

STI screening before the next sex partner

The Sigma Panel is a community-based research project investigating HIV precautions among gay and bisexual men in England. It consists of 13 monthly internet surveys recording sexual behaviour and service use in the preceding month alongside a rolling programme of quantitative and qualitative insight questions. The aim is to generate formative and outcome evaluation data to improve sexual health promotion with gay and bisexual men across England.

Each month an Insight Blast provides swift feedback to health promoters on one or more of the ten HIV-related choices described in [Making it Count 4](#) (CHAPS Partnership, 2011). This 5th Insight Blast focuses on asymptomatic screening for sexually transmitted infections (STIs), and uses both quantitative and qualitative data from the Month 8 (August 2011) survey. To find out more about the Sigma Panel or other Insight Blasts go to <http://www.sigmapanel.org.uk>

HIV incidence is the outcome of a large number of actions being taken by a many men over an extended period of time. Influencing behaviours requires clarity on which behavioural choices are important and an understanding of why they occur. From the perspective of individual men, the first *Making it Count* choice concerns having a screen for STIs before the next sex partner (including an HIV test if not diagnosed), or choosing not doing so.

Although some men currently have too many partners for it to be feasible to STI screen between each one, all men always have the choice of seeking an STI screen before their next partner by declining or deferring their next partner. All STI/HIV infections are picked up from someone who already has the infection. When someone picks up an infection, they probably do so from someone who had not yet themselves had it diagnosed. If someone diagnosed with an infection has had more than one sex partner since their last STI screening, they may have passed their infection on to someone else. So former or recent sexual partners of people diagnosed with an STI are at high risk of having an undiagnosed infection. [Insight Blast 4](#) concerns sharing knowledge of STI/HIV diagnoses with former (and future) sexual partners and [Insight Blast 1](#) concerns HIV Testing. Both overlap with this Insight Blast on screening for STIs.

Prevalence of screening for sexually transmitted infections

In Month 8 of the Sigma Panel (August 2011), men were asked about their experience of asymptomatic screening for sexually transmitted infections (STIs) and its perceived costs and benefits. Men were asked, *Have you ever gone for a check-up for sexually transmitted infections, that is when you had no symptoms but wanted to check whether or not you had an infection?*

Overall, three quarters (74.4%) said 'yes' (1052/1414). Having ever had an asymptomatic check-up for sexually transmitted infections was significantly more common among men with diagnosed HIV (82.3%; 219/266), than among men that had tested negative or never tested for HIV (72.7%; 833/1148).

These men who had ever had a check-up for STIs were asked *When was the most recent occasion you had an STI check-up without symptoms?* Of all the panel members, one-in-ten (9.3%; 131/1414) reported an check-up for STIs in the last 4 weeks; a third (35.6%; 530/1414) had done so in the last 6 months; and more than half (51.3%; 726/1414) had done so in the preceding year. At all these time intervals, men with diagnosed HIV were more likely to report STI check-ups than men who had tested HIV negative or never tested for HIV.

