

# Report - Outreach HIV testing Project in venues frequented by men who have sex with men (MSM) – Nov 2014 to Feb 2015

---

Roy Chan, Martin Chio, Avin Tan, Daniel Le, Jet Sim, Ah Kheng, Alex Tan

## Introduction

This is the seventh consecutive year that the Outreach HIV testing project at MSM venues was carried out.

The first project was first conducted in November 2007, recurring every year between that and 2014.

Each project lasted two and a half months and was conducted by Action for AIDS, singapore.

## Objectives

For the sixth project, the objectives are:

- To provide a proven and innovative outreach method to increase HIV/AIDS awareness by the provision of free and anonymous HIV testing.
- To compare HIV prevalence with the project undertaken from 2007 to 2013.
- To collect additional data on sexual behaviour and practices.

## Method

HIV test kit

The OraQuick rapid HIV-1/2 test kits were used (Annex A)

- The test kit is for single-use
- Time required for test completion & test result is 20 minutes

## **Sample identification and result collection**

Each participant was given a serial numbered ID card (Annex B), which had information on:

- Interpretation of negative or positive results
- Where to go for confirmatory tests, if positive
- Telephone number to call for test results and counseling

## **ID card**

Serial numbers were printed on stickers and these were stuck on both the test kits and ID cards that were handed out.

Participants were given the option to call back after one hour or to collect their result personally by showing their ID card to the volunteers on site.

The tests was done anonymously to minimise the fear of stigmatisation and loss of confidentiality, and to maximise uptake. A souvenir red ribbon pin (Annex C) was given to each participant as thanks for taking part in the project.

Tests was offered free of charge to all participants.

## **Project Management and Data Collection**

Before commencing the test, volunteers checked if the participant had already taken part in the project, repeat testing was not allowed.

A short survey form (Annex D) was given out to collect basic demographic information such as, Nationality, Age group and Race, as well as additional data on sexual behaviour and practices.

## Venues

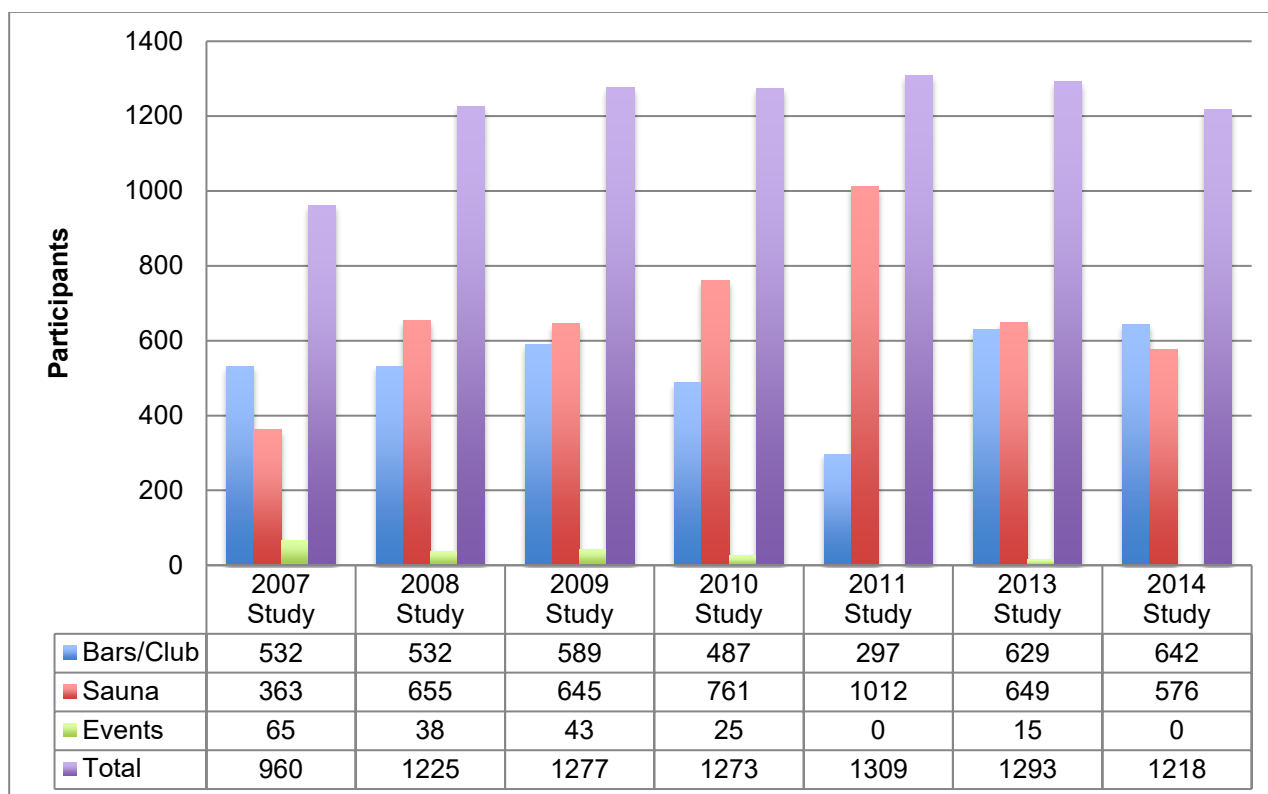
Project	Venues	Approached	Participated	Declined
2010	Saunas	9	9	-
	Bars/Clubs	6	6	-
	MSM events	1	1	-
2009	Saunas	9	8	1
	Bars/Clubs	8	8	-
	MSM events	3	3	-
2008	Saunas	7	5	2
	Bars/Clubs	5	4	1
	MSM events	1	1	-
2007	Saunas	6	4	2
	Bars/Clubs	5	4	1
	MSM events	1	1	-
2011/2012	Saunas	7	7	-
	Bars/Clubs	6	5	1
	MSM events	-	-	-
2013	Saunas	7	7	-
	Bars/Clubs	7	6	1
	MSM Events	-	1	-
2014 / 2015	Saunas	5	4	1
	Bars/Clubs	5	3	2
	MSM Events	-	-	-

With increased awareness of HIV/AIDS and the continuity of this project, there was no difficulty in getting the venue proprietors to participate.

Only the project coordinators and relevant AfA officers know results from the individual venues. Aggregated data is presented here.

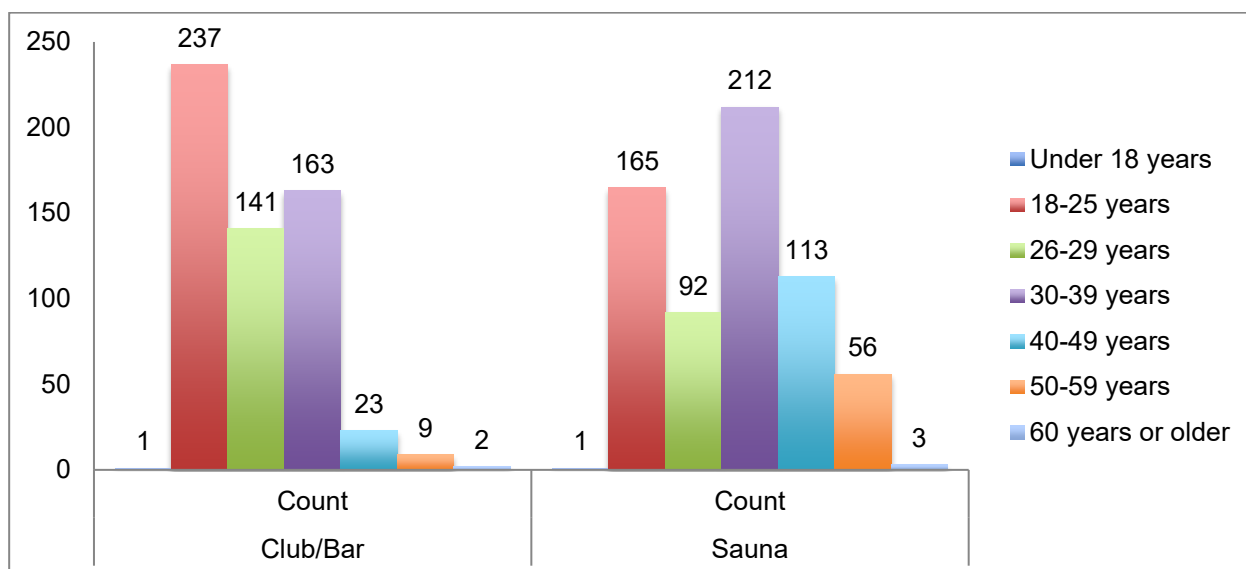
### 2014 Results – Tests done (n=1218)

**Figure 1 – Venues (overall)**



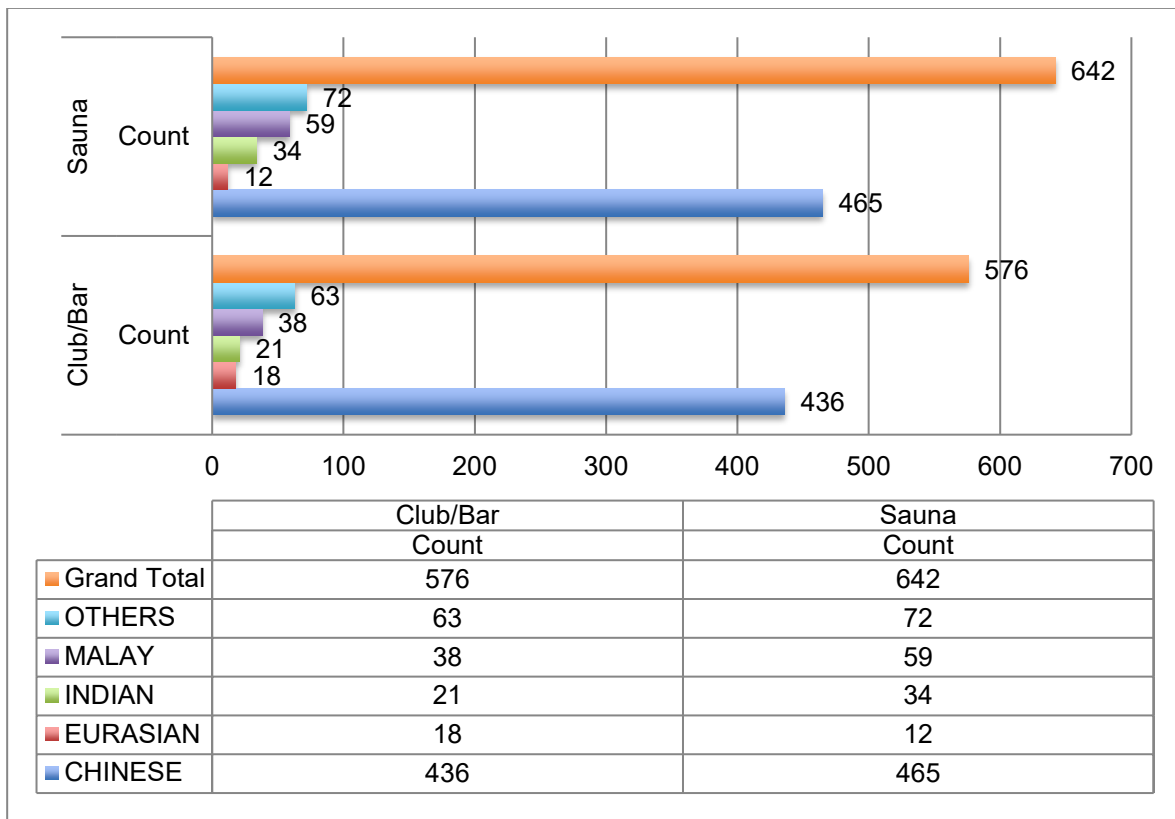
Great care was taken to make sure there are equal participants from both bars/clubs & saunas.

**Figure 2 – Age Group by venue**



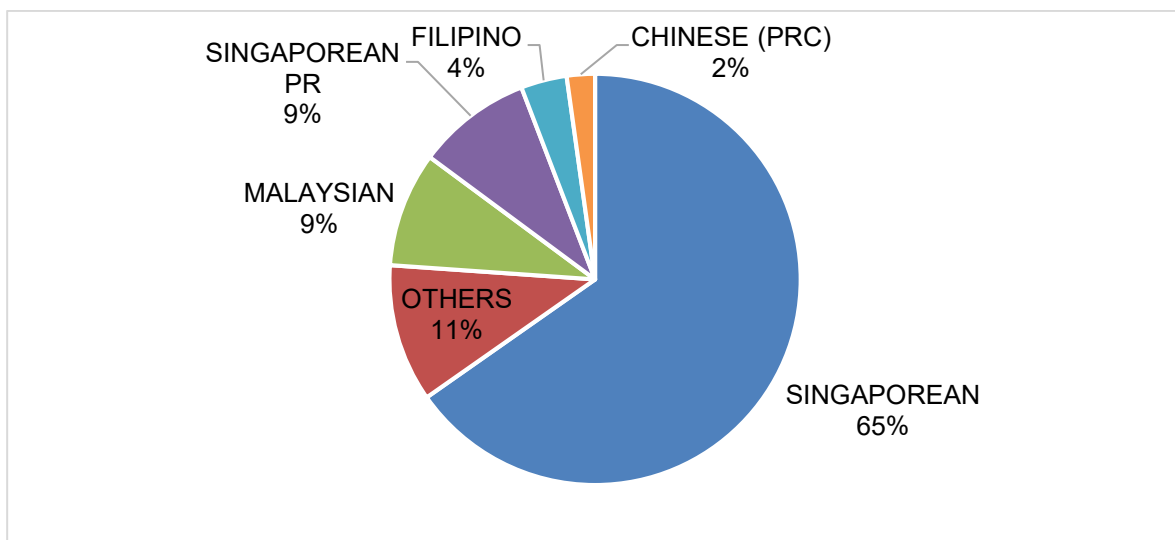
As in the previous projects, bar/club patrons were younger than those in saunas.

