

HARiS - HIV and AIDS Response Indicator Survey 2018 for Men who have Sex with Men

Background

Men who have sex with men (MSM) has continued to account for a significant proportion of newly acquired HIV infections in Hong Kong. To keep on tracking the epidemic and inform intervention, MSM population has been included as one of the five major at-risk populations in the HIV/AIDS Response Indicator Survey (HARiS).

The aims of HARiS were to establish a community-based behavioural survey with collection of standardized strategic information; to provide data of a pre-defined set of core indicators among the major at-risk subpopulations for surveillance of HIV-related risk behaviours and HIV testing patterns; and to enable the indicators to be tracked and compared over time for evaluation of the coverage and effectiveness of health-promotion and surveillance programmes in Hong Kong.

The sixth round of HARiS was conducted in 2018 via commissioning to the Stanley Ho Centre for Emerging Infectious Disease, School of Public Health and Primary Care of The Chinese University of Hong Kong.

Methods

Participants were recruited via centre-based HIV Voluntary Counselling and Testing (VCT) services (by 7 Non Governmental Organisations (NGOs)) and outreach sessions (by 2 NGOs) from April to June 2018. Any man who had ever had oral or anal sex with another man was eligible in the survey and be invited to complete a self-administered questionnaire. An online version of the questionnaire was also developed and disseminated by 3 NGOs during internet outreach programmes.

Results

A. Characteristics of participants

A total of 2051 MSM (centre-based: 1758; outreach: 106; online: 187) were recruited via the 7 supporting NGOs. A vast majority was Chinese (95.8%), aged between 20 and 39 (80.3%). Of the 798 respondents who had been asked, 675 (84.6%) have stayed in Hong Kong for more than 3 months in the preceding 6 months.

B. Sexual behaviours with different kinds of sex partners

In the preceding 6 months, 47.7%, 42.4% and 55.8% of the respondents reported to have had anal sex with emotional relationship partners (ERP), regular sex partners (RSP) and non-regular sex partners (NRSP) respectively. The condom use rates in the last anal sex were 60.2%, 67.4% and 78.8% with ERP, RSP and NRSP respectively. Only 5.5% of the participants had had sex with commercial male sex partners (CSP), and the condom use rate in last anal sex was 78.6%.

C. HIV testing behaviours

Of all 2051 respondents, 1702 (83.0%) had ever received HIV test. Of the 666 respondents who had been asked, 644 (96.7%) knew their last test results. However, among the ever testers, only 1322 (64.5%) had their last test in the preceding 1 year. 798 respondents had been asked and 511 (64.0%) knew their last HIV test results.

The most commonly reported venue for last HIV test was NGOs (74.3%), followed by public sector (Social Hygiene Clinics, public hospitals/clinics or Kowloon Bay Integrated Treatment Centre) (12.7%) and private sector (7.2%).

D. Substance abuse and alcohol use

Of all respondents, 21.7% and 7.3% reported to have taken alcohol or drugs respectively before or during sex in the last 6 months. The commonest drug used is poppers (59.7%), drugs for erectile dysfunction (41.6%) and ice (35.6%).

Discussions

1. The overall percentage of condom use in the last anal sex with ERP was 60.2%, which was similar compared to the findings of HARiS 2016 result (59.9%). The percentage of condom use at last anal sex with CSP dropped from 89.1% in 2016 to 78.6% in 2018. On the other hand, patterns of condom use with NRSP and RSP remained similar. Health promotion on safer sex with consistent condom use with all partner types needs to be strengthened in the MSM community.
2. Overall ever HIV testing rate (83.0%) and HIV testing rate in past one year (64.5%) improved slightly, as compared to 75.8% and 58.5% in 2016. Promotion of annual HIV test for all MSM should continue to be strengthened in the MSM community.
3. The use of drugs during sex (chemsex) should not be neglected. Literature generally showed that chemsex was associated with lower drug (anti-retroviral) compliance and increased unprotected sex, which could increase HIV, hepatitis B and C and STI transmission among MSM. The emergence of chemsex poses additional hazards to both individual and public health.

FACTSHEET on HARiS for MSM 2018

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