

MISI 2015

FINDINGS FROM THE MEN WHO HAVE
SEX WITH MEN INTERNET SURVEY

EXECUTIVE SUMMARY & CONCLUSION

MISI.ie

MSM Internet Survey Ireland



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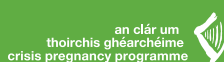
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NOEL WALSH 1960 - 2008

MISI 2015 is dedicated to the memory of Noel - still greatly missed by his partner, family, colleagues and friends - a HIV activist and member of the Gay Health Network, who promoted an understanding and awareness of HIV, while challenging HIV-related and all forms of stigma.

AR DHEIS DÉ GO RAIBH A ANAM

EXECUTIVE SUMMARY

MISI 2015 was a large-scale community based survey among adult MSM living in Ireland. It focused on HIV and STI testing, sexual behaviour, substance use, access to and use of HIV prevention interventions (condoms and PEP), knowledge about HIV and STIs, and awareness and impact of Irish health promotion materials. The purpose of the study was to monitor behaviour, needs and prevention interventions, and to identify prevention needs and gaps among this group.

METHODS

The survey was open for online self-completion by men 18 years and older for 13 weeks between March 1st and May 31st 2015. It was promoted through diverse means including: an initial launch campaign with press release; widespread advertising on gay community and health promotion websites; and promoted posts on Facebook and Twitter. Over 700 men completed the survey on the first day and 59% of respondents completed it in the first month. There were 3,234 responses by the close of the survey, 3,090 of which were eligible for inclusion in analysis.

DEMOGRAPHICS

- The median age of respondents was 30 years (mean age 33 years).
 - Almost half of respondents were living in Dublin with a further 20% living in Cork, Galway or Limerick.
 - Eighty-six percent of respondents were born in Ireland and 14% were born abroad.
 - Over half of respondents reported a high level of education (degree or higher).
 - Two thirds of men were in employment and almost a quarter were students.
 - The majority (79%) of men who took part in the survey described themselves as gay and 13% identified as bisexual. Men were more likely to identify as bisexual if they were aged under 20 or over 60 years.
 - Seventy-five percent of men were attracted only to men, 25% to both men and women, and less than 1% to women only.
 - Seventy-nine percent of men had sex exclusively with men in the previous year, while 11% had sex with both men and women and 3% only with women. A further 7% of men reported no sexual activity with men or women in the previous 12 months.
 - Just over half of men surveyed were out to all or almost all who knew them and 9% were out to no one.
 - Overall, 53% were single, 39% were in a steady relationship with a man and 8% were in a steady relationship with a woman.
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HIV INFECTION AND TESTING

- More than a third of men (37%) had never tested for HIV and 61% had not tested for HIV in the last year.
- Those least likely to have ever tested for HIV were men living outside Dublin, men under 20 years, men born in Ireland, men with a low level of education, students, men who did not identify as gay and men who were not out. These were also the groups that were least likely to have tested for HIV in the past 12 months.
- Five percent of respondents had been diagnosed with HIV. Of those who ever tested for HIV, 8% were HIV positive and among those who tested in the last 12 months, 1.5% were positive.
- Prevalence of HIV was higher among men in their 40s, men who identified as gay and men who were out.
- Two thirds of men (67%) were definite about their HIV status, either positive or negative. However the remaining third were unsure of their HIV status, thought it was probably negative (29%), probably positive (0.2%) or didn't know (4%). The proportion of men who were unsure was significantly higher among those who never tested (38%) compared to those who had previously tested negative (32%).
- The preferred settings for a future HIV test were within a hospital or sexual health clinic (37%), followed by GP (19%), self-testing (15%), doctor in private practice (15%) and community HIV testing service (9%).
- Among those who never tested for HIV, the most popular choice for a future test was a hospital or sexual health clinic (30%), followed by GP (23%) and self-testing (18%). Self-testing was considered more favourably among those who had never tested than among those who had tested negative (13%).
- Confidence in getting a HIV test was higher among those who had previously tested negative (96%) compared to men who had never tested (77%).
- Men who lacked confidence in accessing a HIV test included men living outside Dublin, men under 25 years, those with a low level of education, students, men who did not identify as gay and men who were not out.
- More than 95% of men were satisfied with the respect and confidentiality shown to them at their last test. However, among HIV positive men, 25% said they did not receive counselling at the time of their HIV diagnosis and 18% were dissatisfied with the counselling they received.
- Seventy nine percent of HIV positive men surveyed were currently on ART, and of those on ART, 91% were virally suppressed.
- Of the HIV positive men, 41% had been diagnosed late (CD4 count less than 350cells/ μ l) including 22% diagnosed with advanced HIV infection (CD4 count less than 200 cells/ μ l).

