

Knock on the Closet:
How Chinese Cultural and Social Factors Affect the HIV/AIDS Epidemic
among Men Who Have Sex With Men (MSM) in Hong Kong

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List of Abbreviations:

- ACA: The Advisory Council on AIDS
- ATF: AIDS Trust Fund
- CEPAIDS: Committee on Education and Publicity on AIDS
- DH: Department of Health of Hong Kong
- EOC: Equal Opportunity Commission
- GDP: Gross Domestic Product
- HA: Hospital Authority
- HAART: Highly Active Anti-Retroviral Therapy
- HBM: Health belief model
- HWFB: Health, Welfare and Food Bureau,
- HIV: Human Immunodeficiency Virus
- HIV/AIDS: Acquired Immunodeficiency Syndrome caused by HIV
- Hong Kong: Hong Kong Special Administration Region of People Republic of China
- LGBT: Lesbian, gay, bisexual and transsexual
- MSM: Men who have sex with men
- NGOs: Non-governmental Organizations
- PLWHA: People living with HIV/AIDS
- RRC: The Red Ribbon Centre
- RTHK: Radio Television Hong Kong
- SARS: Severe acute respiratory syndrome
- SOAP: Seksueel overdraagbare aandoeningen peilstation
- SCT: Social cognitive theory
- SHS: Social Hygiene Service
- STI: Sexually transmitted infection
- TCM: Traditional Chinese medicine
- TRA: Theory of reasoned action
- TPB: Theory of Planned Behaviour
- UAS: Unprotected anal sex
- UNAIDS: Joint United Nations Programme on HIV/AIDS
- WHO: World Health Organization

Abstract:

The aim of this thesis is to explore how culture and social factors make the men who have sex with men (MSM) population in Hong Kong more vulnerable to HIV/AIDS. Methodology: information and data are obtained through reviewing literature and from a small-scale field study. Ten semi-constructed, one-to-one interviews with 10 self-identified gay or bisexual Chinese MSM were carried out in March- Mid April 2007 in Hong Kong. Findings: Low participation rate in gay-based organization and insensitivity to politics, no active participation in fighting for gay rights; Knowledge deficit on HIV infection prevention because of absent or insufficient sex education from school and family; Difficulty in maintaining a long term relationship because of social stigma and discrimination, while a long term relationship was perceived as a reason to reduce number of sexual partners; Optimism about treatment is not common.

Keywords: Chinese culture, men who have sex with men, HIV prevention

Chapter 1 Introduction

I am a registered nurse in Hong Kong Special Administration Region of People's Republic of China (Hong Kong) where I worked in the operation room of a regional hospital for 11 years before I started my studies at KIT in 2005. I do not have much experience in the public or primary healthcare sector or research, this thesis is a learning experience for me, broadening my knowledge in public health research. I have two main reasons for choosing to write about prevention of Human immunodeficiency virus (HIV) infection and men who have sex with men (MSM) in my thesis. Firstly, like in many developed countries, MSM in Hong Kong form one of the most vulnerable groups of the Acquired Immunodeficiency Syndrome caused by HIV (HIV/AIDS) epidemic. Secondly, I have a gay brother, I always wanted to do something for the MSM, writing this paper can help me understand more about homosexuality. That will benefit me if I can participate in HIV/AIDS related programmes for MSM in the future.

Recent statistic data from the HIV and HIV/AIDS surveillance system in Hong Kong showed that there is an increase in HIV infection through sexual transmission between men. Same sex intercourse and HIV/AIDS are taboo subjects in the Chinese society, therefore there is limited information on the reason behind the increase of HIV/AIDS incidence of the MSM population. A handful of studies were carried out to examine the HIV/AIDS related risk behaviours of the MSM. Still, little is known about how Chinese socio-cultural factors influence the spread of HIV/AIDS among the MSM population in Hong Kong. This thesis is targeting the HIV/AIDS prevention policy makers of the Hong Kong government as well as leaders of gay organizations. The general objective of this thesis is to explore how and to what extent cultural and/or social factors affect the HIV/AIDS epidemic of the MSM in Hong Kong, and give recommendations to improve the HIV/AIDS prevention-related interventions for the MSM in Hong Kong. The specific objectives of the thesis are to:

- 1) Describe the current situation of the HIV/AIDS epidemic among MSM in Hong Kong.
- 2) Describe the socio-cultural factors that make MSM more vulnerable to HIV/AIDS infection.
- 3) Describe and discuss the current HIV/AIDS related interventions for the MSM in Hong Kong and identify their limitations related to cultural-social factors of Hong Kong.
- 4) Identify effective interventions from other countries and evaluate the potential applicability of those interventions in Hong Kong.
- 5) Give recommendations on improving the effectiveness of the HIV/AIDS related interventions for the MSM in Hong Kong.

To achieve the listed objectives of this thesis, the following research questions were formulated:

- What is the situation of the HIV/AIDS infection in Hong Kong?
- What are the biological, social and cultural factors of Hong Kong making the MSM more vulnerable to HIV infection?
- Which HIV/AIDS services are available to MSM in Hong Kong and what are their limitations?
- How can we overcome service delivery barriers, so that the accessibility of the services and effectiveness of reaching the MSM can be improved in Hong Kong?
- What other effective HIV/AIDS prevention interventions for MSM are being used by other countries and can they be adopted by Hong Kong?

Chapter 2 Background information of Hong Kong.

2.1 Geographical information and brief history of Hong Kong:

Understanding the history of Hong Kong can help understanding the unique social and cultural issues of the region in the later chapters of this thesis.

Hong Kong consists of the mountainous island Hong Kong and the Kowloon and New Territories peninsula, plus 262 outlying islands. The region was called Hong Kong collectively or Victoria City before the handover to the People's Republic of China (PRC) in 1997. It is located at the southeast tip of China (22°17'N, 114°08'E), see Fig.1. It was a colony of Great Britain from 1842-1997. Lord Palmerston, British Foreign secretary at the time of possession, once described Hong Kong as “a barren rock with hardly a house upon it” (McDonough and Wong, 2005). China resumed the exercise of sovereignty over Hong Kong from 1 July 1997. Under the “one country, two systems policy”, the two systems being capitalism and communism, Hong Kong enjoys a high degree of autonomy, which includes executive, legislative and independent judicial power, as well as financial independence from China. The Chinese government is responsible for foreign and defense affairs (The preparatory committee for the Hong Kong Special Administrative Region, 1996).



Fig.1 Map of China and Hong Kong

During the colonial period, Hong Kong developed into an international centre of commerce. It had a population of 6.99 million in mid 2006 and it has a surface area of 1100 square kilometers. It is one of the most densely populated places in the world. The population density is 6420 people per square kilometer (Hong Kong Government, 2006). Despite the colonial history, according to the population census in 2006, 95% of the population was Chinese, only 5% were non-Chinese ethnic minorities (Hong Kong Census and Statistics Department, 2006). English and traditional Chinese are both official languages. Cantonese is the most widely spoken language in Hong Kong. The region has no natural resources, and is highly dependent on international trade, and especially on the ties with China. This was the case even before the handover in 1997. Hong Kong has maintained a high ranking in the Economic Freedom Report of the World since 1970 (Gwartney, Lawson & Esterly, 2006). The Gross Domestic Product (GDP) per capita is comparable to that of the four big economies of Western Europe (Central Intelligence Agency, 2006). In 2005, the Gross Domestic Income per capita was US\$27,670. World Bank (2006) classified Hong Kong as one of the high-income economies alongside many western countries.

2.2 Health situation and health system in Hong Kong

“Hong Kong takes pride in having achieved health indices that rank among the best in the world” (World Health Organization (WHO), 2006). General health related data of Hong Kong is also similar to developed countries. Infant and under-five mortality rates and the maternal mortality rate have remained consistently low. In

2005, life expectancy of males and females was 78.8 and 84.5 years respectively. Maternal mortality ratio is 1.75 per 100,000 live births. Crude birth rate was 8.2 per 1000 population, and the crude death rate was 5.6 per 1000 population. Adult literacy rate was 93.56%. The four major causes of registered death are chronic degenerative diseases such as malignant neoplasm, diseases of the heart, pneumonia and cerebrovascular diseases, those causes accounted for around 66.5% of all registered deaths. The burden of illness from communicable diseases in Hong Kong has been reduced compared to the situation in the 60's, due to improved public health, social and economic infrastructures. However, societal and environmental changes can still affect the disease patterns or create new problems in communicable diseases. For example, the severe acute respiratory syndrome (SARS) epidemic in 2003 which affected 1755 individuals and caused 300 deaths locally, and affected over 8000 people and claimed over 900 lives world wide (SARS expert Committee, 2003); Furthermore, tuberculosis, viral hepatitis and HIV/AIDS are endemic in the region.

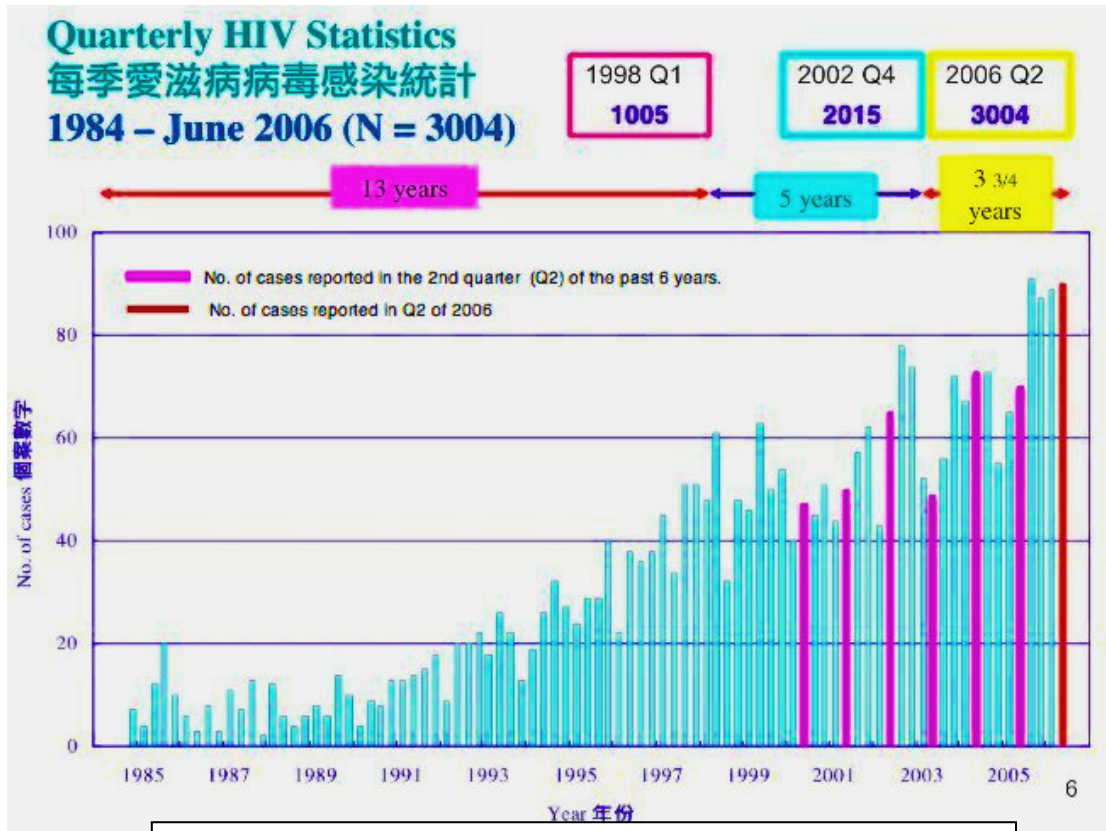
The public health system in Hong Kong consists of three main components: Firstly, the Health, Welfare and Food Bureau (HWFB), a policy bureau responsible for all matters relating to health, social welfare and environmental hygiene as well as women's interests; Secondly, the Department of Health of Hong Kong (DH) which acts as the health adviser of the government and is an executive arm in health legislation and policy, safeguarding community health by providing promotional, preventive, curative and rehabilitative services; The third component is the Hospital Authority (HA), which manages all 43 public hospitals, 47 specialist out-patient clinics and 74 general out-patient clinics, as well as 6 Traditional Chinese Medicine (TCM) clinics in Hong Kong. In March 2006, it has a total workforce of 52,643 staff, which includes 4568 doctors and 19,103 nurses plus 4894 other allied health professionals (Hong Kong Government, 2006). Before 1999, western medicine was the only official recognized health system. At present, the Chinese Medicine Council of Hong Kong is responsible for the regulation of TCM and its practitioners. For the financial year 2005/2006, the public health expenditure was \$4.1 billion, which is equal to 12.6% of total public expenditure (WHO, 2006). At present, Hong Kong has no social health insurance in place, therefore most of the public funding of health expenditure is from taxation.

Chapter 3 Problem statement, methodology and HIV/AIDS epidemiology data

3.1 Problem statement

Recent statistical data from the Hong Kong Department of Health (DH) showed that there is a steep rise in the HIV infection rate. The time interval for accumulating 1000 new cases was shortened from 13 years from 1984 to 1998 to 3.75 years from 2002 to 2006 (Graph.1). In December 2005, the DH found a cluster of HIV infection among 20 MSM. That indicates an alarming example of unsafe sex practice within the MSM group (DH, 2006). Up to the end of September 2007, the cumulative number of reported HIV infection and HIV/AIDS is 3525 and 917 respectively. Twenty-six point seven percent of the cumulative cases were infected through homosexual and bisexual sex contact (DH, 2007). The government has been promoting condom use to the general public since the very beginning of the epidemic. HIV testing and counseling services and treatment for HIV/AIDS is available for free, safer sex practices messages are constantly promoted and provided by the government and non-government organizations (NGOs) through different channels. However, the

HIV infection incidence of the MSM group has been increasing steadily in recent years. There is also very limited information on the impact of social and cultural factors on HIV risk behaviour in the MSM group is limited in the area.



Graph.1 Time lag between per 1000-reported HIV is shortening.

