

STI PREVENTION:
HARNESSING
SOCIAL MEDIA
FOR HEALTH
PROMOTION

RAYNER KAY JINTAN

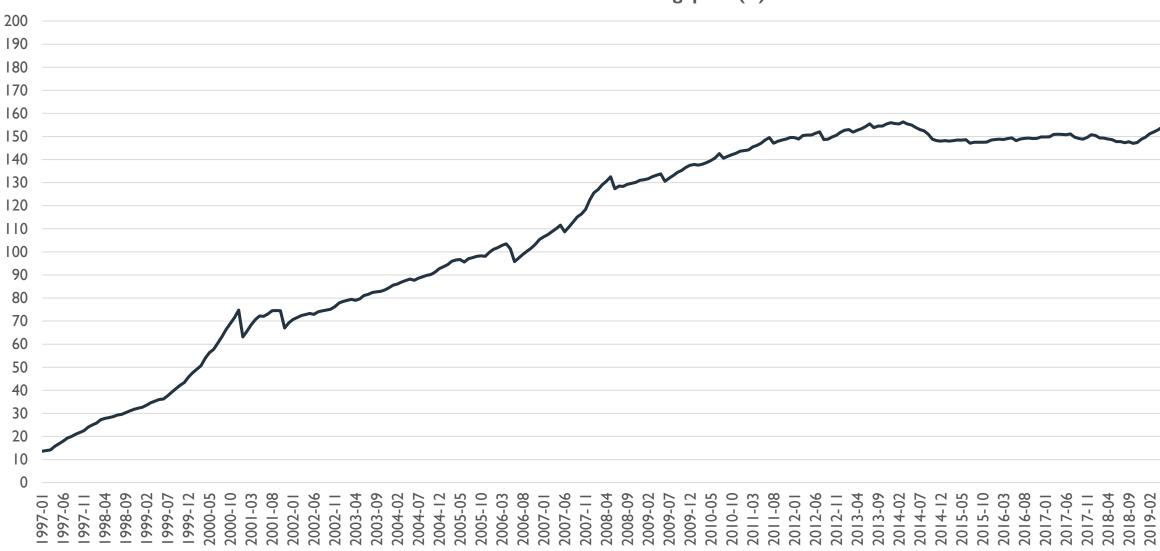
PH.D. CANDIDATE

SAW SWEE HOCK SCHOOL OF PUBLIC HEALTH

THE RISE OF SOCIAL MEDIA

SETTING THE SCENE





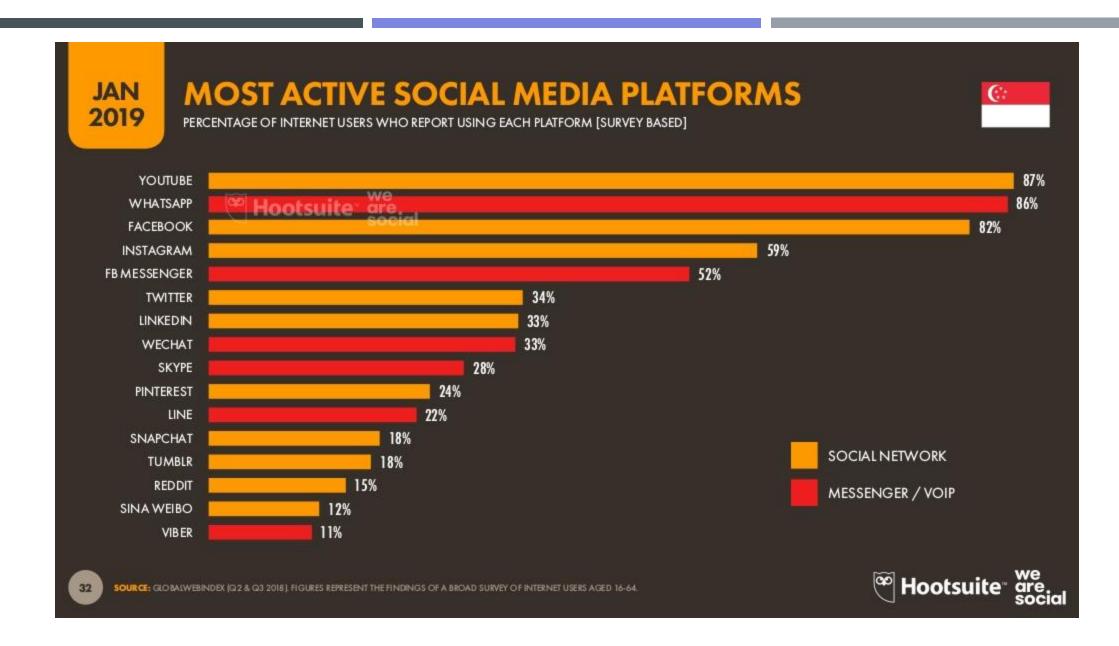
JAN 2019

SOCIAL MEDIA PENETRATION IN 2019

BASED ON ACTIVE USERS OF THE TOP SOCIAL NETWORKS IN EACH COUNTRY / TERRITORY, COMPARED TO TOTAL POPULATION







JAN 2019

SOCIAL MEDIA ADVERTISING AUDIENCES

A COMPARISON OF THE TOTAL ADDRESSABLE ADVERTISING AUDIENCE* OF SELECTED SOCIAL MEDIA PLATFORMS



TOTAL ADVERTISING AUDIENCE ON FACEBOOK (MONTHLY ACTIVE USERS)

TOTAL ADVERTISING **AUDIENCE ON INSTAGRAM** (MONTHLY ACTIVE USERS)

TOTAL ADVERTISING **AUDIENCE ON TWITTER** (MONTHLY ACTIVE USERS)

TOTAL ADVERTISING AUDIENCE ON SNAPCHAT (MONTHLY ACTIVE USERS)

TOTAL ADVERTISING AUDIENCE ON LINKEDIN (REGISTERED MEMBERS)











4.30 MILLION

2.20 MILLION

1.01 MILLION **555.0 THOUSAND** 2.60 MILLION

FEMALE 48%

MALE 52% FEMALE 55%

MALE 45% FEMALE MALE 38% 62%

MALE FEMALE 40% 59%

MALE FEMALE 46% 54%

SOURCE: EACH PLATFORM'S SELF-SERVE ADVERTISING TOOLS (JANUARY 2019). *NOTE: FIGURES REPRESENT ADDRESSABLE ADVERTISING AUDIENCES ONLY, AND MAY NOT REFLECT TOTAL: ACTIVE USERS OR MEMBER BASES, ADVISORY: FIGURES FOR LINKEDIN KEPRESENT REGISTERED MEMBERS, SO ARE NOT DIRECTLY COMPARABLE TO FIGURES FOR OTHER PLATFORMS.



