

# PRiSMTG 2022 - HIV Prevalence and Risk behavioural Survey of Men who have sex with men people in Hong Kong and Transgenders



## Background

The community of transgender men (TGM) and transgender women (TGW) has long been neglected and hard to reach, yet various overseas studies have shown that their HIV prevalence could be high. To better study the HIV situation of the transgender population in Hong Kong, the Special Preventive Programme of the Department of Health (DH) has included TGW as one of the target groups in the HIV/AIDS Response Indicator Survey (HARiS, a venue-based survey) since 2014. The scope of PRiSM 2017 (HIV Prevalence and Risk behavioural Survey of Men who have sex with men in Hong Kong) was also expanded to include TGW in addition to men who have sex with men (MSM). As a public health surveillance programme to monitor the HIV epidemic, the fifth round of PRiSMTG in 2022 further expanded the scope to include all transgender (and non-binary) people in accordance with the latest UNAIDS' recommendation.

The main objectives of PRiSMTG 2022 are:

- To estimate the HIV prevalence among local MSM and transgender people;
- To evaluate the effectiveness of current prevention efforts against HIV and sexually transmitted infections (STI); and
- To identify and evaluate the local profile of HIV/STI-related behavioural risk factors.

## Methods

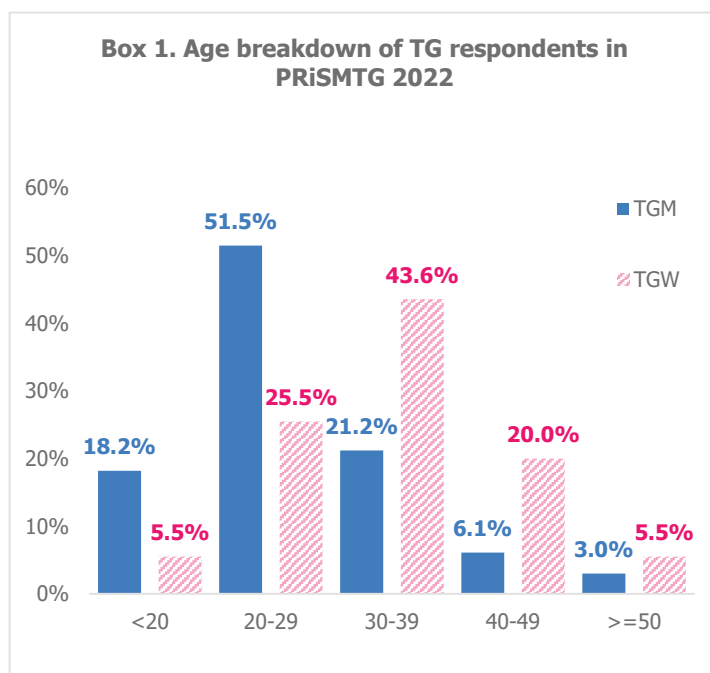
The survey fieldwork spanned from June to December 2022. The commencement of the survey was announced in a press release. MSM and transgender people who were permanent residents or had resided in Hong Kong for more than 50% of the time in the preceding 6 months, were invited to participate in the survey. Online recruitment was conducted via several local gay websites, gay and transgender apps, and social media platforms. Additionally, posters were distributed to lesbian, gay, bisexual, transgender, queer (LGBTQ) venues, and non-governmental organisations (NGOs) to promote recruitment.

Participants were asked to complete an online questionnaire on a designated website and submit urine specimens for HIV antibody testing. After completing the questionnaire, each eligible participant was assigned a unique code for subsequent submission of urine sample to one of the 48 Community Collection Points, including 25 private clinics, 13 government clinics, and 8 community organizations located at various geographical districts, as well as the DH AIDS Counselling and Testing Service and Red Ribbon Centre. All urine specimens were sent to the Public Health Laboratory Services Branch of DH for HIV antibody testing. Test results were disseminated using a Test Result Delivery System on the survey website, allowing participants to retrieve their results with their individual codes. Those who were tested positive for HIV were referred to the DH HIV clinic at the Integrated Treatment Centre for further management.

## Results

A total of 33 transgender men and non-binary female (TGM) and 55 transgender women and non-binary male (TGW) respondents were recruited. 93.9% of TGM and 96.4% of TGW were Chinese. The median age was 24 years (range 18 to 50) for TGM and 33 years (range 16 to 55) for TGW. The age distribution was shown in Box 1.

