

Report - Outreach HIV testing Project in venues frequented by men who have sex with men (MSM) – Oct 2016 to Dec 2016

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Introduction

This was the eighth round of Outreach HIV testing project in MSM venues. The first project was conducted in November 2007 and has since been repeated almost every year. Each project lasted for about two and a half months and was conducted by Action for AIDS, Singapore. This year, there was a focus on reaching out to high risk MSM population who frequent saunas and bathhouses, which are traditional “Sex on Premises” venues (SOPV) in Singapore. Other MSM venues such as clubs and bars were also targeted with special outreach events. Special attention was given to ensure that individuals who tested positive were provided with appropriate counselling and support and linked to treatment and care.

Objectives

- To leverage AFA's proven and innovative outreach methods to increase HIV awareness among the MSM population in Singapore
- Provide free and anonymous HIV testing
- To compare HIV prevalence with the data from previous studies undertaken from 2007 to 2014.
- To collect additional data on sexual behaviour and practices, to be used for future outreach planning and efforts

Method – HIV test kits

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

- The test kit is for single-use
- The 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 and giving their password to the volunteers on site. The tests were done

anonymously to minimize the fear of stigmatization and loss of confidentiality, and to maximize uptake.

The test was offered free of charge to all participants and upon completion, all participants were given flavoured condoms, used as an incentive and a discussion item to promote safer sex and condom use.

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

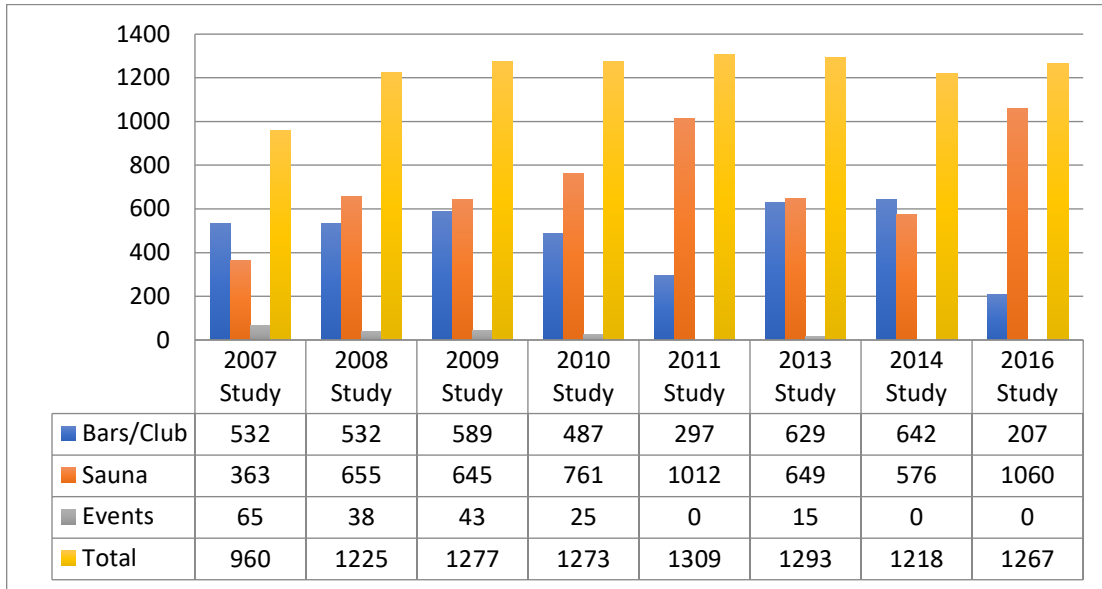
Project	Venues	Approached	Participated	Declined
2007	Saunas	6	4	2
	Bars/Clubs	5	4	1
	MSM events	1	1	-
2008	Saunas	7	5	2
	Bars/Clubs	5	4	1
	MSM events	1	1	-
2009	Saunas	9	8	1
	Bars/Clubs	8	8	-
	MSM events	3	3	-
	Saunas	9	9	-

2010	Bars/Clubs	6	6	-
	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	-	-	-
2016	Saunas	6	5	1
	Bars/Clubs	3	1	0
	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.

2016 Results – Tests done (N=1267)

Figure 1 – Venues (overall)



In contrast to the last two studies, more focus was given to reaching out to Saunas, owing to the fact that the number new diagnosed cases were higher in saunas in previous studies.

A total of 1267 tests were done, of which 1060 were at saunas and 207 in bars and clubs.

All of the results were collected by the clients on the same day this year.

Figure 2a – Age Group by venue (Number)

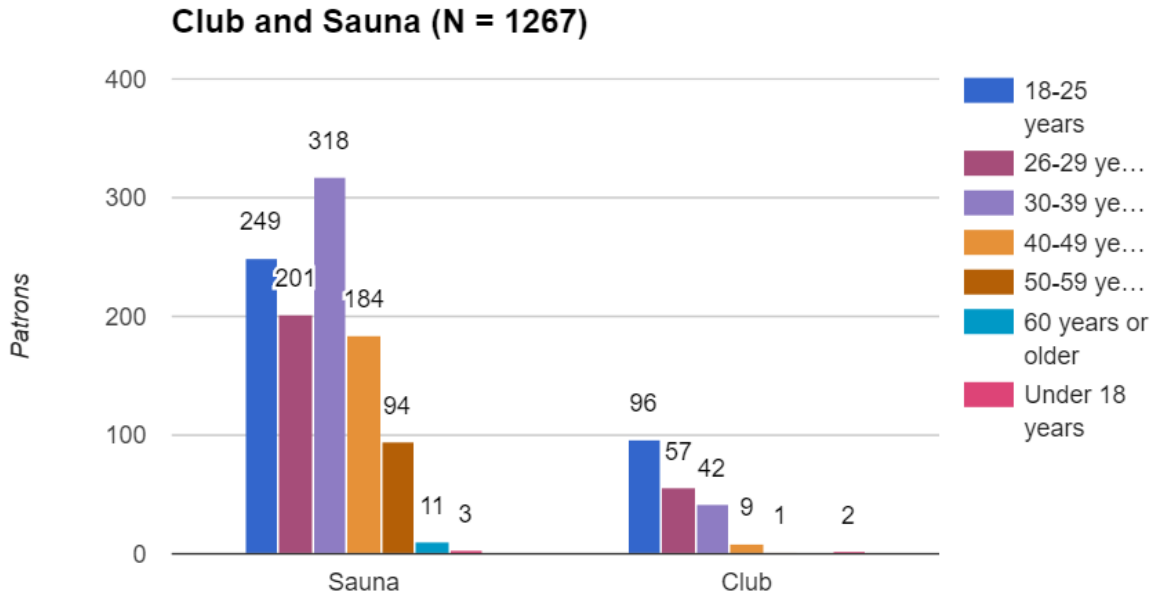
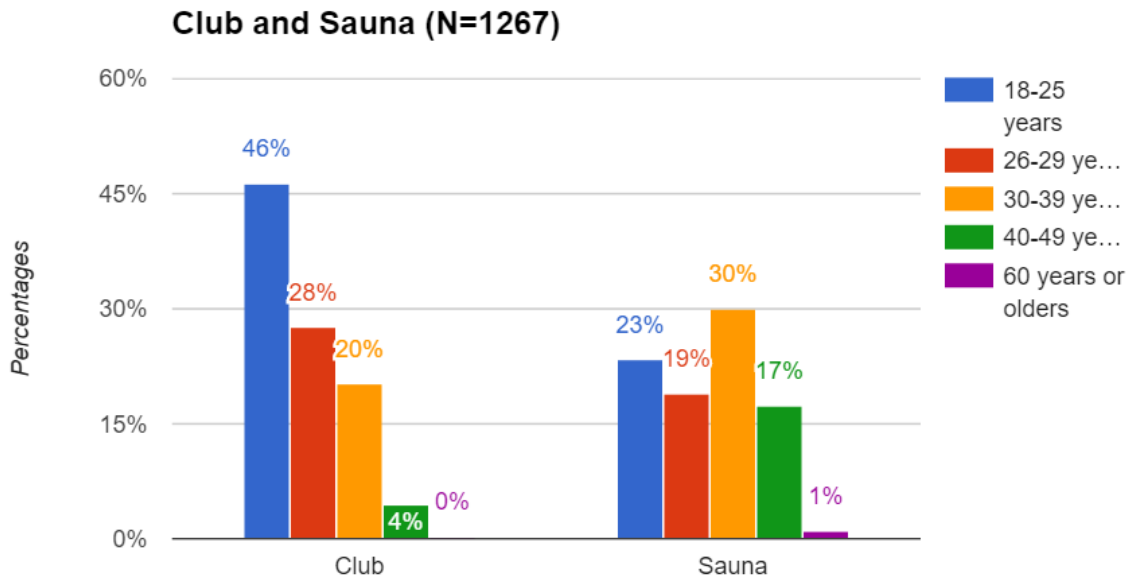


Figure 2b – Age Group by venue (Percentage)



As in the previous projects, the percentage of younger patrons was higher in bars and clubs, compared to those in the Saunas.

Figure 2c – Age groups

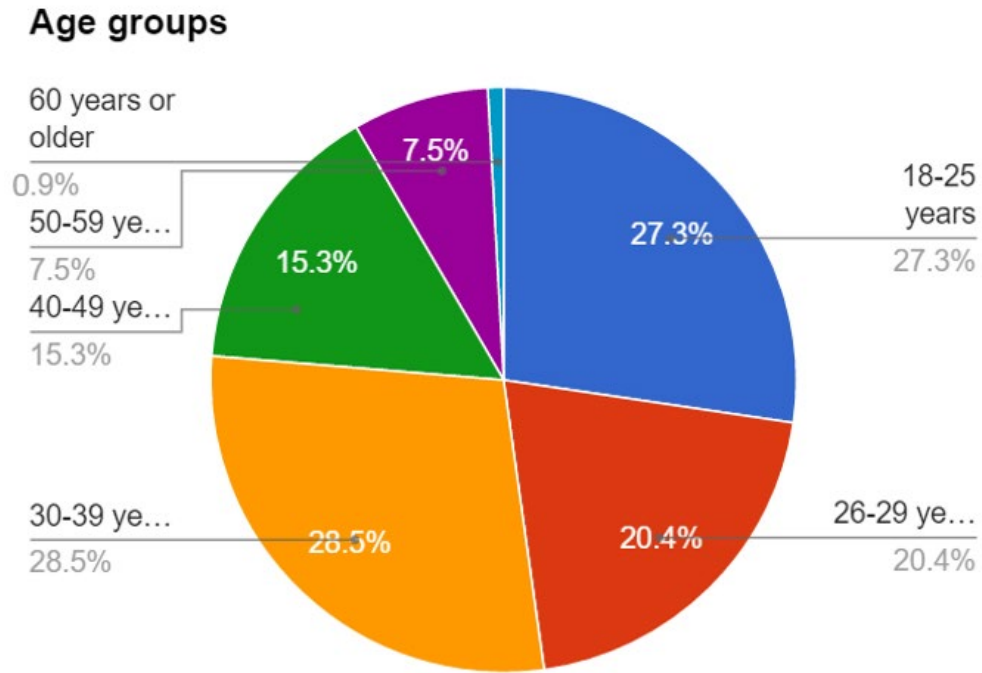
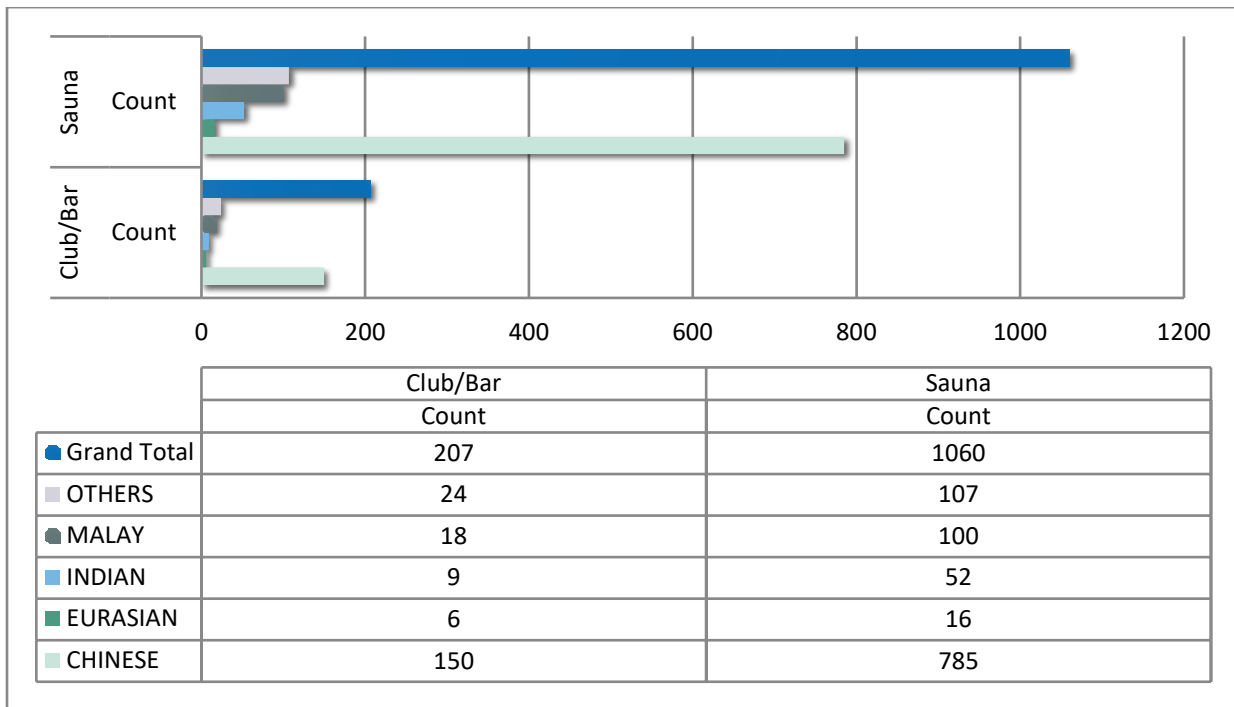
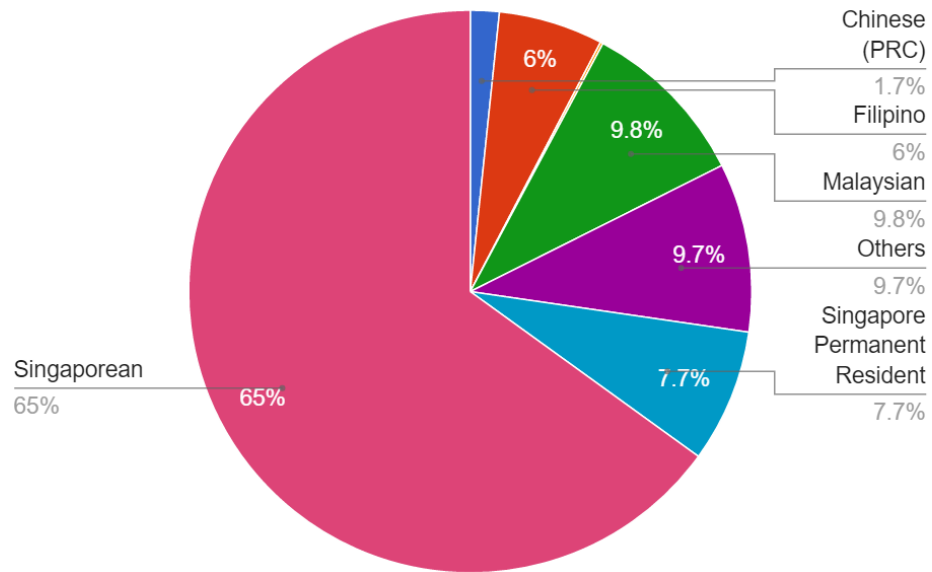