3.2 Methodology:

The thesis will be based on analyzing secondary data from relevant literature, a small-scale field study and personal observations. Relevant literature and publications are retrieved from journals, websites of gay organizations, international and local HIV/AIDS related organizations and Hong Kong government websites. Combinations of keywords were used to search for related reference literature in databases such as PubMed, Google Scholar, and the library database of Vrije University of Amsterdam. Keywords used in the search process were: MSM, discrimination, Hong Kong, HIV/AIDS prevention, homosexuality, gays, sexuality, risky behaviour, Chinese culture.

The field study:

From March to mid April 2007, 10 semi-constructed, one-to-one interviews with MSM were conducted in Hong Kong, in order to get qualitative information and opinions about the issues. Participants were recruited from a local gay Internet forum (Gay-Way.hk) and through the message board of the website of a gay online-radio station, or introduced to me by my gay brother. Interviews were done at places chosen by the participants for their convenience. Nine interviews were conducted in cafés,

selected by individual participants and one was done at the vacation house where I was stayed during my trip in Hong Kong. Each interview lasted for about 2 hours. Purpose of the study and confidential issues were explained to the participant and verbal consent for the study and note taking was obtained at the beginning of each interview. No financial incentives were given, other than food and drinks during the interviews.

Preparation for the interviews:

An interview guide (Appendix 1) was formulated according to the research objectives and questions. It was used during interviews to help collect qualitative data on topics: General information of participant, self identified sexuality, coming out, discrimination, connection with the gay community, HIV/AIDS related issues and recommendation etc. Recruitment of the participants started in September 2006 after I joined the local gay online forum. I tried to post questions related to my research topic and recruitment messages in the forum; the initial response was somewhat apprehensive. My original plan was to conduct long-distance phone interviews to obtain data, but there was very little interest among the forum users. For a month or two, I tried to gain their trust by responding to their messages unrelated to my study. When the forum users found out I have a gay brother, they started to accept me more and some even called me “sister PS” or “Aunt PS”. With some of them started to communicate via chat programmes like Microsoft Network Messenger (MSN), instead of just posting messages in the forum. Eventually, six of them said they might want to participate in my study.

I gave up the idea of conducting telephone interviews for several reasons: First, the time zone difference between Amsterdam and Hong Kong made it hard to arrange the interviews. Second, most of the participants indicated that it would not be easy for them to talk on the phone when their family members were around. Third, they did not really feel comfortable giving out their telephone numbers at the time. When I considered these technical problems and my brother suggested that he could probably introduce me at least 15 participants from his social circle, I decided to make a trip back to Hong Kong for the interviews. During the preparation stage, I was expecting to conduct around 20 interviews. However, I could only establish contact with 10 participants when I was in Hong Kong.

3.3 The HIV/AIDS pandemic:

In 1981, the first cases of HIV/AIDS were identified among gay men in the United States of America. The HIV/AIDS epidemic was soon reported worldwide. According to a joint report from the United Nations Programme on HIV/AIDS (UNAIDS) and WHO global summary of the AIDS epidemic, by estimation, there are 39.5 million people living with HIV, 4.3 million people were newly infected and 2.9 million HIV/AIDS deaths worldwide in 2006. Sub-Saharan Africa countries are still suffering the most from the HIV/AIDS epidemic but there was a striking 21% increase in the number of people living with HIV in the regions of East Asia and Eastern Europe and Central Asia compared to figures in 2004 (UNAIDS & WHO, 2006).

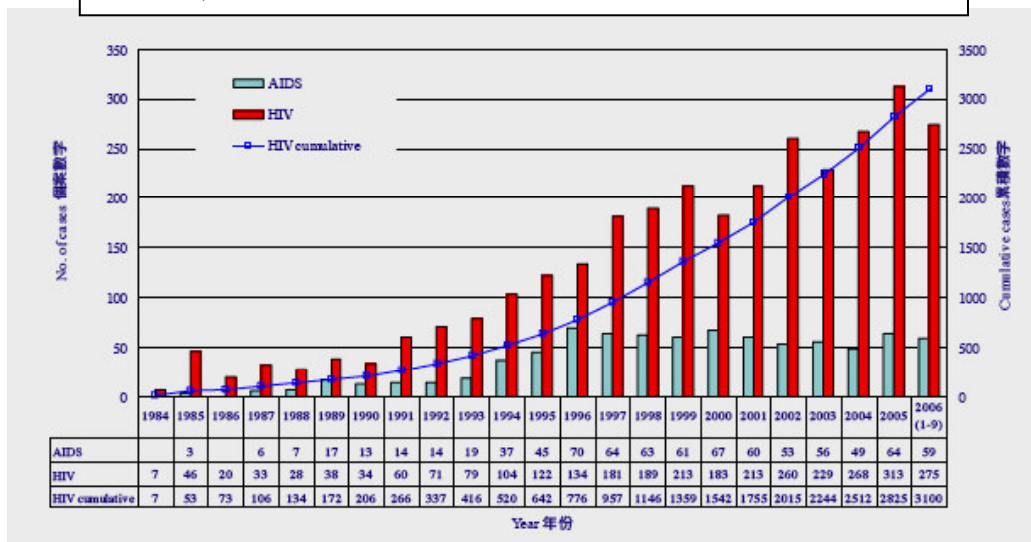
In a report on the HIV/AIDS epidemic and response in China, the number of people living with HIV/AIDS in China was reported as 840,000 in 2003, it was described as “the Titanic Peril”. In 2005, the number was adjusted to 650,000 because of the more representative data collected and used for the estimation.

Because of the large population of China, the national HIV prevalence is considered low, as it averages 0.05% of the population. There were an estimated 70,000 new HIV infections and 25,000 AIDS deaths. Unsafe intravenous drug use and commercial blood/plasma donation accounted for more than 55% of HIV cases in China. By estimation, there are 47,000 HIV positive MSM, which accounts for 7.3% of the HIV cases (UNAIDS, 2006). In the 2006 global AIDS epidemic report, UNAIDS (2006) mentioned MSM, along with commercial sex workers, injection drug users and prisoners, as the four key populations that are at risk and neglected. In a few Asian countries such as China and Thailand, HIV infection in MSM is becoming noticeable.

The HIV/AIDS epidemic in Hong Kong is somewhat different from the epidemic in Mainland China. HIV/AIDS is categorized as infectious disease by voluntary reporting. HIV/AIDS surveillance system in Hong Kong was initiated in 1984. At present, the surveillance system includes four components: the case-based surveillance system, serosurveillance system, sexually transmitted diseases workload statistics and behavioural monitoring studies (Scientific Committee on AIDS, 2005). Under the case-based surveillance system, medical doctors and laboratories are encouraged to provide information about and report newly diagnosed cases of HIV infection or HIV/AIDS to the AIDS unit of DH. For the serosurveillance system, regular programmes are in place to establish the seroepidemiology HIV infection in Hong Kong, such as voluntary testing for sexually transmitted infection (STI) patients who attended the DH-run social hygiene clinics. Voluntary HIV testing unlinked anonymous screening and universal screening of blood donors are the methodologies for data collection.

Statistic data is reported regularly in the STD/AIDS quarterly report. The quarterly statistic is released through the press and can be accessed online. The first cases of HIV infection and HIV/AIDS in Hong Kong were reported in 1984 and 1985 respectively. From mid-80's to early 90's, less than 100 new HIV infections were reported yearly. By the end of the 90's, the annual reported cases exceeded 200 per year. Furthermore, 313 cases were reported in 2005 (Graph.2).

Graph.2 Cumulative of HIV infection Incidence of HIV infected and HIV/AIDS 1984-Sep 2006
Source: DH, 2006



The cumulative of HIV infection and HIV/AIDS from 1984-Sep 2006 were 3,100 and 841 respectively. Commonly identified HIV-1 subtypes are CRF_01AE, B and C (Hong Kong Department of Health, 2004). Common routes of HIV infection transmission are Heterosexual contact (50.9%), homosexual and bisexual contact (20.8% + 4.1%), injecting drug use (4.9%), blood product transfusion (4.9%), perinatal transmission (0.5%) and undetermined (16.4%). Among the reported cases, 16% are female and 84% are male. The most affected age group is 30-39 for males and 20-29 for females (Hong Kong Department of Health, 2006). There is a decrease in HIV/AIDS mortality after Highly Active Anti-retroviral Therapy (HAART) became available in 1997. The crude mortality rate of HIV/AIDS peaked at 1995 (30.4%) and declined to 0.8% in 2002 (Chan et al., 2006).

The presence of other STIs is hypothesized to enhance HIV transmission. Therefore, the detection of STI and treatment of STI can affect the epidemiology of HIV. The clinic-based surveillance data of STIs in Hong Kong is mostly obtained through the Social Hygiene Service (SHS). The demographics data of the SHS attendees and the number of STIs diagnosed at these clinics are reported to the surveillance system separately. As a result, it is hard to link and analyze specific population groups and diagnoses. By estimation, only one-fifth of STI patients were seen by doctors in the public sector and SHS took care of 56.2% of those cases (Hong Kong Department of Health, 2001). Common STIs in Hong Kong are: Non-specific genital infection (NSGI)/ Non-gonococcal Urethritis (NGU), which is the inflammation of the anterior urethra in male patient not caused by Neisseria \ Gonorrhoea but other sexually transmitted organisms such as Chlamydia Trachomatis, Trichomonas vaginalis; Genital Warts, Gonorrhoea, Syphilis and Herpes genitalis (Table.1). The data showed no significant increase in the number of reported STIs. However, the number of STIs diagnosed and treated by private practitioners or the informal sector is unknown. Therefore, one should not be over optimistic about the control of STIs (DH, 2005).

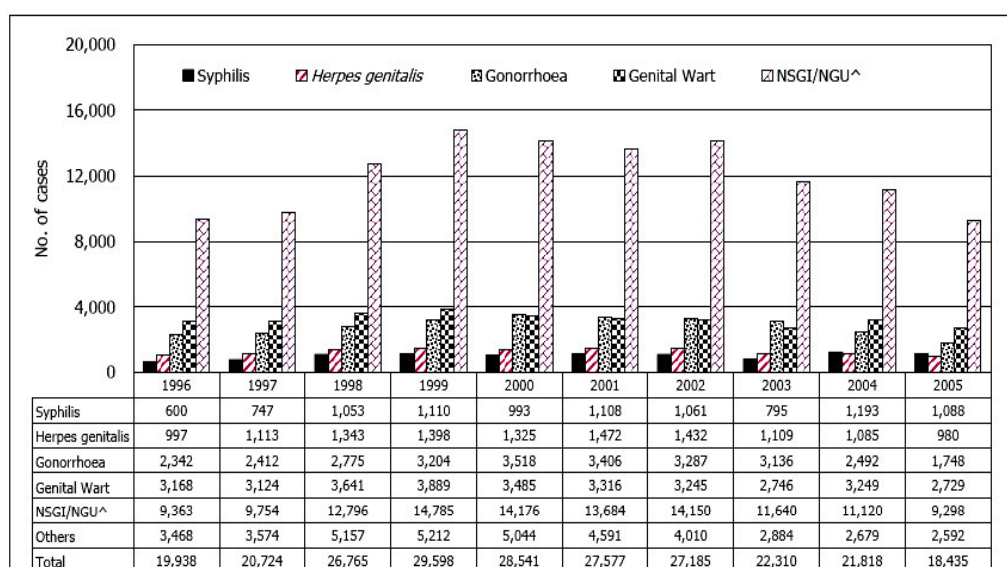


Table.1. Incidence of commonly reported STI from 1996-2005 Source: DH

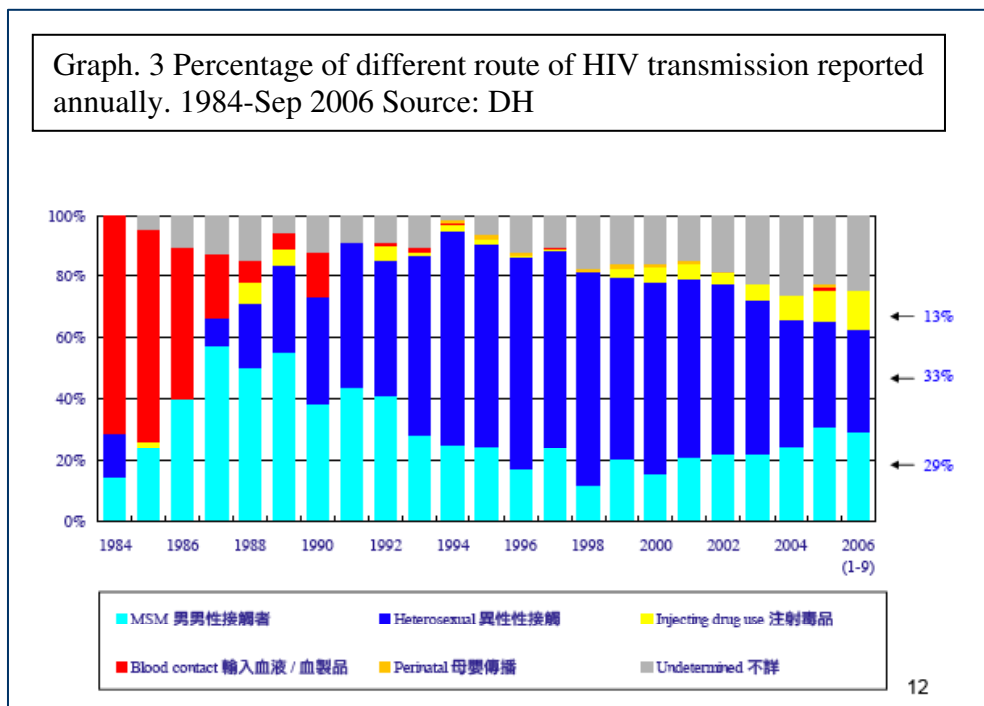
^ NSGI / NGU : Non-specific Genital Infection / Non-gonococcal Urethritis

3.4 Epidemiological data of HIV/AIDS of MSM in Hong Kong

“While the AIDS epidemic in Asia is largely driven by heterosexual transmission and injecting drug use (...), transmission related to MSM is becoming increasingly significant, particularly in Hong Kong, New Zealand and the Philippines.” (UNAIDS, 2006). The seroprevalence of HIV/AIDS in MSM is difficult to estimate. One of reasons is, the population of MSM is unknown.