9 (27.3%) TGM respondents and 26 (47.3%) TGW respondents were sexually active, defined as having vaginal or anal sex within the past 6 months. 22.2% of TGM and 23.1% of TGW reported that they had engaged in vaginal/anal sex work ("sold" sex) and 22.2% of TGM and 34.6% of TGW reported that they had offered monetary/other rewards to someone else for vaginal/anal sex ("bought" sex).



### **HIV/STI testing and HIV prevalence**

27.3% of TGM respondents and 50.9% of TGW respondents had ever had an HIV test, and 15.2% of TGM respondents and 27.3% of TGW respondents had had one in the last 12 months. NGOs (30.0%) was the commonest location of HIV testing within the past 12 months.

One TGM respondent and one TGW respondent reported being HIV positive. Only the TGW respondent was receiving highly active antiretroviral therapy (HAART).

Overall, 4 (12.1%) TGM respondents and 13 (23.6%) TGW respondents had submitted urine specimens, and 16 urine specimens were successfully tested for the presence of HIV antibody. None of the urine specimens were tested positive, and the two self-reported HIV positive respondents did not submit urine specimens. The **overall HIV prevalence for all TGW respondents and sexually active TGW respondents were estimated to be 1.81% and 3.85% respectively**. The HIV prevalence for TGM cannot be estimated due to small sample size.

Regarding sexually transmitted infections other than HIV, 27.3% of TGM respondents and 36.4% of TGW respondents had ever been tested for STI and 18.2% of TGM and 25.5% of TGW respondents had had one in the last 12 months. Among those who were tested for STI within the past 12 months, 16.7% of TGM and 21.4% of TGW respondents were diagnosed with any STI. The commonest STI was chlamydia (15.0%).

### **HIV prevention intervention**

#### (i) Exposure to HIV prevention intervention

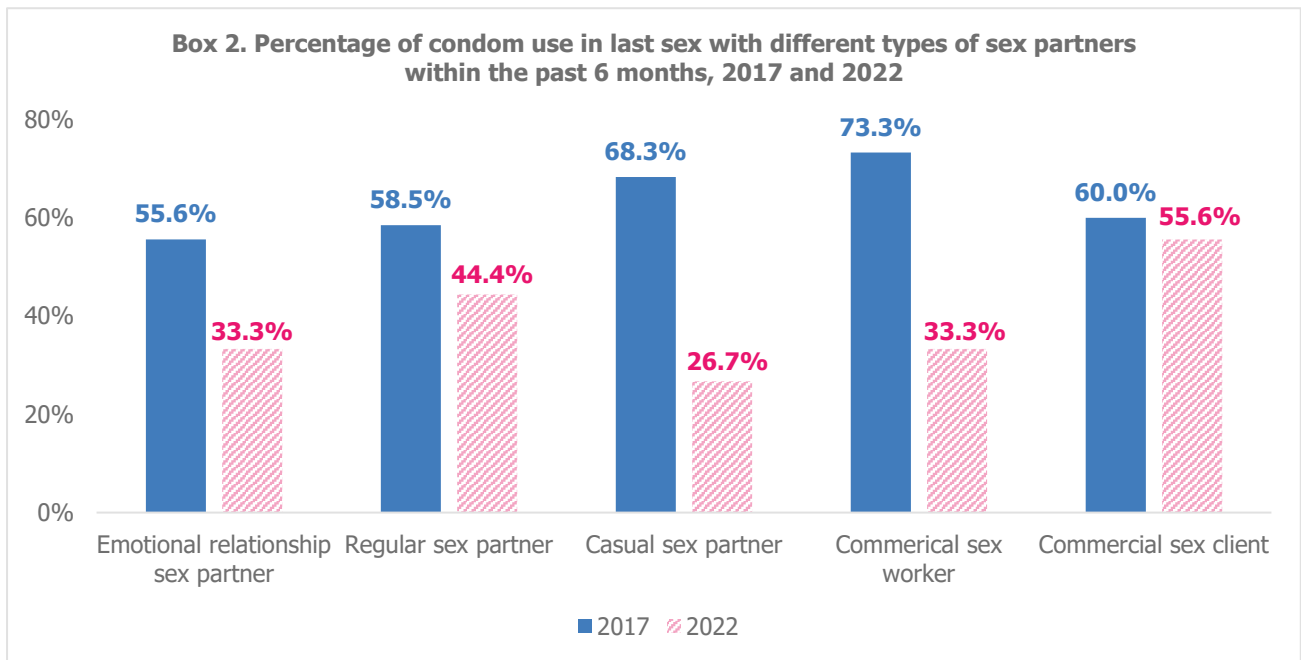
33.3% of TGM and 40.0% of TGW respondents had received HIV prevention messages in the past 12 months. 36.4% of TGM and 40.0% of TGW respondents had received free condoms in Hong Kong in the past 12 months. 57.6% of TGM and 32.7% of TGW respondents had received either medical, social, or hotline service on mental health support.