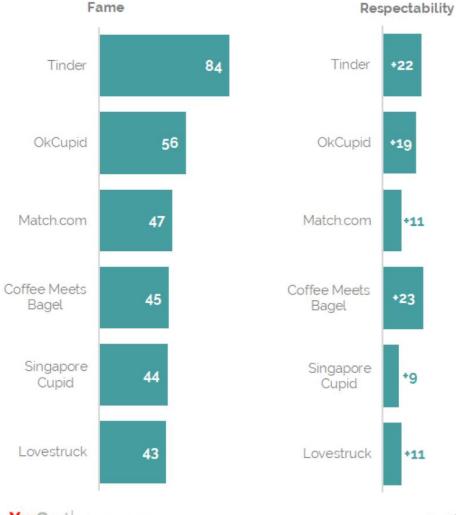


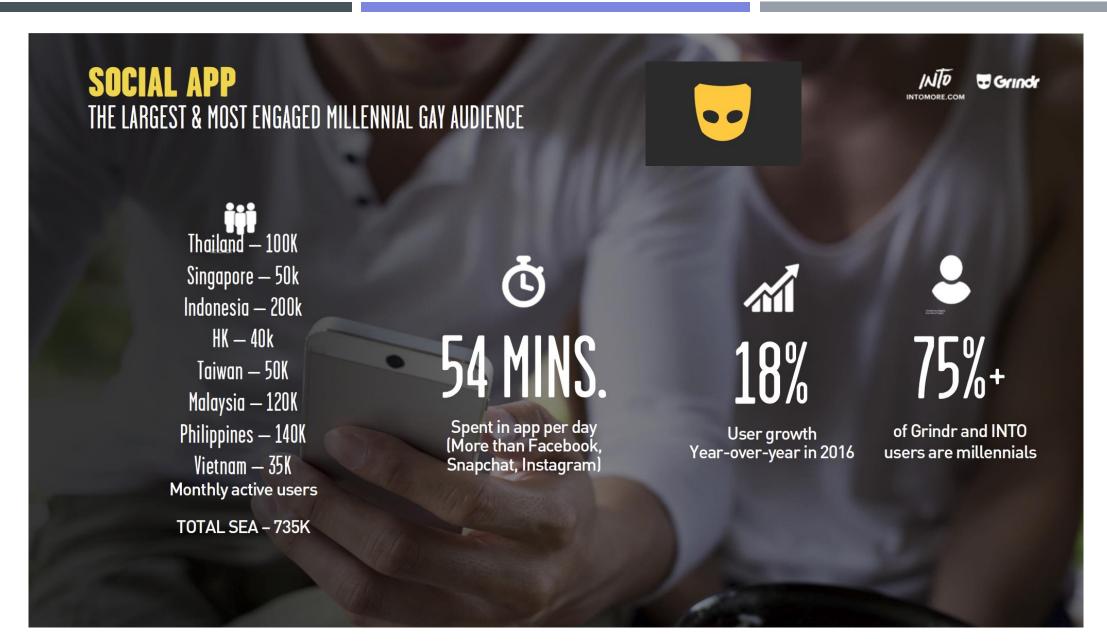
ONLINE DATING APPS

- YouGov survey of 1038 Singaporeans in 2017; weighted to be representative of online population
- About 33% of Singaporeans had ever used a dating app

Internet dating rankings

% of all adults who have heard of the following, and net respectability score among people who have ever used an internet dating service or app





Source: Grindr LLC, 2018

SOCIAL MEDIA AND STI PREVENTION

SUCCESSES IN THE REGION



PLoS Med. 2018 Aug; 15(8): e1002645.

Published online 2018 Aug 28. doi: 10.1371/journal.pmed.1002645

PMCID: PMC6112627

PMID: 30153265

Crowdsourcing to expand HIV testing among men who have sex with men in China: A closed cohort stepped wedge cluster randomized controlled trial

Study Design

- I. Crowdsource for HIV posters
- 2. Designathon for HIV campaign
- 3. Stepped-wedge RCT in 8 Chinese cities

Source: Tang W, Wei C, Cao B, Wu D, Li KT, et al. (2018) Crowdsourcing to expand HIV testing among men who have sex with men in China: A closed cohort stepped wedge cluster randomized controlled trial. PLOS Medicine 15(8): e1002645. https://doi.org/10.1371/journal.pmed.1002645

CROWD



Nationwide open contest

Purpose: Solicit images/concepts to increase HIV testing

Crowd: Anyone in China, with a focus on youth and MSM

Format: Online call with in-person events at CBOs and universities

Scoring Criteria: novelty, relevance, feasibility, elaboration

Judges: Local MSM, experts in public health and media

Outputs: 431 HIV test promotion images/concepts

Five images and concepts judged exceptional (1 below)

CROWD



Regional designathon

Purpose: Aggregate community ideas into HIV testing strategies

Crowd: Chinese public health leaders, MSM CBO leaders, students, others

Format: 72-hour team-based activity

Scoring criteria: encourages HIV testing, generates enthusiasm, community-based, feasible

Judges: local experts in public health, communications, government, and design

Outputs: Eight HIV testing strategies

Two testing strategies and one image judged exceptional (2 & 3 below)



Integrated crowdsourced intervention

- Images and concepts promoted HIV testing, delivered biweekly via social media.
- Local contests elicited stories about HIV testing. Finalists disseminated on social media
- Online HIV selftesting platform distributed kits through the postal system.









Pre-intervention (0-9 months)#	Intervention (3 months)	Post-intervention (0-9 months)#		
Routine CDC and CBO promotional efforts	Routine CDC and CBO promotional efforts 6 HIV promotional images delivered biweekly via WeChat Access to HIV self-testing application platform (one free self test)* Local CBO-led contests for HIV testing stories	Routine CDC and CBO promotional efforts Exposure lag: sharing of promotional images Exposure lag: delay in usage of self-testing kits (up to 3 months) Exposure lag in CBO-led contests (1-2 months)		
Baseline survey and follow-up surveys every 3 months				

Table 2. HIV testing rates by intervention group over four follow-up periods amon	ng Chinese MSM, $2016-2017$ ($N = 1,219$).
Table 2. The testing rates by intervention group over rour ronow-up periods amon	ig Chillese MSM, 2010-2017 (N = 1,219).