According to a study conducted between November 1999 to January 2000, an estimated 4.1% (95% confidence interval: 3.2-5.0%) of the male population in Hong Kong reported ever to have had sex with another man (Lau et al., 2002). From data reported up to the end of the 3rd quarter 2006, there were 645 reported HIV infections contracted through homosexual exposure, 127 through bisexual exposure. The two categories together accounted for almost 25% of the 3100 reported HIV infections since 1984. The two categories may account for a higher percentage of the infections because about 16.4% of the total reported cases have an undetermined infection cause.

If we only look at the 3rd quarter of 2006, the percentages of reported HIV infections acquired through homosexual and bisexual transmission are 28.1% and 4.2% respectively, heterosexual transmission 30.2% and the undetermined group was 28.1%. The percentage of MSM HIV infections seems to have peaked in late 1980s (55% in 1989) (Graph. 3), (DH, 2006).

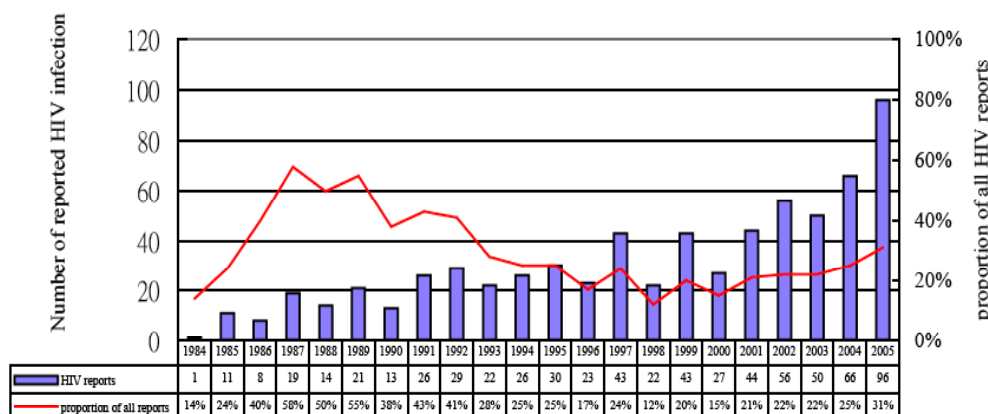


However, according to the Report of Community Assessment and Evaluation HIV Effort on MSM (Hong Kong Advisory Council on AIDS, 2006), in which data from 1984 up to the end of 2005 in Hong Kong was analyzed, the number of reported cases of HIV infection acquired through MSM has been increasing over the years (Graph.4). Information on the HIV epidemic in MSM was also stated. 25-34 and 35-44 were the common age groups of the reported cases.

Ethnicity in the reported cases was mostly Chinese (70%). In 2006, the DH, a HIV/AIDS related NGO and the Chinese university of Hong Kong carried out the first HIV prevalence survey in MSM in Hong Kong. Eight hundred and fifty-nine samples

Graph.4 Number and HIV reports with transmission risk “MSM” and its proportion among other infection risks.

Source: Hong Kong Advisory Council on AIDS



were collected from gay bars/clubs and saunas, 37 of these samples tested HIV positive. That produced an HIV prevalence of the MSM visiting those venues of 4.05% (Department of Health Hong Kong, 2007). Furthermore, a local NGO’s VCT data shows the upward trend of the HIV positive results (Table.2). 2.3 % of the tests carried out by the NGO had a HIV positive result.

Non-regular, non-commercial sex partners are the most common suspected source of HIV infection among the MSM seen at the Kowloon Bay Integration Treatment Centre (KBITC). Eighty percent of the infections were acquired locally and 12% elsewhere in Southeast Asia.

Table.2 Positive rate of HIV voluntary testing by AIDS Concern for MSM

	Number of tests	Positive test	% Positive	95% C.I.
2000	38	0	0.00	(0.00 - 0.00)
2001	107	1	0.94	(0.024 - 5.21)
2002	130	1	0.77	(0.019 - 4.29)
2003	223	2	0.90	(0.11 - 3.24)
2004	332	6	1.81	(0.66 - 3.93)
2005	483	11	2.28	(1.14 - 4.08)

Chapter 4 A general review of HIV/AIDS related responses of Hong Kong Government and NGOs

4.1 Government interventions

Hong Kong Government has been taking action in response to the HIV/AIDS epidemic since the mid-80's. The AIDS Unit, under DH, plays an important part in HIV/AIDS related services and policy development. The Special Preventive Programme under DH is "responsible for the prevention, surveillance and clinical management of HIV/AIDS and the prevention of viral hepatitis in Hong Kong." (DH, 2006). Under the AIDS Unit, The Advisory Council on AIDS (ACA) is the advisory body on AIDS policies in Hong Kong. Service scopes of the AIDS Unit include operation of the Kowloon Bay Integration Treatment Centre (KBITC), which was opened in 1999, the main premise for clinical care of ambulatory HIV patients; the Red Ribbon Centre (RRC), the surveillance office, AIDS Hotline and Advisory Council on AIDS.

In 1993, the AIDS Trust Fund (ATF) with a sum of HK\$350million was established and aims to provide assistance to HIV-infected haemophiliacs and to generally strengthen medical and support services and AIDS related public education programmes. In 1997, The Red Ribbon Centre (RRC) was established by the department of health (DH) of Hong Kong and funded by the AIDS Trust Fund Hong Kong. It is an AIDS education, resource and research centre. Since December 1998, the DH joined the dialogue with UNAIDS, and the RRC has been operating a programme, namely the UNAIDS Collaborating Centre for Technical Support. It undertakes various functions in HIV/AIDS prevention and care activities, such as capacity building, best practice development, participation in UNAIDS activities, technical resource networking and research studies (Red Ribbon Centre, 2005).

The Hong Kong SAR Government also developed specific HIV/AIDS related interventions targeting the MSM group. The RRC runs community programmes for MSM to reinforce awareness of safer sex practice and to enhance public acceptance to MSM. Activities of the programmes include the production of videos on safer sex for MSM, the support of distribution of lubricant and condoms through NGOs and providing resource and support to NGOs that provide services to MSM to promote safer sex. According to the 2005 annual report of the RRC, 151,200 condoms were distributed to 21 gay saunas (Red Ribbon Centre, 2005). In 1999, the ACA started a committee called The AIDS Prevention and Care Committee (replaced by Community Forum on AIDS since October 2005), that was to take proactive steps in formulating prevention and care strategies related to the vulnerable populations in prevention of HIV/AIDS and to care for people living with HIV/AIDS (PLWHA). The committee included a Media and Publicity Subcommittee and seven Task Forces for vulnerable groups. Task Force on MSM was one of the seven. A Summary chart of the organizational network of HIV/AIDS prevention for MSM related organizations and government bodies in Hong Kong, is attached as Appendix 2.

The RRC organized the "Red Ribbon in Action" HIV/AIDS Education Funding scheme to provide financial and technical support for local community groups to organize and implement HIV/AIDS education activities. The objectives of the funding scheme are to arouse the awareness and concern of the public towards HIV/AIDS and its impact on society and to encourage community involvement in the organizing and implementation of promotional and educational activities related to HIV/AIDS. Samples of researches supported by the fund in the past include studies on sexual behaviour and attitudes of MSM who use gay saunas.

In December 2006, the Council for the AIDS Trust Fund set up a Special Project Fund with a sum of HK\$9.0M from the ATF for two financial years (07/08 and 08/09), namely the “Special Project Fund for HIV prevention in MSM”. It aims to reduce HIV risk behaviour among MSM by supporting community based prevention activities. Funding application priority will be granted to projects and proposals aimed to increase the knowledge about AIDS among MSM, to promote safer sex among MSM, to increase the accessibility of condoms for MSM and to promote HIV testing among MSM (Council for the AIDS Trust Fund, 2006).

4.2 NGOs interventions

Participation of NGOs in HIV/AIDS related interventions for MSM is extremely important. Besides the governmental Voluntary Counseling and Testing (VCT) services, some NGOs provide free VCT services in Hong Kong. Two of those are the AIDS Concern and the Hong Kong AIDS foundation. AIDS Concern was the first NGO to respond to the HIV epidemic in Hong Kong. Established in 1990, it started by providing a telephone helpline. Although it is not a gay community based organization, it started outreach services targeting MSM in 1994. The scope of the HIV/AIDS related outreach services includes: outreach to public cruising environments to counsel MSM about sexual health and distribution of condoms and lubricants; Providing free, anonymous, gay-friendly testing services through their office and through outreach visits at saunas, beaches, public toilets and clubs; Providing and delivering HIV/AIDS related information and safer sex messages through different means, such as a website, electronic newsletters, online radio programmes and events. It is also involved in research studies for MSM (AIDS Concern, 2006). The work of AIDS Concern was even published in “the best practice collection” of UNAIDS as one of the six successful initiatives from countries in the Asia and Pacific region.

Hong Kong AIDS foundation is also not a gay community based NGO but implements various HIV/AIDS related interventions to MSM through the “Project Man D”. The concept of the project is to promote sexual health that includes addressing the health needs on the physical, psychological and interpersonal relationship aspects for gay men instead of only HIV prevention. The approach is called “normalization”.

Hong Kong AIDS foundation uses various tools to promote sexual health for gay men: Weekly outreach project to gay bars and karaoke’s, training peer educators and providing peer education service and holding monthly workshops on “sexual health for gay men” (Hong Kong AIDS foundation, 2003). In the ACA report cited above, a total number of 5700 contacts were made by the two NGOs. Their outreach programmes covered 70% of gay bars and discos and 50% of rave parties and all gay saunas in Hong Kong in 2004.

There are numerous Tongzhi (gay community based) organizations in Hong Kong. The actual number of Tongzhi organizations is unknown. In 1999, according to government’s information, there were 11 lesbian and gay organizations. Most of them formed after the decriminalization of homosexuality. The first officially registered Tongzhi NGO in Hong Kong – Horizon, was formed in 1992. Local MSM organizations were formed for various purposes. Some of these organizations hold sexual orientation counseling hotline services and participate in activities that concern gay rights or sexual minority rights. The local gay groups show less involvement in HIV/AIDS prevention activities than their counterparts in other developed countries

(CEPAIDS, 1998). Under the initiative from the government, members from the MSM community were invited to join the special task force on MSM. The task force was involved in the planning process for HIV prevention strategy targeting the MSM population (AIDS Prevention and Care Committee, 2001).

Even though the gay community in Hong Kong is relatively inactive, there are still events that show the existence of the community. For example, the Hong Kong Lesbian and Gay Film Festival: it takes place annually since 1989; and the yearly parade on the International day against Homophobia since 2005. The parade against homophobia attracted about 500 participants in 2007. Compared with the gay pride of Taiwan, which attracted roughly 10000 to 15000 participants, the magnitude of the parade in Hong Kong is relatively small.

Chapter 5 Homosexuality, Chinese cultural beliefs and social norm related to sexuality

5.1 Homosexuality in Chinese Culture

MSM is the terminology developed by public health scholars to describe a person who has ever had male-male sexual contact, regardless of whether they are self-identified as heterosexual, bisexual or homosexual. Unlinking the self-identified sexual orientation and sexual behaviour is an extremely important concept for HIV/AIDS prevention and care related interventions in Asia. For example, many Chinese MSM are married to women and still maintain a secret homosexual relationship. There are also MSM driven only by situational conditions. For example, male sex workers, prisoners and soldiers. The same-sex sexual intercourse within these groups of men is mostly not related to affection for the same sex but has other reasons, like finding a way to generate income or fulfilling a general sexual need. Those MSM may or may not classify themselves as homosexual or gay.

Sexuality or sexual orientation, on the other hand, describes emotional, romantic, or sexual affection toward others. Sexuality includes a continuum that ranges from exclusive heterosexuality to exclusive homosexuality and within that range, there are various forms of bisexuality (American Psychological Association, 2004). Homosexuality was a taboo subject in many cultures. Any other forms of sexuality, besides heterosexuality, are often called “sexual minorities”. In Chinese language, a translation for homosexuality did not exist until late nineteenth century. “Tong-xing-ai”, the Chinese translation of homosexuality, literally means love or affection between people of the same sex (Lau & Ng, 1989). However, the absence of explicit terminology does not necessarily imply the absence of homosexual acts in Chinese society. In fact, many other local terminologies and expressions were used to describe homosexuality in ancient literature, originating in stories about the homosexual relationship between ancient emperors and their lovers. The better-known expressions were fetish or appetite of “the cut sleeve” and “split peaches. The expression “the fetish of the cut sleeve” came from the historical story about Emperor Ai from the Han dynasty and his lover Dong Xian. They often shared a bed together. One day the emperor was awake before his lover, Dong Xian was still sleeping soundly and the sleeve of the emperor’s gown was caught between his lover and the bed. To avoid disturbing his lover’s rest, the emperor cut his sleeve and got out of bed without waking Dong Xian.

Xiaomingxiong (1984) documented other evidence of the existence of homosexuality in Chinese Culture such as the involvement of male-opera actors in male-prostitute trade being common during the Ming and Qing period (1368-1644). In the 1920s, homosexuality became a pathological condition, a mental disorder. The shift of perception in homosexuality was triggered by the introduction of western medical and psychiatric discourse, the non-procreative nature of the behaviour, the general lowering of standards in teaching of humanities after the Second World War (Long, 2005). In the literature of Lau and Ng, cited earlier in this section, the authors also commented that the change of the public and government attitude towards homosexuality was related to the influx of political and moral ideas from Europe. “Victorian ethics and Christian Puritanism as ideals pervaded many of the leadership groups, and as a nebulous alien term, homosexuality was viewed with puzzlement and apprehension and kept at a distance” (Lau and Ng, 1989).

In the late 80’s, Hong Kong gay activists and the press began to use the term “Tongzhi” to refer to Chinese gay men and sexual minority. Tongzhi means comrade; originally it referred to the followers of Dr. Sun in the Chinese Democratic Revolution in 1911 and it had very strong connotation with revolutionists during the Communist revolution (1921-1949) (Wong, 2005). However, nowadays in Hong Kong, gays often use the English term “member” when they talk about their sexual orientation. All the Chinese terminologies for homosexuality except “Tong-xing-ai”, share some characteristics: they are subtle and have a sense of inside-label, as they do not show a direct literal connection to one’s sexual orientation.

