2019 ONLINE SURVEY AMONG MALES WHO HAVE SEX WITH MALES AND TRANSGENDER WOMEN

DEPARTMENT OF HEALTH
Epidemiology Bureau
National HIV/AIDS & STI Surveillance and Strategic Information Unit (NHSSS)

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INTRODUCTION

The Philippines is seeing an exponential increase in the number of new HIV infections. With a 140% increase in annual new infections from 2010 to 2016, the Philippines has become the country with the fastest growing HIV epidemic in Asia and the Pacific and has become 1 of 8 countries that account for more than 85% of new HIV infections in the region (UNAIDS, 2017). Vital in monitoring the magnitude of this HIV epidemic is a national surveillance system which can provide evidence-based information to guide prevention efforts and treatment, care, and support services for specific population groups. The Integrated HIV Behavioral and Serologic Surveillance (IHBSS) is part of the national HIV surveillance system of the Department of Health - Epidemiology Bureau (DOH-EB) that provides information on the prevalence of HIV and other sexually transmitted infections (STIs), risk behaviors, and access and utilization of HIV and STI programs and services.

Internet and smartphone penetration in the Philippines has grown steadily through the years (International Data Corporation, 2018; Social Weather Stations, 2018). This has significantly diversified social and sexual networking particularly among key populations like males having sex with males (MSM) and transgender women (TGW). Such developments are further complicated by the concurrent emergence of other high-risk behaviors like chemsex (Glass, Hope, Tanner, & Desai, 2017; Schmidt et al., 2016; Wei, Guadamuz, Lim, Huang, & Koe, 2012). Indeed, the 2018 IHBSS found that respondents who mainly obtained sex partners online range from a low of 35% in Zamboanga to 94% in Talisay. Moreover, in 9 of the 13 sites, more than 60% obtained sex partners online. Findings from the IHBSS however come from a cruising sample. Analysis of the question on whether the last sex partner was obtained online shows generally lower percentages across the different sites. Nine of the 13 sites had less than 30% indicating that they obtained their last partners online. As such, questions remain as to the cruising and online behavioral patterns of MSM & TGW who have internet connectivity. It is worth noting that only 229 of the 9,367 respondents in the last in the 2010 Asian Internet MSM Sex Survey (AIMSS) were from the Philippines (Wei, Lim, Guadamuz, & Koe, 2014).

The increased connectivity and such an evolved sexual landscape inevitably influence the dynamics of HIV transmission. In the Philippines, there is indication of ongoing transmission within online networks in majority of the 2018 IHBSS sites. Solely focusing on HIV-positive cases, at least 80% of HIV cases indicated that they mainly obtained their partners online in 7 of the 13 sites (Angeles, Davao, General Santos, Mandaue, Talisay, Quezon City, and Taguig). Caution must be exercised in looking at singular factors such as obtaining partners online as predictive of risk. Studies in the late 2000s focused on determining the facilitative role of online spaces in risk taking (Berg, 2008; Bolding, Davis, Hart, Sherr, & Elford, 2007). More recent studies did not support such associations (Holman, Allen, Herbst, Mansergh, & Mimiaga, 2017; Whitfield, Kattari, Walls, & AlTayyib, 2017). Findings from the AIMSS also showed that those who got partners both in virtual and physical spaces tended to report riskier behaviors compared to those who exclusively got partners online and offline (Wei et al., 2014).

The recognition of online spaces as platforms where MSM & TGW increasingly converge has given rise to investigations treating them as unique populations and framing such spaces to be facilitative of risk (Amit, Jimenez, Magno, Andaya, & Saniel, 2015; Boonchutima & Kongchan, 2017; Lorimer, Flowers, Davis, & Frankis, 2016; Stupiansky et al., 2010). Online spaces have also generally been acknowledged to be the domain of young people, making it a strategic, if not necessary platform to conduct studies (Lorimer et al., 2016; Melles & Ricker, 2018). This heightened interest with online spaces has also paved the way for exploring its potential in being a platform to determine need for services whether elsewhere or in the platform itself. Chief among these are HIV facility-based testing (DiNenno, Tregear, Jones, Bowles, & Noble, 2016; Guadamuz, Cheung, Wei, Koe, & Lim, 2015; Hill, Bavinton, & Armstrong, 2019; Weiss, Jonas, & Guadamuz, 2017) and self-testing (Frankis, Goodall, Clutterbuck, Abubakari, & Flowers, 2017; Huang, Marlin, Young, Medline, & Klausner, 2016) as well as emerging prevention methods like pre-exposure prophylaxis (Bourne et al., 2017). To date however, there is minimal published empirical work in the area. A knowledge, attitudes and behaviors study among MSM (Amit et al., 2015) is a recent attempt to understand the behaviors and risks of Filipino MSM & TGW online. More importantly though, from a programmatic standpoint, questions remain as to the overlap between the cruising populations with the online MSM population. It is for these reasons that an online survey among MSM & TGW is necessary.

SIGNIFICANCE OF THE STUDY

The country's passive and active HIV surveillance systems provide an evidence-based guide in crafting and refining programs and interventions that will effectively halt the spread of HIV. However, these systems are always a work in progress, influenced by ever evolving population dynamics, social networking technologies, and sexual behaviors and norms. As a case in point, the time location sampling employed by the IHBSS since 2009 focuses on cruising sites where males having sex with males (MSM) and transgender women (TGW) were known to converge. As much as the IHBSS continues to be a robust measure of HIV prevalence and risk in the cruising population it focuses on, questions remain as to the overlap between the cruising and the online MSM & TGW population and to what extent risk and protective behaviors are similar or different across these groups.

It is thus incumbent on the National HIV/AIDS and STI Surveillance and Strategic (NHSSS) Unit – Epidemiology Bureau to conduct periodic complementary strategic information efforts that will complement its existing surveillance systems. The results of this study will be a means to triangulate insights from the surveillance systems in place. Moreover, it will provide inputs on potential enhancements to these systems such as revisions to routinely collected data through the HIV/AIDS and ART Registry of the Philippines (HARP).

OBJECTIVES

The online survey has the following objectives:

1. To determine the baseline proportion of an online convenience sample that overlaps with the cruising population; and,
2. To determine the baseline proportion of online MSM engaged in high risk behaviors and reached by HIV services.

METHODOLOGY

STUDY DESIGN

The online survey among MSM & TGW employed a cross-sectional survey design administered through a secured online platform (https://www.surveymonkey.com/mp/legal/privacy-policy/). Data from this online survey has informed DOH-EB on the proportion of online MSM & TGW who were reached by the 7th IHBSS round and on the behaviors and access to services of online MSM & TGW.

STUDY POPULATION

Respondents eligible for the survey were those:

1) whose sex assigned at birth is male,
2) who were 18 years old or older, and
3) had oral or anal sex with a male in the past 12 months.

STAKEHOLDER ENGAGEMENT

The site coordinators of the 13 sites of the 7th IHBSS round (Angeles, Baguio, Cagayan De Oro, Cebu, Davao, General Santos, Iloilo, Zamboanga, Quezon City, Pasay, Taguig, Mandaue, Talisay) as well as the Center for Health Development (CHD) of each of the 13 sites were informed of the purpose, content, and duration of the online survey. MSM and TGW communities were involved in the development and implementation of this online survey. The DOH-EB had reached out to social media influencers popular among MSM & TGW and MSM & TGW group chat administrators on Facebook and other social media platforms in promotion and dissemination of the link to the online survey.

DATA COLLECTION

Sampling and recruitment. The assessment employed convenience sampling. Total sample size will be 1,800, computed using the following formula:

$$n = \frac{\left\{DEFF \times \frac{Z_{1-\alpha/2} pq}{d^2}\right\}}{1-NR} \text{ x FPC}$$

where:

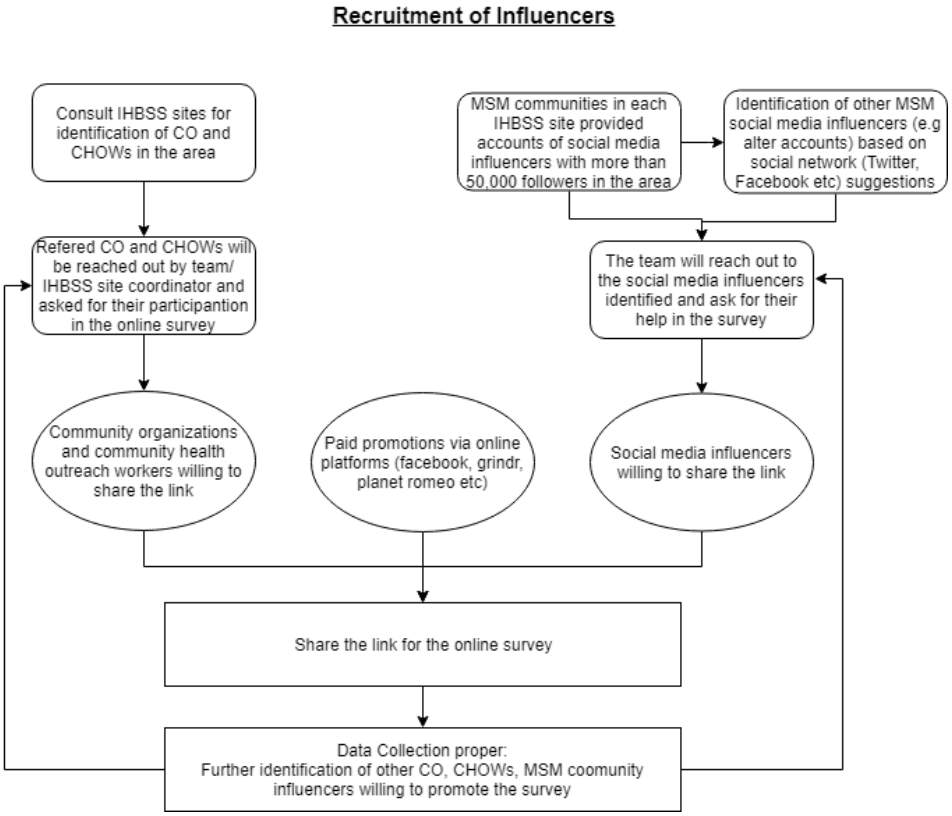
n = minimum target sample size.
Z1-α/2 = z-score corresponding to the desired level of significance.
p = the target proportion. q = (1-p).
d = the 1/2 width of the desired confidence interval, i.e., the margin or error.
DEFF = design effect. NR = non-response rate.
FPC = finite population correction factor

While recruitment was focused on the 13 sites of the 2018 IHBSS, the online platform was treated as equivalent to a physical site since online spaces can be said to have a separate culture greatly facilitated by the anonymity it affords. As such, no sample for this online survey was pegged for specific IHBSS sites. The online survey ran from August to September 2019.