Figure 3 – Ethnicity by venue



Racial mix was generally similar in the 2 types of venues, and reflects the population breakdown in Singapore, even with the difference in sample sizes across the venues.

Figure 4 – Nationality

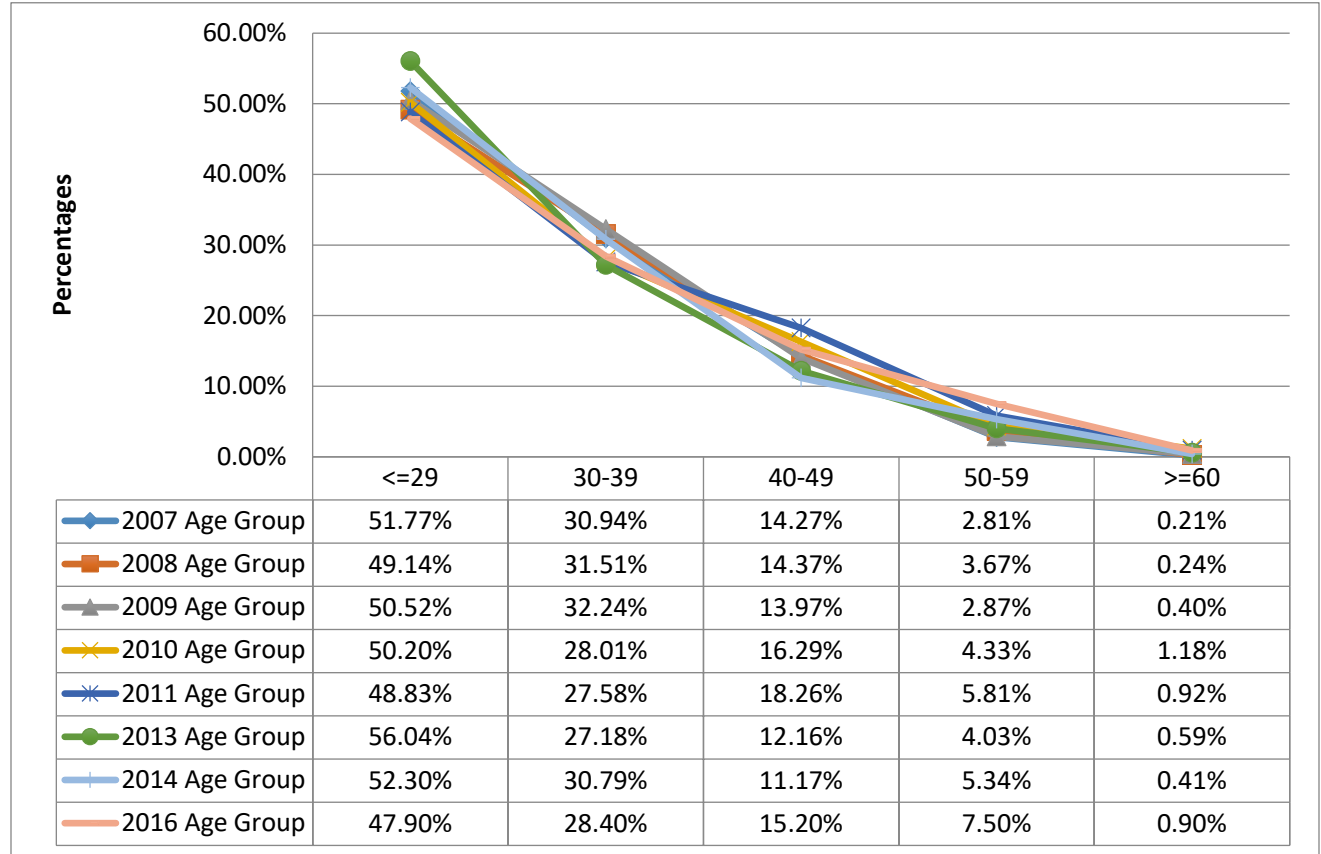


The split of nationalities continues to be similar year on year. Foreigners continue to form a significant portion of the MSM community at about 25%.



Data Analysis by Year

Figure 5 – Age groups by year



Age groups of the study participants continue to follow a similar trend over the years.

Figure 6 – Ethnicity by Year

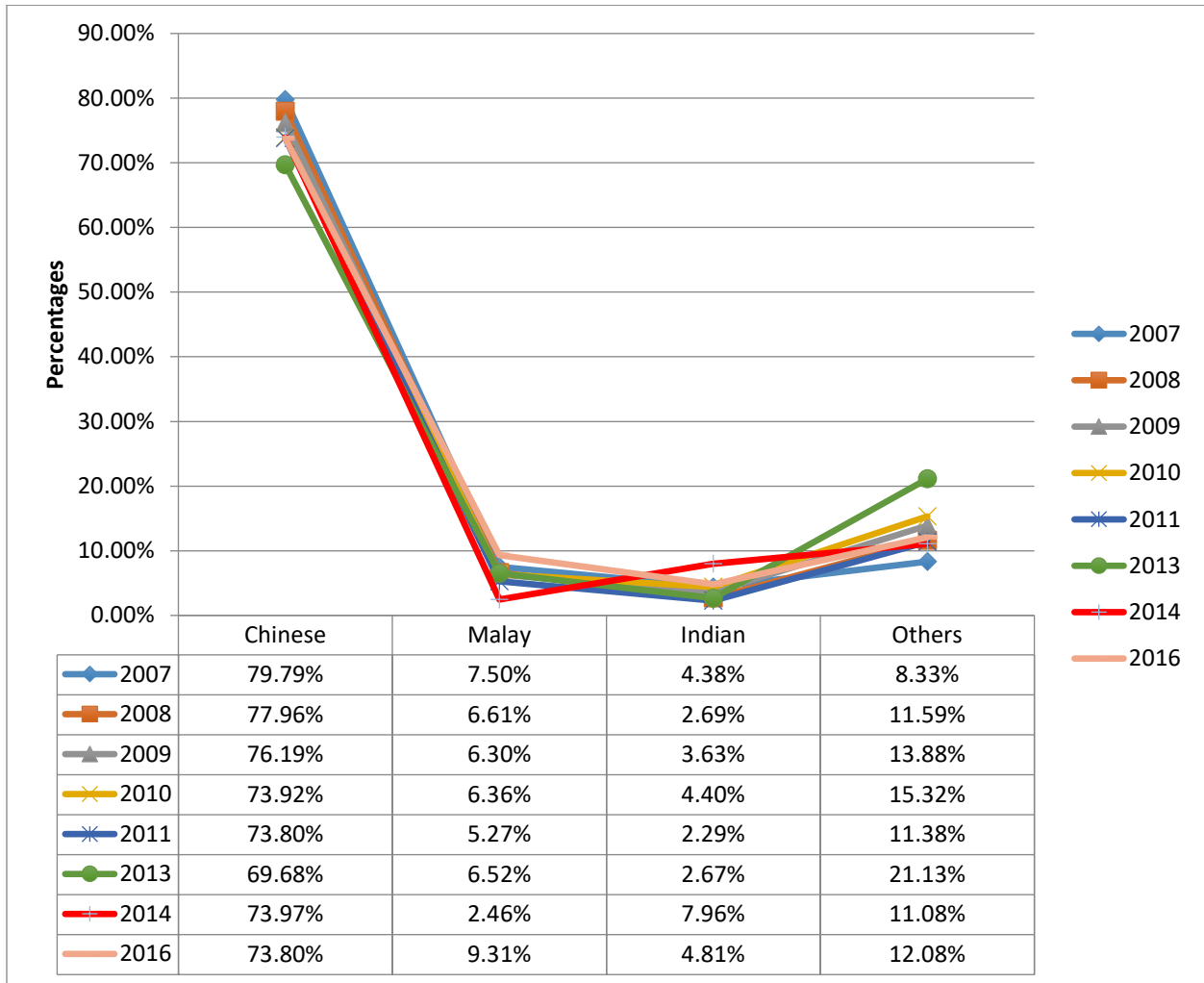
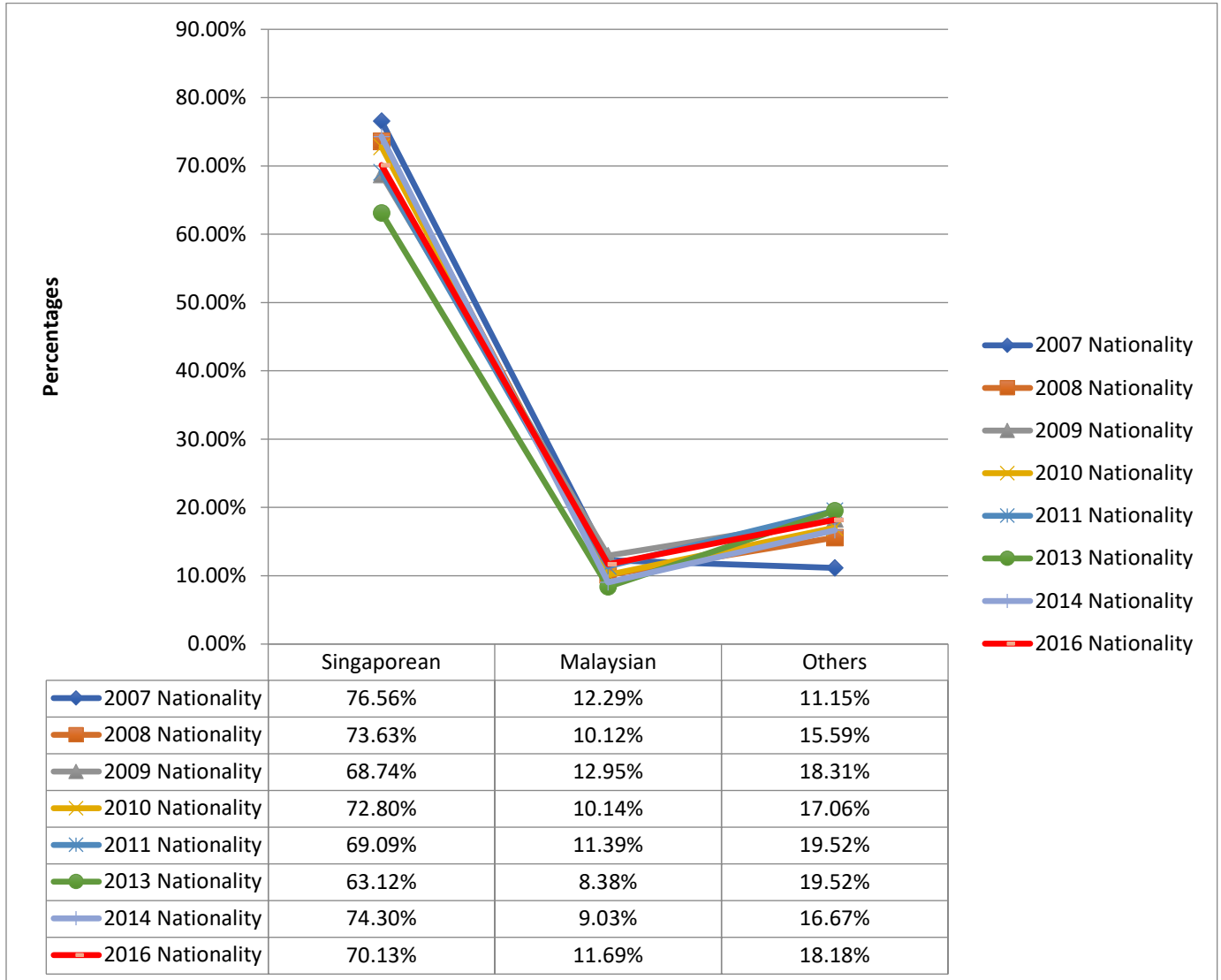
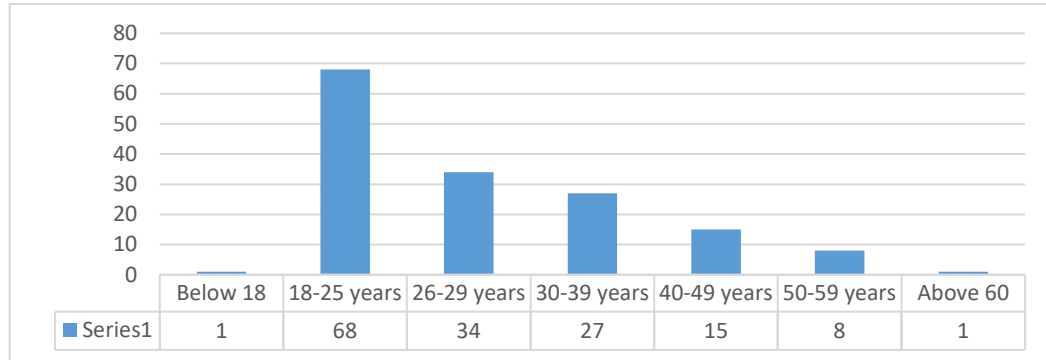