In Hong Kong, a well-westernized Chinese society because of its British colonial history, judgment of social norms and values in society are primarily inherited from traditional Chinese culture. Homosexuality is still a very sensitive and taboo subject. Handling of issues related to homosexuality, such as the discrepancy in the age of consent between heterosexual and homosexual acts, gay rights, political involvement of the gay community, etc. is lagging behind the western world. For example, decriminalization of homosexuality in Hong Kong took ten years of political debate and met with great resistance from the public.

Before 1991, sodomy or buggery between men, regardless whether in private or in public, was a criminal act, offenders could be subjected to a life-long prison sentence. While in 1969, homosexual acts in private had already been decriminalized in the United Kingdom through the amendment of the Sexual Offences Act, Hong Kong did not follow the amendment of the British Government. Social control of homosexuality was still very strict in Hong Kong. For example, a special investigation unit in the police force was established in 1978, sexual minority police officers and lawyers investigated and arrested (Chan, 2004).

In 1980, an inspector of the Royal Hong Kong police force committed suicide after he was found to be a homosexual. This incident triggered the Hong Kong government to study the issue of decriminalization of homosexual acts. Three years later, the Law Reform Commission made various suggestions on the issue. For example, the consensual sexual activity in private between male adults aged 21 or above be decriminalized. However, the legislative council rejected the suggestions: “The proposed changes were controversial, given the social values of the local community at the time. Some people saw the decriminalization of consensual homosexual conduct by adults as unacceptable. They took the view that homosexuality was not tolerated by traditional Chinese concepts of morality and that man was by nature heterosexual.” (LegCo Panel on Administration of Justice and Legal Service, 2004). The majority of Chinese elites and organizations held the idea

that homosexuality was a bad influence from the west. The Christian church was also against the government's suggestion, with the reasons: to protect the Christian value and the Chinese family structure (Law reform commission of Hong Kong, 1983; Wu, 2004).

5.2 Chinese social and cultural norms and sexuality

The attitude towards homosexuality was also shaped by two major traditional Chinese cultural beliefs and principles: Taoism and Confucianism.

The Yin-yang theory and perception of health:

Under Taoism, the universe follows one single principle "Tao" (path, principle). Tao consists of the balance between two opposite forces, Yin (represents darkness, the cool, the negative) and Yang (represents light, heat, and the positive). The Yin Yang theory plays an important role in traditional Chinese medicine. It also has big influence in how the Chinese rationalized health and illness and their health pursuing behaviour. Foster (1976) described the Yin-Yang theory as one of the naturalistic systems in non-western disease etiologies. Health results from achieving an equilibrium balance between Yin-yang, nature and condition of the individual, relationship and interactions between the individual and the social environment (Chen, 2001). The influence of Yin-Yang theory can be noticed in the daily life of Hong Kong society. Food is considered therapeutic in Chinese culture. Eating seasonal food or special dishes in the right amounts and under the right condition can help balance the Yin-yang in the body in accordance with the changing of the external environment (e.g. temperature, dampness, heat).

In the context of sexuality, yin represents the female or femininity; Yang, on the contrary, represents the male or masculinity. In the teaching of Taoism, sex is natural and essential for nourishment of life. The following sentences from the Taiping Jing (The scripture on great peace) showed the importance of heterosexual intercourse: "Through the way of copulation between husband and wife, the Yin and Yang all obtain what they need and Heaven and Earth become peace and tranquility.... Based on one Yin and one Yang, Heaven allows both man and woman to exist and to be sexually attractive to each other, therefore life can be continued." (Cited by Lau and Ruan, 1997). In Taoism, heterosexual act was not only for procreation purpose but also related to health. The principle of "Chai -Yin -Pao - Yang", the male element can be nourished by the female element during heterosexual intercourse and vice versa. Homosexual act therefore was viewed as "unhealthy" behaviour, abnormal and unnatural.

Confucianism as the moral ethical guide:

Confucianism has great influence in Chinese social structure, virtuous behaviour, moral and ethic norms. It stresses maintaining order and harmony between the individual, the family and the nation. Confucianism defined Wu-lun, the five basic principles of human relationship. 1) One has to be loyal to the ruler. 2) Relationship between father and son should be filial piety. 3) Husband and wife should live under the principle of obligation and submission. 4) Brothers should respect seniority. 5) The relationship between friends should uphold the principle of trust and sincerity. Confucianism does not promote individualism, in contrast, it stresses family values and hierarchical harmony (King, 1985). As a result, one is expected to be under constraints and pressure of the family, especially when the individual's interest is in conflict with the family's. When that happens, the

individual's interest has to give way to the filial piety, which is the center of personal, family and social existence. Under the principle of filial piety, one should always uphold the pride, reputation, dignity and honor of the family. Those cultural values are referred to as "Min Zhi" (face). For example, a person who has high social standing "has face"; Scandal and socially unaccepted behaviours would make one "lose face". Confucianism does not mention whether same-sex acts should or should not be forbidden. However, under the principle of filial piety, the biggest of the three offenses to the principle is failing to produce heirs to continue the family line. Therefore, the homosexual act can be viewed as conflicting with the procreative sexual moral standard of Confucianism. Chinese gays are under the family pressure to get married. Even though the actual figure of married males are involved in homosexual act is not available, we should be able to understand that HIV/AIDS related interventions in the gay community will also be beneficial to the wives of the MSM and their offspring.

Change in household size of Hong Kong family

Traditionally, the Chinese prefer big families. Old sayings like "a hall full of sons and grandchildren", "Five generations in the same hall", "a hundred sons, a thousand grandchildren" reflect the tradition. Having a thriving family was considered a big achievement in life. In fact, that was a main principle for the old polygamous marriage system of the Chinese. Polygamy was legal in Hong Kong until 1971. Wong (1975) studied the relationship of socioeconomic growth in Hong Kong and its impact on family structure. The "small nuclear family" became predominant type of family in Hong Kong in the 1960's. In 1950, the family planning association was established to promote family planning, its services extended down the years, included running of the birth control clinics.

Family planning promotion was not easy in the Chinese culture. Firstly, it was against the traditional concept of "thrive". Secondly, the preference of having a male heir is very strong in the culture, which is related to the kinship tradition. Under family pressure, couples may have to keep trying to produce a male heir. The locals call that "chase a boy". Messages used to promote family planning by the association mostly in the early time were in the theme of family planning could ease the burden of the family. "Two are already enough!" was one of the better-known messages from the association. Together with other actions such as implementing a tax allowance for the first two children and the natural adjustment of society: socioeconomic development, improved education, the crude birth rate of Hong Kong staying low for years. According to the government's data, in 2007 the average domestic household size of Hong Kong is 3.0. In such an environment, there is an even greater pressure on MSM to hide or deny their sexual orientation, marry women and produce offspring, especially if the gay is the only son in the family.

Chapter 6 What makes MSM more vulnerable to HIV infection than the other social groups?

The growth of the HIV/AIDS epidemic is determined by multiple factors. According to Royce et al. (1997), there are three major determinants shaping the epidemic. Firstly, the host-related factors, such as susceptibility to HIV and infectivity of the host. Secondly, environmental factors, such as the social, cultural and political

environment. Lastly, the agent: there are differences in pathogenicity between HIV-1 and HIV-2. HIV-1 infection is said to be more pathogenic than HIV-2 infection. The HIV-1 infection has high rates of virus production and clearance of both infected cells and cell-free virion which may account for the higher viral load of HIV-1 infected cases and more pathogenic than HIV-2 infection (Popper et al., 1999).

6.1 Biological factors and sexual practice

HIV infection, like other STIs, can be transmitted through sexual contact with an infected person. In Hong Kong, the main route of HIV transmission is sexual transmission. Unprotected anal sex carries a high risk of transmission of HIV. The receptive partner in unprotected anal sex has a higher risk of getting HIV compared to the receptive partner in unprotected vaginal intercourse (UNAIDS, 2000). Hussain and Lehner (1995) carried out an immuno-histological study to compare HIV transmission through different mucosal tissues. The rectal epithelium (mean thickness: $24.6 \pm 9.7 \mu\text{m}$) is 9 times thinner than the vaginal epithelium (mean thickness: $215 \pm 89.2 \mu\text{m}$). Breaking of integrity of the rectal mucosa during intercourse and the rich vascular supply of the mucosa bed may facilitate infected seminal fluid to enter the damaged blood vessels. The study also suggested that the epithelial cells of the foreskin, male urethra, rectum and endocervix contain specific receptors, that enable HIV-antibody complexes to bind with the epithelial cells. The presence of the receptors allowed HIV transmission to occur even when the mucosal surface was intact. According to the study, HIV was less likely to be transmitted by oral sex, provided that the continuity of the oral mucosa is intact.

Other biological factors that affect the infectivity of HIV, such as viral load, stage of HIV infection and presence of STI, were also studied by scholars. Fleming and Wasserheit (1999) reviewed scientific data to explore the role of STI in the sexual transmission of HIV. There is evidence indicates that both ulcerative and non-ulcerative STIs promote HIV transmission. The concentration of HIV in genital secretion and seminal plasma of the HIV infected was found to be affected and increased by the presence of STI. This would increase the infectivity of the host. Susceptibility of getting HIV infection may also be increased. Firstly, the break down of the integrity of the genital tract lining or skin caused by ulcerative STI can facilitate the entry of HIV. Secondly, the inflammation reaction and immunity response triggered by STIs can increase the concentration of "HIV-target cells" in genital secretions, for example the CD4 cells (Centers for Disease Control and Prevention, 2000). Epidemiological data of the STI among the MSM in Hong Kong was not available at the time of writing of this thesis due to the design of the surveillance system of STIs in Hong Kong.

6.2 HIV infection risk behaviour among MSM

At the moment, there is still no absolute cure and vaccine available for HIV infection, but on the bright side, HIV is preventable and the risk of HIV is can be reduced by changing risk behaviours. Risk behaviours can be understood as those behaviours that lead to an increase in the risk of contracting HIV infection. For example, having unprotected sex with a partner whose HIV status is unknown; Having unprotected sex with multiple partners; Sharing needles between injection drug users (UNAIDS, 1998).

Sexual transmission of HIV via unprotected anal sex (UAS) is the main route

of HIV infection among MSM. UAS, together with the increasing number in sexual partners, are the common factors for the global HIV epidemic among the MSM (Lee, Ma & Tam, 2007). Many studies were done to explore these issues in the West (Dodd, 2000; Ekstrand et al., 1999; Perez et al, 2002; Marcus et al, 2006). Findings suggested that there is an increase in number of sexual partners and increase in unsafe sex among the MSM population. Substance abuse or recreational drug use, such as methamphetamine, alcohol, sildenafil, popper and cocaine, before or during sex is another well documented HIV related risk behaviour concerning MSM (Clatts, Welle & Goldsamt, 2001; Wright-Deaguero et al, 1999; Mansergh et.al, 2006). Studies show that there is a relation between drug use and unprotected anal sex. Hence, that is another important risk factor for seroconversion.

Although HIV/STI sentinel surveillance and behavioural studies among high-risk groups and among low-risk groups are recommended to be carried out on a regular basis (WHO, 1999), in Hong Kong, the HIV or STI related behavioural surveillance survey (BSS) of MSM is not done regularly. Therefore it is impossible to reliably describe the trend of risky sexual behaviour among the MSM in Hong Kong. Only a handful of studies are available that give data relevant to the issues at hand (See Table.9). Lau, Siah and Tsui (2002) tried to establish a BSS for the MSM population. The prevalence of MSM behaviour in Hong Kong was 4.1% (85 out of 2074 males), 47.1% of the 85 respondents were sexually active (had at least one male partner in the past 6 months). Prevalence of STI among the MSM who engaged in anal sex is higher than among those who did not engage in anal sex (33.3% vs 10.6%). Lulla (1997) interviewed 110 sexually active MSM, and findings of the study indicated the existence of UAS among the respondents. Lau et al. (2004) found that MSM who engaged in anal sex are more likely to have more sexual partners than those who did not practise anal sex. From the findings of the same study, the prevalence of STI among the two groups of MSM was 11.1% and 4.1% respectively. Compared to the result of Lau and Siah's study in 2002, the STI prevalence seems to have decreased. However, due to the difference between the sample size of the two studies, it is difficult to say whether there is a real decrease of the STI prevalence.

Lau and Wong (2002) found that the HIV test rate of the male population in Hong Kong was 7.3%. At the time of the study, the test rate the past six months among MSM was 15.5%.

Currently no study is available that reflects how common the practice of drug use is among MSM in Hong Kong.

6.3 Drives behind HIV/AIDS related risk behaviour

There are multiple factors behind risk behaviours, those factors reduce the ability of individuals and communities to avoid HIV infection. There are personal factors such as knowledge and skill deficit on how to prevent HIV infection; structural factors which include quality and coverage of services; and societal factors such as stigmatization, discrimination and disempowerment of marginalized population caused by socio-cultural norms, legislations and social control on the HIV infected or the high risk-population (UNAIDS, 2007). There are a few theories and conceptual models which are commonly used by researchers as guides to explore and predict HIV/AIDS prevention behaviour and HIV/AIDS related risk behaviour of individuals. They are the theory of reasoned action (TRA), the health belief model (HBM) and the social cognitive theory (SCT). The HBM suggests that HIV preventive behaviour is depends on the individual's perception of severity of HIV

infection, self-perceived risk of getting HIV infection, self-evaluated advantage and disadvantage of practising safer sex. From the TRA perspective, personal intention is the main factor for adopting preventional behaviour. The SCT suggests that self-efficacy is the main determinant for the individual to learn and adopt safer sex practice. Self-efficacy is then affected by knowledge, beliefs and past experience, emotional states, social and environmental influences (Wulfert, Wan and Backus, 1995). Rye, Fisher and Fisher (2001) used the theory of planned behaviour (TPB), which is modified from the TRA, to explore safer sex behaviours of gay men. According to the authors, safer sex behaviours are related to the individuals' intention and perceived control to practise safer sex. Those conceptual models of HIV studies mentioned above, stress on the relationship between individual and safer sex behaviour. Personal knowledge deficit on HIV prevention, low risk perception on HIV infection, incompetence to negotiate and practice safer sex are the common drives for engagement in risk behaviours (Colby, 2003). Many international HIV/AIDS related organizations and agencies have issued special reports on the HIV/AIDS epidemic of Asia. The Foundation for AIDS research (amfAR, 2006) stated that the HIV/AIDS epidemic among MSM in Asia is fuelled by cultural belief, stigmatization, lack of a unified and representable MSM community, knowledge deficit on HIV prevention and negotiation skills for safer sex practice.

