

HARiS - HIV and AIDS Response Indicator Survey 2018 for Male-to-female transgender

Background

Male-to-female transgender (TG) has been a neglected and hard-to-reach community, yet various overseas studies have shown that their HIV prevalence can be quite high. To better study the situation in Hong Kong, it has been included as one distinct at-risk populations in the HIV/AIDS Response Indicator Survey (HARiS) since 2014.

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

A total of two NGOs joined the survey. Participants were recruited via centre-based HIV Voluntary Counselling and Testing (VCT) services (1 NGOs), outreach service (1 NGO) and online channel (1 NGO) from April to June 2018. Any male who identify himself as female gender and ever had oral or anal sex with another man was invited to complete a self-administered questionnaire.

Results

A. Characteristics of participants

A total of 41 TG (centre-based: 3; outreach: 30; online: 8) were recruited from two NGOs. Over half were Filipino (68.3%), followed by Chinese (24.4%). About half of TG (51.2%) were aged between 20 and 29 and only around one third of participants (31.7%) had stayed in Hong Kong for more than 3 months in the preceding 6 months.

B. Sexual behaviours

In the last 6 months, 58.5%, 41.5% and 56.1% of the respondents reported to have had sex with emotional relationship partners (ERP), regular sex partners (RSP) and non-regular sex partners (NRSP) respectively. The condom use rates in the last sexual intercourse were 58.3%, 76.5% and 78.3% with ERP, RSP and NRSP respectively. 73.2% of the respondents reported to have had sex with a commercial sex partner (CSP), and the condom use rate in last sexual intercourse was 90.0%.

C. HIV testing behaviours

Of all 41 respondents, 37 (90.2%) respondents had ever had an HIV test, and all of them were able to recall their HIV test results. 27 participants (65.9%) had their last test in the preceding 1 year and all of them (65.9%) remember their last HIV test results.

Private sector was the most commonly reported place of last HIV test, accounting for 37.8% of all ever-testers respectively, followed by NGOs (35.1%) and public sector (Social Hygiene Clinics, public hospitals/clinics or Kowloon Bay Integrated Treatment Centre) (16.2%).

D. Substance abuse and alcohol use

Of all respondents, 53.7% and 24.4% reported to have taken alcohol or drugs respectively before or during sex in the last 6 months. Poppers (22.0%) and drugs for erectile dysfunction (17.1%) were the commonest drugs used.

Discussions

1. There is an increase in the condom use rate among TG with ERP and RSP. The condom use rate with ERP increased slightly from 55.6% in 2016 to 58.3% in 2018; while that with RSP rose from 63.0% in 2016 to 76.5% in 2018. However, there is a drop in the condom use rate among TG with NRSP and CSP. The condom use rate with NRSP decreased to 78.3% in 2018, from 84.4% in 2016. On the other hand, only 90.0% of TG used condom in last sex with CRP in 2018, as compared to 96.8% in 2016. Health promotion on safer sex and condom use should be continue to be emphasised.
2. The overall ever HIV testing rate has increased from 65.5% in 2016 to 90.2% in 2018. The health promotion of regular HIV testing should be maintained in this population group.
3. This survey showed that a significant proportion of this population is non-Chinese (75.6%), attributed to the source of recruitment of samples. They were generally less likely to access centre-based services for HIV related services. Therefore, outreach services (with peer involvement if possible) should be the main way of contacting this population for HIV prevention and HIV testing.
4. 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 sex partners. The emergence of chemsex poses additional hazards to both individual and public health.

FACTSHEET on HARiS for TG 2018

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