Sharing Study Findings of

LEARNING AND PLANNING FOR UNDERSTANDING HOW POPULATIONS AT RISK FOR HIV CAN BE REACHED VIA E-SERVICES IN BANGLADESH

AUGUST 30, 2023 |. UNAIDS Bangladesh | Faizul Karim | Tasnim Rahman

WE ACKNOWLEDGE THE SUPPORTS RECEIVED FROM ASP, SWN AND SAVE THE CHILDREN

Study Statement

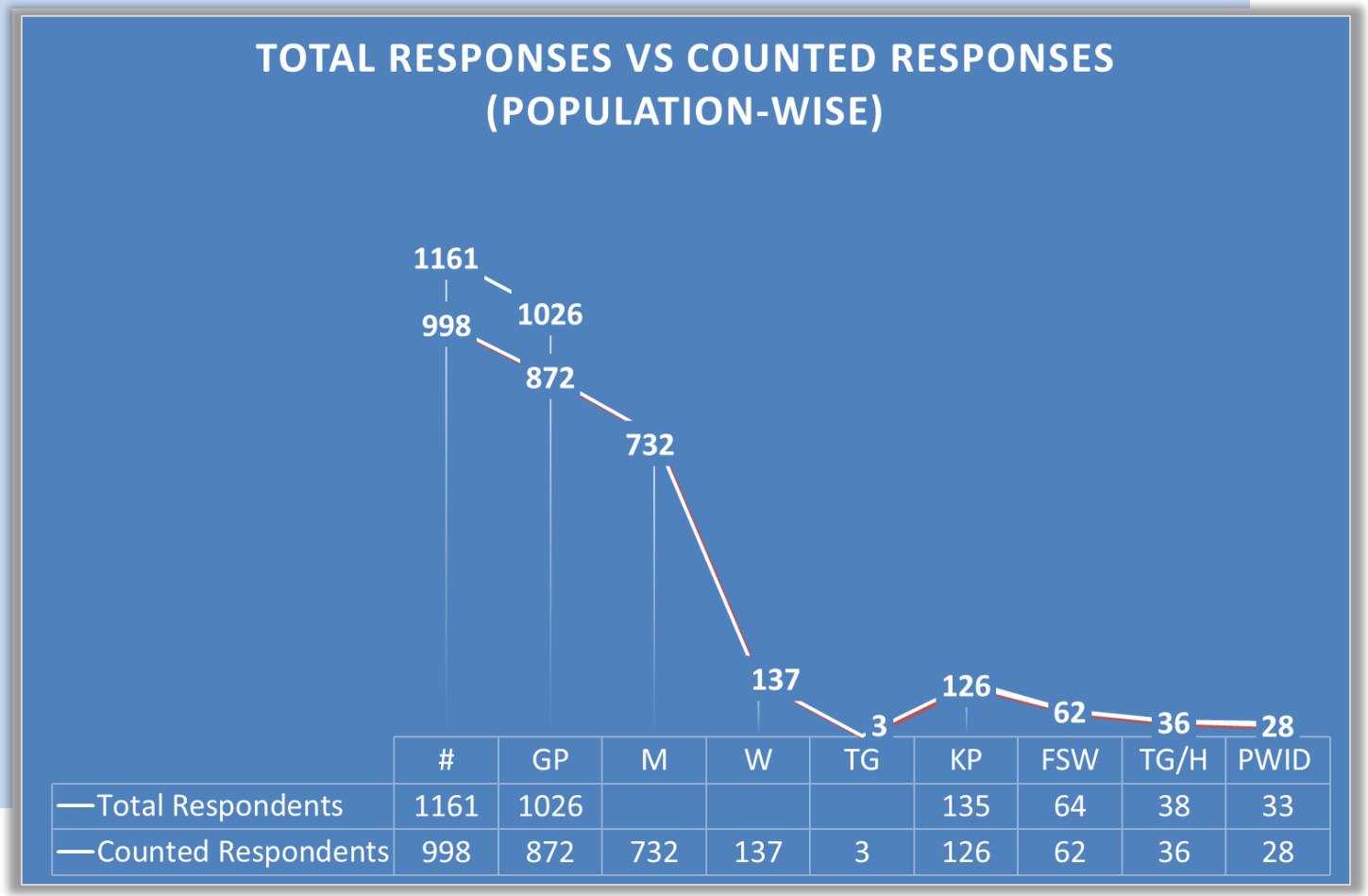
Understanding information and service access preferences of populations at risk for HIV who can be reached via e-services

Study Objectives

- To understand the potential online audiences, including:
  - their HIV risk profile
  - popular online platforms where they can be reached
  - preferences for receiving HIV information and services.
- To adapt HIV strategies to meet audience preferences.
- To assess which online outreach approaches will be preferred for future HIV service delivery to increase population reach with e-services and information.

Methodology

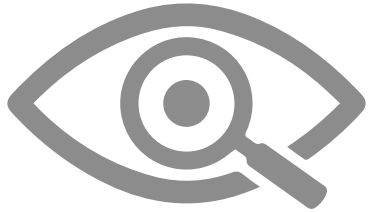
- This study utilized cross-sectional design. Survey ran through SurveyMonkey (Computer Assisted Web-Interviewing) among the samples of internet users across the country as per the internet penetration density during December 10-25, 2021.
- The online respondents (total of 1161) included:
  - a) GP: general population (1026: 88%)
  - b) KP: key population (135: 12%)
- 73 unreached and underserved KPs were identified through self-assessment among GPs, of whom there were 61 homosexuals, 11 PWID and one FSW totaling 208 KPs (135+61+11+1).
- Around 57% completed the survey; both complete and partial responses were analysed.



	#	GP	M	W	TG	KP	FSW	TG/H	PWID
Total Respondents	1161	1026				135	64	38	33
Counted Respondents	998	872	732	137	3	126	62	36	28

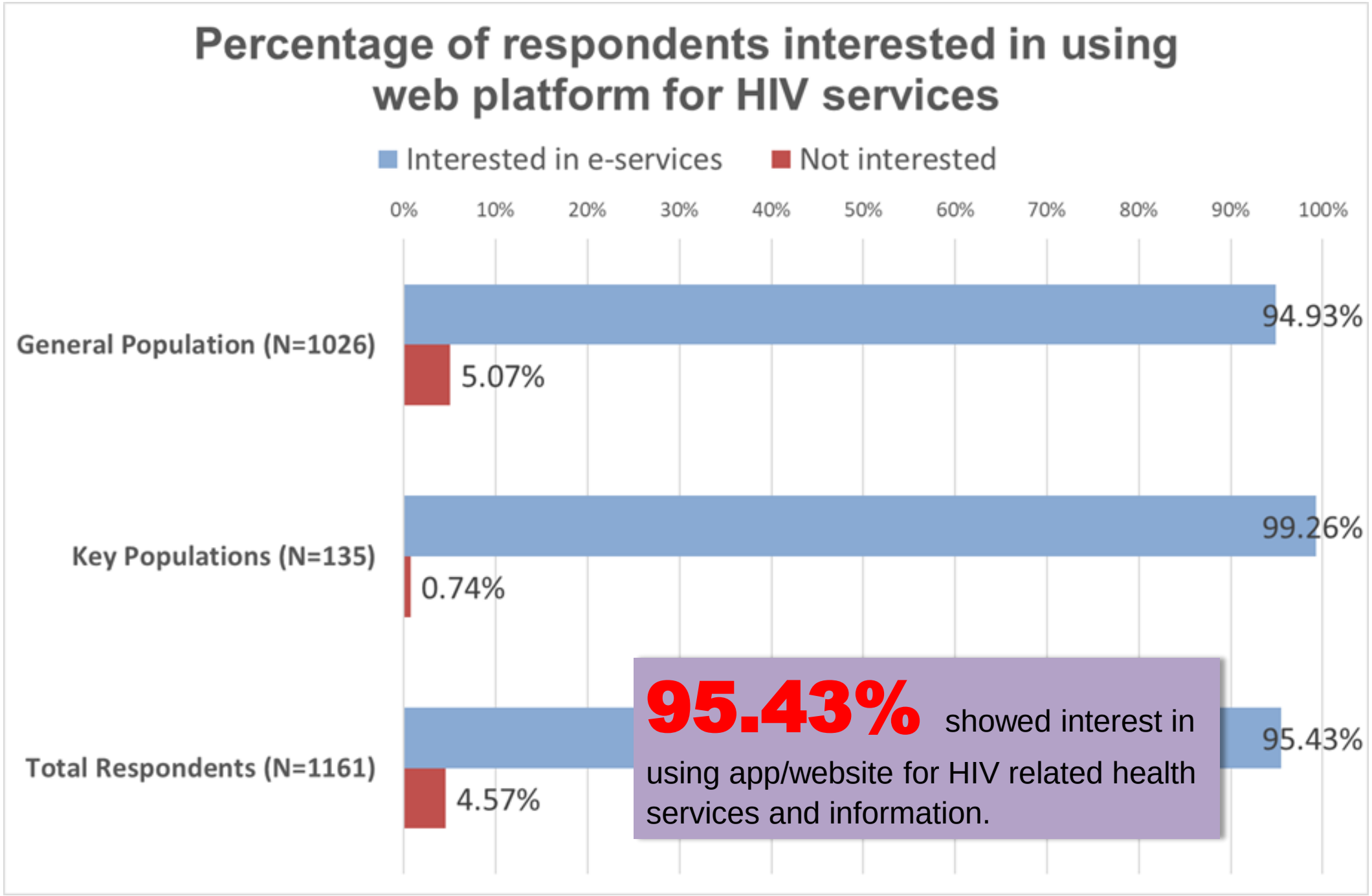
Study Limitations

- The study was conducted among internet users; thus, **the findings do not represent individuals who do not have access to online platforms.**
- HIV as a subject of study is very sensitive in society, particularly among women, which may have **restricted many women users from participating in the survey**.
- Any online survey has one particular limitation about the respondents' **data accuracy** as they participate remotely and **cannot be verified**.
- The number of **KP respondents is inadequate**; thus, expansion plans should be based on strongly motivational and gradually inclusive strategies.

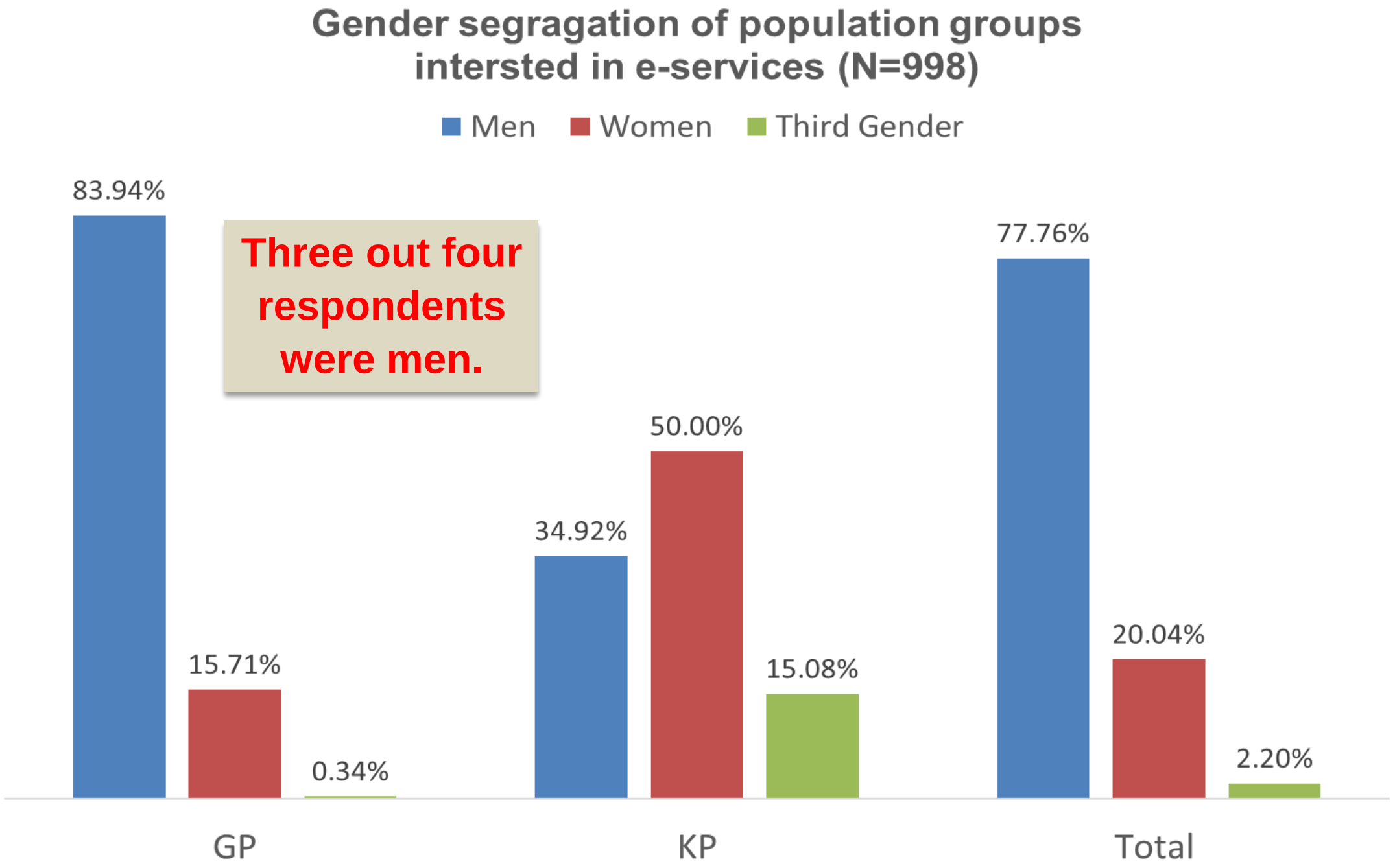


STUDY FINDINGS

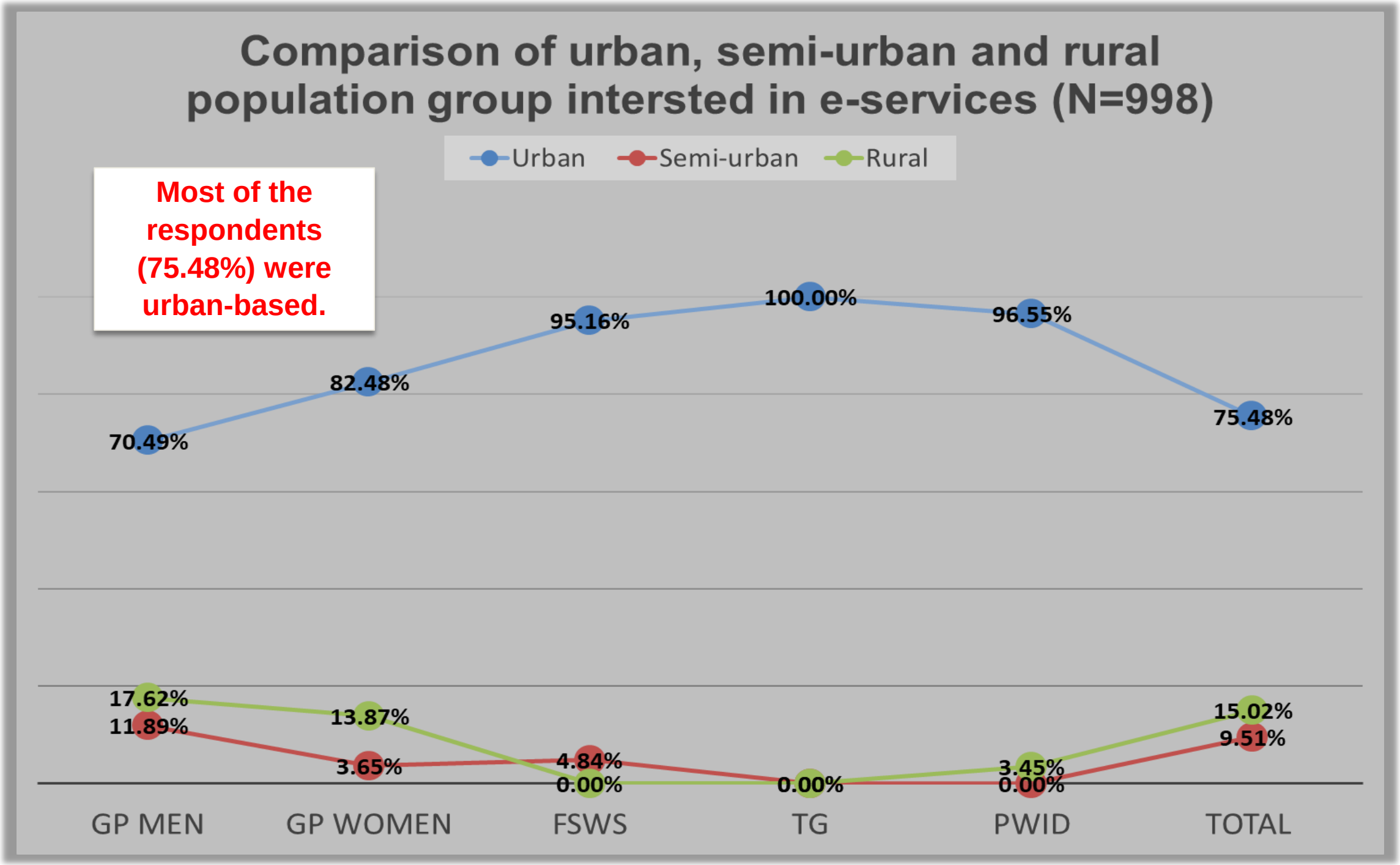
HOW MANY RESPONDENTS ARE INTERESTED TO USE WEB PLATFORMS FOR HIV SERVICES?