Online promotion strategy

The recruitment utilized a community-based participatory approach. Recruitment of respondents was solely reliant on online promotions. Online promotions were strategically employed in online platforms where MSM & TGW are known to converge. These include global-positioning systems (GPS)-based applications like Grindr and other social networking applications such as Twitter and Facebook. Corollary to this, face-to-face promotion in facilities among clients with a standby device on which respondents can answer the survey was discouraged.

Figure 1. Recruitment of Influencers



Three main messaging channels were tapped for the survey promotion. The link was disseminated among MSM & TGW community organizations, through social media influencers on Twitter, and paid Facebook advertisements. DOH-EB elicited support from local and national MSM & TGW organizations, facility-level community health outreach workers, and case managers in the 13 sites of the 7th IHBSS round. DOH-EB also built a database of social media influencers popular among MSM & TGW group chat administrators who were approached and asked to share the survey link within their networks. Further, consultation was conducted with marketing and advertising professionals to determine how best to target paid advertisements.

1. **Community organizations (CO) and community health outreach workers (CHOWs)**
    - *Recruitment*: The IHBSS sites identified the community organizations, case managers, and community health outreach workers available in the city. These groups were asked about their willingness to promote the online survey and share the link within their networks.
    - *Role*: Community organizations, case managers, and community health outreach workers served as valuable gatekeepers to MSM & TGW communities. Similar to how national and local HIV programs have shifted towards increased involvement of MSM & TGW community organizations, the survey promotion has stood to benefit from the influence of these groups. As such, different community organizations have been approached either by DOH-EB or its regional

counterparts at the different Centers for Health Development (i.e. Regional Epidemiology Surveillance Unit) and were briefed regarding the objectives of the survey and enlisted as partners in the survey.

- *Responsibilities*: As partners, community organizations have recruited prospective participants within their respective networks through their online social media accounts.

2. **Social media Influencers**
    - *Recruitment*: The main strategy in recruiting social media influencers was through Twitter, in light of recent developments around anonymous accounts with a large number of MSM followers (i.e. alter accounts). As a starting point, the team informally asked members of the MSM & TGW community for initial seeds, which in this case were alter accounts with more than 50,000 followers. Relying on Twitter's algorithm which suggests similar profiles, the database was expanded to include not just alter accounts but other popular homosexual male Twitter users as indicated by their profile. The selection of accounts engaged was thus an iterative process between consulting members of the MSM & TGW community and relying on the Twitter algorithm just described.
    - The team reached out to these influencers through a private or direct message on the Twitter platform. Communicating with the alter accounts in particular was very much limited to the online platform as the majority of them refused to provide email addresses given the nature of their accounts.
    - The said message provided a general background and overview of the survey, the reason why the community is being engaged, and possible ways to help in promoting the survey. A sample message will read as such: i. "Hi. I'm ____ from the Epidemiology Bureau of the DOH. We will be conducting an online survey among men who have sex with men in a month and we're looking for people to help in crafting promotional messages and in promoting the survey. We were hoping to engage the community for these. I was wondering if you'd be keen to help? Do drop me a line if you're interested. Thanks!"
    - Further details such as the objectives of the survey and the questions to be asked were provided throughout the course of the exchange. Other questions such as concerns regarding the anonymity of the survey and the manner in which they were selected by the team to be promoters, among others, were also addressed during the exchange.
    - The team then set up a database of these anonymous accounts who agreed to participate in online promotion. While the approval of the application for ethical clearance was pending, the database was continually being expanded in the meantime.
    - *Role*: The social media influencers have served as a channel through which non-organized and non-affiliated MSM have been reached.

- *Responsibilities*: They have recruited participants from the pool of followers in their respective social media platforms (Facebook, Twitter, Instagram etc.) by sharing the link to the survey. A website was also created to serve as a repository of prepared messages from which influencers may choose from. However, influencers were also given a freedom to create their promotional materials.

3. **Paid advertisements**
    - While the reach of community organizations, case managers, and community health outreach workers is wide and beneficial to the study, the project recognized its limitations as well. To address this, the team had run paid targeted advertisements on Facebook particularly among young people aged 15-24.
    - Targeting was done in consultation with marketing and advertising professionals who volunteered as support to the team.

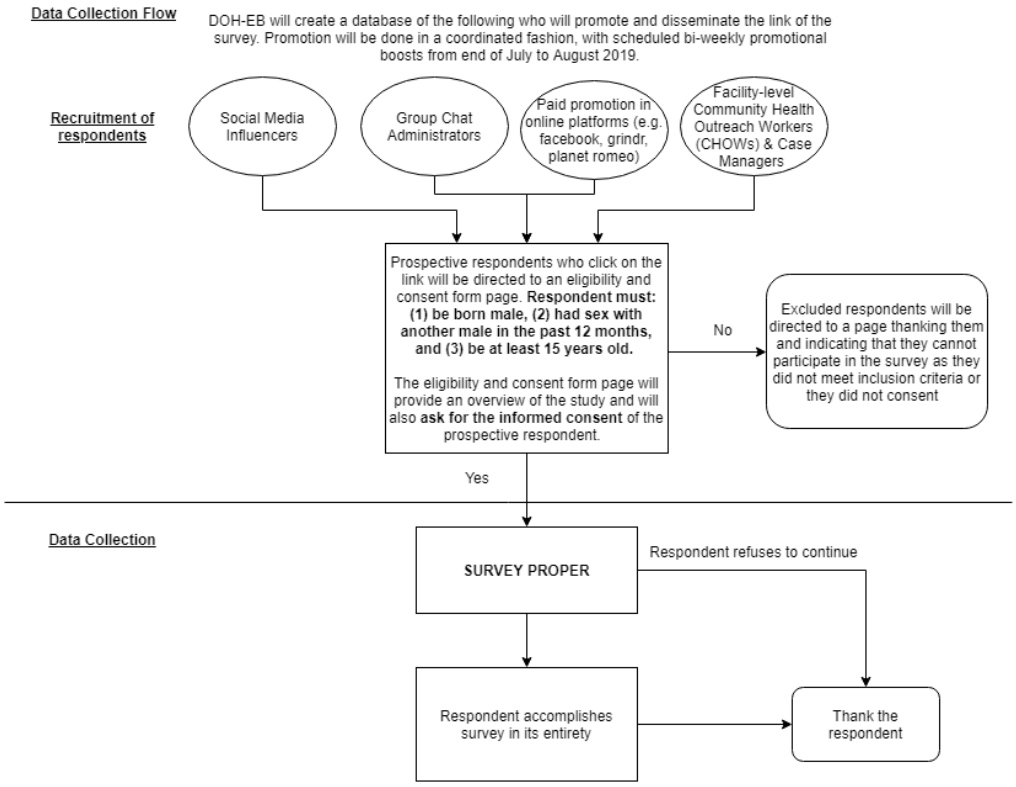
Online survey overview

Those who clicked the links were taken directly to the secured survey website. The first page was the informed consent page which contained a description of the online survey. The informed consent had also detailed that participation is voluntary, that they may withdraw from the study at any point during the course of answering the survey, and that they may refuse to answer any questions without incurring any penalty or loss of benefits. Those who have consented to participate in the survey were asked to click a box affirming their decision and had been routed to the screening page of the survey wherein the following eligibility questions were asked:

- Was your sex assigned at birth male? (Y/N; answer must be yes)
- Age (response in years; must be 18 years old and above)
- Did you have oral or anal sex with a male in the past 12 months (Y/N; answer must be yes)

Those who satisfied the eligibility criteria were routed to the questionnaire proper. Completion of the online questionnaire took about 15-25 minutes. Respondents were asked about their sexual practices and access to HIV services. Respondents were asked to click the “Submit” button at the end of the questionnaire to complete the survey, after which, the participants were routed to a page thanking them for their participation, and listed the DOH-EB social media links which they can click should they want to know more about HIV and the surveillance data available to the Philippines.