SEXUALLY TRANSMITTED INFECTIONS (OTHER THAN HIV)

- Thirty-nine percent of men had an STI test in the last year, 23% last tested for an STI more than 12 months ago and 38% never tested for an STI.
- Eighty-three percent of 18-19 year old men surveyed had never had an STI test.
- Those least likely to have ever had an STI test were students or unemployed men, men under 25 years, men living outside Dublin, men born in Ireland, men with low or medium levels of education, men who never tested for HIV, men who did not identify as gay, and men out to few or no one. These were the groups that also reported lacking confidence in accessing STI services.
- Among men who had an STI test within the last 12 months, 68% reported attending an STI clinic for their last test, while 29% attended the GP and 3% used other services.
- Three site testing (urogenital, anogenital and pharyngeal sites) and physical examination was not undertaken universally. The proportion of men who had samples taken from all three sites was higher among men tested at STI clinics. Among respondents who attended primary care for an STI test in the last 12 months, anal examination and urethral and anal swabs were taken in $\leq 50\%$ of occasions and pharyngeal swabs were taken in 56% of occasions.
- Nine percent of men reported having a newly diagnosed STI in the last 12 months. Among men who reported testing for STIs within the last 12 months, 21% had a newly diagnosed STI. Those newly diagnosed with an STI were more likely to be men who were unemployed, men who identified as gay and HIV positive men. The proportion of men with a newly diagnosed STI increased as the number of male sex partners increased. Thirty percent of HIV positive men, who had tested for an STI in the last 12 months, had a newly diagnosed STI.

SEXUAL BEHAVIOUR

- Overall, 96% of men reported ever having sex with a man and 90% had sex with a man in the last 12 months.
 - Of men who reported having a new male sex partner in the last 12 months, 62% met their most recent sex partner via a smartphone app or website, 22% in social venues, 11% in sex focused venues and 6% elsewhere. The internet was the most common means of meeting most recent sex partners for all age groups. In general, younger men were more likely to meet in a social venue, whereas older men were more likely to use sex focused venues, particularly those aged over 60 years.
 - Among men who reported ever having sex with a man, 71% had unprotected anal intercourse (UAI), 55% had UAI within the last 12 months and 47% had UAI within the last 6 months.
 - Fifty-five percent of men had sex with one or more steady male partner in the last 12 months. Of these men:
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- Seventy percent reported sex with one partner, 23% with 2-4 partners and 7% with five or more steady partners.
- Sixty-eight percent had UAI. The majority of men reported UAI with one partner (82%), 14% with 2-4 partners and 4% with five or more.
- Of the men who had UAI with one steady male partner in the last 12 months, 15% had non-concordant UAI (ncUAI) (i.e. where HIV status is different or unknown). The proportion having ncUAI was highest in men aged 18-19 years, men with a lower level of education, bisexual men and HIV positive men.
- Sixty-one percent of men had sex with one or more non-steady male partner in the last 12 months. Of these men:
 - Eighteen percent had one non-steady partner, 34% had 2-4 partners, 21% had 5-9 partners and 27% had 10 or more partners
 - Forty-two percent had UAI. Of those who had UAI, 42% had one partner, 37% had 2-4 partners, 9% had 5-9 partners and 12% had ten or more partners.
- Men most likely to have UAI with a non-steady partner in the previous 12 months were men with a lower level of education, men who were unemployed and HIV positive men.
- For men who had UAI with one non-steady partner, 54% had non-concordant UAI.
- Combining steady and non-steady partners into a total number of partners category, 69% of men had sex with more than one partner, and 25% had UAI with more than one partner in the last 12 months.
- The number of UAI partners varied by age group and country of birth. Those with a lower level of education, unemployed men, bisexual men and HIV positive men had more UAI partners. Seventy-seven percent of HIV positive men reported more than one UAI partner.
- Forty-six percent of men reported ever having sex with a woman and 14% reported that they had sex with a woman in the past 12 months. Among men who had sex with a woman in the past 12 months, 60% had one female partner, 27% had 2-4 and 13% had five or more.
- Among men with more than one female sex partner in the past 12 months, 20% never used a condom and almost 50% used condoms inconsistently.
- The proportion using condoms when having sex with women decreased with increasing age and more than half of the men over 40 years never used condoms.