Group	Enrollment, n	HIV testing proportion in the past three months, percent (participants tested/total participants)*				
		1st follow-up	2nd follow-up	3rd follow-up	4th follow-up	
Group 1	383	19.1 (56/293)	35.4 (99/280)	25.4 (70/276)	32.0 (88/275)	
Group 2	328	19.7 (55/279)	32.7 (85/260)	29.1 (69/237)	36.5 (85/233)	
Group 3	316	19.8 (51/257)	23.9 (61/255)	49.8 (122/245)	39.4 (93/236)	
Group 4	354	21.3 (62/291)	28.3 (83/293)	29.0 (83/286)	48.7 (128/263)	

Table 3. Effect of crowdsourced intervention on uptake of HIV testing among Chinese MSM, 2016–2017: Generalized linear mixed models (N = 1,219).

Effect	Estimate (95% CI) [£]	<i>p</i> -value	ICC by city
	Risk ratio		
HIV testing in the past three months (individual level)			
Intervention effect assuming fixed secular trend	1.43 (1.19, 1.73)	< 0.001	0.016
Per-protocol effect*	1.49 (1.21, 1.83)	< 0.001	0.020
Intervention effect adjusted for province 1	1.47 (1.21, 1.78)	< 0.001	0.011
Intervention effect adjusted for age, marital status, and income	1.43 (1.18, 1.73)	< 0.001	0.016
Intervention effect using multiple imputation	1.43 (1.17, 1.69)	< 0.001	
By age group		0.52 (Interaction)	0.017
Age ≤30	1.41 (1.16, 1.72)		
Age >30	1.57 (1.12, 2.21)		
By in-person community activities		0.27 (Interaction)	0.020
Cities with in-person community activities ¹	1.56 (1.24, 1.96)		
Cities without in-person community activities ²	1.35 (1.06, 1.73)		
Risk (p	robability) difference, percent		
City-level HIV testing in the past three months			
Weighted by sample size for each city	8.9 (2.2, 15.5)	0.01	

'GET AN EARLY TEST - CHRYSANTHEMUM TEA' IN HONG KONG



Multimedia Campaign: 'Kuk Fa Cha'

Kuk Fa = Pun for 'anus' Cha = Homophone for 'test'

Campaign elements:

- I. Viral I-minute video
- 2. Posters and pamphlets
- 3. Dedicated campaign website
- 4. 'Fake' chrysanthemum tea vending machines at gay-specific venues; gift packs contain condoms and HIV testing information

'GET AN EARLY TEST - CHRYSANTHEMUM TEA' IN HONG KONG



CHRYSANTHEMUM TEA IN HONG KONG

Cross-sectional study design

- 6 months post-campaign
- 150 participants recruited from 12 gay venues at different time slots on week day and weekend events
- Those who tested in last 6 months associated with awareness of campaign

Source: Kwan, N., Wong, A., Fang, Y. and Wang, Z. (2018), 'Get an early check – Chrysanthemum tea': An outcome evaluation of a multimedia campaign promoting HIV testing among men who have sex with men in Hong Kong. HIV Med, 19: 347-354. doi:10.1111/hiv.12583

Table 2 Factors associated with uptake of HIV testing in the last 6 months

	Row %	ORu (95% CI)	ORm (95% CI)
Age group			
18-29 years	47.7	1.0	
30-39 years	41.5	0.78 (0.37, 1.65)	
≥40 years	30.8	0.49 (0.19, 1.24)	_
Received free con	doms in the la	st year	
No	32.4	1.0	
Yes	46.6	1.82 (0.83, 3.95)	_
Had anal intercou	rse with regula	ar male sex partners	
No	32.7	1.0	
Yes	48.5	1.94 (0.97, 3.90) [†]	NS
Had anal intercou	rse with nonre	gular male sex partners	
No	32.2	1.0	1.0
Yes	57.6	2.86 (1.47, 5.55)**	2.36 (1.05, 5.31)
Had anal intercou	rse with comm	nercial male sex partners	
No	43.2	1.0	
Yes	40.0	0.88 (0.14, 5.39)	_
Used illicit drugs	before or durin	ng anal intercourse with r	men
No	43.2	1.0	
Yes	42.9	0.99 (0.21, 4.57)	_
Had unprotected	anal intercours	e with any type of male	sex partner
No	24.5	1.0	1.0
Yes	53.0	3.47 (1.66, 7.26)***	2.06 (0.87, 4.92)
Exposure to the '(Get an early ch	eck - chrysanthemum te	a' campaign
No	33.7	1.0	1.0
Yes	54.3	2.33 (1.21, 4.48)*	2.55 (1.25, 5.19)

