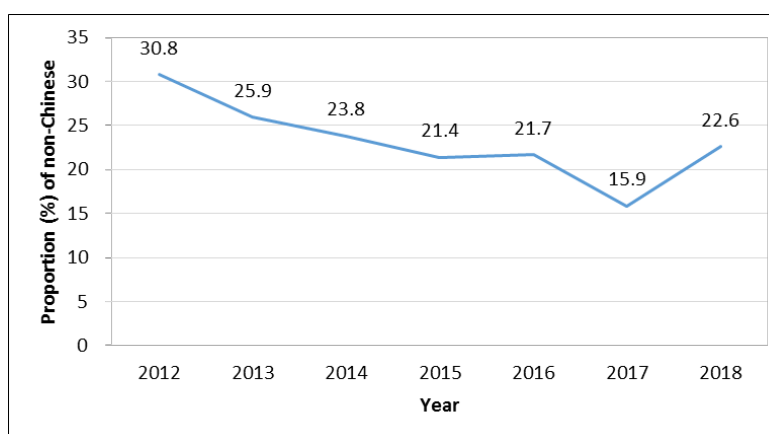


HIV risk behavioural survey for ethnic minorities (Filipinos and Indonesians) in Hong Kong 2019

Background

Ethnic minorities (EM) are one of the key populations of HIV infection. In 2018, the 141 non-Chinese HIV cases newly reported to the Centre for Health Protection (CHP) of the Department of Health (DH) constituted 22.6% of reported HIV cases in 2018. Although the proportion of new HIV cases among EM has decreased from 30% in 2012 to around 20% (figure) in recent years, it was still disproportionately higher than the 8.0% of EM among the Hong Kong population. About half of the EM cases were of Asian (non-Chinese) ethnicities.

According to the *2016 Population By-census Thematic Report: Ethnic Minorities* published by the Census and Statistic Department, a total of 584,383 EM constituted 8.0% of the whole population in Hong Kong. Overall, there had been a significant increase of EM by 70.8% when compared with 2006. About 80% of all EM in Hong Kong were Asians (other than Chinese), of whom 153,299 (26.2%) were Indonesians and 184,081 (31.5%) Filipinos. They were the largest EM groups in Hong Kong. As high as 95% of them worked as domestic helpers.



Objectives

To study the local situation of HIV infection among EM, Special Preventive Programme (SPP) of the DH commissioned a survey which was conducted from May to September 2019. As a community-based sexual behavioural survey targeting EM, this study is the first of its kind in Hong Kong. The objectives of the survey were (a) to explore HIV related knowledge and attitudes of local Filipinos and Indonesians; (b) to understand their practice of condom use and HIV testing; and (c) to identify culturally acceptable and effective ways to reach them for dissemination of HIV prevention messages.

Methods

The survey consisted of two parts of data collection: quantitative study (self-administered questionnaire) and qualitative study (focus group discussion). Based on the reported sexual health risks, selected respondents to the quantitative study were invited to participate in the qualitative study for further data collection.

In order to minimise language and cultural barriers with their negative impact on the participation rate, peer Filipino/Indonesian helpers, moderators and translators who were fluent in Tagalog or bahasa Indonesia were recruited as workers for the survey.

The quantitative part of survey was conducted on 26 May and 2 June 2019 in Causeway Bay, Central, Mong Kok and Tuen Mun. A total of 1,600 respondents successfully completed the self-administered questionnaires, including 800 Filipinos and 800 Indonesians. Prior to the fieldwork, enumerators and EM helpers were assigned to specific survey locations. For the survey, each pair of enumerators and EM helpers would approach and invite participants to fill out an electronic questionnaire installed in a smart device. To further identify the knowledge gaps and information needs, two panels of focus group discussion were conducted for Filipinos and Indonesians in September 2019. The discussion explored potential strategies for effective risk communication regarding HIV prevention and publicity targeting EM. Generally speaking, participants at increased sexual risk would be invited. Discussion of the focus groups was audiotaped and transcribed verbatim.

Results

A. Characteristics of participants

A total of 800 Filipino and 800 Indonesian respondents participated in the survey. The vast majority of respondents was currently employed domestic helpers (94.0% Filipino and 88.5% Indonesian), followed by currently unemployed domestic helpers (4.4% Filipino and 5.6% Indonesian) and self-employed (0.6% Filipino and 2.8% Indonesian). Half of the Filipino and Indonesian respondents aged 30-39 and over 90% of them reported their sexual orientation as heterosexual.

B. Sexual behaviours with different kinds of sex partners

Overall, 28.9% of Filipino and 25.4% of Indonesian respondents reported to have had vaginal or anal sex with a sex partner (defined as 'sexually active') in the past 12 months in Hong Kong. Among them, 15.2% of Filipino and 25.6% of Indonesian respondents were assessed to have elevated sexual risk ('high risk') as they had had multiple sex partners (defined as having two or more sexual partners) or had commercial or casual sex partners in the past 6 months.