**Figure 3 – Race by venue**



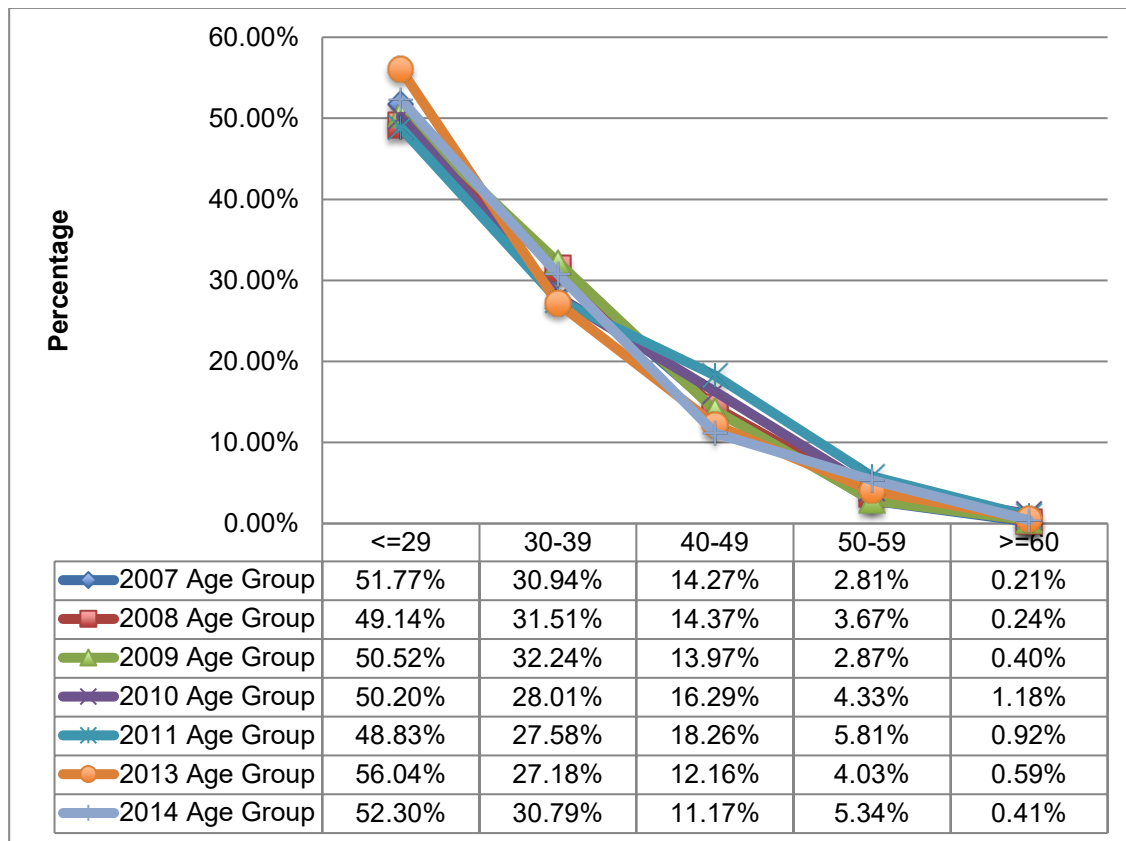
Racial mix was generally similar in the 2 types of venues, and reflects the population breakdown in Singapore. However, project ICs have reported an increase of foreigners in saunas.

**Figure 4 – Nationality**



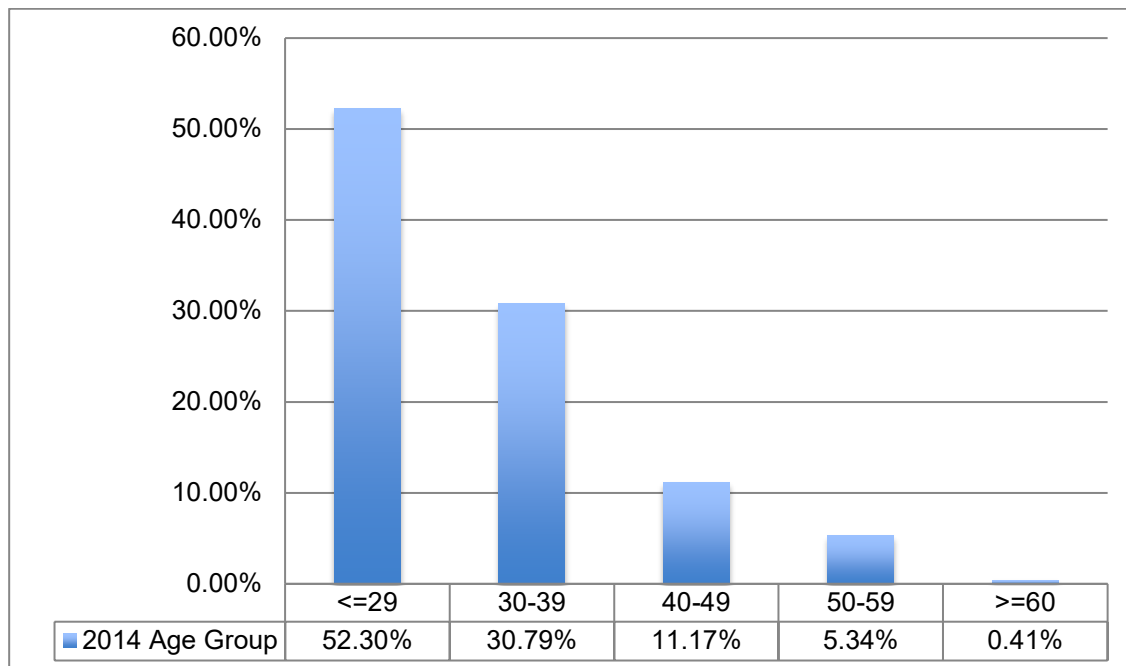
Foreigners are forming a larger part of the MSM community.

**Figure 5 – Age Groups by Year**

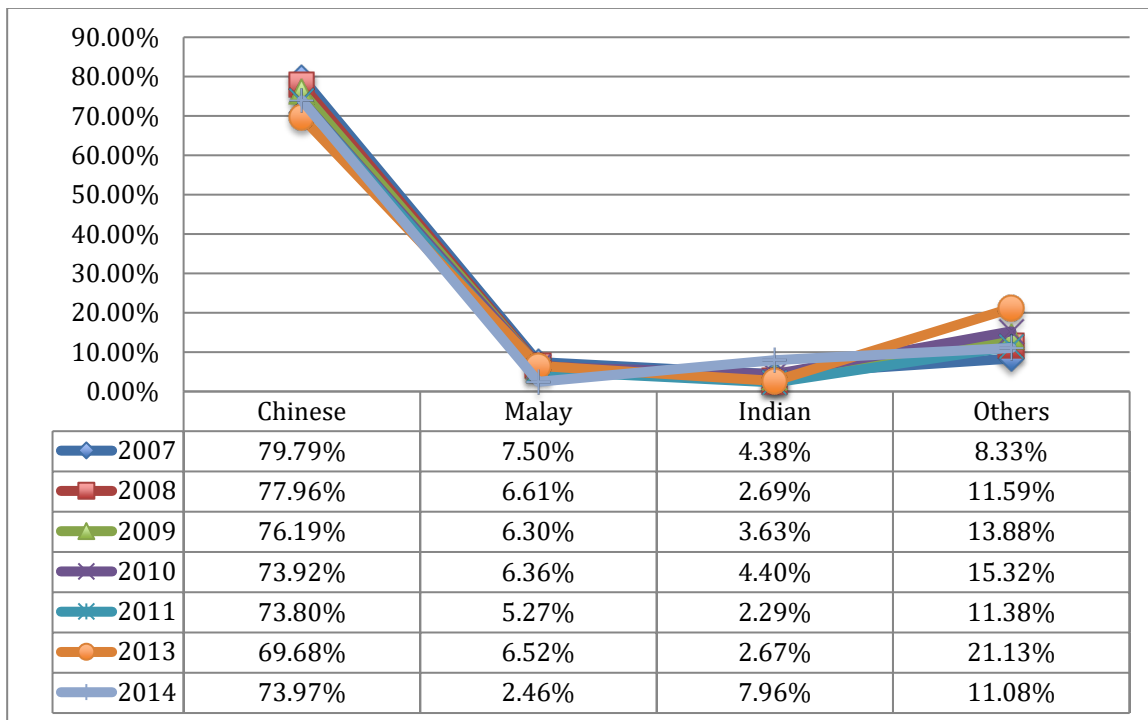


Age groups of participants were similar.

**Figure 5a – Age Groups 2014**

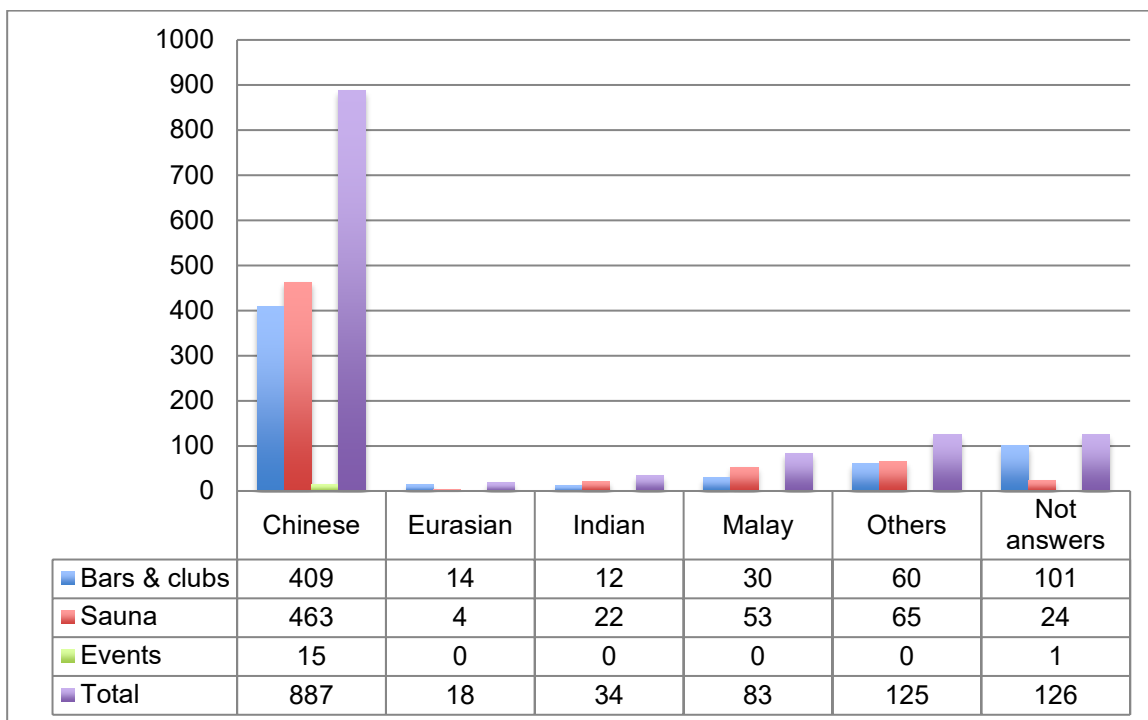


**Figure 6 – Race by Year**

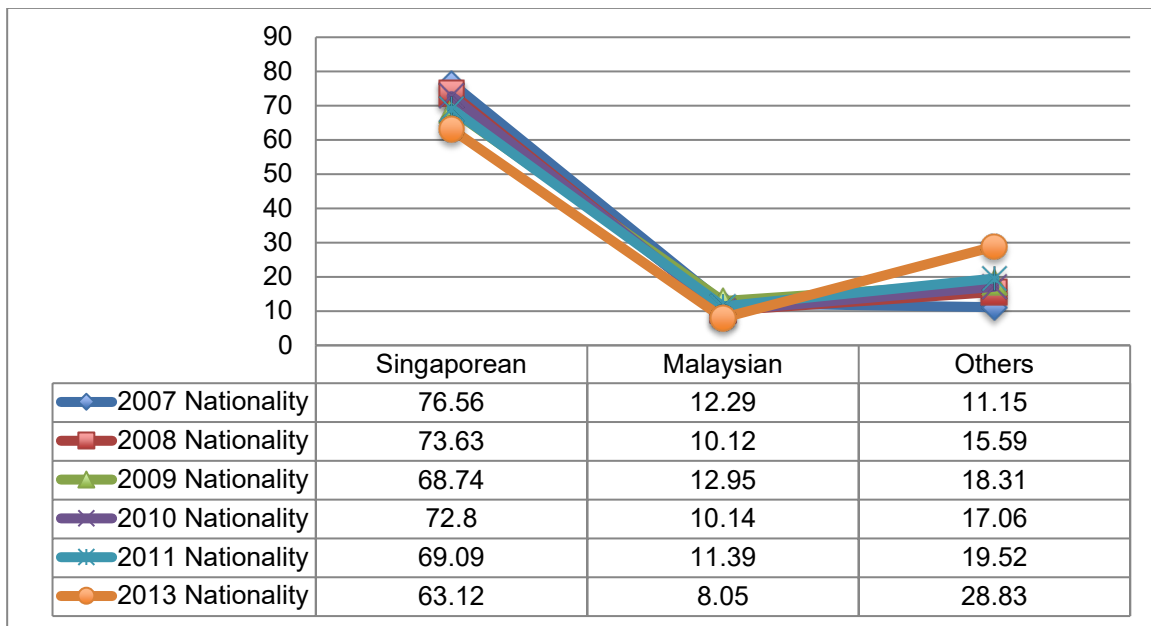


Racial distribution is similar.