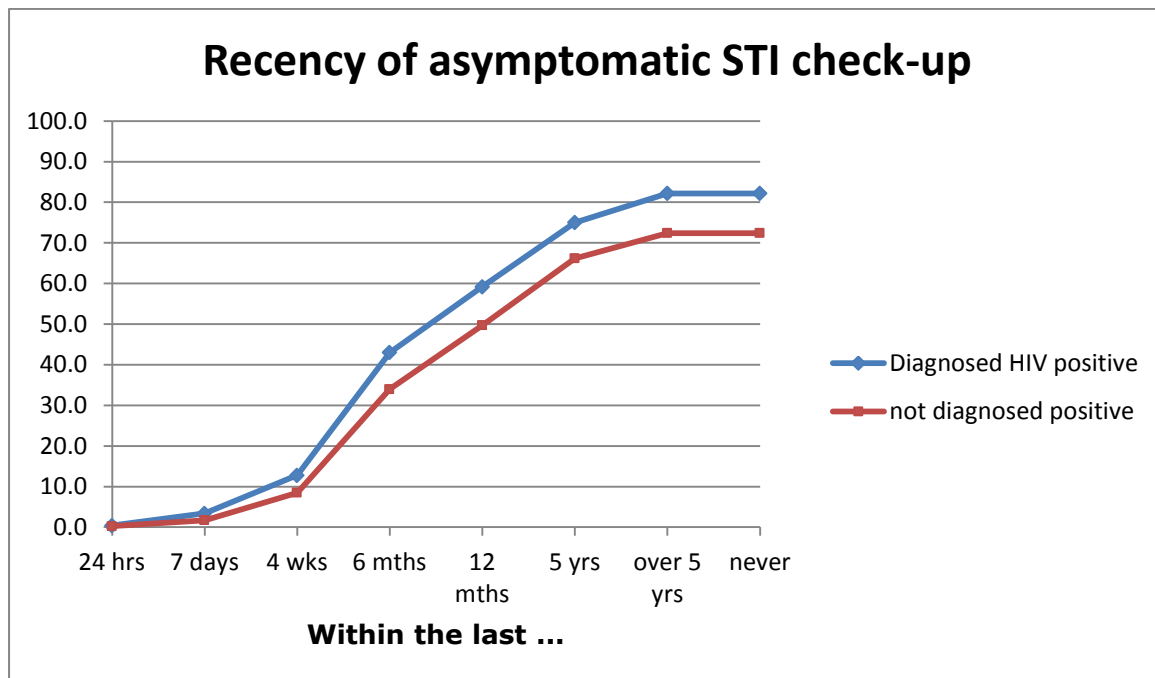


Figure 1: Length of time since having a check-up for sexually transmitted infections, that is when you had no symptoms but wanted to check whether or not you had an infection? (cumulative proportions).[The Sigma Panel Month 8]

All men that reported ever having a check-up for STIs when they had no symptoms were asked the open-ended question: *What prompted you to go for that most recent check-up when you had no symptoms?* In all that follows it is important to remember that this question specifically precludes men from reporting their last STI test caused by symptoms of a presumed infection.

The most common reason men gave for their last STI check-up was that it was part of a personal 'routine'. Men reported going for a check-up at a variety of intervals: every year; every six months; every four months; or every three months.

- "I like to get tested 2-3 times a year. I'm aware that not all infections are symptomatic, and feel it's sensible to get tested to protect both my health and that of my partners."
- "I regularly visit the GUM for check-ups and have done since I was 17."
- "I like to go every 3 months, as a habit."

Others reported going "for regular checks just to be on the safe side", alongside a perception that it "felt sensible" or was important "just in case". A high proportion of men have got the message that regular testing for STIs is part of "taking responsibility for your actions".

- "Just to be safe. If someone asks, I wanted to have 100% certainty that I was clean."
- "A general sense of my responsibility to do so."

- “Without wishing to seem too pious, it seems the responsible thing to do. I'm sexually active and so should have a regular MOT/3000 mile service”
- “I know that many STI may have little or no symptoms; I care about my sexual health; I care about my partners.”
- “Felt it was my duty to keep a regular check regardless of symptoms.”

Others simply report it is something they regularly do, for “peace of mind”; “reassurance”; “prudence”; “security”; or “curiosity”.

For men with diagnosed HIV, asymptomatic STI screening often formed part of the same routine as attending for their HIV monitoring and associated blood tests. Some explicitly stated that getting STI tests was always part of their regular check-up as recommended by their HIV consultant. Others did it on an ad hoc, or an annual basis, but not always when they attended for monitoring their HIV infection. The key here was that men had a reason to visit the clinic anyway.

- “HIV doctor always says we should have a check-up at least once a year if we are sexually active.”
- “Always go quarterly - get checked when arranging my next batch of HIV meds.”