Figure 2. Online survey among MSM & TGW data collection flow



TOOLS

The online survey was guided by the 2018 IHBSS analysis framework (See Annex A). The online questionnaire (See Annex B) was designed to gather the following information:

A. Demographic characteristics

- Age
- Gender identity
- City of residence
- Main source of income
- Ways of finding sex partners
- Morbidity
    - Self-reported HIV status
- History of STIs
- Anxiety and depression as measured by PHQ4

B. Risk and Protective Behaviors

- Types and frequency of sex (oral and anal)
- Group sex/orgy in the past 12 months
- Chemsex (use of drugs during sex) and orgy in the past 12 months
- Condom use with last partner in the past 12 months
- Consistent condom use
- Unmet needs and service uptake Date, facility, and result of most recent HIV test

- Misconceptions on transmission, prevention, and treatment of HIV
- Lack of awareness and use of pre-exposure prophylaxis
- Experience of stigma and discrimination

C. **Participation in 2018 IHBSS / 7th IHBSS round**

DATA MANAGEMENT

Guided by its legal mandate to provide strategic information to the country's national program, the NHSSS of the DOH-Epidemiology Bureau ensures the generation of timely, quality data cognizant of its sensitive nature thereby requiring a system that ensures the security of the information.

Control and security of raw data. The active surveillance team of the NHSSS served as the data custodian and tasked in the management of the data—which included the cleaning, validation, review, and analysis of the online survey, supervised by the NHSSS Unit Manager.

Data review, validation, and retention. The resulting datasets were reviewed using Stata 14.0 to identify evident inconsistencies. Given that a paid service was obtained for this online survey in particular, due diligence was observed in identifying an industry acknowledged platform that can deliver on the security requirements of the surveillance systems of the NHSSS. The NHSSS selected SurveyMonkey® on whose servers the anonymous data will be lodged. Following data gathering, the NHSSS ensured that data from the survey will be removed from the SurveyMonkey® servers.

Eligibility Verification. Although all participants were screened for eligibility as part of the data collection, the survey data were reviewed to ensure that all participants met the eligibility criteria during the analysis phase. Participants who did not report their age, reported being below 18 years old, or did not report behaviors that confirmed eligibility (i.e. recent male-to-male sex) were excluded from the analysis.

ETHICAL CONSIDERATIONS

Ethical considerations for the IHBSS were based on the recommendations of the following policies:

- The Philippine HIV and AIDS Policy Act of 2018 (RA 11166)
- 2017 National Ethical Guidelines for Health and Health-Related Research
- The Data Privacy Act of 2012 (RA 10173)
- 2017 WHO Biobehavioral Surveillance Guidelines

Data Security and privacy. The online survey was implemented through the paid service of SurveyMonkey®, one of the globally acknowledged online survey platforms. Numerous studies tackling HIV risk among M/TSM with global (Santos, Makofane, Arreola, Do, & Ayala, 2017) and national in scope elsewhere (Frankis et al., 2017; Huang et al., 2016) and in the Southeast Asian region (Amit et al., 2015; Boonchutima & Kongchan, 2017; Bourne et al., 2017) have used the said the platform for their surveys. This speaks of the trust and confidence of the academic and scientific community in SurveyMonkey®.

SurveyMonkey® is compliant with the General Data Protection Regulation (GDPR). Specific features of the paid service, as lifted from https://cdn.smassets.net/assets/cms/cc/uploads/SurveyMonkey-GDPR-Whitepaper-v4.pdf include:

- Access control (Authentication and Authorization)
- Single-sign on support
- Data encryption at rest and in transit
- SOC 2 accredited data centers
- Continuous network and security vulnerability management
- Incident response and recovery
- Security awareness training
- Periodic independent 3rd party security review and penetration testing
- EU-US privacy shield certified
- PCI DSS and HIPAA compliant
- Select group of trusted security partners

At the end of the data gathering period, the DOH-EB NHSSS Unit provided a grace period of six months prior to removing the data record in the SurveyMonkey® surveys. After this, the data remained in SurveyMonkey® servers for an additional 25 days, after which the data was permanently deleted.

Only the DOH-EB NHSS Unit had full access to the online survey dataset. Data files were encrypted and protected and will never be distributed without consent from DOH-EB. Furthermore, analysis of the datasets of the online survey among MSM & TGW was done only by DOH-EB. Each member of the analysis team from DOH-EB was asked to sign a confidentiality agreement emphasizing non-disclosure of any information gathered in the online survey to outside parties.

Privacy. The nature of online survey provides for the maintenance of privacy of respondents. This was however subject to the way in which the respondent accessed the link and answered the survey, over which the proponents of this proposal have no control.

Benefits to participants. Benefits to participants included online resources containing information on the transmission, prevention, and treatment of HIV and other STIs as well as access points for HIV services including HIV counseling and testing.

Safety. The participants of the study were asked regarding their behavioral practices. In line with this, respondents may experience some psychological risk due to the sensitive nature of the questions. To address this, no question was required to be answered and respondents can skip should certain questions bring them any discomfort. Participants may also be put at risk if their identity is revealed, and to address this, no personal information that may relate to the respondent's identification was asked on the survey.

RESEARCH UTILIZATION

Data from the online survey were directly used for the slated AIDS Epidemic Modeling (AEM) exercise that serves as a key program and policy tool to reach the country's target of ending AIDS. Dissemination meetings with the national HIV Technical Working Group, regional and local stakeholders will ensure feedback with the valuable stakeholders who can act on the data.

LIMITATIONS

The design of the survey was cognizant on the possible limitations in the use of an online platform. Principal among these were the possible selection bias in the sample, absence of an interviewer, and possible data fraud. Self-selection bias was an inherent threat in this online survey as with all convenience samples.

Particular to online surveys, access to the survey platform itself was mediated by internet connectivity which may have led to a skewed sample (i.e. participants from higher economic strata, with higher educational attainment). Limitations with regards to the online survey's reach can and should be addressed through other methods including the IHBSS which employed time location sampling (TLS) in cruising sites, and was implemented ahead of this survey. Hence, the online survey was meant to be triangulated with and to supplement the previous effort. Moreover, given the nature of the sampling and recruitment of participants employed, findings of the online survey may be limited to the MSM & TGW population who are networks of the community organizations, case managers, CHOWs, and advocates or social media influencers.

The lack of an interviewer in self-administered online surveys precludes the chance of clarifying what the intentions of the questions are, which may confuse certain respondents. This of course cannot be entirely addressed, but to minimize its possible effect, pretesting of the tool was conducted to evaluate comprehensibility of the questions. Furthermore, validation through consistencies of related questions was done prior to data generation to eliminate questionable entries.

Data fraud is an inherent threat to online surveys in general, as the platform is open to all people answering the survey and there may be respondents who falsely claim that they satisfy the inclusion criteria. Others may also choose to answer multiple times, thus compromising the

quality of the data. This threat was not as stark in the case of this particular online survey because the survey did not offer attractive incentives for participation and the questions were tailor-fitted for those who only satisfied the inclusion criteria. This absence of reinforcing incentives coupled with the length of the survey was likely to deter data fraud. A reminder to accomplish the survey only once was emphasized in the informed consent form and was a deliberate effort on the part of the team to avoid possible data fraud.

Furthermore, considering that there were no target samples per IHBSS sites, city specific samples may not be sufficient to produce generalization to some IHBSS sites.

CONFLICT OF INTEREST DISCLOSURE

The National HIV/AIDS and STI Surveillance and Strategic Information Unit of the Department of Health Epidemiology Bureau has been designated as the cooperating agency for the study, being mandated by the law (RA 11166) to monitor the HIV epidemic in the Philippines.

The authors declare that the collaborative study was conducted with oversight from the Technical Advisory Group (TAG). The DOH-EB declared participation in the conceptualization, protocol development, and dissemination of data as they were involved and always consulted for advice in consideration that the IHBSS is a periodic DOH survey done every 2-3 years since 2005. The data collection and management, consultations with the local government health counterparts and national or regional DOH HIV program coordinators, and engagement of the field epidemiologists and the site coordinators in all the survey areas were done by the implementing agency, the Field Epidemiology Training Program Alumni Association (FETPAFI).

Furthermore, DOH-EB provides and shares the report to the National AIDS/STI and Control Program (NASPCP) of the DOH Disease Prevention and Control Bureau (DPCB) who are the end users of the data.

RESULTS

Background and characteristics

There was a total of 2,035 MSM & TGW respondents who completed the online survey from October 2019 to December 31, 2019. Most (64%) of the respondents were from cities and municipalities not covered by the 2018 IHBSS for MSM & TGW[a], twenty-eight percent (28%) reported as resident of IHBSS cities, while 7% were unable to report their area of residence (Table 1).

