



## **Singapore Subset**

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2 December 2006

The logo for the 2006 MSM Survey. It features the year '2006' in a large, white, serif font. The '0' in '2006' has a small white arrow pointing upwards and to the right. Below '2006' are the letters 'MSM' in a large, white, serif font. Below 'MSM' is the word 'SURVEY' in a smaller, white, serif font. The entire logo is set against a dark red background.

# 2006 MSM SURVEY

- Successful HIV prevention depends on changing risk behaviors
- Based on Behavioral Surveillance Survey (BSS) format developed by FHI (Family Health International) and IMPACT (Implementing AIDS Prevention and Care Project)
- Early warning system that measures behavior and risk factors and identifies sub-groups most at risk

# 2006 MSM SURVEY

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## HELP US KICK THE DISEASE

They say knowledge is power, and the key to fighting AIDS is in understanding it. Not just the virus, but also the people it affects – *YOU*. In order to design effective campaigns, we first want to know more about you, the gay/MSM community.

Help us by taking a few minutes of your time to complete the following survey. Your participation is highly valued and will have a significant impact on the future of AIDS campaigns targeting MSM. Fifteen minutes of your time is all you need to give a voice to the important issue of HIV prevention. It takes so little, but means so much.

Please forward this to as many people as you can.

PROCEED TO THE SURVEY

FORWARD

POWERED BY

**ACTION FOR  
AIDS**  
爱之行动小组

**fridae**  
empowering gay asia  
www.fridae.com

- [2006msmsurvey.com](http://2006msmsurvey.com)
- Online survey conducted from 01 to 30 April 2006
- Invitation was sent to 55,000 people



# Questions

- Background characteristics
- Sexual history
- Condoms and lubricants
- STDs
- Knowledge/attitudes towards HIV/AIDS
- Exposure to interventions



# Results

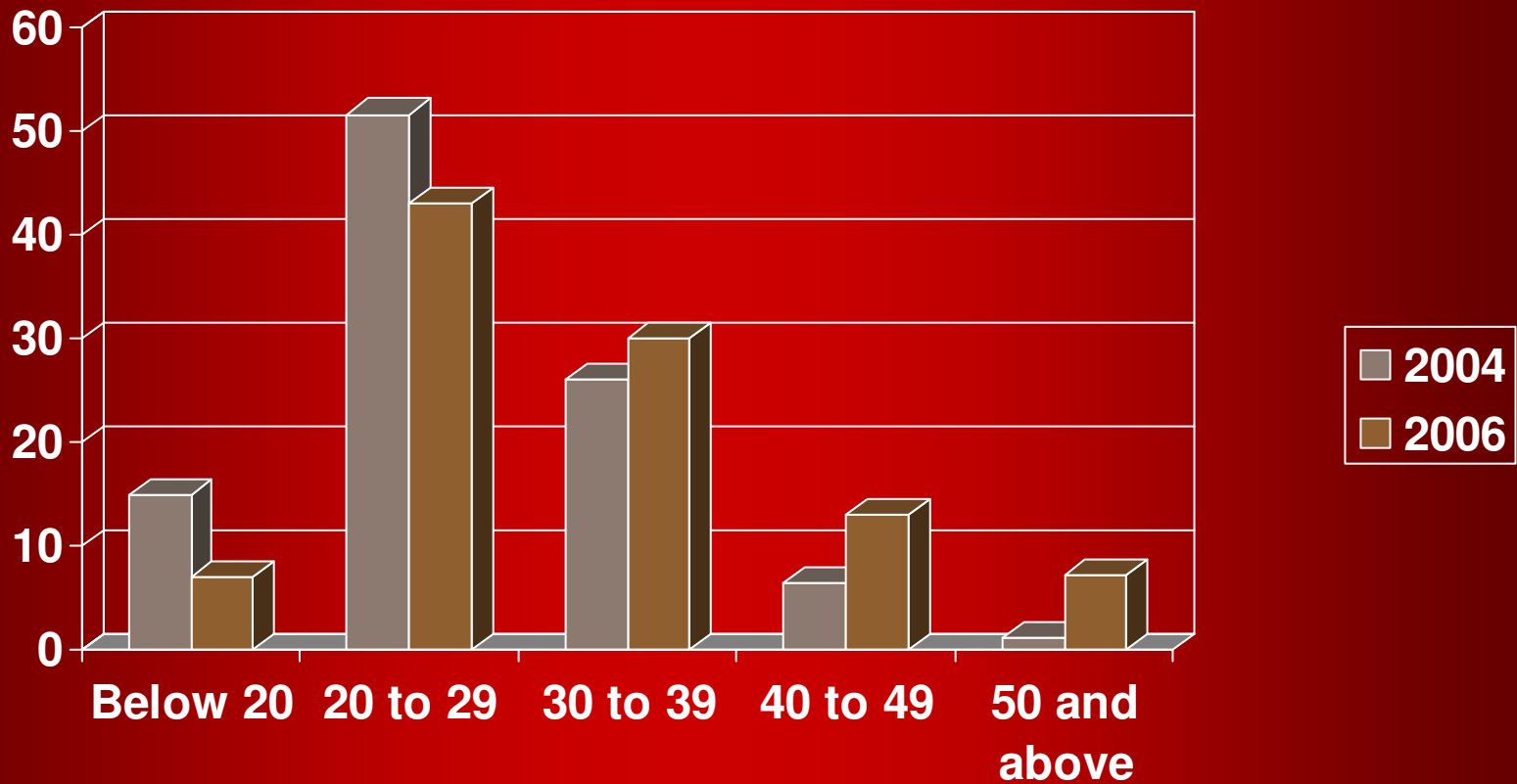
- Total respondents
  - 3272
- Singapore respondents
  - 1479 (45%)



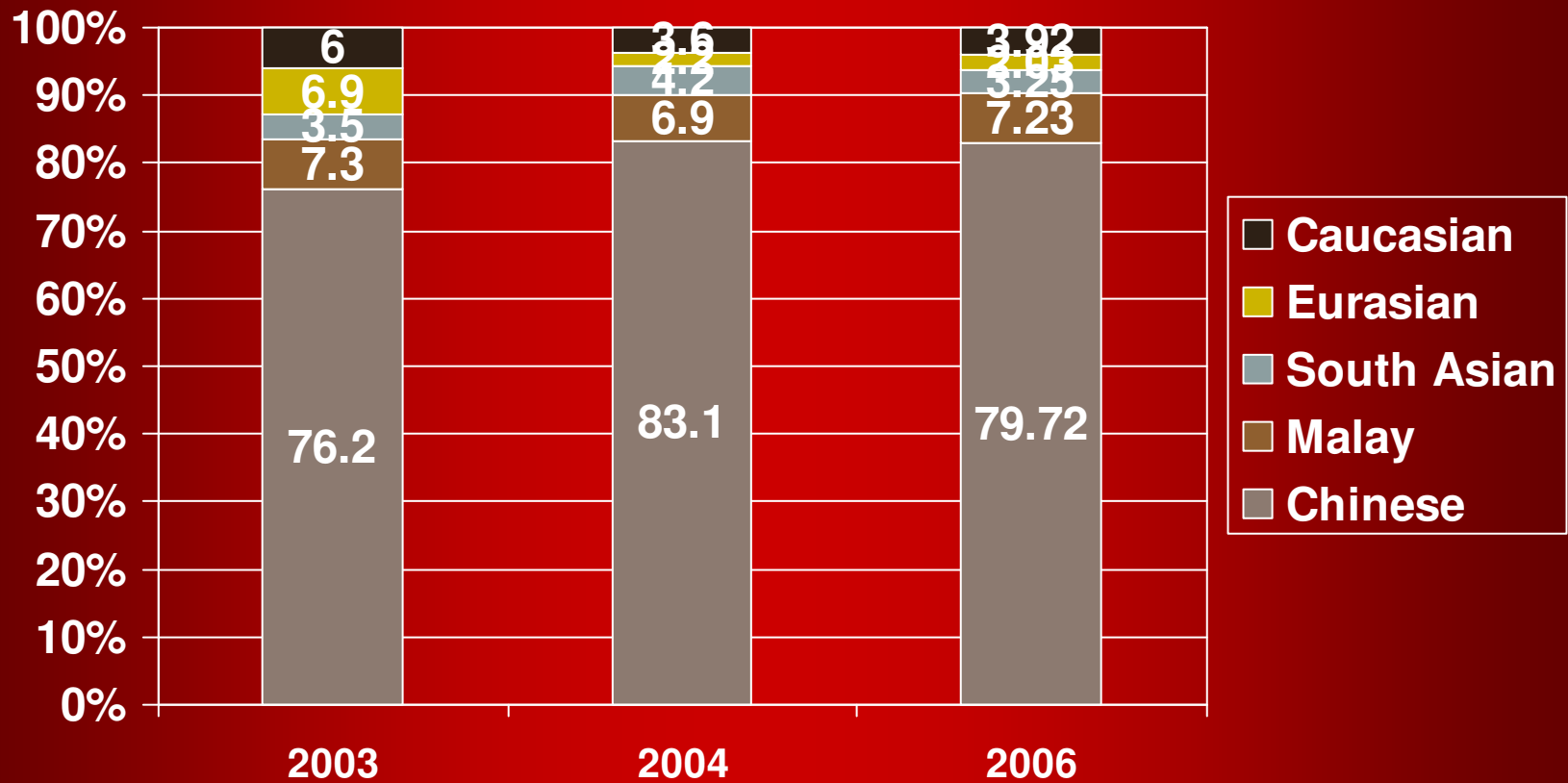
# Basic demographics

- Same ethnic makeup of Singaporeans
  - e.g. 80% Chinese, 7% Malay, 3% Indian
- Well educated
  - 47% with university/post grad degree
- 81% had sex in the last 3 months