For men who had previously tested negative for HIV, asymptomatic STI screening often accompanied attendance at GUM clinics for HIV testing. Hence, the reason why they undertook their last STI screen was they were in the GUM clinic and they were offered a full STI screen, or perhaps they requested one.

- “I was going for an HIV test (as I have not had sex for over three months so thought it a good time to get tested) and had other tests while at the clinic.”
- “Wanted an HIV test and extended it to a full sexual health check-up.”

While it was less common, some men reported the reason for their last asymptomatic STI screen had been a specific event involving a change in relationship status, or a sexual session, or learning more about a partner after sex.

In terms of relationships men reported STI screening because of a relationship break-up, new relationship formation, because a regular partner had received an STI diagnosis (or a scare) or a wish to stop using condoms in a current relationship. Some men test for STIs (and often HIV) at the end of relationships, or the beginning of new ones. The imperative is to check they are “disease free” at the change of partner, or before entering an exclusive relationship.

- “Split with regular partner and wanted to be sure I was clear before starting another relationship.”
- “I have found a new regular partner and wanted to make sure I was clean for him.”
- “I hadn't been for a check up since 2005. I was getting into a serious relationship and I wanted to know. He had never been tested in his life so I convinced him to go too.”

Others had screened because they had found out their partner had received an STI diagnosis, had sex with someone else that had a subsequent STI diagnosis, or had confessed to being “unfaithful”.

- “My regular partner was told that he had an infection. This later turned out to be an error, and he was negative.”
- “I came out of long term relationship after finding out my ex-partner was having sex with other men.”

- “My partner at the time was cheating on me so I wanted to make sure I hadn’t caught anything.”
- “A call my partner received from someone he’d slept with, without my knowledge.”

Alternately some men test for STIs and HIV at the point where they want to stop using condoms in a relationship, or as part of a strategy of protection within the relationship.

- “Wanted to get a 'clean bill of health' before starting a long-term committed relationship.”
- “New partner, wanted to have 'raw' sex.”
- “Having dated my partner for 6 months or so, we decided to stop using condoms. So before doing that, we both went and got tested.”
- “Myself and a regular 'partner' wanted to have sex without a condom, so we both agreed to go and get tested twice. The second test after 7 weeks.”
- “My two partners and I have regular checkups as a condition of our open relationship.”
- “I was having a lot (for me that is, actually once a month) of sauna sex and was becoming uncomfortable that I might pass on something to my boyfriend, who never goes outside the relationship for sex.”

A few men reported using asymptomatic screening prior to attendance at “sex parties” or an environment where group sex was expected. More often, the trigger for the sexual health screen was the volume of partners men had since their last screen, or because their usual pattern of sex had changed.

- “I was conscious I had slept with over 25 guys and had never had a check-up.”
- “Had multiple casual partners, always safe, but there is still a risk.”
- “I always go every so often, if I am having lots of sex.”
- “Just because I sleep around.”
- “Had been in Gran Canaria on holiday and had a lot of casual sex.”
- “Because I'd started having sex anonymously in gay saunas.”

More commonly, men had their last STI screen because of a specific sexual event, often a sexual encounter where their personal boundaries about safety were breached. There is no hard-and-fast rule on the exact nature of the event triggering the screen, which varies according to the boundaries of the individual.

- “Just a feeling of unease about a sexual contact.”
- “I had had a blow job off a bloke and wanted to check I had no STIs.”
- “I was sucking off loads of married men on a regular basis and wanted to make sure I was safe for both them and me.”
- “I always go if I've had unprotected sex, even if it is with a regular fuck buddy.”
- “I have unprotected anal sex (as a top) with men I know to be HIV positive, who are on meds, with an undetectable viral load and a healthy t-cell count. There is a risk.”
- “I go every few weeks as I only do bareback sex.”
- “Had slept with a few guys bareback. I was 99% sure they were clean but you never know.”

Condom failure also features as a reason for seeking screening.

- “Condom broke during sex, while I was being fucked.”
- “Found out a partner I had sex with when a condom broke was HIV positive.”