**Figure 6a – Race by venue 2014**

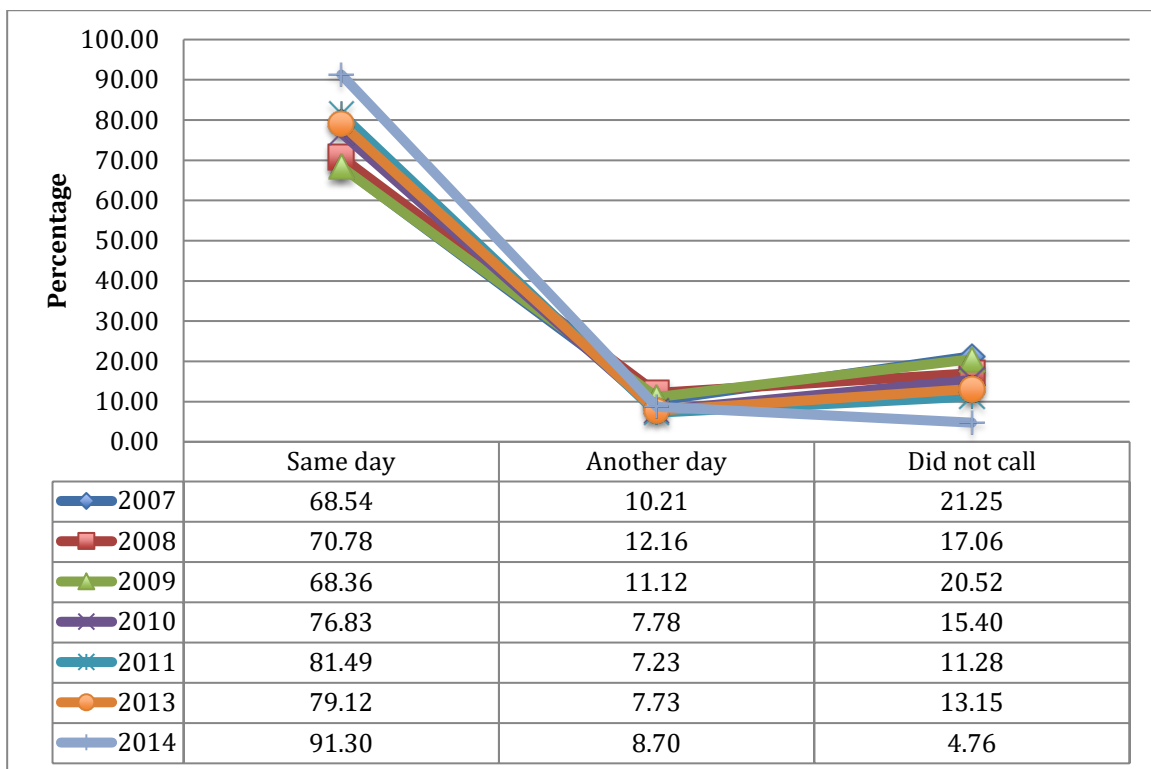


**Figure 7 – Nationality by Year**



Nationality distribution was similar over the years

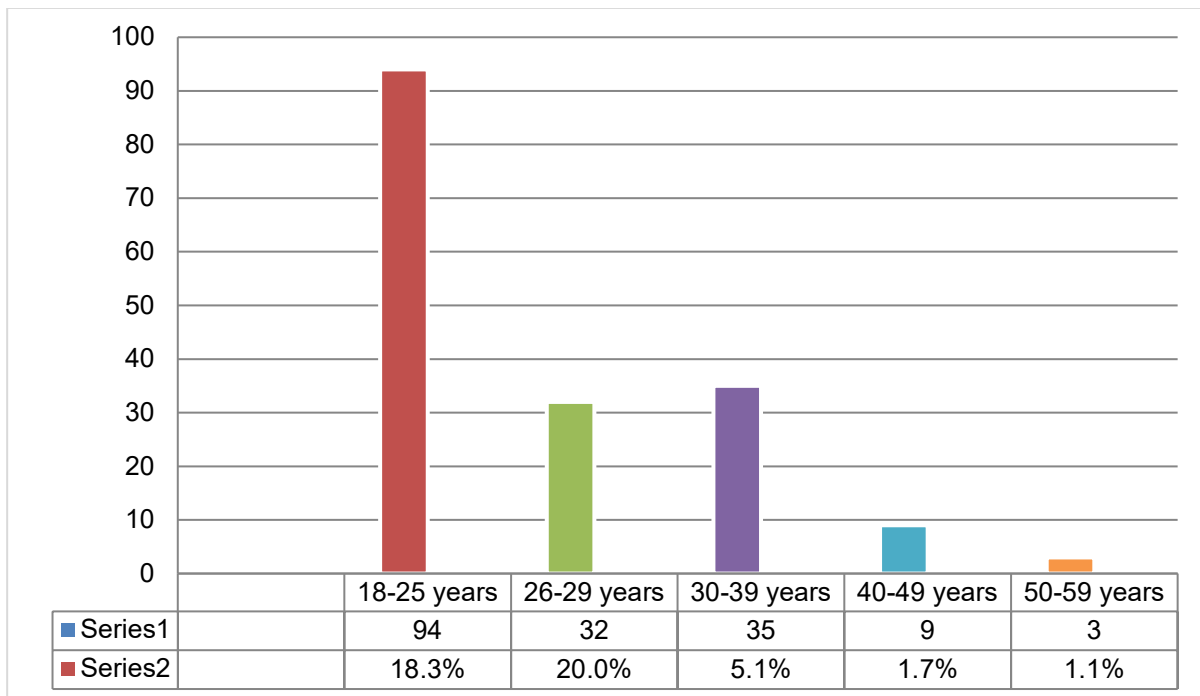
**Figure 8 – Results collected by Year 2014**



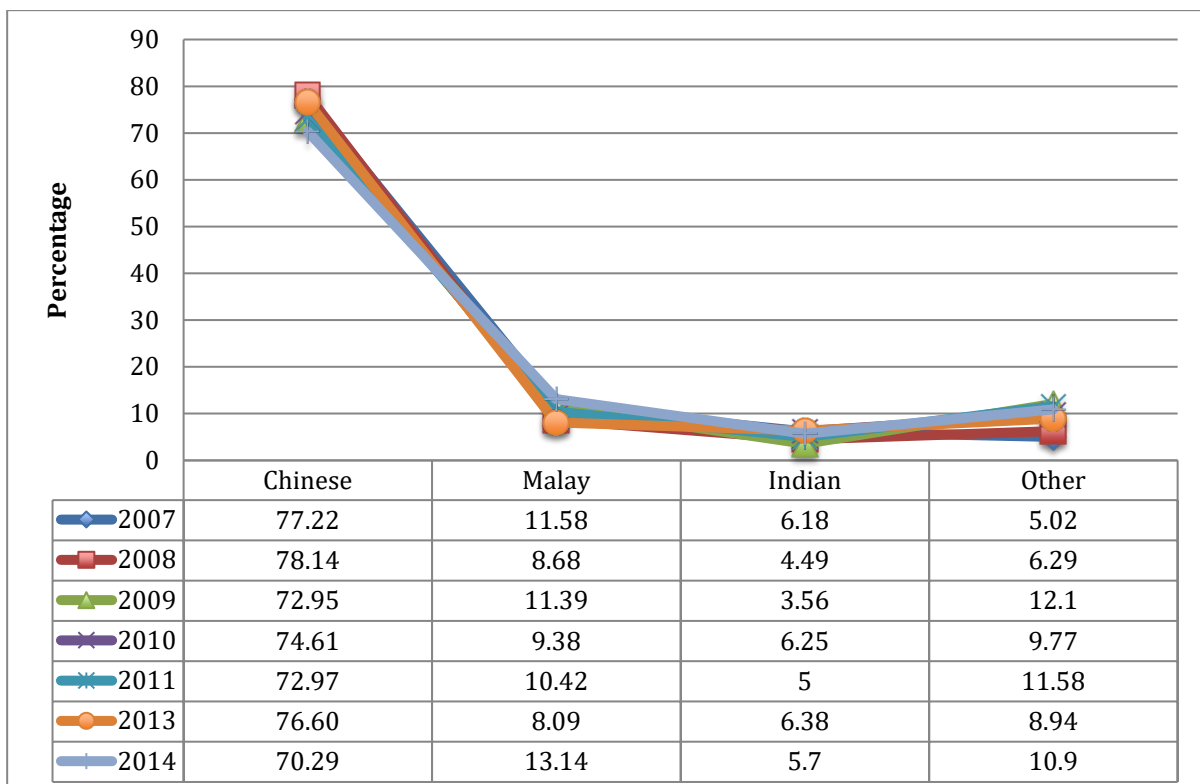
In 2014 more clients collected their results than previous years.



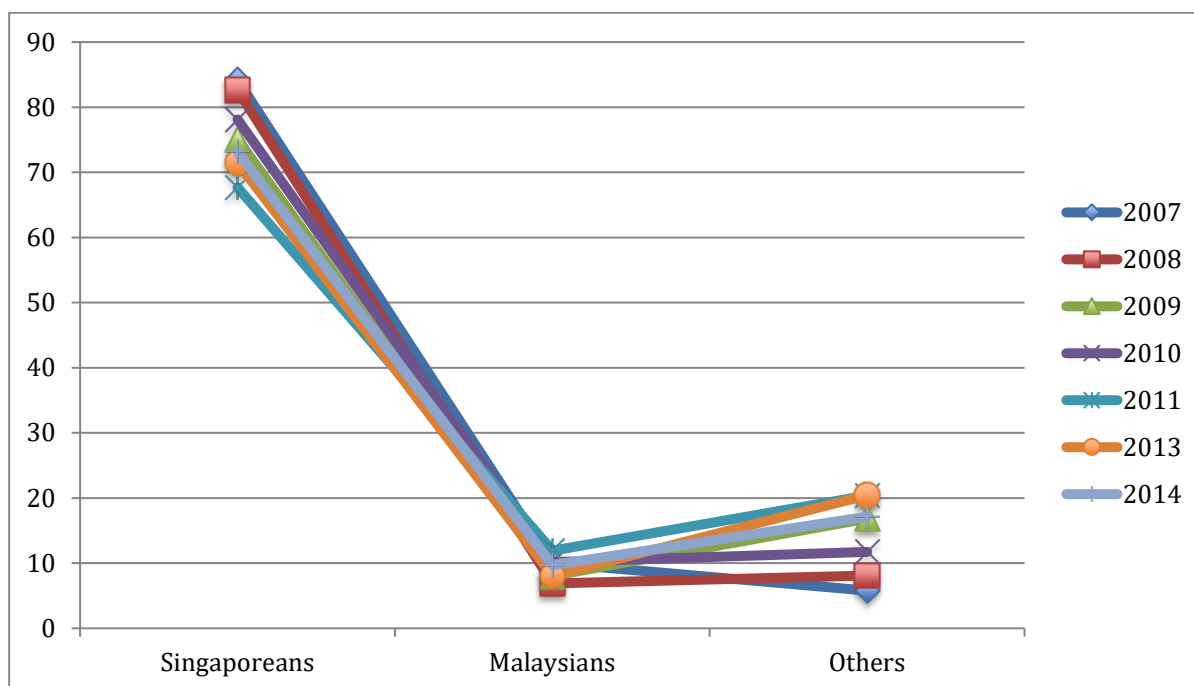
**Figure 9 – First time testers by Age Group**



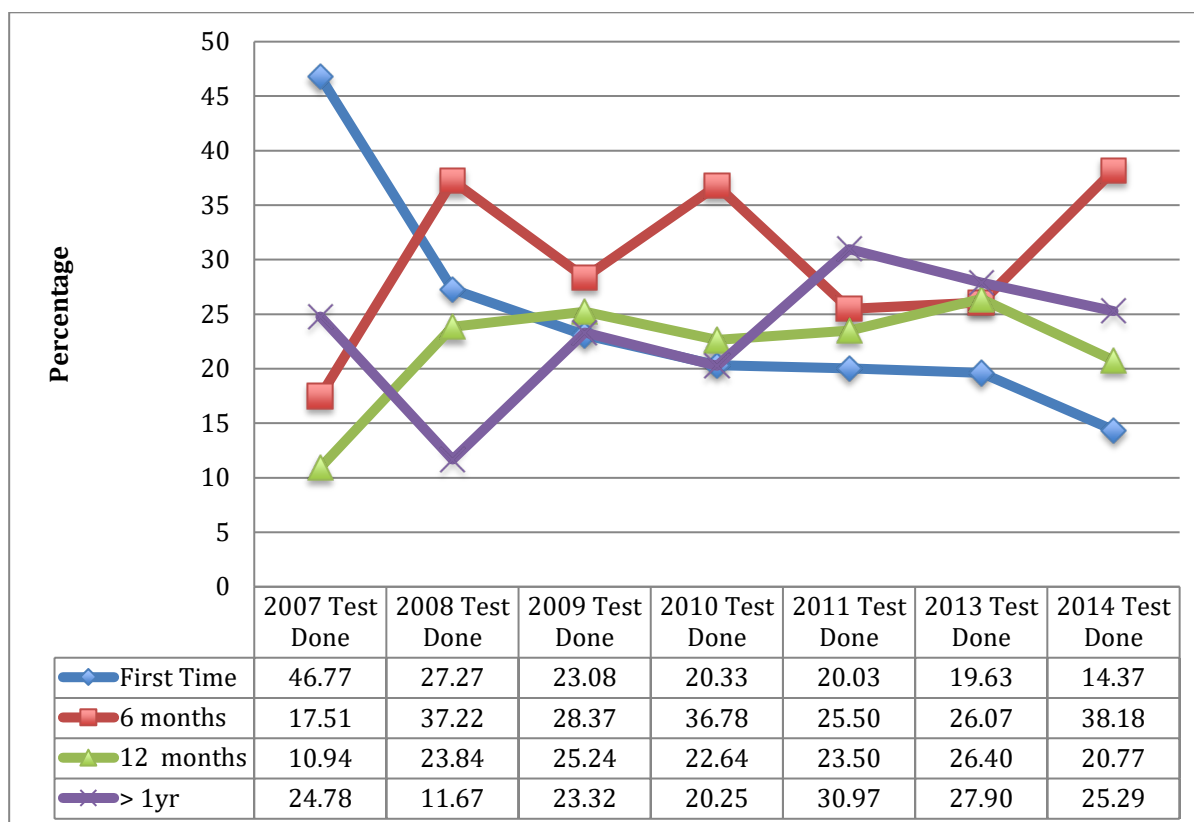
**Figure 10 – First time testers by Race and Year**



**Figure 11 – First time testers by Nationality and Year**

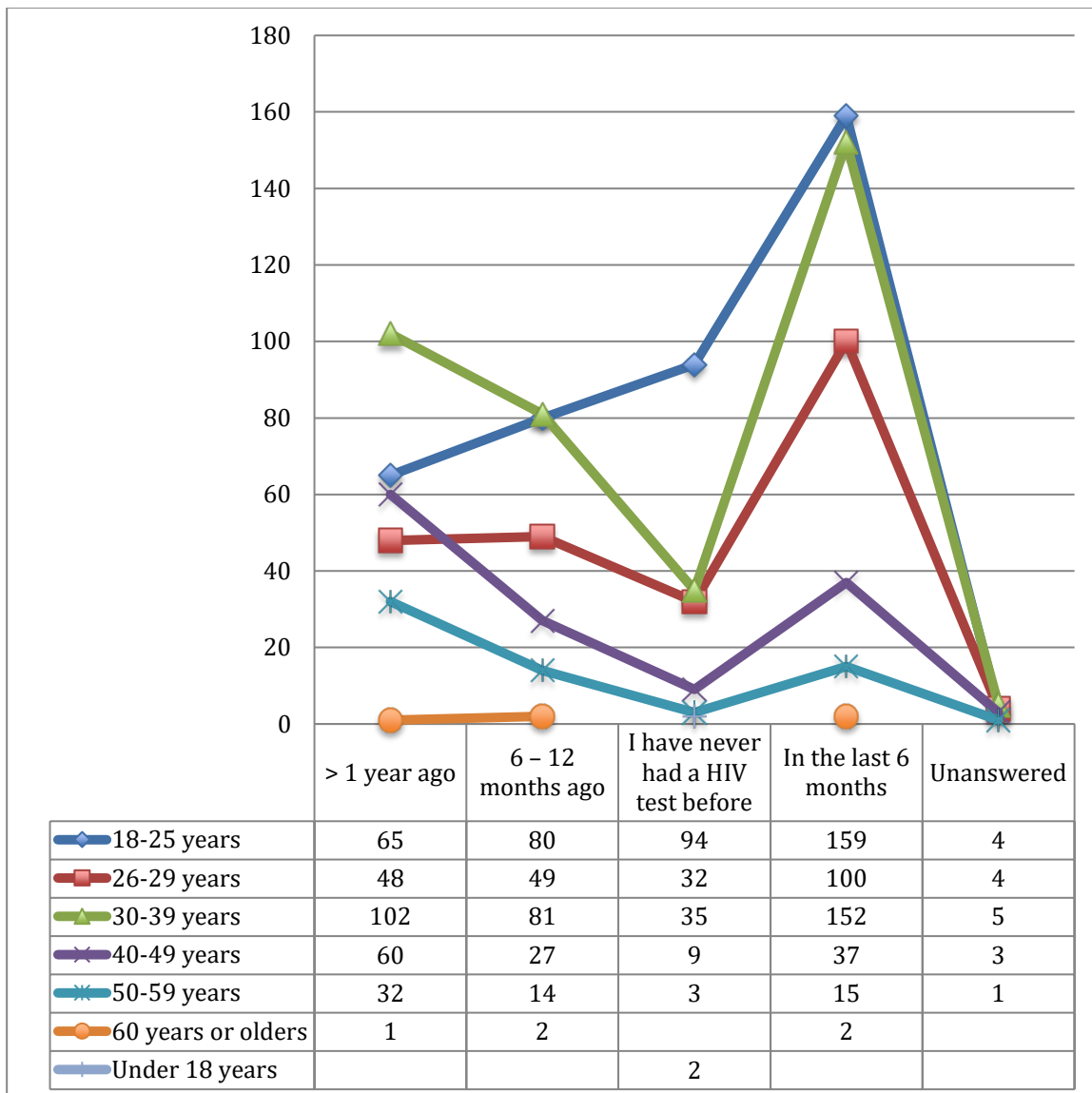


**Figure 12 – Last HIV test by Year (n=1201)**



In 2014 there were fewer first time testers than in previous years (14.37%)  
 This suggests that more MSM had been tested than previously.

