

Advancing Methods in Internet-based HIV Prevention Gay Community Research Projects: EMIS, the European MSM Internet Survey in 38 countries

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Background

In Europe, surveys of sexual behaviour and prevention needs among men who have sex with men (MSM) have mainly been conducted at local, regional, and national levels. While some European countries have well established systems for behavioural and biological HIV surveillance among MSM, others have not commenced behavioural monitoring, and those systems that exist have incomparable study designs and measures. Due to different sampling methods, and because of similar, but not identical questions, a harmonization of indicators across different countries remains difficult. In the last decade, MSM dating websites have been shown to be (cost-) effective and valid means for recruiting respondents, and are thus increasingly used for recruiting MSM to surveys.

EMIS aimed to develop a pan-European Internet-based survey on HIV-related male homosexual behaviours and prevention needs to both support an expansion of research capacity and to move towards harmonisation of existing approaches and systems.

Methods

Six Associated Partners recruited another 77 Collaborating Partners from academia, public health and civil society across 35 countries. Partners' existing surveys were collected and collated, producing a meta-survey which was discussed by all partners through rotating round-tables at a two day summit. Survey development continued iteratively through user piloting and partner feedback until the English language content was agreed. Transfer to an online survey application was followed by further testing before on-screen translation into 24 other languages, final testing and sign-off. The project's visual identity and promotional materials were developed in close collaboration with national leads, tailoring products to match country specific needs while maintaining an overall project identity. Five international gay dating websites were contracted to send instant messages to their members with other survey promotion occurring via banners on 232 other websites. The only incentive given was to "be-part-of-some-thing-huge" (see below in selected languages). No IP-addresses were recorded. Daily real-time monitoring of responses allowed targeted spending of the advertising budget to maximise coverage and depth of responses. The survey consisted of 25 pages of core questions (see Figure 2) sent to all respondents, plus 18 pages that were dependent on respondents' prior answers. The questionnaire covered sexual happiness, HIV/STI testing and diagnoses, unmet prevention needs, intervention performance, sexual behaviour, experience of anti-gay hostility and violence, internalized homonegativity, HIV-related stigma, and ideas about the best sex life.

Fieldwork occurred during June to August 2010. Over 184,469 responses were submitted of which 180,988 (98.1%) met the inclusion criteria (men having sex with men and/or being attracted to men living in a European country with more than 100 respondents). After excluding questionnaires with multi-inconsistent data 174,209 respondents (94.4%) were found eligible. Partners in 36 countries were handed back a national database of 100 or more respondents for national analysis and outputting, while the Associated Partners proceeded on comparisons among 174,209 respondents in 38 countries. EMIS demonstrated the feasibility of a multi-country, multi-lingual survey with limited public funding. Meaningful involvement of a large number of collaborators in the survey design, its visual identity and in promotional strategies ensured unprecedented coverage and depth of recruitment. Flexible planning was essential and a patchwork of recruitment was required across a range of commercial and community partners. Careful design, piloting and presentation ensured the survey was acceptable and had both authority and perceived community benefit.

Results

Between 0.3-6.8 per 10,000 inhabitants (Figure 1) or 2%-12% of the estimated national MSM population – adjusted for household Internet access – completed the survey. The first page of the questionnaire constituted the introduction to EMIS, and represents 100% in Figure 2 (attrition curve). The proportion of respondents presented with each of the subsequent 24 core pages is plotted on the graph. The proportion of respondents who proceeded from the introductory page to the first page of questions (by confirming that they had read the introductory text, consented to participate and were old enough to legally have sex with men in their country of residence), varied from 36% (Slovenian) to 76% (English). This marked difference largely accounts for the majority of the total attrition across the survey. Slovenian stood out from all other languages in the size of this drop, but the likely reason was that one of the most productive Slovenian promotional sites was not gay-specific, but a generic dating website with MSM sections, and therefore many people who were sent to the introductory page were likely not MSM.

Almost all respondents in all languages moved from page 2 to page 3. Of those presented with page 2, the proportion of men who reached the 25th page ("Submit") ranged from 62% (in Turkish) to 76% (in Norwegian), with a mean of 68.5% across the 25 languages.

