

# Mental health, Substance use and Sexual health survey 2018 for gay, bisexual men and transgender women

## Background

DH regularly monitors the trend of HIV infection and conducts behavioural surveys of high risk groups including the MSM. The situation of risky behaviour of target populations such as the use of substance before/during sex has been monitored serially; however, the situation of mental and psychological health, and its association with sexual health and risky behaviour have not been fully investigated and understood. Based on the above, DH commissioned a survey to explore the situation of lifestyle risk factors and mental health problems among local sexual minorities and their relationship with the substance use pattern and sexual health profile, including unsafe sex practice.

## Methods

A self-administered structured electronic questionnaire was designed that targeted the gay/bisexual men and transgender women. The questionnaire was installed in a mobile device with privacy screen and was administered by experienced interviewers during the Pride Parade on 17 November, 2018. Of note, participants who self-identified as gay or transgender but who not yet had related sexual experience would not be excluded from the survey.

## Results

### A. Characteristics of the participants

A total of 504 subjects were recruited at the rendezvous point of Pride Parade 2018. The predominant majority (93%) were Chinese, of whom 59.5% were born locally, 35.8% in mainland China and the remaining 4.7% in other places. The median age was 26 years (range 11 to 58). 73.4% were homosexuals and 26.6% bisexuals/pansexuals.

### B. Lifestyle risk factors

The prevalence of “current-smoking” was 15.1% (n = 76) and 7.3% are daily smokers. The median age of beginning to take cigarette weekly was 18 (range 6 to 26). 66.7% (n = 336) reported drinking in the past

12 months while 14.9% (n = 75) reported weekly drinking (drink at least once per week). Among those reported drinking in the past 12 months, 47% drank 2 unit or less of alcohol when drink, 36.3% drank 3-4 units and 16.7% drank 5 units or above (binge drinking) on a typical day of drinking. Percentage of AUDIT score higher than 8 were 22.8% and 34.2% among all respondents and current drinkers (in the past 12 months) respectively. A total AUDIT scores higher than 8 is indicative of increasing risk or harmful drinking.

### **C. Mental health**

Overall, 13.3%, 20.8% and 5.8% of subjects reported “severe” to “extremely severe” depression, anxiety and stress respectively. And 22.6% of subjects had one or more of the three domains graded as “severe” or “extremely severe” according to the DASS-21 scale.

### **D. Substance use**

105 subjects (20.8%) reported having ever used recreational drugs. Among them, 65 (69.1%) reported substance use during or before sex (“chemsex”). Of ever users, 63 subjects (12.5%) reported themselves as active substance users (substance use in the past 6 months with or without sex). Among subjects who ever had sex, ever chemsex user and active chemsex user was 21.8% and 13.7% respectively. If only psychotropic substances were counted (excluding poppers and erectile dysfunction medications), the active chemsex user prevalence became 7.1% of subjects who ever had sex.

### **E. Sexual behaviour**

78.4% (n = 395) reported ever having oral, anal or vaginal sex with men or transgender women. Among them, 56.2% were sexually active MSM, i.e. having anal or vaginal sex with men or transgender women in the past one month. The average number of male sex partners in the past one month was 3 (range 1 to 50). However, the majority (59%) of subjects had only 1 sex partner within the past month. For different types of male sex partners, the percentage of having unsafe sex (defined as a condomless sex episode with any type of sex partner) in the past one month was 14.0% among all sexually active subjects, with the following breakdown – emotional sex partner (14.4%), regular sex partner (7.9%), non-regular sex partner (12.7%), commercial sex worker (17.6%), commercial sex client (9.0%).

### **F. Social support**

46.4% of subjects had an emotionally-connected partner(s). The “Multidimensional Scale of Perceived Social Support” (Chou, 2000) was used in our questionnaire. The proportion of receiving “moderate” to “high” social support scores from friends, significant others and family were 90.8%, 87.9% and 85.5% respectively.

## **Association between substance use, unsafe sex, mental health and life style risk factors**

Multi-variate logistic regression was used to explore the association of unsafe sex and substance use with other syndemic factors. The analysis revealed that unsafe sex was significantly associated with having chemsex in general ( $p = 0.029$ ) and with non-emotional sex partners ( $p = 0.012$ ).

It was also found that substance use with or without chemsex among ever MSM were consistently associated with scoring “moderate or above” of depression and current smoking. Decreased support from significant others was associated with chemsex and aged 30 or above was associated with non-chemsex substance use.

Further analysis was done on the association of mental health with other factors among all subjects including those never had sex before. Younger age group (aged < 20) was found to be associated with mental problems (scoring “moderate or above” for stress and depression). It was found that support from significant others was shown to have protective effect on depression, anxiety, and stress ( $p < 0.001$ ).

## **Discussion**

The mental health situation is worrying in the GBT community. 29.0%, 37.9% and 17.1% of the interviewees had “moderate or above” level of depression, anxiety or stress. Age effect was significant in the multivariate analysis. Adolescent GBT were found to have higher risk of depression and stress, which may be attributed to some stressors originating from life challenges specific to this age group.

From the perspective of HIV prevention and care, men who have sex with men (MSM) is one of the major target population as they dominated the epidemic. In view of the co-occurring psychosocial health problems among MSM population, it is important to strengthen and provide coordinated care sensitive to their culture to assess and manage mental health problems, tobacco, alcohol and psychotropic substance use. In parallel, safer sex education and HIV testing services should be reinforced.

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**FACTSHEET on Mental health, Substance use and Sexual health survey 2018  
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