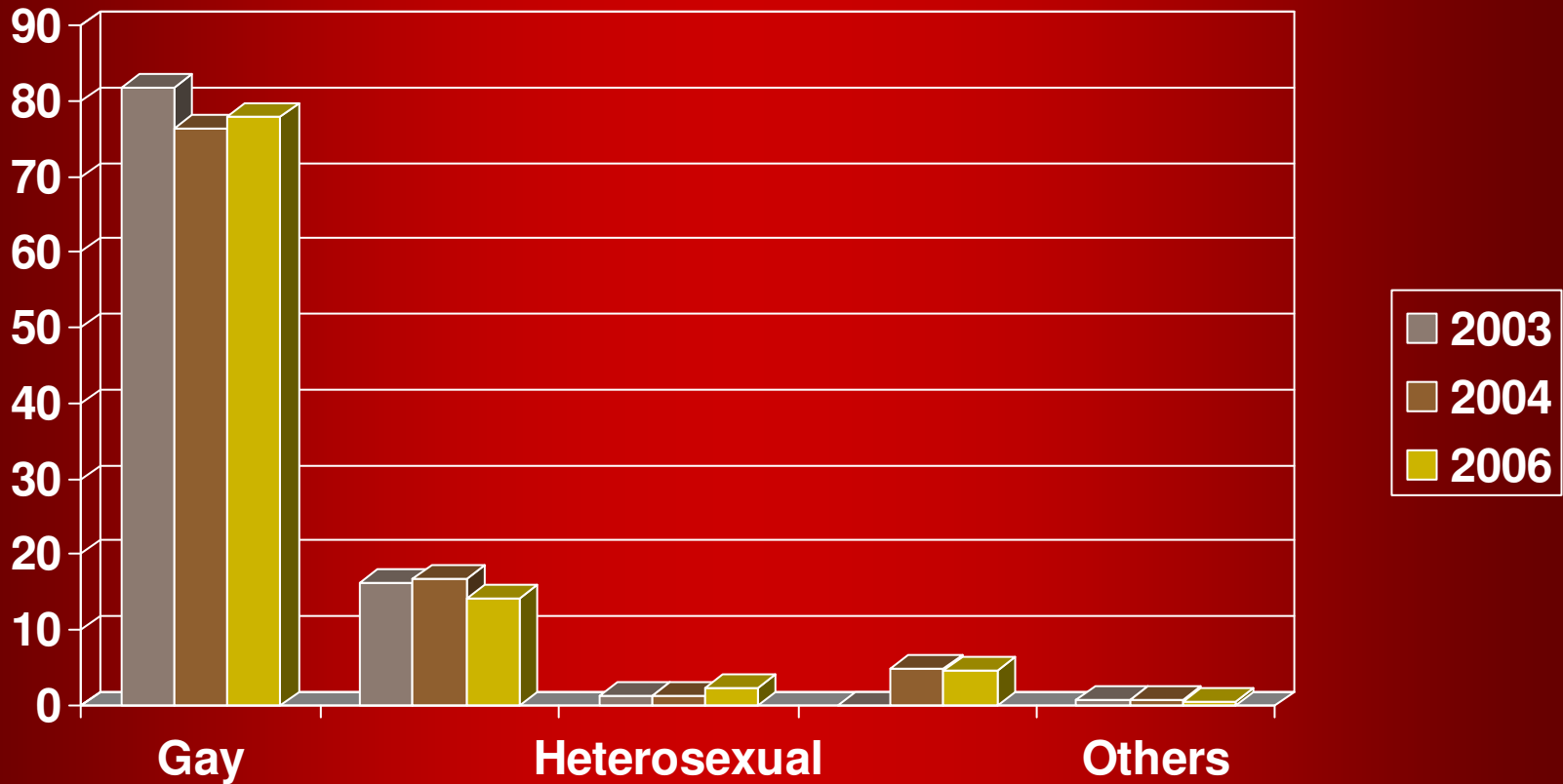
# Age of respondents



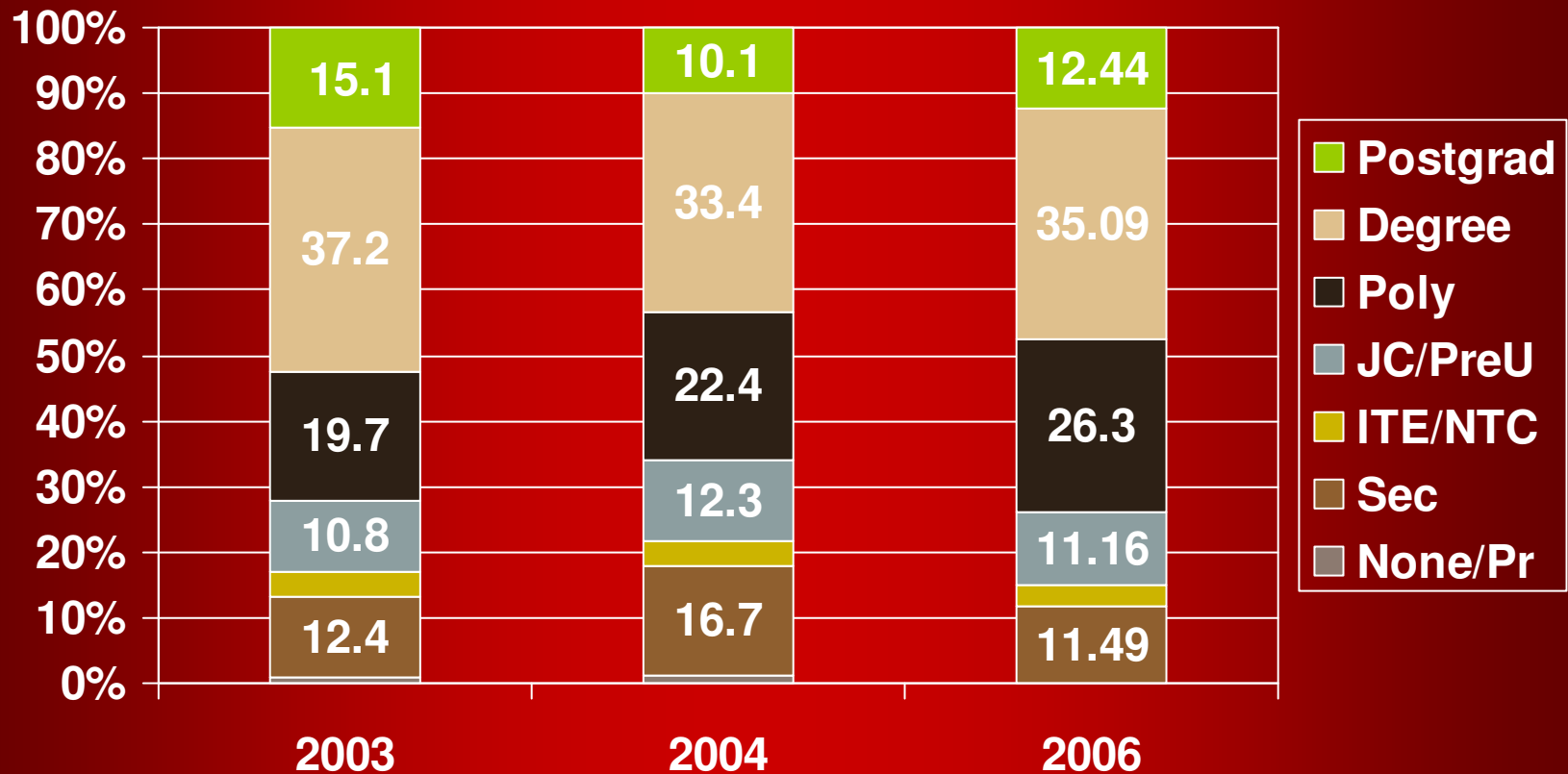
# Ethnicity of respondents



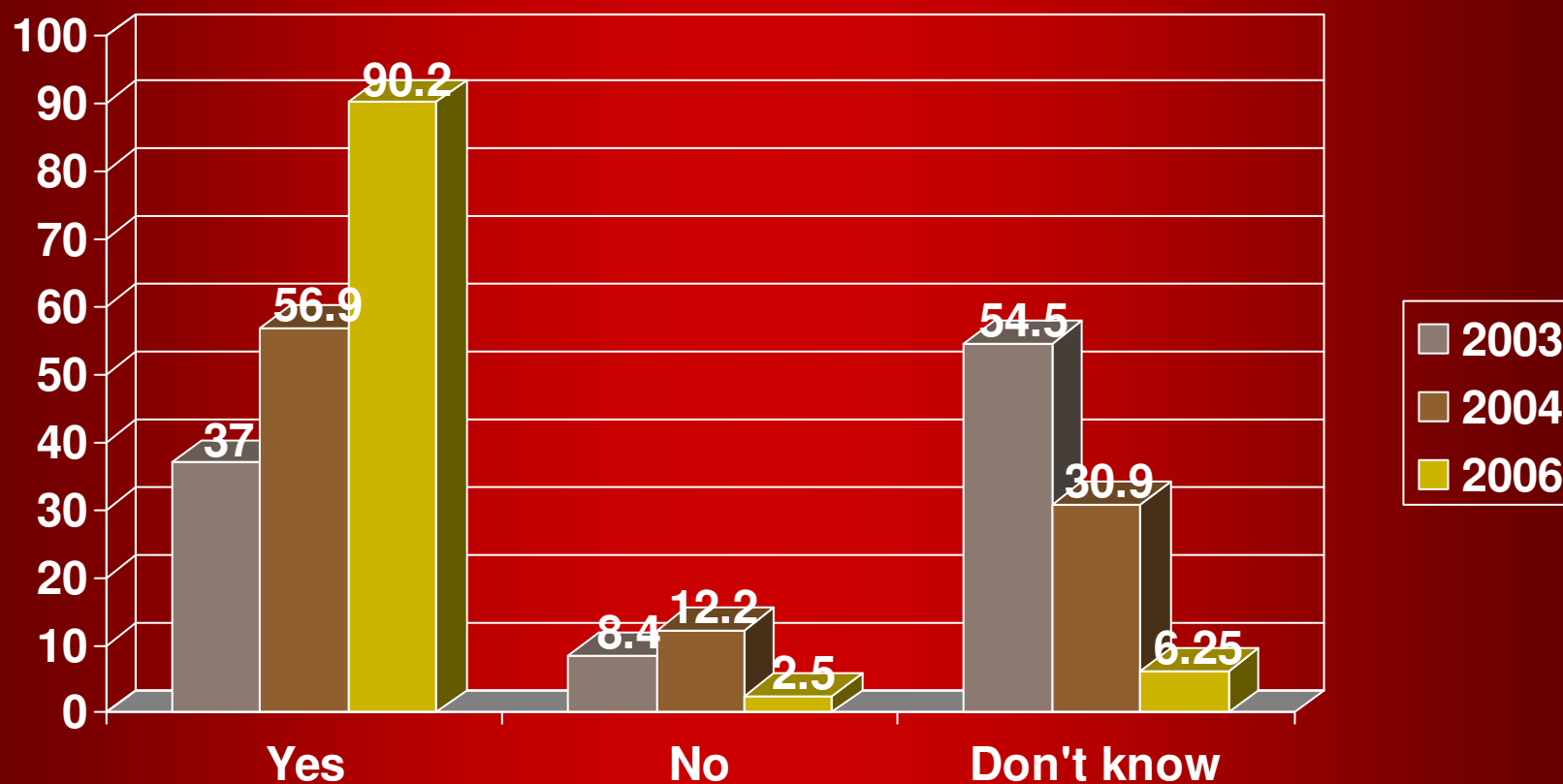
# Sexual Orientation



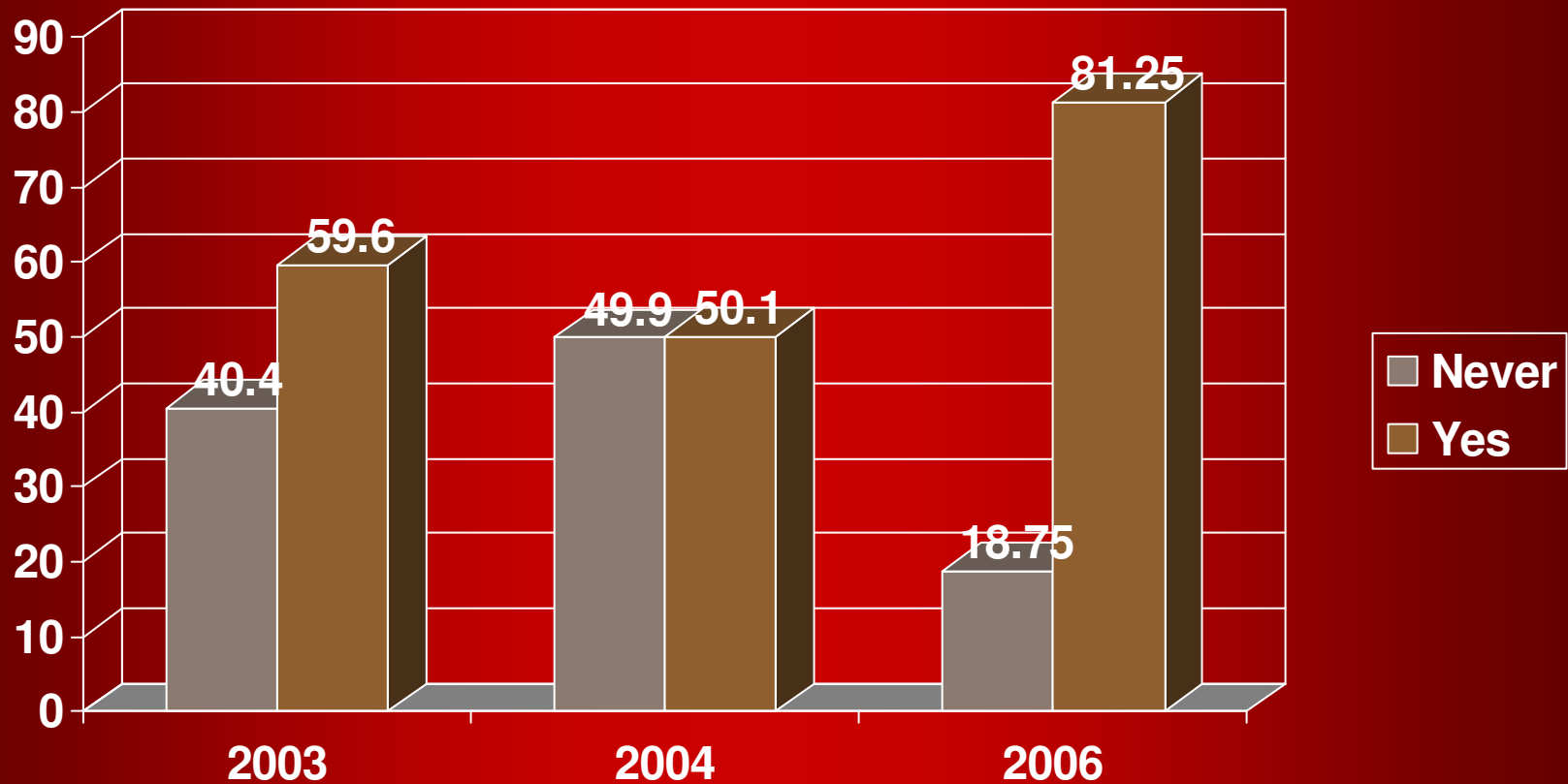
# Education



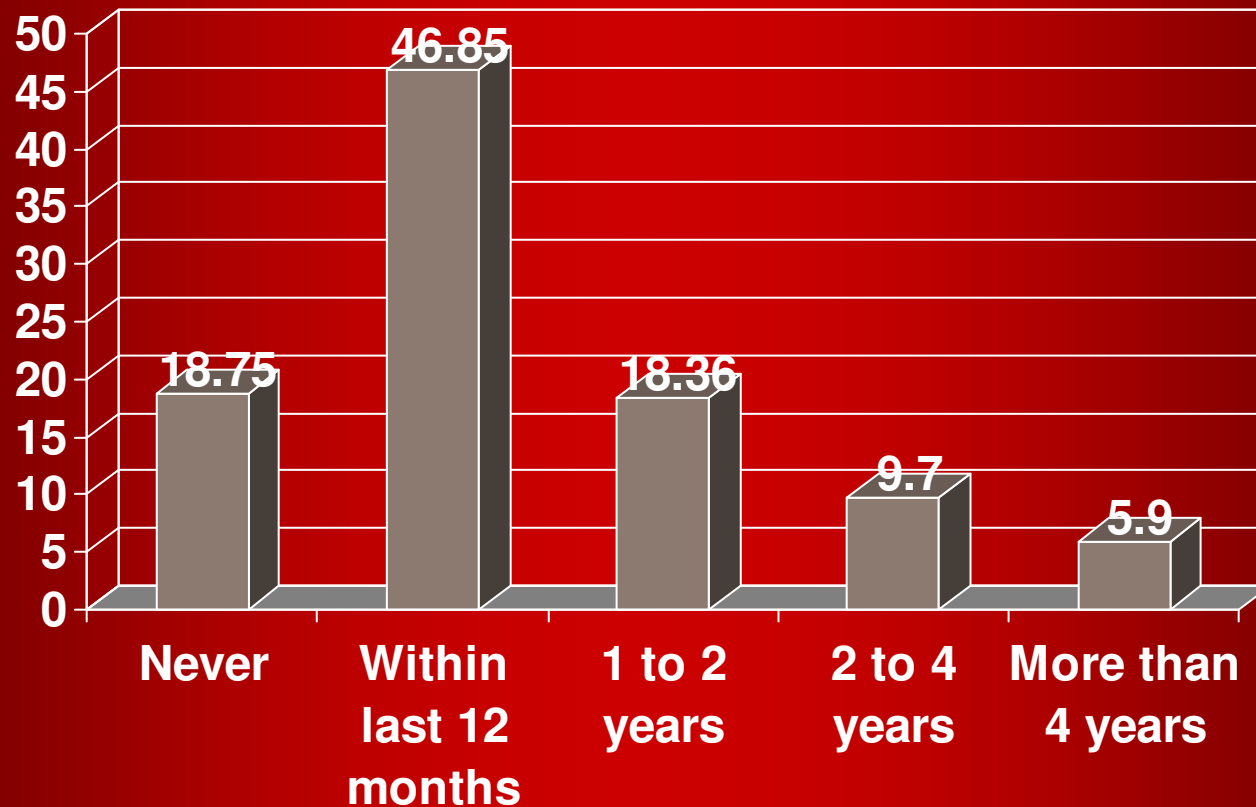
# Awareness of Anon Testing Service



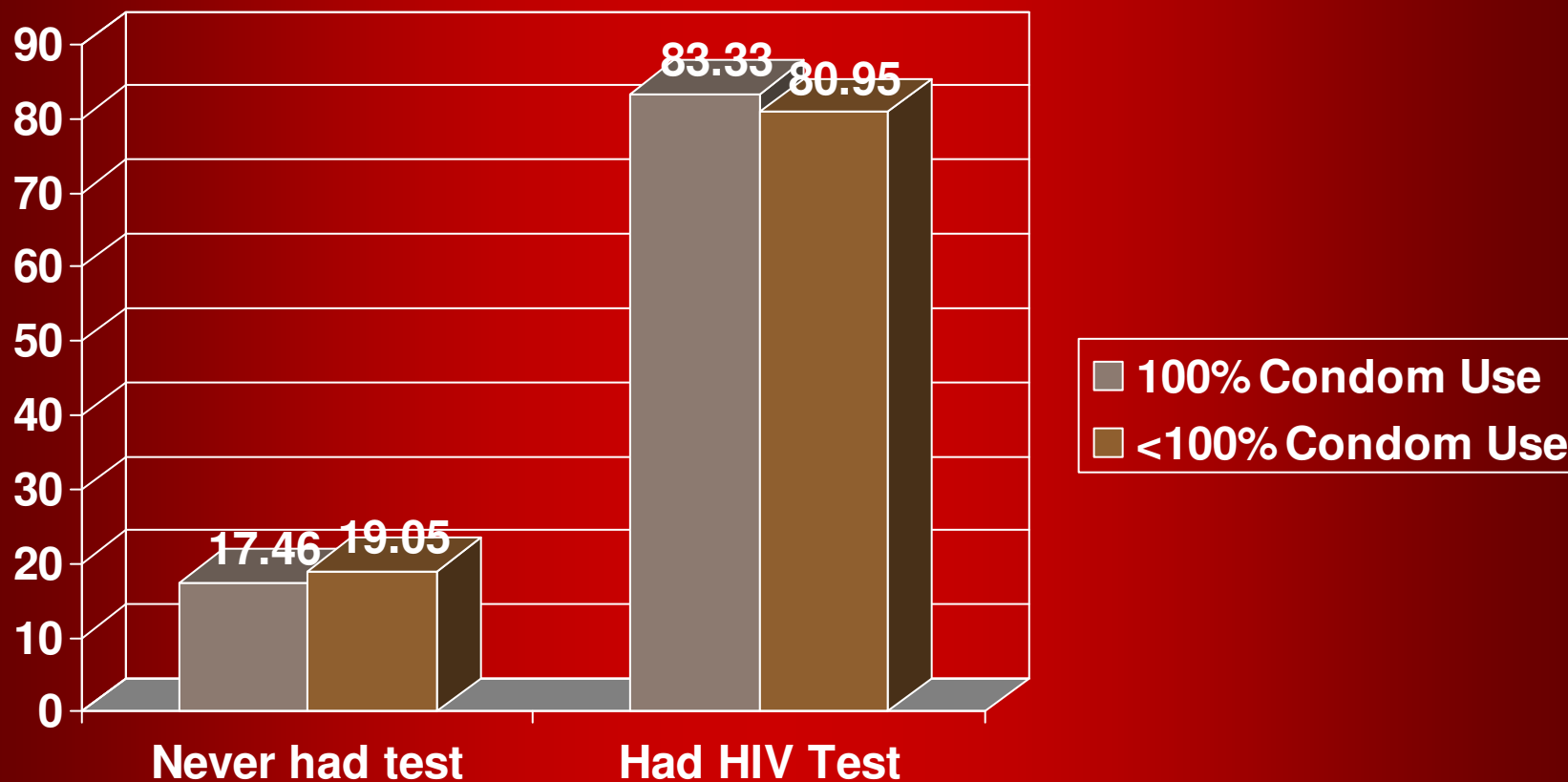