Variables listed in Table 1 with P < 0.10 in univariate analysis were considered as candidates for the forward stepwise logistic regression (entry: P < 0.10; exclusion: P > 0.20).

 $^{\dagger}P < 0.10$; $^*P < 0.05$; $^{**}P < 0.01$; $^{***}P < 0.001$; $^{-}P > 0.10$ in the univariate analysis, and not considered in the model. Bold text indicates significance at P < 0.05. Cl, confidence interval; ORu, univariate odds ratio; ORm, multivariate odds ratio. NS was considered but not selected by the multivariate model.

USE OF INTERNET POPULAR OPINION LEADERS IN TAIWAN



Campaign elements:

- Internet popular opinion leaders (iPOL)
 were identified via formative online
 ethnography and recommendations
 from community leaders
- 2. 369 iPOL were trained by HIV/STI experts during a 12-week period in 2010
- 3. Intervention period from April-September 2011
- 4. By end-2011, 432 posts, 503 comments, 804 likes were garnered in total with estimated 959088 impressions on the page

Source: Ko NY, Hsieh CH, Wang MC, Lee C, Chen CL, Chung AC, Hsu ST. Effects of Internet Popular Opinion Leaders (iPOL) Among Internet-Using Men Who Have Sex With Men. J Med Internet Res 2013;15(2):e40. DOI: 10.2196/jmir.2264

USE OF INTERNET POPULAR OPINION LEADERS IN TAIWAN

Outcome variables	Baseline ^a , n (%) n=1008		Follow-up, n (%) n=1037		χ^2 (df)	P value
	Intervention ^b n=501	Comparison ^b n=507	Intervention ^b n=499	Comparison ^b n=538		
Had HIV test in the past 6 months						
No	351 (70.05)	360 (71.14)	280 (56.11)	418 (77.69)	54.8 (1)	.001
Yes	150 (29.95)	146 (28.86)	219 (43.89)	120 (22.31)		
Number of male sexual partners						
0	145 (29.00)	145 (28.71)	117 (23.44)	175 (32.52)	9.9 (3)	.02
1	182 (36.40)	176 (34.85)	170 (34.06)	163 (30.29)		
2-5	145 (29.00)	155 (30.69)	176 (35.27)	172 (31.97)		
≥6	28 (5.60)	29 (5.74)	36 (7.21)	28 (5.20)		

Source: Ko NY, Hsieh CH, Wang MC, Lee C, Chen CL, Chung AC, Hsu ST. Effects of Internet Popular Opinion Leaders (iPOL) Among Internet-Using Men Who Have Sex With Men. J Med Internet Res 2013;15(2):e40. DOI: 10.2196/jmir.2264

MAKING IT WORK!