Percentage of respondents interested in using web platform for HIV services
Interested in e-services
Not interested
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
General Population (N=1026)
94.93%
5.07%
Key Populations (N=135)
99.26%
0.74%
Total Respondents (N=1161)
95.43%
4.57%
95.43% showed interest in using app/website for HIV related health services and information.

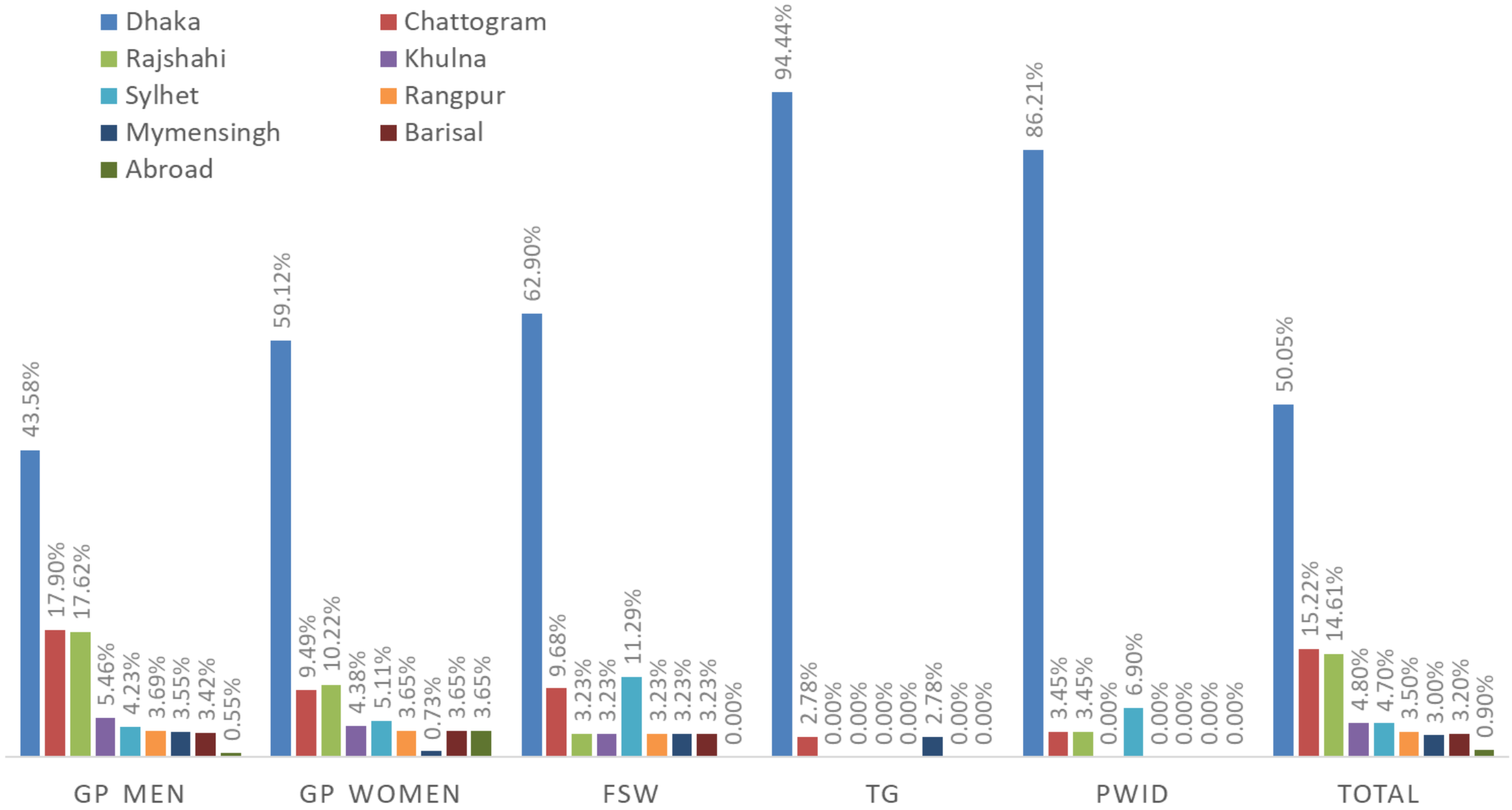
WHAT IS THE DEMOGRAPHY OF THE RESPONDENTS INTERESTED TO USE WEB PLATFORMS FOR HIV SERVICES?

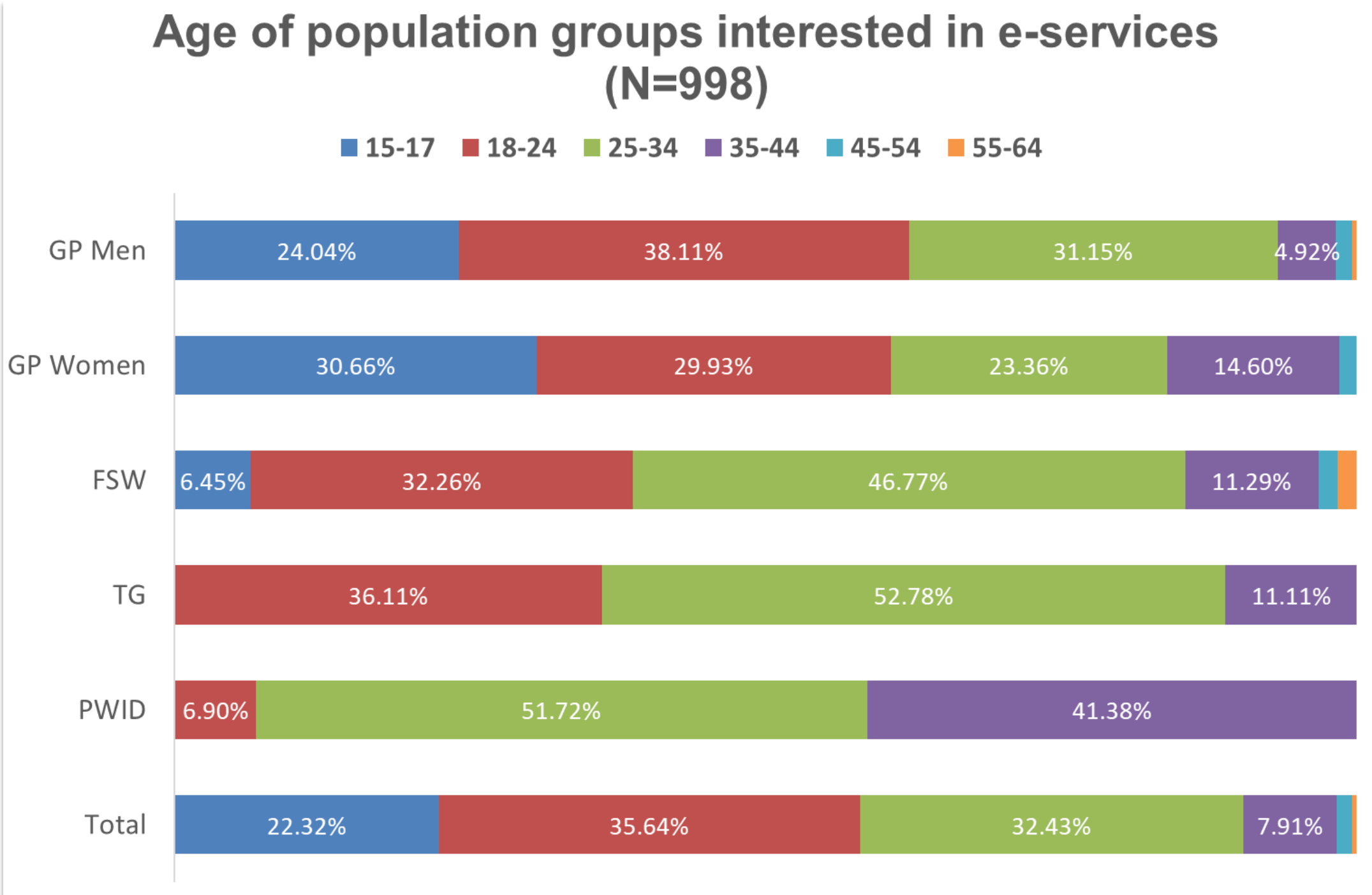

Gender segragation of population groups intersted in e-services (N=998)
Men
Women
Third Gender
83.94%
15.71%
0.34%
34.92%
50.00%
15.08%
77.76%
20.04%
2.20%
Three out four respondents were men.
GP
KP
Total

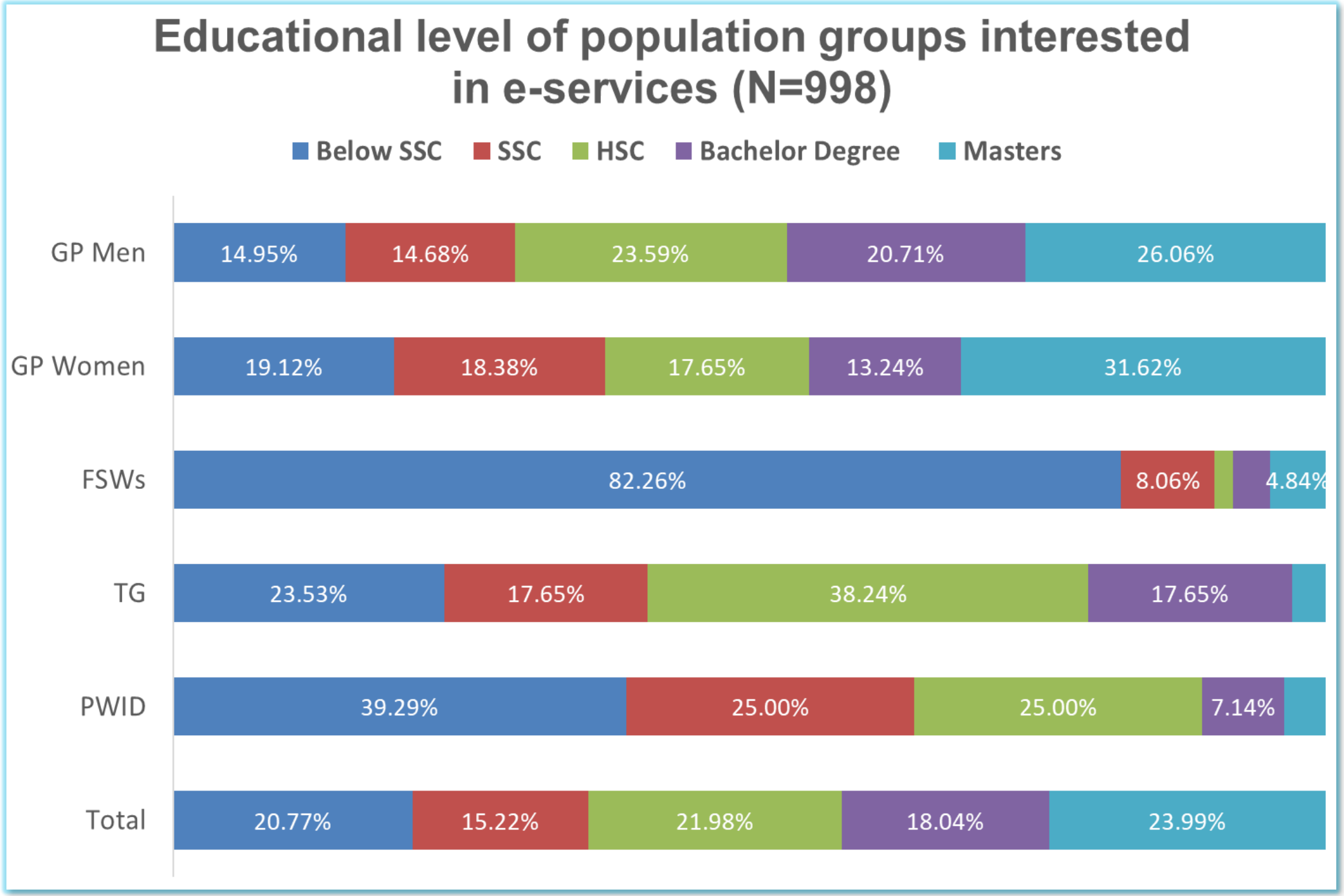
Comparison of urban, semi-urban and rural population group intersted in e-services (N=998)

