinic	11%	8%	81%
	agreed	uncertain	disagreed
I would not go for an HIV test if I had to wait more than a day for the results	16% agreed	7% uncertain	77% disagreed
Gay men avoid testing because they can't bear waiting for the results	23%	29%	48%
	agreed	uncertain	disagreed

Problems with the HIV testing process

The category of statements shown in the table above aimed to investigate problems associated with HIV testing centres and waiting for test results. The responses indicated that only 21% of men thought that clinics did not open at the right time for gay men to get tested and even fewer men (11%) felt the way staff at clinics treat people when they get tested puts them off having a test.

Asked if they would have to travel a long way to have an HIV test, the majority of men (81%) disagreed but this may be expected as the survey was carried out in Edinburgh rather than rural or isolated areas. Men were asked two questions about waiting for test results to ascertain how far this was a barrier to testing. Most men (77%) disagreed that waiting more than a day for test results would put them off testing or that gay men avoid testing because they can't bear waiting for test results (48% of men disagreed with this statement while 29% were uncertain).

Attitudes about sex with HIV positive people

I wouldn't have anal sex with	55%	20%	25%
anyone I knew was HIV positive	agreed	uncertain	disagreed
l wouldn't have oral sex with anyone	44%	23%	33%
I knew was HIV positive	agreed	uncertain	disagreed
Nobody would want to have sex with me if they knew I was HIV positive	34%	38%	28%
	agreed	uncertain	disagreed
If a gay man found out any of his sexual partners were diagnosed HIV positive, he would go for an HIV test	61% agreed	23% uncertain	16% disagreed

The original 'Testing Barriers' research⁵ showed that the sexual, as well as social, exclusion of HIV positive men was commonplace. To explore this further three statements which addressed sex with partners known to be HIV positive were included in the survey, shown in the table above.

Since the vast majority of the sample was HIV negative or untested, it is clear that the responses to these statements do not represent the views of positive men talking about sex with other positive men. Over half the men (55%) said they would not have anal sex with anyone they knew to be HIV positive. A slightly lower percentage (44%) said they would not have oral sex with anyone they knew to be HIV positive. When asked to consider how their own lives might be affected by a positive diagnosis, 34% thought that "nobody would want to have sex with me if they knew I was HIV positive". However, a higher percentage (38%) was uncertain about this statement.

We also asked about how participants thought about risks of HIV transmission in situations in which they know a partner is HIV positive. Almost two thirds (61%) would seek an HIV test after finding out a sexual partner was HIV positive and 23% were uncertain about this statement. This represented very little change since the 2002 data was collected.

Whatever your HIV status you are equally responsible for safer sex	94%	2%	4%
	agreed	uncertain	disagreed
l always assume my sexual partners	32%	12%	57%
are HIV negative	agreed	uncertain	disagreed
Unless someone told me they were	34%	18%	48%
HIV positive. I would assume they	agreed	uncertain	disagreed

Attitudes about HIV status of sexual partners and sexual risk taking

⁵ Flowers, Paul et al (2000) Testing Barriers. Healthy Gay Scotland

were HIV negative			
If you are HIV positive it is your responsibility to make sure you and your partners have safer sex	89% agreed	3% uncertain	8% disagreed
If someone wants to have unprotected sex they are probably HIV negative	4% agreed	17% uncertain	79% disagreed

HIV negative | | | | A number of statements were included to assess men's assumptions about the HIV status of their sexual partners. The responses to these statements are presented in the table above and again show very little change from responses gathered in the 2002 data. One third of the men in the survey agreed that they assumed their sexual partners were HIV negative unless told otherwise.

Almost all men (94%) agreed that "whatever your HIV status, you are equally responsible for safer sex", with only 2% uncertain and 4% disagreeing with this statement. However, 89% said that HIV positive men were responsible for ensuring that safer sex occurs. Despite this, 79% of the sample disagreed that wanting unprotected sex was indicative of an HIV negative status.

PART C

Comparisons

1. Comparing "testers" and "non-testers"

By analysing the characteristics associated with men who either have, or have not, ever had an HIV test we can begin to understand some of the issues that are likely to be important in understanding testing decisions and, equally, isolate those factors which act as barriers to HIV testing. For example, we can see whether those who have never had a test have in actual fact never engaged in risky behaviour and thus may have no need to test. The analysis below highlights those factors which have remained stable since last year's research and those which have changed.

Non-testers in both 2002 and 2003 data:

- were less likely to indicate an intention to test in the near future.
- perceived more barriers to having a test such as problems with waiting for results
- had significantly higher fear of a positive test result
- were more likely to endorse treatment optimism i.e. were more likely to believe that treatments presented a key reason to test
- had more negative attitudes towards having sex with someone who was HIV positive i.e. they were less likely to have oral or anal sex with someone they knew to be positive

Non-testers then were more fearful of getting a positive result and were more likely to have negative attitudes towards sex with HIV positive men. They were less likely to have had two or more anal sex partners in the past year and less likely to have had two or more unprotected anal sex partners in the past five years. However, non-testers had not avoided testing simply because they had never engaged in risky sexual behaviour. Many non-testers have engaged in risky sexual behaviour and have high levels of fear of a positive test result.