Jones, Kwan and Candlin (2000) explored issues of HIV vulnerability and risk behaviour among MSM in Hong Kong. According to the study, factors leading to unsafer sex and risk behaviours were stated by participants as: seeing unsafer sex as a symbol of commitment and a means to increase intimacy with a lover, desperate longing for love; depression, disappointment and frustration caused by failure in relationships leading to lower commitment in relationships; personal perception and judgement of partner's risk status based on age, occupation, behaviour and race; verbal and explicit negotiation of safer sex not being common among MSM in Hong Kong; depression caused by social pressure and prejudices towards AIDS and homosexuality which may cause the MSM to engage in unsafe sex on purpose. Due to the limited amount of studies on MSM in Hong Kong, reviewing foreign studies and articles is necessary to reveal more information on other factors related to other HIV risk behaviour.

Drug use is a risk behaviour itself but it is also a factor of other risk behaviours. Fernandez et al., (2005) examined the correlation between drug use and HIV related risky behaviour of Hispanic MSM. The participants were recruited on the internet and the authors found that participants with higher social-isolation scores, more male sex partners and unprotected receptive anal sex were associated with club-drug use. However, the correlation between homophobia, racial discrimination and club drug use was not significant. Findings of a study about methamphetamine use among HIV positive MSM showed that some MSM use methamphetamine to cope with the negative emotions and self perceptions that associated with the HIV status and as a means to increase sexual pleasure (Semple, Patterson & Grant, 2002).

Treatment optimism is said to be associated with lower levels of protective behaviour (Sullivan, Drake & Sanchez, 2006). HAART can reduce the infectiveness of the HIV infected, therefore the availability of HAART plays a crucial role in containing the epidemic. The availability of HAART has improved the life expectancy of people living with HIV but it also gave rise to treatment optimism and other health issues. Optimism about HAART may affect the individual's perception of the risk of getting HIV and cause a decrease in adherence to safer sex practices

(Cunningham & Thielemeir, 2001; Cox, Beauchemin & Allard, 2004). From the findings of Cox, Beauchemin and Allard 's study, use of popper during sex, safer sex fatigue and less importance given to protect oneself and the others, are the factors that have even stronger correlation with risk behaviour than treatment optimism.

Stigmatization and discrimination, caused by social and cultural views on HIV have indirect impact on HIV related risk taking behaviour. Social resistance could cause governments to deny the vulnerability of MSM or fail to implement programmes to address such vulnerability. Therefore, MSM are susceptible to information deficiency regarding HIV/AIDS and a lack of negotiation skills in condom use. Study also showed that adolescents that reported having same-, attraction are more likely to have depression symptoms and bad relationships with family (Lam et al., 2003). Isolation from and/or rejection in the family may drive young msm away from home or result in a decrease in financial support from the family as a punishment. They may have to struggle for money and shelter, and safer sex practice may not be of great concern to them anymore (Spikes, Hays, Rebchook & Kegeles, 2001). Furthermore, HIV/AIDS patients are often from highly stigmatized populations, such as gays, sex workers and drug addicts, the public see them as a bad influence and a burden on society. Stigmatization causes public resistance which can affect HIV/AIDS related service. Building of health facilities for HIV/AIDS patients could be delayed, insults and harrassment from the public caused healthcare staff quit working in these facilities (Chan, 2002).

Chapter 7. Findings of the field study

7.1. Characteristic of participants

Average age of the 10 participants is 22.6. Nine of the participants are self-identified as gay or homosexual and one as bisexual. Four of the participants were tested for HIV at least once. One of them is HIV/AIDS positive. None of them is married. Eight are living with their parents, one is sharing a house with his high-school classmates and one lives alone. Four of the participants were in relationship.

7.2 Self identification of the MSM in Hong Kong

In the chapter about homosexuality in China, I gave a brief introduction on self-identification of MSM in Hong Kong. Tongzhi is the terminology often used to refer to the lesbian/gay/bisexual/transsexual (LGBT) groups by the media, and "member" is a more common term used within the gay community. Besides the basic bi/homo categorial system, there is a more specific self-identification coding system among gays, related to their preference of sexual role in a relationship: The "0/1/10" system. The "0" is the code for the receptive partner in sexual activity, the "1" is used to refer to the insertive partner. The remaining code "10" is used to refer to those members who can be both insertive and receptive during sex. This coding system is similar to the "top/bottom" system in the western gay population (Wegesin & Myer-Bahlburg, 2000). However, some members may interpret the coding system not only related to the sexual role but also the social role. Social role of "1" was being referred as the care taker, the provider, the dominant partner or even the decision maker. In contrast the role of "0" is signifies being taken care of, being the dependent one. To my surprise, the coding system does not relate to the level of masculinity and

femininity of the individual. According to the participants MSM who are married to women are quite common in Hong Kong. One of the participants of my study expressed that he had a problem understanding how married MSM still refer themselves as gay rather than bisexual. Members call the non-members or the general public- “the normal people”, but that does not imply that they see themselves as abnormal or weird. They are just “scanty’ or “uncommon”.

Making one’s sexual orientation visible by such things as wearing gay pride accessories or a special dress code is not common in Hong Kong. There used to be some sort of visibility code for gays, like for example having a piercing in the right ear, but that custom more or less died out when ear piercings became more common among the male population. Even for those members who consider themselves to be “out”, the lack of visibility of the homosexuality was said to be related to avoiding stigmatization and troubles.

7.3 Stigmatization and discrimination

Stigmatization and discrimination are two key factors that need to be addressed in order to create an effective and sustained response for HIV care and treatment programmes (United States Agency for International Development, 2006). HIV/AIDS, homosexuality and stigmatization have been closely related from the very beginning of the epidemic. Gay men were frequently singled out for abuse and held responsible for the appearance and spread of the virus. HIV/AIDS was once referred as the “Gay Plague”. According to the UNAIDS terminology guide, Stigmatization is defined as “a mark or sign of disgrace or discredit”. Stigmatization and discrimination exist in many forms and contexts. MSM are often stigmatized by their closest kin, by friends, teachers, classmates, colleagues, even strangers on the street. Facing different kinds of pressure and discrimination, from self-perceived rejection, verbal harassment, to physical assault or even imprisonment.

Concerning external stigmatization, in Hong Kong, according to the participants of my field study, MSM are often stigmatized as non-procreative, abnormal and promiscuous and blamed for the spread of HIV/AIDS. The public’s negative view on homosexuality can be seen, for example, in the reactions in a discussion thread about the recently released movie “Brokeback Mountain” in a public news forum:

“Homosexuals, they often speak english, they can’t have kids, how do they know about family value? They only care about their own pleasure, they are trapped in erotic emotion. They are against nature. Disgusting!” Translated from a message posted in Mingpao forum, 2006.

Homosexuality was also referred to as against the balance of nature, yin-yang and Tao. Homosexuality is seen as a sick, mutated behaviour, which should be condemned and shouldn’t be promoted, not even in the creative domain of art. Although homosexuality was removed from the Diagnostic and statistical manual of mental disorder in 1980, a study conducted in 2002 found that one fourth of the medical students in Hong Kong still thought homosexuality to be a psychological disorder that requires therapy (Hon et al., 2005).

Besides the external stigmatization, MSM also stigmatize certain groups of “members” among themselves. For example, the more effeminate members. Those would be equivalent to the “Camps” in western gay culture. Those “members” would

behave so obviously gay, or may even put make-up on. “Camps” are said to be silly and “inviting stigmatization” because they are too extreme for the cultural environment of Hong Kong. Another group of members stigmatized by their own community is the HIV positive MSM. One of the participants shared his experience:

“Well, I am HIV positive. I do go to sauna and I do have sex and I use a condom every time. I am on HAART and my viral load is so low. I disclosed that I am still sexually active through my weblog and a gay online forum. People got furious! People said that I am selfish and irresponsible. I think that is a sign that they don’t trust or know much about condom use!”
–Participant #3

“Discrimination occurs when a distinction is made against a person that results in their being treated unfairly and unjustly on the basis of their belonging, or being perceived to belong to a particular group.” (UNAIDS, 2003).

The participants were encouraged to share if they felt discriminated against for their sexual preference. Apart from the one living with HIV/AIDS, all participants initially said that they did not have first hand experience of being discriminated. Therefore, additional probing questions were used to stimulate discussion. Topics included age of consent, same-sex marriage, verbal harassment, right of getting social benefits. It seems that MSM in Hong Kong are not very sensitive to discrimination. The awareness of discrimination is low. Some of the participants mentioned being discriminated at school, in job application; being threatened by ex-boyfriend or sexual partner that the sexual orientation of the MSM would be told to family or boss for personal gains; not being able to donate blood was seen as a form of discrimination because that will increase stigmatization.

One of the participants experienced discrimination in job application and health service because of his HIV status but not his sexual orientation. He also expressed being discriminated against by a lecturer during his university class. He was given lower grades if he talked about gay issues like same sex marriage, and felt his sexual orientation was not approved by the lecturer, who was a Christian. None of the participants personally experienced any violent reactions but some reported verbal harassment by schoolmates. The media was also mentioned as “not friendly” and having a tendency to use negative terms and nasty words when talking about gays.

“It is safe to be gay in Hong Kong, as long as you don’t make trouble and keep it quiet. The society is quite open about it, of course we have to face those eyes if we hold hands in public.” –Participant #5

“Of course people will stare at you if you behave like a woman. If you behave “normal” or you don’t cross the line too much, then its okay.” –Participant #4

“I might marry a girl (just one of my friends), so that I can get some tax exemption from the government.” –Participant #6

It turns out the participants faced various forms of stigmatization and discrimination in different situations. They experienced various degrees of emotional disturbance. They mentioned emotional reactions like frustration, self-doubt, damaged

self-esteem, stress and depression. Denial and disassociation from the gay identity were also common among the participants.

7.4 Cultural beliefs, social norms and coming out

“Coming out” is believed to be positively associated with the well-being of MSM (LaSala, 2000). All of the participants think that their family “knew” or suspected about their sexual orientation but only three participants were “out” to the family. The terminology “being out” was used by members to refer to their sexual orientation being known to others.

The terminology “come out” involves a sense of taking initiative and a more voluntary process. Those who were not “out” to the family, often used the strategy of denial when their family confronted them with their sexual orientation.

Being gay means there is a high chance of not getting married to a woman, hence a high chance of not being able to produce any offspring to continue the family line. This went against the concept of filial piety mentioned above. The son preference culture also exerts pressure on the MSM, especially if he is the only son in the family. He will be the one to honor the ancestors and family. He will probably be the chosen one to inherit the family property and wealth. Those who are still financially dependent on their parents are afraid the parents may punish them by cutting of the financial support or even breaking family ties.

Coming out is not only an issue that concerns the gay himself, it affects the whole family. Because of the stigmatization connected to homosexuality, having a gay son could bring disgrace and shame to the whole family. The family may try to keep the “secret” within the family. The members think their family will be hurt, disappointed, will not accept or understand the issue, therefore they choose to avoid the trouble of coming out or delay the plan to come out as much as possible. As for the participants who were “out”, none of them came out voluntarily, they were all “busted” in one way or another:

“My mom found out I was gay by reading my diary! That was many years ago. She was shocked, upset and very angry! She said she would first kill me and then kill herself if I was really a gay. To her, being gay was something like a big crime or being a big criminal, which should be eliminated!”. “After all these years, she still can’t accept it and wishes that I will change. I am living with her still but I think I will move out very soon. It is tiresome, I don’t want to hurt my mom but I want to be with the one I love if I find one.”. “And I would not tell her about my boyfriend if I have one, she would probably pray to Kung Yin (a goddess in Chinese theology) and hope that we will break up.” –Participant #6

“My family found out about my orientation when they heard I have AIDS. I was so sick at that moment, my family only wished I could get healthy again. They don’t really care if I am gay or not because it is not so important anymore.” –Participant #3

“My mom found out my secret through my mobile phone SMS. She was sad, however she didn’t tell my father about it. She asked me if I was gay, I had to admit that I am bisexual. I came from a wealthy family. I know I will have to get married eventually because I am the only son of my father. I will have to

continue the family line and heritage and protect the family wealth. If I failed to do so, other people (the uncles) might take advantage.” –Participant #1

Coming out to people outside the family seems to be easier than to the family members. As one of the participants describes his point of view on family acceptance of gays in Hong Kong:

“Its okay that there are gay people, as long as they are not my son.”
–Participant #8

Some MSM would plan and wait for the right time to come out to their family. From the point of view of the MSM, friends are considered to be more likely to understand and accept their sexual orientation but it is not a risk-free process. Fear of being rejected and damaging the friendship are the key reasons for not coming out to friends, especially close friends.

7.5 Social network and change of economic situation

Hong Kong is a well developed city, internet usage and penetration is very prevalent. According to statistics from the Census and Statistics Department (C&SD), in May to August 2007, 74.2% of all domestic households in Hong Kong had a personal computer (PC) at home. Among those PC owning households, 94.5% had their PC connected to the internet (C&SD, 2007).

It is no surprise that Internet is mentioned by the participants as one of the most popular channels for MSM social networking, alongside other social hubs such as gay bars and saunas.

By contrast, cruising at public toilets seems to be less popular nowadays. Cruising at public toilets is considered to be out-dated, dirty and dangerous. Dangerous in terms of chance of being arrested by police. People who cruise at public toilets are said to be less attractive, old and not healthy.

Internet is perceived to be a safer place for the members to extend their social network. The sense of safety is highly related to the ability to control privacy of personal identification and reduce the risk of getting infected with HIV. In a popular chat engine (gayhk.com), there can be around 200 people online at the same time. Logically, one may think the Internet is an effective channel for social networking but in fact it is not as effective as it seems if one wants to look for true friendship or love.

One of the participants perceived that maybe 70% or more of the users of chat engines are there for “instant sex”. “Instant sex” is more or less equal to casual sex, although it also includes cyber sex.

