Suggested citation:
Schmidt AJ, Albani V, Eggenberger M. European Men-Who-Have-Sex-With-Men Internet Survey (EMIS-2024). National Report Switzerland, Ticino Annex (DEU). Zürich: Swiss AIDS Federation, 2026

EMIS-2024 in Ticino – an exploratory interpretation of the findings

Contextualising the Ticino sample

A total of 1,509 respondents from Switzerland participated in EMIS-2024, including 35 from Ticino. Given this small sample size, the findings for Ticino must be interpreted cautiously. With 35 respondents, a single individual already represents almost 3 percentage points. Individual percentages that appear unusual may therefore easily arise from random variation.

Furthermore, recruitment through local organisations was less successful in Ticino than in the other Swiss language regions. Only 17% of respondents from Ticino were recruited through non-governmental organisations (NGOs), compared with 37–54% in the other Swiss major regions. Differences between Ticino and the rest of Switzerland may therefore partly reflect differences in sample composition.

To identify potential characteristics specific to Ticino despite these limitations, the findings were compared exploratorily with those from the other Swiss major regions. For indicators on which Ticino differed markedly, we additionally examined whether similar patterns were observed in Italy, particularly in northern Italian regions. Agreement with Italian findings does not demonstrate the existence of a genuine regional difference, but may increase its plausibility. For indicators strongly determined by the healthcare system and the available service infrastructure, however, comparisons within Switzerland are particularly relevant.

Indications of a partly different sociocultural environment

For several indicators relating to respondents' sexual orientation, those from Ticino differed from respondents in the other Swiss major regions. In Ticino, 50% were largely or completely open about their sexual orientation to other people (outness). In the other Swiss major regions, this proportion ranged from 60% to 79%, compared with 72% nationally. The Italian figure was also lower, at 61%; similarly low values were observed in several northern Italian regions, including Friuli-Venezia Giulia (50%) and Veneto (55%).

The pattern was even more pronounced for internalised homonegativity. On the Short Internalised Homonegativity Scale (SIHS), the mean score in Ticino was 2.0, compared with 0.9–1.2 in all other Swiss major regions. The national mean was 1.1. In Italy, the mean was higher than in Switzerland, at 1.5; values between 1.4 and 1.7 were also observed in most northern Italian regions. Thus, comparatively low levels of openness about sexual orientation (outness) and higher internalised homonegativity point in the same direction. The Italian comparison data suggest that this pattern may be related to the sociocultural environment of the Italian-speaking region. However, the small Ticino sample does not allow a robust regional difference to be established.

A similar, although less pronounced, pattern emerged for CAGE-4 screening for possible alcohol dependence. In Ticino, 14% met the relevant screening criterion, compared with 15–25% in the other Swiss major regions and 20% nationally. In Italy, the proportion was 12%, while most northern Italian regions also reported values of approximately 9–15%. The Ticino figure therefore resembles the northern Italian pattern more closely than that observed in the rest of Switzerland. Unlike outness and internalised homonegativity, however, this finding does not suggest a directly interpretable relationship with societal attitudes towards sexual orientation.

For other health indicators, Ticino did not display any particularly unusual pattern. This was especially true for the HIV and sexually transmitted infection (STI) diagnoses examined. The proportion of respondents born abroad, at 20%, also resembled the Swiss rather than the Italian pattern. The observed differences therefore do not suggest that the Ticino sample was generally more similar in composition to the Italian sample than to that of the rest of Switzerland.

More limited access to MSM-specific sexual health services

A second pattern concerns access to sexual health services specifically designed for gay, bisexual and other men who have sex with men (MSM). Zurich, Geneva and Lausanne have large Checkpoints providing dedicated services for MSM, with smaller services also available in Bern, Basel and Lucerne. No comparable service exists in Ticino. This is reflected in several EMIS indicators.

Among respondents from Ticino who had undergone an HIV test in the previous twelve months, 17% had received their most recent test at a community-based voluntary counselling and testing (CBVCT) service. In the other Swiss major regions, this proportion ranged from 32% to 50%. Anal swabs for STI testing were also reported considerably less frequently in Ticino: 14%, compared with 32–59% in the other major regions. It should be noted that EMIS-2024 was conducted at a time when screening for asymptomatic bacterial STIs had not yet been generally scaled back.