Figure 7 – Nationality by Year



Nationality distribution continues to be similar over the years, with Singaporeans and PR occupying the most significant portion of the MSM population.

Figure 8a – First time testers by Age Group (N = 154)



Note: 152 survey respondents answered affirmatively to the above question.

Most of the first-time testers were found to be in the youngest age group of 18 – 25. However there were still many in older age groups who reported being tested for the first time, showing that more needs to be done to reach out to all MSM, not only the younger age-groups to provide HIV testing.

Figure 8b – First time testers by Nationality and year

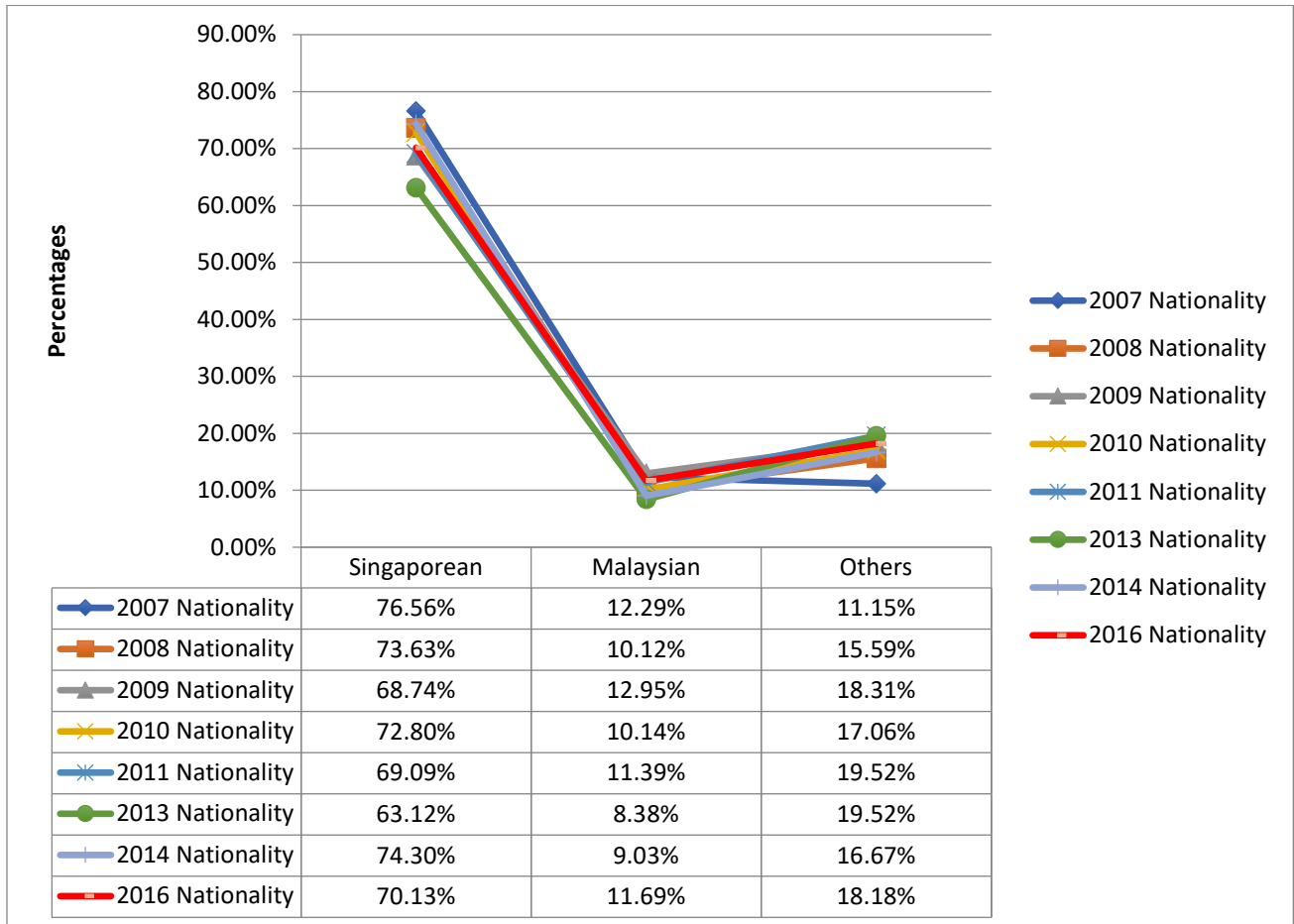


Figure 8c – First time testers by Ethnicity and year

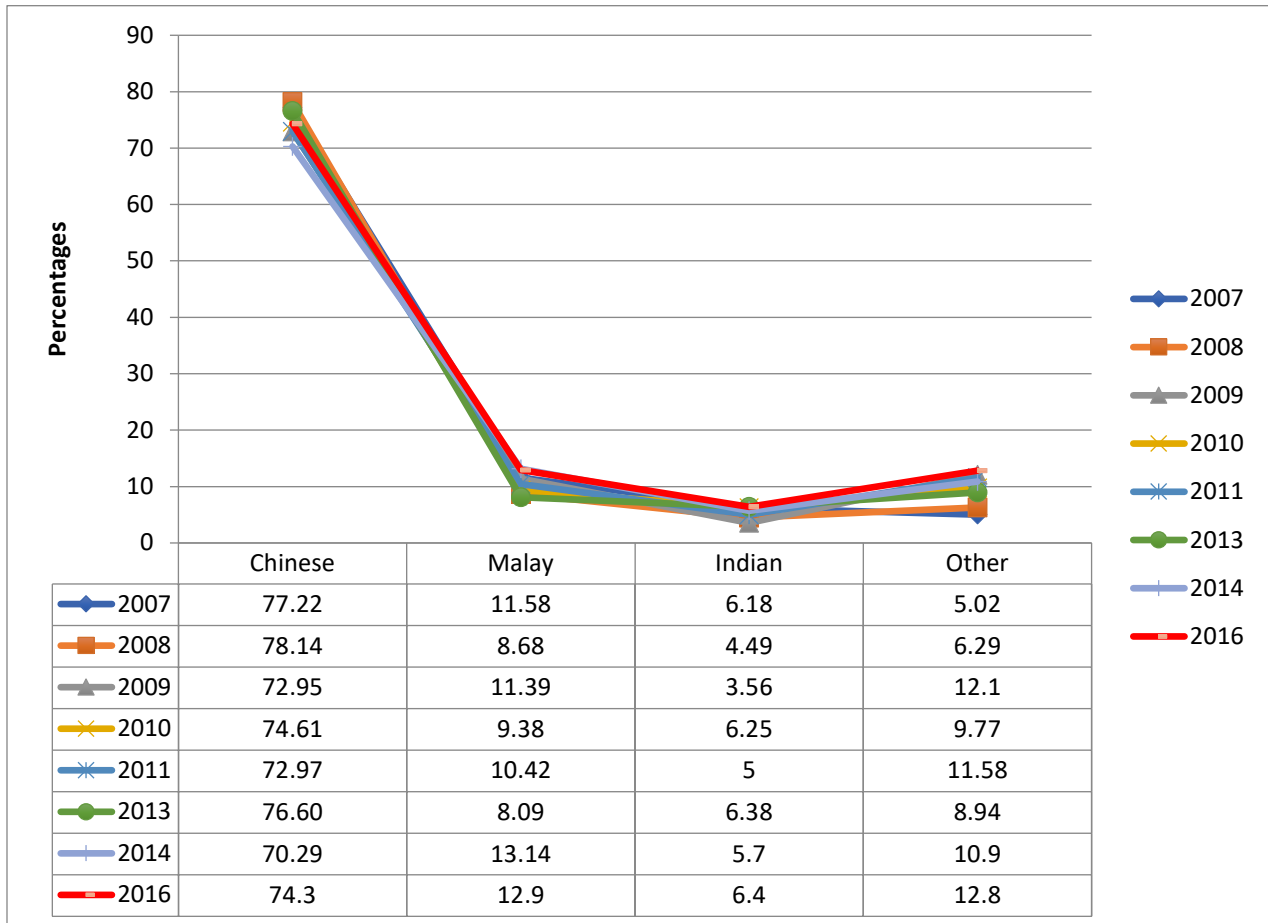


Figure 8d – First time testers and expected result

What do you think your result would be? (N = 96)

