



# The Integrated Bio-Behavioural Surveillance (IBBS) Survey 2009 Malaysia: Preliminary Findings

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Malaysian AIDS Council



# Background

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- ✚ Malaysia has a “concentrated” HIV epidemic
- ✚ There are hidden populations at higher risk than the general population



# Objectives

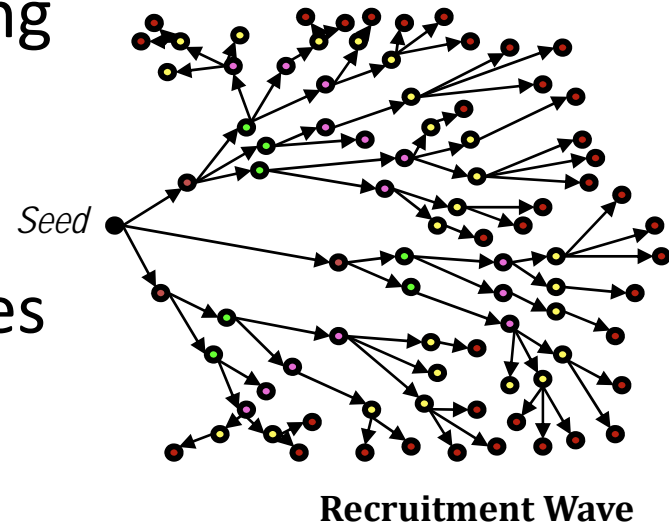
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- ✚ To provide an estimate of **HIV prevalence** among three key populations at higher risk in Malaysia: **Female Sex Workers, Transsexuals, and IV Drug Users**
- ✚ To **identify sexual practices, injecting drug use practices** within these groups
- ✚ To **identify relevant HIV knowledge, attitudes and beliefs** among individuals within these groups
- ✚ This in turn will give insight into HIV transmission dynamics among these groups

# Respondent-Driven Sampling



- ❧ Proven to be the best research methodology for hidden population surveillance
- ❧ Has the ability to avoid biases associated with convenience sampling
- ❧ Components:
  - Seeds
  - Recruitment waves
  - Reimbursement
  - Coupon Tracking
- ❧ Design-specific data analysis using RDSAT software





# Inclusion Criteria

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- ✚ Has engaged in a risky behaviour in the past six months
- ✚ Identifies self as a member of target population of interest i.e. FSW, TS and IDU
- ✚ Aged 18 and above
- ✚ Lives and works in KL/Klang Valley
- ✚ Able to adequately provide informed consent
- ✚ Has not participated in this IBBS study previously e.g. with a different recruitment coupon



# Sample Size

	FSW	TS	IDU
Estimated Population Size	50,000	5,000	170,000
Estimated in Klang Valley	13,500	3,500	45,900
Expected HIV Prevalence	9%	16%	15%
Acceptable Range	5.6-12.4%	12-20%	11-19%
Calculated Sample Size Required			
At 95% Confidence	534 (267 x 2)	590 (295 x 2)	608 (304 x 2)

Sample size estimation is based on the following assumptions.  
Klang Valley population size = 27% of total Malaysian population.

The estimated sample size are multiplied by a factor of 2 to accommodate the design effect in the sampling framework



# Data Collection Sites

Cluster	Partner Organisation	Geographical Coverage
FSW / TS	<ul style="list-style-type: none"><li>• WAKE KL</li><li>• PT Foundation</li><li>• WAKE Klang</li></ul>	<ol style="list-style-type: none"><li>1. Chow Kit</li><li>2. Jalan Sultan Ismail</li><li>3. Klang</li></ol>
IDU	Persatuan Insaf Murni Methadone Clinics (for locations 1 -5)	<ol style="list-style-type: none"><li>1. Kampung Baru</li><li>2. Old Klang Road</li><li>3. Kajang</li><li>4. Shah Alam</li><li>5. Sri Petaling</li></ol>
	WAKE Klang	Klang

- Within Kuala Lumpur and Klang Valley
- Selected on the basis where FSW/TS/IDU networks are known to be present



# Data Collection

## Interview with Questionnaire

- Explores behaviours, knowledge, beliefs and attitudes
- Available in English, BM, Chinese and Tamil
- Questionnaire based on pre-existing templates
- Incorporates relevant M&E and UNGASS indicators

## HIV Rapid Test

- The tests will be labelled with the coupon number
- Two tests (*Determine* and *ACON*) will be used
- Results will not be disclosed to the respondents
- If respondent is keen for HIV testing, they will be given a VCT appointment

## VCT Referral

- Appointment system
- Based at the PT Foundation
- All VCT Counsellors attended a Counsellor Briefing Session as a refresher course





# IBBS Progress


- ⓧ Period of data collection: Jun 19 - Nov 7, 2009
- ⓧ Final standings:

	FSW	TS	IDU
Number of <i>Seeds</i>	12	12	10
Data Collection Sites	3	3	6
Number of Respondents	552	541	630
Targeted Sample Size	534	590	608
<b>Coverage of Sample Size</b>	<b>100%</b>	<b>92%</b>	<b>100%</b>
Tested Reactive with HIV Rapid Tests	59 (10.5%)	50 (9.2%)	139 (22.1%)



# Preliminary Findings

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18 years old and above  
Identifies self as a member of FSW population  
Had engaged in at-risk behaviour in the past 6 months  
(e.g. selling of sex in exchange for money)  
Lives/Works in the Klang Valley  
Provided adequate informed consent

## Female Sex Workers



# Preliminary Findings: FSW

## HIV Prevalence

- UNGASS #23, WHO #27 (b)
- **10.5%** (N = 552) tested reactive with HIV rapid tests

## Condom Use

- UNGASS #18, WHO #25
- **60.7%** (N= 552) reported the use of a condom with their most recent client

## HIV Knowledge

- UNGASS #14
- **38.6%** (N = 552) correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission



# Preliminary Findings: FSW

## HIV Test

- UNGASS #8, WHO #7
- **27.2%** (N = 552) received an HIV test in the last 12 months and **90.7%** (n = 150) knew their results

## Prevention Programmes

- UNGASS #9, WHO #20
- **51.1%** (N = 552) reported to have been reached with HIV prevention programmes in the last 12 months

# Preliminary Findings: FSW

## Breakdown of Prevention Programmes



78.3%

know where to go to receive an HIV test



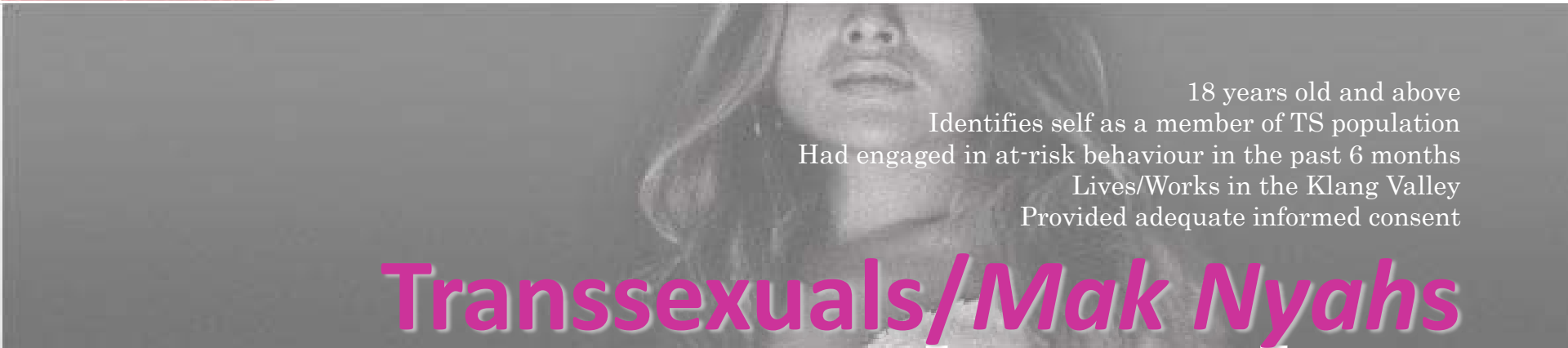
60.3%

have been given condoms in the last 12 months



# Preliminary Findings

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18 years old and above  
Identifies self as a member of TS population  
Had engaged in at-risk behaviour in the past 6 months  
Lives/Works in the Klang Valley  
Provided adequate informed consent

## Transsexuals/*Mak Nyahs*



# Preliminary Findings: TS

## HIV Prevalence

- UNGASS #23, WHO #27 (b)
- **9.2%** (N = 541) tested reactive with HIV rapid tests

## HIV Knowledge

- UNGASS #14
- **36.2%** (N = 552) correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission



# Preliminary Findings: TS

## HIV Test

- UNGASS #8, WHO #7
- **22.9%** (N = 541) received an HIV test in the last 12 months and **85.5%** (n = 106) knew their results

## Prevention Programmes

- UNGASS #9, WHO #20
- **65.1%** (N = 541) reported to have been reached with HIV prevention programmes in the last 12 months