LESSONS FROM STI PREVENTION ON SOCIAL MEDIA IN SINGAPORE

SOCIAL MEDIA APPLICATIONS



Research recruitment



Health promotion and interventions



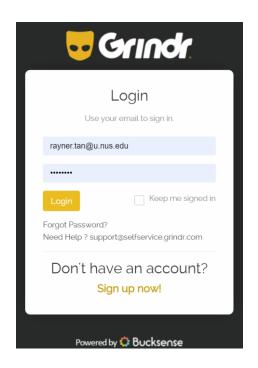
RECRUITMENT



Collaborations



Community-Based Social Media Networks



Advertising platforms



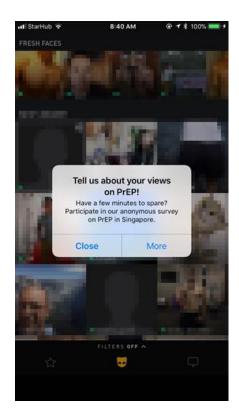
RECRUITMENT: COLLABORATIONS GRINDR4EQUALITY & PREP IN SINGAPORE



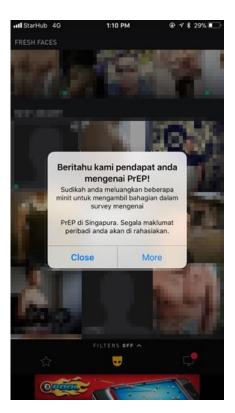
Collaborations

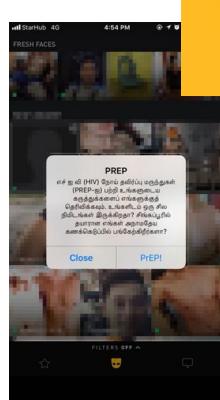


RECRUITMENT: COLLABORATIONS GRINDR4EQUALITY & PREP IN SINGAPORE







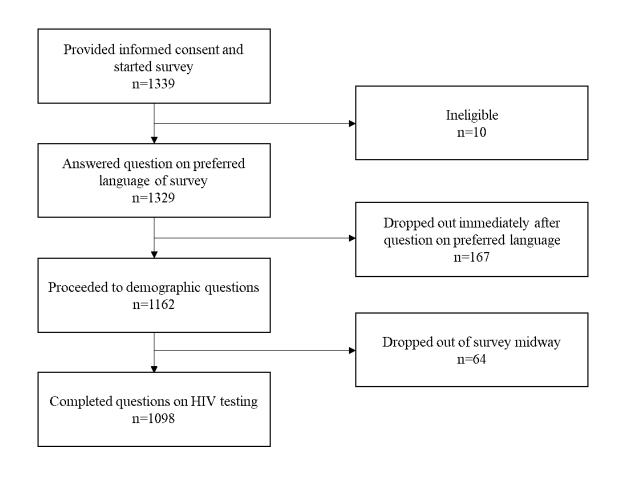


Grindr

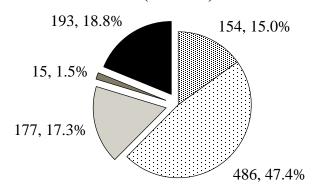


RECRUITMENT: COLLABORATIONS

GRINDR4EQUALITY & PREP IN SINGAPORE



Knowledge, Uptake, and Willingness to Use PrEP (n=1025)



- Yes, I have taken it
- ☐ Yes, I have heard of it but not taken it: Willing to use PrEP
- ☐ Yes, I have heard of it but not taken it: Not willing to use PrEP
- Yes, I have heard of it but not taken it: No response to PrEP willingness question
- No, I have never heard of it



RECRUITMENT: COLLABORATIONS GRINDR4EQUALITY & PREP IN SINGAPORE

Recruitment Phase: April - May 2019 10-minute Survey and Discrete Choice Recruited Experiment n=841 MSM

If these were your only 2 options, which would you prefer? Please select your preferred option before answering the question at the bottom of the page.

(1 of 4)

PrEP medication

- Get at: Anonymous test sites
- Cost per month: \$50

Follow-up tests

- At: GP clinics
- Every: 12 months
- Cost: \$150

Risks per sexual encounter

- HIV infection: 0%
 CTI infection: 200/
- STI infection: 20%

Select

PrEP medication

- Get at: GP clinics
- Cost per month: \$350

Follow-up tests

- At: Polyclinic or hospital
- Every: 3 months
- Cost: \$100

Risks per sexual encounter

- HIV infection: 1%
- STI infection: 5%

Select

PrEP only versus Condoms only

Now that you have selected your preferred PrEP option above, we want to compare your preferred option with a condoms-only option*

Would you prefer to **use PrEP only** or **use condoms only**, based on your preferred PrEP option above?

