

# **HARiS - HIV and AIDS Response Indicator Survey 2014 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) for the first time in 2014.

The aims of HARiS survey 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 first HARiS was conducted in 2013 and repeated again in 2014 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 (one NGO), outreach service (one NGO) and online channel (one NGO) from April to July 2014. 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. All participants were invited to participate in the voluntary HIV testing by providing urine specimen on-site (for centre-based and outreach recruited participants) or to the Community Collection Point (for online recruited participants).

## **Results**

### **A. Characteristics of participants**

A total of 59 TG (centre-based: 5; outreach: 26; online: 28) were recruited from three NGOs. About two-third were Chinese (69.5%), followed by Filipino (16.9%) and Thai (11.9%). A majority (78.0%) had stayed in Hong Kong for more than 3 months in the preceding 6 months.

### **B. Sexual behaviours**

In the last 6 months, 55.9%, 33.9% and 66.1% 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 anal sex were 75.8%, 90.0% and 76.9% with ERP, RSP and NRSP respectively. About two-third of the participants (64.4%) had had sex with a commercial sex partner (CSP), and the condom use rate in last anal sex was 76.3%.

### **C. HIV testing behaviours**

Of all 59 respondents, 43 (72.9%) respondents had ever had an HIV test, and 39 (66.1%) were able to recall their HIV test results. 30 (50.8%) had their last test in the preceding 1 year and 28 (47.5%) knew their last HIV test results.

NGOs were the most commonly reported place of last HIV test, accounting for 44.2% of all ever-testers, followed by public sector (14.0%), and private sector (11.6%). About one-fifth (20.9%) received the test outside Hong Kong.

### **D. Substance abuse and alcohol use**

Of all respondents, 42.4% and 23.7% reported to have taken alcohol or drugs respectively before or during sex in the last 6 months. Methamphetamine (ice) is the commonest drug used.

### **E. HIV prevalence**

A total of 43 urine specimens were collected and 8 were found to be HIV positive, giving an overall HIV prevalence of 18.6% (95% CI: 9.74-32.62).

## **Discussions**

1. This was the first survey conducted by the Department of Health targeting the male-to-female TG population. Notwithstanding the small number of subjects, the high HIV prevalence of 18.6% found was worrisome. Although the condom use rates with all partner types were above 75%, health promotion on safer sex with consistent condom use with all partner types needed to be emphasized.
2. This survey showed that a significant proportion (22%) of TG were mobile population with a majority (64.4%) involved in commercial sex. Moreover, they were less likely to receive HIV related message from mass media and internet when compared with other at-risk populations. Therefore, more resources and efforts would be needed to help engaging this high risk population so as to facilitate promotion of HIV prevention.
3. The overall ever HIV testing rate (72.9%) and HIV testing rate in past one year (50.8%) were suboptimal. Increase in awareness to undergo regular HIV testing has to be promoted in the community.

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### **FACTSHEET on HARiS for TG 2014**

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