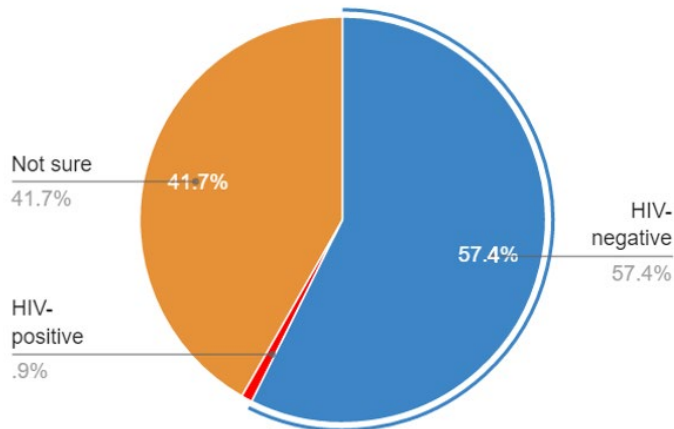
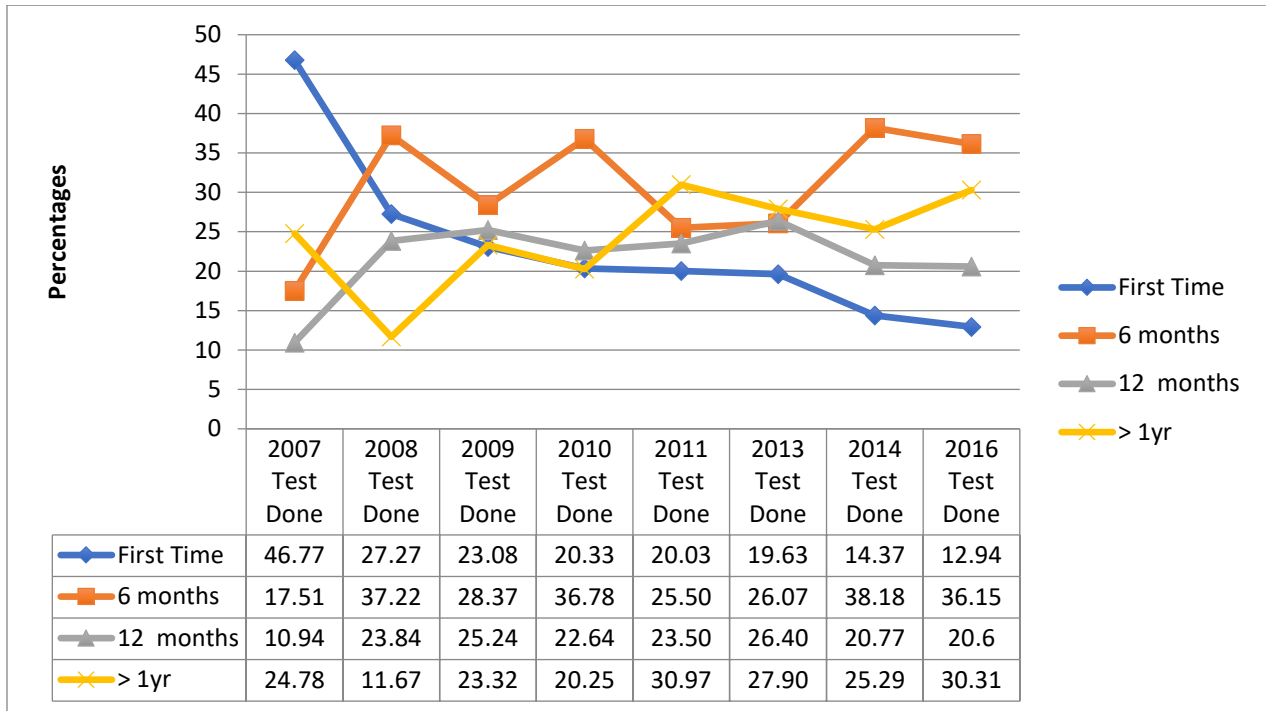
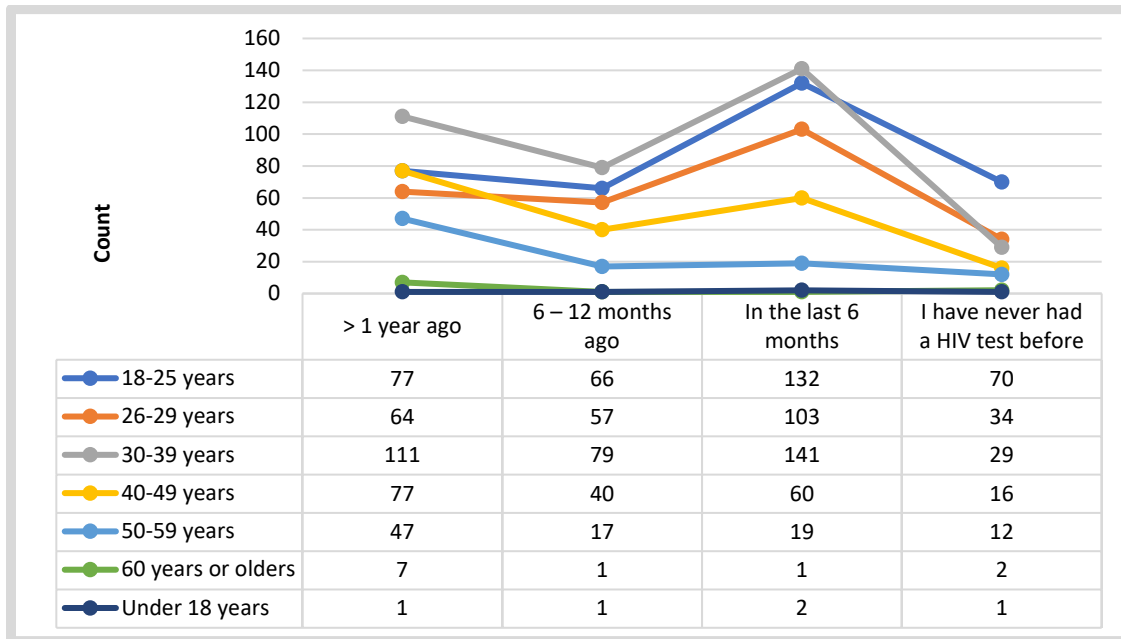


Figure 9a – Last HIV test and year (N = 1267)



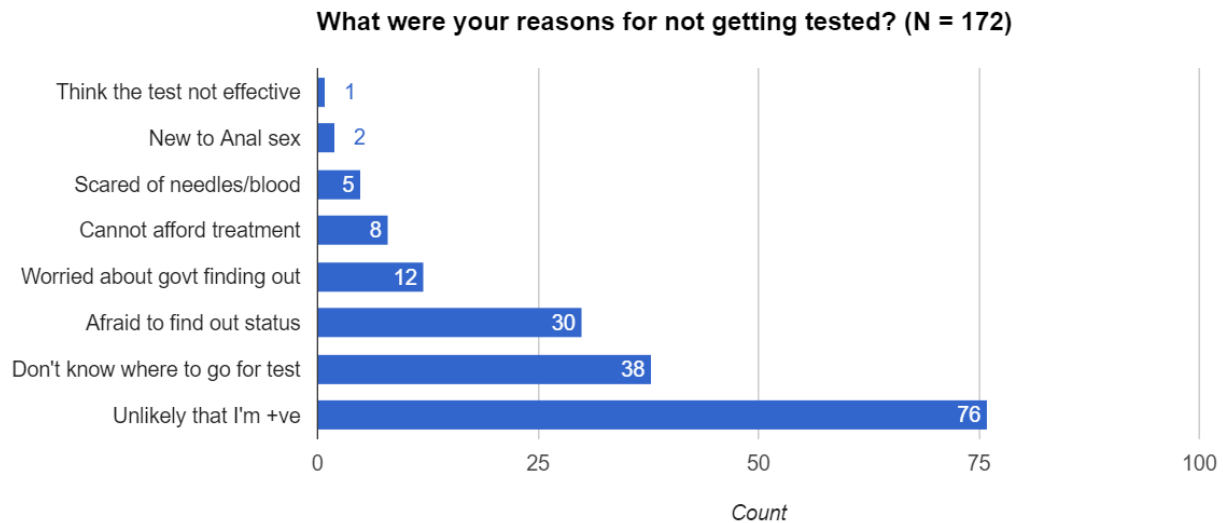
There is a steady downwards trend in the number of first time testers and upward trend in the number of MSM who had a recent HIV test (under six months).

Figure 9b – Last HIV test and age group (N = 1267)



Over 36% of participants tested in the last 6 months.

Figure 9c – Reasons for not getting tested



Note: This number (172) was based on those who did not answer if they had been tested before in the questionnaire but directly went to the next question on their reasons for not getting tested.

HIV positive

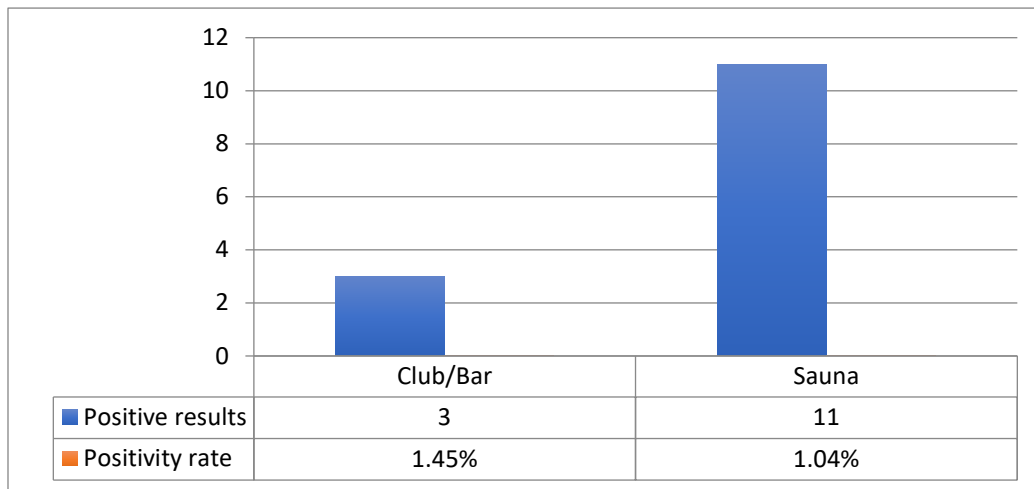
14 participants were tested positive by Oraquick HIV1/2 tests.

- Overall : Positivity of 1.1% (14 positives)
- Bars/Clubs: Positivity 1.45% (3 positives out of 207)
- Saunas: Positivity 1.04% (11 positives out of 1060)

Details of 14 individuals testing HIV positive

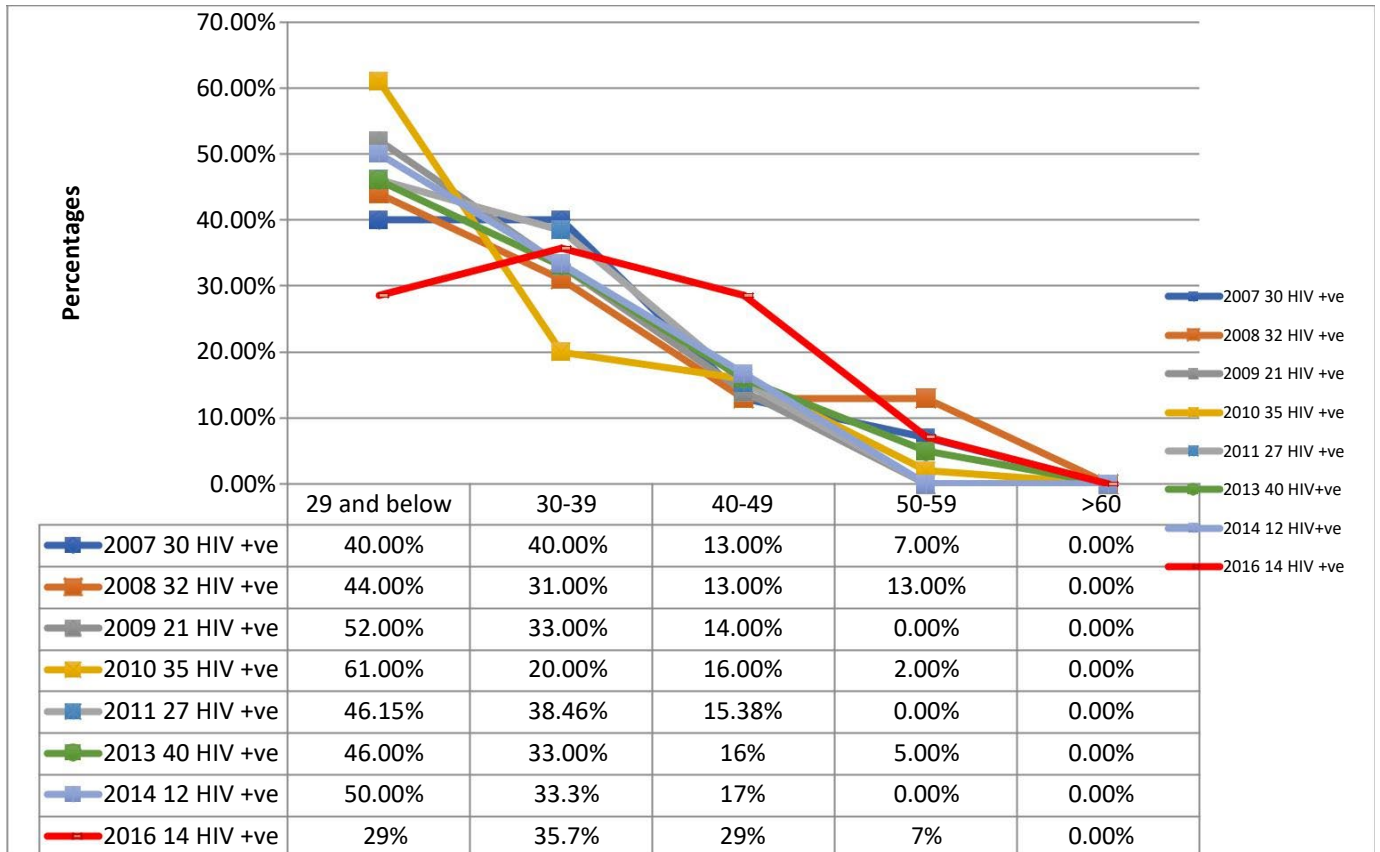
- 12 individuals had a previous negative HIV test
- 1 was a known positive
- 1 individual was a first-time tester
- 4 (29%) were below 29 years of age
- 7 were Singaporean, 5 were followed up with Western Blot tests and all 5 were linked to care