*This assumes that using condoms lowers risk of HIV/STI infection to 0%

PrEP only

Condoms only

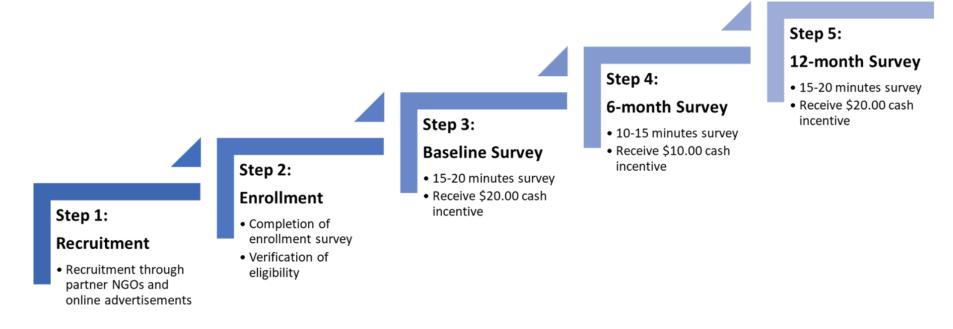




Community-Based Social Media Networks



RECRUITMENT: COMMUNITY NETWORKS PINK CARPETY COHORT STUDY



Eligibility Criteria:

- 18 to 25 years old at enrolment
- HIV-negative or unsure of status
- Cis/trans male who identifies as gay, bisexual, or queer

Total Performance:

- 701 participants enrolled
- 570 baseline surveys completed



RECRUITMENT: COMMUNITY NETWORKS PINK CARPETY COHORT STUDY





Saw Swee Hock School of Public Health





Are you 18-25 years old?

An SG citizen/PR?

HIV-negative/unsure of status?

A gay/bi/queer, cis/trans man?

HAVE A SAY IN YOUR HEALTH
BE A VOICE FOR THE COMMUNITY

Fill up a series of confidential surveys and earn up to \$50.00 in cash

ENROLL TODAY!

www.pcycohort.com

A collaboration by the Saw Swee Hock School of Public Health (NUS) and Action for AIDS Singapore

























Singapore have you used to hook up with other guys for sex? (n=543)	n	%
Through smartphone apps	312	57.5
Through friends	109	20.1
Saunas	93	17.1
Private or home parties (in Singapore)	84	15.5
Through internet sites and chatrooms	68	12.5
Public toilets	57	10.5
Bars and clubs	39	7.2
Public parks or other public area	25	4.6
At the gym	17	3.1
Paid someone to have sex	7	1.3



Which of these smartphone apps or internet sites and chatrooms did you use to meet other guys		
for sex in the last 6 months? (n=543)	n	%
Grindr	295	54.3
Tinder	151	27.8
Jack'd	142	26.2
Recon	20	3.7
Surge	15	2.8
Growlr	12	2.2
Scruff	10	1.8
Blued	9	1.7
Hornet	7	1.3
Coffee Meets Bagel	6	1.1
Planetromeo	4	0.7
9Monsters	3	0.6



RECRUITMENT: ADVERTISING **AIMSS & PCY COHORT STUDY**

Grindr.
Login
Use your email to sign in.
rayner.tan@u.nus.edu
Login Keep me signed in
Forgot Password? Need Help ? support@selfservice.grindr.com
Don't have an account? Sign up now!

Advertising

Powered by Ducksense



Campaign

AIMSS 2018 (43 Days)



AIMSS 2018 n=80

Total Spend

\$1000.00

\$900.00

Total Clicks

5403

4456

PCY Cohort Study n=uncertain

AIMSS
Asia Internet Men who have Sex with Men (MSM) Sex Survey
(AIMSS): a regional,
10-country survey in Asia
Tell us more about your sexual health and well-being!
CLICK HERE TO PARTICIPATE

Impressions

83350

80188

Clickthrough Rate

6.55%

3.79%



HEALTH PROMOTION & INTERVENTIONS



gayhealth.sg
In the Pink









HEALTH PROMOTION & INTERVENTIONS



Season I:> 1.3 Million Views

Award Nominations8th Indie Series Awards

Best Web Series - Drama

Best Directing – Drama (Leon Cheo)

Best Supporting Actor – Drama (Steven Lim)

Best Cinematography (Looi Wan Ping)

Best Editing (Christopher Datugan)

3rd Bilbao Web Fest

Best Series

Best Drama,

Best Ensemble Cast

Best Cinematography (Looi Wan Ping)

