Discussing sexual risk behaviour with HIV-infected men

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HIV-centers in the Netherlands

Amsterdam
Roermond
Eindhoven
Groningen
Utrecht
Maastricht
Den Haag
Enschede
Nijmegen
Eindhoven
HIV in the Netherlands\(^1\)

- 17,000 HIV-patients currently in care
- 11,400 MSM
- 3,400 \(\geq 1\) STI\(^2\)

Despite prevention programs, no decrease in last 5 years

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\(^1\) Monitoring Report 2013 – Dutch HIV Foundation
\(^2\) STI: sexually transmitted infection
HIV care in the Netherlands

outpatient department

• Interdisciplinary team
  • Internist-infectiologists
  • HIV-nurses
  • Consultants (social worker, psychologist a.o.)
Role HIV-nurse (n=83)

Consultation

Research

Education

Providing support, counselling & information

- Psychological
- Social
- Behaviour

Sexual Risk Behaviour
Background

Consequences of sexual risk behaviour\(^1\):  
1. Health damage  
2. Increases transmission  
3. Increases costs

Aim: it is known what the HIV nurse could improve in the way of counselling

\(^1\) Trienekens, et al, 2012
Study Objective

To define which determinants influence the discussion of sexual risk behaviour between HIV nurses and MSM
Study Methods

- Qualitative study
- HIV Nurses (at random selection)
- Use of focus groups sessions (3)
- Thematic analysis
- Software: ATLAS
- Theoretical framework
Theoretical Framework

Theory of Planned Behavior\(^1\)

- **Attitude**
  - HIV-nurse Attitude towards SRB

- **Subjective norm**
  - What do other HIV-nurses expect?

- **Perceived behaviour control**
  - Capable of doing it?

- **Intention**
  - Intention to discuss SRB

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

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\(^1\)Ajzen, I. Psychology & Health, 2011; 26: 1113-1127
Focus groups (1)

FG1 (n=8)

D

O

Transcription of Interview

Coding

Coding

I

Saturation

Themes

FG2 (n=8)

D

O

Transcription of Interview

Coding

Coding

I

D: discussion leader
O: observer
I: independent researcher
Focus group (2)

Themes

Main Themes

FG3 (n=6)

Confirmation of Main Themes

Confirmation Themes
# Study Results (1) - Demographic Characteristics of HIV-nurses

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Value</th>
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<tbody>
<tr>
<td><strong>Age</strong></td>
<td>Mean (yrs) 50 (28-64)</td>
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<tr>
<td><strong>Sex</strong></td>
<td>Female 14 (64%)</td>
</tr>
<tr>
<td><strong>Sexuality</strong></td>
<td>Heterosexual 15 (68%)</td>
</tr>
<tr>
<td></td>
<td>Homosexual 7 (32%)</td>
</tr>
<tr>
<td><strong>Years in clinical practice</strong></td>
<td>Mean (yrs) 12 (2-25)</td>
</tr>
<tr>
<td><strong>Provider type</strong></td>
<td>HIV-nurse 12 (59%)</td>
</tr>
<tr>
<td></td>
<td>Nurse Practitioner 9 (41%)</td>
</tr>
<tr>
<td><strong>Training/counselling in sexuality</strong></td>
<td>Yes 13 (59%)</td>
</tr>
</tbody>
</table>
### Study Results (2) – 10 Final Determinants

<table>
<thead>
<tr>
<th>Determinants</th>
<th>Theme/ factors of influence*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Attitude</td>
<td>1. Being patronising</td>
</tr>
<tr>
<td></td>
<td>2. Embarrassment</td>
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<td></td>
<td>3. Difficult to start the subject</td>
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<td></td>
<td>4. Being unprejudiced</td>
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<td></td>
<td>5. Trust</td>
</tr>
<tr>
<td>Subjective norm</td>
<td>6. Attention to prevention</td>
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<tr>
<td></td>
<td>7. Discuss sexuality</td>
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<tr>
<td></td>
<td>8. Change in health care subjects</td>
</tr>
<tr>
<td>Perceived behavioural control</td>
<td>9. Knowledge</td>
</tr>
<tr>
<td></td>
<td>10. Conversation skills</td>
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</tbody>
</table>

*Does not include background variables: age, gender and sexuality*
Discussion

- Few qualitative studies have assessed determinants to discuss sexual health in general.

- One small study: knowledge and change in health care subjects.¹

- Most themes are new and need further research.

¹Carter et al, 2014
## Discussion

<table>
<thead>
<tr>
<th>Strengths</th>
<th>Limitations</th>
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<tbody>
<tr>
<td>• Saturation</td>
<td>• Qualitative research low level of evidence</td>
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<tr>
<td>• Researchers triangulation</td>
<td>• Translation to all HIV-nurses (\textit{mean age approx. 50})</td>
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<tr>
<td>• Peer review</td>
<td>• Potential selection bias</td>
</tr>
<tr>
<td>• Using a theoretical framework</td>
<td>• Focus group 1 followed after training sexuality</td>
</tr>
<tr>
<td>• Inducting new theory</td>
<td>• No male HIV-nurses in FG 3</td>
</tr>
</tbody>
</table>
Recommendations

- Practice: Awareness of HIV nurses

- Research: To assess evidence by quantitative research
  - Online survey for all 83 members
  - Validate the most important determinants

- Needs of the HIV-patient

- Develop tailor-made intervention to be used by HIV nurses
Conclusions

- New determinants were assessed which are important in the discussion of sexual risk behavior.
- More research is needed to quantify and validate our results.
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