**Figure 12 – Last HIV test by Age Group 2014**



Most participants are testing at least once every 6 months.

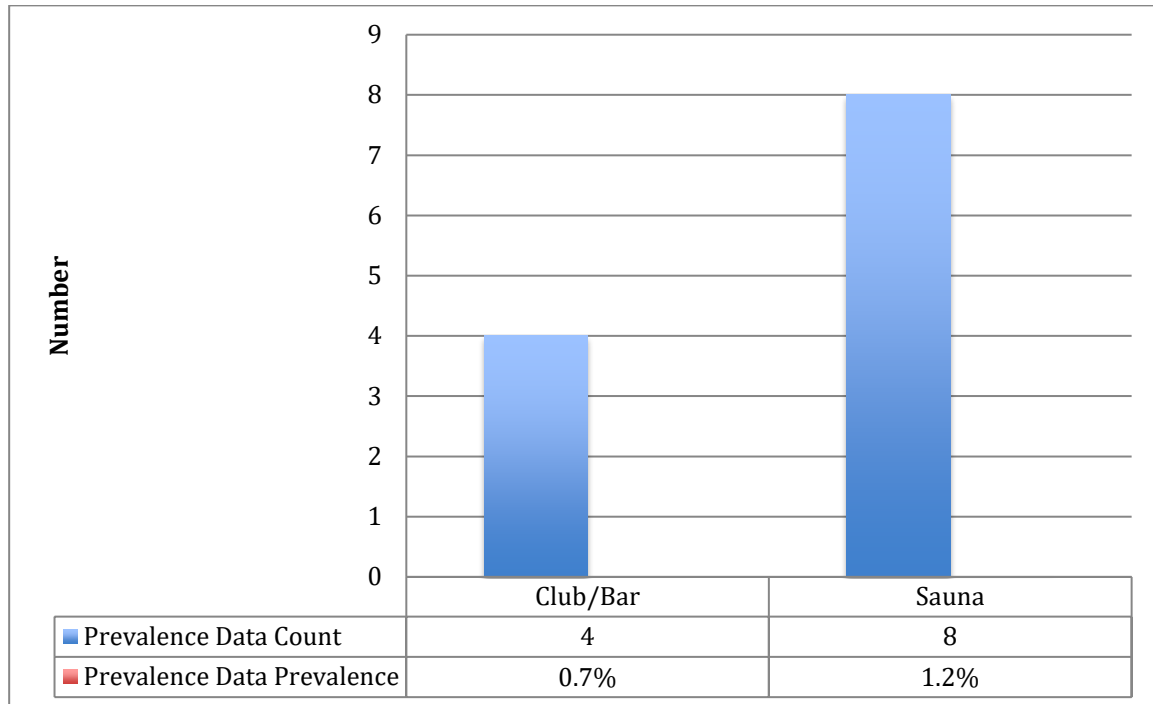
## HIV positive

12 participants were tested positive by Oraquick HIV1/2 tests.

Overall prevalence of 1% (12 positives)

- Bars/Clubs: Prevalence 0.7% (4 positives)
- Saunas: Prevalence 1.2% (8 positives)

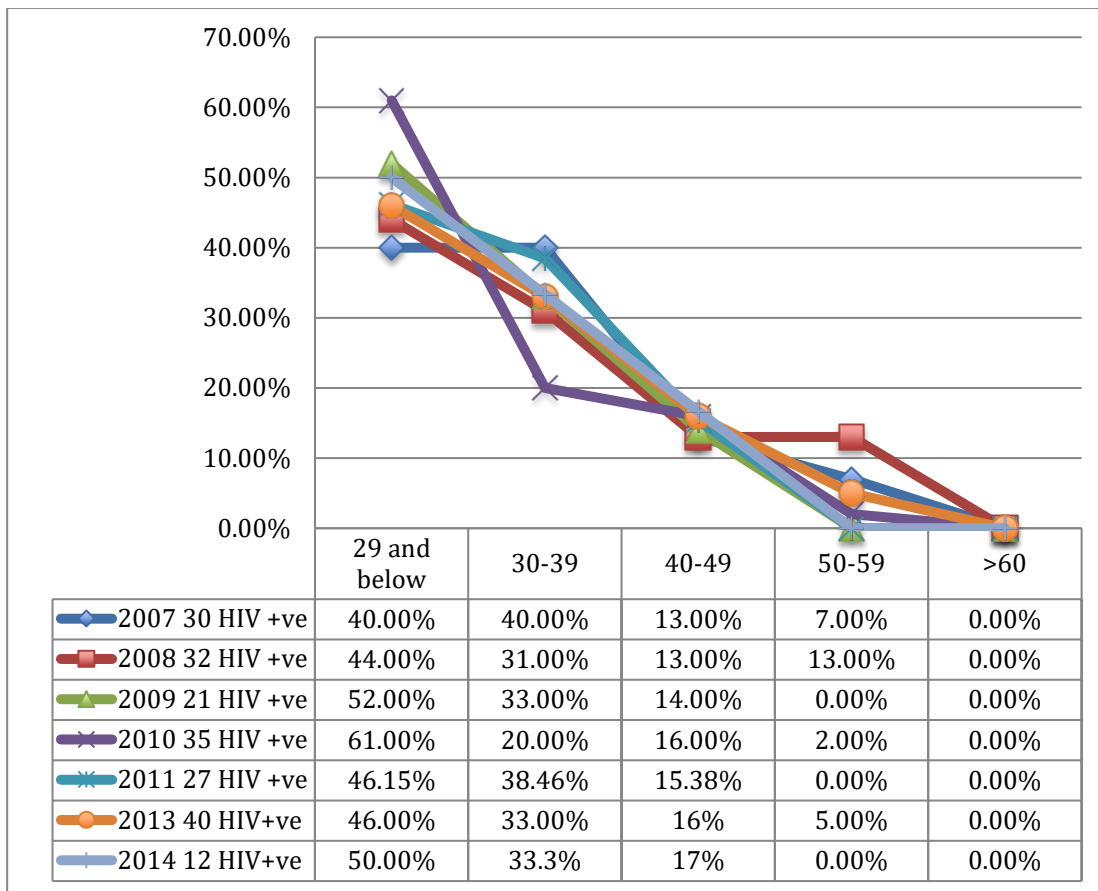
**Figure 13 – Prevalence by Venues**



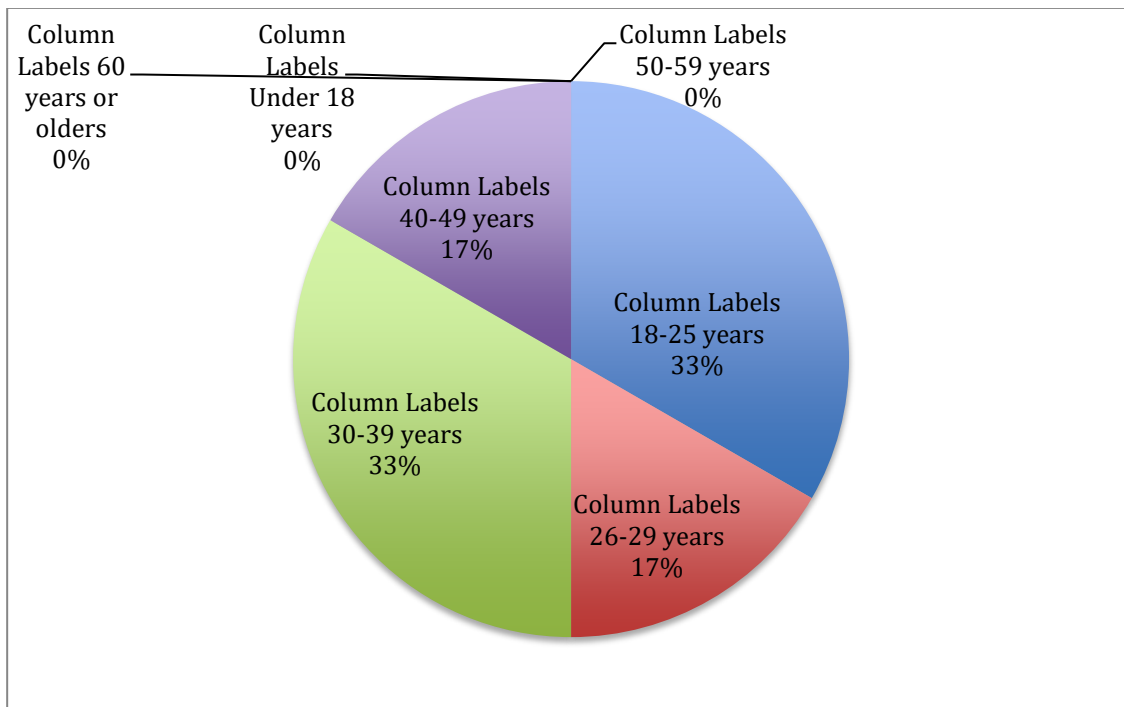
Details of 12 individuals testing HIV positive

- 12 individuals had a previous negative HIV test
- 2 individuals were first time testers
- 6 (50%) were below 29 years of age
- 7 are Singaporean

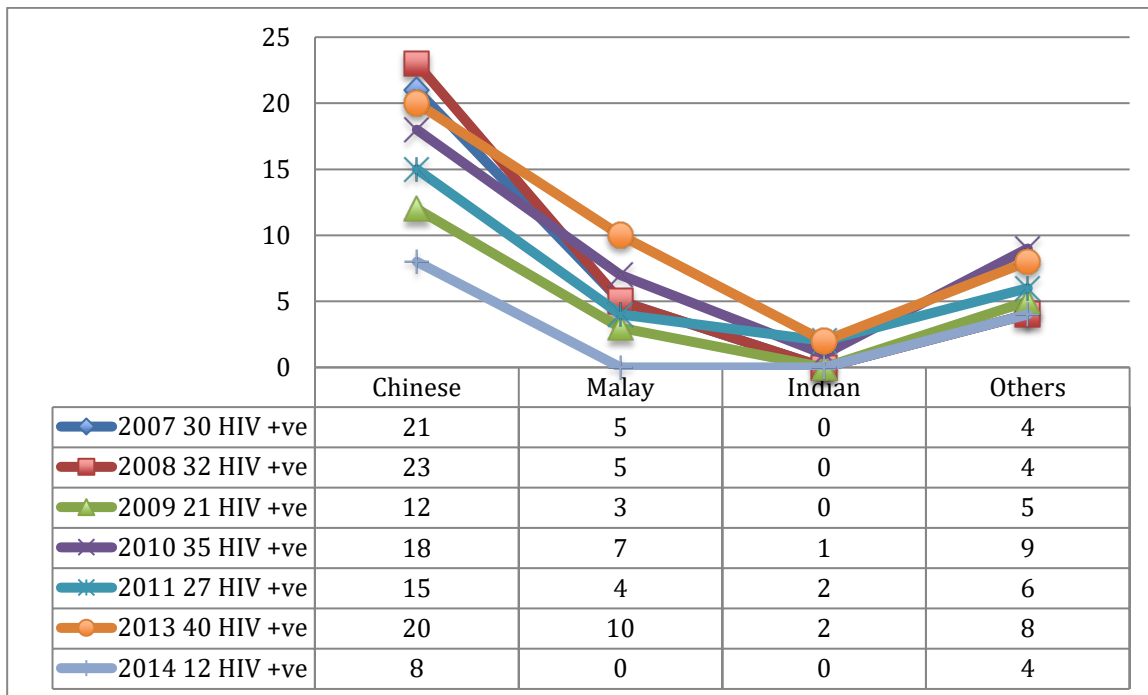
**Figure 14 – HIV-positive by Age Group and Year**



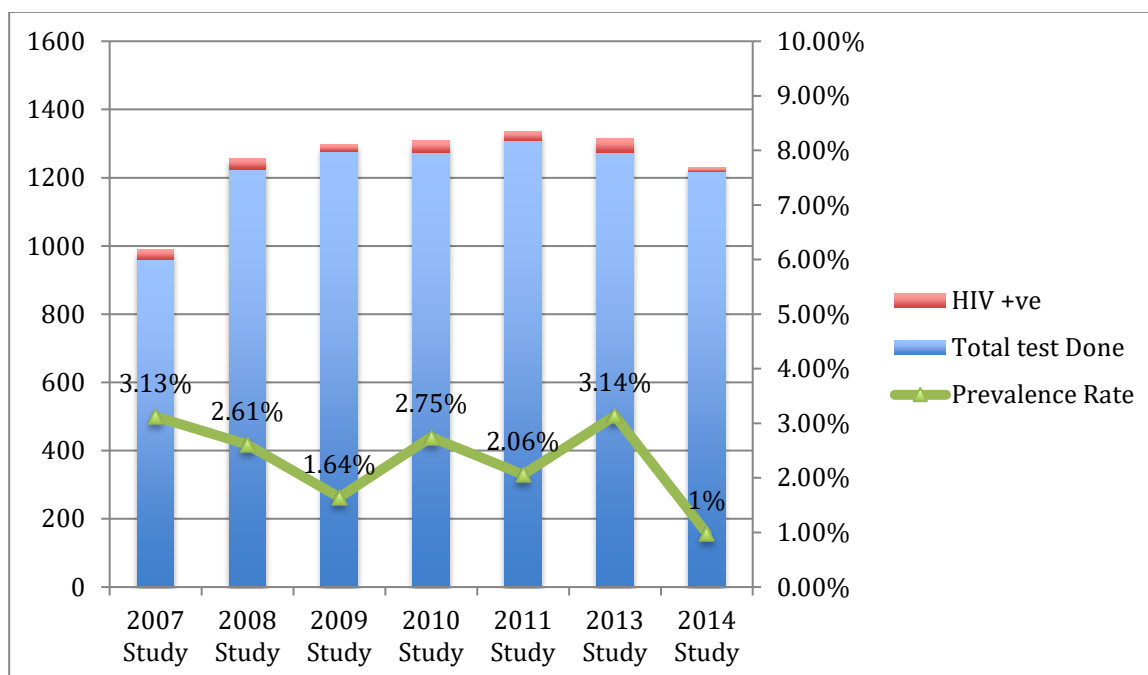
**Figure 14b – HIV-positive by Age Group 2014**



**Figure 15 – HIV-positive by Race and Year**



**Figure 16 – Overall HIV-positivity by Year**



The number of positive cases detected in 2014 decrease dramatically compared to the previous three years. We are unsure why this phenomenon is happening.