# HIV Testing History



# HIV Testing History (2006 Data)

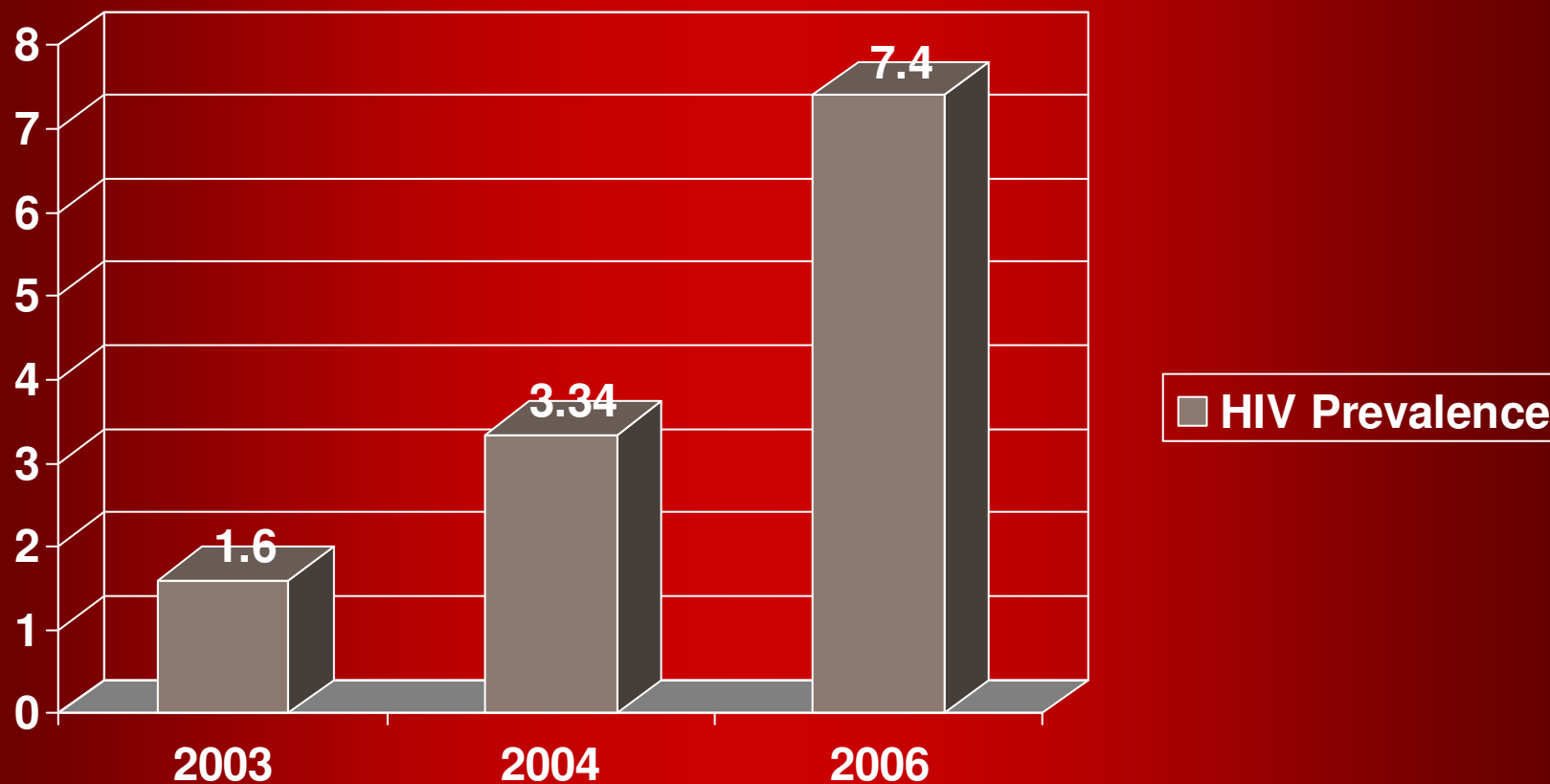


# Testing vs Condom Use

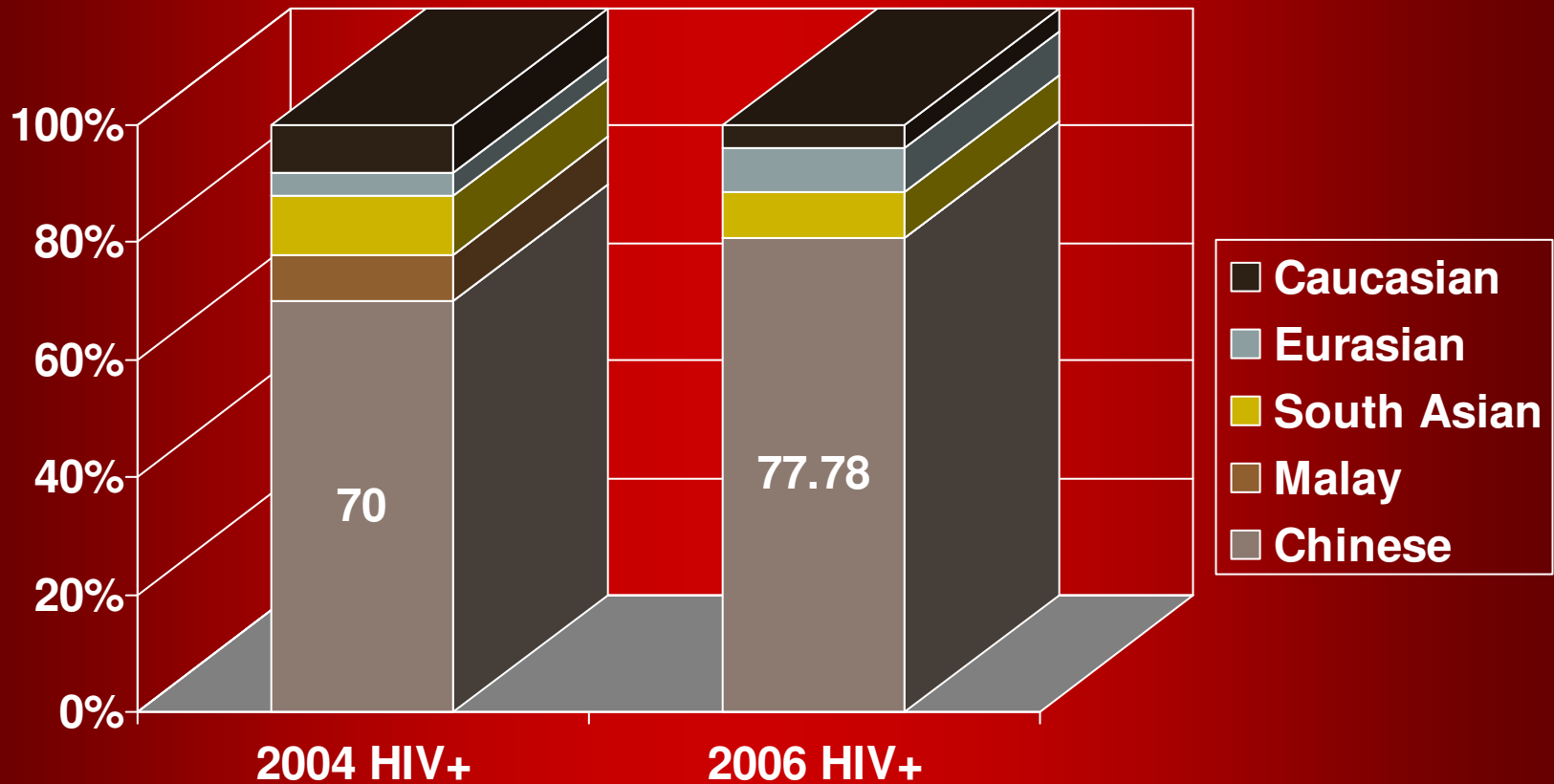


2006  
MSM  
SURVEY

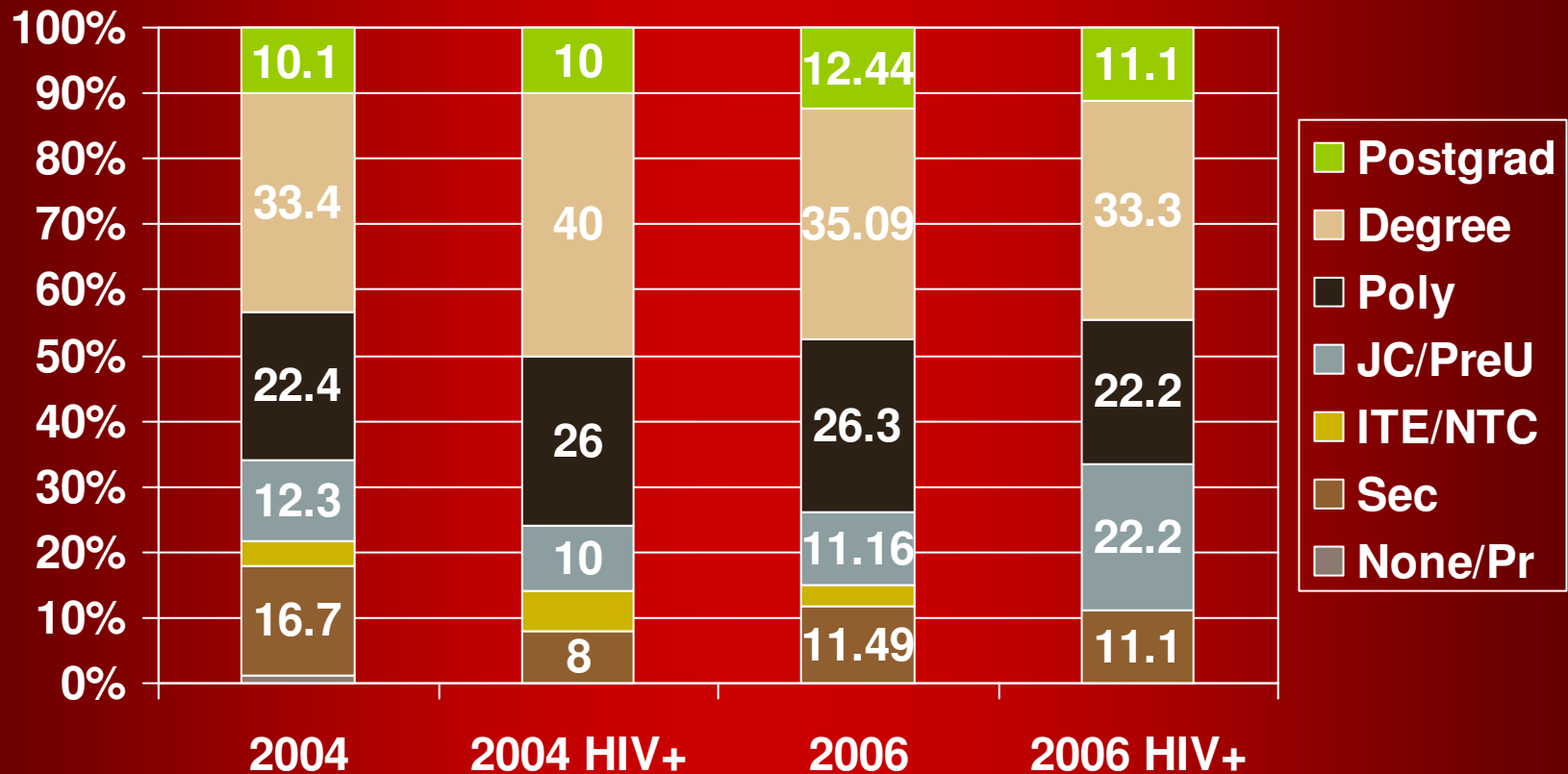
# HIV prevalence in survey respondents



# Ethnicity of HIV+

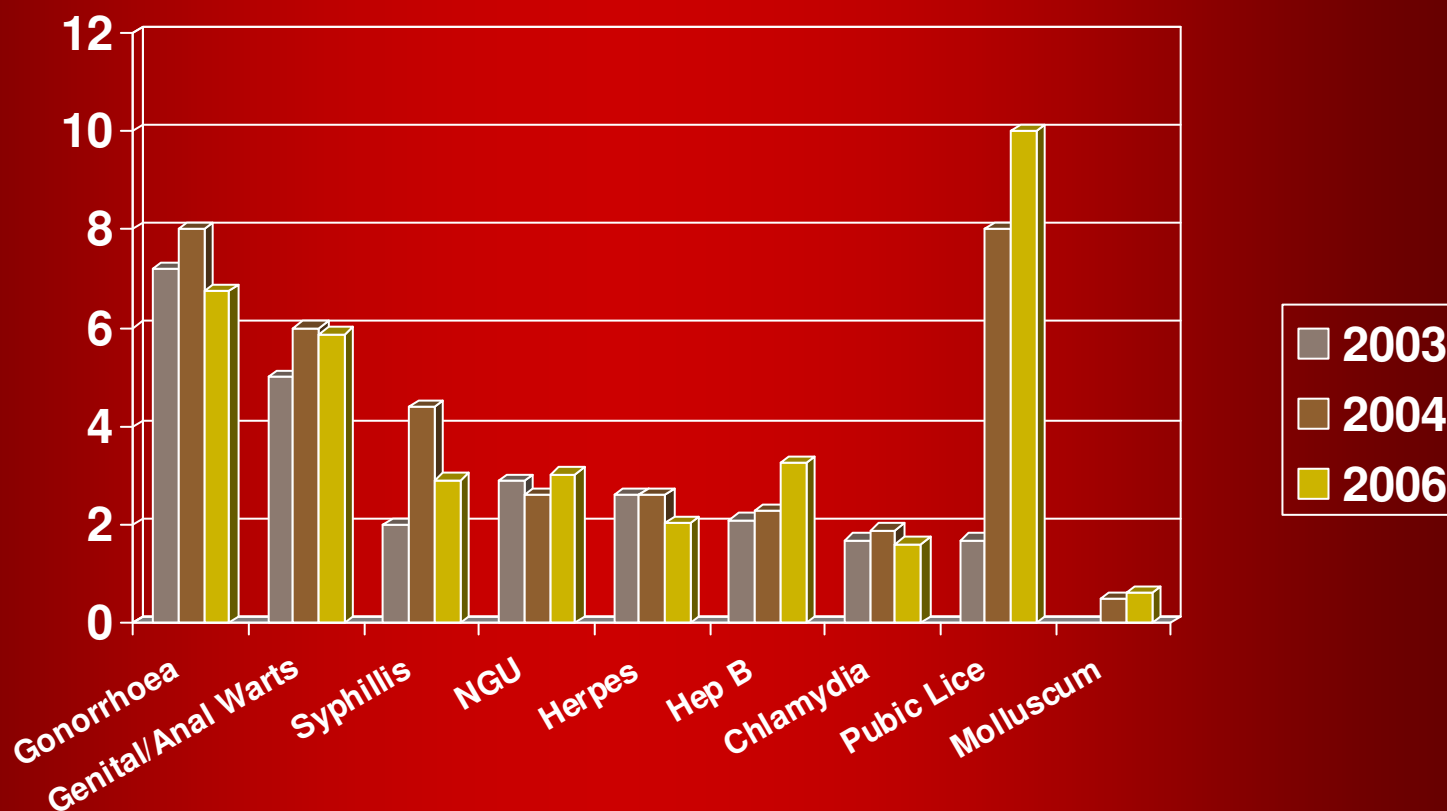


# Education level



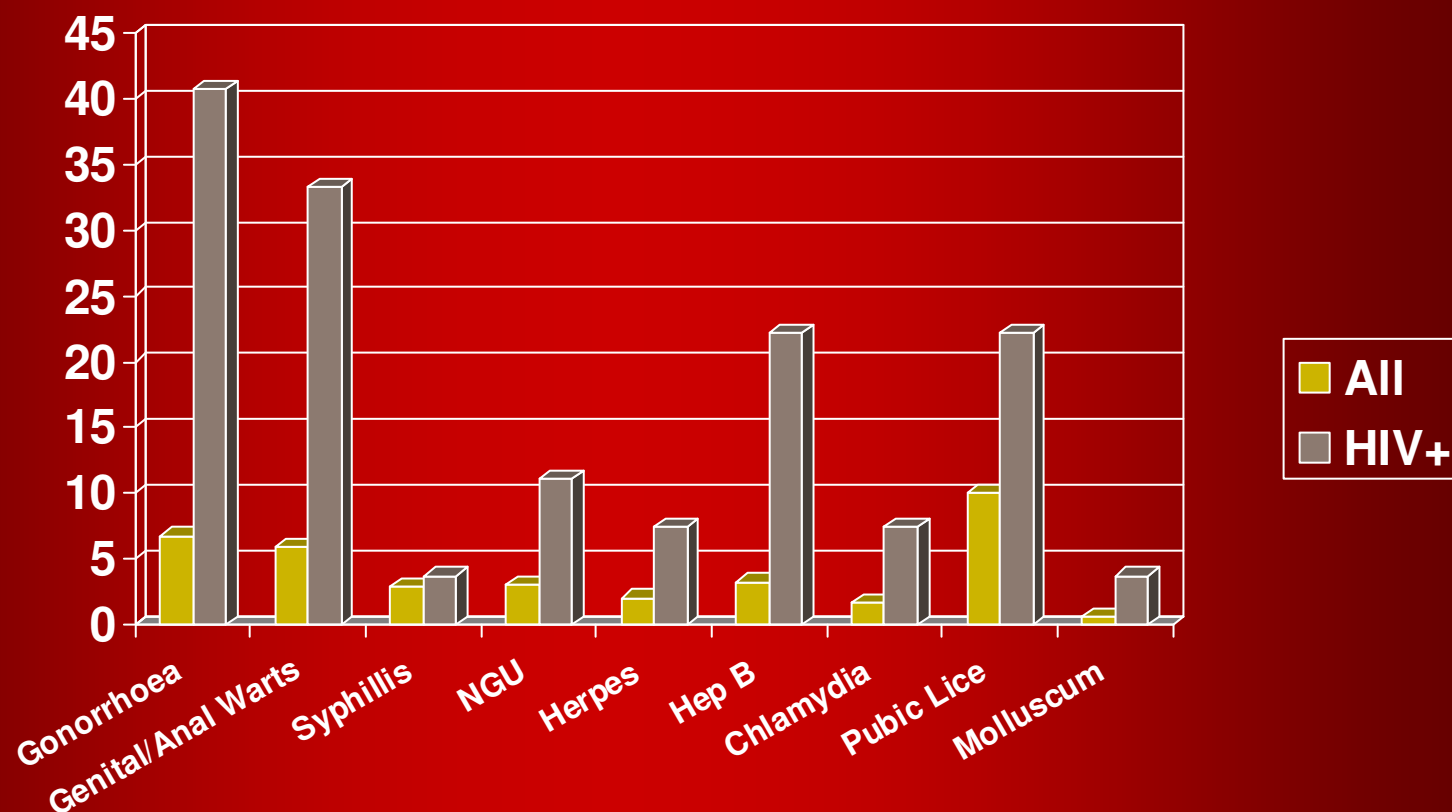