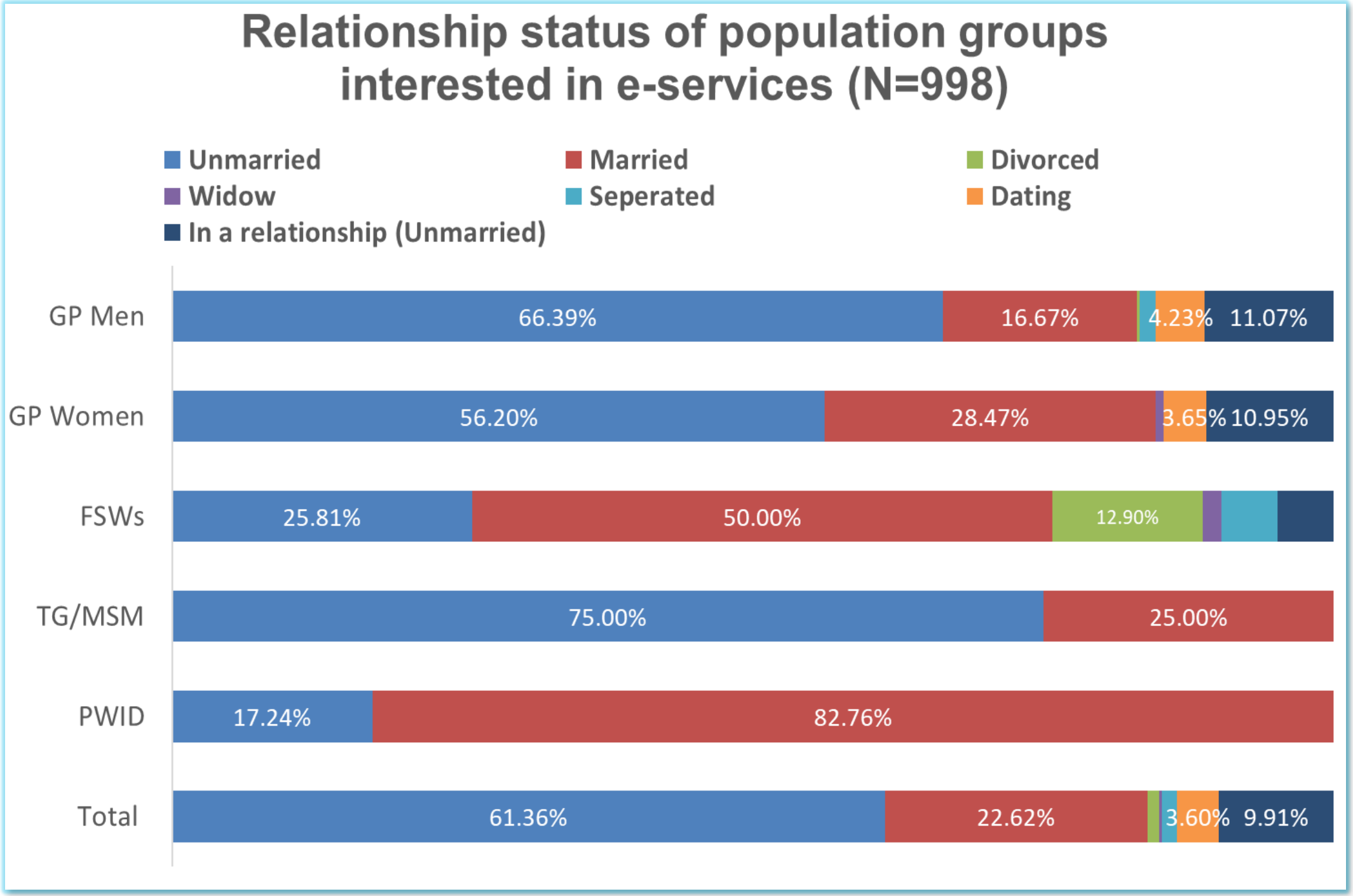


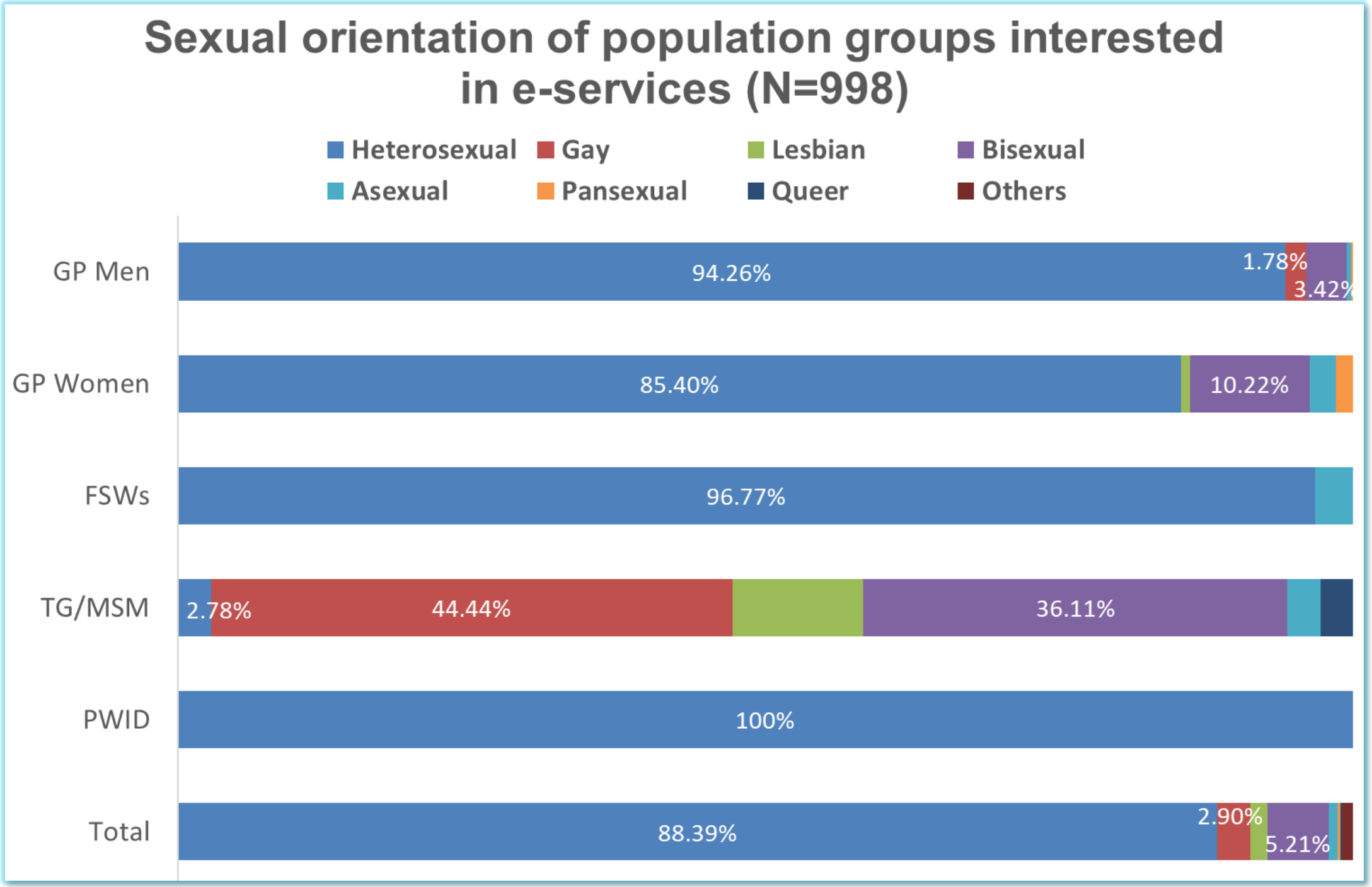
GEOGRAPHICAL DISTRIBUTION OF POPULATION GROUP INTERSTED IN E-SERVICES (N=998)



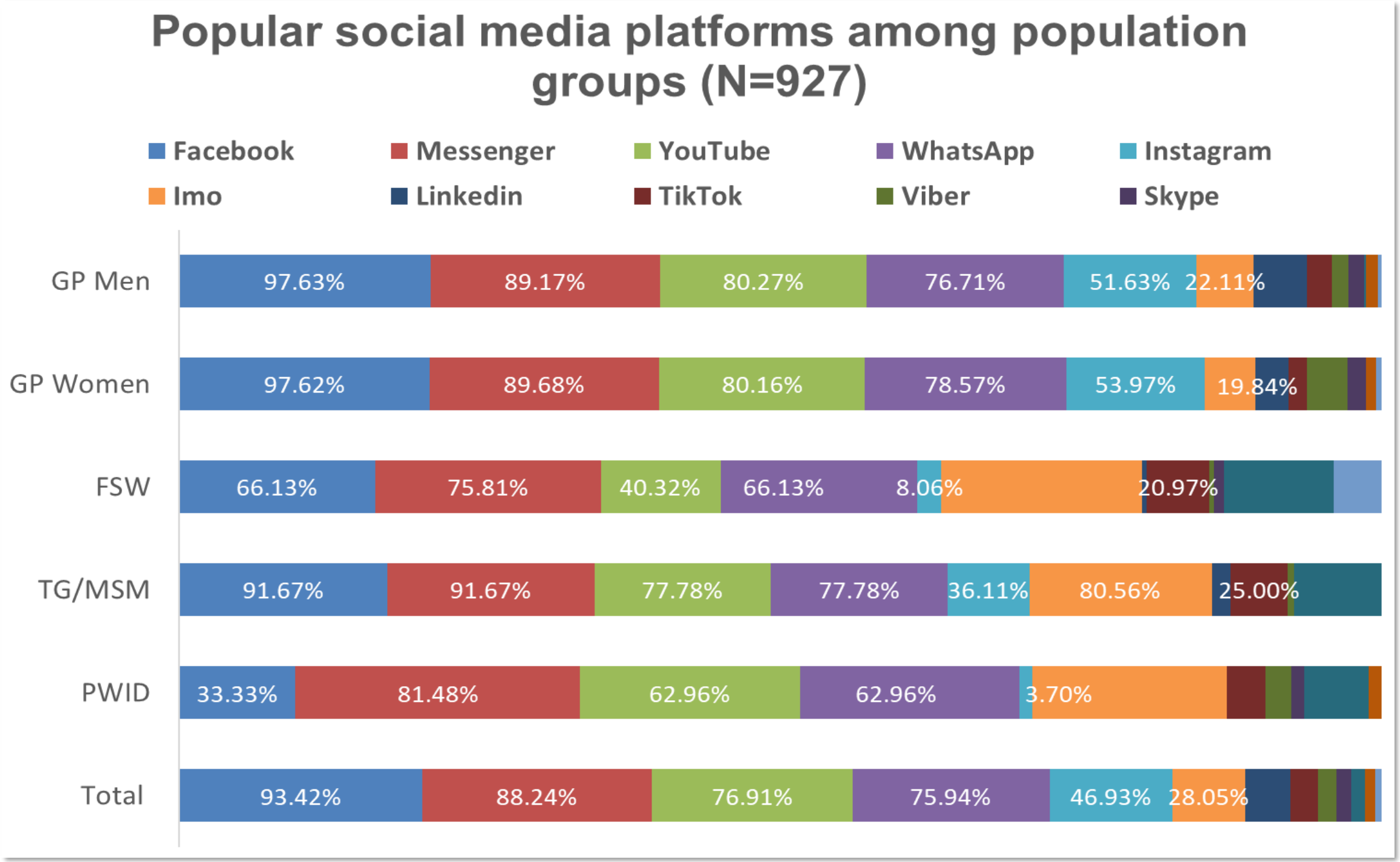

Age of population groups interested in e-services (N=998)
15-17
18-24
25-34
35-44
45-54
55-64
GP Men
24.04%
38.11%
31.15%
4.92%
GP Women
30.66%
29.93%
23.36%
14.60%
FSW
6.45%
32.26%
46.77%
11.29%
TG
36.11%
52.78%
11.11%
PWID
6.90%
51.72%
41.38%
Total
22.32%
35.64%
32.43%
7.91%

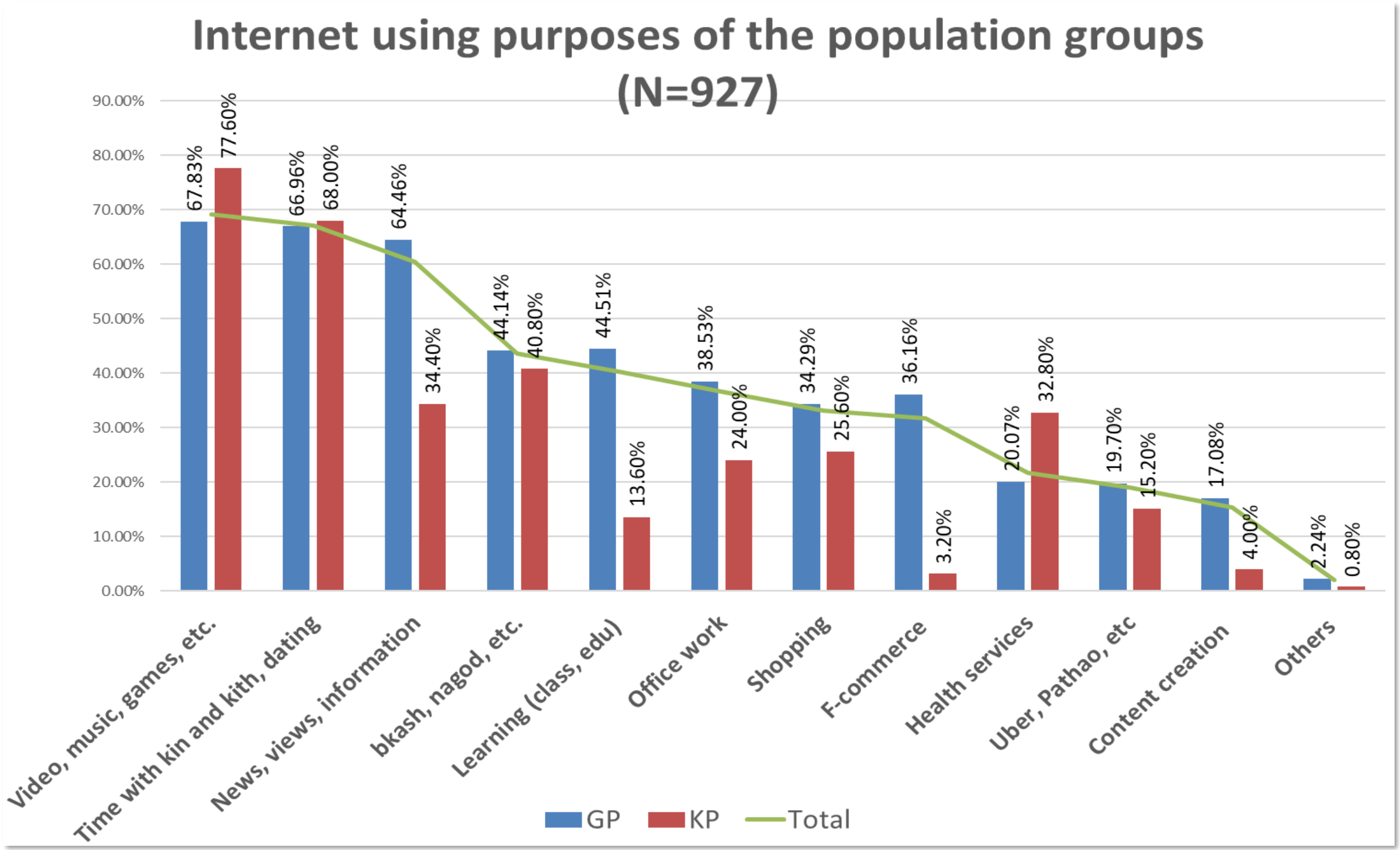

Educational level of population groups interested in e-services (N=998)
Below SSC
SSC
HSC
Bachelor Degree
Masters
GP Men
14.95%
14.68%
23.59%
20.71%
26.06%
GP Women
19.12%
18.38%
17.65%
13.24%
31.62%
FSWs
82.26%
8.06%
4.84%
TG
23.53%
17.65%
38.24%
17.65%
PWID
39.29%
25.00%
25.00%
7.14%
Total
20.77%
15.22%
21.98%
18.04%
23.99%

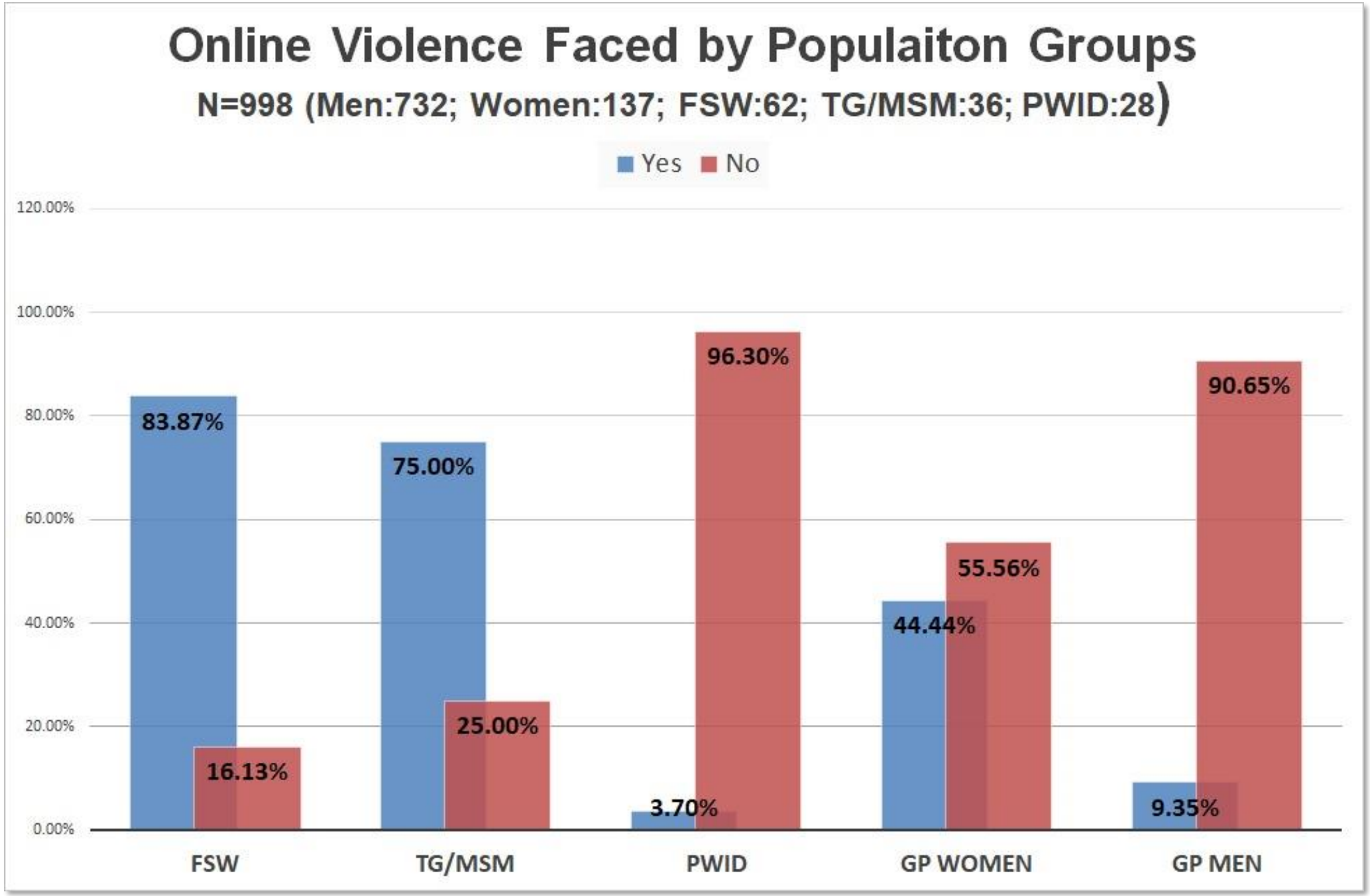

Relationship status of population groups interested in e-services (N=998)
Unmarried
Married
Divorced
Widow
Seperated
Dating
In a relationship (Unmarried)
GP Men
66.39%
16.67%
4.23%
11.07%
GP Women
56.20%
28.47%
3.65%
10.95%
FSWs
25.81%
50.00%
12.90%
TG/MSM
75.00%
25.00%
PWID
17.24%
82.76%
Total
61.36%
22.62%
3.60%
9.91%


Sexual orientation of population groups interested in e-services (N=998)
Heterosexual
Gay
Lesbian
Bisexual
Asexual
Pansexual
Queer
Others
GP Men
94.26%
1.78%
3.42%
GP Women
85.40%
10.22%
FSWs
96.77%
TG/MSM
2.78%
44.44%
36.11%
PWID
100%
Total
88.39%
2.90%
5.21%

WHAT ARE THE CHARACTERISTICS OF THE INTERNET USAGE?