# Preliminary Findings: TS

## Breakdown of Prevention Programmes



83.2%

know where to go to receive an HIV test

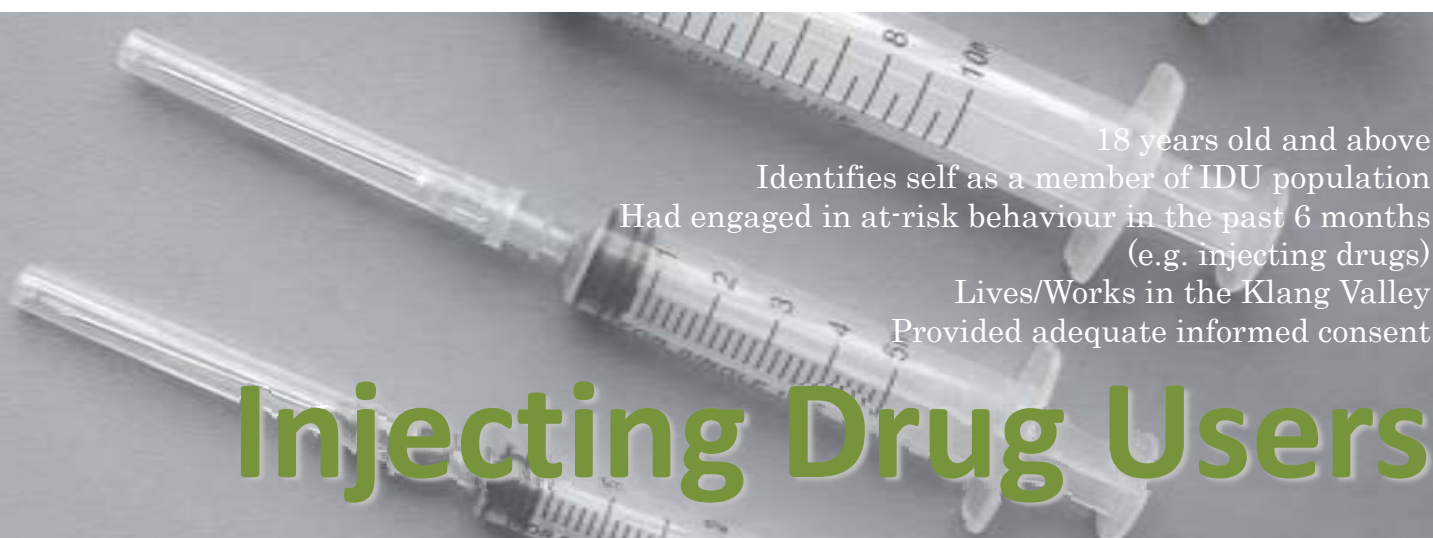


74.5%

have been given condoms in the last 12 months

# Preliminary Findings

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18 years old and above  
Identifies self as a member of IDU population  
Had engaged in at-risk behaviour in the past 6 months  
(e.g. injecting drugs)  
Lives/Works in the Klang Valley  
Provided adequate informed consent

## Injecting Drug Users



# Preliminary Findings: IDU

## HIV Prevalence

- UNGASS #23, WHO #27 (a)
- **22.1%** (N = 630) tested reactive with HIV rapid tests
- **97.8%** of total sample size is **male**, 22.2% tested reactive

## Condom Use

- UNGASS #20, WHO #24
- **13.8%** (N=630) reported the use of a condom the **last time** they had sexual intercourse

## HIV Knowledge

- UNGASS #14
- **49.7%** (N = 630) correctly identified ways of preventing the sexual transmission of HIV and rejected major misconceptions about HIV transmission

# Preliminary Findings: IDU

## HIV Test

- UNGASS #8, WHO #A5
- **37.5%** (N = 630) received an HIV test in the last 12 months and **88.1%** (n = 236) knew their results

## Prevention Programmes

- UNGASS #9, WHO #20
- **6.7%** (N = 630) reported to have been reached with HIV prevention programmes in the last 12 months.

## Safe Injecting Practices

- UNGASS #21, WHO #23
- **83.5%** (N = 630) reported the use of sterile injecting equipment (needles and syringes) the last time they injected drugs

# Preliminary Findings: IDU

## Breakdown of Prevention Programmes



**70.8%**

know where to go  
to receive an HIV  
test



**10.3%**

have been given  
condoms through  
HIV prevention  
programmes in the  
last 12 months



**27.0%**

have been given  
sterile needles and  
syringes through  
HIV prevention  
programmes in the  
last 12 months



# Preliminary Findings: A Discussion

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- ✘ Vast difference between prevention programmes targeted towards FSW/TS (>50%) and IDU (6.7%)
- ✘ Low condom use among IDUs (13.8%) AND low condom uptake through prevention programmes (10.3%)
- ✘ High reporting of use of sterile injecting equipment by IDUs (83%) BUT low sterile injecting equipment uptake through prevention programmes (27%)
- ✘ Low level of HIV knowledge among all groups

# Key Recommendations for targeted prevention programme



- ⦿ Increase coverage for all the three groups
- ⦿ Increase quality of Behaviour Change Communication (BCC)
  - ⦿ HIV knowledge
  - ⦿ Condom usage
- ⦿ Improve uptake of HIV testing
- ⦿ Innovative ways to reach hidden networks
- ⦿ To improve NSEP linkage with other sources of sterile injecting equipments



# Recommendations for IBBS Round 2

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- ✂ Sufficient training and capacity for provision of VCT in each data collection site
- ✂ Inclusion of STI surveillance, Hep C for IDUs
- ✂ True national picture – expansion of geographical coverage, sample size, target populations and STI surveillance
- ✂ Periodic surveillance