# Sexually Transmitted Infections 2003-2006

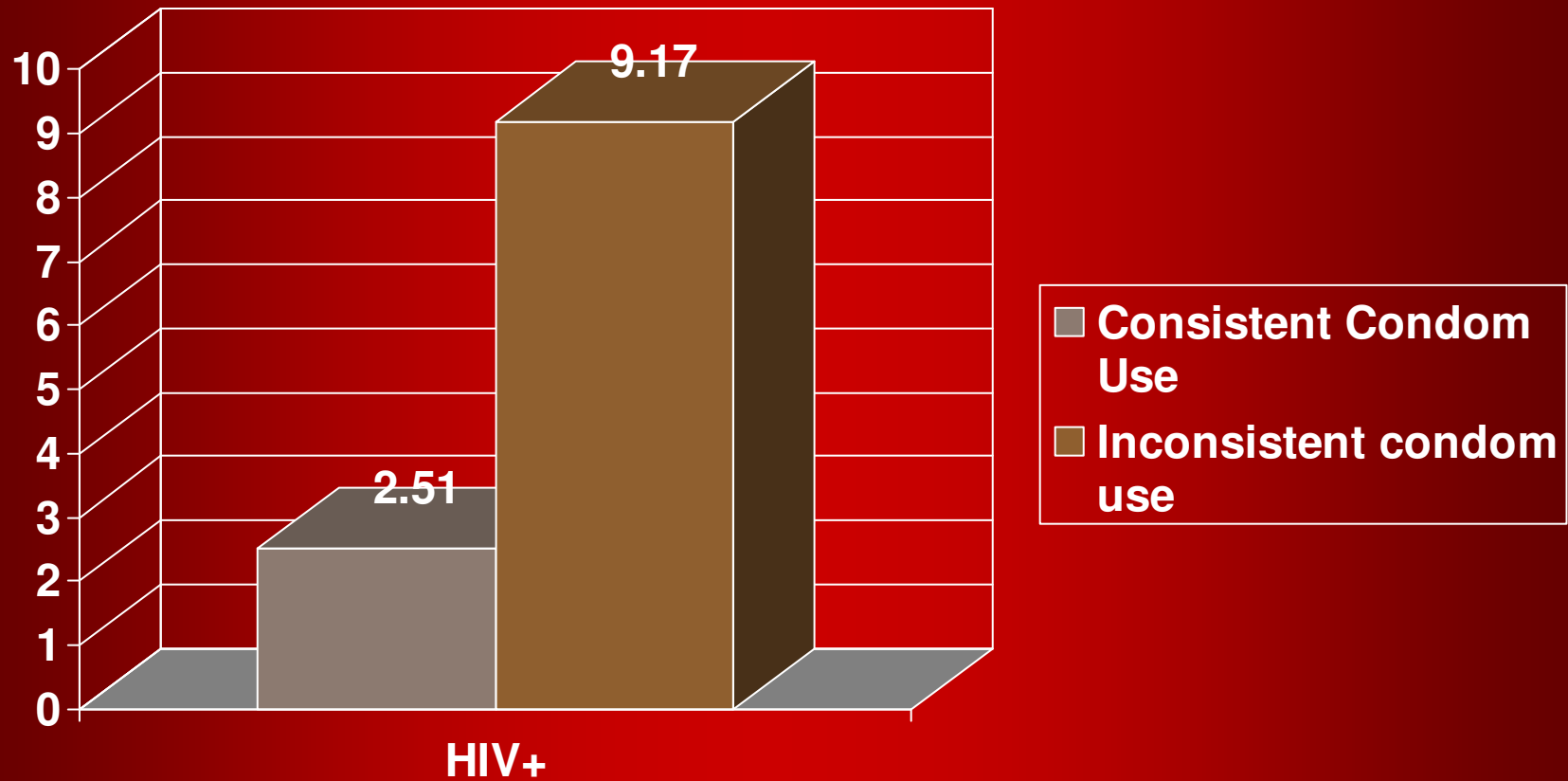


# 2006 MSM SURVEY

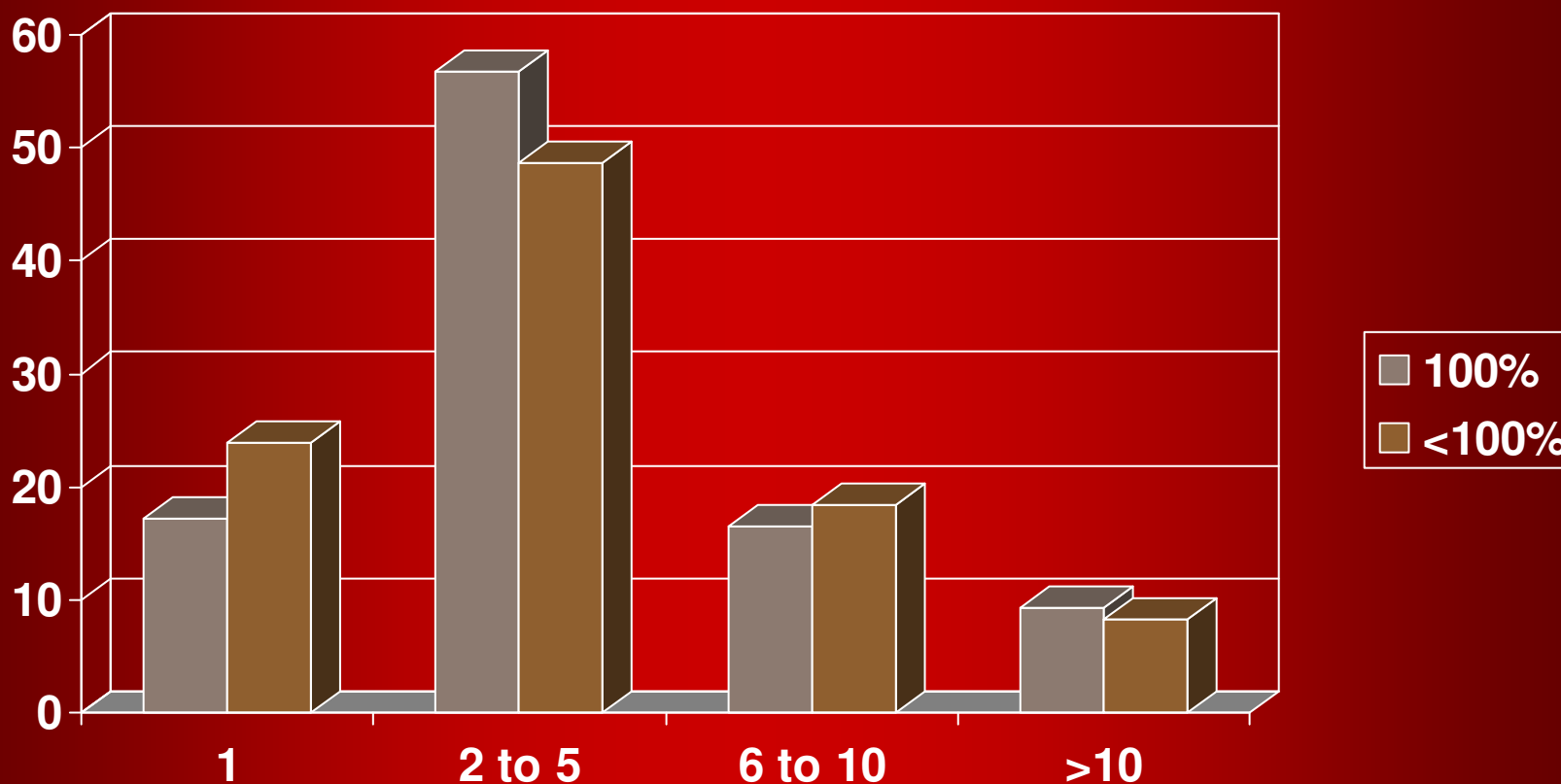
## Sexually Transmitted Infections 2006



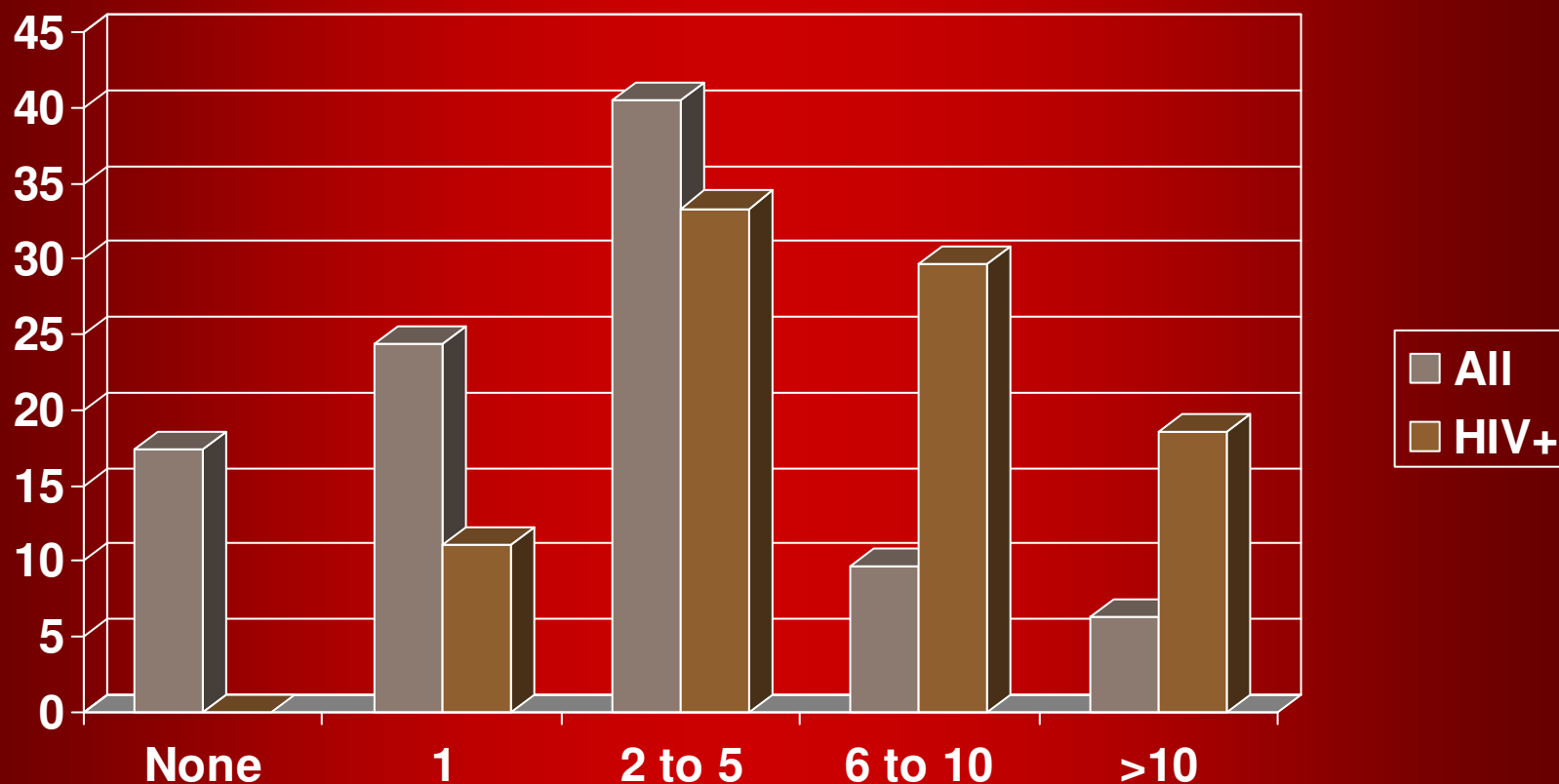
# Condom use & HIV



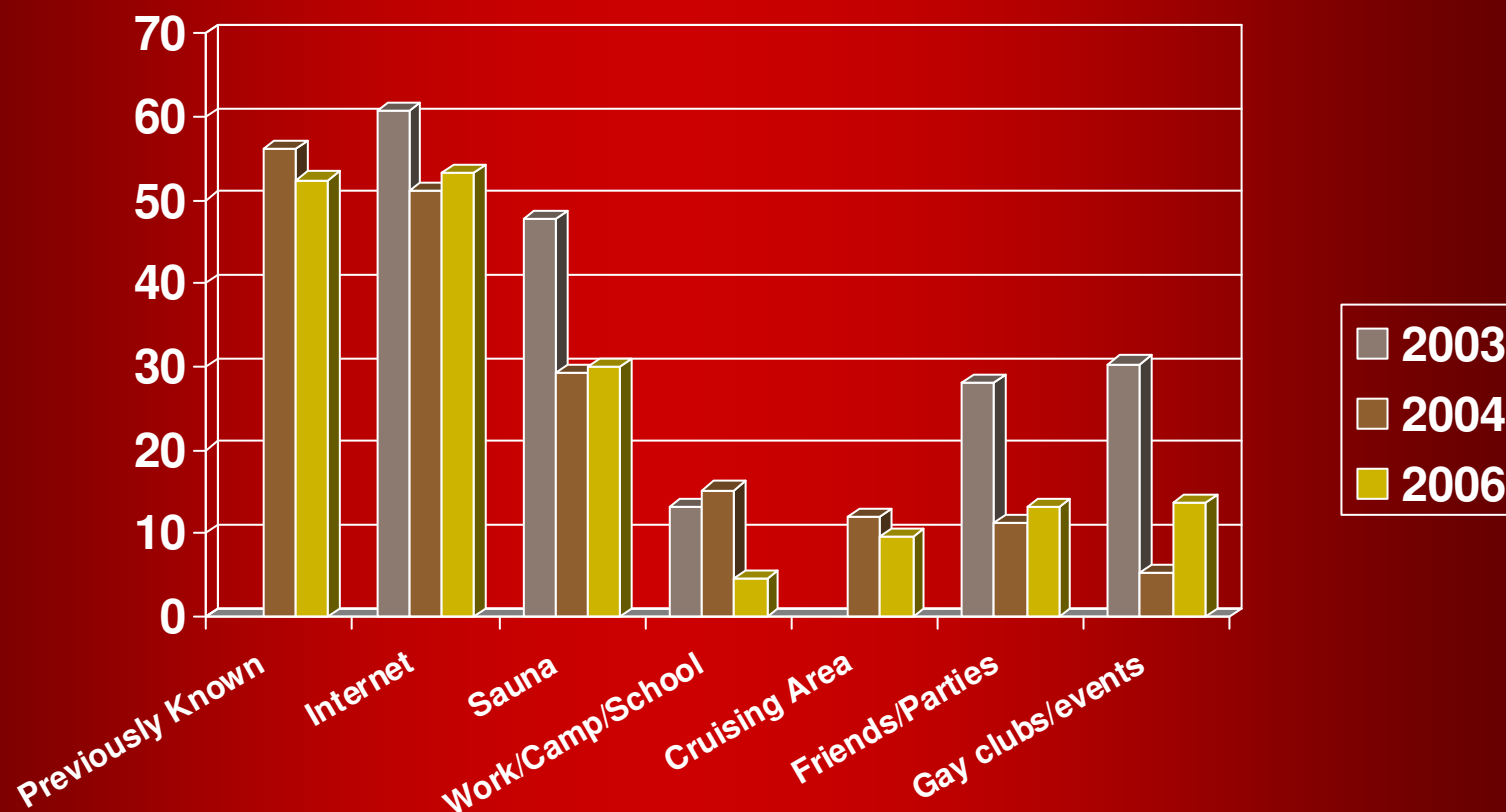
# Condom use vs Number of Partners



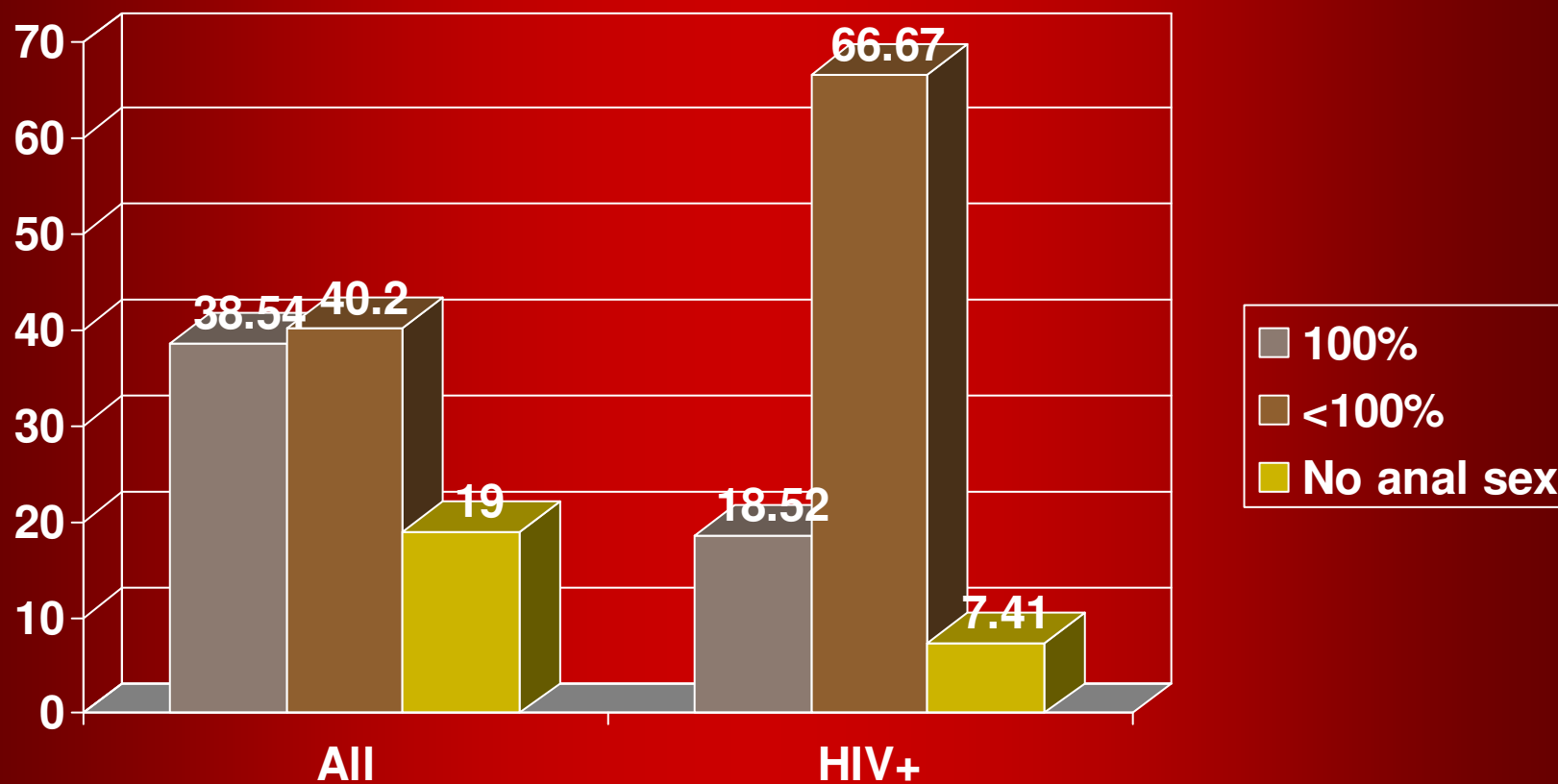
# Number of Partners in last 3 months



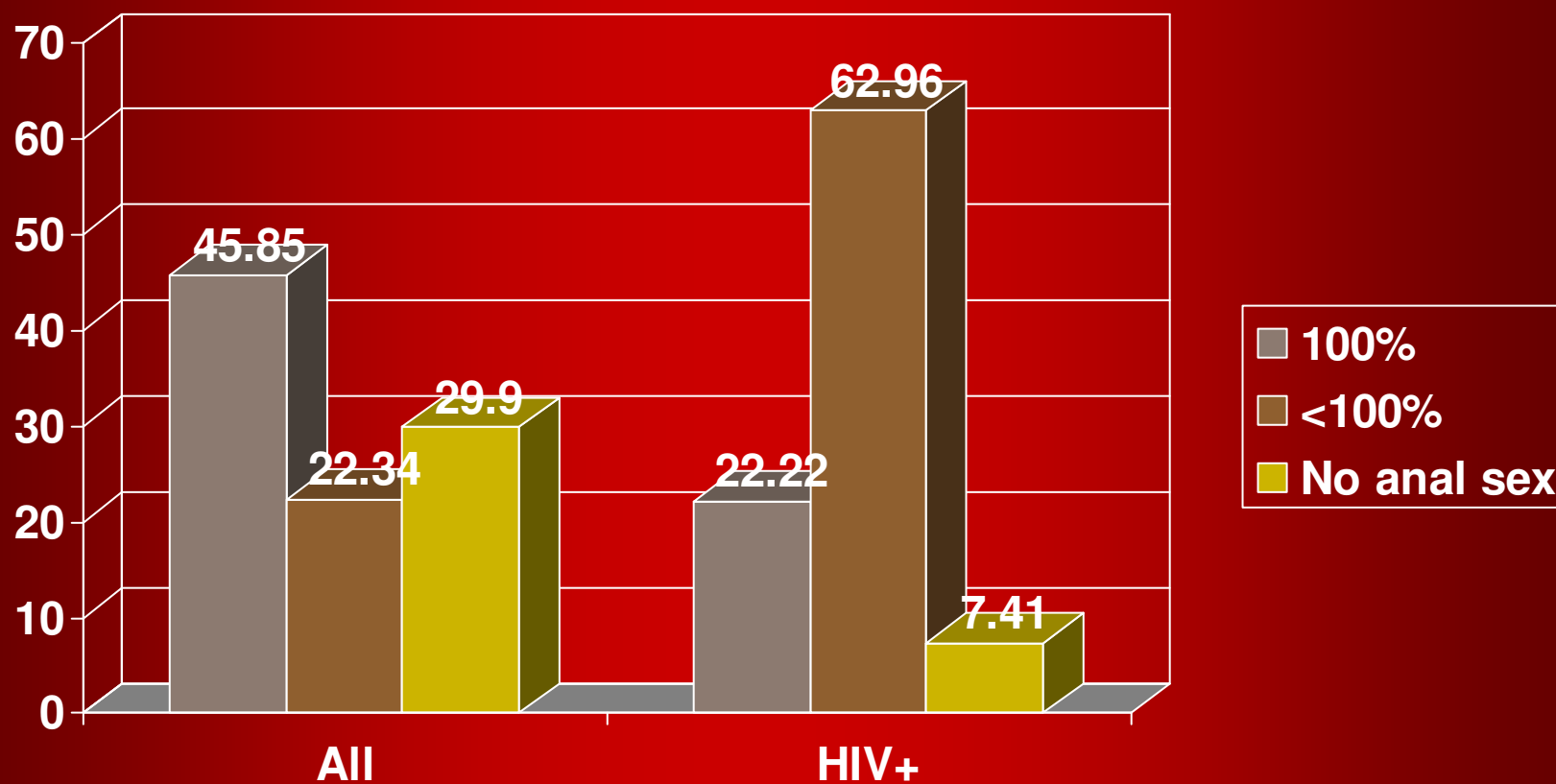