### Data of survey form

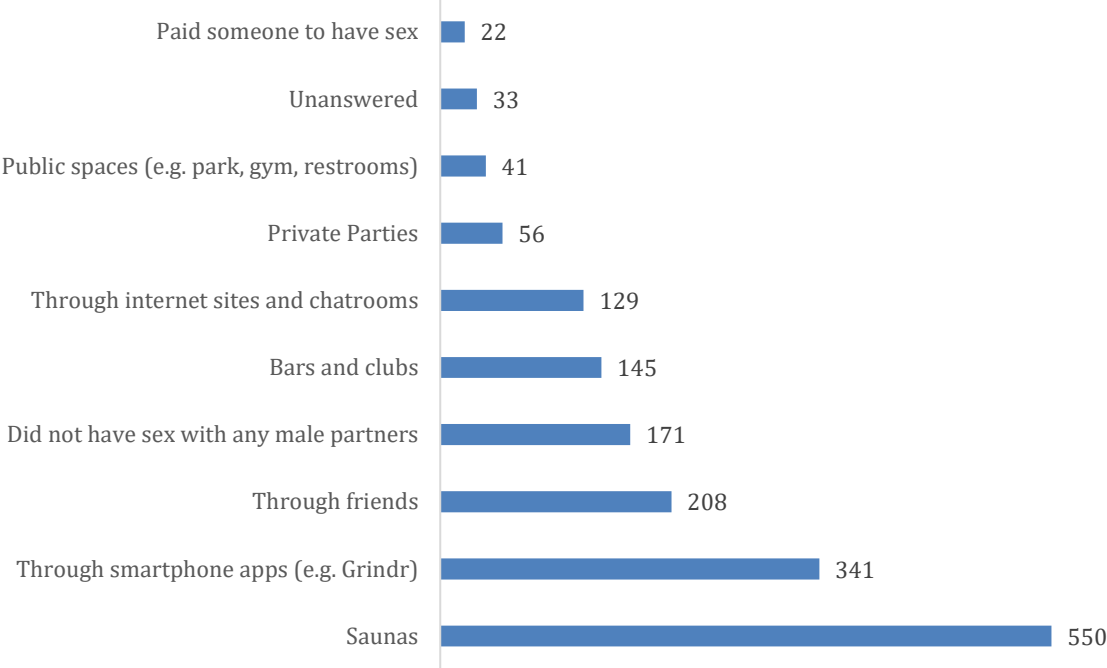
Besides questions on the basic demographics, additional data on sexual behaviour and practices among MSM that patronised the saunas and bars/clubs were also collected with emphasis on condom usage. Additional fields were added to the questionnaire for further refinement.

Please refer to the attached form for all the questions.

### Figure 17 – Where do you meet your sexual partners (survey form n=1335)

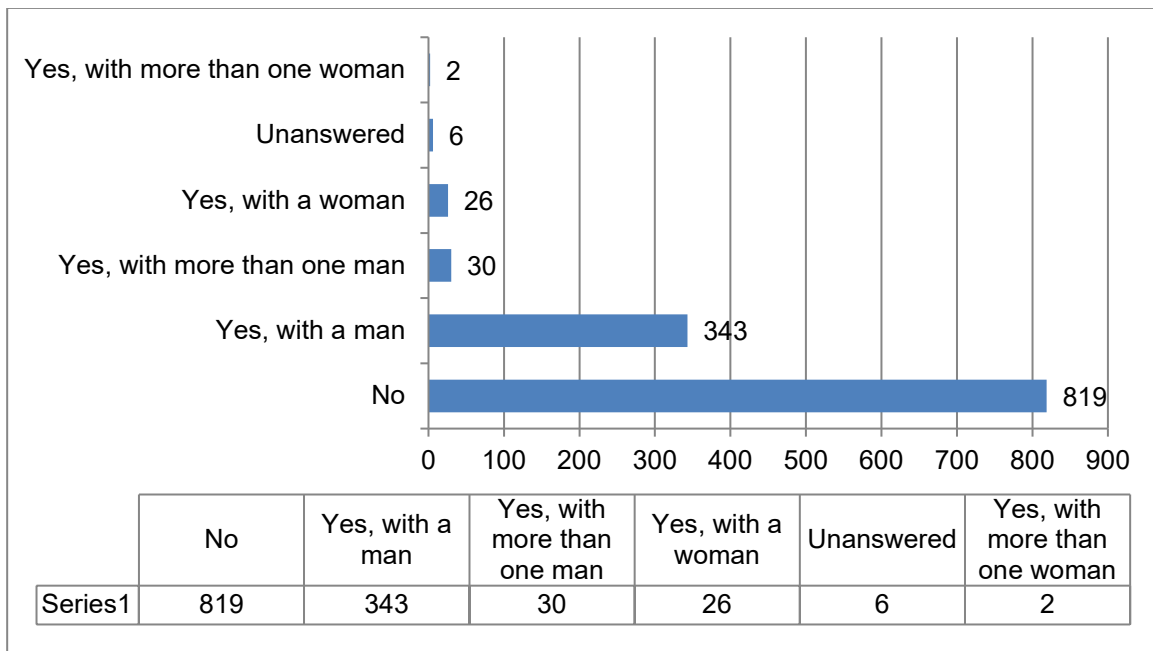
Participants can circle more than one option on where they meet their sexual partners.

In the past 6 months, where/how did you meet male sex partner(s)?

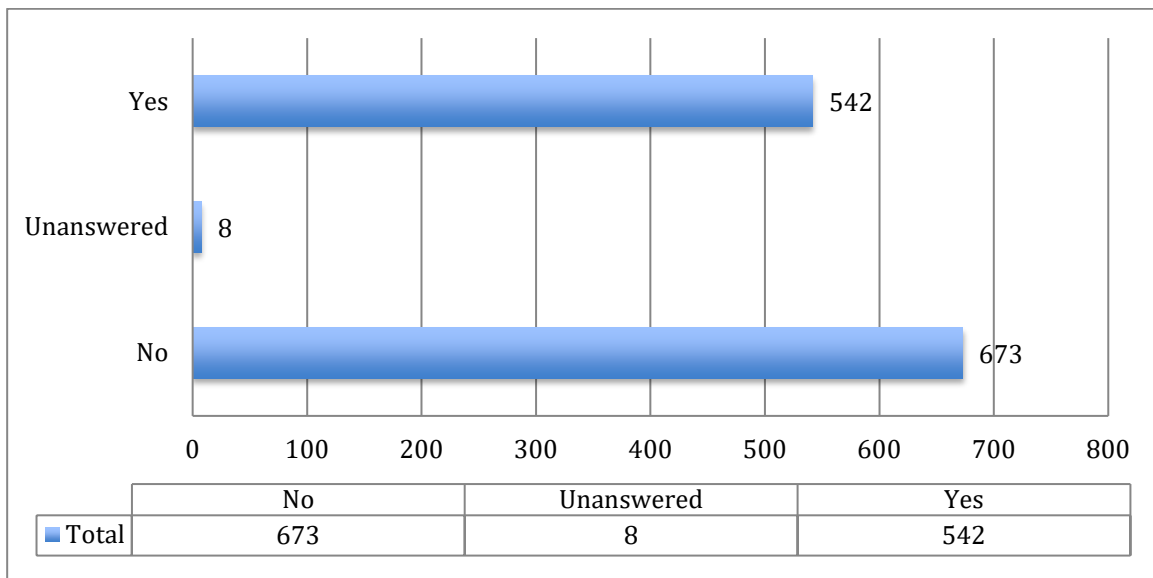




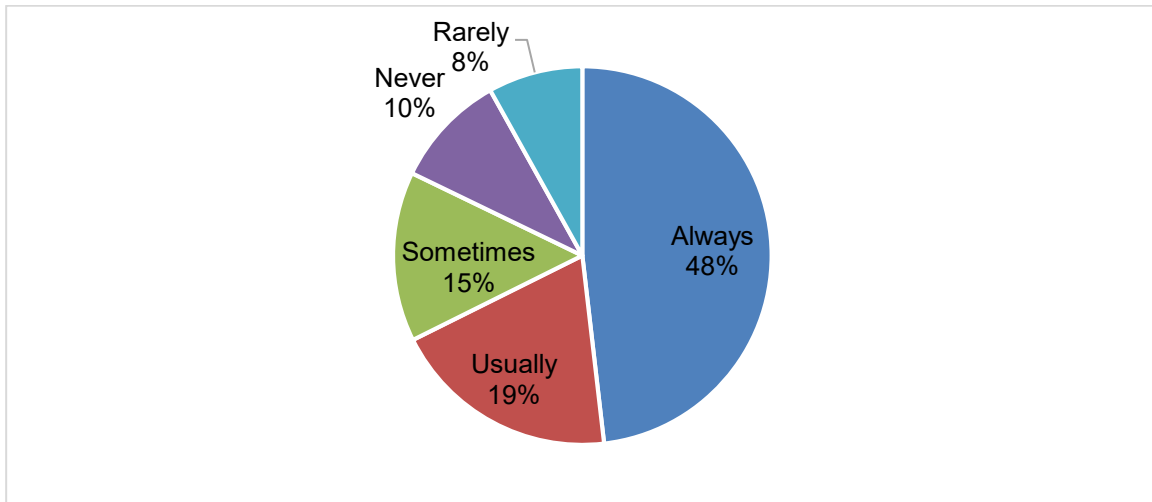
**Figure 18 – Are you currently in a steady emotional relationship?**



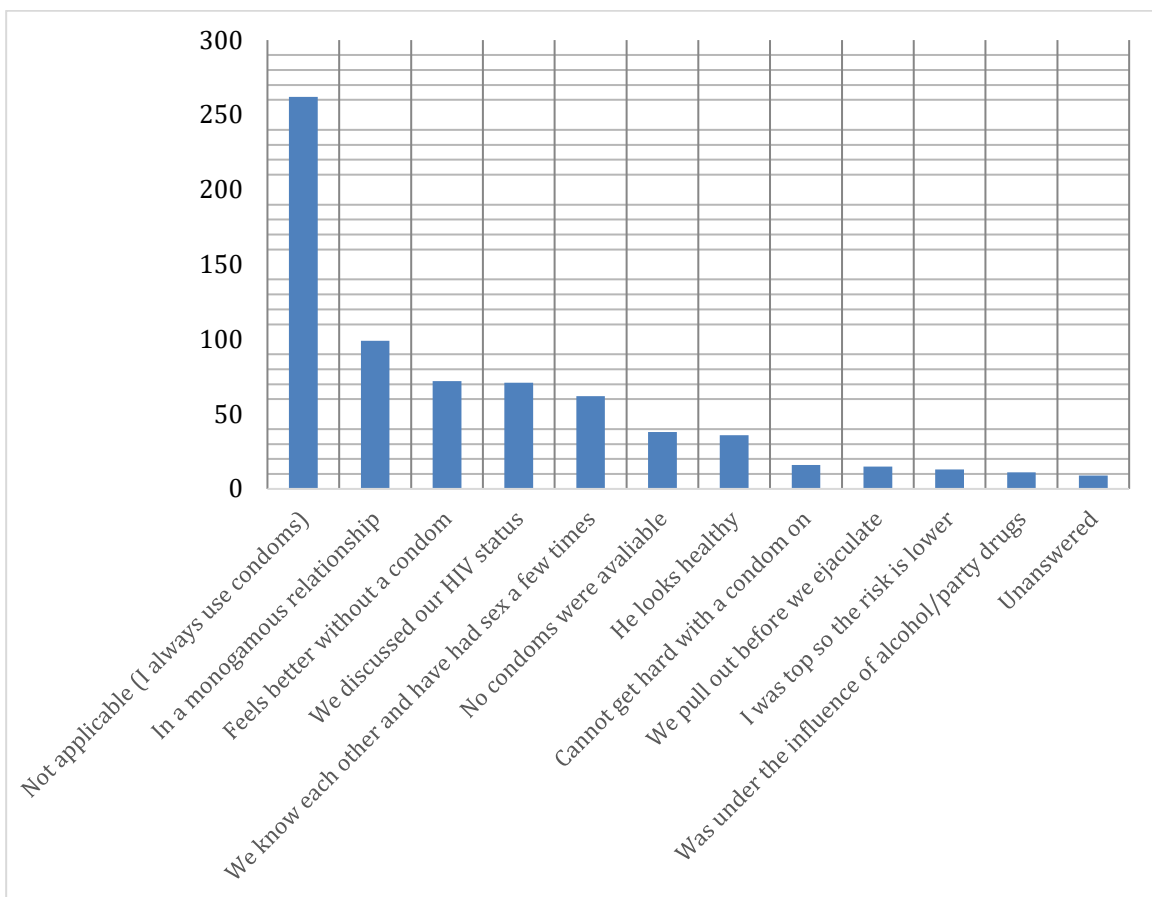
**Figure 19 – In the past 6 months, did you have anal sex with a regular male partner(s)? (N=1223)**



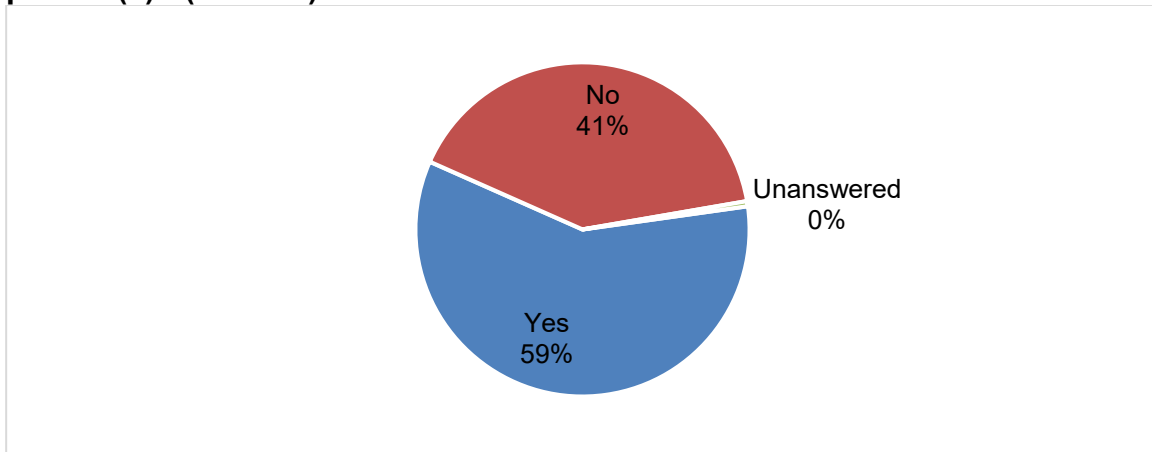
**Figure 19a – About how often did you use a condom when having sex with your regular male partner(s) in the last 6 months? (N=544)**



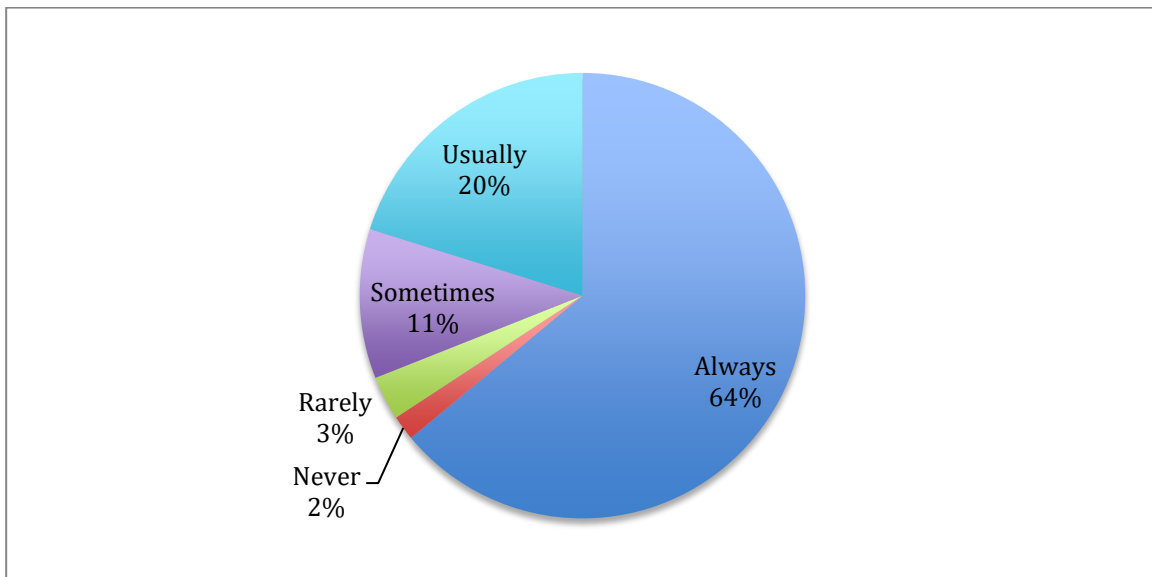
**Figure 19b – What were your reasons for not using condoms all the time with your regular male partner(s)?**