TABLE 1. Geographic distribution of online MSM & TGW respondents

CITY OF RESIDENCE	n	%
NON-IHBSS NCR CITIES	673	33.07
REST OF THE COUNTRY	632	31.06
QUEZON CITY	258	12.68
DAVAO	85	4.18
TAGUIG	65	3.19
CEBU CITY	45	2.21
PASAY	33	1.62
ANGELES	25	1.23
ILOILO	18	0.88
BAGUIO	14	0.69
CAGAYAN DE ORO	14	0.69
OUTSIDE CEBU[b]	13	0.64
ZAMBOANGA	6	0.29
MANDAUE	4	0.20
TALISAY, CEBU	3	0.15
GENERAL SANTOS	2	0.10
NO REPORTED CITY OF RESIDENCE	145	7.13
TOTAL	**2035**	**100**

The median age of the respondents was 28, with age ranging from 18-64 years old. More than half (51%) were from the 22 to 30-year-old age group, 38% were 31 years old and above, while 11% were from ages 18 to 21 (Table 2). In terms of gender identity, most (82%) identified themselves as man, 7% as both man and woman, 4% did not identify their gender, while a smaller proportion (2%) of respondents identified themselves as women (transgender woman). During the time of the survey, 11% were currently enrolled or studying, 70% were employed (full-time or part-time), 10% reported to be self-employed, while less than one percent were either retired or reported affiliation in a volunteer work (Table 2).

a. The 2018 IHBSS for MSM & TGW was conducted in 13 sites which include Angeles, Baguio, Cagayan de Oro, Cebu City, Davao, General Santos, Iloilo, Mandaue, Pasay, Taguig, Talisay, Cebu, and Quezon City.
b. Include cities in Cebu province other than Cebu City, Mandaue, and Talisay

Table 2. Demographics of online MSM & TGW respondents

	n	%
AGE GROUP (N=1845)		
18-21 Y/O	204	11.06
22-30 Y/O	941	51.00
31 Y/O & ABOVE	700	37.94
GENDER IDENTITY (N=1887)		
MAN	1554	82.35
WOMAN	34	1.80
BOTH MAN AND WOMAN	137	7.26
NEITHER MAN OR WOMAN	70	3.71
OTHERS	92	4.88
EMPLOYMENT STATUS (N=1945)		
EMPLOYED FULL-TIME	1270	65.30
EMPLOYED PART-TIME	87	4.47
RETIRED	9	0.46
SELF-EMPLOYED	192	9.87
STUDENT	223	11.47
UNEMPLOYED	155	7.97
VOLUNTEER WORK	9	0.46

Sexual History

The MSM & TGW respondents had their sexual debut at a median age of 18, and first anal sex at 20 years old. Reported age of first sex with a male was as early as four years old. Nine percent of the respondents had their first sex before reaching age of maturity or adulthood (18 years old). The median age of first drug use among those who reported to have used drugs was 23 years old while first injecting drug use among those who have injected drugs was at 28 years old. However, protective behavior generally started late, with the median age of first HIV test at 25 years old (Table 3).

Table 3. Age of sexual debut, HIV transmission risk, and protective behavior of MSM & TGW online respondents

MILESTONE	MEDIAN AGE	AGE RANGE
AGE OF FIRST SEX (MALE/FEMALE)	18	4-45
AGE OF FIRST SEX WITH A MALE	18	4-45
AGE OF FIRST ANAL SEX WITH A MALE	20	5-99
AGE OF FIRST DRUG USE	23	2-43
AGE OF FIRST INJECTING DRUG	28	16-50
AGE OF FIRST HIV TEST	25	6-56

Sexual Risks and Behavior

Most of the respondents (68%) never had sex with a female, 1 in 10 (10%) reported to have sex with a female in the past 12 months, while 22% had sex with a female more than 12 months ago. Meanwhile, nearly half (47%) of those who had sex with a female in the past 12 months reported using a condom during their last sex with a female.

Nearly all (98%) of the respondents reported to have oral sex with a male in the past 12 months, and 8 in 10 (81%) engaged in anal sex with a male in the past 12 months. Condom use during last anal sex was at 64% among those who reported to have anal sex with a male in the past 12 months. Furthermore, consistent condom use among MSM & TGW was at 41%.

Table 4. History of sex and condom use

	n	%
HISTORY OF SEX WITH A FEMALE (N=1813)		
NEVER HAD SEX WITH A FEMALE	1233	68.01
HAD SEX WITH A FEMALE WITHIN THE PAST 12 MONTHS	179	9.87
HAD SEX WITH A FEMALE MORE THAN 12 MONTHS AGO	401	22.12
CONDOM USE WITH LAST FEMALE SEX PARTNER IN THE PAST 12 MONTHS (N=175)		
YES	83	47.43
NO	85	48.57
I DON'T KNOW	7	4.00
HISTORY OF ORAL SEX WITH A MALE (N=1701)		
NEVER HAD ORAL SEX WITH A MALE	10	0.59
HAD ORAL SEX WITH A MALE WITHIN THE PAST 12 MONTHS	1665	97.88
HAD ORAL SEX WITH A MALE MORE THAN 12 MONTHS AGO	26	1.53
HISTORY OF ANAL SEX WITH A MALE (N=1709)		
NEVER HAD ANAL SEX WITH A MALE	126	7.37
HAD ANAL SEX WITH A MALE WITHIN THE PAST 12 MONTHS	1387	81.16
HAD ANAL SEX WITH A MALE MORE THAN 12 MONTHS AGO	196	11.47
CONDOM USE WITH LAST MALE ANAL SEX PARTNER IN THE PAST 12 MONTHS (N=1248)		
YES	800	64.10
NO	438	35.90
I DON'T KNOW	10	0.80
CONSISTENT CONDOM USE WITH ANAL SEX PARTNER/S IN THE PAST 12 MONTHS (N=1248)		
YES	514	41.19
NO	689	55.21
NOT SURE	45	3.61

The primary reason identified by the respondents for not using a condom during their last anal sex with a male partner was that they trusted their partner was HIV-negative (23%). Other reasons for not using a condom during their last anal sex with a male include personal preferences and attitudes such as that condom reduces sexual sensation (21%), condom was not lubricated enough (2%), and that condom was too small or tight (1%). On other hand, sex episode and partner-related reasons include unplanned sex (13%), that their partner did not want to use a condom (13%), and that condoms are not necessary since they only have one partner (11%). Moreover, reasons for non-condom use related to access and availability were due to the condom being expensive (<1%), and that they did not know where to buy or get free condoms (<1%). Furthermore, a small proportion (5%) of the respondents' primary reason for not using a condom was because they were currently on Pre-Exposure Prophylaxis (PrEP).

Table 5. Main reasons for not using a condom during last anal sex

REASON FOR NOT USING A CONDOM (N=430)	n	%
TRUSTED PARTNER IS HIV-NEGATIVE	99	23.02
NO SENSATION	89	20.70
UNPLANNED SEX	58	13.49
PARTNER DID NOT WANT TO USE	55	12.79
CONDOM NOT NECESSARY (ONLY ONE PARTNER)	47	10.93
CAUGHT IN THE MOMENT	34	7.91
ON PRE-EXPOSURE PROPHYLAXIS	23	5.35
CONDOM NOT LUBRICATED ENOUGH	8	1.86
EMBARRASSED TO BUY CONDOM	7	1.63
CONDOM IS TOO TIGHT/ SMALL	5	1.16
CONDOM IS EXPENSIVE	2	0.47
DON'T KNOW WHERE TO BUY	1	0.23
DON'T KNOW WHERE TO GET FREE	1	0.23
DON'T LIKE TO CARRY AROUND	1	0.23

Transactional Sex

Among MSM & TGW respondents who had anal sex, four in ten (43%) engaged in transactional sex. Transactional sex was defined as either receiving or paying payment, in cash or in kind, in exchange for sex. Nearly half (45%) of the respondents reported that they had paid for anal sex in the past 12 months, while 37% reported receiving payment for anal sex in the past 12 months. The proportion of MSM & TGW who used a condom during transactional anal sex was higher (73% for those who paid; 75% for those who got paid) than condom use during last anal sex in general (64%).

Table 6. Transactional sex and condom use of online MSM & TGW respondents

	N	n	%
ENGAGED IN TRANSACTIONAL SEX IN THE PAST 12 MONTHS	2035	235	43.00
GAVE PAYMENT IN EXCHANGE FOR ANAL SEX			
NEVER PAID FOR SEX	414	133	32.13
WITHIN THE PAST 12 MONTHS	414	186	44.93
MORE THAN 12 MONTHS AGO	414	95	22.95
CONDOM USE DURING SEX WITH LAST PAID ANAL SEX PARTNER			
YES	281	205	72.95
NO	281	76	27.05
RECEIVED PAYMENT IN EXCHANGE FOR ANAL SEX			
NEVER PAID FOR SEX	226	69	30.53
WITHIN THE PAST 12 MONTHS	226	83	36.73
MORE THAN 12 MONTHS AGO	226	74	32.74
CONDOM USE DURING SEX WITH LAST PAYING ANAL SEX PARTNER			
YES	157	117	74.52
NO	157	40	25.48

Drugs and Chemsex

About 9% of the respondents reported use of illicit drugs in the past 12 months, among those, half (55%) reported to purposely used drugs for sex (chemsex). Among the respondents who ever used drugs, a fifth (21%) reported to have injected drugs in the past 12 months, and among them, 16% reported to have shared an injecting equipment for injecting drugs.

Table 7. Drug use and sex under influence of drugs among online MSM & TGW respondents

	n	%
USED OF DRUGS (N=1553)		
WITHIN 12 MONTHS AGO	132	8.50
MORE THAN 1 YEAR AGO	113	7.28
NEVER USED DRUGS	1,308	84.22
HAD SEX UNDER THE INFLUENCE OF DRUGS / CHEMSEX (N=239)		
WITHIN 12 MONTHS AGO	132	55.23
MORE THAN 1 YEAR AGO	40	16.74
NEVER HAD SEX UNDER INFLUENCE OF DRUGS	67	28.03
INJECT DRUGS WITHOUT DOCTOR'S ADVICE (N=238)		
WITHIN 12 MONTHS AGO	49	20.59
MORE THAN 1 YEAR AGO	13	5.46
NEVER USED DRUGS	176	73.95
SHARED INJECTING NEEDLES (N=62)		
WITHIN 12 MONTHS AGO	10	16.13
MORE THAN 1 YEAR AGO	4	6.45
NEVER SHARED NEEDLES	48	77.42

Ways of Finding Sex Partners

Analysis of national aggregate shows that almost 8 in 10 (79%) of MSM & TGW online survey respondents find sex partners by using internet-based social media platforms. Among the respondents who use online applications and websites to look for sex partners, the most common applications used were Grindr (69%), followed by Twitter, Facebook, Blued, Tinder, Planet Romeo, etc.

