



HIV risk in recent anal intercourse events among men who have sex with men and transgender women in Bali, Indonesia

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Background

HIV in Indonesia

- There are over 600,000 people with HIV in Indonesia
- New HIV infections in Indonesia are increasing (22% since 2010)
 - In 2016, there were an estimated 48,000 new infections
- Nationally, only 13% of PLHIV are accessing HIV treatment
- HIV infection is primarily concentrated among key populations
 - In 2016, HIV prevalence was estimated to be 26% in MSM and 25% in waria (transgender women)

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Background

HIV in Bali province

- · Bali province has the third highest HIV incidence in Indonesia
- In 2015, HIV prevalence was 36% in Bali among MSM
- IBBS is conducted every 2 years in key populations
 - · Minimal questions about sexual behaviour
 - Only 3-6 districts surveyed each time, and locations alternate
 - Only about 200-250 MSM surveyed at each location
- There are almost no detailed behavioural risk data on MSM and waria in Bali or Indonesia more generally



Method

Procedures

- The <u>Survei</u> <u>Kesehatan Seksual Indonesia</u> (SeKSI) Study was conducted in March and April 2018 in Bali province.
- · Recruitment was conducted by 32 trained outreach workers from:
 - Yayasan Kerti Praja (NGO HIV/STI clinic)
 - Yayasan Gaya Dewata (gay community organisation)
 - Bali Medika Clinic (private GP clinic)
 - Yayasan Bali Peduli (NGO HIV/STI clinic)
- Respondents were recruited through online and face-to-face outreach, and 'snowball' sampling (peer referral).
- The survey instrument was online (SurveyGizmo) in Bahasa Indonesia and English language.
- Respondents could complete the survey on their own devices or the outreach workers' devices.

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Method

Participants and sample

- Inclusion criteria:
 - Self-identify as gay, bisexual, waria/transgender or male/waria who has had sex with a male/waria in the previous 12 months
 - At least 18 years of age
 - Living Bali province or planning to stay for at least 6 months
 - · Able to complete survey in Bahasa Indonesia or English
- Sample:
 - 1,076 surveys were opened/commenced
 - 248 surveys were duplicates or repeated surveys
 - 119 were excluded (10 female; 93 had no data at all; 8 born outside of Indonesia; 8 with no country of birth information)
 - · Resulting in a sample size of 709 respondents

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Method

Measures and analysis

- Survey contents
 - · Demographics
 - · HIV testing, PrEP, ART
 - · Sexual behaviours
 - · Last 6 months (minimal questions)
 - · Last occasion of sex with a romantic partner and with a casual partner
 - Drug use
 - · Engagement with HIV prevention and technologies
- Analysis
 - Descriptive statistics analysed with chi-square tests or t-tests
 - Anal intercourse events analysed with generalised estimating equations (GEE) to control for within- and between-subject variability (i.e. each respondent could report on up to two events)

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Results

Demographic information

Age – median (range)	27 (18 to 63)
Gender	
Male	90.1%
Transwoman / waria / female	7.3%
Other	2.5%
Location of birth	
Bali	33.7%
Java	40.9%
Other place in Indonesia	25.4%
Employed or studying	90.6%
University education	26.4%
Recruited by outreach worker	91.7%



HIV testing and serostatus

- 85.8% had ever been tested for HIV, and of those, 83.2% had been tested in the previous 12 months.
- HIV status:

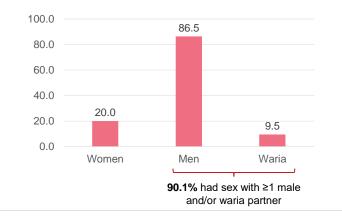
 ART status among HIV-positive people: 93.4%

 PrEP use among HIV-negative people: 2.6% (n=10)



Sexual partners

• Sex with women, men, and waria in previous 6 months:





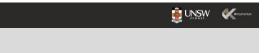
Results

Sexual partners

- Respondents reported on their last occasion of sex with a romantic partner and/or casual partner:
 - 703 events were reported on
 - 397 events were with a romantic partner (56%)
 - 306 events were with a casual partner (44%)
 - 191 respondents reported on both

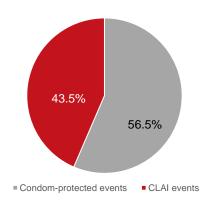
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Results



Anal intercourse events

 Over half of the events were protected by consistent condom use for the entirety of the encounter

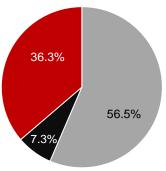




Results

Anal intercourse events

- 7.3% of events involved CLAI but were protected by either PrEP or ART
 - 2.6% by PrEP in either partner
 - 4.7% by ART in either partner
- Thus, 36.3% of events involved 'unprotected' CLAI