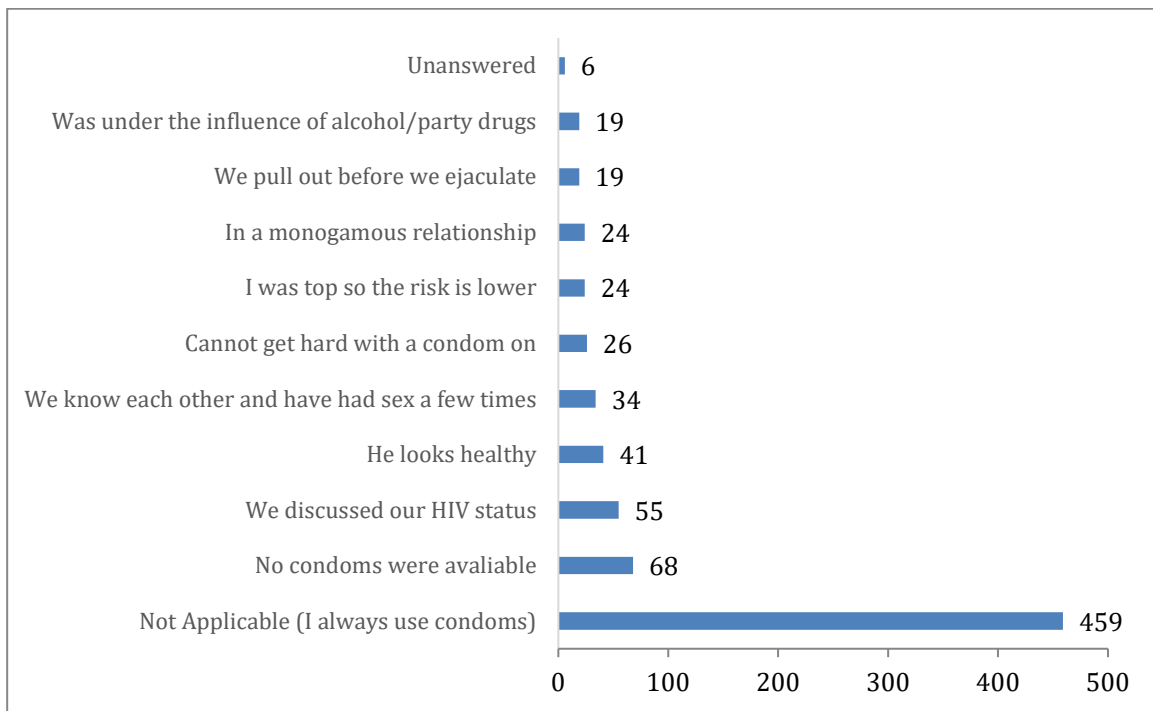
**Figure 20 – In the past 6 months, have you had anal sex with a casual male partner(s)? (N=1218)**



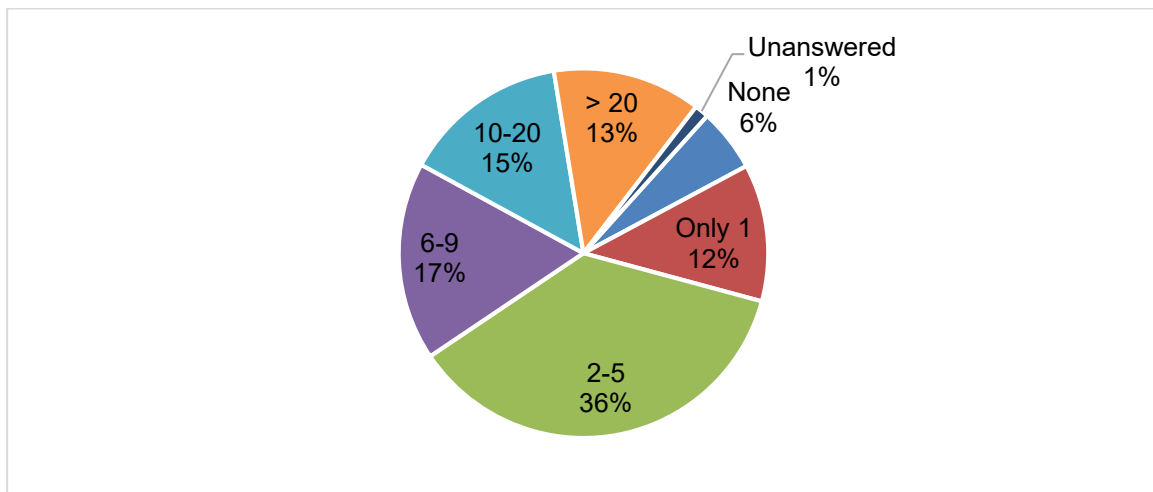
**Figure 20a – About how often did you use a condom when having sex with your casual male partner(s) in the last 6 months? (N=719)**



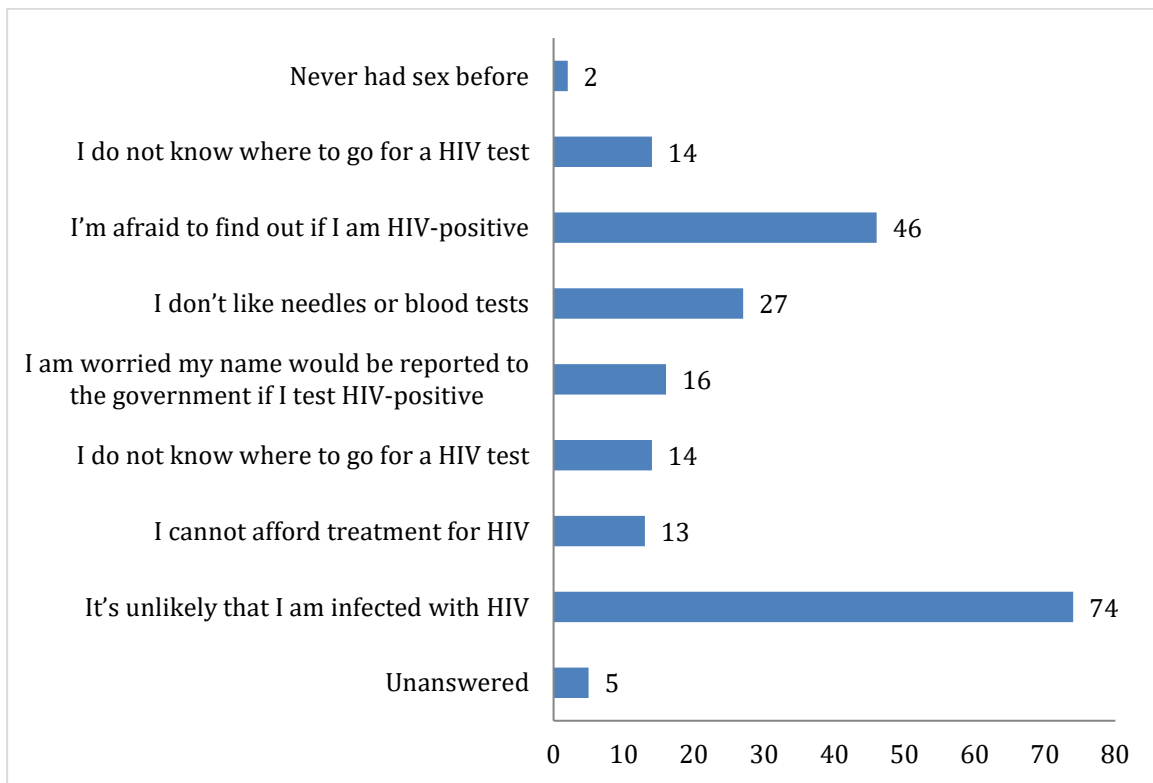
**Figure 20a – What were your reason(s) for not using condoms all the time with your casual male partner(s)?**



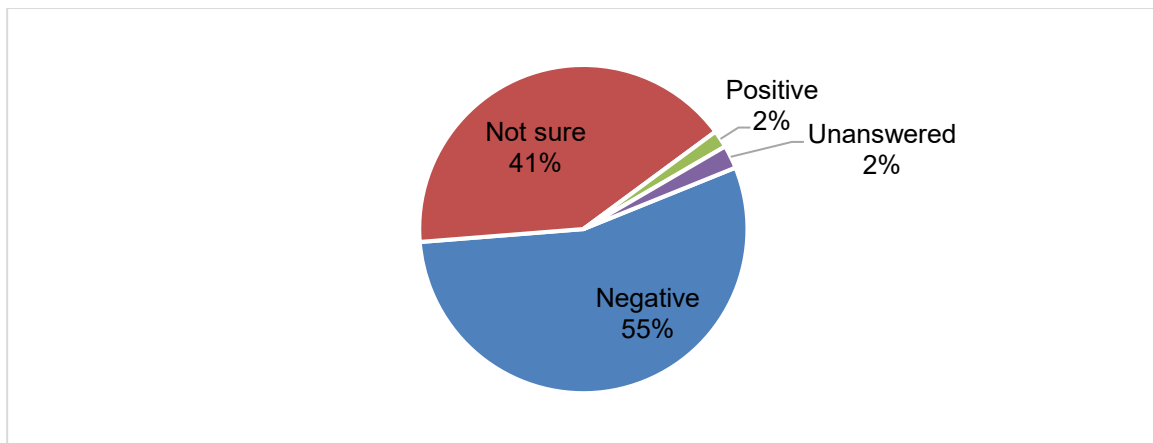
**Figure 21 – How many men have you had oral or anal sex with in the past year?**



**Figure 22 – If you have never had a HIV test done, what are the main reasons for not getting tested? (N= 290)**

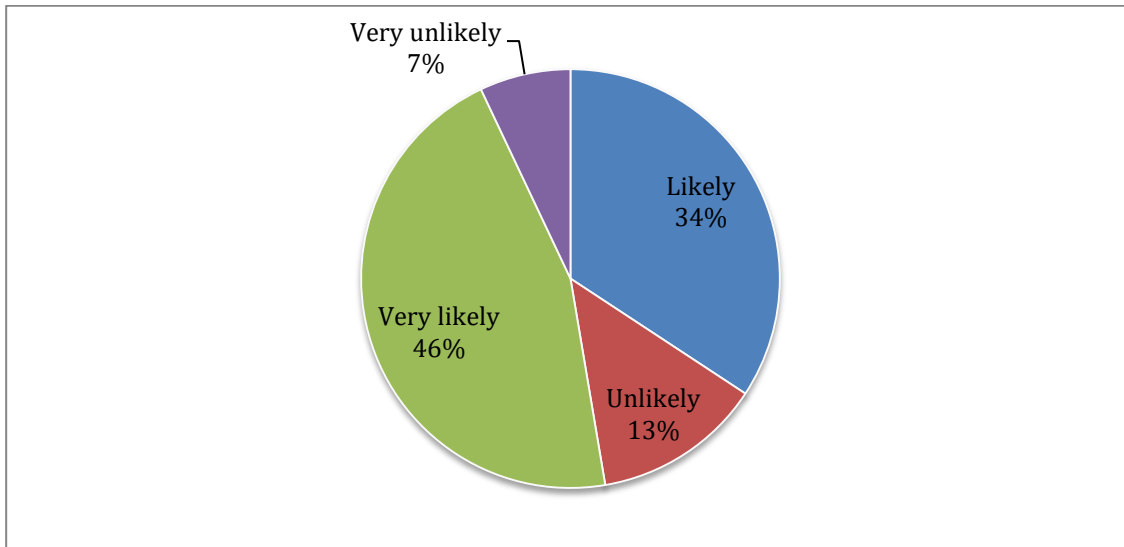


**Figure 22a – If you have never had a HIV test done before, What do you think your result would be?**

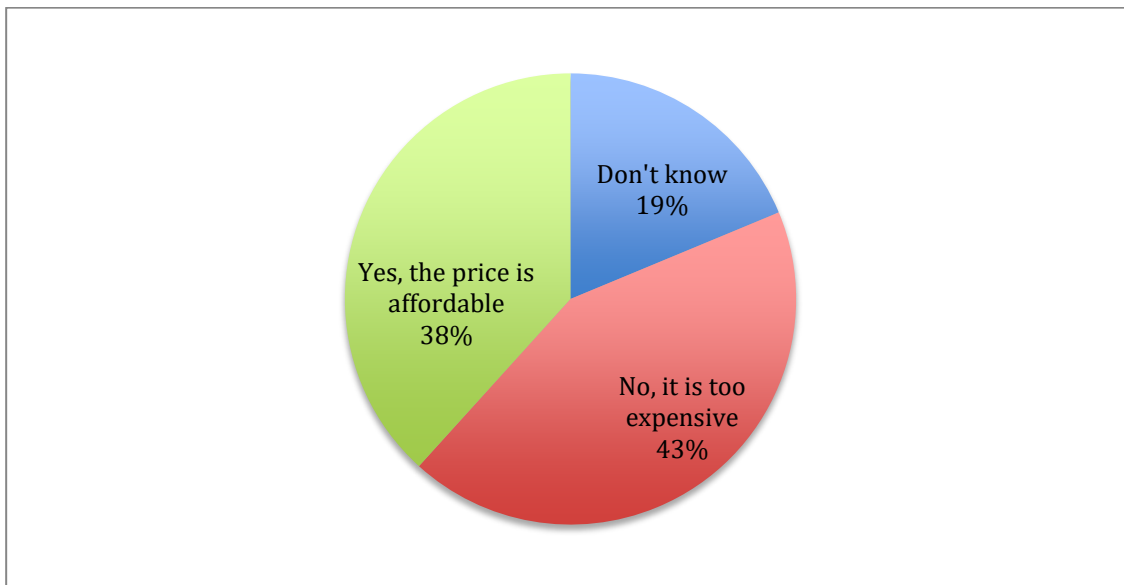


Treatment as Prevention and the use of Pre-exposure Prophylaxis (PrEP) is increasingly becoming an important and promising approach for the prevention of human immunodeficiency virus (HIV) acquisition. The addition of two questions will allow the research to explore the potential of PrEP implementation in Singapore.

