

# STUDY PROTOCOL

## MISI 2015

## MSM INTERNET SURVEY IRELAND 2015

**A SURVEY ON THE SEX LIVES OF GAY, BISEXUAL MEN AND MEN WHO HAVE SEX WITH MEN AND TRANSGENDER PEOPLE.**

**(Formerly Gay Men's Sex Survey GMSS)**



Infirmary to better life  
Health Service Executive



Feilimannacht na Seirbhíse Sláinte  
Health Service Executive



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## 1. Background

### *HIV and MSM in Ireland*

As HIV infection is incurable, prevention is of paramount importance in responding to the virus. In 2013, men who have sex with men (MSM) accounted for the highest number of new HIV diagnoses in Ireland (46%); this has been the case since 2009 (1). Community based and voluntary sector organisations implement the majority of HIV prevention interventions with gay and bisexual men and MSM in Ireland. Intervention planners need to know who in the population is most at risk of HIV infection, which behaviours are contributing most to new infections and how unmet prevention needs are distributed.

### *Previous surveys among MSM in Ireland*

The Gay Men's Sex Survey (GMSS) is a self completed, community recruited sexual health behaviours and prevention needs online survey among homosexually active men. In Ireland, the GMSS has been carried out eight times since 2002 by the Gay Men's Health Service (GMHS) within the Health Services Executive (HSE) and the Gay Health Network (GHN) as part of a UK based team, Sigma Research UK. Sigma Research has undertaken annual surveys in the UK since 1997, and included Ireland in the survey for the year 2000 as a paper based survey and from [2003 to 2008](#) as online surveys. The latest GMSS survey in the UK was carried out in summer 2014.

In Ireland, the last survey of MSM was carried out in 2010 through the European MSM Internet Survey ([EMIS](#)). EMIS was a joint project of academic, governmental, and non-governmental partners from 33 countries in Europe (EU and neighbouring countries) to simultaneously run an online questionnaire in 25 different languages. The main objectives of this pan-European survey were to provide data for the planning of interventions and (if repeated) to facilitate the monitoring of changes over time in the behaviour, needs and interventions affecting HIV incidence among MSM. The EMIS survey collected information on the knowledge, attitudes, needs and behaviours of men who have sex with men (MSM), including those who identify as gay or bisexual, in relation to HIV, sexual health, and well-being. The EMIS questionnaire was available online between June 4 and August 31, 2010. Following the slogan "Be part of something huge!" more than 180,000 MSM living in 35 European countries completed the survey, making EMIS the largest international study ever conducted on MSM (2). Sigma Research acted as one of the main partners for the implementation of EMIS and GMHS was the country lead for Ireland. The design of EMIS remained similar to the previous GMSS carried out in Ireland.

### *Use of previous surveys*

Research has had an impact on policy and practice in Ireland since the first study on sex and gay and bisexual men by Gay Health Action in 1988 and the HIV and AIDS Resource centre Eastern Health Board (EHB) in 1991. The face to face survey in 1991 led to the establishment of the now Gay Men's

Health Service (GMHS) in October 1992 (3). Since 2000, the *Vital Statistics* and *Real Lives*<sup>1</sup> reports highlighted the needs of MSM in Ireland by informing the strategy for GHN, raising awareness among health professionals, and helping deliver appropriate services at a local level (4,5,6). GMSS in Ireland has provided important information to GMHS and GHN to allow for tailored prevention interventions for the MSM population. In particular, these surveys have tracked behavioural and attitudinal trends over time, which are key to informing resource allocation and service planning for GMHS, GHN and the broader health services. *Vital statistics 2000* was acknowledged in the development of the 2005 Sexual Health Strategy (Department of Public Health, HSE Eastern Region 2005) (7).

Furthermore, these surveys also informed the development of the National AIDS Strategy 2000 and the HIV and AIDS Education and Prevention Plan 2008-2012 (8). The importance of research to increase the understanding of the sexual lives and risk for HIV in MSM population was also considered as a priority for the 2008-2012 plan (9).

The EMIS 2010 Ireland findings were a key input in the joint HSE and GHN first National Sexual Health and HIV awareness programme for MSM ([www.man2man.ie](http://www.man2man.ie)).

### *MISI 2015*

The MISI 2015 survey will be adapted from both the last UK 2014 GMSS (Sigma Research) and EMIS 2010. MISI 2015 will fit within the forthcoming 2014-2015 national Irish Sexual Health Strategy framework in providing robust and high quality sexual health information to underpin policy, practice, service planning and strategic monitoring. In addition, this survey will contribute to the monitoring of HIV and behavioural surveillance indicators which have been agreed upon at international level through the Global Aids Response Progress Reporting and at a European level in ECDC (12,13).