Table 8. Use of online platforms in finding sex partners

	N	n	%
USED AN ONLINE PLATFORM TO FIND SEX PARTNERS	1684	1327	78.80
WEBSITES OR APPS WHERE MSM & TGW FIND SEX PARTNERS			
GRINDR	1684	1154	68.53
TWITTER	1684	553	32.84
FACEBOOK	1684	432	25.65
BLUED	1684	355	21.08
TINDER	1684	314	18.65
PLANET ROMEO	1684	233	13.84
VIBER	1684	214	12.71
BUMBLE	1684	152	9.03
WHATSAPP	1684	101	6.00
GROWLR	1684	79	4.69
HORNET	1684	63	3.74
TANTAN	1684	38	2.26
JACK'D	1684	29	1.72
DAD	1684	8	0.48

Multiple answers accepted for "Websites or apps where MSM & TGW find sex partners"

Generally, almost all (97%) of MSM & TGW who find sexual partners through online applications and websites meet their partners in a physical location. The most popular meet-up places were each other's houses (65%) while others met in other physical locations such as hotels (39%), malls and movie houses (27%), at streets, parks and terminals (24%) and so on. In the 2018 IHBSS for MSM & TGW where time location sampling was utilized to recruit and sample respondents for the survey, similar geographical venues comprised the sampling except for "each other's houses/ apartment". The possible exclusion of "each other's houses/apartments" in the 2018 IHBSS for MSM & TGW as sampling venue was due to the criteria set for the selection of venues.

Table 9. Meet up places of MSM & TGW who find sex partners online

	N	n	%
MEET AT PHYSICAL VENUES AFTER MEETING ONLINE	1327	1286	96.91

VENUE WHERE MSM & TGW MEET			
EACH OTHER'S HOUSES/APARTMENT	1327	866	65.26
HOTELS/ MOTELS	1327	517	38.96
COFFEESHOPS, RESTAURANTS & CONVENIENCE STORES	1327	412	31.05
MALLS AND MOVIE HOUSES	1327	354	26.68
STREET, PARKS, & TERMINAL	1327	323	24.34
CLUBS AND BARS	1327	166	12.51
ATTENDING EVENTS	1327	103	7.76
SCHOOL/WORKPLACE	1327	96	7.23

Multiple answers accepted for "Venue where MSM & TGW meet"

Furthermore, aside from the use of online platforms, some respondents reported cruising in geographical or physical locations such as streets, parks, terminals, coffee shops, restaurants, clubs and bars and so on.

Table 10. Ways of finding sex partners of MSM & TGW who find partners in physical venues

OTHER WAYS OF FINDING SEX PARTNERS (N=2035)	n	%
CLUBS AND BARS	265	13.02
CRUISING IN STREET, PARKS AND TERMINALS	190	9.34
COFFEE SHOPS, RESTAURANTS & CONVENIENCE STORE	122	6.00
SCHOOL/WORKPLACE	101	4.96
ATTENDING EVENTS	96	4.72
ATTENDING EVENTS LIKE PAGEANTS & SPORTS	32	1.57

Multiple answers accepted for "Other ways of finding sex partners"

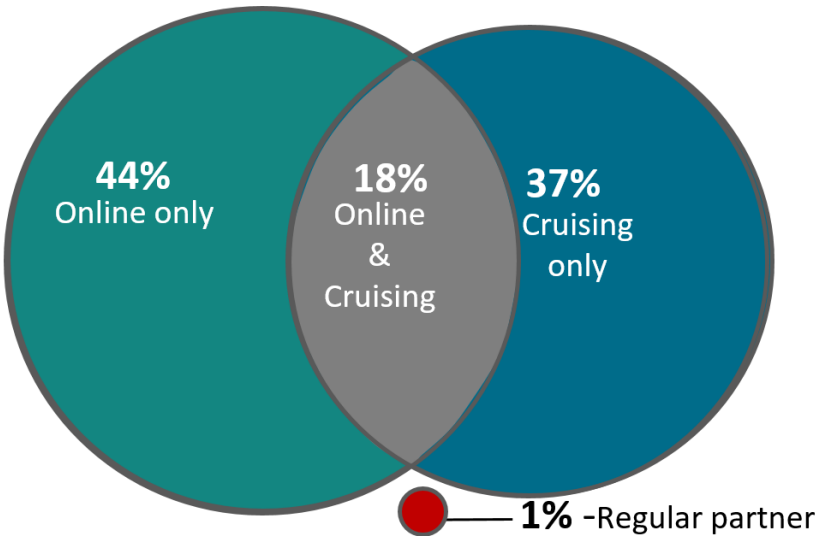
Exclusive Ways of Finding Sex Partners

Figure 3 represents the platforms (physical versus online) through which MSM & TGW find sex partners. The proportion of respondents who find sex partners solely through cruising in physical venues was 37%, while the proportion who uses both online platform and cruise (goes to physical venues) was 18%. The venues where the respondents cruise were similar to the venues sampled in the 2018 IHBSS for MSM & TGW. Generally, these two proportions represent the population that was possibly captured by the 2018 IHBSS for MSM & TGW.

On the other hand, most (62%) of the respondents find sex partners through the use of online platform. The proportion of respondents who solely uses online platform (does not cruise) and meet their sex partners only at "each other's houses or apartments" was 44%. In the 2018 IHBSS for MSM & TGW where time location sampling was utilized to recruit and sample respondents for the survey, "houses/apartments" were not part of the sampled venue due to

the criteria set for inclusion of sampling venue. This proportion then represents the population not sampled in the 2018 IHBSS for MSM & TGW. Furthermore, 1% of the respondents reported to have regular sex partners and did not overlap with the others.

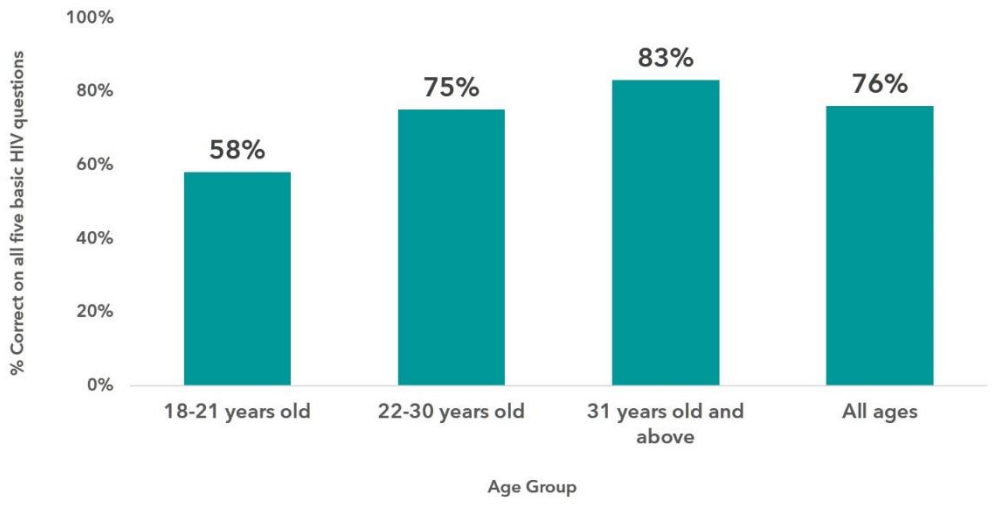
Figure 3. Exclusive way of finding sex partners of MSM & TGW online respondents



Knowledge on HIV

In general, comprehensive knowledge on HIV prevention and transmission was high at 76% relative to younger respondents. Young respondents (18 to 21 years old) had the lowest comprehensive knowledge compared to other age groups (Figure 4). Comprehensive knowledge was based on the UNAIDS knowledge index regarding HIV prevention and transmission.

Figure 4. Comprehensive knowledge on HIV prevention and transmission of MSM & TGW online respondents, by age group



On other hand, nearly all respondents (95%) were aware of the availability of treatment for HIV. Additionally, knowledge on other related questions on HIV treatment were also at the same level of percentage as awareness on where they can access HIV treatment (79%), HIV treatment being free (70%), that PLHIV should not wait for symptoms to appear before taking antiretroviral medications (77%), among others (Table 11).

Table 11. Awareness on HIV prevention, transmission, & treatment of online MSM & TGW respondents

	N	n	%
COMPREHENSIVE KNOWLEDGE ON HIV PREVENTION AND TRANSMISSION OF MSM & TGW ONLINE RESPONDENTS	1539	1171	76.00
HIV PREVENTION AND TRANSMISSION			
KNOWS THAT A HEALTHY-LOOKING PERSON CAN HAVE HIV	1538	1510	98.18
KNOWS THAT A PERSON CANNOT GET HIV FROM MOSQUITO	1539	1357	88.17
KNOWS THAT CONDOM REDUCES RISK OF HIV TRANSMISSION	1539	1515	98.44
KNOWS THAT A PERSON CANNOT GET HIV FROM TOILET BOWLS	1538	1467	95.38
KNOWS THAT HAVING SEX WITH ONLY ONE FAITHFUL PARTNER REDUCES THE RISK OF HIV	1539	1346	87.46
HIV TREATMENT			
KNOWS ANTIRETROVIRAL TREATMENT (ART)	1524	1454	95.41
KNOWS WHERE TO ACCESS ART	1522	1204	79.11
KNOWS ART IS FREE	1523	1066	69.99
KNOWS PLHIV MUST NOT WAIT FOR SYMPTOMS TO APPEAR BEFORE TAKING ART	1524	1181	77.49
KNOWS HIV TREATMENT IS LIFE-LONG	1524	1300	85.30
KNOWS THAT CORRECTLY TAKING ART CAN HELP PLHIV HAVE HEALTHIER LIVES	1524	1475	97.44
KNOWS THAT THERE IS LOW CHANCE OF GETTING HIV FROM SOMEONE WHO IS CORRECTLY TAKING IT	1522	909	59.72
PRE-EXPOSURE PROPHYLAXIS			
HEARD OF PREP	1518	1230	81.03
CURRENTLY TAKING PREP	1228	78	6.35

Access to HIV Services

More than half (55%) of MSM & TGW online survey respondents had been tested for HIV with the most (73%) of them having their last HIV test in a facility. Some respondents (23%) had their last test through outreach or community-based screening (CBS) while 3% through self-testing. Having low perceived risk of getting HIV was the most common reason for not getting an HIV test along with regular condom use, and not having multiple sex partners and not feeling any symptoms for HIV.

