From intention to STI prevention: barriers and facilitators for discussing sexual risk behaviour among HIV positive MSM
## DISCLOSURE

<table>
<thead>
<tr>
<th>No conflicts of interest</th>
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<tbody>
<tr>
<td><strong>Funding</strong></td>
<td><strong>Small grant Aids Fonds</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Projectnumber: 2014046</strong></td>
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</table>
HIV-centers in the Netherlands
HIV in the Netherlands\textsuperscript{1}

18,355 HIV-patients currently in care

61%

11,204 MSM

33,5%

3,753 \geq 1 STI\textsuperscript{2}

Despite prevention programs, no decrease in last 5 years

\textsuperscript{1} Monitoring Report 2015 – Dutch HIV Foundation

\textsuperscript{2} STI: sexually transmitted infection

\textsuperscript{2} Sexually transmitted infections in the Netherlands in 2015
1 OR MORE STI’S AMONG HIV POSITIVE MSM

- Health damage
- Increased transmission
- More costs
ROLE HIV NURSE / NURSE PRACTITIONER

CONSULTATION

EDUCATION

GUIDANCE/ INFORMATION
• Psychological
• Social
• Behaviour

SEXUAL RISK BEHAVIOUR
Theoretical framework

- **Attitude**
  - Attitude of HIV-nurse regarding SRB

- **Subjective norm**
  - Expectations other HIV-nurses?

- **Self efficacy**
  - Are they capable of doing it?

- **Intention**
  - Intentie to discuss SRB

- **Behaviour**
  - Do you discuss SRB?
METHOD

- Online survey
  - several themes
  - Among 79 members of VCH
THEMES IN ONLINE SURVEY

Results: Intention + behaviour

Determinants
01. Attitude
02. Subjective norm
03. Self-efficacy
04. Communication (non-verbal)
05. Initiation topic
06. Interpersonal relation
07. Time/priority
08. Motivation
09. Similarity to patients
10. Background
ONLINE SURVEY

Subscale of Interpersonal Relation = Shame → Cronbach’s α = .86

● ‘When I discuss sexual risk behaviour with a HIV positive MSM I do sometimes feel ashamed’,

● ‘Sometimes I am embarresst to discuss sexual riks behaviour with a HIV-positieive MSM.’,

● ‘I do sometimes feel awkward to bring up sexual risk behaviour with a HIV-positive MSM.’,
### DEMOGRAFIC CHARACTERISTICS (respons rate 76%)

<table>
<thead>
<tr>
<th>Characteristic (N=65)</th>
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</thead>
<tbody>
<tr>
<td>Age</td>
<td>Average (yrs)</td>
<td>48 (28-64)</td>
</tr>
<tr>
<td>Gender</td>
<td>Female</td>
<td>33 (51%)</td>
</tr>
<tr>
<td>Sexuality</td>
<td>Heterosexual</td>
<td>48 (75%)</td>
</tr>
<tr>
<td>Experience</td>
<td>Average (yrs)</td>
<td>13 (2-25)</td>
</tr>
<tr>
<td>Role</td>
<td>HIV nurse</td>
<td>36 (55%)</td>
</tr>
<tr>
<td>Education/training</td>
<td>Yes</td>
<td>56 (86%)</td>
</tr>
<tr>
<td>Hospitals N=27</td>
<td></td>
<td>23</td>
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</tbody>
</table>

# RESULTS – INTENTION

Regression: predicting Intention

<table>
<thead>
<tr>
<th></th>
<th>Beta</th>
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<tbody>
<tr>
<td>Attitude</td>
<td>.30*</td>
</tr>
<tr>
<td>Self-Efficacy</td>
<td>.22</td>
</tr>
<tr>
<td>Subjective Norm</td>
<td>-.01</td>
</tr>
<tr>
<td>Communication</td>
<td>.09</td>
</tr>
<tr>
<td>Initiation</td>
<td>.41**</td>
</tr>
<tr>
<td>Interpersonal relation</td>
<td>.10</td>
</tr>
<tr>
<td>Time</td>
<td>.28*</td>
</tr>
<tr>
<td>Motivation</td>
<td>-.15</td>
</tr>
<tr>
<td>Similarity</td>
<td>.00</td>
</tr>
<tr>
<td>Sex [Women = 0; Men = 1]</td>
<td>.01</td>
</tr>
<tr>
<td>Sexual preference [Hetero = 0; Homo = 1]</td>
<td>.27</td>
</tr>
<tr>
<td>Mainline course  [No = 0; Yes = 1]</td>
<td>.15</td>
</tr>
<tr>
<td>R^2</td>
<td>.48</td>
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DISCUSSION

- **Attitude, time** and **initiation** -> intention

- Sexual preference
  - Something people cannot change

**However:**
- Possessing the right jargon
  - Discussing Chems and “Tina”
- Perceived discussion as more important
RECOMENDATIONS

Practice
- Tailor made training
- Implement prevention in daily practice
- Consensus national guidelines STI

Science
- Patient perspective
- Intervention

- Which other boundary conditions are necessary in practice?
CONCLUSION

● Results that are useful to continue research and finally to improve discussing sexuality.