## **2. Proposed methods**

### **2.1 Aim of the survey**

The aim of the survey is to monitor change over time in the behaviour, needs and interventions affecting HIV infection and sexual health among MSM living in Ireland and to inform the planning of HIV/STI prevention interventions for MSM.

### **2.2 Objectives**

The survey seeks to:

- estimate the prevalence and describe the distribution of behaviours causing HIV

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<sup>1</sup> Note: the GMSS surveys for Ireland were published with local titles *Vital statistics 2000*, *Real Lives* and *Man2Man Reports*

transmission,

- identify the unmet prevention needs that contribute to those behaviours, and
- monitor interventions intended to reduce those needs

### 2.3 Study population

The study population will comprise MSM living in Ireland, aged 18 years or older, who agree to complete an online questionnaire.

We will exclude the following individuals from the study:

- females or those with unknown gender,
- those living outside Ireland (including Northern Ireland) or with no evidence on where they live,
- those under 18 years of age,
- those with no evidence of being gay, bisexual or attracted to men,
- those with incomplete questionnaires with only demographic data available.

### 2.4 Study design

We will conduct a cross-sectional survey of MSM, who will be invited to complete an online questionnaire over a three-month period

#### **Sampling procedure**

We will use a self-selected and convenience sampling strategy, similar to that used in GMSS 2014 and EMIS 2010. We will reach the population of MSM through online commercial and lesbian, gay, bisexual and transgender (LGBT) community websites, and by using business card advertisements in gay social venues, community services, LGBT media outlets, and GMHS to try to access those who do not use social media. All MSM reached via these methods and who meet the inclusion criteria will be invited to participate in the online survey.

### 2.5 Sample size

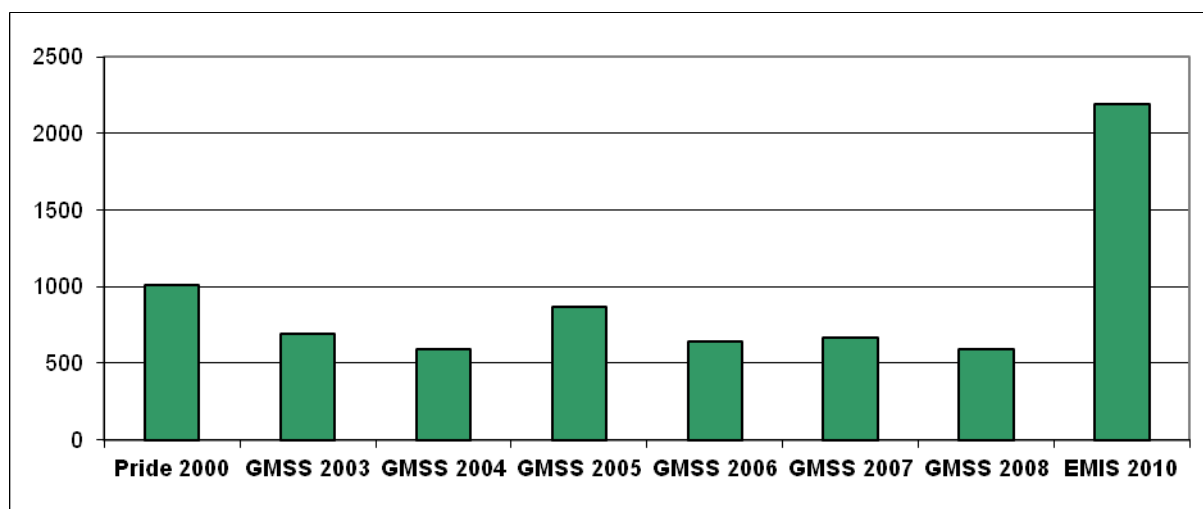
It remains difficult to have a precise estimate of the size of the MSM population in Ireland. The national 2006 Irish Study of Sexual Health and Relationships (ISSHR) commissioned by the Department of Health and Children and the Crisis Pregnancy Programme (CPP) provided an estimate of 2.7% of men aged 18-64 years identifying as homosexual or bisexual (10). The same study identified that "around 3% of men [...] reported genital homosexual contact in the last year." EMIS 2010 based its MSM population estimate in Ireland on the study from Marcus *et al* which suggested that MSM represented 3% of the male population (11). This is the estimate we will use to calculate our sample size for the study.

Furthermore, we will use the 15-64 age group as a baseline so as to not overestimate the MSM population in 65 years and older. Based on the 2011 census population, the male population aged 15-64 years in Ireland was 1,528,196 (Source: [www.cso.ie](http://www.cso.ie)). However, we will not have an upper age limit for the recruitment of participants in our study.