3rd Rio Web Fest

Best Diversity Series

Best Cinematography

5th Melbourne Web Fest

Best International Drama

Awards

2017 - Best Web Drama Series - 1st Formosa Festival of Int'l

Filmmaker Awards

2017 – Best Supporting Actor (Drama) – 8th Indie Series

Awards

2016 – Best Short TV Drama – 11th ITVFest – Independent

Television Festival

Festivals

2017 – 1st Formosa Festival of Int'l Filmmaker Awards

2017 – 3rd Bilbao Seriesland

2017 – 5th Melbourne Web Fest

2017 – 2nd Out Web Fest

2017 – 33rd Los Angeles Asian Pacific Film Festival

2017 – 6th HollyWeb Festival

2016 - 2nd NYC Web Fest

2016 - 3rd Rio Web Fest

2016 – Roma Web Fest

2016 – 11th ITVFest – Independent Television Festival



HEALTH PROMOTION & INTERVENTIONS

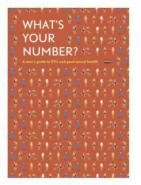




Figure 3. Screenshots from the online sexual health pamphlet

Indirect Recruitment

Flyers at YMSM-specific Bars, Clubs, Saunas

Direct Recruitment

Grindr Advertisements

Registration of intent to participate in cohort and verification of eligibility

Participants follow link on ad or flyer to SurveyMonkey site where they will be asked for their contact details and some basic demographic information to register their intent to join the trial and for verification of eligibility by AFA

Baseline Survey

Participants will be assigned a participant ID (deidentified), after which they will be invited by AFA to formally participate by filling up a baseline survey. Upon completion of the survey, research team members will notify AFA of the participant ID and \$15.00 reimbursement will be disbursed by AFA

Randomization and Allocation of Groups

Treatment Group (n=150)

Sexual Health Pamphlet + Online Videos
Proof of completion quiz will be disseminated 1 week after
interventions are sent out. \$20.00 reimbursement will be
disbursed by the NGO partner upon completion

Control Group (n=150)

Sexual Health Pamphlets
Proof of completion quiz will be disseminated 1 week after
interventions are sent out. \$20.00 reimbursement will be
disbursed by the NGO partner upon completion

3-Month Follow-Up

AFA will e-mail and text message trial participants with a link for their follow-up survey; participants will enter their participant ID in the survey and upon completion, research team members will notify AFA of the participant ID and a \$15.00 reimbursement will be disbursed by AFA

6-Month Follow-Up

AFA will e-mail and text message trial participants with a link for their follow-up survey; participants will enter their participant ID in the survey and upon completion, research team members will notify AFA of the participant ID and a \$15.00 reimbursement will be disbursed by AFA

Group 1 (n=150)

No further action required

Control Group (n=150)

Sexual Health Online Videos will be provided to all participants

CONCLUSION

TAKE HOME MESSAGES

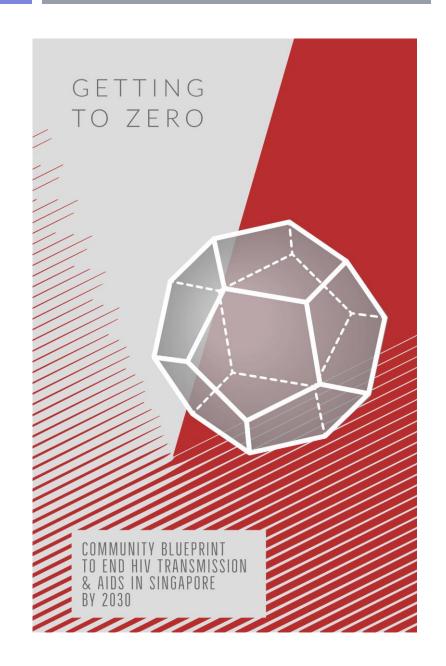
TAKE HOME MESSAGES

- Social media penetration is high, especially in Singapore.
- Past social media campaigns for HIV/STI prevention have been useful in other settings.
- Social media is useful to reach populations who may have been left behind by formal healthcare institutions for epidemiological research as well as health promotion and interventions.
- We are not maximizing the use of social media for health and health interventions, especially in STI research and health promotion.
- Where are the campaigns for non-gay men? Trans women, cis women, heterosexual men are left out.
- More work needs to be done to evaluate social media-based health promotion material.

BLUEPRINT TO END HIV IN SINGAPORE

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THANK YOU

QUESTIONS