(ii) Condom use

The percentages of condom use in last sex with different types of sex partners within the past 6 months were as follows:

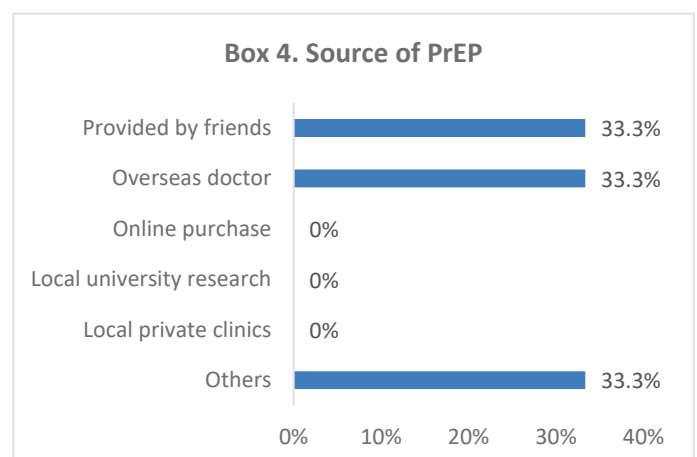
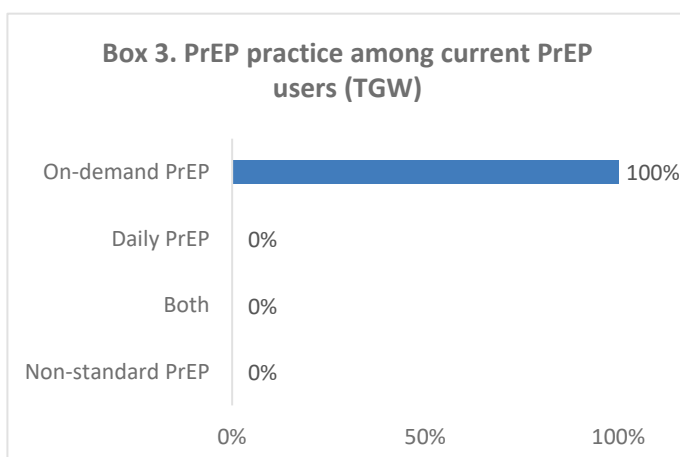
- Emotional sex partner – 57.1% (TGM), 33.3% (TGW)
- Regular sex partner – 42.9% (TGM), 44.4% (TGW)
- Casual sex partner – 40.0% (TGM), 26.7% (TGW)
- Commercial sex worker – 50.0% (TGM), 33.3% (TGW)
- Commercial sex client – 50.0% (TGM), 55.6% (TGW)

Such percentages declined for TGW respondents compared with the figures in 2017, as shown in Box 2.



(iii) HIV Pre-exposure prophylaxis (PrEP) use

Among sexually active TGW respondents who had never been tested positive for HIV, 5 (33.3%) indicated that they had previously used PrEP, while 3 (20.0%) reported using or having used PrEP within the previous 12 months ("current PrEP users"). One respondent reported not using condom when taking PrEP, and the other two respondents reported decrease condom use when taking PrEP. Box 3 illustrates that on-demand PrEP was the chosen implemented method for TGW respondents, and that PrEP was obtained from a diverse source (Box 4). None of the TGM counterparts had previously used PrEP.



#### (iv) HIV Post-exposure prophylaxis (PEP) use

30.3% of TGM and 43.6% of TGW respondents have heard of PEP before. Among those who have heard of PEP, 20.0% of TGM and 50.0% of TGW respondents reported encountering unplanned/unexpected unsafe sex during the past 12 months. Only 4 among TGW respondents have sought medical assessment, 2 obtained PEP, and one completed the 4-week drug course.