Finally, in 2013 82% of the population in Ireland had access to a computer connected to the internet (Source: CSO, Ireland, [www.cso.ie](http://www.cso.ie)). Therefore a sample size of 1,038 is required for a desired precision of +/-4% with a 95% confidence level. However, considering that we decided to maintain a self-selected and opportunistic sampling strategy, this 1,038 sample size is just an approximation of what should be reached.

Based on previous years' surveys, we anticipate between 1,000 and 2,000 respondents. GMSS Ireland was carried out eight times (Figure 1).

**Figure 1: Number of respondents to GMSS Ireland from 2000 to 2010<sup>2</sup>**



## 2.6 Data collection

### 2.6.1 Information collected

The 2015 survey will consist of standard questions using specific indicators from EMIS 2010 concerning demographic data, sexual health and wellbeing, sexual risk behaviour, prevention needs and intervention coverage. These indicators were developed by the European Centre for Disease Control (ECDC) in collaboration with a large number of public health, academic and gay community partners in order to harmonise indicators at European and international level (12,13). We will use these standard indicators to compare our findings with those in other countries.

<sup>2</sup> The first Irish survey in 2000 was paper-based at Gay Pride events around Ireland; subsequent surveys were carried via web based distribution channels from 2003 onwards

Therefore, the questionnaire will be very similar to the one that has been developed by the 2010 EMIS survey and Sigma Research for their 2014 survey in the UK. The research collaborators have reviewed the questionnaires and adapted them to the Irish context.

We will collect the following data items/indicators:

#### Demographic characteristics

County, age, ethnicity, country of birth, education and occupation, sexual identity and gender of sexual partners, outness, relationships including civil partnerships and marriage, household

#### Wellbeing and sexual health

HIV infection status, HIV/STI testing, HIV treatment

#### Sexual risk behaviours

Number and types of sexual partners, frequency and types of sexual practices, variation in sexual practices, drug, alcohol and tobacco consumption

#### HIV prevention needs

Prospective reaction to positive HIV status disclosure from sexual partners, knowledge on HIV and PEP awareness, HIV campaign awareness

### 2.6.2 Data collection procedure

We will promote the survey via web banners placed on community and health related websites, post-outs on social networks such as Facebook and Twitter, email messages to the GHN network list, promotion at gay social and community venues and services via posters and business cards for hand-to-hand distribution (see annex 2) and via paid promotion on the most prominent gay commercial websites and smart phone applications. Of note, the majority of Irish respondents to EMIS 2010 came from commercial websites messaging their members (2). The questionnaire link will be on the GMHS website, where a description of the study will be provided. Respondents will complete a self-administered online questionnaire which will be hosted by online software [www.demographix.com](http://www.demographix.com), a UK provider of online research tools and services established in 2003.

Data is only submitted when the user hits "SUBMIT" at the end of the survey. They can abort their participation in the survey at any time during completion without any data being submitted.

### 2.6.3 Quality assurance

The questionnaire will carry the telephone number of GMHS-HSE (Mick Quinlan manager of the service and member of the MISI 2015 steering group) should respondents have questions about the survey and it will also show them where they can learn more about GMHS-HSE, and the survey confidentiality policy.

The research steering committee is composed of the main investigators (Derval Igoe, Kate O'Donnell and Coralie GIESE from HPSC-HSE, Mick Quinlan from GMHS-HSE and GHN, Daniel Mc McCartney from GHN, Maeve O'Brien from CPP) and advisors (Ford Hickson and Axel J Schmidt from Sigma Research UK and Peter Keogh from the University of Greenwich).

The research steering committee will be responsible for reviewing all outputs at all stages of the project. Peer review of analysis will be sought if necessary.

## 2.7 Data analysis

### 2.7.1 Data entry and data validation

Online respondents directly input their own data to a purpose built online survey instrument at [www.demographix.com](http://www.demographix.com). HPSC-HSE will extract data directly from demographix.com. Once the survey is over and HPSC has extracted the data, the data will be deleted from the demographix site. Data will be cleaned and analysed in STATA.

### 2.7.2 Descriptive analysis

Data analysis will be performed by HPSC-HSE.

The analysis will consist of cross-tabulation of target group characteristics (demographics) by indicator of wellbeing and sexual health (particularly HIV infection status and HIV/STI testing history), risk behaviours and by indicator of prevention need. We will compute prevalence and prevalence ratios with 95% confidence intervals to identify significant associations between variables.