Figure 10 – HIV Positive cases by venues



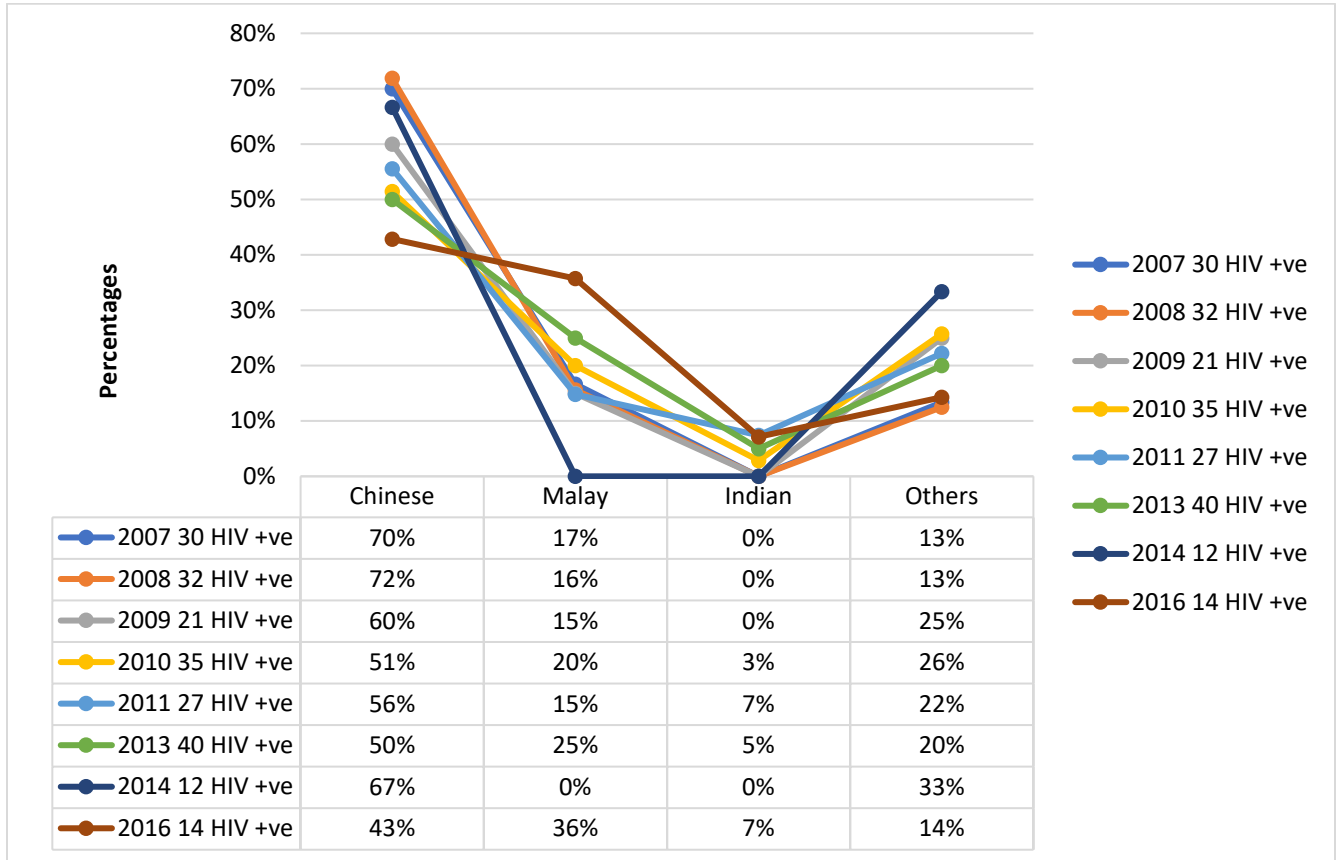
Number of positive cases continues to be relatively higher in saunas, compared to clubs. However the final positivity was higher in clubs/bars than in saunas.

Figure 11 – Rapid HIV test positive cases by age group and year



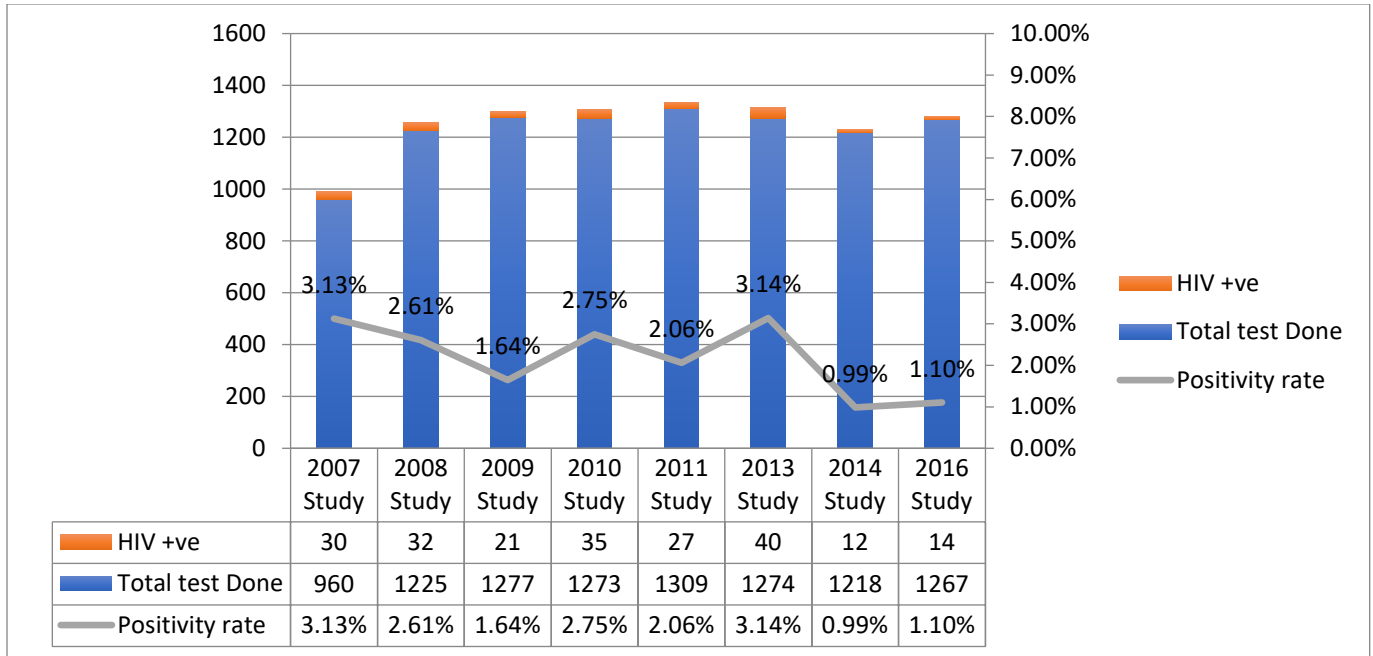
Compared to the 2014 study, the current study shows that HIV positive rates have gone down in the younger age group of 29 and below, while it has increased in those between 40-49 years.

Figure 12 – HIV positive cases by Ethnicity



There has been a decrease in HIV positive cases among those of Chinese ethnicity and others in 2016 compared to previous years while it has gone up among Malays.

Figure 13 – Overall HIV positivity by year



The positivity rate was somewhat similar in 2016 (1.1) compared to 2014 (0.99) This is encouraging and may indicate that programmes to increase and maintain AIDS awareness and prevention are working.

Data from survey forms

Besides information on the basic demographics, additional data on sexual behaviour and practices among MSM that patronized the saunas and bars/clubs were also collected.

Please refer to the attached form for all the questions.

Figure 14a –Where do you meet your male sexual partners (Participants can circle more than one option on where they meet their sexual partners) (N = 1160)

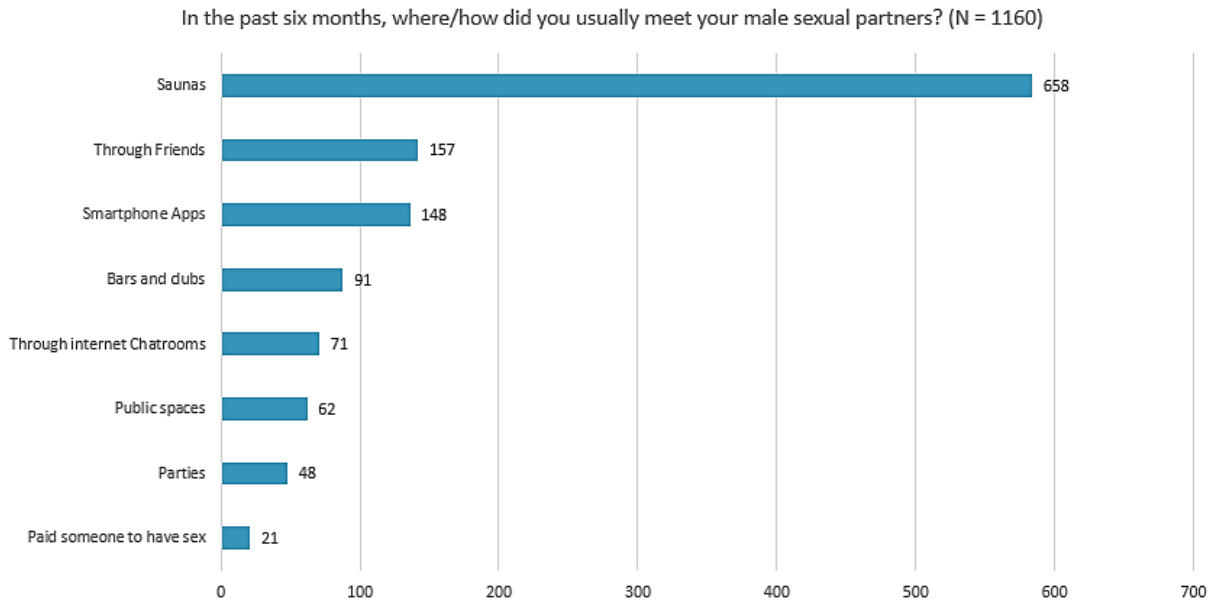


Figure 14b – Number of sexual partners in the past year

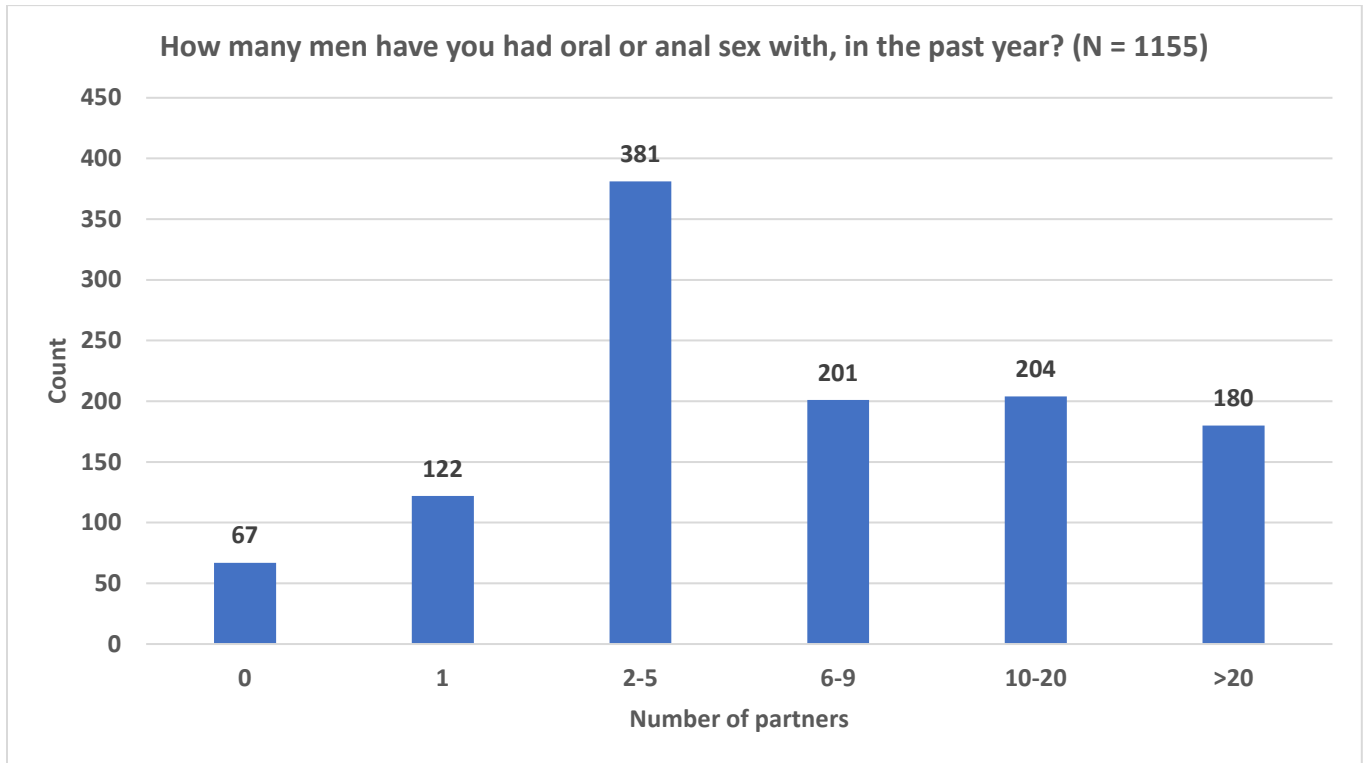


Figure 15 –Are you currently in a steady emotional relationship?

