

HARiS - HIV and AIDS Response Indicator Survey 2017 for Female Sex Worker

Background

Female sex workers (FSW) is one of the at-risk populations of HIV infection. In order to keep track the HIV prevalence and the related risky behaviours among this population, the first Community Based Risk Behavioural and Seroprevalence Survey for Female Sex Worker in Hong Kong (CRISP) was launched in 2006 and repeated in 2009. Both surveys showed low HIV prevalence with the results of 0.19% and 0.05% respectively.

Despite the low HIV prevalence, a regular public health surveillance programme should be in place to closely monitor the situation of HIV infection among FSW. A similar integrated biobehavioural survey for FSW was therefore developed in 2013 by incorporating into the newly launched HIV/AIDS Response Indicator Survey (HARiS) programme. The HARiS was conducted 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. The fourth round of it was conducted in 2017 and the results were shown below.

Methods

Participants were recruited via centre-based HIV Voluntary, Counselling and Testing (VCT) services (by 5 NGOs) and during the outreach sessions (5 NGOs) from June to August 2017. Any female who had ever had sex with someone for money, drugs or other goods in the past 1 year was eligible and be invited to complete an interviewer-administered structured questionnaire. Chinese, English, Thai and Tagalong (Philippine) versions of questionnaires were available.

Results

(A) Characteristics of participants

A total of 495 respondents were recruited (centre-based : 272; outreach : 223). More than half (51.9%) had ever worked in a one-woman brothel; 18.4% in karaoke/night clubs, 20.2% had worked in street, 6.1% in bars/pubs, and 6.5% in massage parlors/sauna. A vast majority was Chinese (93.5%) and majority were younger than 40 years old (44.2%). More than half (86.3%) had stayed in Hong Kong for more than 3 months in the preceding 6 months.

(B) Sexual behaviours

Condom use rate was 95.6% in the last sexual intercourse with regular clients and 99.1% with casual clients. The condom use rate remained high, as in 2015 (97.4% and 99.1% respectively).

(C) HIV testing behaviours

Among all 495 respondents, 433 (87.5%) had ever received HIV test and 418 (96.5%) knew their last test results. However, only 354 (71.5%) had their last test in the preceding 1 year and 341 (68.9%) knew their last HIV test results.

(D) STI knowledge and attitudes (only for FSW aged 24 or below)

Knowledge and attitudes on sexually transmitted infections (STI) were assessed among the 34 (6.8%) respondents who were aged 24 or below. Most of them correctly answered the following questions: 67.6% understood having STI would increase the risk of HIV infection; 97.1% and 94.1% correctly pointed out that HIV can be transmitted via transfusion of contaminated blood products and sharing needles respectively; 67.6% knew that STI might lead to infertility if left untreated. However, 50.0% wrongly believed that STI will always develop symptoms/signs.

(E) Health seeking behaviour for sexually transmitted infections

Among all respondents, 74 (14.9%) had suspected themselves having STI in the past 12 months. More than half (55.4%) sought proper medical care. The most commonly reported medical care sought was Social Hygiene Clinics (16; 21.6%), followed by private doctors (13; 17.6%), or public doctors (12; 16.2%); while 33.8% sought medical services from NGOs. Self-medication was not uncommon (14; 18.9%) including buying over-the-counter medication or irrigation of vagina with cleaning solution or alcohol.

Discussions

1. The condom use rate in last vaginal sex with regular clients and casual clients remained very high among all 4 rounds of HARiS (ranged from 93.6% to 97.4% with regular clients and ranged from 98.1% to 99.1% with casual clients).
2. 87.5% of the respondents had ever been tested for HIV infection, which was similar to HARiS 2015 (84.6%). Testing rate in the past one year was also comparable, being 73.1% in 2015 and 71.5% in this round. These findings suggested that regular HIV testing rates remained steady in the FSW community. Effort to promote regular HIV testing among female sex workers should be sustained.
3. 50.0% of young FSW were not aware that STI could be asymptomatic; and 18.9% FSW only self-medicated themselves for STI. The results reflected that their level of knowledge was suboptimal. It indicated the needs to strengthen their STI/HIV knowledge and to ensure that FSW are fully informed of the various STI/HIV medical care available in Hong Kong.

FACTSHEET on HARiS for FSW 2017

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