Comparative changes between non-testers in 2002 data and those in current research

The 2002 data showed that non- testers:

- were significantly younger than men who had taken a test
- perceived more discrimination against HIV positive men on the gay scene
- saw significantly fewer benefits to testing
- were more likely to assume that other gay men were HIV negative

It should be noted that the sample in this research was significantly older than in the 2002 data. This is a random factor but it has a bearing on how we interpret the findings. To take account of the age differences we looked at those men who had taken a test in the previous 12 months. The percentages of those taking a test in that period had risen in those up to 35 but had fallen in those over 35. It is not possible to come to firm conclusions based on this analysis because of the age differences in the two samples but it does appear that there has been an increase in HIV testing particularly among men who are under 35.

In relation to perceived HIV stigma and discrimination, the original 'Testing Barriers' research identified men who had not had an HIV test as perceiving higher incidences of discrimination against men with HIV. However, this survey indicated there was very little difference between men who had had a test and those who had not in this regard.

2. Comparing men who intend to take an HIV test and those who do not

Those intending to have an HIV test in the near future:

- were more likely to have already had an HIV test
- were more likely to have had two or more anal sex partners in the past year and two or more unprotected anal sex partners in the last 5 years
- were less likely to have regrets about previous tests
- were more likely to say they would take treatments if diagnosed positive
- perceived more benefits to testing, e.g. giving peace of mind
- had less fear of a positive result
- perceived themselves to be more at risk

As in the 2002 survey, this analysis found that those with a stronger intention to test were significantly more likely to have had a previous test, were less likely to have regrets about previous tests, perceived many more benefits to testing and had much less fear of a positive result.

A significant difference emerged between the 2002 and current samples in regard to intention to test. In 2002 those respondents who were not sure whether they would test in the future perceived more barriers to testing (eg waiting for results) than both those who had decided to test and those who had decided not to test. In this survey, those who were unsure about testing in the future perceived fewer barriers to testing that those who had decided not to test. Psychological factors such as perceived benefits of testing and fear of positive HIV test results remain central in shaping men's future testing behaviour.

CONCLUSIONS

This research provides evidence for change in terms of significant increases in levels of HIV testing among gay and bisexual men in Edinburgh and the Lothians since data was collected for the original Testing Barriers report was in 1999. From an average of 55% then (Flowers et al, 2000) and 62% in 2002, 73% of the men who participated in this study indicated they had had an HIV test. This represents a continuing trend with 51% reported by Gay Men's Task Force (GMTF) in 1996 (Hart et al, 1999). The impact of new treatments has undoubtedly contributed to this trend as have, we believe, the initiatives of the Testing Barriers Project and other related health promotion initiatives.

By comparing data collected for last year's research we can see that aggregate levels of unprotected anal intercourse (UAI) have also increased from 43% in 2002 to 47% in 2003. There was a similar increase when the Testing Barriers data was compared with data collected for the GMTF (Hart et al, 1999) which reported 32% in 1996 and 37% in 1999.

Only 6% (11 men) self-reported a positive HIV status suggesting that seroprevalence remains quite low among gay and bisexual men in Edinburgh and the Lothians. However the importance of testing is again highlighted for the group of gay men who are HIV positive but who do not know it. For some of these men there would be clear medical advantages in knowing their status and accessing appropriate medical care. There is a number of men who have had UAI with people of unknown status in the past 5 years and who have not had a test. The most common barrier to testing perceived by these men is fear of a positive result associated with beliefs about what it means to be HIV positive.

As was the case in the previous study, one of the key issues associated with what it means to be HIV positive was the very high level of HIV stigma and discrimination towards people with HIV. HIV positive status is still widely understood to bring with it stigma and discrimination, associated physical and mental health problems and sexual problems (e.g. dealing with disclosure issues, responsibility for condom use, lack of sexual partners). The stigma associated with HIV positive status however was less associated with testing decisions in this study as it was in previous research.

This research continues to underline the complexity of gay men's responses to HIV and the importance of psychosocial factors in contributing to gay men's testing decisions. To date, the Testing Barriers Project has adopted a community development approach to dealing with barriers to testing including information and training for volunteers and bar staff on the commercial gay scene, peer education initiatives, involving gay men with HIV in developing strategies to tackle HIV stigma and discrimination and organising various health promotion events in gay venues. These methods remain valid and have produced welcome results.

Recommendations

- Stigma related to being HIV positive continues to be prevalent on the gay scene and in wider society and needs to be continually challenged.
- Any materials or health promotion initiatives involving HIV testing should seek to facilitate informed decision making although achieving an increase in HIV testing is a legitimate long term aim.
- For the majority of people who have engaged in HIV risk related behaviour, the benefits of having an HIV test will outweigh any possible disadvantages.
- Health promotion agencies have a responsibility to ensure people are aware of these benefits and are not unnecessarily discouraged from having a test.
- Clinics and health professionals need to ensure that access to testing is straightforward and that the choice of how and where people can have an HIV test is as wide as possible.
- Health promotion activities should clearly highlight each individual's own responsibility to ensure sexual safety occurs.
- The important role of gay men with HIV in tackling stigma and discrimination should be acknowledged and encouraged.
- If we are to encourage take up of HIV testing then clinic opening times, the role of GP's in
 offering HIV tests, the appropriateness of compulsory pre-test counselling and the role of
 community based testing or home testing all need to be examined.