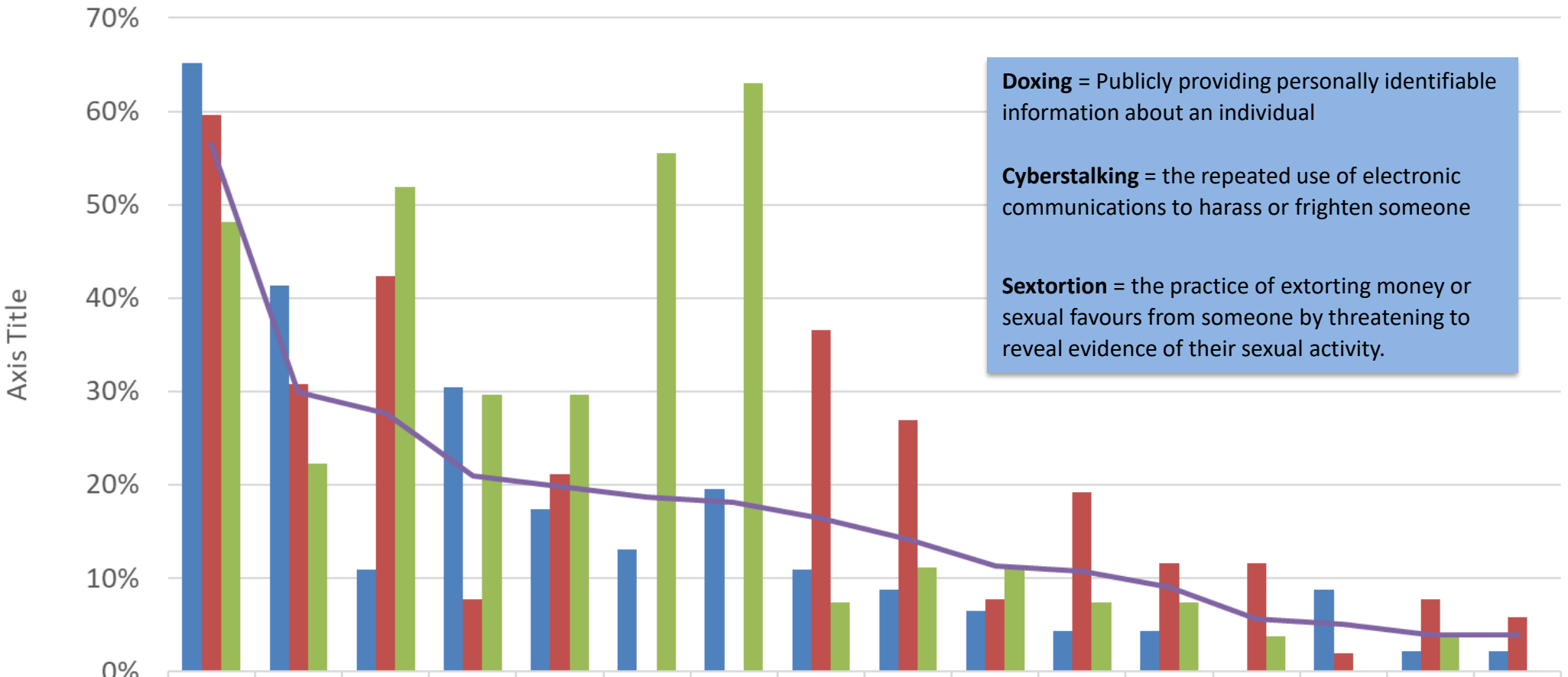

Popular social media platforms among population groups (N=927)
Facebook
Messenger
YouTube
WhatsApp
Instagram
Imo
Linkedin
TikTok
Viber
Skype
GP Men
97.63%
89.17%
80.27%
76.71%
51.63%
22.11%
GP Women
97.62%
89.68%
80.16%
78.57%
53.97%
19.84%
FSW
66.13%
75.81%
40.32%
66.13%
8.06%
20.97%
TG/MSM
91.67%
91.67%
77.78%
77.78%
36.11%
80.56%
25.00%
PWID
33.33%
81.48%
62.96%
62.96%
3.70%
Total
93.42%
88.24%
76.91%
75.94%
46.93%
28.05%


Internet using purposes of the population groups (N=927)
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
67.83%
77.60%
66.96%
68.00%
64.46%
34.40%
44.14%
40.80%
44.51%
13.60%
38.53%
24.00%
34.29%
25.60%
36.16%
3.20%
20.07%
32.80%
19.70%
15.20%
17.08%
4.00%
2.24%
0.80%
Video, music, games, etc.
Time with kin and kith, dating
News, views, information
bkash, nagod, etc.
Learning (class, edu)
Office work
Shopping
F-commerce
Health services
Uber, Pathao, etc
Content creation
Others
GP
KP
Total


Online Violence Faced by Populaiton Groups
N=998 (Men:732; Women:137; FSW:62; TG/MSM:36; PWID:28)
Yes
No
120.00%
100.00%
80.00%
60.00%
40.00%
20.00%
0.00%
83.87%
16.13%
75.00%
25.00%
3.70%
96.30%
44.44%
55.56%
9.35%
90.65%
FSW
TG/MSM
PWID
GP WOMEN
GP MEN

Types of online violence against populaiton groups

N=212 (Men:68;Women:61;FSW:52;TG/MSM:27;PWID:1)



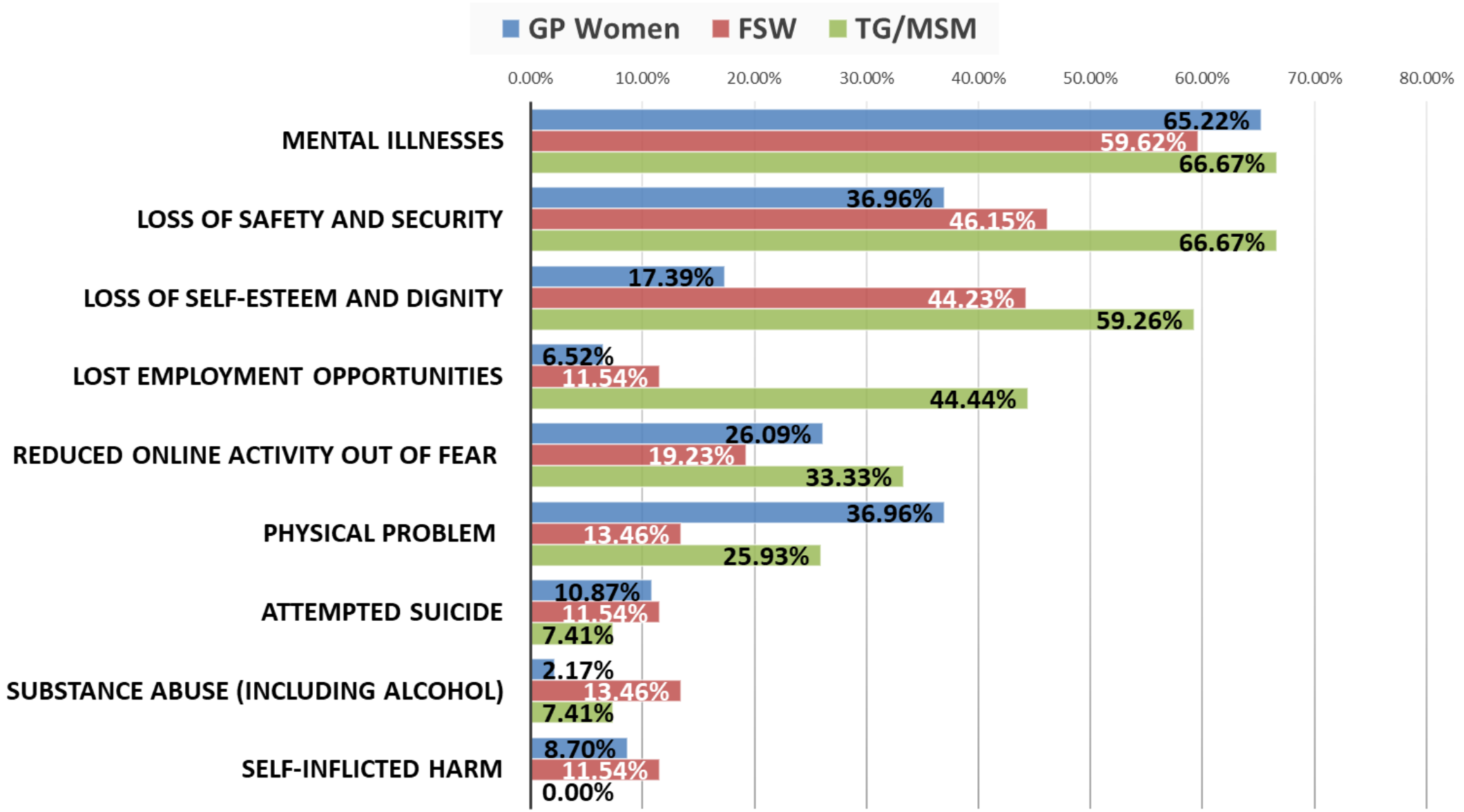
Doxing = Publicly providing personally identifiable information about an individual

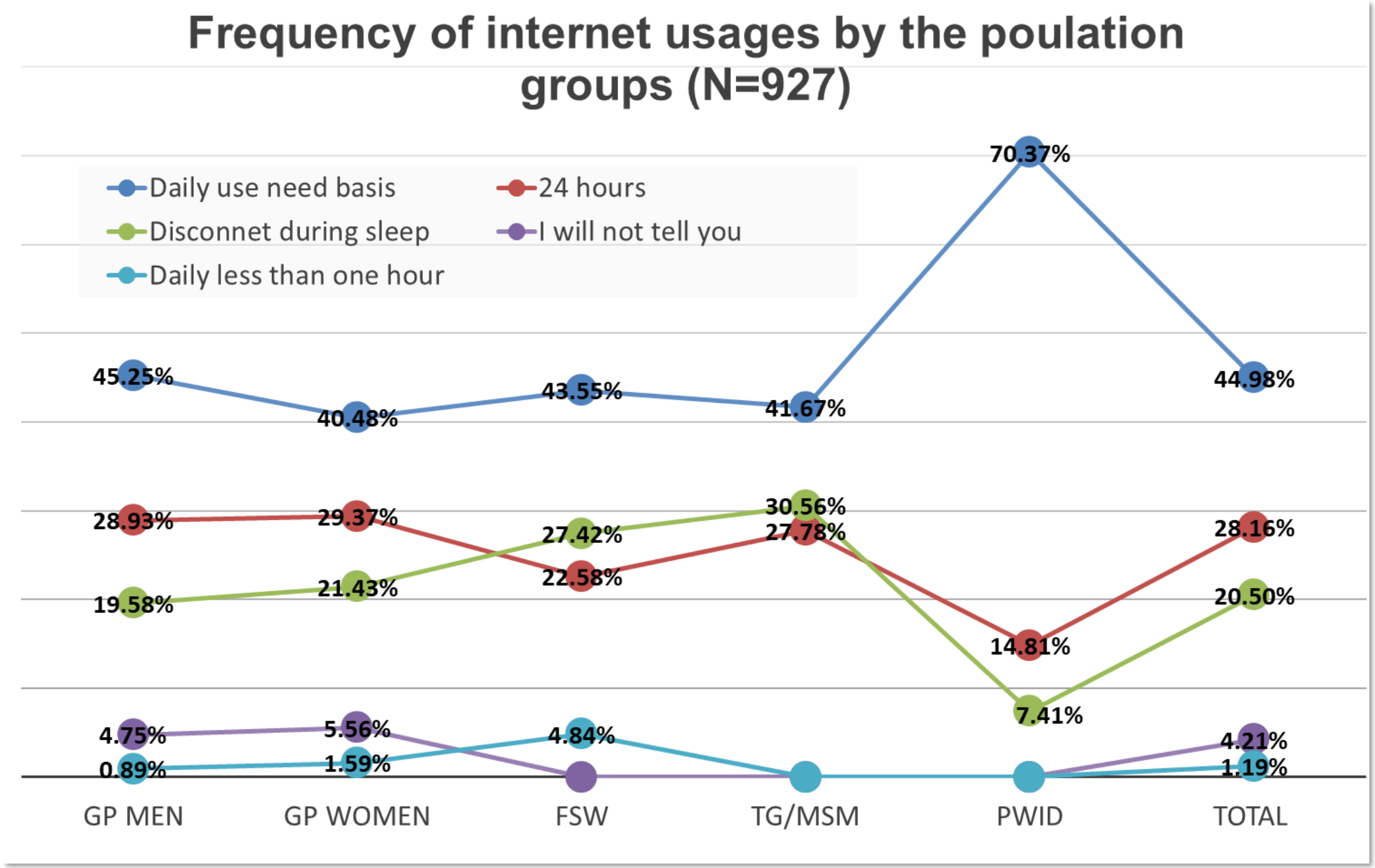
Cyberstalking = the repeated use of electronic communications to harass or frighten someone