## 2.8 Bias and limitations

We will treat the 'sample' as the population of MSM reached by gay community and health promotion related websites. The sample will be generated on the internet which means that it will not reach MSM without access to the Internet, those without interest in Internet-based media and networks, or those who may have exhibited other socio-demographic and behavioural characteristics. Therefore, we



cannot assume that our sample will be representative of all MSM in Ireland. The convenience sampling strategy will introduce selection bias, and more particularly participation bias as participants who will take part in the survey are more likely to have access to gay social media, social networks and gay social settings, and health services centres. This might overestimate measurement related to access to health services and testing, and underestimate the needs related to HIV prevention and testing in Ireland. Yet, the advertisement of the study through the distribution of cards in different gay health services centres will help in reaching populations which may not be reached through gay social media and social networks.

All data are self-reported and limitations such as recall bias, social desirability bias and interpretation bias may affect the findings.

However, this survey will still be able to show trends when comparing with previous similar surveys in Ireland and will allow us to compare prevalence with other countries.

In addition, it is hoped that we will be able to assess the representativeness of this survey by comparing the findings with the upcoming Healthy Ireland Survey 2015, nationally representative population survey which will include some sexual health measures: sex of last sexual partner, relationship status, and use of protection at last intercourse.

## **2.9 Protection of human subjects**

### **2.9.1 Benefits**

Participants will obtain knowledge about HIV that they might not have prior to participating in the survey. The end of the survey will highlight the website ([www.man2man.ie](http://www.man2man.ie)) where participants may obtain information on sexual health in nine languages and also where to access free HIV and STI testing.

### **2.9.2 Confidentiality**

We will use the maximum privacy option of the Demographix software which will ensure that automatic data captured on the internet will not include internet protocol addresses (TCP/IP) or any other details that could identify the source computer linked to any data. All data will be collected anonymously and will be protected by the Data Protection Act 2003. Names or addresses will not be required and we will only ask for county to identify where respondents live.

Demographix is registered with the Information Commissioner's Office (No. Z1244335) as both a Data Controller and as a Data Processor for customer data. Demographix is an Associate member of the Market Research Society (No. 02177197) and abides by the MRS code of practice. All data access by Demographix customers and Demographix staff is over a secure SSL connection protected by a Verisign Certificate. Survey data submitted by survey respondents is sent over an SSL Link. Data is

held on servers in a secure data centre managed by Rackspace in the UK. Physical access to the servers is protected by numerous security measures including biometric security and is restricted to Rackspace staff. Demographix maintains a log of accesses by customers to its system. The survey data will be permanently deleted from Demographix three months following the end of the data collection period.

At the end of the survey period, data will be transferred to HPSC. Data security and confidentiality will be maintained at all times at the HPSC, which is accredited for Information Security Management ISO 27001.

### 2.9.3 Informed consent

Advertising of the survey will use the means outlined in Annex 2, and men will be directed to the GMHS home page website. This will provide a brief introduction to the survey (Annex 3) and will refer potential participants to the Demographix link in order to complete MISI 2015. The opening page of the survey (Annex 1) will also contain a brief description of the project and its aims. It will stress the benefit to the community of an individual's participation.

By continuing to complete the questionnaire, respondents are assumed to be giving their informed consent to participate. They will be required to confirm they have read and understood the description and that they are 18 years of age or older in order to proceed.

### 2.9.4 Ethical committee clearance

MISI 2015 received ethical approval from the Royal College of Physicians of Ireland (RCPI) on December 11<sup>th</sup> 2014. ID: RECSAF30

## 2.10 Practical considerations

### 2.10.1 Field work

#### **Main investigators and advisors**

The project will be led by the principal investigator Derval Igoe (HPSC) and the co-investigators Kate O'Donnell, Coralie GIESE (HPSC), Margaret Fitzgerald (HSC), Mick Quinlan (GMHS and GHN), Maeve O'Brien (CPP) and Daniel McCartney (GHN).

Support and advice will be provided by Axel J Schmidt and Ford Hickson from Sigma Research UK and Peter Keogh from the University of Greenwich.

#### **Human resources requirements**

We propose to manage the project with existing HPSC, GMHS and CPP-HSE and GHN staff.

## Budget

GMHS and the HSE/GHN man2man programme will cover the initial costs and also the promotion and write up of the report.

Costs related to staff involved in data analysis, reporting, reviewing, and promotion will be borne by HPSC, GMHS and CPP within HSE.

### 2.10.2 Tasks and timeline

The proposed date of start of the project is 5<sup>th</sup> January 2015. The project should last up to April 2016.

The online questionnaire will be live from 01/02/2015 to 30/4/15.

