

HARiS - HIV and AIDS Response Indicator Survey 2013 for Female Sex Worker

Background

The first CRiSP (Community Based Risk Behavioural and Seroprevalence Survey for Female Sex Worker in Hong Kong) was launched in 2006 and it was repeated in 2009. HIV prevalence among female sex worker (FSW) in Hong Kong was found to be maintained at a low level in these two rounds of CRiSP, 0.19% and 0.05% respectively. Organized as a regular public health surveillance programme, a similar integrated biobehavioural survey for FSW, incorporated into the new HARiS (HIV/AIDS Response Indicator Survey) programme, was conducted in 2013 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 by six non-governmental organisations (NGOs) during their outreach sessions and in their service centres between June and August 2013. A structured interviewer-administered questionnaire consisting of both Chinese and English versions were used. All participants recruited from the venue-based survey were required to submit a urine specimen for HIV test. The first lot of specimens received were also sent for detection of Chlamydia trachomatis (CT) and Neisseria gonorrhoeae (NG) infection. Service users of NGOs were also invited to do an online version of questionnaire targeting FSW of younger age.

Results

Venue-based

(A) Characteristics of participants

616 respondents were recruited. Nearly two-thirds (62%) were recruited from one woman brothel; the remainder were recruited from Karaoke/nightclub (13.5%), street (5.8%), bar/pub (10.2%), and massage parlor (including body/foot massage/sauna) (4.4%). A vast majority was Chinese (87.6%), had a Hong Kong Identity Card (86.5%) and in the age group 30-39 (47.4%).

(B) HIV/STI prevalence

Overall, 605 (98.2%) urine specimens were received and sent for HIV testing. No sample was found positive and the adjusted HIV prevalence was 0.0% (95% CI: 0.0-0.6%). The first lot totalling 231 urine specimens was sent for Chlamydia and gonorrhoea testing. 19 samples were found positive for Chlamydia and no sample was positive for gonorrhoea. The adjusted prevalence was 8.2% (95% CI: 5.3-12.5%) for Chlamydia and 0.0% (95% CI: 0.0-1.6%) for gonorrhoea.

(C) Behavioural indicators

The consistent condom use rate (every time) in the preceding six months was 98.0% for casual client and 93.4% for regular client, while condom use rate in the last intercourse was 99.3% for casual client and 98.5% for regular client. Overall, 474 (78%) were HIV ever-testers and 376 (61.7%) had their last test in the preceding 1 year.

(D) STD-related knowledge and attitudes (only for FSW aged 24 or below)

40 (6.5%) FSW were aged 24 or below and their knowledge and attitudes on STD were assessed. 95% agreed that using condom correctly could prevent HIV infection and more than half (65%) correctly pointed out that STD will increase the risk of HIV. 75% and 70% correctly pointed out that HIV can be transmitted via transfusion of contaminated blood and sharing needles respectively. Only 27.5% knew that STD will not always develop symptoms and 47.5% knew that STD may lead to infertility if untreated.

Internet-based

There were 21 respondents successfully recruited via the internet by 2 NGOs. All had Hong Kong Identity Card and under the age of 24. A majority (95.2%) was Chinese. The consistent condom use rate (every time) was 64% for casual client and 50% for regular client while condom use rate in the last intercourse was 100% for casual client and 66.7% for regular client. 17 (80.9%) were HIV ever-testers and 16 (76.2%) had their last test in the preceding 1 year. All agreed that using condom correctly could prevent HIV infection and correctly pointed out that HIV can be transmitted via transfusion of contaminated blood and sharing needles. Only 4.8% knew that STD will not always develop symptoms and 4.8% knew that STD will lead to infertility if untreated. Only 28.5% correctly pointed out that STD will increase the risk of HIV.

Discussions

1. The HIV prevalence was 0.0% in the survey, which was comparable to the previous 2 rounds of CRISP in 2006 (0.19%) and 2009 (0.05%) and these serial surveillance monitoring reflected a consistently low level of HIV infection in the local FSW community.
2. The adjusted prevalence of Chlamydia was 8.2% whereas that for gonorrhoea was 0.0%. The results suggested that STI was common among the FSW community, which may be contributed by their lack of awareness of STD symptoms, a neglect of proper seeking of medical care for STD and asymptomatic nature of some STDs.
3. The rates of consistent condom use with casual clients and regular clients were found to be 98% and 93.4% respectively in the venue-based survey, which remained at a similar high level as previous two CRISP surveys (92% in 2006 and 95% in 2009 for all sex partners). The condom use rate in last sex with regular clients and casual clients appeared to be higher in this round (98.5% and 99.3% respectively), as compared to previous two CRISP rounds (93% in 2006 and 96% in 2009). Taken together, the findings might reflect an increasing awareness of safer sex behaviours among the community.
4. 78% of the respondents had ever been tested for HIV antibody, which was higher than those of the previous rounds of CRISP (54% in 2006 and 64.2% in 2009). Testing rate in the past one year also increased from 45% in 2006 and 48.8% in 2009 to 61.7% in this round. These findings suggested that undergo HIV testing and having regular testing are becoming more popular in the FSW community.
5. This is the first time that online extension has been implemented in similar surveys. It demonstrated that recruitment through the internet was feasible, especially for the young FSWs as shown by the median age of 20 among the internet recruited subjects (as compared to that of 33 among all respondents).

FACTSHEET on HARiS for FSW 2013

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