#### **Chemsex engagement**

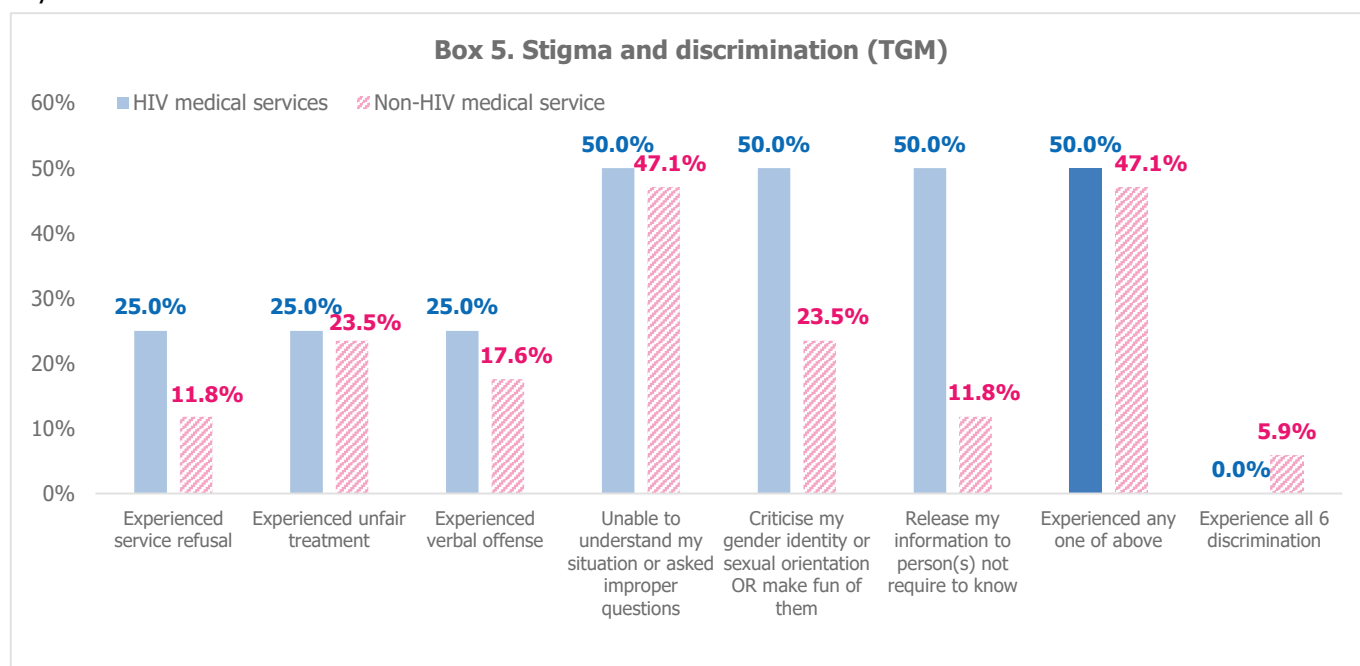
Chemsex was defined as the use of specific drugs (methamphetamine/ice, GHB/GBL, mephedrone/meow meow) before or during sex. Chemsex engagement among sexually active TGM or TGW in the past 6 months was measured.

For TGW, chemsex engagement was 3 out of 26 (11.5%), which was similar to that in 2017 using the same definition (10.3%). GHB (100%) and methamphetamine (66.7%) were the most frequently used "chemsex-specific" drugs among these 3 respondents. 2 of these respondents reported history of chemsex with injecting drug use (slamming) over the past 6 months, using methamphetamine (100%). None of the two had received any drug rehabilitation service.

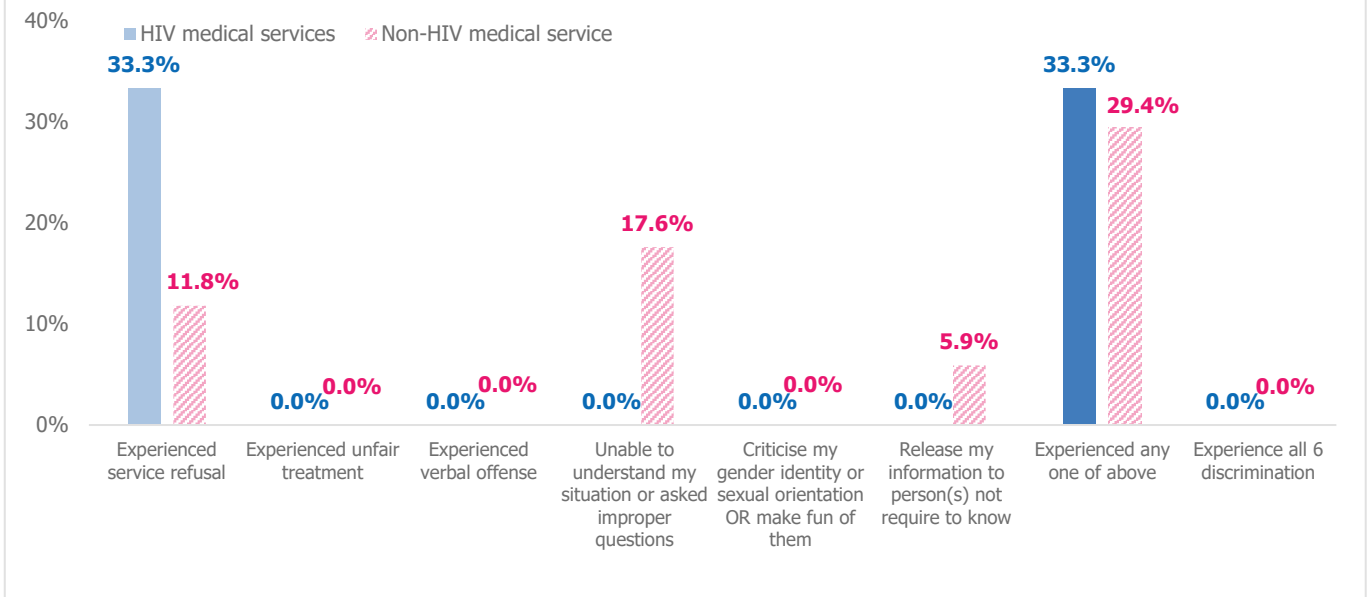
For TGM, one respondent (11.1%) reported history of engaging in chemsex over the past 6 months, and the drug used was methamphetamine. This respondent also reported history of 'slamming' and needle sharing in the past 6 months, but had not received any drug rehabilitation service.