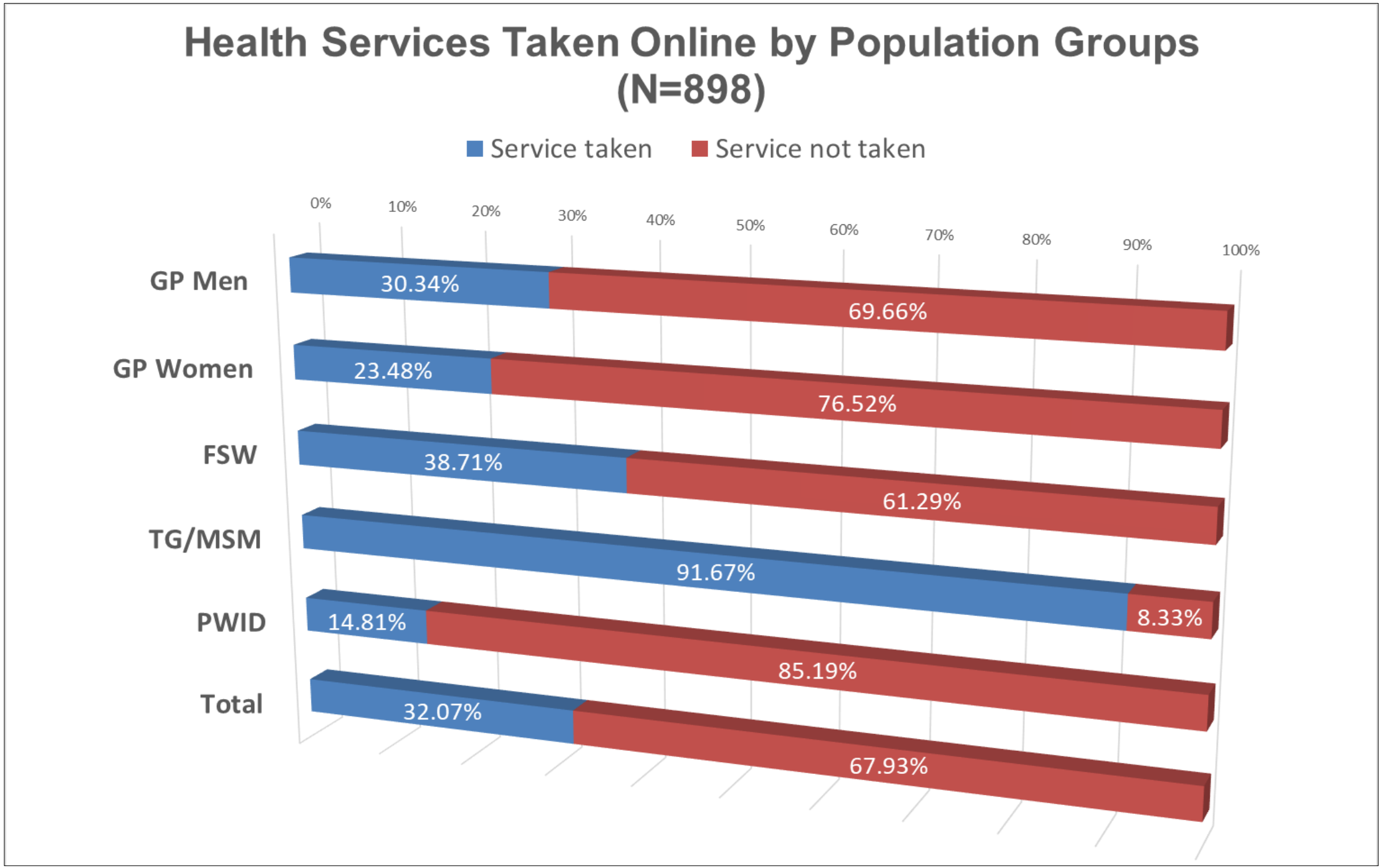
Sextortion = the practice of extorting money or sexual favours from someone by threatening to reveal evidence of their sexual activity.

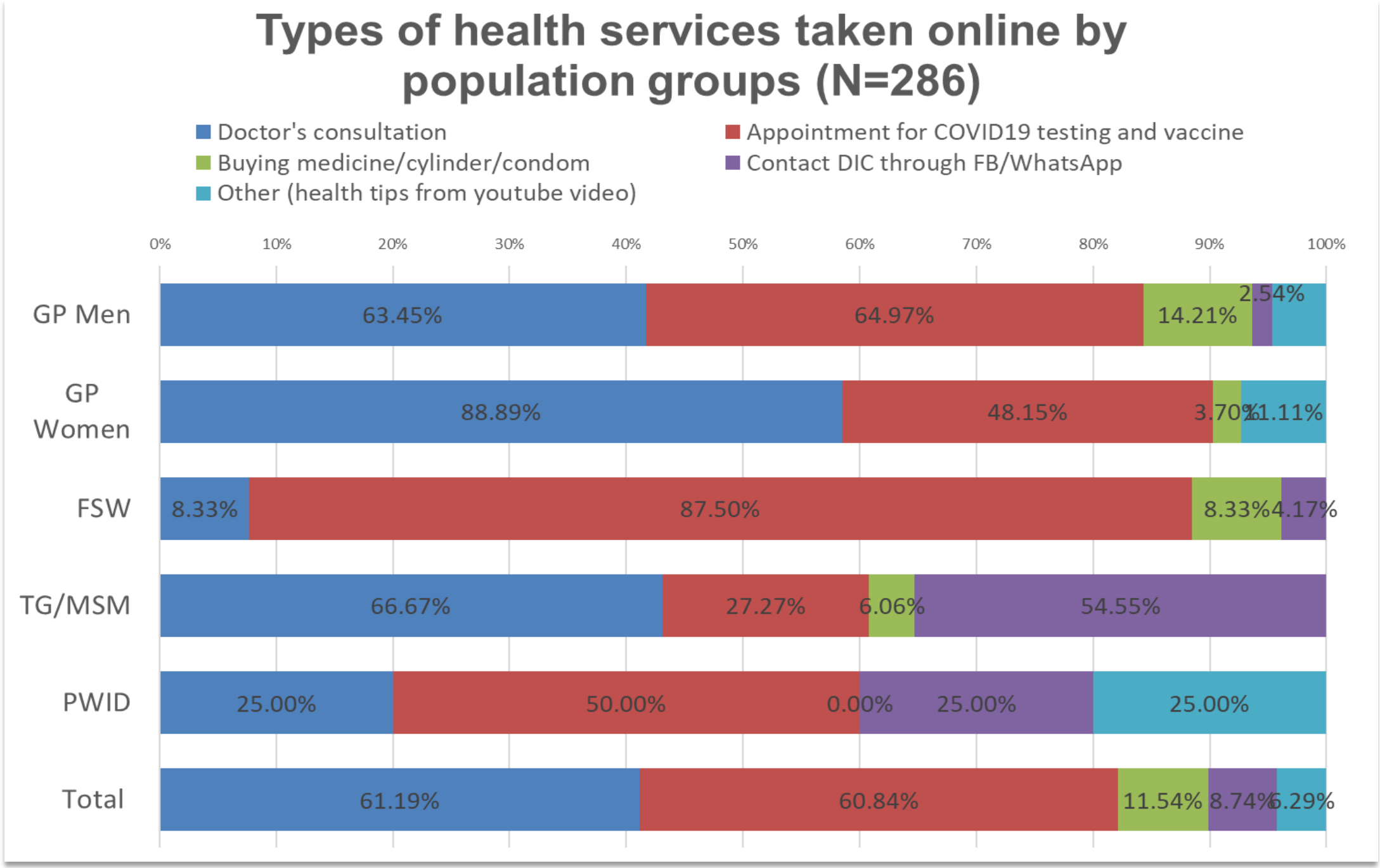
	Nude photo/comments	Misogynist comments	Threats	Identity theft	Hacked	Lash for supporting LGBTIQ+	Gender discrimination	Exposed private photos	Doxing	Cyberstalking	Theft bKash/Nagad	Sextortion	Blackmailing	Other	Morphing/transmogrification	Abuse by showbiz offer
GP Women	65%	41%	11%	30%	17%	13%	20%	11%	9%	7%	4%	4%	0%	9%	2%	2%
FSWs	60%	31%	42%	8%	21%	0%	0%	37%	27%	8%	19%	12%	12%	2%	8%	6%
TG/MSM	48%	22%	52%	30%	30%	56%	63%	7%	11%	11%	7%	7%	4%	0%	4%	0%
Total	57%	30%	28%	21%	20%	19%	18%	16%	14%	11%	11%	9%	6%	5%	4%	4%

Impact of online violence on population groups (N=177)




Frequency of internet usages by the poulation groups (N=927)
Daily use need basis
24 hours
Disconnet during sleep
I will not tell you
Daily less than one hour
45.25%
40.48%
43.55%
41.67%
70.37%
44.98%
28.93%
29.37%
22.58%
27.78%
14.81%
28.16%
19.58%
21.43%
27.42%
30.56%
7.41%
20.50%
4.75%
5.56%
4.84%
4.21%
0.89%
1.59%
1.19%
GP MEN
GP WOMEN
FSW
TG/MSM
PWID
TOTAL

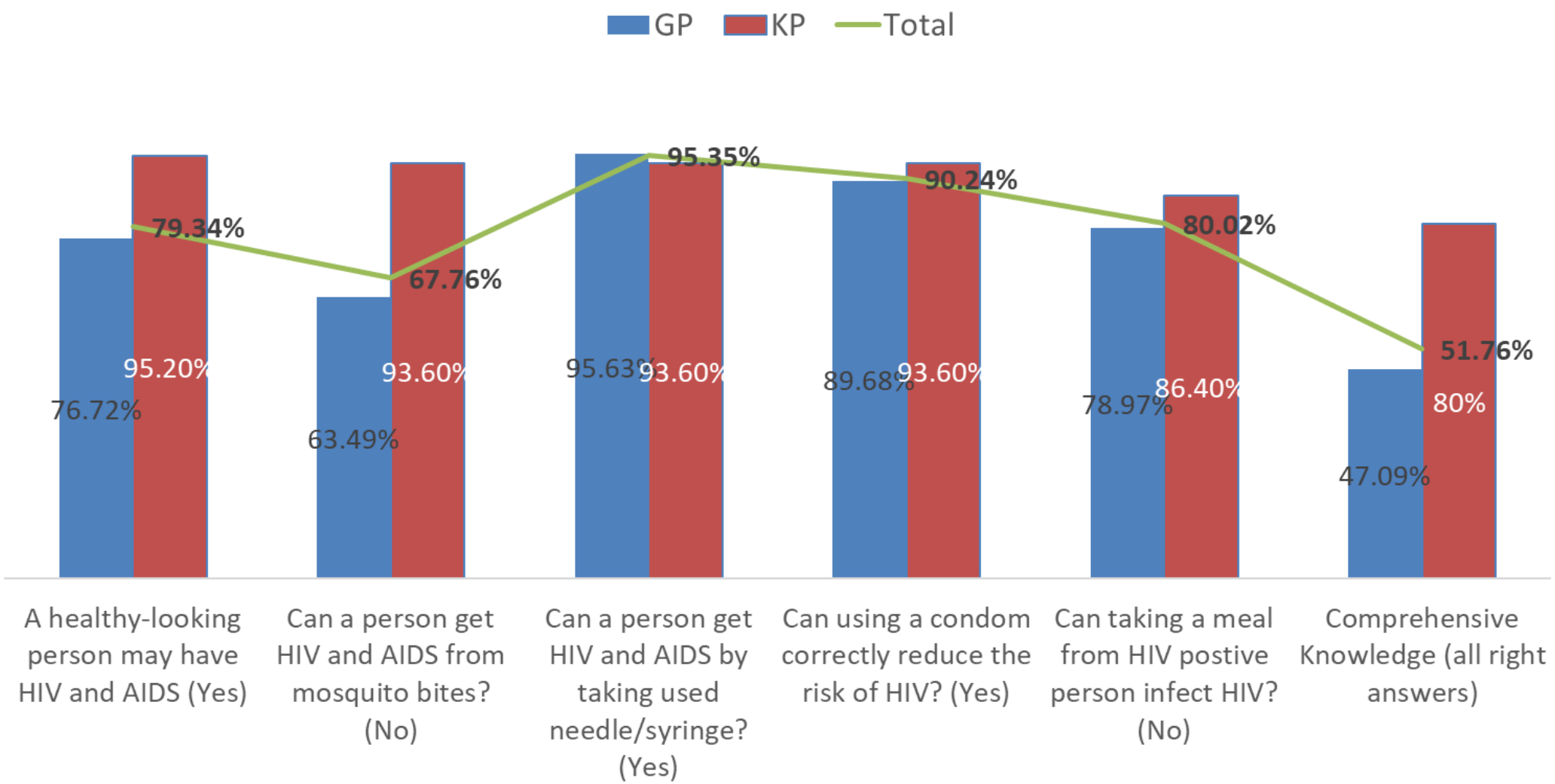

Health Services Taken Online by Population Groups (N=898)
Service taken
Service not taken
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
GP Men
30.34%
69.66%
GP Women
23.48%
76.52%
FSW
38.71%
61.29%
TG/MSM
91.67%
8.33%
PWID
14.81%
85.19%
Total
32.07%
67.93%


Types of health services taken online by population groups (N=286)
Doctor's consultation
Appointment for COVID19 testing and vaccine
Buying medicine/cylinder/condom
Contact DIC through FB/WhatsApp
Other (health tips from youtube video)
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
100%
GP Men
63.45%
64.97%
14.21%
2.54%
GP Women
88.89%
48.15%
3.70%
11.11%
FSW
8.33%
87.50%
8.33%
4.17%
TG/MSM
66.67%
27.27%
6.06%
54.55%
PWID
25.00%
50.00%
0.00%
25.00%
25.00%
Total
61.19%
60.84%
11.54%
8.74%
6.29%

WHAT ARE THE COMPREHENSIVE KNOWLEDGE AND RISK FACTORS?

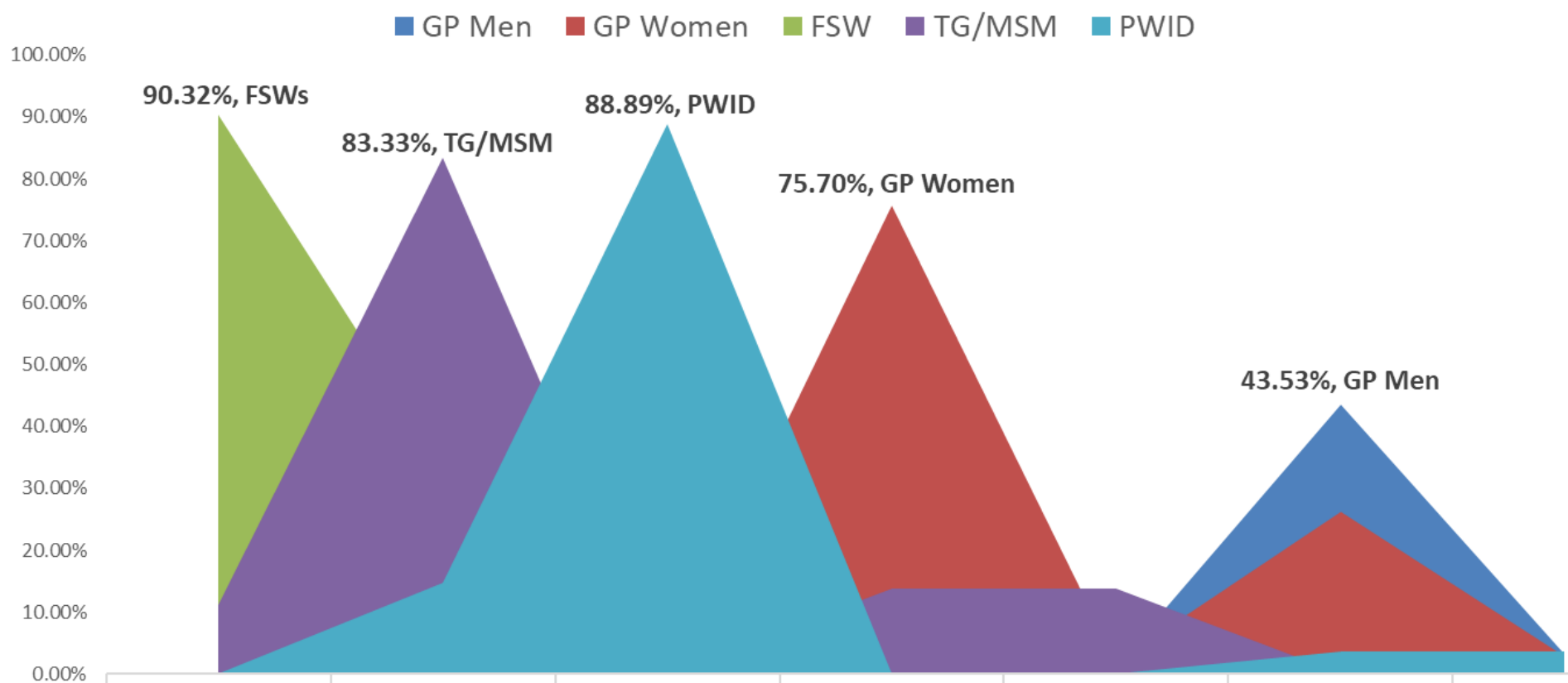
HIV Comprehensive Knowledge Among Population Groups (N=881)

Rightly answered five knowledge assessment questions.