Table 12. Access to HIV testing or screening of online MSM & TGW respondents

	N	n	%
EVER HAD AN HIV TEST	2035	1118	54.94
HOW THE RESPONDENTS GOT AN HIV TEST			
WENT TO A FACILITY	289	212	73.36
SOMEBODY OFFERED A TEST (OUTREACH / COMMUNITY-BASED SCREENING)	289	67	23.18
BOUGHT A TEST KIT (SELF-TEST)	289	10	3.46
MAIN REASON FOR NOT GETTING TESTED FOR HIV			
BELIEVED THAT CHANCES OF GETTING HIV IS LOW	336	123	36.61
ALWAYS USES A CONDOM	336	29	8.63
DON'T HAVE MANY SEX PARTNERS	336	28	8.33
DON'T FEEL ANY SYMPTOMS	336	25	7.44
UNSURE IF THE TEST IS CONFIDENTIAL	336	24	7.14
OTHER REASONS	336	23	6.85
AFRAID OF PROCEDURE	336	17	5.06
BELIEVE PARTNERS ARE HIV-NEGATIVE	336	17	5.06
NO TIME	336	16	4.76
DON'T KNOW WHERE TO GET TESTED	336	15	4.46
DON'T ENGAGE IN CHEMSEX	336	8	2.38
NO NEARBY FACILITY	336	6	1.79
TEST IS EXPENSIVE	336	2	0.60
NEVER HAD STI	336	2	0.60
MINOR/UNDERAGE	336	1	0.30

Table 13 shows that 15% of the respondents reported that they had been diagnosed with HIV. Among those diagnosed MSM & TGW, almost all (99%) were currently taking anti-retroviral medication. More than half of the diagnosed respondents had their viral load tested in the past 6 months and 80% had undetectable viral load count.

Table 13. HIV diagnosis and treatment cascade

HIV DIAGNOSIS & TREATMENT	N	n	%
DIAGNOSED WITH HIV[a]	1495	228	15.25
CURRENTLY TAKING ANTIRETROVIRAL DRUGS	200	198	99
NUMBER OF MONTHS FROM DIAGNOSIS TO ART ENROLLMENT (RANGE)	0-29 MONTHS (MEDIAN: 2 MONTHS)		
HAD A VIRAL LOAD TEST IN THE PAST 12 MONTHS	197	139	70.56
HAD UNDETECTABLE VIRAL LOAD TEST IN THE PAST 12 MONTHS	138	112	81.16

a. Self-reported HIV status

DISCUSSION & KEY FINDINGS

Demographics

1. Half (51%) of the respondents were from the 22 to 30-year-old age group, 38% were 31 years old and above, while 11% were 18 to 21 years old.
2. Most (64%) of the MSM & TGW who participated in the online survey were from cities not sampled in the 2018 IHBSS for MSM & TGW, while 28% were from 2018 IHBSS sites.
3. Among MSM & TGW respondents, nearly 8 in 10 (79%) reported use of online platforms and applications to find sex partners, the most common of which were Grindr (69%), Twitter (33%,) and Facebook (26%). In terms of exclusivity, 37% of the respondents find sex partners solely by cruising in physical venues, while 18% through both cruising and use of online platform. On the other hand, 44% solely used online platform and met their sex partners at "each other's house/apartment". This proportion then represents the MSM & TGW population who were not captured by the 2018 IHBSS.

Risk and vulnerability

1. In general, MSM & TGW respondents who participated in the survey engaged in risky behaviors. Almost half (49%) had their first sexual experience before the age of 18. The proportion of respondents who had anal sex in the past 12 months was 81%, higher than the 2018 IHBSS for MSM & TGW (72%).

2. Condom use during last anal sex with a male was 64%. Although higher than the 2018 IHBSS for MSM & TGW, 35% of the respondents still practiced unsafe penetrative sex. Furthermore, only 41% of the respondents reported to have consistently used condoms in the past 12 months. Primary reasons for not using a condom include trusting that partner is negative (23%), having no sensation when using condoms (21%), and unplanned sex (13%).

3. Aside from unprotected sex, MSM & TGW online respondents also engage in other risky behaviors such as use of drugs and sharing of injecting equipment. Drug use was reported by 9% of the respondents while sharing of injecting needles for drugs among those who reported to have inject drugs was at 16%.

4. Fifteen percent (15%) of the MSM & TGW respondents reported to have been diagnosed with HIV.

Knowledge on HIV and STI

1. Comprehensive knowledge on basic HIV transmission and prevention was at 76%, however disparity was observed among age groups. Lower level of awareness was

observed among the younger age groups – 58% for MSM & TGW of ages 18 to 21, 75% for the 22 to 30-year-old age group, and 83% among ages 31 years old and above.

2. Awareness on HIV treatment or antiretroviral therapy (ART) was high (95%), however knowledge on some facts about antiretroviral medication varied among the respondents. Almost all (97%) of those who knew ART were aware that correctly taking the medication can help a PLHIV have healthier lives, while awareness on the U=U message (i.e. that there is a low chance of getting HIV from someone who is correctly taking ART) was the lowest at 60%.

Access to testing and treatment

1. More than half (55%) of the respondents had been tested for HIV. The most common reason for not being tested for HIV was believing that their chance of getting an HIV is low. Low perceived risk on acquiring HIV negatively impacted uptake to undergo testing for HIV.

2. HIV treatment among respondents who reported being diagnosed with HIV is high however almost 6 in 10 (59%) of them did not have their viral load tested in the past 6 months.

RECOMMENDATIONS

HIV Program-related

1. **Condom use**

   Although condom use during last anal sex with a male partner was higher among the respondents of the online survey relative to the 2018 IHBSS among MSM &TGW, 1 in 3 (36%) of the respondents still reported having risky penetrative sex which can put them at risk of either acquiring or passing on HIV. Strengthening condom use through development of effective messages for prevention coupled with expansion of condom distribution channels can benefit the target key population.

2. **Target gaps in HIV/STI awareness**

In general, comprehensive knowledge among the respondents of the survey was high, although level of knowledge between age groups varied. There is a need to sustain and improve knowledge among the key population across all age groups through:

a. **Raising awareness on HIV through the use of online platforms**. Considering that majority of the target population have social media accounts, and 79% use websites or applications in finding sex partners, the potential to use and engage the key populations using this platform in HIV promotional campaign is huge. Strengthening online HIV awareness campaigns may improve key populations covered by HIV prevention interventions.
b. **Engaging the key population through effective HIV prevention messages especially through the online platform**. Tailored messages or promotional materials that fit the preference, habits, educational attainment, gender, interest, and current trend and lifestyle of the targeted audience should be considered. For instance, messages for prevention may be delivered in various ways such as “hugot”, dance (TikTok), etc.
c. **Aside from the online platform, promotion of HIV messages can be delivered as well through various ways such as in workplaces, schools, and public health facilities**. Various channels of communication can be used to raise awareness on HIV such as school HIV campaign among young key population, STI and HIV seminars in workplaces, targeting the adult KP, etc.

3. **Address barriers to access to HIV testing**

Less than half (45%) of the respondents have never been tested for HIV. Raising awareness and promoting HIV testing among key populations would entail addressing barriers for testing in terms of behavior, and dismantling hindrances on access to HIV services.

a. Believing that the chance of getting an HIV is low among the respondents was the top reason for not getting an HIV test. Low recognition of necessity to get tested, coupled with a risky behavior, can put the key population groups at a higher risk of getting HIV. Increasing demand through promotional messages that target the need for knowing one's status should be given emphasis.
b. Increasing demand for HIV tests would mean making HIV testing accessible and comfortable among the target population. Aside from establishing testing centers in the country to make HIV tests accessible, promoting other ways of knowing one's status though non-traditional means such as community-based screening (CBS), and self-testing can also be encouraged. Proper implementation and guidelines for self-testing may also be needed in order to make sure that clients who get tested through this method are properly guided and referred to healthcare providers.