Most of the Filipino sexually active respondents had regular sex partners (87.9%), followed by casual (9.1%) and commercial sex partners (7.4%). In contrast, Indonesian respondents had a lower percentage of regular sex partners (81.8%) and a higher proportion of commercial (10.8%) and casual (11.3%) sex partners. Across all categories of sex partners, the majority of respondents in both groups were more likely to engage in sex with partner(s) of the same ethnicity.

Condom use in last vaginal/anal sex in the past 6 months among both groups was low, especially for casual sex partners and commercial sex partners. The percentages are tabulated as below.

	Filipinos	Indonesians
Regular sex partners	49.3% (n=203)	80.7% (n=166)
Casual sex partners	38.1% (n=21)	45.5% (n=22)
Commercial sex partners	29.4% (n=17)	13.0% (n=23)

A large proportion of Filipino (64.5%) and some Indonesian (18.5%) respondents claimed 'partner doesn't want to use' as a major barrier preventing them from using condom. Also, 31.6% Filipinos and 23.6% Indonesians reported they had never used condom.

In the focus group discussion, some of the respondents revealed they had never used condom. Even some had used, the condom was not intended for HIV/STI prevention but for family planning and contraception. Respondents mentioned that, even if they made the request, their sex partners would refuse to use the condom because they felt uncomfortable using it.

C. HIV testing behaviours

Only 40.9% of Filipino and 27.5% of Indonesian respondents had ever tested for HIV. For those sexually active respondents, 60.0% and 67.3% of Filipinos and Indonesians had never received an HIV test or had had one more than 12 months before. For those who had been tested before, 63.3% of Filipinos and 46.4% of Indonesians received their HIV tests in private laboratories as part of pre-employment check-up, followed by private clinics/hospitals (22% and 35% respectively).

Most of the respondents (79.8% Filipino and 63.2% Indonesian) knew the result of their HIV test. Among those did not know the result, 58.1% of Filipino and 68.8% of Indonesian respondents claimed they did not want to know. The top three barriers preventing them from testing for HIV were 'never suspected that I might have HIV', 'religion' and 'cost'.

Most respondents stated that they had not received any HIV-related information from the Government and they had no idea of when and how to receive testing in Hong Kong. The preferred to have testing services during weekends.

D. Dissemination of HIV prevention messages among EM

Overall, most respondents (80.0% Filipino and 78.9% Indonesian) stated that they had not received any messages about HIV prevention in Hong Kong in the past one year. Among those sexually active respondents, only 22.9% of high risk Filipino respondents said they had received HIV prevention messages, which was lower than Filipino non-high risk respondents (34.7%). On the other side, both high risk (28.8%) and non-high risk (29.1%) Indonesian respondents had a similarly low proportion of having received HIV prevention messages in the past one year.

When presented with the idea of the receiving free condoms by the Government, the focus group discussants had polarizing opinions about it – some said it was a good idea; however, they also believed that it should be done discreetly because they were afraid that people might have a prejudiced view of them if they saw them receiving condoms. Some also said they had had no contact with local AIDS NGOs at all.

In the focus group discussion, respondents mentioned that if they were given an HIV information leaflet, they would only have a glance. On the other hand, they relied heavily on social media, particularly Facebook®, to share information. They opined that reliable information about HIV from the Government could be effectively disseminated in their community if posted on social media. They considered that information from government-owned webpages and those from the Consulate were relatively reliable.

Discussions

1. As the recruitment of subjects took place at venues where domestic helpers usually gathered, most of the respondents were as expected female and domestic helpers (more than 90% for both groups). Most of the respondents were sexually inactive (71.1% for Filipinos and 74.6% for Indonesians) during their stay in Hong Kong. As a major limitation of the survey, the above findings might not be generalised to the remaining EM communities. Those with high risk of sexual exposure might not be reached. Similar to other behavioural risk survey, the findings were subject to report bias as the respondents tended to give socially desirable responses.

2. The condom use rates were low, irrespective of the kind of sexual partners, for both group of respondents. The situation was worrying as the proportion of not using condom was even higher with their casual and commercial sex partners. Education on safer sex and proper use of condom for protecting them from HIV should be enhanced. They should be taught skills to negotiate with their partners over the use of condom.
3. Insufficient knowledge of HIV and the perceived high cost to perform the test might explain the very low testing prevalence among the EM community. Although some discussants voiced out the possibility to add HIV testing as mandatory requirement for pre-employment or contract renewal check-up, their rights to perform the test with informed consent should be upheld. There were still many ways that HIV testing services could be enhanced in the community, such as provision of free and confidential testing services at the times and venues convenient to them. Support from AIDS non-governmental organisations is indispensable.
4. Regarding the strategies of HIV prevention promotion, participants mentioned that distributing leaflets and free condoms in public places might not be an effective method. Both groups suggested organising health talks during their rest days to increase their HIV self-awareness and knowledge. They also suggested that posting health information of HIV/AIDS on social media would successfully reach and likely to be shared among their communities.

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