- Condom-protected events
- CLAI, protected by PrEP or ART
- Remaining CLAI events

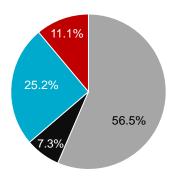
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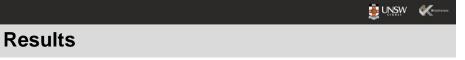
Results

Anal intercourse events

- One-quarter of events involved CLAI with risk potentially reduced due to behavioural risk reduction strategies
 - 14.1% by serosorting
 - 5.7% by strategic positioning
 - · 12.2% by withdrawal
- 11.1% of events were highestrisk for HIV transmission



- Condom-protected events
- CLAI, protected by PrEP or ART
- CLAI, potentially reduced risk
- Remaining highest-risk CLAI events

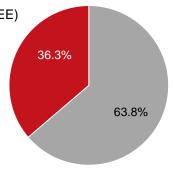


Associations with 'unprotected' CLAI

 Generalised estimating equations (GEE) used to determine associations with 'unprotected' CLAI

 Two variables remained significant in multivariate GEE model

	aOR (95%CI)	p-value
Romantic partner	1.62 (1.26-2.08)	<0.001
Born in Bali	1.76 (1.21-2.54)	0.003



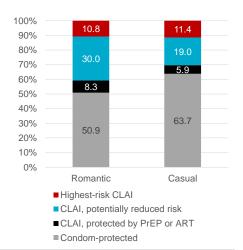
- 'Protected' events (condoms, PrEP, ART)
- 'Unprotected' CLAI events

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Exploring partner type

- Condom use higher in casual encounters
- Higher reliance on risk reduction in relationships
- Similar level of 'highest-risk' CLAI overall





Results & Discussion

Exploring partner type

- In gay men, it is common to find lower condom use in relationships
- Australian research has shown that very few HIV infections are ascribed to romantic partners
- This is partially because behavioural risk reduction strategies tend to be more effective when used with highly familiar partners

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Results & Discussion

Exploring partner type

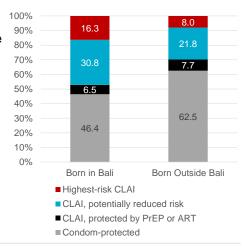
- But is this the case in Bali (and Indonesia)?
 - · No promotion of non-condom risk reduction strategies in Bali
 - · Low levels of HIV knowledge generally
 - Low levels of HIV testing generally (although not in this sample)
 - · HIV stigma is a powerful disincentive to test and disclose
 - Homophobia/transphobia mean there is little support for MSM/waria relationships
 - Highly transient population (especially non-Bali-born) affects stability of long-term relationships



Results & Discussion

Exploring place of birth

- Two-thirds of events in those born outside Bali were 'protected', compared to only about half in the Bali-born
- Bali-born respondents had a higher proportion of 'highest-risk' events



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Results & Discussion

Exploring place of birth

- How were those born in Bali different to those born elsewhere in Indonesia?
 - More waria respondents (13% vs 5%)
 - Living outside of Denpasar and Badung
 - More likely to be married
 - Lower income
 - · More likely to live with family
 - · Less connection to HIV services/testing
 - · More likely to have sex with women and waria
 - Less likely to use gay mobile apps and gay bars; more likely to meet male sex partners in public places
 - · More likely to believe Bali is a difficult place to be MSM/waria



Results & Discussion

Exploring place of birth

- Two distinct subgroups of MSM/waria living in Bali?
 - · Born in Bali versus those moving from other parts of Indonesia
 - · More work needed to test this hypothesis
 - How much do these subgroups interact?
- · Differential impacts of homophobia/transphobia?
 - · Engagement with community
 - · Connection to health services
 - · Knowledge of HIV prevention

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Limitations

- Most respondents recruited by HIV outreach workers; the sample may not be representative of all MSM/waria in Bali
 - · Likely to be more connected to services and community
 - Unlikely to have recruited those who are very 'hidden'
- Possibility of social desirability bias
 - Made it clear that outreach workers could not see the responses



Implications and Conclusion

- Largest behavioural survey of MSM/waria in Bali (or Indonesia)
 - However, more research is needed, using different methods, to determine how representative this sample is of MSM/waria
- Nearly half of recent anal intercourse events were without condoms, and 11% not protected by any strategy at all
- Community-level HIV prevention education needs to be significantly scaled-up
 - · Non-condom-based risk reduction
 - Relationships
 - · PrEP, ART, and 'treatment as prevention'
- Different methods and messages likely needed for subgroups of MSM/waria living in Bali

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Acknowledgements

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