#### **Stigma and discrimination**

For TGM respondents, 4 (12.1%) and 17 (51.5%) respondents reported disclosure of their sexual orientation to HIV-related medical services and non-HIV related medical services respectively. Respondents were enquired regarding their prior encounters with stigma and discrimination when disclosing their sexual orientation to medical personnel. Such incidents included service refusal, unfair treatment, verbal offence, improper questions, being criticised of gender identity or sexual orientation, and information being released to person(s) not required to know. 50.0% and 47.1% of the respondents indicated that they encountered stigma while receiving HIV medical services and non-HIV medical services respectively (Box 5). 52.9% of the respondents had experienced difficulty when looking for sanitary/restroom in a medical facility.



### Box 6. Stigma and discrimination (TGW)



For TGW respondents, 3 (5.5%) and 17 (30.9%) respondents reported disclosure of their sexual orientation to HIV-related medical services and non-HIV related medical services respectively. Similar to the questionnaire for TGM respondents, TGW respondents were enquired regarding their prior encounters with stigma and discrimination when disclosing their sexual orientation to medical personnel. 33.3% and 29.4% of the respondents indicated that they encountered stigma while receiving HIV medical services and non-HIV medical services respectively (Box 6). 22.2% of the respondents had experienced difficulty when looking for sanitary/restroom in a medical facility.

## Discussion

1. Due to the COVID-19 pandemic, social restriction measures were implemented during the survey period. Sexual minority venues including bars and saunas were closed which was one of the recruitment channels in the previous survey. Despite enhanced promotion strategies, the total sample size and the number of urine specimens collected were only around 50% and 25%, respectively, of the previous survey. This limitation hampers the representativeness of our sample, especially for TGM.
2. The estimated HIV prevalence in sexually active TGW was lower than that in PRiSMTG 2017. However, the estimation in this survey was less reliable than in the previous round due to the small sample size and low urine submission rate.
3. For TGW, the HIV testing rate in the past 12 months was 27.3%, which was much lower than that in PRiSM 2017 (41.3%). The ever-tested rate was also lower, which suggest that the TGW who participated in this survey had a different background from those who participated in PRiSM 2017. Further exploration with local LGBT NGOs might help to understand more on the current situation.
4. The rate of condom use among TGW declined significantly compared with that in PRiSM 2017. Education on safer sex practices, including persistent and proper use of condom, should be reinforced among the TGW population.
5. Chemsex engagement in the past 6 months among TGW appeared static to that in PRiSM 2017. Notably, all TGM and TGW respondents who reported slamming had not received any drug rehabilitation service. It is necessary to raise the awareness of the potential sequelae of substance misuse associated with chemsex. Counselling on drug use could be offered in conjunction with other HIV and STI prevention services, as part of a comprehensive HIV prevention programme.
6. This is the first PRiSMTG survey which collected data on stigma and discrimination in health care setting. Stigma and discrimination to TG were common in both HIV related medical service and non-HIV-related medical service. Further emphasis should be put on enhancing sensitivity towards sexual minorities among health care providers. The types of stigma, e.g. self-stigma, enacted stigma, etc., experienced by the transgender population could be explored in future studies.

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### **FACTSHEET on PRiSMTG 2022**

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