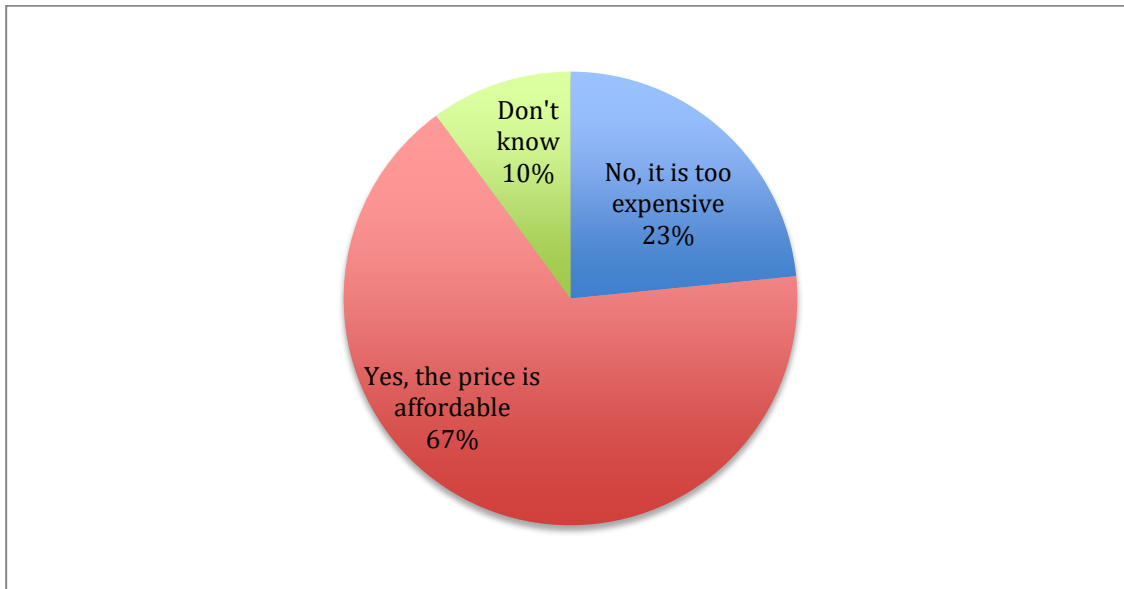
**Figure 23 – If this HIV prevention pill is approved in Singapore, how likely would you take the pill? (N=1223)**



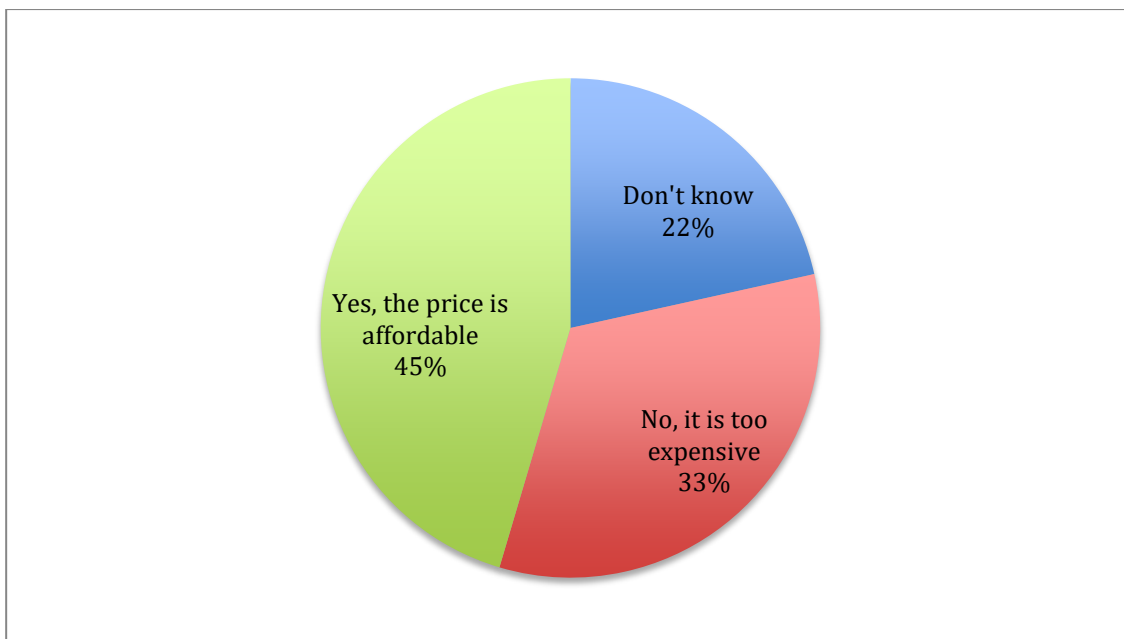
**Figure 23a – Would you pay \$150 per month for this pill? (N=977)**



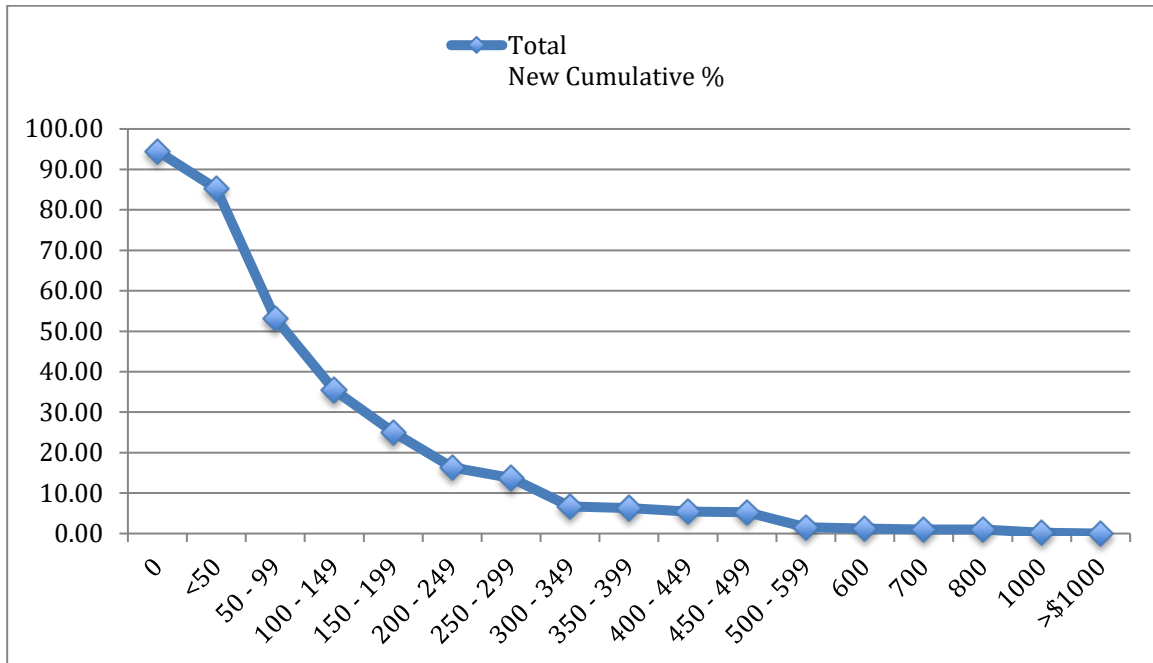
**Figure 23b – How about if the cost of this HIV prevention pill increases to \$200 per month. Would you still be willing to pay for this pill? (N = 367)**



**Figure 23c – How about if the cost of this HIV prevention pill is lowered and it costs \$100 per month. Would you be able to afford it? (N = 599)**

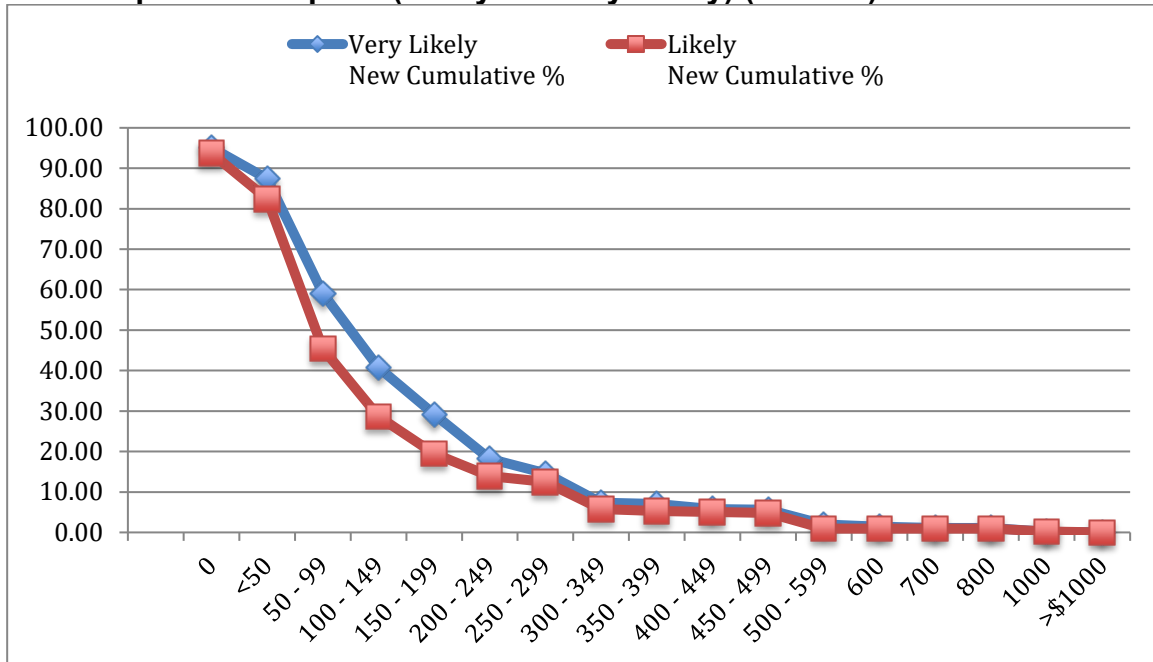


**Figure 23d – Count of What is the highest price you would pay per month for this HIV prevention pill? (N = 971)**



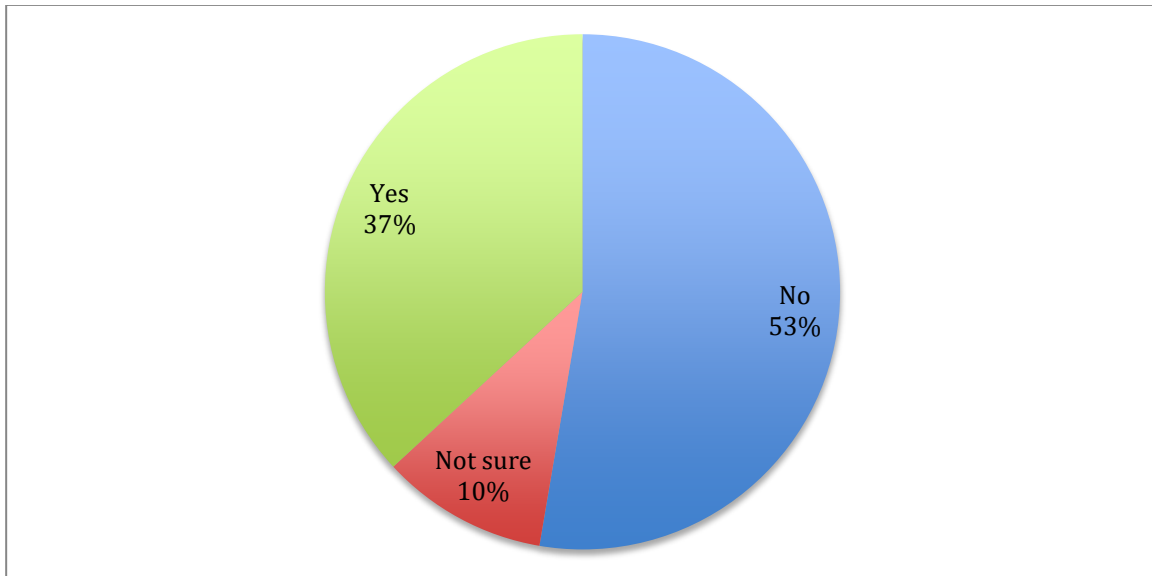
Note: Only responses who said that they were very likely or likely to take PrEP were included.

**Figure 23E – Count of What is the highest price you would pay per month for this HIV prevention pill? (Likely vs. Very Likely) (N = 971)**

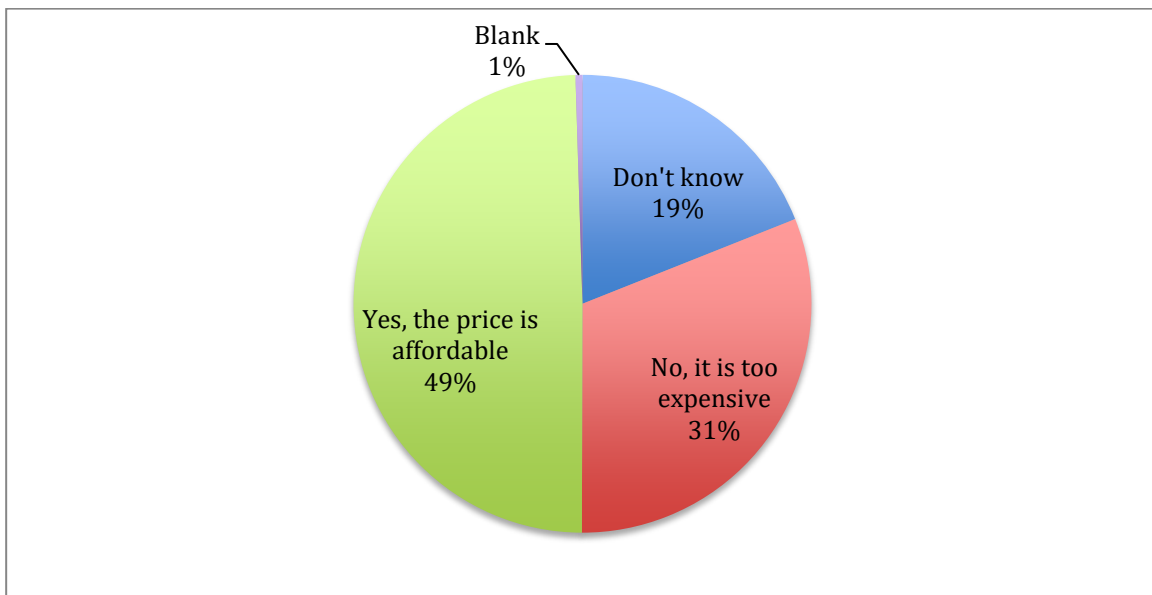




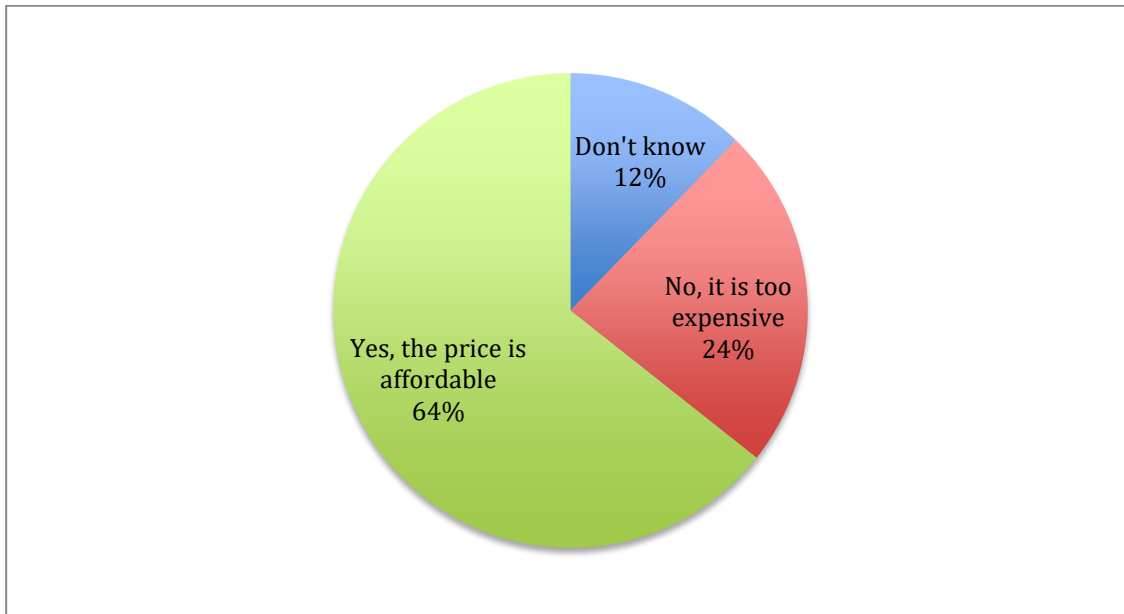
**Figure 24 – Have you ever heard of PEP? (N = 1223)**



