1 Lesbian, gay and bisexual youth reporting more depressive symptoms, are younger, less educated and more often female.

2 Venue-based HIV prevalence among men who have sex with men in Flanders (Antwerp and Ghent) who attended different types of venues ranges from a higher prevalence in cruising venues to a lower prevalence in more general gay venues.

3 Proportionally higher rates of sexually transmitted infections (STI) are measured among specific subpopulations of HIV positive men who have sex with men. These STI’s include Gonorrhea, Syphilis and Chlamydia, as well as emerging and recurring breakouts of specific “new” STI’s, such as LGV and Hepatitis C.

4 Syndemics exist among HIV negative men who have sex with men in Belgium. Next to a higher HIV prevalence and a higher reporting of depressive symptoms, there is also evidence of elevated substance use and sexual compulsivity occurring simultaneously.

5 Depressive symptoms and unprotected anal intercourse are related and this relation needs to be understood in the syndemic context.

6 HIV and STI are highly prevalent among travelling men who have sex with men (MSM). These men also report more sexual risk behavior than MSM who were not sexually active abroad during the past year.

7 The HIV epidemic among men who have sex with men in Belgium is peaking with a high number of new infections every year. (BIPH, 2012)

8 HIV-related indicators for men who have sex with men produced by means of different data collection methods, whether venue-based or through online surveys, show similar and robust results. (Marcus et al., 2012)

9 Syndemic theory is complementary to the explanatory model and ecological framework used throughout this dissertation (i.e. the minority stress model).

10 Multilevel combination prevention components should be part of future health prevention programs for sexual minority populations in Belgium.

11 Why be happy, when you could be normal? (Jeannette Winterson)