ALCOHOL, TOBACCO AND DRUGS

- Ninety percent of men consumed alcohol in the last year, and 63% of those drank alcohol at least once a week. Three percent of respondents drank alcohol every day. The most frequent alcohol consumers were older, more educated, lived in Dublin, and more likely to be employed.
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- The most frequent alcohol consumers did not necessarily drink the greatest quantities of alcohol in a typical day of drinking. Those who drank the greatest quantities in a typical drinking session were more likely to be younger men, men who were less educated, men who had never tested for HIV, or current students. They were also more likely to have used drugs in the last year.
- Over half (58%) of respondents binge drink on a typical drinking occasion, and 44% binge drink every week. Binge drinking is more common among younger MSM and students. Those who binge drink were less likely to have tested for HIV, and more likely to have used poppers or other recreational drugs in the last year.
- Thirty-five percent of men were current smokers. Smoking was more prevalent among younger men, and less educated men. However, smokers aged under 25 years smoked fewer cigarettes per day compared with older smokers. More than half (53%) of those who had tested HIV positive were current smokers.
- One third of men used poppers in the last year. Popper use was more likely among older men, those who lived in Dublin, more educated men, employed men, and men who were HIV-positive.
- Seven percent of men reported using drugs which are commonly associated with chemsex during the last year, and use peaked among men aged 25-29 years. Use was more common among respondents living in Dublin, and those who were HIV-positive.
- Other recreational drug use was reported by 36% of respondents during the last year. The most common drugs were cannabis, ecstasy and cocaine. This was more likely in younger men, students, and those living in Dublin. Recreational drug use peaked among 20-24 year olds and among HIV positive men.

KNOWLEDGE AND HEALTH PROMOTION

- When knowledge regarding HIV testing and treatment, HIV transmission and knowledge regarding STIs were tested using a series of questions, a composite knowledge score of the proportion of correct answers identified several gaps.
 - The biggest gaps in knowledge were identified in relation to HIV and STI co-infection, followed by gaps in knowledge around HIV transmission and HIV testing and treatment. In all, 32% did not know that effective treatment of HIV reduces the risk of HIV being transmitted, and 45% did not know that when a HIV infected and uninfected person have sex, the chances of HIV being passed on during sex are greater if either partner has an STI. The subgroups of the population in whom the biggest knowledge gaps occurred were in young people, those with lower educational qualifications, those who do not identify as gay, and those who had never tested for HIV.
 - There was a low level of awareness of PEP, in particular in younger (<25 years) and older (≥50 years) men. In addition, those who had never tested for HIV had the largest knowledge gaps regarding PEP.
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- Overall, 26% of men had visited www.man2man.ie. Younger men, men who identified as gay, men with higher education levels, men living in Dublin and those who previously tested for HIV were more likely to have visited the site.
- For two health promotion campaigns “Get Tested” (HIV testing) and “It’s hard, it’s easy” (condom use), the images were most commonly seen on Facebook.
- Among those who had seen the “Get Tested” campaign, it encouraged 33% to test for HIV, and 35% to talk to their sexual partners and friends about HIV. These proportions were higher in younger participants (39% and 43%, respectively).
- Among those who had seen the “It’s hard, it’s easy” campaign, it encouraged 39% to access free condoms, and 48% to get and carry condoms. In younger participants, 57% were encouraged to get and carry condoms.