Strengthening future online surveys

The conduct of this online survey has shed an understanding on the characteristics of MSM & TGW in terms of demographics, sexual risk and protective behavior, and access to HIV services and interventions. Moreover, the survey obtained the proportion of respondents who were possibly not captured by the 2018 IHBSS for MSM & TGW, given that respondents of the 2018 IHBSS came from the cruising population and were limited to the 13 IHBSS cities only. Although the survey constituted some assumptions and limitations, its conduct in the future is recommended and can be further improved by:

a. Strengthening sampling

Although the purpose of the survey was to obtain representation of the population among the online MSM & TGW and not by geographical boundary (like in 2018 IHBSS for MSM & TGW), it may be necessary to collect enough respondents to compare the two MSM population (online & cruising) by city level. This will generate indications whether the online MSM & TGW population share the same or have different characteristics and behaviors across the country. Increasing the number of respondents per city may be achieved by strengthening recruitment and promotion.

b. Reviewing survey questions

To get a deeper understanding of the online MSM & TGW population questions included in the survey, it may be necessary to include other key indicators such as access to HIV services other than HIV testing. With this we may get to understand whether there are differences in service uptake and access to HIV services among the online population vs. the cruising population which may offer guidance in crafting interventions specific to each population.

c. Controlling biases in the survey promotion and recruitment of participants

Considering that the use of the online platform for surveys for HIV was relatively new, the respondents were recruited mainly through the aid of people from the network of HIV advocates thus making some members of the intended population have either lower or higher probability of being sampled. To prevent such occurrence appropriate sampling methodology must be considered. Tapping or reaching out to other organizations, agencies, or influencers who are not directly involved in HIV advocacy may offer benefit in including recruitment of participants who may have not been reached by HIV advocates yet. There should be balance between recruitment through HIV advocates and non-advocates.

d. Survey expansion

Taking into consideration that the use of online technology has influenced the dynamic of the HIV epidemic in the country it is necessary to understand how the online platform has influenced other key populations such as Females Sex Workers (FSW), Person who Use/ Inject Drugs (PWUD & PWID), etc. Acknowledging that there was no single platform or method where MSM & TGW can be captured there is a need to determine if this is the same for other Key Populations.

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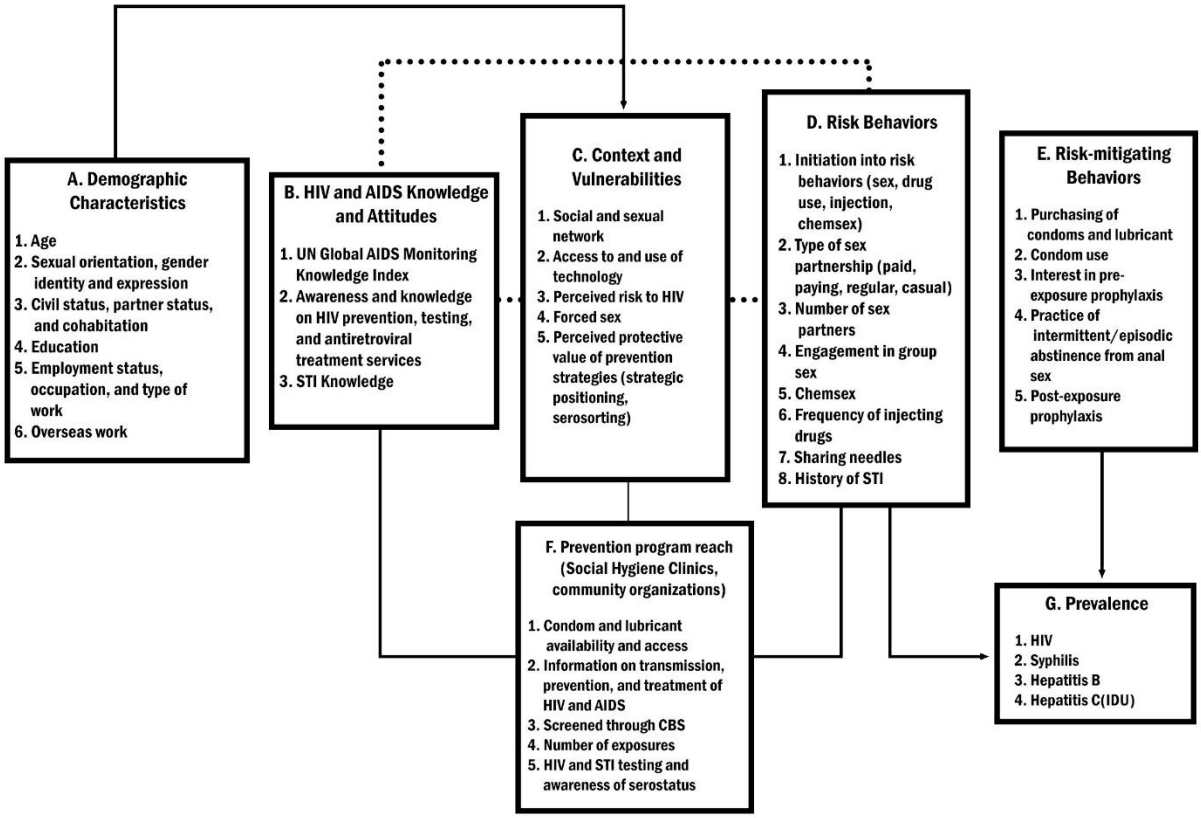
ANNEXES

Annex A. 2018 Integrated Behavioral and Serologic Surveillance (IHBSS) analysis framework



ONLINE SURVEY QUESTIONS

English
1. How old were you on your last birthday?
2. What was your assigned sex at birth? ○ Male ○ Female
3. How do you currently identify yourself? ○ Male ○ Both male and female ○ Female ○ Others
4. In what province do you currently live? [Drop down options]
4.1 In what city do you currently live? [Drop down options]
5. Are you currently a student?
6. What is your current main source of income? [Drop down options]

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7. How old were you when you first had sex?
8. When did you last have sex with a female partner? ○ Within the past 24 hours ○ Within the past 7 days ○ Within the past 30 days ○ Within the past 6 months ○ Within the past year ○ More than a year ago ○ Never had sex with a female partner

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9. When did you last have oral sex with a male partner? ○ Within the past 24 hours ○ Within the past 7 days ○ Within the past 30 days ○ Within the past 6 months ○ Within the past year ○ More than a year ago ○ Never had oral sex
10. When did you last have anal sex with a male partner? ○ Within the past 24 hours ○ Within the past 7 days ○ Within the past 30 days ○ Within the past 6 months ○ Within the past year ○ More than a year ago ○ Never had anal sex

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11. How old were you when you first had sex with a male partner?
12. How old were you when you first had anal sex with a male partner?

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13. In the past 12 months, did you use websites or smart phone apps to find male sex partners online?

These include (1) group chats on messaging and social media apps and (2) GPS-enabled smart phone apps which shows you other men nearby who may be looking for sex.

- ○ Yes
- ○ No (Skip to 14)

13.1 (If yes to 13) What websites or apps did you use in the past 12 months? Tick all options that apply.

- ○ Facebook
- ○ Twitter
- ○ Dad
- ○ Blued
- ○ Grindr
- ○ Growlr
- ○ Hornet
- ○ Jack'd
- ○ Planet Romeo
- ○ Tantan
- ○ Tinder
- ○ Bumble
- ○ Viber
- ○ WhatsApp
- ○ Others, please specify

13.2 Among the websites and apps you indicated, which app did you use most often to **find your sex partners**? [Options will reflect only those ticked in 9.1]

13.3 (If yes to 13) Where do you meet up with the male sex partners you've met online in the past 12 months? Tick all options that apply.

- ○ I did not meet up with any male sex partners I found online in the past 12 months
- ○ In streets, parks, terminals
- ○ In coffee shops, restaurants, convenience stores
- ○ In malls, movie houses or cinemas
- ○ In bars, clubs
- ○ In other public areas, please indicate. ____
- ○ At school/workplace
- ○ In social events
- ○ In hotels/motels/lodges
- ○ In either of our houses/apartment
- ○ Others, please specify: _____

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14. What were the other ways through which you looked for male sex partners in the past 12 months? Tick all options that apply.
    - ○ Staying/cruising in streets, parks, terminals
    - ○ In my school/workplace
    - ○ Staying in coffee shops, restaurants, convenience stores
    - ○ I have a regular partner / I have regular partners (boyfriend(s), fuck buddies)
    - ○ Going to the mall, movie house, or cinema
    - ○ Going to bars and clubs
    - ○ In my school/ workplace
    - ○ Attending grand/mini eyeballs
    - ○ Attending events like pageants or sports activities
    - ○ Other (pls specify) _____
    - ○ I only had ONE male sex partner / boyfriend in the past 12 months. (Skip to 16)
    - ○ I only found sex partners through websites and smart phone apps (Skip to 16)

15. In the past 12 months, would you say that you got most of your partners through websites and smart phone apps?
    - ○ Yes
    - ○ No

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16. Around how many male sex partners did you have in the past 12 months?