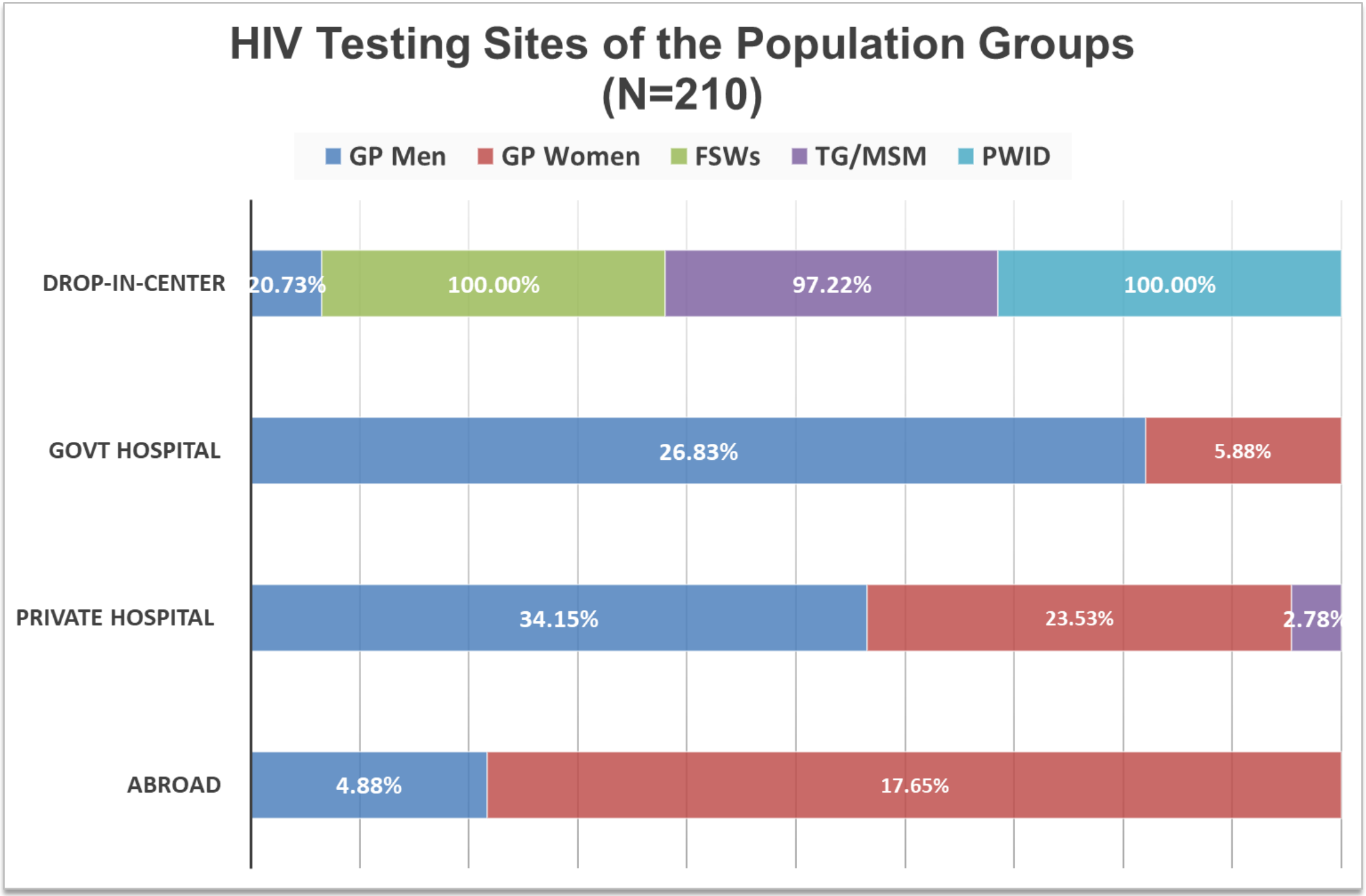


HIV Risk Assessment among the Respondents

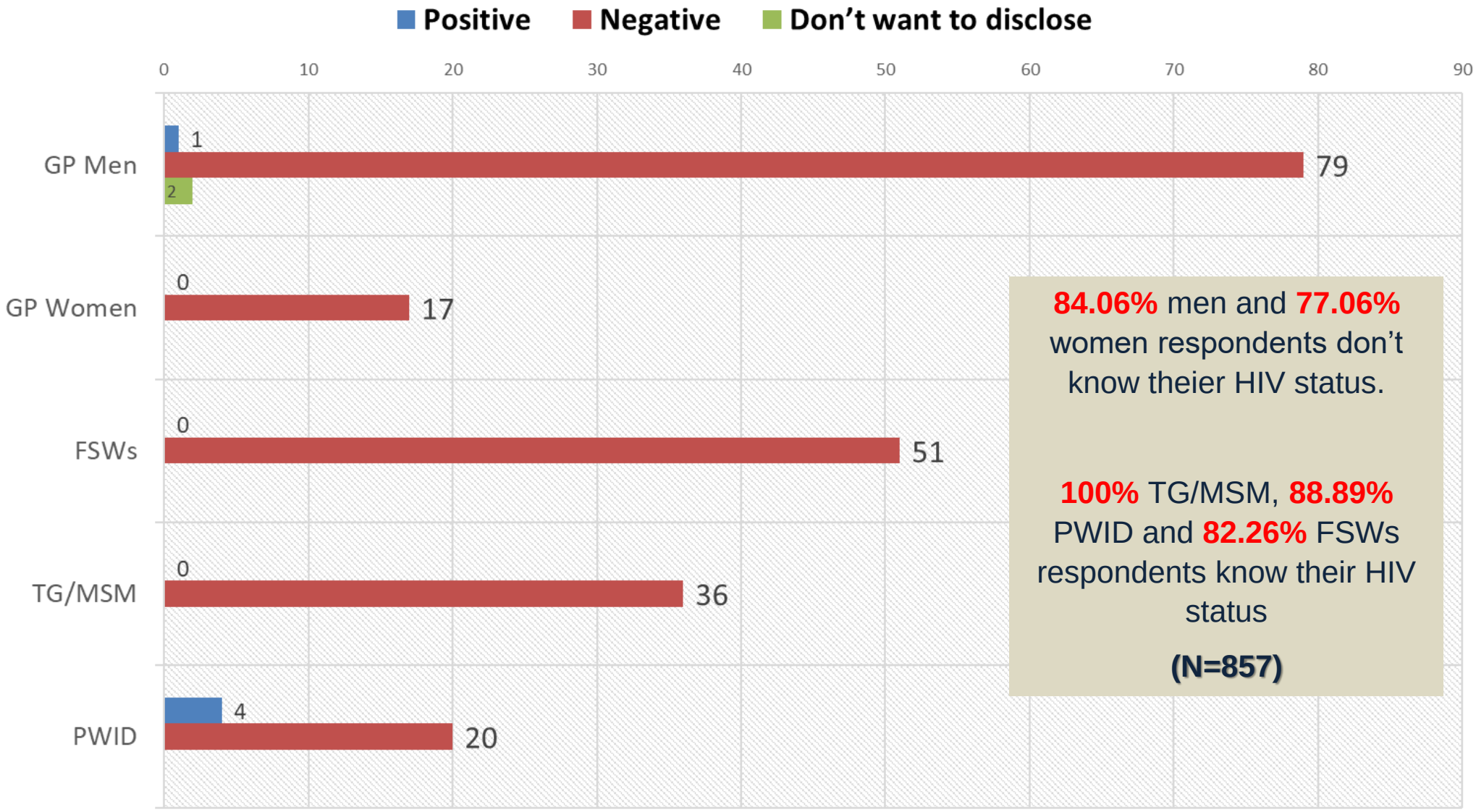
(N=727, GP 601, KP126)



	Involved in comercial sex	Have multiple sex partners	Injecting drug user	I'm not at the risk of HIV	My partner/spouse at risk of HIV	I'm not sure of my HIV risk	History of unsafe blood transfusion
GP Men	3.07%	8.09%	1.62%	61.49%	1.46%	43.53%	3.24%
GP Women	0.93%	0.93%	0.93%	75.70%	1.87%	26.17%	2.80%
FSW	90.32%	33.87%	1.61%	8.06%	4.84%	1.61%	0.00%
TG/MSM	11.11%	83.33%	0.00%	13.89%	13.89%	0.00%	0.00%
PWID	0.00%	14.81%	88.89%	0.00%	0.00%	3.70%	3.70%


HIV Testing Sites of the Population Groups
(N=210)
GP Men
GP Women
FSWs
TG/MSM
PWID
DROP-IN-CENTER
20.73%
100.00%
97.22%
100.00%
GOVT HOSPITAL
26.83%
5.88%
PRIVATE HOSPITAL
34.15%
23.53%
2.78%
ABROAD
4.88%
17.65%

HIV Status Among Respondent Population Groups (N=210)

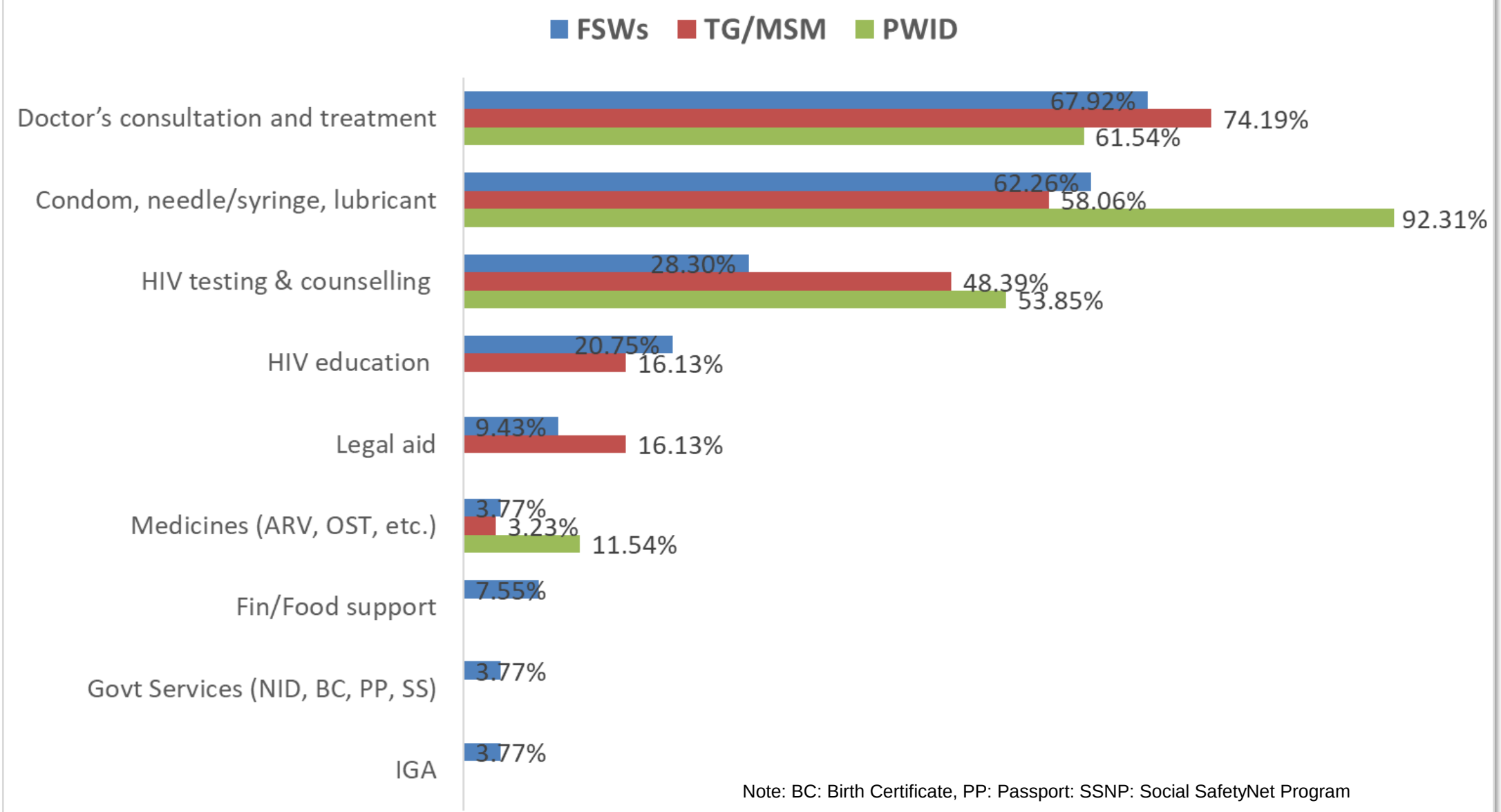


84.06% men and **77.06%** women respondents don't know theier HIV status.

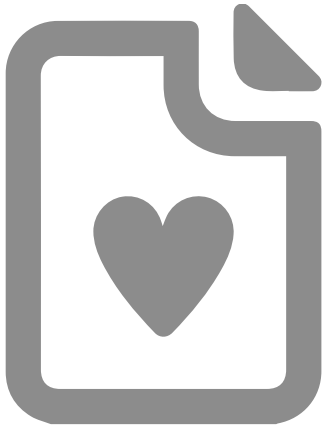
100% TG/MSM, **88.89%** PWID and **82.26%** FSWs respondents know their HIV status

(N=857)

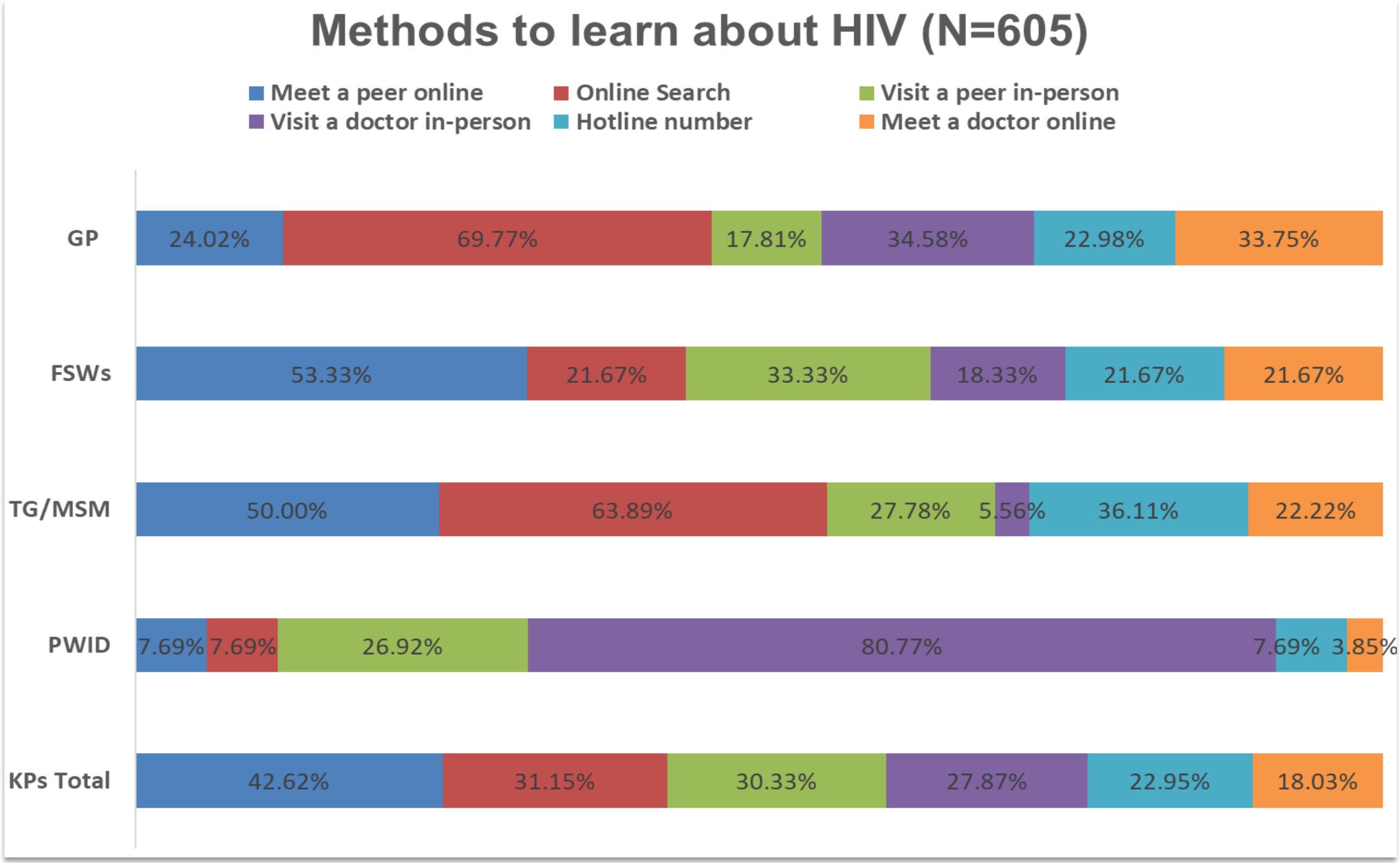
Types of DIC services accessed by the Key Population (N=110)