A few men also reported being contact traced by a clinic as their reason for their last STI screen. Similarly some men had been referred to STI screens by primary care practitioners wanting to exclude STIs from a difficult diagnosis. Others mentioned screening because they had encountered an opportunity at a community venue, like a Pride-type event. Others simply reported it was free and they were not busy. Some mentioned advertising or awareness campaigns, or publicity, though very many more repeated back the health promotion message that no symptoms does not mean you're not infected.

INSIGHT: Asymptomatic STI screening is an existing routine for many MSM, usually based on check-ups on a 6 or 12 monthly basis.

INSIGHT: Some men screen for STIs based on the volume of sexual partners they have had since their last screen, or based on specific sexual events (risks) taken.

INSIGHT: Asymptomatic STI screening often occurs alongside HIV monitoring (for diagnosed positive men) and HIV testing for others.

Benefits of asymptomatic STI screening notifying

All panel members were asked the open-ended question *From your perspective, what are the benefits (or advantages) of going for an STI check-up when you have no symptoms?* (1193 men responded), and an identical question about *the costs (or disadvantages) of going for an STI check-up when you have no symptoms?* (1130 men responded). The following table summarises the range of potential benefits and costs cited by Panel members.

Cited benefits of asymptomatic STI screening mainly revolved around peace-of-mind and reassurance if men expected to be uninfected and were proved correct (often referred to as the “all clear” or “clean”). This certainty reduced anxiety and worry and improved perceptions of well-being and mental health. Some felt that confirmation of no infections reinforced their choices about sex and were empowering. While some argued it encouraged them to stay safe, others felt it allowed them to continue unprotected anal intercourse (usually in relationships).

There was also a very widespread recognition that many STI infections have few or no obvious symptoms, and this was a major incentive to have asymptomatic STI screens. Men recognised the importance of early treatment and /or easier (quicker) cure if diagnosed early. Similarly, others assumed there would be less health impact (damage) if STIs were diagnosed early. For men with diagnosed HIV, asymptomatic STI screening was considered important because of the recognition that undiagnosed (and untreated) STIs could have an adverse effect on CD4 counts, the efficacy of anti-retroviral therapy and might make them more infectious.

Many men also felt asymptomatic screening was the “responsible thing to do” for the community and for yourself. Diagnosis and treatment of STIs helped them avoid transmission of STIs to their partners, and some recognised that it reduces spread of STIs through the population.

Table 1: Benefits and costs of going for asymptomatic STI check-ups [Sigma Panel Month 8]