These two findings are closely related. Community-based services for MSM not only provide accessible HIV testing but typically also offer STI diagnostics tailored to sexual practices, including rectal swabs. The limited availability of VCT services in Ticino provides a plausible structural explanation for this. In Lombardy, the corresponding figures were also comparatively low, at 16% for CBVCT testing and 31% for anal swabs. For interpreting the situation in Ticino, however, the structure of healthcare provision within Switzerland is more informative than a direct comparison with Italy.

Hepatitis A vaccination also fits this pattern. In Ticino, 59% reported having completed hepatitis A vaccination, compared with 63–74% in the other Swiss major regions. No corresponding difference was observed for hepatitis B: at 72%, the proportion in Ticino fell within the range observed in the rest of Switzerland (67–75%). This difference between hepatitis A and B is noteworthy because hepatitis A vaccination among MSM is promoted particularly through targeted prevention services. The findings may therefore indicate gaps in prevention specifically directed at MSM in Ticino.

Other indicators point in the same direction but are more difficult to interpret because of the small numbers involved. Current PrEP use was reported by 10% of respondents from Ticino without an HIV diagnosis, compared with 22–39% in the other Swiss major regions. HIV testing within the previous twelve months was also reported less frequently in Ticino (40% compared with 62–76%). Whether these differences actually reflect poorer access to PrEP or HIV testing services should be examined in relation to the specific services available in Ticino.

A different pattern emerged for Doxy-PEP. Use of doxycycline to prevent bacterial STIs was reported by 11% of respondents from Ticino (4 of 35), compared with 5–10% in the other Swiss major regions. All four reported medically supervised Doxy-PEP; no unsupervised use was reported in Ticino. The comparatively high proportion was not restricted to respondents with an HIV diagnosis: Doxy-PEP

was reported by 3 of 30 respondents without an HIV diagnosis (10%) and 1 of 5 respondents with an HIV diagnosis (20%). Given these very small numbers, no regional difference can be inferred.

Access to healthcare and anticipated discrimination

Two indicators relating to access to healthcare were also noteworthy. In Ticino, 20% reported having been afraid to access healthcare services in the previous twelve months because they were concerned about being treated differently on account of their sexual orientation or gender identity. A further 14% had avoided healthcare services for this reason.

In the other Swiss major regions, the corresponding proportions were 7–10% and 4–7%, respectively.

These findings, however, are based on only a few individuals in Ticino and should therefore be interpreted cautiously. Moreover, respondents from Ticino did not report actual experiences of discrimination by healthcare services more frequently: at 2.9%, the proportion was no higher than in the other major regions. The findings may therefore point to differences in anticipated rather than actually reported discrimination. The available data cannot establish whether this is related to a more conservative social environment, lower levels of outness, or the absence of healthcare services perceived as LGBT-friendly.

Conclusions

Given the small sample of 35 respondents, the EMIS-2024 data do not permit robust estimates for Ticino. Nevertheless, examining several indicators together reveals two consistent patterns that suggest possible characteristics specific to Ticino. Their relevance should be assessed in light of local circumstances and other data sources.

First, respondents from Ticino reported lower levels of openness about their sexual orientation (outness) and higher internalised homonegativity than respondents in the other Swiss major regions. Similar patterns were observed in Italy, particularly in several northern Italian regions. This suggests that the findings may, at least partly, reflect a different sociocultural environment.

Second, several findings point towards more limited access to MSM-specific sexual health services. Particularly notable are the low use of community-based HIV testing services and the low proportion reporting anal swabs; the lower hepatitis A vaccination coverage is also consistent with this pattern. The absence of a Checkpoint or comparable service in Ticino provides a plausible structural explanation.

The findings should not be regarded as a representative description of the situation of MSM in Ticino. They do, however, provide indications of areas in which improvements to targeted prevention and healthcare services may be particularly worth considering, and of issues that should be investigated more closely in future surveys with a larger Ticino sample.

The Ticino example illustrates the value of cross-border analyses, particularly for regions with small sample sizes, and highlights the potential of international surveys such as EMIS to explore epidemio–logical patterns beyond national boundaries.