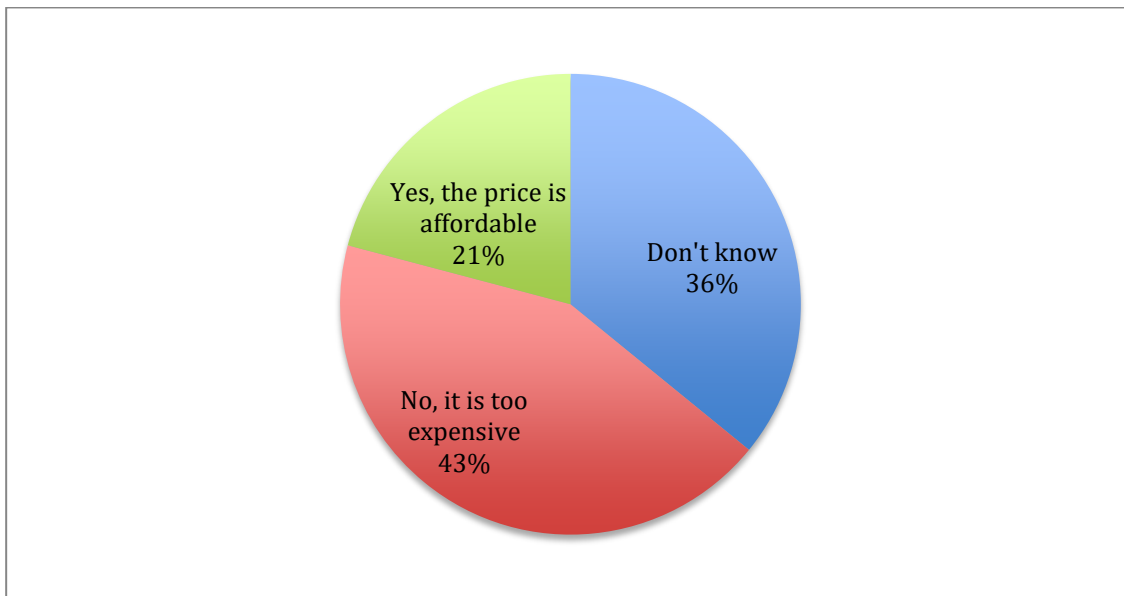
**Figure 24a – If you feel that you were exposed to HIV and needed to take PEP, would you be willing to pay \$200? (N = 1223)**



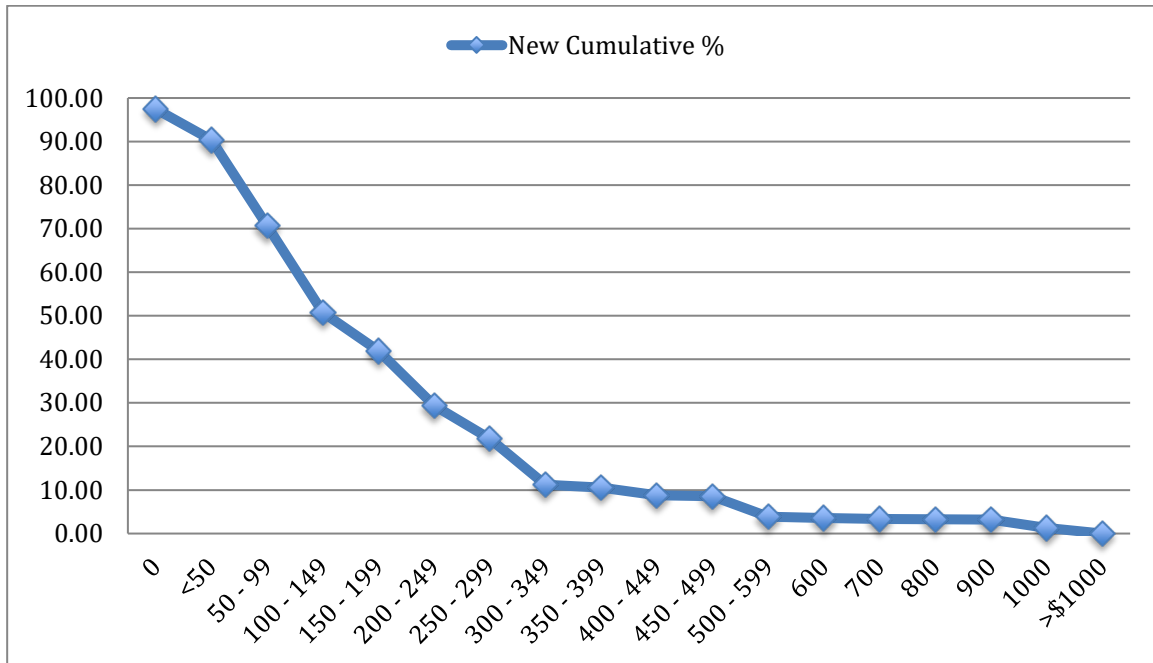
**Figure 24b – How about if the cost of PEP increases to \$250. Would you be still willing to pay for this? (N = 603)**



**Figure 24c – How about if the cost of PEP lowered to \$150. Would you be willing to pay for this? (N = 613)**

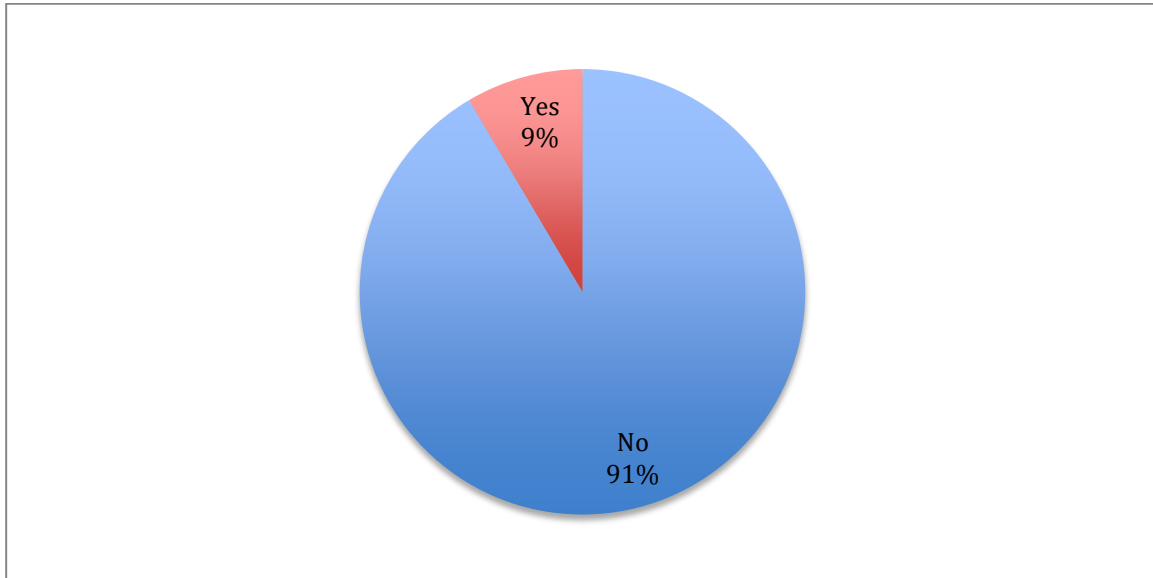


**Figure 24c – Count of What is the highest price you would pay for PEP? (N = 1061)**

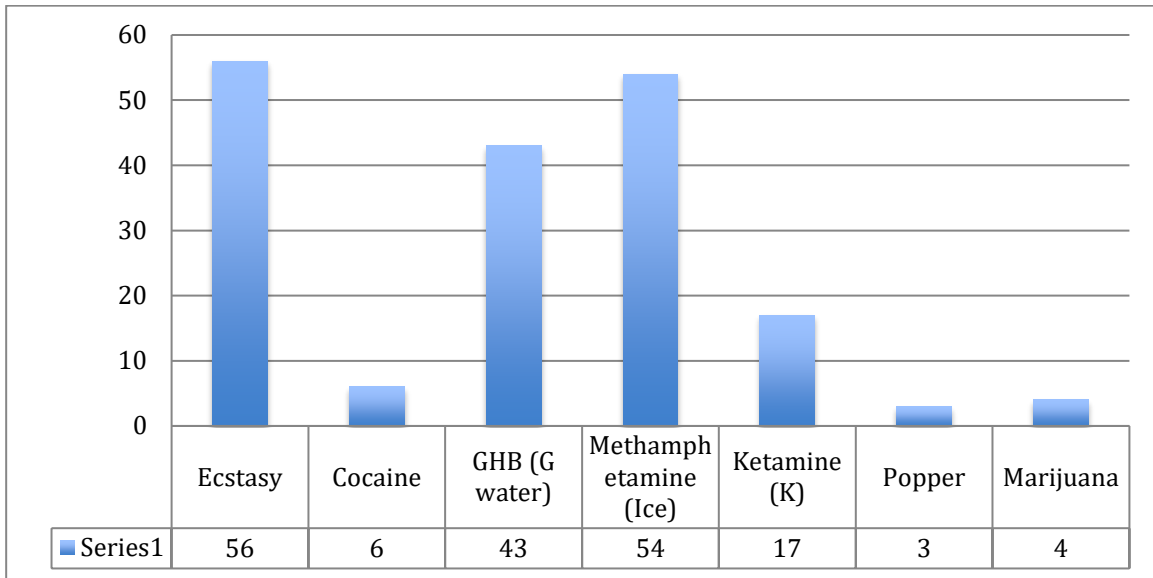


Additionally, drug use has been cited (2) as a possible cause of a resurgence in HIV infection rates among MSM communities globally. Sero Prevalence Round 7 would like to also establish the level of drug use within the MSM community and this information can be used to guide future HIV education and prevention programming.

**Figure 25 – Have you used party drugs in the last year?**



**Figure 25a – If yes, which party drugs have you used?**



51 participants have used two or more drugs.

## Discussion

### **Demographics**

The majority of those tested were between 18 to 29 years, similar numbers seen through the 6 rounds.

The main ethnic group is Chinese, followed by Other races, then Malay. A similar clientele pattern was observed as with the other four projects, participants who took the HIV test were different; those from saunas were older and had a greater proportion of non-Singaporeans/PRs than those in clubs/bars

Saunas/bath houses remain the main venue where participants meet their sexual partners, followed by the internet and then clubs. The 2014 survey introduced additional data fields which included inclination to use PrEP and PEP, and at what price point were participants most likely to pay for.

### Conclusion and Recommendations

A total of 1218 MSM participated and took the HIV test. Of these 12 tested HIV positive (overall HIV positivity of 1%). Number of samples taken were similar, number of positive cases detected decreased dramatically. We are unsure why there is a sudden dip.

Inconsistent condom use happens more frequently amongst participants who are first time testers when compared to participants who have taken a test previously. This happens with both casual and regular partners, while more frequently with regular partners. However, it is also noted that it is common for MSMs to have concurrent regular sex partners.

It is noticed that there is an increase in condom use with both regular partners from 38% (2013) to 48% (2014) and casual partners from 44% (2013) to 64% (2014).

This repeat project was well received by all partners and participating venues gave their full cooperation and support towards staff and volunteers.

The project's high visibility also serve as an effective reminder to the MSM community to remain vigilant and not to be complacent. Judging from anecdotal feedbacks and increased demand for such projects, sero prevalence has successfully normalized HIV testing within the MSM community.

To increase the confidence of participants, volunteers and IC on duty have taken extra precaution to make sure that information about the testing procedure, window period and after care services are accurate.

A staff of AfA or appointed coordinator is present at every session and prompt feedback was given to volunteers after each session. This can help make sure

confidentiality is not broken when a participants test positive while these information can be useful for the rest.

As with every project, we found that it was more conducive to conduct the study in saunas than in bars/clubs. Participants usually feel more confident and comfortable when it is conducted in a more relaxing environment such as the lounge area.

## Expenses

Item	Description	Amount
1	<b>OraQuick Test Kits</b> (REF: PVO201412/434 508118)	\$18,083.00
2	<b>IEC Materials</b> (REF: PVO201412/444 508128)	\$1,005.80
3	<b>Stationary &amp; Sundry Items</b> (PVO201503/611 508301, PVO201412/435 508119, PVO201412/446 508130, PVO201501/485 508169)	\$471.50
4	<b>Incentives for participants</b> (REF: PVO201412/446 508130)	\$2,210.00
5	<b>Training</b> (REF: PVO201412/480 508164)	\$147.10
6	<b>Coordinators' Allowance</b> (REF: PVO201503/603 508293, PVO201503/604 508294, PVO201503/605 508295)	\$6,000.00
7	<b>Volunteer Allowance</b> (REF: PVO201412/466 508150 - PVO201412/477 508161, PVO201502/572 508261 - PVO201502/581 508270, PVO201503/606 508296 - PVO201503/610 508300)	\$2,370.00
8	<b>Refreshments for volunteers on project</b> (REF: PVO201504/684 508377)	\$530.85
9	<b>Volunteer Transport Claims</b> (REF: PVO201412/466 508150, PVO201412/468 508152, PVO201412/470 508154, PVO201412/471 508155, PVO201412/472 508156, PVO201412/474 508158 - PVO201412/477 508161, PVO201502/572 508261 - PVO201502/574 508263, PVO201502/579 508268 - PVO201502/581 508270, PVO201503/607 508297 - PVO201503/610 508300)	\$540.00
10	<b>Confirmatory tests for positive cases</b> (REF : AFA 84265 & AFA 83770)	\$60.00
11	<b>Payment for deployment of MTS</b> (6 Dec 14, 3 Jan 14 & 23 Jan 15)	\$1,500.00
	<b>Sub Total</b>	<b>\$ 32,918.25</b>
	<b>Admin Charge @ 20%</b>	<b>\$ 6,583.65</b>
	<b>Total Due</b>	<b>\$39,501.90</b>