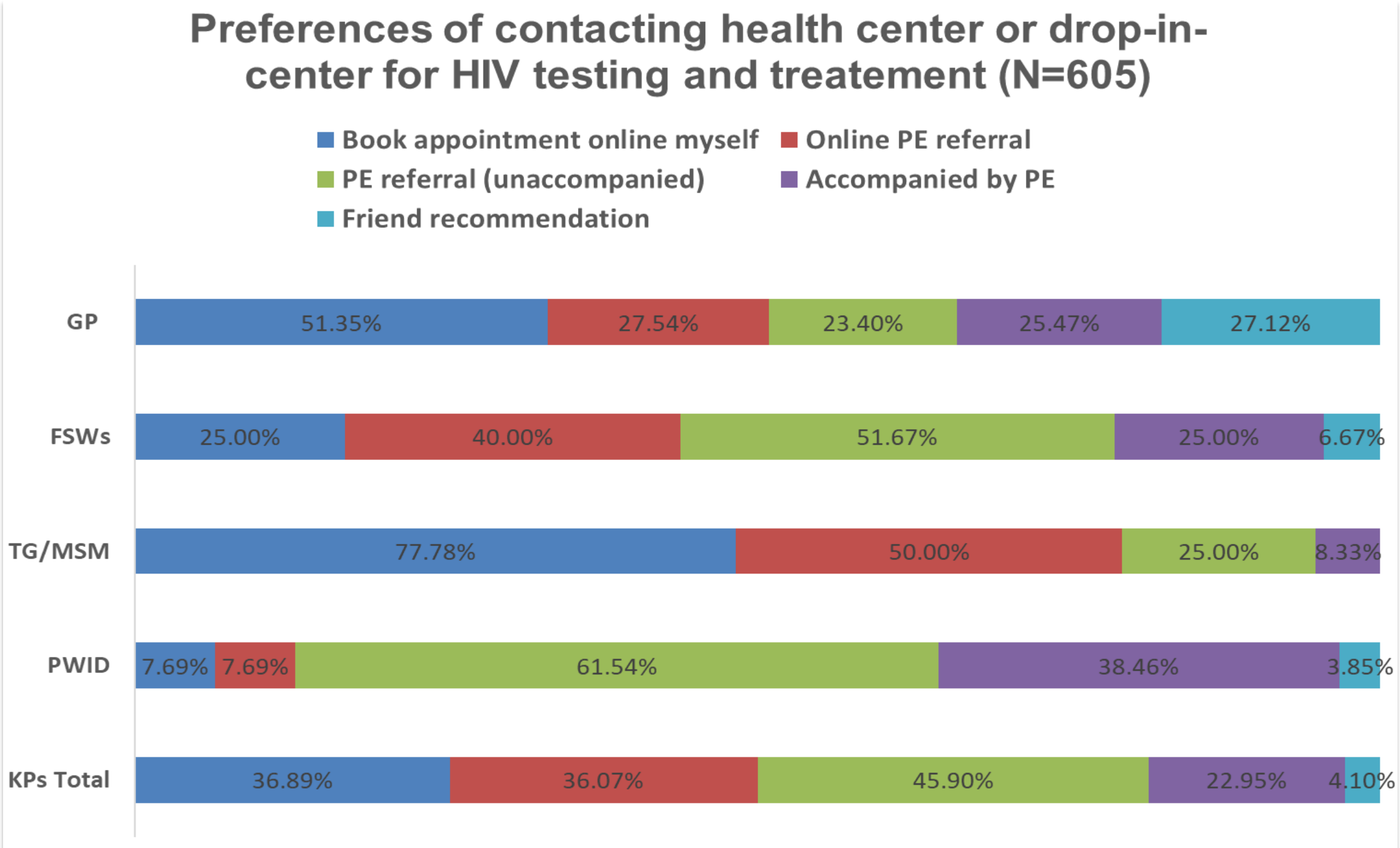


Note: BC: Birth Certificate, PP: Passport: SSNP: Social SafetyNet Program

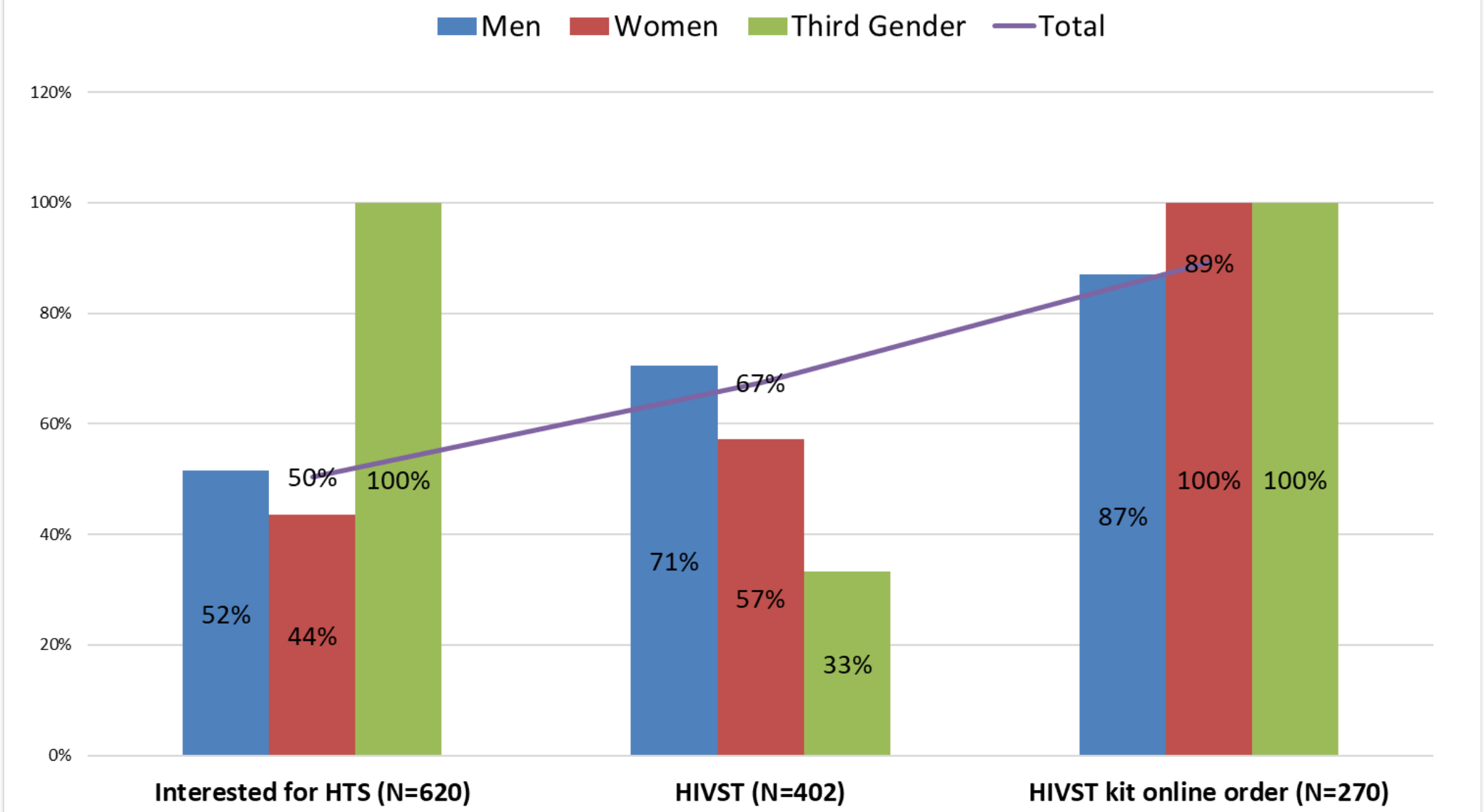


WHAT ARE THE PREFERENCES FOR HIV HEALTH SERVICES ONLINE?

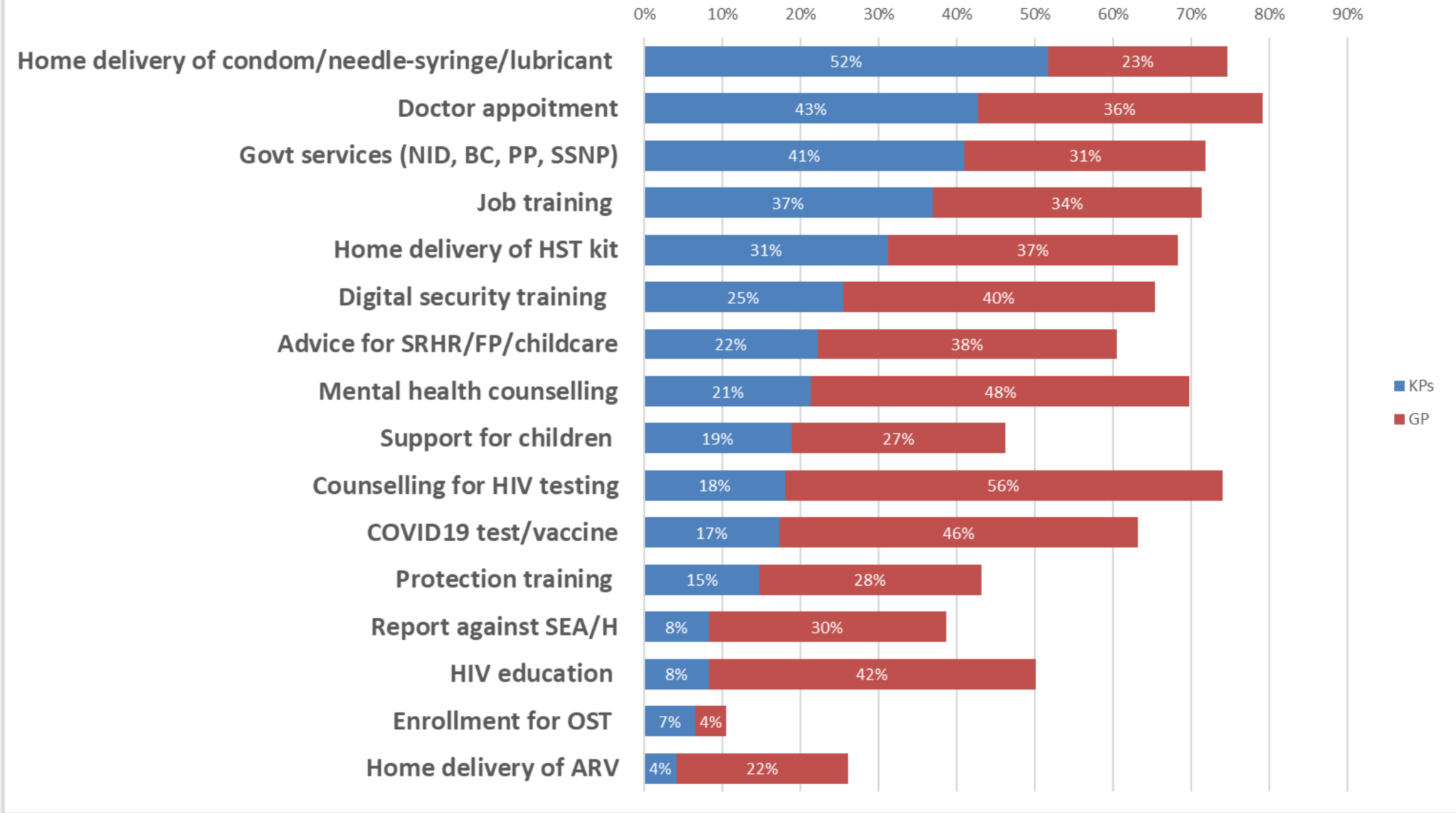

Methods to learn about HIV (N=605)
Meet a peer online
Online Search
Visit a peer in-person
Visit a doctor in-person
Hotline number
Meet a doctor online
GP
24.02%
69.77%
17.81%
34.58%
22.98%
33.75%
FSWs
53.33%
21.67%
33.33%
18.33%
21.67%
21.67%
TG/MSM
50.00%
63.89%
27.78%
5.56%
36.11%
22.22%
PWID
7.69%
7.69%
26.92%
80.77%
7.69%
3.85%
KPs Total
42.62%
31.15%
30.33%
27.87%
22.95%
18.03%

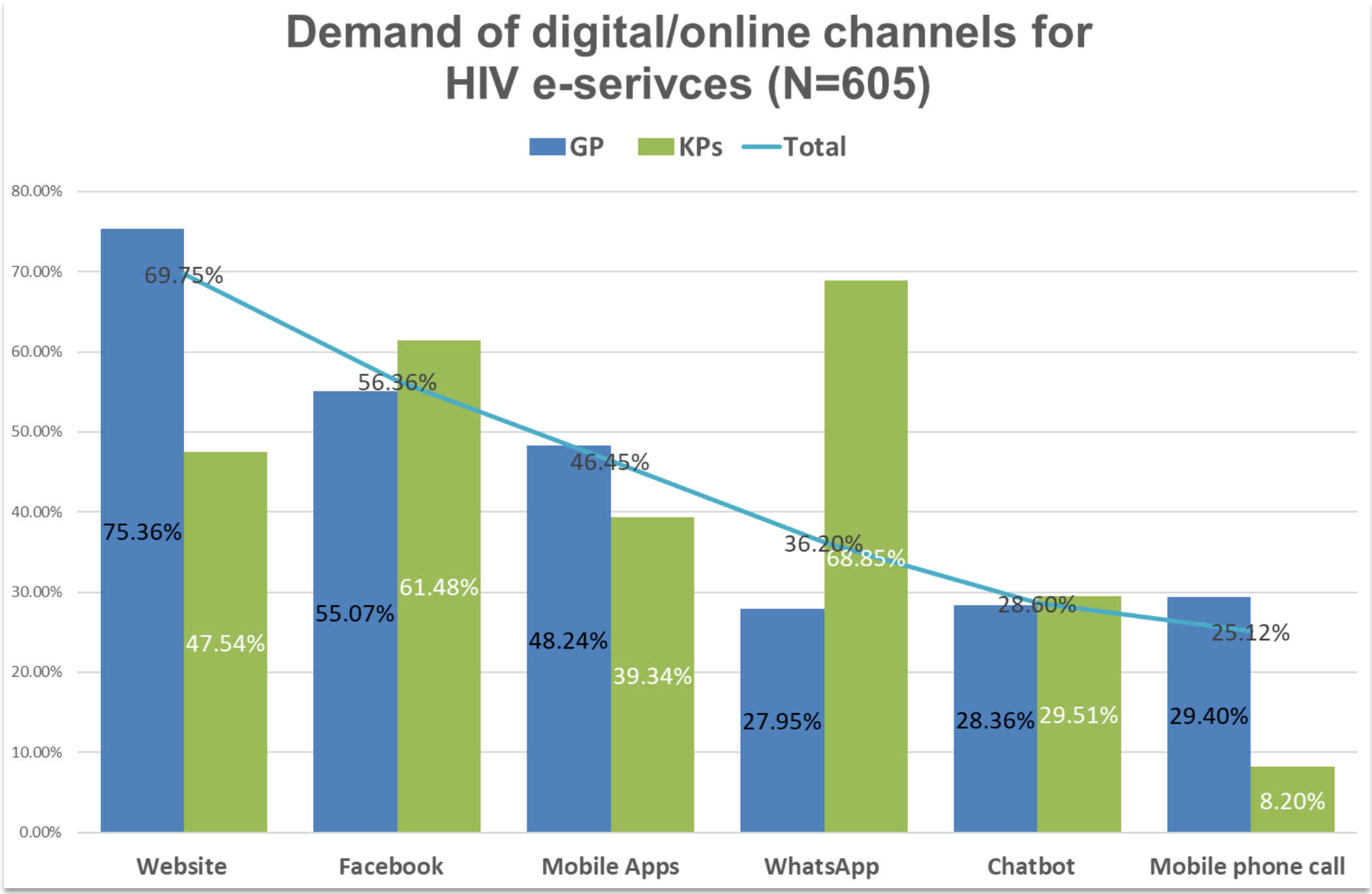

Preferences of contacting health center or drop-in-center for HIV testing and treatement (N=605)
Book appointment online myself
Online PE referral
PE referral (unaccompanied)
Accompanied by PE
Friend recommendation
GP
51.35%
27.54%
23.40%
25.47%
27.12%
FSWs
25.00%
40.00%
51.67%
25.00%
6.67%
TG/MSM
77.78%
50.00%
25.00%
8.33%
PWID
7.69%
7.69%
61.54%
38.46%
3.85%
KPs Total
36.89%
36.07%
45.90%
22.95%
4.10%