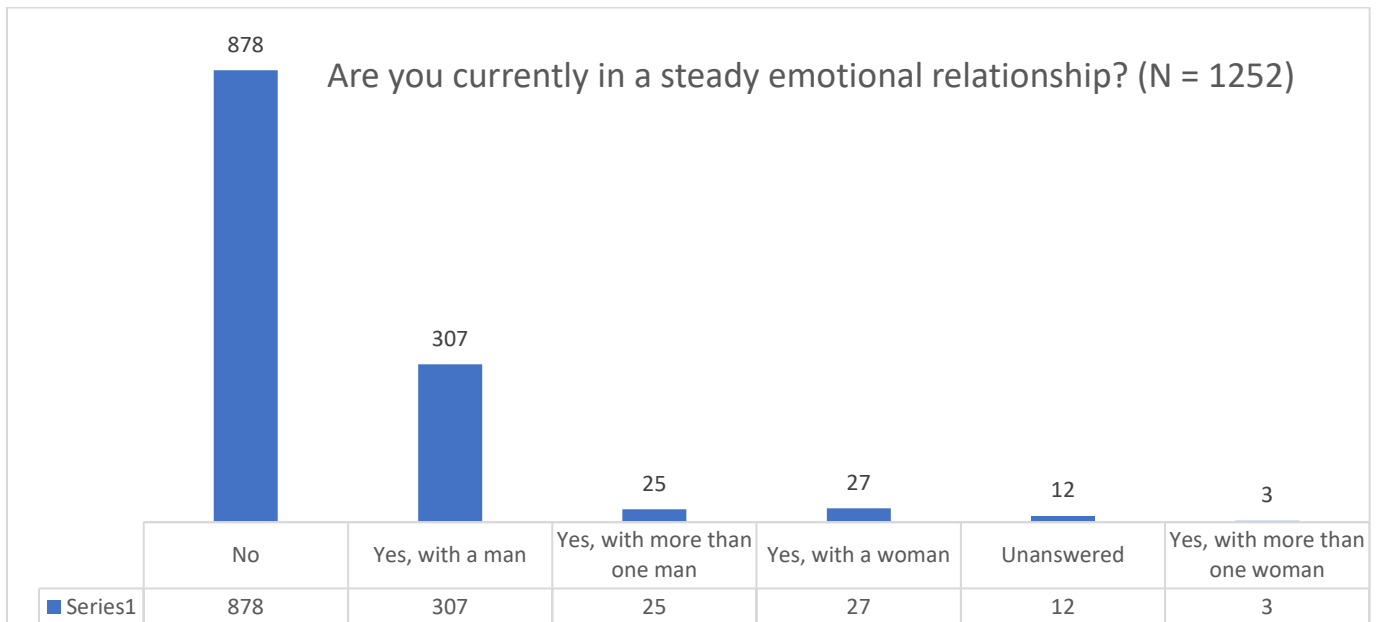
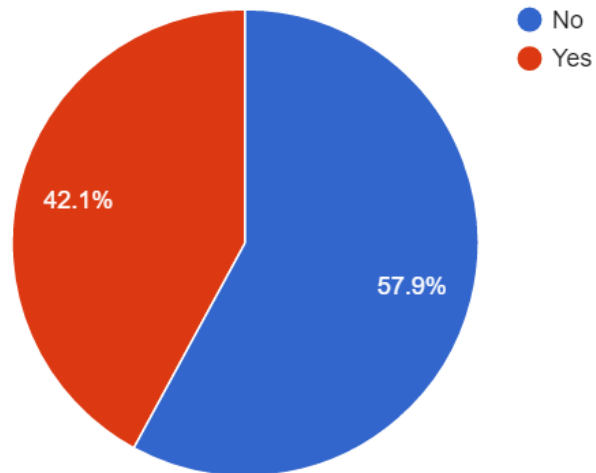


Figure 16 - Condom use with regular partner

In the last six months, did you have anal sex with a regular partner (N = 1143)



Condom use with regular partner for Anal sex (N = 484)

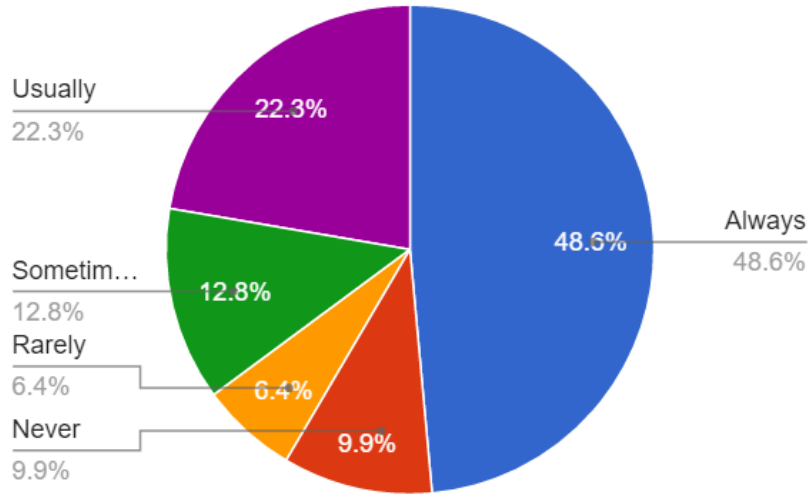


Figure 16.B Condom use with regular partner by Year

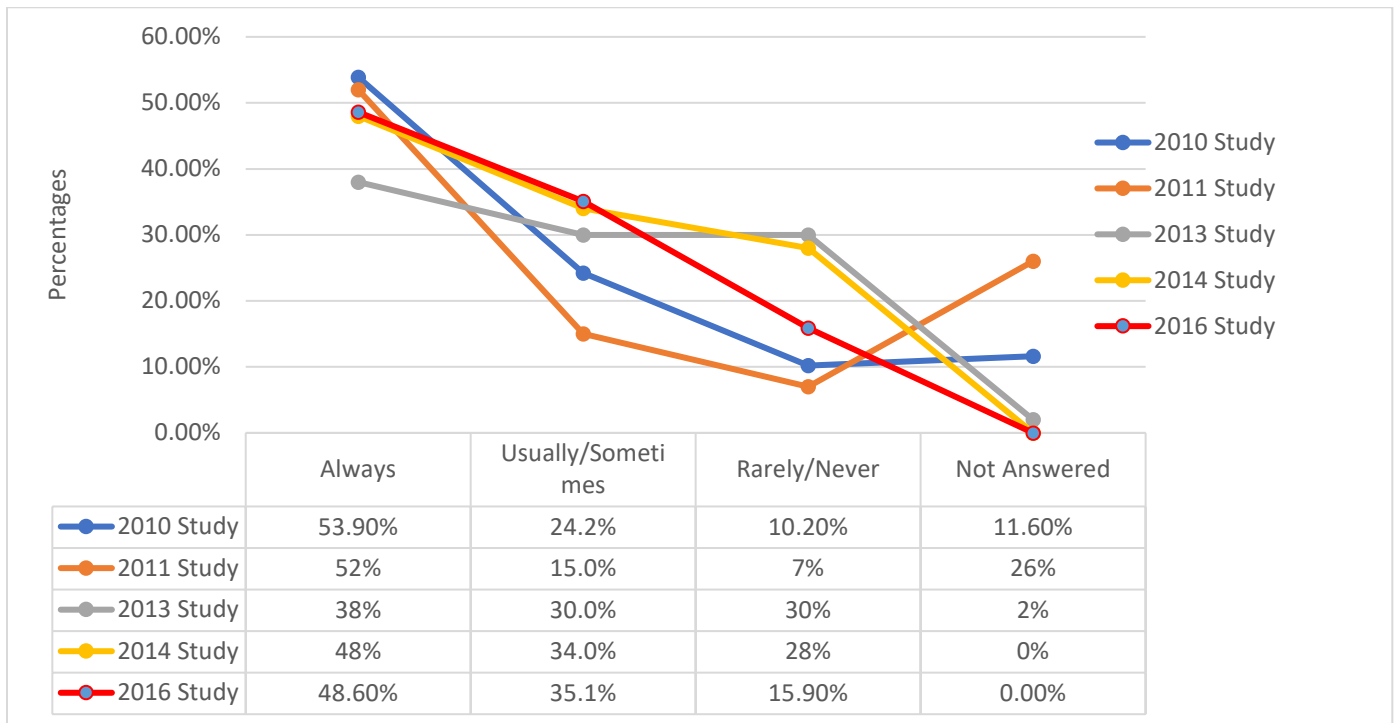
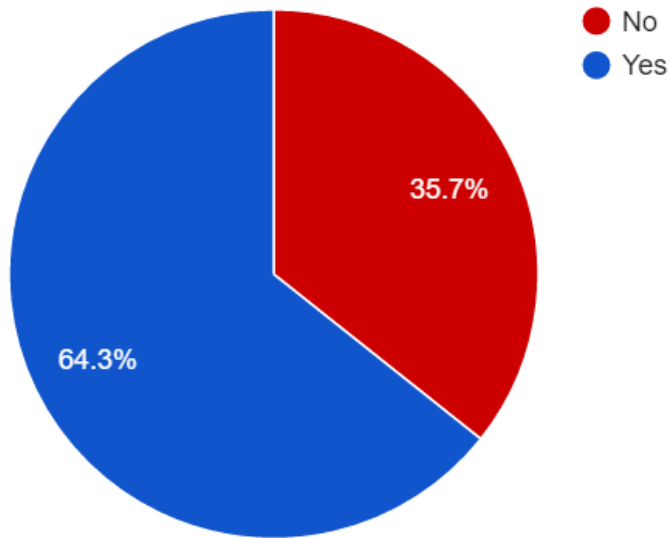


Figure 17 – Condom use with a casual partner

Anal sex with a casual partner in the last 6 months (N = 1143)



Condom use with casual partner for Anal sex (N = 852)