PREVENTION STRATEGIES

- Common strategies used by respondents to prevent getting or transmitting an STI included using condoms when active (52%) or passive (47%) in intercourse and using lubricant (63%). Less than one third mentioned testing regularly for other STIs, and a small proportion (6%) mentioned using condoms for giving oral sex. Among HIV negative participants, 21% reported that they would use PEP if exposed to HIV.
 - Overall 24% of men reported lack of access to a condom when wanted, in the last 12 months. Lack of access was greatest among young people, with 44% of 18-19 year olds and 32% of 20-24 year olds who had sex in the last 12 months reporting lack of access. Those who had low education levels, students, and unemployed men reported lower levels of access. Twenty percent of HIV positive men reported lack of access to a condom when wanted in the last 12 months. Lack of access to condoms was most marked in respondents who had never tested for HIV (30%).
 - Among men who had sex within the last 12 months, common sources for obtaining condoms included buying them (56%), getting them free (39%) or getting them from sex partners (26%). A higher proportion of young people <25 years of age (48%) got them free. Overall, 19% reported not getting condoms.
 - Perceived access to PEP, i.e. knowing what PEP is for, and being confident of being able to access it if needed was 30%. Perceived access was higher among those aged between 25 and 39 years compared with younger MSM, and was higher among those with higher education levels, those who lived in Dublin and those who identified as gay.
 - Of respondents who were not known to be HIV positive, 4% had used PEP. Respondents from Dublin, those with higher education levels and those who had previously tested HIV negative were more likely to have used PEP. PEP use in those aged between 25 and 59 years was higher than in the younger and older age groups.
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LIMITATIONS OF THE STUDY

While the design of the MISI 2015 was robust and comparable to similar international studies with MSM, there are a number of limitations to the methodological approach and the sampling strategy that should be considered when interpreting the findings.

MISI 2015 was an online self-completed survey. It was inaccessible to those who did not access the internet and those who did not participate in internet-based media and networks. It is possible that these men may have exhibited different socio-demographic and behavioural characteristics than the men surveyed. Therefore, we cannot assume that our sample is representative of all MSM in Ireland.

The convenience sampling strategy used will have introduced selection bias, and more particularly participation bias as participants who took part in the survey are more likely to have access to gay social media, social networks and gay social settings. This might overestimate measurement related to access to health services and testing, and underestimate the needs related to HIV prevention and testing in Ireland. However, the advertisement of the study through the distribution of cards in different gay health service centres helped to reach populations which may not have been reached through gay social media and social networks.

The survey was only provided in English which meant that it was inaccessible to anyone without a good command of the English language. The previous EMIS survey in 2010 was available in 25 languages simultaneously and 23% of EMIS respondents who were living in Ireland were born abroad (versus 14% in MISI 2015).

In addition, the survey may have been biased towards those with higher literacy skills and the language used may not have been easily understood by all. Over half of respondents reported a high level of education with a degree or higher. In the general population, 25% of Irish people are reported to have a degree or higher qualification.¹

While attempts were made to shorten the survey where possible, the average completion time was 14 minutes which may have resulted in some people not completing it.

¹ Source: Central Statistics Office, www.cso.ie

CONCLUSIONS

MISI 2015 provides useful information for a wide variety of audiences, including the MSM community, policy makers and those planning and delivering HIV and STI prevention interventions for MSM.

Although this is a self-selected sample, and may not be representative of the overall MSM population in Ireland, this methodology is recognised as being a relatively cost effective means of gathering behavioural data. Self-selected sampling is also more practical to undertake on a regular basis than whole population surveys of sexual behaviour, which tend to be large, logistically challenging and expensive. We feel that the wide and varied means of publicising it and the large numbers who completed the survey lend weight to the findings.

The survey respondents provide a picture of MSM in Ireland. Slightly more than half of the respondents were single, and almost 40% were in a relationship with a man. Not all identified as gay; 13% identified as bisexual, and a quarter of respondents reported being attracted to women at least sometimes. More than half of MSM were out to all or almost all persons who know them. Men were less likely to be out if they lived outside of Dublin, and if they were of younger age (18-19 years) or older age (60+ years).

