

CRiSP - Community Based Risk Behavioural and Seroprevalence Survey for Female Sex Workers in Hong Kong 2009

Background

CRiSP was done for the first time in 2006, revealing an HIV prevalence of 0.19% in female sex workers (FSW). In 2009, Department of Health commissioned Chinese University of Hong Kong to repeat the CRiSP survey, in collaboration with the Hong Kong Coalition of AIDS Service Organization Sex Industry Sub-Committee member organizations including Action for REACH out, AIDS Concern, Community Health Organization for Intervention, Care and Empowerment, Hong Kong Caritas, Hong Kong AIDS Foundation and Hong Kong Society of Rehabilitation and Crime Prevention. It aims to understand the trend of HIV prevalence among FSW and provide data for planning of prevention activities.

Method

Different from 2006, a focus group with different types of FSW was added in May 2009, to obtain geographical, social and health seeking information, views on enumeration methods and to formulate survey questionnaire. Mapping exercise of sex venues in Hong Kong and size estimation of FSW in different settings was conducted in June 2009, by using outreach records and outreach enumeration by participating community organizations, and enumeration on related internet sites and newspapers. Multi-staged stratified cluster sampling was used by type of sex work and district. The survey was conducted between July and September 2009. Sixteen independent and trained interviewers conducted interviews with FSW after obtaining verbal informed consent. The survey comprised collecting a urine sample for HIV antibody test and an interviewer-administered standardised questionnaire on sexual behaviour, drug use history and basic demographics. For the first time, a unique identifying code and a telephone hotline was arranged to facilitate feedback on individual HIV test result.

Results

A total of 986 eligible samples with questionnaires were

collected (response rate of 71.8%). One-woman-brothel contributed almost 60% of the samples while karaoke nightclub and bar altogether took up about 30%. Other participants were recruited from street and massage parlour. 93.6% were Chinese and the respondents aged from 17 to 60 (median of 34). Two urine samples were tested HIV positive (both non-Chinese). Adjusted for the sampling proportion, the HIV prevalence of FSW in these settings was 0.05%. The consistent (>50% condom usage of the time in 7 days prior to the survey) condom use rate for vaginal sex with customers among respondents was 95% while the condom use rate of last vaginal sex with customers was 96%. Those interviewed reported access to HIV prevention information (almost 100%), and to outreach worker (52.8%) and free condom (58.3%). Almost one-half of them had received an HIV test in the preceding year.

Discussion

This is the second of its kind ever done in Hong Kong with differences from previous round, including commissioning to independent research team, independent interviewers, focus group, and HIV result feedback. The surveillance markers of this survey was comparable to last round: HIV prevalence was low; sexual risk behaviour was low with consistent condom use over 90% in all FSW types and prevention services coverage was satisfactory with two-thirds having at least two prevention activities in past year, suggesting preventive effort targeting sex industry was effective. However, variations in prevention coverage and sexual risk behaviours between sex work types were observed which demands effort to improve accessibility and to facilitate prevention targeting clients to promote the practice of safer sex. The study was also limited by failure of access to nightclub & karaoke due to management barrier.

CRiSP 2009 Steering Group

FACTSHEET on CRiSP 2009

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