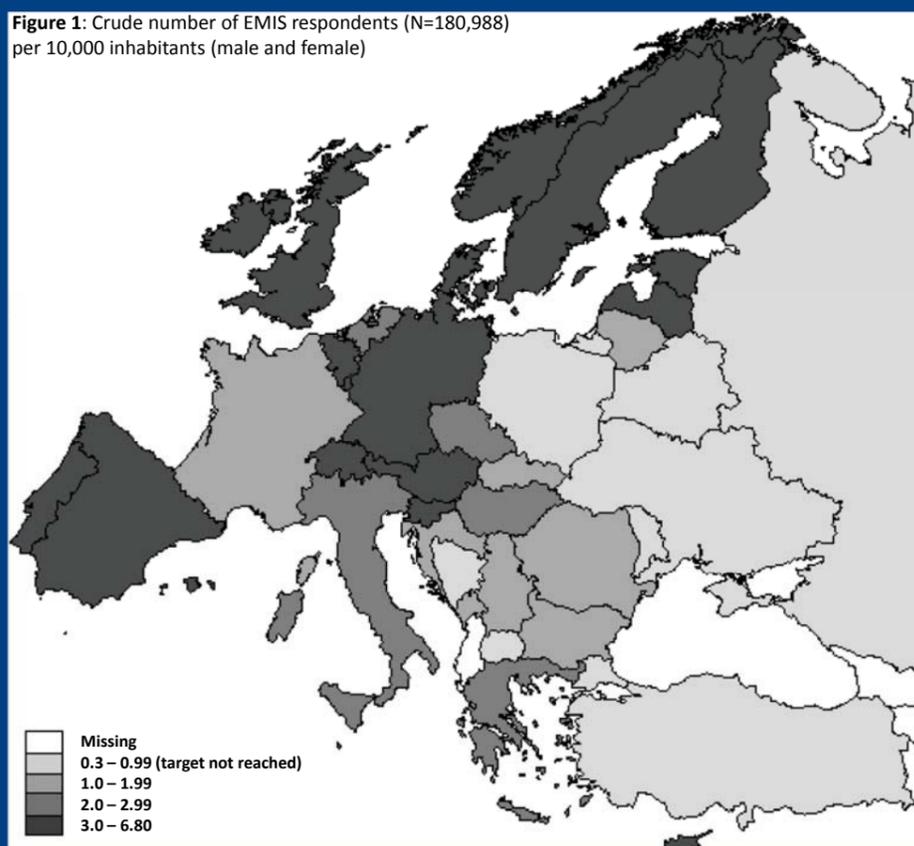
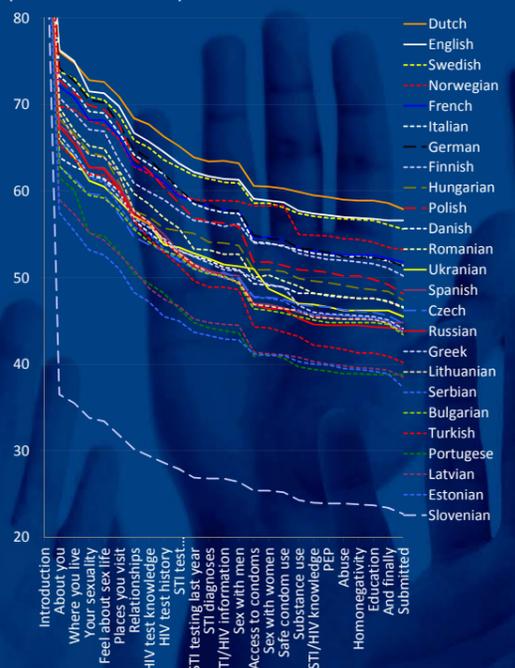


Figure 1: Crude number of EMIS respondents (N=180,988) per 10,000 inhabitants (male and female)

Figure 2: Attrition – Proportion of men (%) who continued with the survey at each core page in each language (Introduction=100%)



Conclusions

Using large networks of different players in HIV prevention and research proved to be effective for implementing a multi-language, cross-border questionnaire and for successfully recruiting gay and other MSM across Europe. EMIS data is more comparable than data based on national questionnaires using different recruitment strategies, particularly for research on European MSM prevention needs and behavioural surveillance. EMIS data further allows analyses on city, country and regional levels.

EMIS results continue to be jointly analyzed and interpreted with a view to a common understanding of HIV prevention challenges and to foster cooperation between sectors and agencies. These benefits are particularly valuable for countries where gay communities and HIV prevention responses are not well established.

EMIS community reports, national EMIS reports, a brief overview of 5 UNGASS indicators, as well as academic outputs can be accessed at www.emis-project.eu.