Internet and saunas are both common channels for sexual networking, Internet is also more economical, affordable and convenient. Compared to with the perception of Internet, the perception of gay saunas was somewhat less positive. This is related to the belief that the prevalence of HIV infection among sauna users is high and that saunas are expensive and the fact that some saunas have a minimum age limit of 18 and some even have specific age group limit.

Changes in the economic situation at the regional and personal level also affect the MSM population’s well-being. “Materialistic” and “realistic” were used by some participants to describe the member culture and the culture of Hong Kong Chinese in general. During the interviews I observed that gays in Hong Kong were

living a luxury life. Also, I still remember many years ago when my brother took me to a gay bar and introduced his gay friends to me, my first official encounter with the gay culture. My impression of the gay lifestyle in Hong Kong was that it was absolutely fabulous! For some people it may be hard to understand the gays' lifestyle, some may think the gays surely know how to enjoy life. Wearing expensive designer clothing, socializing at fine diner restaurants and well decorated gay bars, going to private gym clubs, having a relaxing facial treatment every week, having your hair cut at famous stylish salons, it is all part of the members' culture. The necessity of living a luxury life was also discussed during the interviews. To some members, personal image is very important, it is related to attraction and respect.

One interviewee remarked:

“Expensive designer clothing has a better cutting and quality of material, it can show the body shape much better. Being attractive and sexy is always a plus. Of course showing off a nice trained body is not the only reason. In Hong Kong, people do judge you by how you look and what you are wearing. Like in the old Chinese saying: Man relies on clothes to look equipped, buddha needs gold ” –Participant #6

The economy of Hong Kong has changed in the last few years. The growth of China's economic performance and the aftermath of the 1997 Asian economic crisis were referred as the key factors for the weak economic performance of Hong Kong. The adverse effects of the macroeconomic change included the restructuring from a manufacturing to a service economy, an increase in the unemployment rate, and a decrease in stock market and property value. These things can affect the mental health of individuals (Wong, 2000). The “double lost” phenomenon is the product of the economic change. It refers to the phenomenon that many teenagers finished university or school, or dropped out from school and were unable to get a job. In other words, there was a lack of skill/education and lack of jobs. The “double lost” members were thought to suffer from desperation, depression, sadness and a feeling of failure. Double lost teenage members are thought to be more likely to take drugs and become “money boys”. Some “money boys” hang around gay venues to see if they can “hook up” with some rich and older members (uncles). I also asked for clarification about the “money boys” because it was a new phenomenon to me.

“Those money boys, they are often young and good looking. They are like male prostitutes, but they not only provide sex service. They know that members don't have much trouble getting sex but have problems getting love. So they will act like a boyfriend. Keep you company, go shopping, go out with you etc. What they get in return is often expensive gifts like LV bags or other expensive stuff and expenditure being taken care of. After a few weeks or maybe months, they will leave you and you end up with a broken heart again. Or in some cases, the uncle dumps them.” –Participant #8

Members seem to be very concerned about their career and income. To cope with the effect of the economic downsizing, some members will try to modify their lifestyle, like cut down expenditures in clothing, or try to move back to live with their family to ease the burden of renting their own place. As a result, the connection with their friends, and their freedom and privacy would be affected.

“When I was living alone, I could invite friends to my place to party, you know just social gathering. I could bring gay magazine home and such, no problem. Now, I am living with my mom. So I have to go back to the closet again, hiding everything. That makes me sad.”–Participant 8

According to some participants living with family seems to be hindering the social development of members and their information seeking behaviour, especially for those who are still studying. A participant who is waiting for the result of the A-level examination commented on the issue:

“I thought about joining some gay organizations, you know, just be a volunteer to gain some social experience. I don’t know if I can go to university so I thought gaining work experience would be nice. But then I didn’t join because I don’t know how to explain to my family why I work for a gay organization. I try very hard to hide my secret, I delete history of my computer etc. They don’t know I am gay.” –Participant #2

While the change in the economic environment causes some members to choose to move back to their families, others have to go across the border for work. Three of my participants have to travel to China often because of work. Crossborder work was seen as a threat to the stability of relationships and increased the chance of getting AIDS.

“I have to travel to China at least 3 times a week. I hardly have time to see my friends in Hong Kong. Not to mention joining any group or organization.” –Participant #10

“My boyfriend is getting upset about how often I have to be away. We argue a lot lately. He thinks I have someone else. Of course I don’t! I don’t like those gays in the Mainland, there is a lot of AIDS in China and I don’t want to be arrested. I am more worried that he is seeing someone else.” –Participant #9

“I have to work across the border, I have been to some gay venues in Shanghai. Bar, disco, “Money boys”, prostitutes, drugs, you name it, they have it. I was alone, I think it was tempting. They don’t want to use condom, they said the police will use the condom as an evidence to arrest you.” –Participant #5

7.6 Gay relationships and difficulties in maintaining the relationship.

“When the heterosexuals celebrate their relationships in terms of years, we celebrate our relationships in term of months or even weeks! They said we are promiscuous. It is just really hard to keep a relationship! Who doesn’t want to be loved and cared for? It is natural that people fall in love, break up and then keep searching for love again.” –Participant #9

That was the comment by one of the participants about gay relationship and stigma. Difficulty in maintaining a long term relationship is thought to be related to the nature of males, too little time and space for communication, individual factors

such as financial situation, appearance and being afraid to be found out by family or other people.

“We couldn’t even hold hands in public, I couldn’t walk him home or pick him up from work. It wasn’t that much fun. Things like that can damage our relationship.” –Participant #9

The concept of love is very important to the MSM in Hong Kong. Being in love is a source of happiness, it affects the emotional and psychological well being of the members. Most of the participants think that having a steady relationship is an important factor for not sleeping around. However, to start a steady love relationship seems to be as difficult as maintaining one. It is not easy to know who is gay and who is not, unless one uses gay specific networking hubs (e.g. gay bars, gay chat engine etc.). Furthermore, two gays have to be compatible in the 1/0/10 system, heterosexuals do not have that kind of trouble.

Using gay specific networking hubs to look for love is perceived as risky, too sexual, not a place that someone can find real love. Joining Tongzhi organizations for social networking does not seem to be a popular option either. There are also negative perceptions about Tongzhi organizations, for example that only people who cannot really find a friend anywhere would go there, and they will not be very interesting or attractive. Some of the members have the opinion that Tongzhi organizations only have boring activities:

“It is not difficult to get sex but it is difficult to find love. I don’t want a relationship without love. Of course sex is important but I don’t like people who are too sexual. Those people in the Internet are very sexual. That is kind of scary.” –Participant #2

“Nowadays, it is much easier to get to know of other members, get online, log in, done! May be that is why people don’t treasure their relationship anymore.” –Participant #10

Another participant has a different point of view on not being able to maintain a long-term or steady relationship. Rather than being influenced by nurture factors, it is also related to the nature characteristic of being a male, he says. He thinks that it cannot be changed or avoided.

“It must be a male thing, males tend to fall in love easily and get sick of a relationship easily too” –Participant #1

7.7 Knowledge, perception and attitudes towards AIDS.

During the interviews, when discussing issues about HIV/AIDS and STI, participants showed concern about the risk of HIV/AIDS and STI. All of the participants described HIV/AIDS as “deadly” or “fatal”. That is due to the HIV prevention campaigns and slogans of the Hong Kong government in the early stages of the HIV/AIDS epidemic. HIV/AIDS was being preached to the public as “the death pyramid”. However, the participant who is living with HIV/AIDS held a more positive perception towards HIV/AIDS: if one has treatment, one can still live for a long time.

About knowledge of HIV/AIDS and its prevention, it is noticeable that there is a big difference between those participants who had had an HIV/AIDS test at some time, and those who had not. For example, proper use of condom and lubricant: for anal-sex use condom with water-based lubricant; Also, some of the participants think that all STI are visible. Most of them expressed they do not clearly know about the HIV/AIDS epidemic in Hong Kong. Perception of higher risk groups in the MSM population is related to those older MSM, the “double lost” young MSM, the “Money boys” and those people who like to go to saunas and sex parties. When asked what kind of measures they take to protect themselves from HIV/STI, participants mentioned using condoms and/or lubricants for anal sex, avoiding high- risk places, choosing a healthy partner, minimizing the number of sexual partners, not having anal sex. Some reasons for not being able to practice safer-sex are: fear of damaging the relationship, not always having condoms at one's disposal, the partner not appearing to be sleeping around with others; partner being young and healthy; and “it is not easy to get HIV in Hong Kong.” School, the Internet, the TV, the billboards in the subway stations were said to be the main sources of information about HIV/AIDS.

Among the non-tested participants, there are multiple reasons for not taking an HIV antibody test. Firstly, some MSM do not know where to go for a test and are not sure how a test can be done. Secondly, they do not feel like they have the need to be tested. Thirdly, no one suggested having a test. HIV/AIDS and STI or sex are not the common topics that Hong Kong MSM would talk about in their social life, it is said to be related to the Chinese culture and the MSM culture. It is not easy to start the discussion or ask for advice. Health examination is not a common practice among the participants, they go to legal private doctors when they are sick. One participant even knew a gay family doctor.

“I can’t just go put those questions to my parents. Sex and stuff like that, No, there is no such thing as sex education from parents.” –Participant #2

“The only sex education I ever had from my family was... My mom told me to buy sanitary pads for her and she tried to explain to me what a sanitary pad is” –Participant #9

One participant talked about acquiring sexual information from the Internet, and the quality of the information:

“Sometimes in forums they have a section for sex related topics, people can post question there. The questions would be answered by the other users. Of course the answers are not professional, more like joking around.”
–Participant #8

According to my observation from a gay forum, the popular sex related discussion included enquiries about the size of the penis, enquiries about sex toys etc. Sometimes questions may be related to HIV infection prevention, like: what is K-Y/lubricant, experiences in buying condoms. In a discussion under the topic, “do you use K-Y?” One forum user replied, “If you use oil-based lubricant, there’s no need to use a condom.”

Apparently, HIV/AIDS and STI are not the main sexual concerns or interests of the MSM. Questions about masturbation or sexual technique, size of their sexual

organ and experience of same-sex intercourse are the topics most viewed and replied to. Topics about HIV/AIDS do not seem to be getting much attention.

7.8 Perception of the current intervention and suggestion.

Those participants who used the HIV/AIDS testing service provided by NGO, have positive comments about the service they received, saying it is professional and informative (the quality of the information and counseling service), timely (not difficult to make a appointment, the whole process of VCT), staff are friendly and have a pleasant attitude. One finding, which should also be addressed, is the tension between NGOs.

“The testing experience was good, they gave me lots of information about their service and programmes. One thing I don’t understand: there seems to be some kind of competition between different organizations? They always say stuff like “this was our original idea, organization A copied us, or organization B stole our idea! What are they fighting over?” –Participant #7

Most of the participants mentioned that the quality of sex education in Hong Kong needs to be improved. Homosexuality is not addressed in schools. Quality of the sex education lessons in school was said to be unacceptable.

“Those lessons are useless, the teachers do not know what to teach or how. It was almost too embarrassing to watch how bad they were.” –Participant #2

According to the participants, HIV/AIDS prevention is mostly taught in biology lessons. Even if the sex education lesson was teaching about HIV/AIDS prevention, the approach is mostly for heterosexuality. Anal sex was not mentioned in sex education lessons. They also suggested that the government should do a lot more about fighting stigmatization and discrimination against MSM and people with HIV/AIDS. However, the participants are not optimistic about the situation improving any time soon.

“ Same-sex marriage and some anti-discrimination law for us in Hong Kong? Yeah they were talking about it quite a bit on the news a few months ago? Or was it last year? I don’t know how it goes anymore, seems like nothing is changed or going to be changed in the very near future, may be a few more years, maybe it will never change.” –Participant #9

“To decrease the stigmatization of MSM, the government must first fight the stigmatization of HIV/AIDS. The government must admit that the approach they used at the beginning of the epidemic was wrong. Preaching and labeling HIV/AIDS as a fatal disease was a bad approach. At least it is not appropriate for today. And then we can talk about human rights, coming out and so on.” –Participant #3

Encouragement and involvement of the media and the business sector would be beneficial to increase coverage and popularity of the HIV/STI prevention service and message. Or at least discourage media to promote a negative image of MSM.

“We don’t have an icon to promote the positive image of being a member because of the press. Who would stand up for us if the media keep trying to sell their papers by saying nasty things about being gay” –Participant #8

The government should try to strengthen the communication between the gay community groups, increase support in empowerment of MSM based NGOs, and support gay rights activities and researches.

“Yeah I was involved in the MSM taskforce to help planning HIV/AIDS prevention strategy a few years ago. The government asked us for advice, we gave them advice and then that was it. We are always involved, but only in the planning stage. Empowerment and development is not available for us. Applying for funding is already hard enough as it is and it is only getting harder.” –Participant #3

Participant #3 also shared additional opinions on the outreach interventions. Issues mentioned during the interviews include: information not being interesting enough or not handy to bring home, inappropriate words being used in promotion flyers and the generation gap. He found it difficult to communicate with the younger generation of MSM during outreach. He felt that he was not trendy enough to keep up with the conversation topics with the teens, such as pop stars, new TV games etc.

Chapter 8 Approach and interventions from other countries

Many different approaches on policymaking and service delivery to combating the HIV/AIDS were developed down the years. The ABC (Abstain, Be faithful and use Condom), CNN (Condom, Needle and Negotiation), fear appeal, clinic-based approach and community-based approach etc. The dynamic of the epidemic affects the effectiveness on the approaches in discouraging HIV/AIDS related risk behaviour and promotion of safer sex. For example, the optimism related to the availability of HAART was said to be associated with increase in unprotected anal intercourse (Van de Ven et al., 2005). In this section, I am going to discuss about some HIV/AIDS prevention intervention or approach from other countries and the possibility on adopting the intervention for the Hong Kong MSM. The project that I am going to discuss does not pretend to be a fast fix for all the HIV/AIDS related problems of the MSM in Hong Kong but it could help to improve some weak points if it could be modified and adjusted to the situation in Hong Kong.

The web-based STI surveillance system of the Netherlands.