	Go for asymptomatic screening	Postpone asymptomatic screening
Benefits	<p>Peace of mind (for yourself and your partner). Reassuring to know you are uninfected ("clean", all clear). Certainty (be more sure, less anxiety, worry). Detects infections that have few or no obvious symptoms. Early treatment if diagnosed. Easier (quicker) cure if diagnosed early. Less health impact (damage) if diagnosed early. Not causing physical harm to yourself or others. Establishes wellness - a clean bill of health (MOT) Increases control over health and well-being. Mental well-being increased - helps overall mood. Feels good as it is the responsible thing to do for the community and for yourself. Knowledge of health status helps informed choices about sex (empowering). Encourages me to stay safe if confirmed uninfected. No condoms needed (UAI), if both parties uninfected. Bragging rights– can tell partners when last tested. Avoid transmission of STIs (safer for your partners). Reduces spread of STIs through the population. Keep a check on vaccination status. Free condoms and lubricant. Examination for testicular cancer. Health advice and support is available. Better position to start a relationship. Clinic attendance increases sexual health knowledge. If HIV positive, avoid STI's having an effect on CD4 counts. If HIV positive, keeps supports anti-retroviral therapy. If HIV positive, avoid STIs making your HIV more infectious. Avoids embarrassment of going to clinic with symptoms. Avoids the embarrassment or being contacted by a man who I have passed an infection to.</p>	<p>More time (and effort) to do other things. You cannot find out if you have a STI. Avoid feelings of shame, stigma of clinic attendance. Avoid embarrassment of talking about sex life. Avoid financial cost of clinic attendance. Save financial cost to the NHS. Avoid unpleasant physical environment. Avoid staff who are patronising, judgemental or homophobic. Avoid tests and procedures that are unpleasant. Avoid difficulties if STI screen on medical records (life insurance). Avoid difficulties in relationships. Avoid need to tell all partners, if infected. Does not look to friends (others) like you are promiscuous. Can carry on having sex if no infection diagnosed. Able to continue to have guilt-free unsafe sex.</p>
Costs	<p>Takes time (and effort) to arrange appointments. Waiting times in the clinic (especially at walk-in). Inconvenient opening times. Frightening (anxiety, stress, paranoia) awaiting results. You could find out you have a STI. Feelings of shame, stigma especially if seen by friends. Embarrassment of talking about sex life. Financial cost to you (travel to clinic, parking fees, loss of earnings, cost of private clinics). Financial cost to the NHS. Unpleasant physical environment (dingy waiting rooms). Staff can be patronising, judgemental or homophobic. Some tests and procedures are unpleasant (dislike of swabs, needles etc.). Causes difficulties if on medical records (life insurance). Causes difficulties in relationships (can reveal infidelity). If infected need to tell partners. Suggests you are promiscuous to friends (others) . If infected not able to have sex for 6 weeks or so. If infected not being able to have guilt free unsafe sex.</p>	<p>Stress (no peace of mind about infections). Uncertainty. Do not know if have STI with no symptoms. No (or late) treatment if infected. Harder (slower) cure if diagnosed late. More health impact (damage). Can cause physical harm to yourself or others. Uncertainty about wellness. Less control over health and well-being. Mental well-being not improved. Feel bad as it is not the responsible thing to do. Cannot make informed choices about sex. Cannot tell partners when last tested. Harder to avoid transmission of STIs (safer for people you have sex with). Does not reduce spread of STIs through the community (population). Cannot check vaccination status. Harder to get free condoms and lubricant. Harder to get examination for testicular cancer. Health advice and support is not available. Worse position to start a relationship. No increases in sexual health knowledge. If HIV positive, undiagnosed STIs can effect CD4 counts. If HIV positive, undiagnosed STIs can undermine ART. If HIV positive, undiagnosed STIs increase infectiousness.</p>

The costs of attending for an asymptomatic STI screen were less diverse than the benefits, and a third of all men felt there were no costs or disadvantages to asymptomatic screening.

The most common perceived cost of screening concerned the time it took - to arrange appointments (where they were available); to wait in the clinic (especially at walk-in clinics) and for the results. Men bemoaned inconvenient opening times and the need to take time off work to visit the clinic. Many would welcome more flexible opening times, outside standard working hours. In addition to the time taken, some men considered the financial cost of clinic attendance, both in terms of the clinic visit (travel to clinic, parking fees *etc.*) and any loss of earnings, or costs associated with private clinics.

Another common cost associated with asymptomatic STI screening was the anxiety and stress associated with attending the clinic, and especially the waiting time for results. For some this was compounded by the feelings of shame (stigma) they felt if seen in the clinic by friends and the embarrassment of talking about their sex life in that environment.

Some also cited the unpleasant physical environment of the clinic as a cost of attending for STI screening, and for others the danger of staff being patronising, judgemental or homophobic. For others the tests and procedures themselves were considered sufficiently unpleasant to be a major disadvantage to screening.

INSIGHT: Social marketing should aim to reinforce perceptions that asymptomatic STI screening (and HIV testing) is normal, right and an easy thing to do by associating it with the valued benefits, and minimising its salient costs, and portraying it in terms desirable to the target audience.

Suggested Citation: Sigma Research (2011) *The Sigma Panel Insight Blast 5: STI screening before the next sex partner*. London: Sigma Research. September 2011.