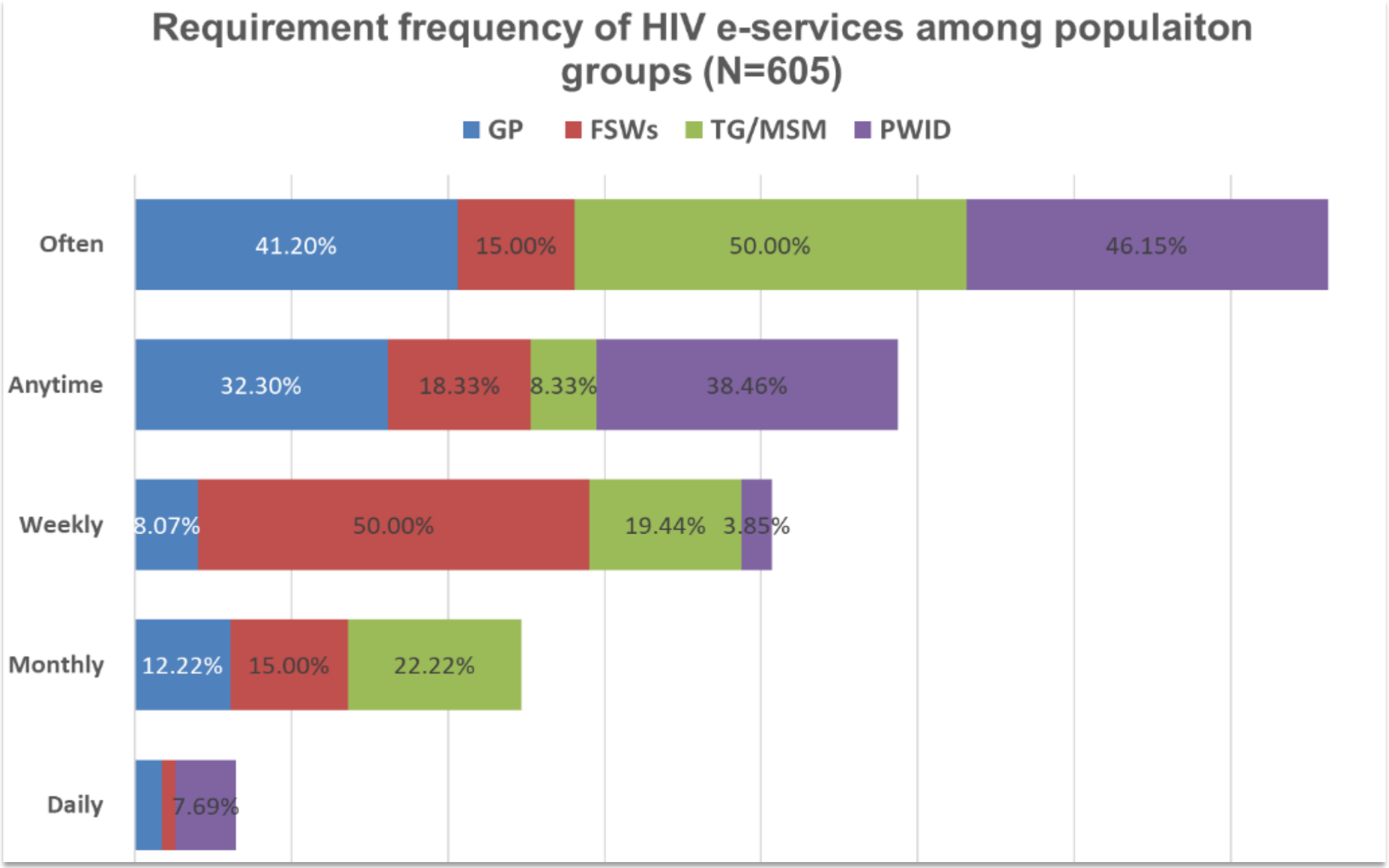
Interest for HTS, HIVST and HIVST kit online order among the population groups



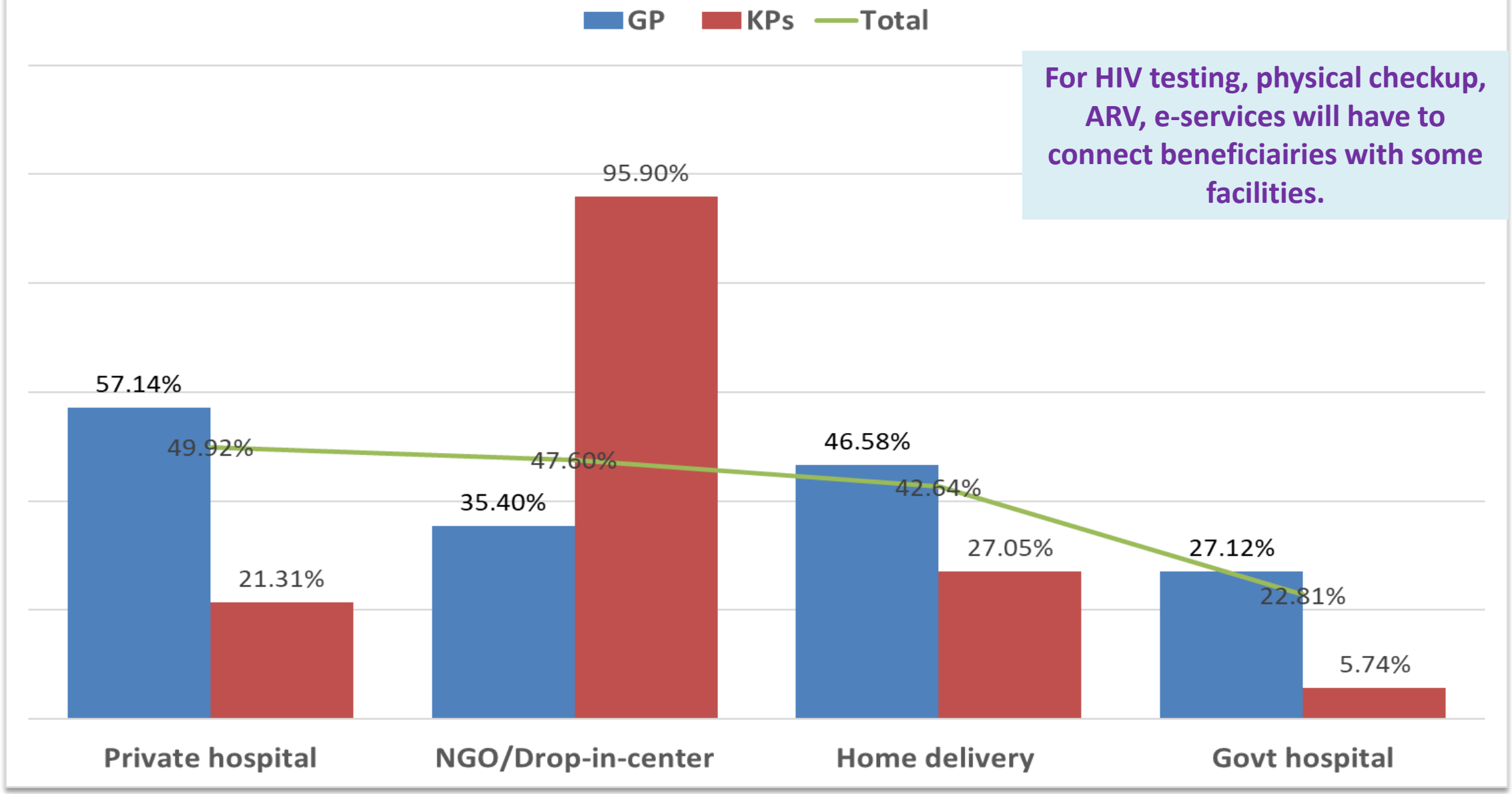
Types of E-heathcare and E-services Mentioned by Population Groups (N=605)




Demand of digital/online channels for HIV e-serivces (N=605)
GP
KPs
Total
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
69.75%
56.36%
46.45%
36.20%
28.60%
25.12%
75.36%
47.54%
55.07%
61.48%
48.24%
39.34%
27.95%
68.85%
28.36%
29.51%
29.40%
8.20%
Website
Facebook
Mobile Apps
WhatsApp
Chatbot
Mobile phone call


Requirement frequency of HIV e-services among populaiton groups (N=605)
GP
FSWs
TG/MSM
PWID
Often
41.20%
15.00%
50.00%
46.15%
Anytime
32.30%
18.33%
8.33%
38.46%
Weekly
8.07%
50.00%
19.44%
3.85%
Monthly
12.22%
15.00%
22.22%
Daily
7.69%

Demand for facilities for HIV e-servics among the population groups (N=605)



SUMMARY OF THE FINDINGS

What is the demography of the respondents interested to use web platforms for HIV services?

- In the survey, 95.43% GP and 99.26% KPs showed interest in using an app/website for HIV related health services and information.
- The interested respondents are primarily urban-based (75.48%), and half of them are from Dhaka (50%).
- Most of the respondents are heterosexual (88.39%), 57.96% are below 24 years old, and 61.36% are unmarried.

What are the characteristics of the internet usage?

- The majority of GP respondents use Facebook (97.63%), followed by YouTube (80.17%), WhatsApp (77.06%), and Instagram (51.87%). On the other hand KPs use Messenger (81.60%), followed by WhatsApp (68.80%), Imo 68.80%, YouTube (56.00%), Big (33.60%), TikTok (20.00%).
- Among the respondents, 44.98% use the internet daily, and 28% have a 24-hour internet connection.
- The top two reasons for internet usage among respondents, regardless of GP and KP, are video/music/games (69.15%) and spending time with family and friends (67.01%).
- However, the majority of FSWs (83.87%) and TG/MSM (75%) experience online violence. This rate is also high among women in general (44.44%).
- In terms of online health services, 48.80% of KPs and 29.37% of the GP have used them. Among them, 61% have booked appointments online with doctors or participated in online consultations.

What are the risk factors?

- Self-risk assessment by the general population revealed that 26.17% of women and 43.53% of men were unsure about their HIV risk.
- Most of the respondents (72.58%) from the general population don't know their HIV status.
- Of the male respondents, 8.09% had multiple sex partners; only 0.93% among women.
- Around 3.24% of men and 2.80% of women had a history of unsafe blood transfusion.
- 3.24% of men and 2.80% of women were involved in commercial sex.
- 1.62% of men and 0.93% of women were injecting drug users.
- About 1.46% men & 1.8% women believed that their partners or spouse were at HIV risk
- Eight people were linked to HIV programs and services: six were men and two women (N=727).

What are the preferences For HIV Health services online?

- 61.98% of respondents want to learn about HIV through an online search, and 42.62% of KPs prefer to meet a peer online. 48.43% of respondents want to book an appointment online by themselves.
- Half of the respondents (50%) showed interest in HIV testing; 67% of respondents want to do the test with a self-testing kit, and 89% will book online to get an HIV testing kit.
- Most respondents preferred a website for the e-services (67%), followed by Facebook. Mobile Apps has been mentioned by 46.45% of the respondents.
- The respondents' preferences for reaching out to entities for HIV related services after being referred from the online platform are private hospitals (49.92%), NGO/drop-in-center (47.60%), home delivery (42.64%) and govt hospital (22.81%).
- The data gives a gross idea of the internet behaviour of primarily young (61.92%), educated (73.54% completed SSC), and urban respondents from general populations.

RECOMMENDATIONS

Nearly half of the KPs respondents with internet access have online health-seeking practices for doctor's consultation, medicine purchase and covid vaccination. One-third of KPs with internet access DIC through FB or WhatsApp.

1. Develop a web-based platform (website+apps+social media like Facebook and Messenger) fore-services within the HIV program. This platform should enable online appointment booking, virtual case management, and responses to gender-based violence for both key populations (KPs) and the general population (GPs), linking to the existing HIV program service delivery system and updating the modality for GPs.
2. Coordinate strategies with existing reporting options, provide training for responding to online violence, and collaborate with law enforcement and ministries.
3. Risk behaviors exist among the general population (those who have not engaged with the HIV program). Introduce online HIV services tailored for GPs.
4. Implement specific virtual case management for each KP group, managed by their respective Drop-In Centers (DICs), service providers, and communities.
5. Develop differentiated awareness campaigns and digital literacy training, tailoring content to adolescents and key populations for better engagement.

RECOMMENDATIONS

6. Address the challenge of 'digital safety and security' for key populations by mitigating online social stigma, bullying, and harassment through proactive measures.
7. Navigate the legal complexities, particularly regarding the criminal offense perception according to some laws. This involves cautious consideration when seeking and providing online services.
8. Promote empowerment through technology by bridging the science, technology, engineering, mathematics (STEM) gender gap for FSWs, developing female-centric technology (femtech), and encouraging greater female participation in STEM fields.
9. Invest in research to identify effective practices used in other regions for addressing online violence, adapting them to the specific socio-cultural context of Bangladesh.
10. A pilot program should address the challenges and responses in service delivery for the scale-up and development of SOPs and training modules.

EXAMPLES OF E-SERVICES FOR HIV PROGRAM

- Online content for HIV education
- Meet a peer online for HIV education
- Meet a peer online for facility referral
- Book an appointment for a doctor
- Meet a doctor online
- A hotline number for HIV information
- Counselling for HIV testing
- Book online to get an HIV testing kit
- Home delivery of HIV self-testing kit
- Home delivery of ARV

- Counselling for mental health
- Covid19 testing
- Home delivery of condoms or needle-syringe or lubricant
- Govt services such as NID, birth certificate, passport and social safety net
- Job training
- Advice for SRHR or FP or childcare
- Legal aid/harassment reporting
- Support for children
- Protection training
- Enrollment for OST

CHALLENGES

- Differences in preferences among men and women, transgender and female sex workers, men having sex with men and people who inject drugs. Service prioritization and customization will be needed.
- The gender digital divide is vast, and online violence against women is highest, which should be taken into account in case of HIV program services. For the cases of violence and harassment – the idea of “pressing the emergency button (24/7)” will be helpful.
- Literacy level of key populations is one of the major challenges to deploying any online services.
- Digital device access, smartphone user-friendliness and apps using know-how are challenges for the reluctant users as well as socially deprived, less educated, and lower-income generating people.
- Social stigma, bullying, and harassment through the internet are usually unseen and could happen in open forums and platforms. Ensuring 'digital safety and security for the KPs is a big challenge.
- There are some punitive laws that may often hinder the work for program online.
- For the PWID their family members will also be potential users. No authentic data are there though.
- Costing and the purchasing capability of an online system would be a challenge for the low-income people of the respective community, but it may be needed for those who are unwilling in disclosing their identity.

THOUGHTS TO CONSIDER FOR WAY FORWARD

- Focusing on FSWs, the pilot web-based platform will gradually expand virtual case management for every key population and potentially vulnerable people in general. It will support to formulate the strategies, SOPs, training needs and contents. Developing the awareness level before starting is important.
- The solution to the challenges of web-based application on a national scale lies in the government policy support regarding internet use and digital capacity building of the program implementers, including the caseworkers at the grassroots level.
- Any intervention planned around this study will open online channels to reach people at risk who were not previously served or found for HIV prevention services.
- The stakeholders of the HIV programs will determine the incorporative areas within the existing approaches and policies to implement the virtual interventions among key populations focusing people at large – who want to be or are hidden or unreached or underreached. As a result, HIV testing and treatment will expand in more areas, increasing and bringing more HIV infected and affected people under HIV services.


Thank you