    16.1 Of your estimated ____ sex partners in the past 12 months, with how many of them did you have anal sex?

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17. In the past 12 months, did you have any condomless sex with any of your male anal sex partners?
    - ○ Yes
    - ○ No
    - ○ I am not sure

18. Did you use a condom the last time you had **anal sex** with a male partner? ○ Yes ○ No ○ I am not sure
18.1 What were your reasons for not using a condom the last time you had condomless anal sex? Choose all that apply. ○ Condoms are too tight/small ○ Condoms don't smell good ○ Condoms are not lubricated enough ○ I don't feel anything, sex is not pleasurable ○ I don't know how to use condoms ○ I don't like carrying condoms around ○ I didn't plan to have sex that time ○ My partner did not want to use condoms ○ Condoms are not necessary—I only have one partner ○ My partner and I had condoms but we were caught in the moment ○ I know that my partner is safe or HIV-negative ○ I cannot buy condoms because I'm a minor ○ Condoms are too expensive ○ I don't know where to buy ○ I am embarrassed to buy condoms ○ I don't know where to get free condoms ○ I am on PrEP so I don't use condoms

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19. When did you last pay for sex with a male partner?
    - Within the past 24 hours
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never paid for sex with a male partner (Skip to 20)

19.1 When did you last pay for anal sex with a male partner?
    - Within the past 24 hours
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never paid for anal sex with a male partner

19.1.1 The last time you paid for anal sex with a male partner, did you use a condom?
    - Yes
    - No

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20. When did you last receive payment (in cash or kind) for sex with a male partner?
    - Within the past 24 hours
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never had received payment for sex with a male partner (Skip to 21)

20.1 When did you last receive payment for anal sex with a male partner?
    - Within the past 24 hours
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never paid for anal sex with a male partner

20.1.1 The last time you received payment for anal sex with a male partner, did you use a condom?
    - Yes
    - No

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21. When did you last use drugs?
    - Within the past 24 hours
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never used drugs (Skip to 24)

21.1 How old were you the first time you used drugs?

22. When did you last inject drugs?
    - Within the past 24 hours
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never injected drugs

22.1 How old were you the first time you injected drugs?

22.2 When did you last share needles?

    - Within the past 24 hours
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never shared needles

23. When did you last have sex while under the influence of illegal drugs or controlled substances? (PnP or chemsex) This includes sex with poppers, marijuana, shabu, etc.)
    - Within the past 24 hours
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never had sex under the influence of drugs

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24. When did you last participate in a threesome or an orgy?
    - Within the past 24 hours
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never had oral sex

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25. When did you last experience having an ulcer / sore, unusual discharge, or warts in your genital or anal area?
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never had oral sex

26. When were you last told by a health provider that you have a sexually transmitted infection?
    - Within the past 7 days
    - Within the past 30 days
    - Within the past 6 months
    - Within the past year
    - More than a year ago
    - Never had oral sex

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27. Have you ever been screened or tested for HIV?
    - Yes
    - No

28.1 What are the reasons why you have never been screened or tested for HIV?

- I believe that my chances of getting HIV are low
  - I don't have many sex partners
  - I don't engage in chemsex or PnP (party & play)
  - I always use condoms
  - I don't share needles
  - I never had an STI
- I believe that all my partners are HIV-negative
- I don't feel any symptoms
- I am afraid of the HIV test procedure (blood draw, needles)
- I am unsure if the test is confidential
- I don't know where to get tested
- There is no HIV testing facility nearby
- An HIV test is expensive
- I have no time for an HIV test
- I am a minor
- Other, please specify

28.2 What is the main reason why you have never been screened or tested for HIV? [Pipe answer from 28.1]

28. Have you ever been diagnosed with HIV?
    - Yes
    - No

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29. How old were you the first time you were screened or tested for HIV?

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ONLY IF YES TO EVER TESTED

30. How did you get your last HIV test?
    - I went to a facility where the HIV test is available (facility-based)
    - Somebody offered testing outside a facility (bar, public place, online) (Outreach / CBS)
    - I bought a test kit and tested myself (Self-test)

31. In what month and year did you have your last HIV test/screening? (Month/Year)

31.1 What were the reasons why you did not have your HIV test or screening in the past 12 months?

- I believe think I am low-risk
  - I don't have many sex partners
  - I don't engage in chemsex or PnP (party & play)
  - I always use condoms
  - I don't share needles
  - I never had an STI
- I believe that all my partners are HIV-negative
- I don't feel any symptoms
- I am afraid of the HIV test procedure (blood draw, needles)
- I am unsure if the test is confidential
- There is no HIV testing facility nearby
- An HIV test is expensive
- I have no time for an HIV test
- I am a minor, I can't have the HIV test
- Other, please specify

31.2 What was the main reason why you were not screened or tested for HIV in the past 12 months? [Pipe answer from 26.1]

31.3 What was the main reason why you decided to have yourself screened or tested for HIV in the past 12 months?

Do you agree or disagree with the following statements?

32. Most of my MSM friends think it is important to get tested for HIV.

33. Most of my MSM friends get tested for HIV after having had unprotected sex.

34. Most of my MSM friends get tested for HIV when they have new boyfriends or sex partners.

35. Most of my MSM friends think it is important to receive routine HIV testing.

36. For your first/next HIV test, how would you want to get this?

- I want to go to a facility where the HIV test is available

- I want somebody to test me outside a facility (bar, public place, online)
- I want to buy a test kit and test myself

ONLY IF YES TO EVER DIAGNOSED WITH HIV

37. What year were you diagnosed with HIV?

38. Were you diagnosed with HIV in the past 12 months

39. Have you ever taken antiretroviral treatment for your HIV infection?
    - ○ Yes
    - ○ No
    - ○ I don't know

40. How much time was there between your HIV diagnosis and you starting treatment?
    - ____ days
    - ____ months
    - ____years

41. Why have you never started with antiretroviral treatment?
    - ○ I was diagnosed very recently
    - ○ My doctor says I don't need antiretroviral treatment at the moment
    - ○ To avoid the side effects
    - ○ I feel it is not necessary
    - ○ I'm afraid people will notice
    - ○ I don't want to be reminded about HIV every day
    - ○ I can't afford the treatment
    - ○ I don't know where to get the treatment
    - ○ Other reason. Please specify: _____

42. Are you currently taking antiretroviral treatment?
    - ○ Yes
    - ○ No

43. Why have you stopped taking your antiretroviral treatment?
    - ○ My doctor says I don't need antiretroviral treatment at the moment
    - ○ To avoid the side effects
    - ○ I am already undetectable
    - ○ I feel it is not necessary
    - ○ I'm afraid people will notice
    - ○ I don't want to be reminded about HIV every day
    - ○ I can no longer afford the treatment
    - ○ Other reason

44. What was the result of your viral load test the last time you had your HIV infection monitored?
    - ○ Undetectable
    - ○ Detectable
    - ○ I was told but I don't remember the result
    - ○ It was measured but I was not told the result
    - ○ It was not measured
    - ○ I don't remember
    - ○ I don't understand the question

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45. Given your current behaviors and practices, do you think that your chances of getting HIV is high?

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46. Can HIV be prevented?
    - Yes
    - No
    - I don't know

47. Can a healthy-looking person have HIV?
    - Yes
    - No
    - I don't know

48. Can a person get HIV from mosquito bites?
    - Yes
    - No
    - I don't know

49. Can using condoms reduce the risk of HIV transmission?
    - Yes
    - No
    - I don't know

50. Can a person get HIV by using toilet bowls / urinals in public places?
    - Yes
    - No
    - I don't know

51. Can having sex with only one faithful, uninfected partner, reduce the risk of HIV transmission?
    - Yes
    - No
    - I don't know

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52. To your knowledge, is there treatment for HIV? ○ Yes ○ No ○ I don't know
53.1 Do you know of the nearest facility where you can get HIV treatment? ○ Yes ○ No ○ I don't know
53.2 Is HIV treatment given to patients for free in the Philippines? ○ Yes ○ No ○ I don't know
53.3 Must people living with HIV wait for symptoms and other infections before they start with their HIV treatment? ○ Yes ○ No ○ I don't know
53.4 Is HIV treatment life-long? ○ Yes ○ No ○ I don't know
53.5 Can correctly taking HIV treatment help people living with HIV become healthier and live longer? ○ Yes ○ No ○ I don't know
53.6 Is there a high chance of getting HIV from someone who is correctly taking HIV treatment? ○ Yes ○ No ○ I don't know

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53. Have you heard of pre-exposure prophylaxis (PrEP)? ○ Yes ○ No
41.1 (If yes to 37) Are you currently taking HIV pre-exposure prophylaxis (PrEP) ○ Yes ○ No, but I did in the past ○ No, I have never taken PrEP

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Do you agree or disagree with the following 8 statements?
54. There are people I can count on in an emergency.
55. There is no one who shares my interests and concerns.
56. There are people who enjoy the same social activities as I do.
57. There is no one I can depend on for aid if I really need it.
58. There is no one who likes to do the things I do.
59. There are people I can depend on to help me if I really need it.
60. I feel part of a group of people who share my attitudes and beliefs.
61. If something went wrong, no one would help me.
Do you agree or disagree with the following statements based on a scale of 1 (strongly disagree) to 7 (strongly agree)? Please do not spend too much time thinking about any one statement.
62. I feel comfortable in gay bars.
63. Social situations with gay men make me feel uncomfortable.
64. I feel comfortable being seem in public with an obviously gay person.
65. I feel comfortable discussing homosexuality in a public situation.
66. I feel comfortable being a homosexual man.

67. Homosexuality is morally acceptable to me.

68. Even if I could change my sexual orientation, I wouldn't.

69. When was the last time you were stared at or intimidated because some knew or presumed you are attracted to men?

- Never
- Within the past 24 hours
- Within the past 7 days
- Within the past 30 days
- Within the past 6 months
- Within the past year
- More than a year ago

70. When was the last time you had verbal insults directed at you, because some knew or presumed you are attracted to men?

- Never
- Within the past 24 hours
- Within the past 7 days
- Within the past 30 days
- Within the past 6 months
- Within the past year
- More than a year ago

71. When was the last time you were punched, hit, or beaten because some knew or presumed you are attracted to men?

- Never
- Within the past 24 hours
- Within the past 7 days
- Within the past 30 days
- Within the past 6 months
- Within the past year
- More than a year ago

Over the past two weeks, how often have you been bother by the following problems:

72. Little or no interest in doing things

73. Feeling down, depressed, or hopeless

74. Did you participate in a survey called IHBSS that ran between in May and October 2018? The IHBSS was a DOH survey that asked questions about sex and HIV. It also included extracting blood from you.

- Yes
- No