Surveillance of HIV/STI, especially STI, among MSM is one of the shortcomings of HIV prevention interventions in Hong Kong and in many other countries. To tackle the problem, different countries have developed different strategies to improve the quality of surveillance data. In some countries, like in Finland, some STI are monitored under a mandatory notification system. Legislation is in place that requires physicians and laboratories to report diagnosed STI cases. These include cases of Gonorrhoea, Lymphogranuloma Venereum, Chlamydia trachomatis, HIV infection etc (Hiltunen-Back, 2002). In some countries like Hong Kong or the Netherlands, voluntary sentinel reporting system is in place, however, the the datasets show big differences in quality of social demographic and sexual behaviour data. From January 2006 onward, changes have been made to improve the quality of the STI surveillance system in the Netherlands. The “seksueel overdraagbare aandoenin peilstation”

(SOAP)-sexually transmitted disease sentinel, which is a web-based reporting application implemented since 2003, aims to promote timely reporting of epidemiological, demographic data and test results on a wide range of STI including HIV. Furthermore, behavioural surveillance indicators are also integrated in the STI surveillance system of the Netherlands. It can provide more detail and better quality in demographic data and behavioural data of the service users (van Veen et al., 2007).

According to the SOAP user guide, published by the National Institute for Public Health and the Environment in the Netherlands (RIVM), sexual orientation of the clinic attendee is reported as one of the basic surveillance data. Additional information such as condom use at the last sexual contact, number of sexual partners in the past six months, previous HIV test and previous diagnoses of STI is also registered in the reporting system (RIVM, 2006). The Netherlands' approach in sentinel surveillance of STI could be a good example for Hong Kong to improve the current STI surveillance system. First, the two systems have a common basic infrastructure –the STI clinics. Second, modification of the in-use HIV report form for STI surveillance should be possible. Third, at the beginning, the system needs not to be web-based, it can be mail-based like the HIV reporting system, that can avoid some technical problems concerning Information Technology. LGBT organizations in the Netherlands participate actively in human rights advocacy, development of HIV related policy and carry out interventions for MSM more than those in Hong Kong. Cultuur en Ontspannings-Centrum (COC) and Schorer from the Netherlands are just two examples of this.

The Mpowerment Project.

The Mpowerment Project is a peer-based HIV prevention program for young gay and bisexual men (age 18-27) in four different communities in the USA. It is declared by the CDC as one of the model HIV prevention programmes in the USA (CDC, 1999; Hays, Rebchook and Kegeles, 2003). The design of the programme was based on several principles: community building, community empowerment, peer education, social need focus and positive thinking about sexuality and sex.

One reason for me choosing the Mpowerment project for the discussion lies in my opinion on the weaknesses of the community-based interventions in Hong Kong, such as community empowerment and community building. The organization structure of the project is another reason for discussion. The organizational structure consists of three components. Firstly, a “core group” which is made up of 10-20 teenage gays, which is the decision-making body of the project. The second component of the structure is formed by 2-4 young, gay, paid project coordinators. The last component of the structure is the advisory board, which contains male and female members of the local AIDS, LGBT, business, public health and university community. The board members meet with the core group and project coordinators monthly to give advice, act as a link between the project and their respective organizations. They also provide guidance in fund generation for the project and function as the generation link between the broader gay community and the young gays. Another important function of the board is that they provide a positive role model to the young gays. The simplicity of the organizational structure and cooperation between different generations of MSM can solve problems caused by the generation gap in the fieldwork.

The Mpowerment project has another strong point that is crucial for HIV/AIDS prevention programmes targeting young MSM: The creativity and diversity of their interventions. It has outreach activities to promote safe sex through

distributing safer sex kits and educational material in gay venues. The backbone principle of Mpowerment is to be socially focused. Being socially focused means to reduce risky behaviour and enhance community building by addressing social needs of the MSM. Therefore, the events are always based on the principle of being fun and enjoyable, and aim to enhance self-esteem and motivation of the participants.

According to out-come evaluation at the one-year post-intervention follow-up, Mpowerment was able to reduce the percentage of participants that had unprotected anal intercourse with their boyfriends from 57.7% to 50%. The risky behaviour between participants and non-primary partners was even more significant, it dropped from 19.2% to 11%. The intervention was also able to induce changes in psychosexual variables, such as decrease in misconceptions and perceived condom barriers, increase in the perceived enjoyment of safer sex, increase in friend support and communication skills (Kegeles et al, 1999). The Mpowerment project showed that community- and peer-based approach can allow HIV/AIDS prevention to be accepted more easily by the participants and the gay community.

In fact, many more interventions and approaches were developed to help promote HIV/STI prevention for the MSM, such as the use of opinion leaders in the community to mobilize and educate the MSM (Kelly et al., 1991), use of internet-based interventions (Klausner, Levine & Kent, 2004; Ybarra & Bull, 2007) etc. Even the controversial serosorting approach, which has gained increasing popularity in some MSM communities (Eaton et al., 2007; Mao et al., 2006). It is impossible to introduce all of these in this thesis. However, constructive ideas were drawn from reviewing foreign approaches, which are relevant to the situation in Hong Kong, especially for community building. To make an impact on reducing HIV infection among MSM, community-level approach is necessary to make safer sex a community norm and community-based interventions need to be supported by environmental, structural and empowerment elements (Miller & Kelly, 2002). Assessment and retention of community resources are crucial to enhance community impact. According to Trickett (2002), from the ecological perspective, community resource does not only refer to funding but also includes information and skill sharing between organizations, volunteers, social events and physical spaces for interventions, empowerment of community members etc.

Chapter 9 Discussion

9.1 Limitation of this study

This study was subject to some limitations. First, due to the small sample size (n=10) and the fact that participants were not selected randomly, the finding of the study cannot be generalized to represent the whole MSM population in Hong Kong. Especially the opinion from married MSM and those who do not identify themselves as gay or bisexual is missing. Second, because HIV/AIDS and sexual behaviour are highly tabooed and stigmatized topics, participants may have difficulty in sharing certain sensitive information. For example, information on history of having STI and numbers of sexual partners may be affected by social standard bias.

9.2 Knowledge deficit on HIV and STI

During the field study, participants all expressed the idea that HIV/AIDS is caused by the HIV virus and can be prevented. However, the participants' knowledge on how to prevent HIV and risk behaviour does not seem to be satisfactory and

sufficient. It is a sign of inadequate education and information delivered to the MSM on these issues. This finding seems to be in contrast with the study, which was carried out, by Lau, Siah and Tsui in 1999-2000. Lau et al. found that the level of knowledge on HIV/AIDS among the MSM population is comparable to that of the other subgroups (clients of female sex workers and the lower risk population) and therefore a general knowledge campaign according to the authors “may not be a priority”. In that study, the percentage of participants who can name at least 3 out of the 4 major channels for HIV/AIDS transmission was compared between the three subgroups and the result 21%, 20.4% and 19.4% respectively and only 55.4% of the MSM participants perceived the effectiveness of condom on preventing HIV as high or very high.

In Chinese culture, parents often do not discuss sex related issues with their children, let alone extremely sensitive issues such as homosexuality and HIV/AIDS (Edward and Liu, 2003; Gao et al., 2001). Therefore, school has become the main source for children and adolescents to acquire sex education and information on HIV and sexual disease prevention. As a result, the quality of sex education is a crucial factor in controlling the HIV/AIDS epidemic. Wong et al. (2006) conducted a large-scale survey to examine the impact of school-based and family doctor-based HIV/Sex education on Chinese adolescents in Hong Kong. The study showed that school-based HIV/Sex education has a positive effect in modifying sexual behaviour of teenagers. Teenagers who had received HIV education in school were less likely to use drugs and alcohol before sexual intercourse and less likely to have sex in the 3 months before the study. They were also more likely to discuss emotional and puberty issues with others. According to the 1997 sex education guideline, developed by the former Education Department of Hong Kong, students are supposed to be given comprehensive and accurate knowledge about sexuality and the consequence of sexual activity. However, HIV/AIDS, STI and homosexuality are often not addressed in sex education sessions because of structural factors, resource, the traditional and religious backgrounds of the schools and personal factors from the teachers (Che, 2005). In Hong Kong, Sexual education is not a compulsory academic subject, schools can select what they want to teach from the sex education guideline. Therefore, it could be problematic to evaluate the quality and efficiency of sexual education.

9.3 Discrimination and self-perceived stigmatization

In this study, most of the participants are not very aware of the issues on social discrimination related to HIV/AIDS and MSM in Hong Kong. Self-perceived stigmatization was found to be an important factor for not associating with gay community and not disclosing their sexual orientation. It seems that most of the participants do not recognize the discrepancy of civil rights between the homosexual and the heterosexual population as discrimination. In my opinion, it is likely because the homosexual population has been under long-term influence of social and cultural norm. Traditional cultural values like having to respect parents, the elderly and authority and tolerate suffering, can lead to low motivation in participating in gay organizations, thus exerting pressure on community mobilization and legislation development to protect human rights of the MSM. That will have an indirect adverse effect on maintaining stable relationships and on the delivery of HIV/AIDS prevention and related information. Anti-discrimination legislation on the grounds of sexual orientation, gender identity and HIV status is recommended by UNAIDS as

one of the essential policy actions to improve the HIV prevention and care for MSM (UNAIDS, 2005). At present, there is no anti-discrimination law regarding sexual orientation and no channel to file official complaints related to sexual orientation in Hong Kong. The government believes that the current legislative situation in Hong Kong provides sufficient protection for sexual minority from discrimination. Some the reasons for not using legislative measures to address sexual orientation related discrimination are certainly not convincing. For example, there is no indication that discrimination on the basis of sexual orientation is prevalent or frequent; not many other countries adopt the legislation approach to tackle the issue; An overwhelming majority of the educational and religious sectors considered legislation to protect the homosexual as a form of “reverse discrimination”, in that it will go against the right of those who choose not to accept non-heterosexuality. The government is convinced that self-regulation and education are the preferred approach of the issue (Legislative Council Panel on Home Affairs, 2000).

While on one hand the government claimed that they were providing special funding and education guideline to promote equal opportunities on the grounds of race and sexual orientation; on the other hand the Broadcasting Authority strongly advised the local public broadcast media RTHK to pay more attention to the code of practice on television programmes, for producing and broadcasting a documentary about homosexuality in Hong Kong. The documentary, titled *Tongzhi-Lover*, was broadcast in July 2006 at family viewing hours. The authority received complaints from the public. The advice was issued because the authority considered the programme unsuitable for broadcast during the family viewing hours. Furthermore, it was said that the TV programme only featured the opinion of 3 homosexuals, therefore it presented an unfair, partial and biased image towards homosexuality, effectively promoting the acceptance of homosexual marriage (Broadcasting Authority, 2007). The decision of the Broadcasting authority aroused strong protest from the Tongzhi organizations, also in the press media. Tongzhi organizations initiated the “One person, one complaint” campaign. Electronic complaint letters were prepared by the Tongzhi organization and were sent to different authorities in the government including the Equal Opportunities Commission (EOC). However, no reaction was heard from those authorities. The complaints were not even shown in the annual statistic report of the EOC. According to the report, under the category “Outside Jurisdiction”, there were 1388 enquiries on sexual orientation (EOC, 2007). This is just one example showing the inconsistency of the government’s policy on anti-discrimination of sexual orientation and it shows the system is not sensitive enough to protect sexual minorities. On the bright side, the HIV infected population is protected by the Disability Discrimination Ordinance.

While some countries are talking about the adverse effect of optimism about HAART, most of the participants in this study were still looking at HIV as a deadly disease. This finding might look different if more MSM living with AIDS were included in the study. The participants knowledge about treatment of HIV is not sufficient and their perception on HIV is still highly influenced by the fear appeal approach, which the government used in the beginning of the epidemic. Personal perception on vulnerability was found to be a factor for higher consistent condom use (Wong & Tang, 2004). Thus, fear appeal approach does have some positive effective on HIV prevention. However, stigmatization, the negative effect of the approach, can be extremely damaging. MSM living with HIV are facing stigmatization, isolation and avoidance from both the “members” community and the general public. They are also less likely to disclose their HIV status and may engage in unprotected sex, may

not dare to seek health advice and service, simply just to avoid suspicions and rejection by their partners or friends (Gorbach et al., 2004). The MSM whose HIV status is unknown or negative, will try to avoid stigmatization by non-participation in HIV prevention programmes and distance themselves from the “high risk groups” and “high risk places” such as saunas, public toilets, older MSM. Combined with the development of the social network technology on the Internet, it is getting harder and harder to reach the MSM population with the current HIV prevention interventions.

The unsupportive attitude of the government is not the only reason for the lag in legislative development relating to protection of the sexual minority. The “members” themselves are also not too keen on political issues and community building. The non-confrontational attitude of gay politics and lack of coherence of the gay community in Hong Kong is related to political and cultural characteristics in Hong Kong. During the colonial period, the government used the approach of minimal disturbance on the local culture and political regime, and in the post-colonial period the government also emphasised the importance of Chinese values (maintaining harmony and moderation). As a result, economic development is the main concern of Hong Kong people and development of the gay movement is hindered. Human rights issues should be managed under the notion of social harmony (Kong, 2004). On top of that, to maintain the harmony between family and their sexual orientation, MSM are very likely to hide their sexual orientation, any sign of association with homosexuality would endanger the harmony and cause them trouble. With the influence of stigmatization within the community and stigmatization of HIV infected MSM from the general public, Tongzhi organizations rarely participate in HIV prevention related activities.

9.4 Role of the Internet in HIV prevention

According to the findings from this study, delivery of information about HIV/AIDS prevention information does not seem to be effective in Hong Kong, neither from formal channels such as sex education in school nor from the family. Usage of the Internet is popular among MSM in Hong Kong for social networking, sexual networking and a source of information for sexual enquiries. The Internet can be a platform for HIV/AIDS prevention and related interventions (DeGuzman & Ross, 1999). The Internet can be an opportunity to gain access to a population that cannot be reached by clinic and community settings (McFarlane, Ross & Elford, 2007).

According to a study conducted in 2002 by Bolding et al. (2004), 4974 MSM from the United Kingdom completed an online questionnaire; the majority of the participants showed favorable attitudes towards online health promotion. They were asked yes/no questions on issues like: Should internet sites put health workers in chat-rooms (yes=75%); would they find out what a health worker had to say if they met one in a chat-room (yes=84%); and would they click on a banner to find out information about sexual health (yes=78%). However, the quality of the HIV/AIDS related information on the Internet in the gay websites in Hong Kong is not evaluated. The Internet can be a very efficient channel in information distribution, if we can make use of websites. I do not mean information on major HIV/AIDS related websites from the government or major NGO only, but also the homepages and bulletin forums of those smaller gay organizations.