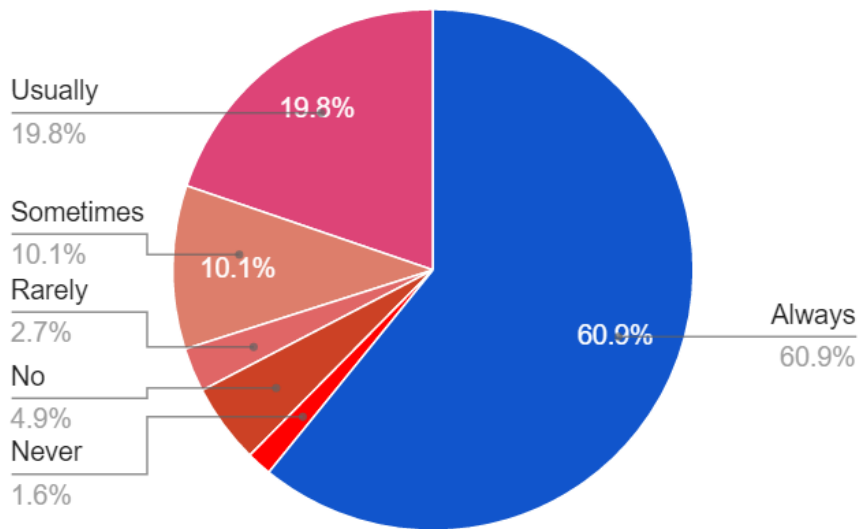


Figure 17.B Condom use with casual partner by Year

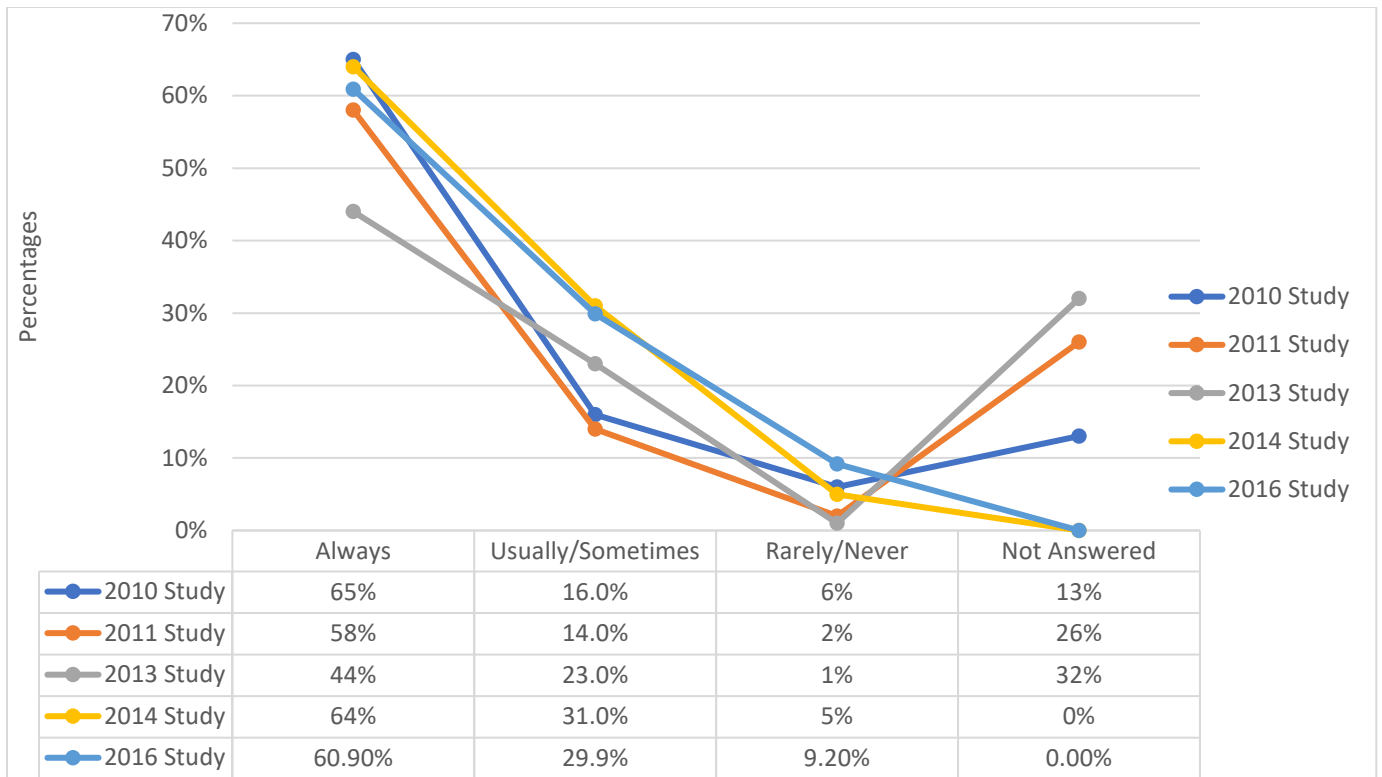


Figure 18 – Reasons for no condom use with Regular partner(N = 339)

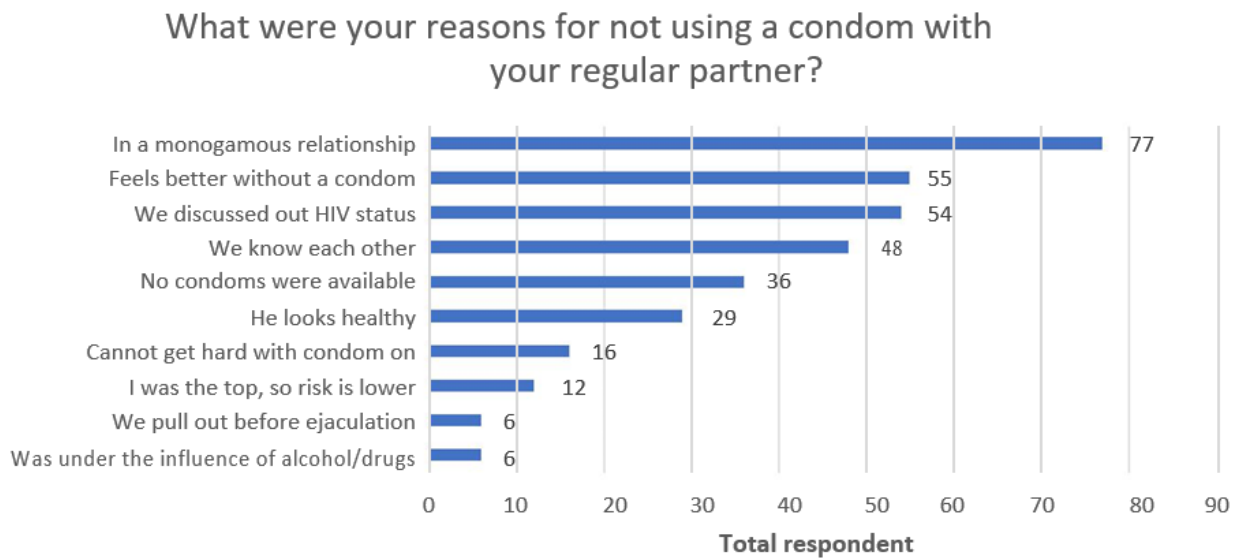
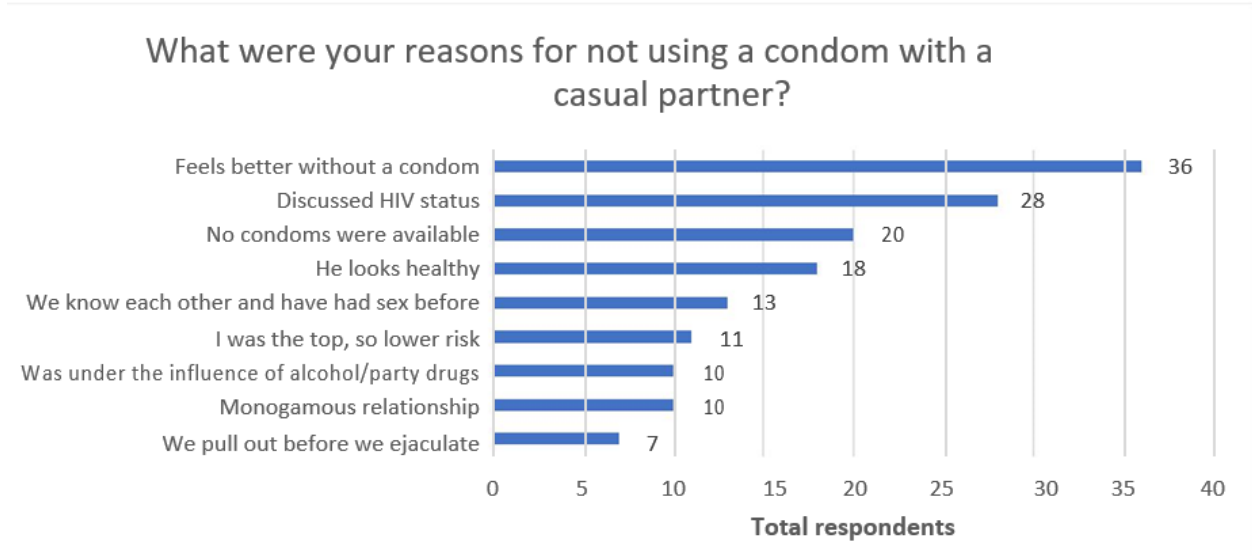


Figure 19 – Reasons for no condom use (Casual partner, N = 153)



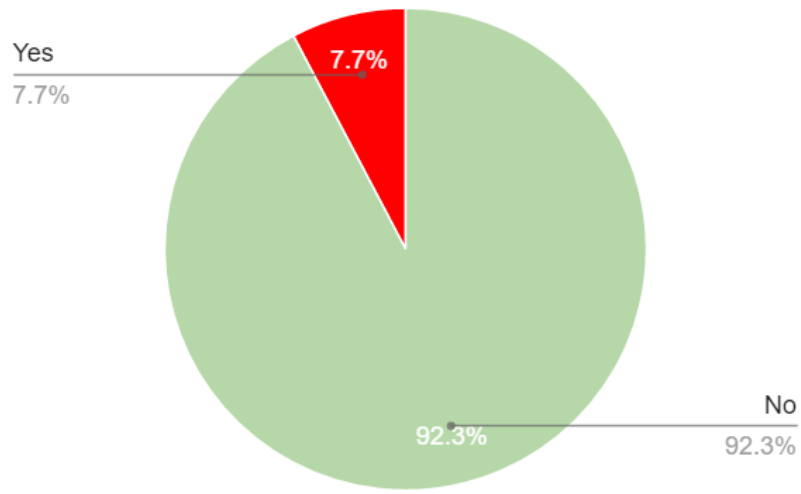


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Figure 20 - Drug use

Have you used party drugs in the last six months? (N = 1141)

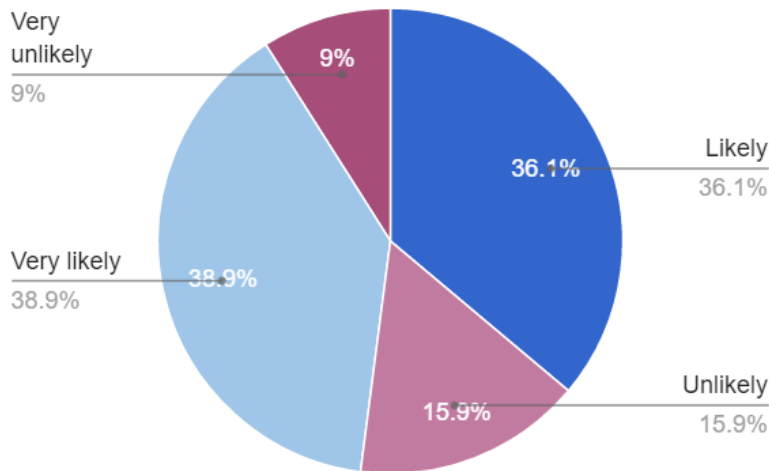


PrEP awareness and willingness to pay

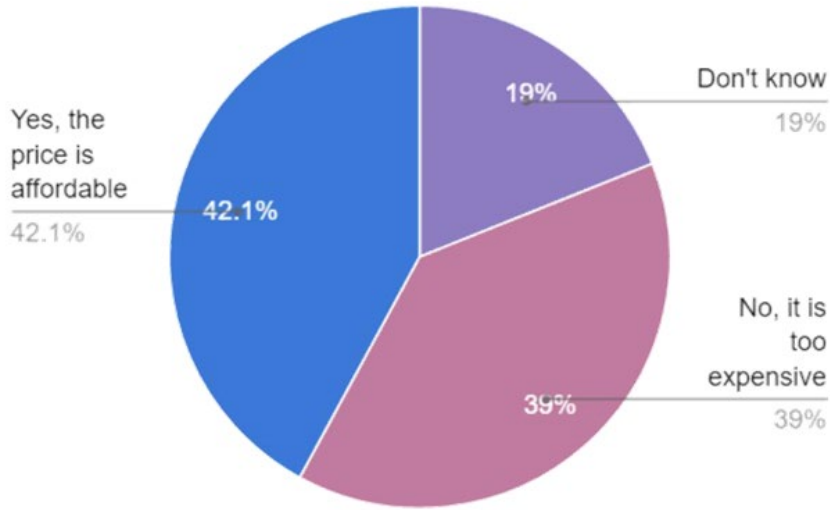
Treatment as Prevention and the use of Pre-exposure Prophylaxis (PrEP) is increasingly becoming an important and promising approach for the prevention of human immunodeficiency virus (HIV) transmission. The addition of two questions allowed the research to explore the potential of PrEP implementation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

Figure 21 a, b, c, d – PREP willingness

**If HIV prevention pill is available in Singapore,
How likely are you to take it? (N = 1243)**

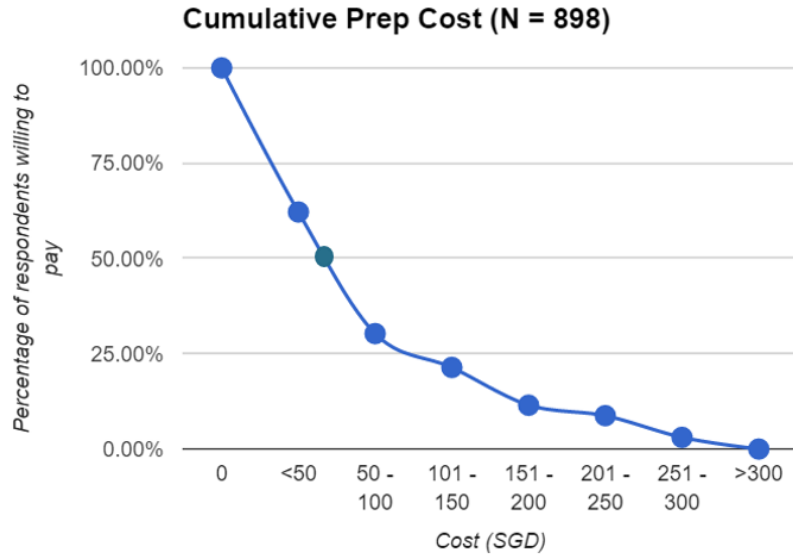


Would you pay \$100 for this pill? (N = 559)