**Είσαι έτοιμος για κάτι τόσο μεγάλο!
Бъдете част от нещо колосално!
Kocaman bir şeyin parçası olun!
Postani del nečesa velikega!
Participez ! C'est énorme !
Be part of something huge!**

National Collaborating Partners: Austria .at: Aids-Hilfe Wien | Belarus .by: Vstrecha | Belgium .be: Institute of Tropical Medicine; Facultés Universitaires Saint-Louis; Ex Aequo; Sensoa; Arc-en-ciel | Bulgaria .bg: National Centre of Infectious and Parasitic Diseases; Queer Bulgaria Foundation | Cyprus .cy: Research Unit in Behaviour & Social Issues | Czech Republic .cz: Charles University, Institute of Sexology | Croatia .hr: University of Zagreb, Faculty of Humanities & Social Sciences | Denmark .dk: Statens Serum Institut, Department of Epidemiology; stopstaid | Estonia .ee: National Institute for Health Development | Finland .fi: University of Tampere, Department of Nursing Science; Finnish AIDS council | France .fr: Institut de veille sanitaire (InVS); AIDeS; Act UP Paris; Sida Info Service; Le kiosque; The Warning | Germany .de: Berlin Social Science Research Center (WZB); Deutsche AIDS-Hilfe (DAH); Federal Centre for Health Education, Cologne (BZgA) | Greece .gr: Positive Voice | Hungary .hu: Hungarian Civil Liberties Union; Háttér | Ireland .ie: Gay Men's Health Service, Health Services Executive | Italy .it: University of Bologna; Italian Lesbian and Gay Association (Arcigay); Istituto Superiore di Sanità (National AIDS Unit) | Latvia .lv: The Infectology Centre of Latvia; Mozaika | Lithuania .lt: Center for Communicable Diseases and AIDS | Luxembourg .lu: Centre de Recherche Public de la Santé | Macedonia .mk: Equality for Gays and Lesbians (EGAL) | Malta .mt: Public Health Regulation Department, Ministry for Social Policy | Moldova .md: GenderDoc-M | Netherlands .nl: schorer | Norway .no: Norwegian Knowledge Centre for the Health Services; The Norwegian Institute of Public Health | Poland .pl: National AIDS Centre; Lambda Warszawa | Portugal .pt: GAT Portugal; University of Porto, Inst. of Hygiene and Tropical Medicine | Romania .ro: PSI Romania | Russia .ru: PSI Russia; La Sky | Serbia .rs: Safe Pulse of Youth (SPY) | Slovakia .sk: OZ Odysseus | Slovenia .si: National Institute of Public Health; ŠKUC-Magnus; Legebitra; DIH | Spain .es: National Centre of Epidemiology; stopstaid | Ministerio de Sanidad, Política Social e Igualdad | Sweden .se: Malmö University, Health and Society; RFSU; National Board of Health and Welfare | Switzerland .ch: Institut universitaire de médecine sociale et préventive; Aids-Hilfe Schweiz | Turkey .tr: Turkish Public Health Association; Siyah Pembe Üçgen İzmir; KAOS-GL; Istanbul-LGBT | Ukraine .ua: Gay Alliance; Nash Mir; LiGA; Nikolaeiv | United Kingdom .uk: City University London, Dept. for Public Health; Terrence Higgins Trust and the CHAPS partners, including GMFA; The Eddystone Trust; Healthy Gay Life; The Lesbian and Gay Foundation; The Metro Centre London; NAM; Trade Sexual Health; Yorkshire MESMAC | **International Partners:** PlanetRomeo.com; Manhunt and Manhunt Cares; Qguys.ru | **International Gay and Lesbian Organization (ILGA)** | **European AIDS Treatment Group (EATG)** | **Advisory Partners:** Executive Agency for Health and Consumer Protection (EAHC); European Centre for Disease Prevention and Control (ECDC); World Health Organization, Europe (WHO Europe) | **Project Funding:** EU Health Programme 2008-2013 (2009-2011); CEISCat (2009-2012); Terrence Higgins Trust (CHAPS) /Dept. of Health for England (2009-2012); Maastricht University (2009-2012); Regione del Veneto (2009-2012); Robert Koch Institute (2009-2012); BzGA (Bundeszentrale für gesundheitl. Aufklärung, Köln: 2010-2011); German Ministry of Health (2010); Finnish Ministry of Health (2010); Norwegian Institute of Public Health (2010-2011); Swedish Board of Health and Welfare (2010-2011).