Chapter 10 Conclusion and recommendation:

10.1 Conclusion

Controlling the epidemic among the MSM population will benefit not only the MSM community but the whole population of Hong Kong. Because of the cultural beliefs of the Chinese, many of the MSM may have to marry to women and keep having homosexual affairs outside their marriage. MSM can form a bridge for HIV infection in the female heterosexual population if they engage in HIV risk behaviour.

The 0.1% HIV prevalence of the region does not imply that we are doing enough to contain the epidemic in Hong Kong. In fact the so-called low prevalence situation and the availability of HAART may give us a false sense of success and lead to over-optimism about the HIV infection among the MSM population.

Homosexuality contradicts some of the Chinese socio-cultural beliefs and norms and, as a result, MSM are stigmatized and discriminated by most of the general public, and by religious groups, moral groups etc. Stigmatization and discrimination has enormous negative impact on the development, promotion and sustainability of HIV prevention interventions. In other words, HIV prevention related intervention would not be effective if MSM and people living with HIV/AIDS are victimized.

In Hong Kong, MSM are often not well informed about the HIV infection situation and information about HIV prevention for various reasons. Information was not delivered to the MSM through effective channels, quality of the information is not good enough to make an impact on behavioural change. In some cases, the individual himself chooses to ignore the information because he thinks that the risk of getting HIV infection is low. To the MSM, prevention of HIV infection is not the primary concern. Career achievements and/or maintaining a relationship are considered more important.

To combat the HIV epidemic among the MSM population in Hong Kong, a lot more has to be done and can be done by the government, the HIV related organizations, the gay community, the general public and individuals (gay or not gay).

Ideally, the gay community should take the initiative to promote and carry out HIV infection related intervention. However, in low community coherence settings like Hong Kong, the government should take up a more initiative role in community building, eradication of stigmatization and discrimination towards homosexuality and HIV/AIDS, and promote social acceptance of the vulnerable population. Education about prevention of HIV infection is essential to provide basic skills for the practice of safer sex for the MSM and to correct misconceptions about HIV/AIDS. Along with providing HIV/AIDS related service and making condoms more available for the vulnerable population, they are the basic interventions to help fighting the epidemic. However, they are not the solution to all the problems posed by socio-cultural constraints. Resistance and barriers caused by socio-cultural norms cannot be removed only through education. A culture-sensitive approach should not be equal to sacrificing the rights of the marginalized population and should not overlook the needs and vulnerabilities caused by such socio-cultural beliefs. The non-confrontational approach from the gay community should not be exploited but should be respected and treasured by the majority.

To make community-interventions effective and successful, a coherent and empowered gay community first has to be built. Furthermore, to build up the incentive of HIV prevention among all levels of the community is the main key to contain the HIV epidemic among MSM in Hong Kong. That requires co-operation between different social groups and devotion of the government, of society and

individuals. We should remember that the MSM are part of our population, they are our friends and relatives. Helping the MSM maintain their human rights and protect their well being will not jeopardize the well being of the society and family. Isolating and discriminating them will not help fighting the HIV epidemic and, sadly, at the moment, Hong Kong is pretty much lagging behind in addressing the issues on anti-discrimination towards sexual orientation.

Protecting the MSM equals protecting our society, our friends, and our families. MSM are bearing all kind of accusations related to the spread of HIV infection, amoral life styles etc., while MSM do not have a monopoly on HIV infection related risk behaviours. MSM are more vulnerable to HIV infection because of how society is shaping their behaviour. Changing cultural norms and beliefs is not an easy task and there will not be an instant and simple solution for fighting the HIV epidemic of the MSM.

If we look back in time to when the government tried to control the postwar population growth by introducing family planning, it shows that though it may take a long time, it is possible to make a change in the socio-cultural norm.

10.2 Recommendations

In general, the HIV/AIDS prevention related interventions seem to be quite good in Hong Kong. HAART treatment is available and free. Different channels for HIV anti-body testing service are in place. The government provides support and prioritizes the MSM population in HIV/AIDS prevention policy. However, the system still has some weaknesses and may need improvement.

1) Strengthen the surveillance system of HIV and STI for MSM

The data about STI situation in MSM from both the formal healthcare system and the private sector is extremely limited. Therefore, it is difficult to get a complete picture of the HIV/AIDS and STI situation of the MSM population. According to the guidelines for STI surveillance from UNAIDS and WHO, the reporting of risk behaviours for STIs, should be systemic or comparable to behavioural surveillance for HIV/AIDS (WHO, 1999). The Social Hygiene Clinic is the only source for STI surveillance. The STI reporting system in Hong Kong provides epidemiology data that is basically limited to gender and source of reporting (different public STI clinics). Therefore, it cannot possibly reflect the STI prevalence of MSM. The serosurveillance system of HIV infection and HIV/AIDS in Hong Kong cannot provide reliable data to reflect the HIV infection prevalence of MSM, either, since MSM are advised not to donate blood. A systematic and regular prevalence study for MSM would be desirable.

2) Establish a non-discriminative environment and facilitate community building.

Interventions should be carried out to help eliminate social stigmatization and discrimination of the MSM population. Evaluate and improve the sensitivity of the current discrimination reporting system, so that discrimination on the ground of sexual orientation can be detected and addressed more efficiently. Educate the public through different channels to promote acceptance of the sexual minority population. Make sure all the government bodies are aware that fighting discrimination towards MSM is beneficial and even crucial in controlling the HIV epidemic in Hong Kong. Policies and reaction from the government regarding sexual orientation related issues

must be consistent and aim at improving the acceptance of MSM among the general public.

Establish and promote interventions to help parents, families and friends of the MSM understand about homosexuality and provide psychological, emotional and technical support to them and the MSM. In other countries, organizations like PFLAG (Parents, Family & Friends of Lesbian & Gays) already use this approach to improve the social well being of the MSM.

Effort is needed to identify a person respected by MSM, to promote HIV/AIDS prevention and facilitate community building and empowerment of the community. It is not necessary for that person to be from the gay community, as long as it is someone that is popular among the gays as a gay friendly icon.

3) Evaluate the effectiveness of the current interventions

Current HIV/AIDS prevention related interventions provided by the government and NGOs (especially sex education in school, resources and supportive measures provided by the government) should be reviewed to assess the effectiveness and quality of the intervention and identify problems and difficulties encountered by frontline staff. Assess the current interventions between organizations and promote coordination between different organizations to improve coverage and discourage competition between different projects. Research can be carried out to explore the possibilities in using the Internet as an outreach platform for delivering HIV/AIDS prevention interventions. Founders of gay bulletin forums can be encouraged to set up a HIV/AIDS related information corner to promote HIV prevention related information, services and activities. These could include social events for community building and training workshops for MSM. to promote HIV/AIDS prevention and facilitate community building and empowerment of the community. A trained moderator could monitor the message corner and answer questions and enquiries from the forum users.

4) More research related to MSM and HIV prevention issues is needed

Different subgroups of the MSM population are facing different problems that hinder safer sex practice and affect health-seeking behaviour. Information about specific subgroups of the MSM population and HIV infection related issues is extremely limited in Hong Kong, especially concerning the male sex-workers, married MSM, MSM in different age groups. Establishing appropriate and effective intervention for different subgroups will not be possible if the underlying drives for the spread of the HIV infection are unknown. More research related to MSM and HIV infection is needed to understand the underlying reasons for HIV infection related risk behaviour.

I would like to end this thesis with an old Chinese proverb: “Road is made by people walking on the ground” (The solution to something or the road to success etc. is made by you walking through places where there were no roads before).

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Appendix. 1 Interview guideline:

1. Self-identity:

- Age, working status, marriage status?
- What is your sexual orientation?
- What do you think about homosexuality? (Is it just a stage of life? Normal? Can it be changed?)
- How is the life of gay people in Hong Kong?
- How open are they? (Experience of coming out or try to hide their identity.)
- How is their social network?
- Any problem encountered due to their sexual orientation?
- Experienced being discriminated? (Work, health service, social support etc.)

2. MSM as a community:

- What is the culture of the community?
(common activities, hang out place, trend and media)
- How do you value community coherence?
- Do you participate in any gay community group? (Why and why not?)

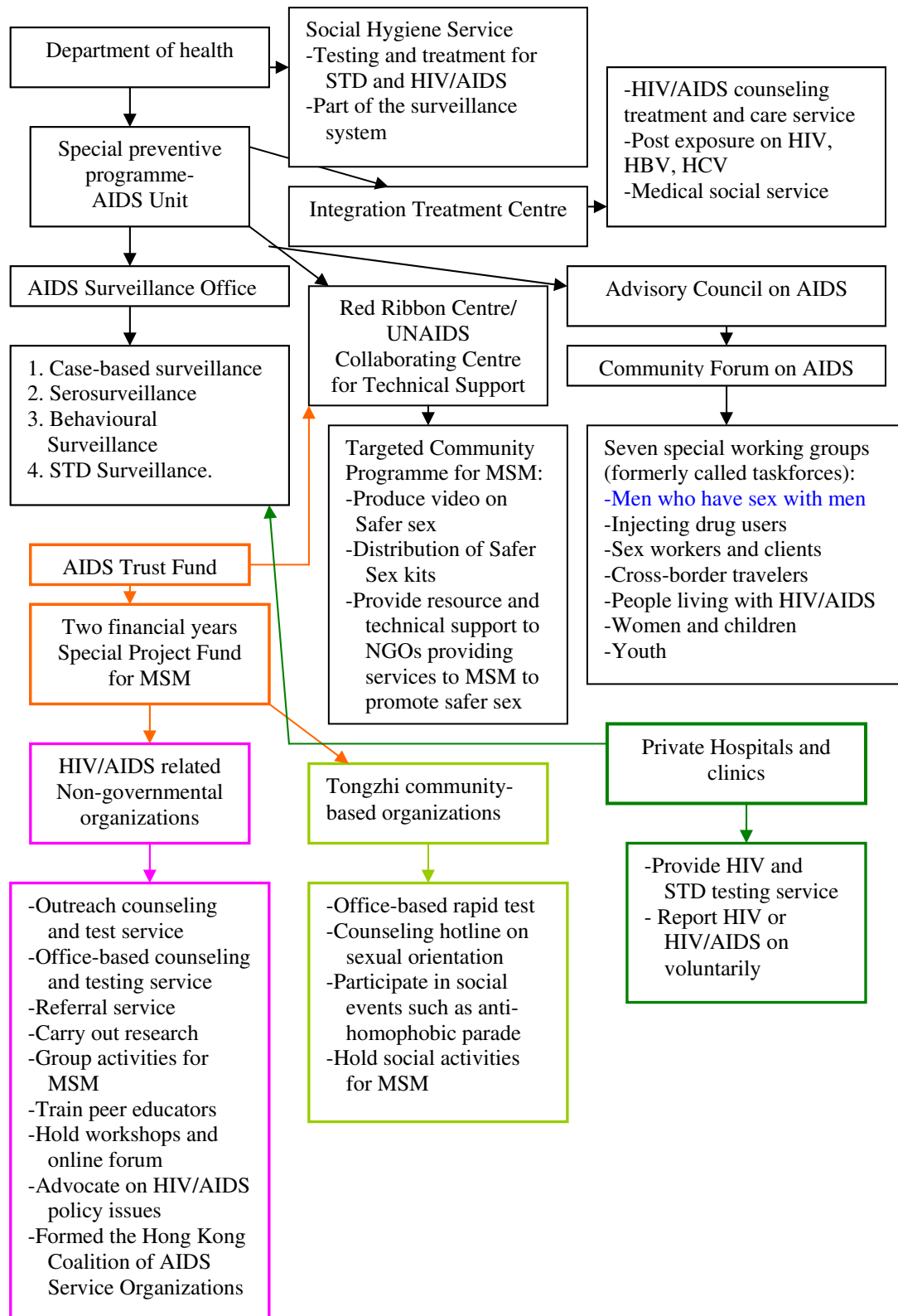
3. Health, HIV/AIDS and STD

- What is your perception about health, HIV infection, and safer sex?
- What do you know about HIV/AIDS and safer sex?
- What is their view on health and risk perception of HIV/AIDS?
- Do you have the skill to negotiate safer sex with sex partners?
- How much do you know about HIV/AIDS related information or services?
(HIV test, STD test, treatment, workshops etc.)
- What led you to take the test?
- How do you know about the services?
- Do you have any experience on using the services or receiving information?

4. Sex practice and risky behaviours:

- How did you find your partners?
- How common is it to have multiple sex partners?
- How safe is your sex practice?
- Condom use?
- Drug use? Sex worker?

Appendix. 2 Summary chart of the organizational network of HIV/AIDS prevention for MSM related organizations and government bodies.



Appendix.3 Summary table of a few local studies related to MSM

Study	MSM behaviour prevalence	Sexually active MSM	Prevalence of Anal sex (AS) practice	Number of sexual partners	Prevalence of STI	Special finding or remarks
Lau, Siah and Tsui (2002)	4.1 % (n=85) of the male respondents (N=2074)	47.1% (40/85) had at least one sexual partner in the past 6 months	37.5% (15/40)	29.4% had more than 1 sexual partner in the past 6 months	10.6 % (9/85) in the past 6 months 33.3% (5/15) for Anal sex MSM	Comparing finding with other sub groups of the male population.
Lulla (1997)	N/A MSM based study N=110	Not available	29% Insertive unprotected AS 30% receptive unprotected AS	Only 16.4% (18/110) had none or 1 casual partner in the past one year	Not available	
Lau et al (2004)	4.7% (n=667) of study sample (N=14985)	43.8% (292/667) had at least one sexual partner in the past 6 months	27.4% (72/292)	AS MSM: 51% had more than 2 sexual partners Non AS MSM: 17.7%	AS MSM: 11.1% Non AS MSM: 4.1%	Tested for HIV antibody AS: 20.6% Non AS: 11.9%
Smith	MSM sauna clients	Not available	Estimate 42% of MSM sauna-users have AS	0: 13.8% 1-5 : 70.5% 6-10: 8.5% 11-20: 3.3 % >21: 3.9% In last 3 months	Not available	