# Ways of Meeting Male Sexual Partners



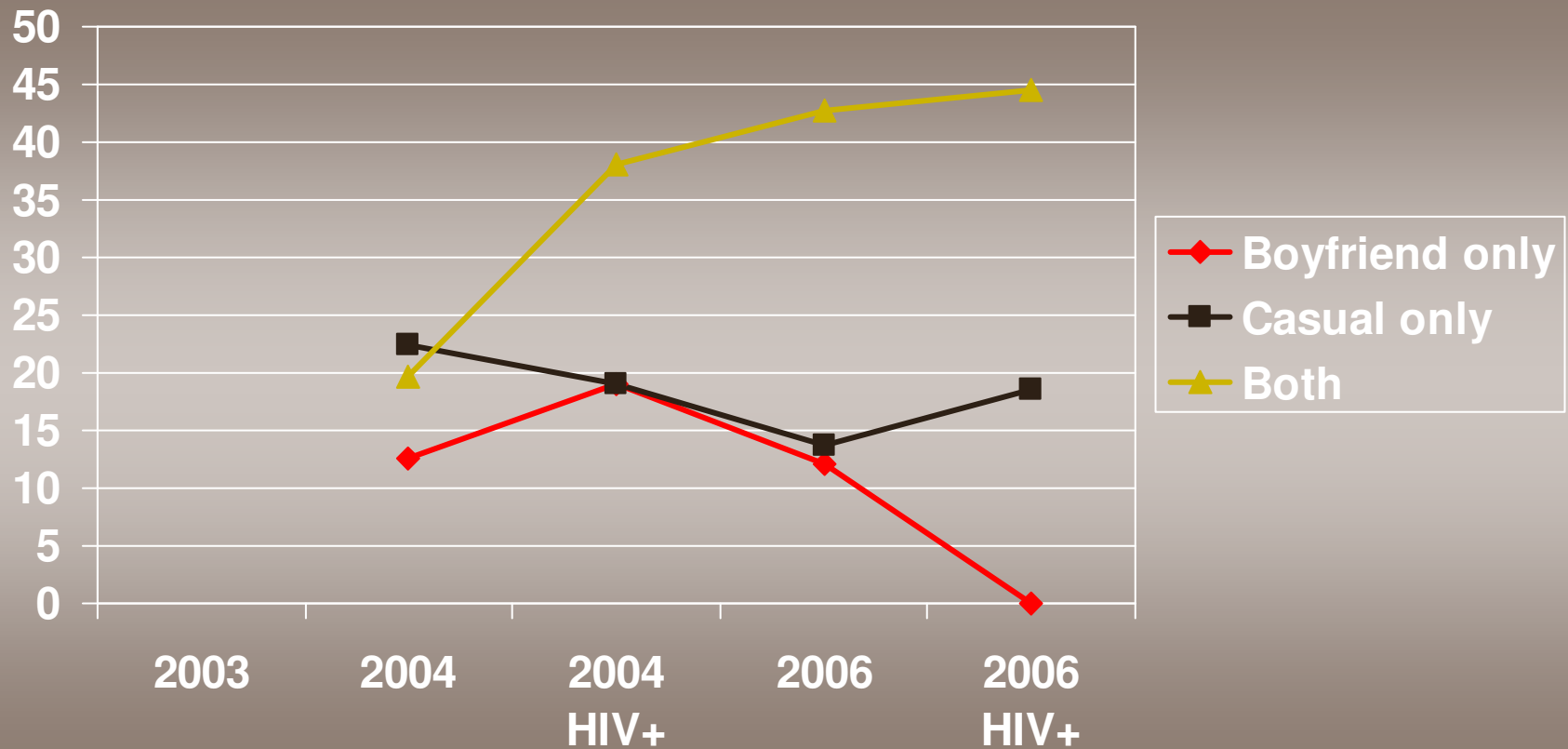
# Condom use with regular partners



# Condom use with casual partners

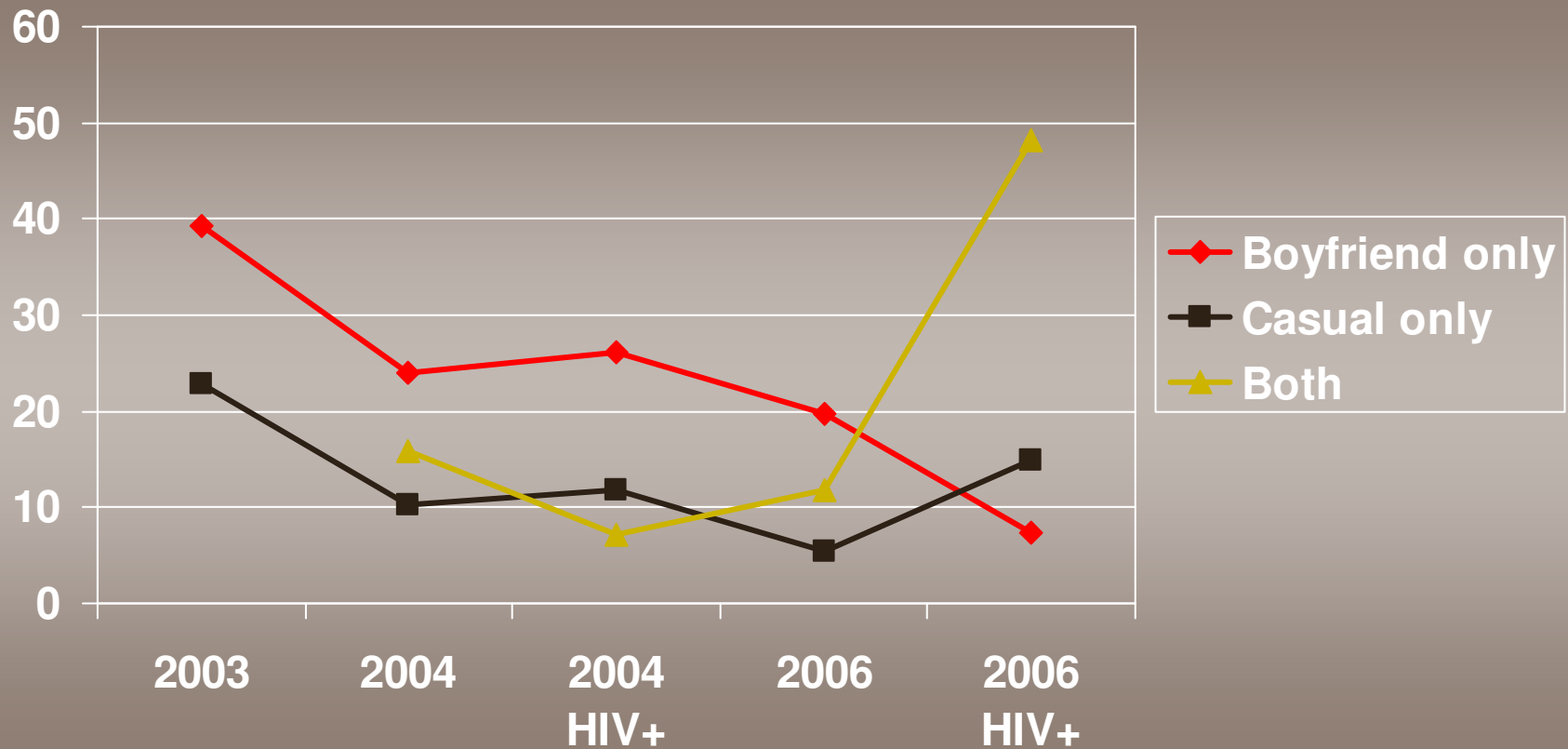


# Protected Anal Sex

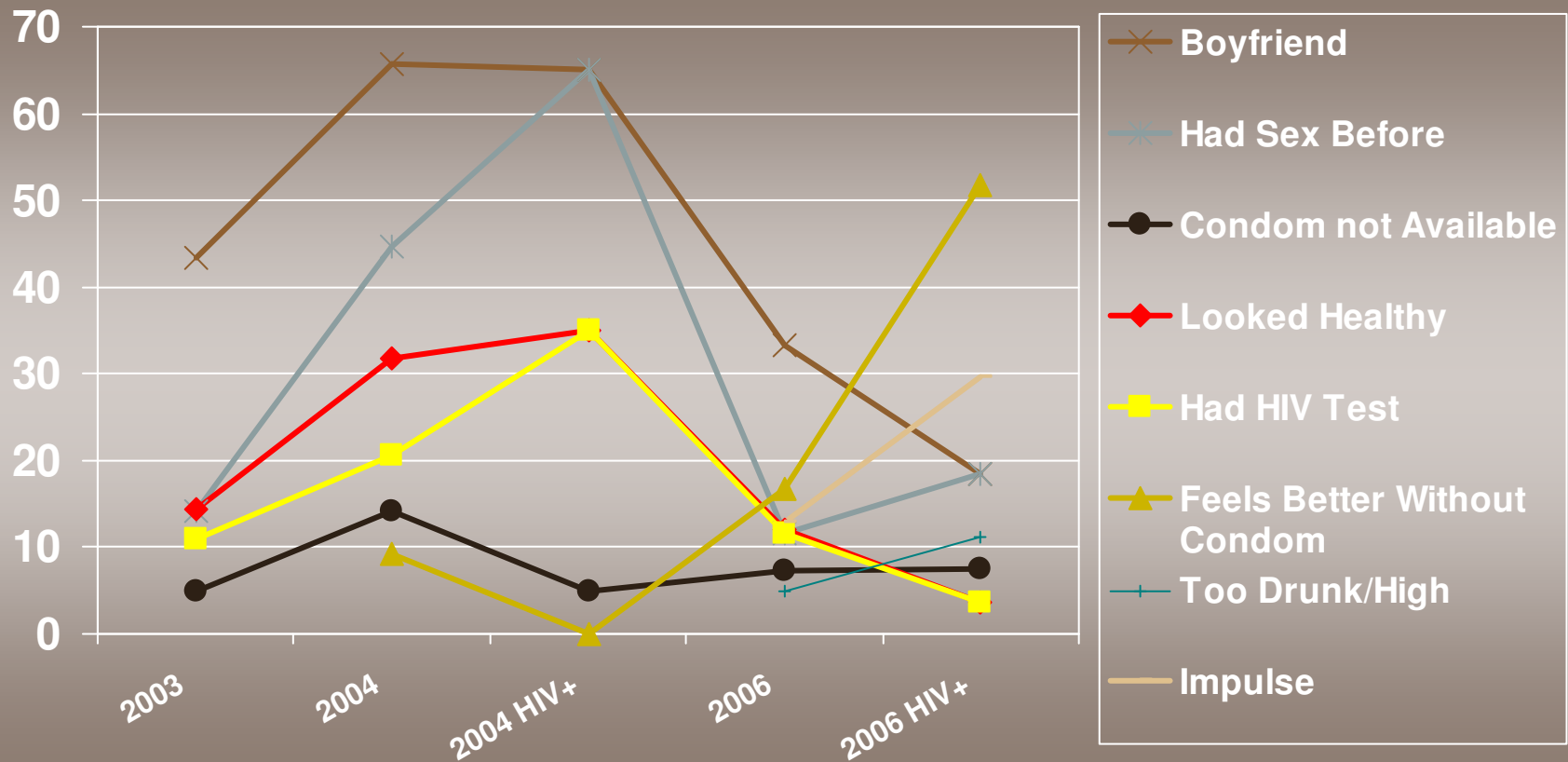




# Unprotected Anal Sex



# Reasons for not using a condom





# Conclusions

- Singaporeans have high awareness of HIV and how it is transmitted
- Level of recent testing is high (and does not correlate with consistent condom usage)
- Some interventions appear to be working and condom usage is increasing, though still inconsistent
- Inconsistent condom usage is strongly correlated with being HIV+



# Conclusions

- Most common reasons for not using condoms
  - Familiar partner (boyfriend or regular partner)
  - Feels better without (ie enjoy bareback sex)
  - Looks “healthy”
  - Impulse
- Risk behavior changes over time



# Recommendations

- Prevention messages need to target specific risk taking behaviors and challenge the beliefs that lead to them
- “Positive prevention” is essential to the overall prevention strategy
- Primary goal is to increase consistent condom use
- Interventions require monitoring for efficacy



# Caveats & Limitations

- Small sample of HIV positives
- Self-reporting (may be inaccurate)
- Demographic sample not representative of general population
- No full multi-variate logistic regression analysis
- Cause or effect not determined from the study



# Acknowledgements

- Dr George Bishop (NUS)
- Phillipe Girault (FHI)
- Frits van Griensven (CDC-Atlanta)
- Dr Roy Chan