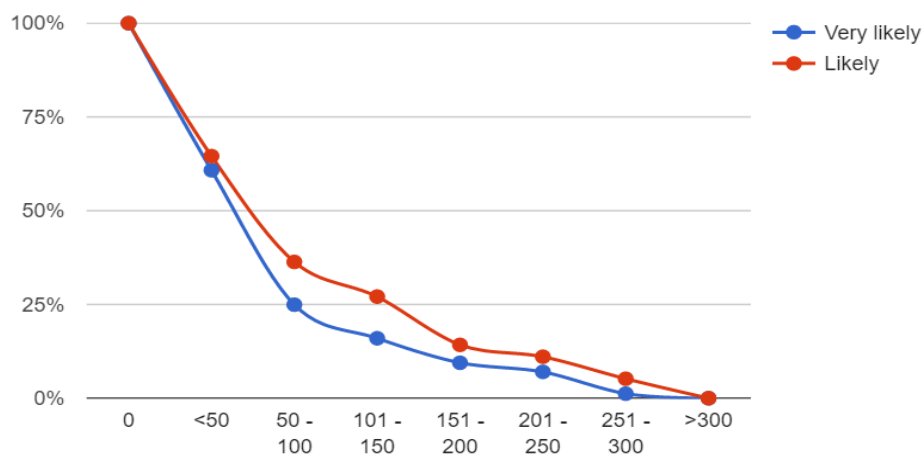
Price Ranges From Willingness To Pay Questions for PrEP			
Price per month	Number (N = 957)	% of 957	Cumulative %
Up to \$100	235	24.5	24.5
\$100- \$150	303	31.6	56.1
>\$150	7	0.7	56.8
Do not know / no response	412	43.1	100

Figure 22a – Cumulative chart of highest price that survey respondents were willing to pay for PREP per month



The 50% mark lies between the points <50 and 50-100. This implies that, among the 898 respondents, if PREP was priced approximately around 50 dollars per month, about 50% of the MSM population are willing to take it.

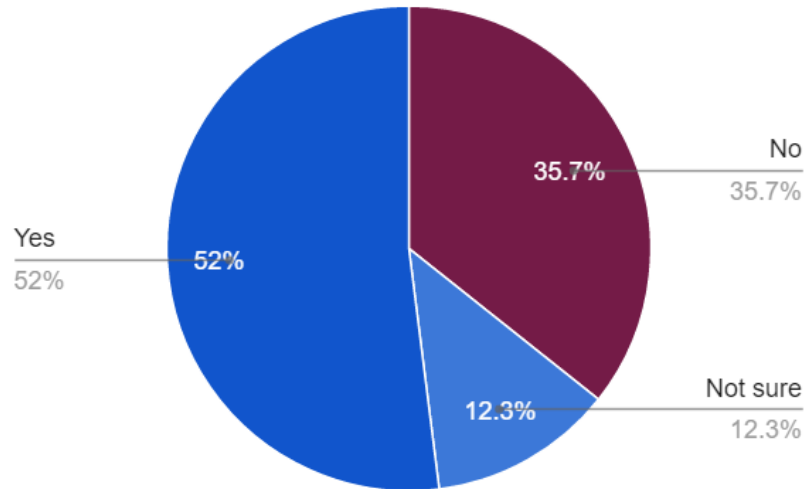
Figure 22a – Cumulative chart of highest price that survey respondents were willing to pay for PREP per month (Among those who responded Likely and Very likely to take PREP) (N = 857)



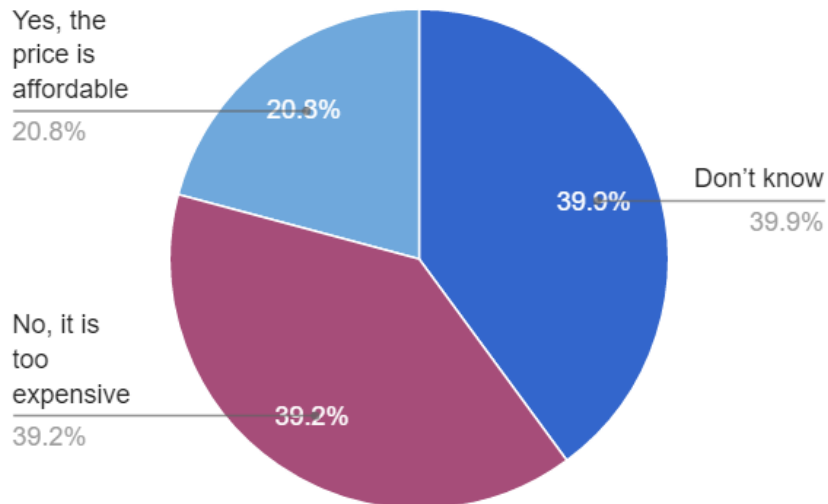
PEP awareness and willingness to pay

Figure 23 a, b, c, d – PEP awareness and willingness

Have you heard of PEP? (N = 1250)



Would you pay \$150 for this pill? (N = 451)



Would you pay \$250 for this pill? (N = 250)

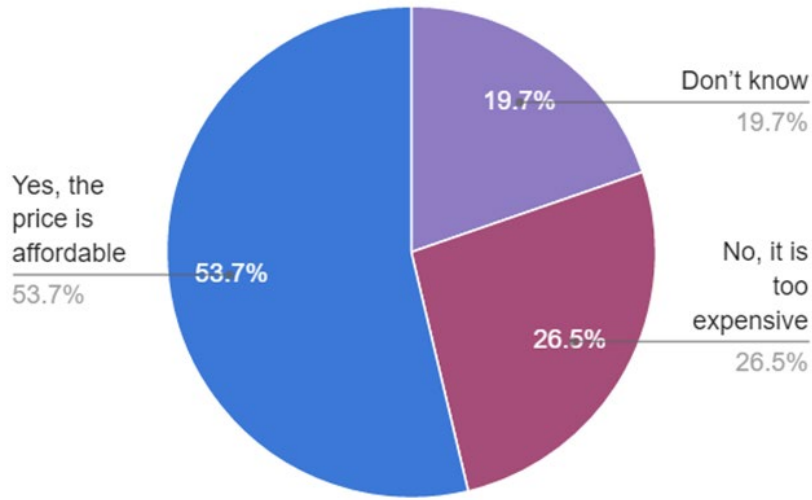
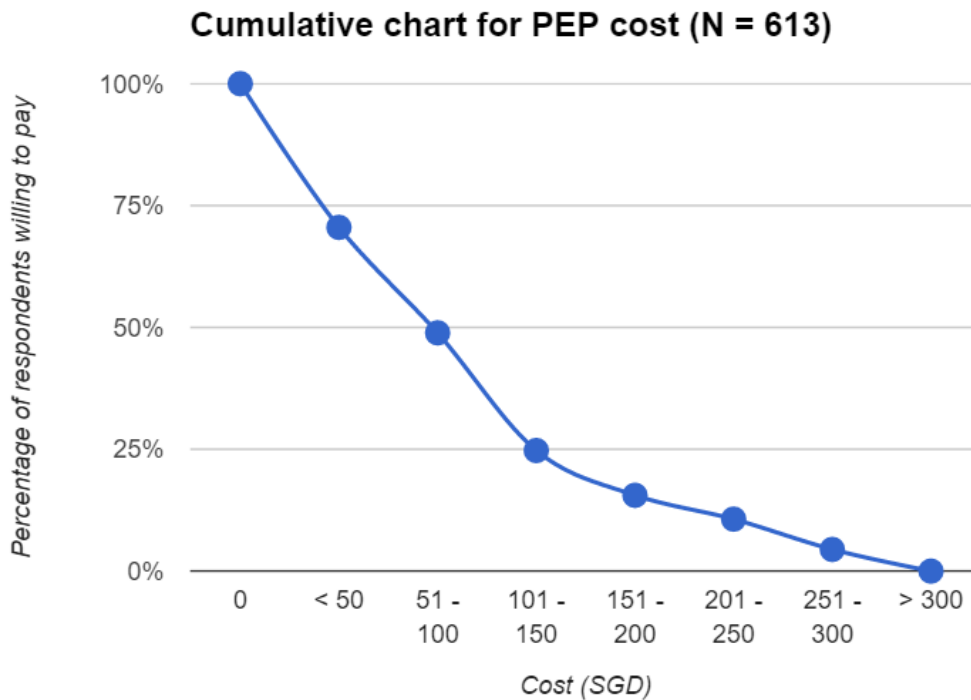


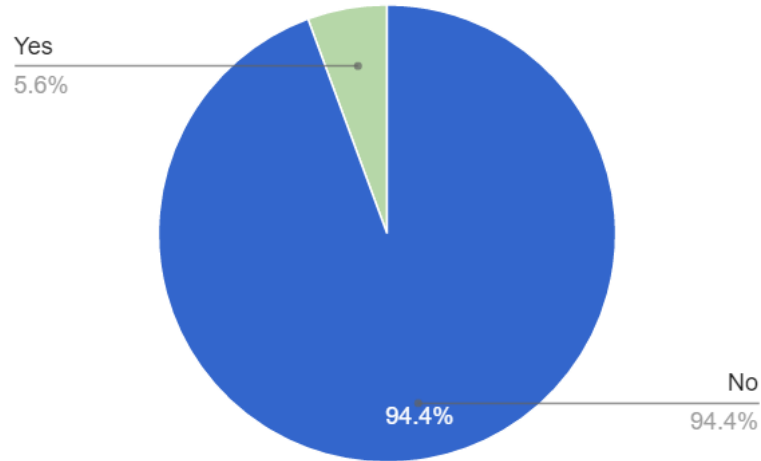
Figure 24 – Cumulative chart of highest price that survey respondents were willing to pay for PEP per month



This chart shows that, if PEP was priced approximately around 51 - 100 dollars per month, about 50% of the MSM population are willing to take it.

Figure 25 – Experience with PEP usage

Have you used PEP? (N = 1138)



Among the respondents who responded Yes to the above question, when asked if PEP has changed their sexual behaviour, 45% said NO while the rest of the respondents answered with responses such as

- Yes, more aware and more cautious”
- “Yes, try not to have too many casual partners”
- “Yes, always be safe, because PEP is too damn expensive”
- “Stop having sex to prevent conflict of treatment”
- “Yes. Very strong medics with side effects. I would never want to take that again. Always protected sex”
- “Yes. No more random receptive anal encounter”

Discussion

Demographics

The majority of those who tested were between 18 – 29 years of age and 30 -39, similar numbers seen through the past six rounds.

The main ethnic group is Chinese, followed by Malay and Other races. Over the past few studies, it was observed that the participants were older in Saunas compared to those in clubs. This continues to be the trend, even with the significantly higher number of tests conducted in Saunas.

Saunas and bath houses remain the main venue where participants meet their sexual partners, followed by through friends and smartphone apps.

Conclusion and Recommendations

A total of 1267 MSM participated and took the HIV test. 14 participants had a positive result, resulting in a positivity rate of 1.1%, which is similar to our 2014 rate of 1%. But the positivity rate in the youngest age group of 29 years and below seems to have reduced noticeably, from 50% in 2014 to 29% in 2016. Among the positive clients, about 3 of them responded that they have used party drugs in the last 3 months.

It is noticed that the consistent (100%) condom use trend with regular partners continues to remain identical to 2014 at 48% (see figure 16.2), while the trend for consistent (100%) condom use with casual partners has decreased to 61% in 2016, compared to 64% in 2014 (see figure 17.2).

There are no notable changes in terms of the Nationality, Race and Age trends among the study participants over the years. A major portion of participants who have never had a HIV test

before were from the youngest age group of 18 – 25 years. However, there were still many older age groups who reported never having tested before demonstrating the need to continue to reach out to all MSM.

This repeat project was well received by all partners and participating venues gave their full cooperation and support towards staff and volunteers. Additional data has been collected in terms of the demographics of the patrons of different Saunas in Singapore, which will allow better planning and coordination for future outreach efforts at these venues. The project's high visibility also serves 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, the sero-prevalence survey has successfully normalized HIV testing within the MSM community.

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

A staff member of AFA or an appointed coordinator was present at every session and prompt feedback was given to volunteers after each session. This helped ensure that confidentiality was not broken when a participant tested positive.

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.