Inequalities in sexual health and wellbeing and risk behaviour in MSM are evident. There are strong associations between age and most of the needs and behavioural factors. Younger MSM and students had less HIV and STI knowledge, were less likely to have tested for HIV or other STIs, and lacked confidence accessing HIV and STI testing relative to other respondents. Importantly, they had less access to HIV prevention interventions such as condoms and PEP. They were more likely to binge drink and use recreational drugs, and were more likely to meet new sex partners in social venues. By contrast, older MSM were more likely to meet new partners in sex-focused venues, they used more poppers, and smoked more heavily than younger men.

Prevention interventions are likely to yield the greatest benefit if tailored to the age profile of MSM at greatest risk. Interestingly, young respondents were more likely to have used the www.man2man.ie website and to have seen health promotion campaigns on Facebook, highlighting the potential for use of social media to engage young people. Gaps in knowledge, lower rates of HIV testing and poorer access to HIV prevention interventions were also seen in those with a lower level of education and in the unemployed. Improving knowledge and access to these interventions for these key groups are priorities to be addressed.

MSM who were out to few or no-one were less likely to have tested for HIV or other STIs, and were less confident that they could access testing for HIV and STIs. Although this may be partly due to lower numbers of sex partners among these men, this also reflects the unmet needs and suboptimal use of services among this hidden group.

It is of concern that 37% of men had never tested for HIV. Outside Dublin, the proportion who never tested was higher. The information on preference for future HIV testing, particularly among men who never tested, is useful in this regard. The hospital, sexual health clinic or GP were the favoured settings for testing for almost two thirds of those who never tested, but the option of future self-testing at home was favoured by 18%, and very few reported that they didn't want to test for HIV in the future. The provision of testing in various settings especially outside Dublin needs further exploration.

One in 20 MSM in the survey reported that they were diagnosed HIV positive, and this varied by age, with up to one in 10 men aged between 40 and 49 being HIV positive. It is reassuring that 93% of HIV positive men had their HIV infection monitored within the last 6 months, and 79% were on ART. Of the men on ART, 91% were virally suppressed.

The survey identified a higher prevalence of risk behaviour, and some gaps in access to prevention interventions in HIV positive men, suggesting a need to strengthen and build on current prevention interventions for this group. More than half of the HIV positive men in the survey were current smokers; a quarter reported using drugs which are associated with chemsex in the last year; just under a third had an STI in the last year, and one fifth reported lack of access to a condom when needed. A renewed focus on interventions that address the needs and behaviour of HIV positive MSM will be central to improving the physical and sexual health of these men and the wider MSM community.

There were high levels of alcohol and drug use observed among MSM generally. The prevalence of binge drinking was higher among respondents to this survey (58%) than among Irish males in the Healthy Ireland 2015 survey (53%), and much higher than in the general population including females (39%)². Some of this difference may be attributed to methodological differences between these surveys, and our self-selected sample may not be representative of the MSM population overall (whereas Healthy Ireland used a random sample of the general population). However, given that Ireland is already among the top nations globally for binge drinking³, the higher prevalence of hazardous drinking among our MSM community is a cause for concern in terms of wider health and wellbeing. The high prevalence of drug use among MSM in the last year alone (36%) is also of concern, given that 27% of the general Irish population report having ever used illicit drugs during their lifetime⁴. Chemsex is increasingly associated with HIV transmission, and although it was not measured directly, the high prevalence of use of drugs associated with chemsex (7%) highlights that MSM may benefit from drug prevention and risk-reduction interventions. Existing service providers need to maintain a holistic approach to the broader health and social needs of this population.

This study would not have been possible without the active participation and encouragement of the MSM community, which has provided invaluable support to MISI and other behavioural surveillance research over many years in Ireland. The challenge now for all stakeholders is to act on these findings in a coordinated way and to implement interventions to improve the health and wellbeing of the MSM community in Ireland.

² Healthy Ireland Survey 2015, Available at <http://www.healthyireland.ie/about/research/healthy-ireland-survey/>

³ EU citizens attitudes towards alcohol, available at http://ec.europa.eu/health/alcohol/docs/ebs_331_en.pdf

⁴ Drug use in Ireland and Northern Ireland, available at http://www.drugsandalcohol.ie/16353/1/drug_use_ireland.pdf

FULL REPORT AVAILABLE AT www.MISI.IE



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an clár um
thoirchis ghéarchéime
crisis pregnancy programme