### Timeline for the survey

Tasks	responsible	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A
Adapting questionnaire	all	X																	
Submission for ethical review	all	X																	
Ethical approval	RCPI		X																
Promotion of the survey	GMHS & GHN			X															
Information+questionnaire link available on website / promotion	GMHS & GHN				X														
Data collection	all				X	X	X												
Data cleaning and analysis	HPSC/GMHS/ CPP/GHN							X	X	X	X								
Writing of report	HPSC/GMHS/ CPP/ GHN										X	X	X	X	X	X			
Editing and printing of report	HPSC/GMHS/ CPP/ GHN															X	X		
Distribution of reports	HPSC/GMHS/ CPP/ GHN																	X	X

## 3 Expected benefits

### 3.1.1 Outputs

The data generated will inform planning of interventions by health promoters. Data from the survey will increase the likelihood that HIV prevention interventions will address those needs which are currently most poorly met among MSM and/or are targeted at groups of men in greatest need.

Programmes and interventions that will be informed by the data generated by the survey will include media adverts implemented by HSE and (GHN) -man2man programme. The survey will also provide trends and performance data about the coverage, acceptability and effectiveness of national interventions. Increasing the performance of interventions will reduce HIV risk behaviours and consequently will result in fewer new HIV infections.

Furthermore, data will contribute to the national second generation HIV surveillance by monitoring HIV and behavioural indicators, but will also fit within the international and European HIV strategies of monitoring common and comparable indicators across countries.

### 3.1.2 Reports

We will provide a final report for research collaborators and national and local planners. The final report will be available to the general public and will be posted on GHN, HPSC, CPP and HSE websites and other gay community websites. We will professionally design and print 300 copies of the final report, which will be available in gay service centres.

We will also produce web and loose copies press inserts for the gay community. It will include a short overview highlighting key findings and will be made available in gay health centres and in high profile gay press titles and websites. We will take the opportunity to encourage men to participate in any following surveys.

#### 4 References

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**Note: The EMIS Ireland Man2Man Reports are available in 4 sections at <http://www.gayhealthnetwork.ie/research>**
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### 3. Appendices

1.1. Annex 1: Questionnaire (see attached)

1.2. Annex 2: Promotion for the survey

#### Primary websites:

[www.man2man.ie](http://www.man2man.ie)

[www.ghn.ie](http://www.ghn.ie)

[www.gmhs.ie](http://www.gmhs.ie)

#### Health service websites such as:

[www.hse.ie](http://www.hse.ie)

[www.hpsc.ie](http://www.hpsc.ie)

#### Commercial and Social Contact Websites and smart phone applications

[www.queerid.ie](http://www.queerid.ie), [www.gaire.ie](http://www.gaire.ie), [www.squirt.org](http://www.squirt.org)

[www.facebook.com](http://www.facebook.com) (Primarily [www.facebook.com/man2man](http://www.facebook.com/man2man), and other GHN member Facebook pages and support organisations).

[www.gaydar.ie](http://www.gaydar.ie)

Grindr

#### GHN member organisation websites particularly LGBT related:

[www.belongto.org](http://www.belongto.org)

[www.outhouse.ie](http://www.outhouse.ie)

[www.gayswitchboard.ie](http://www.gayswitchboard.ie)

[www.theoutmost.com](http://www.theoutmost.com)

[www.positivenow.ie](http://www.positivenow.ie)

[www.dublinpride.ie](http://www.dublinpride.ie)

[www.corkgayproject.com](http://www.corkgayproject.com)

[www.goshh.ie](http://www.goshh.ie)

[www.dublinaidalliance.ie](http://www.dublinaidalliance.ie)

[www.aidswest.ie](http://www.aidswest.ie)

#### Networks:

BeLonG To could distribute to the LGBT national network which includes 24 groups across 15 counties in Ireland (Carlow, Cork, Donegal, Dublin, Galway, Kerry, Kildare, Kilkenny, Limerick, Louth, Mayo, Sligo, Tipperary, Waterford, Wexford).

Union of Students in Ireland (USI) LGBT could distribute to LGBT Student Societies across 24 colleges in Ireland.

We also have a current listing of about 200 LGBT-related email contacts from the newsletter which can be contacted about the survey to promote same in their organisation/location.

#### Posters and cards:

In LGBT and social venues in Ireland, bars, clubs, saunas, sex shops, etc...

### 1.3. Annex 3: Introduction text for MISI 2015

**This text will be presented as an introduction to MISI 2015 and will be located on the GMHS home page website.**

#### **MISI 2015**

The MSM Internet Survey Ireland (MISI) 2015 is a continuation of the previous Gay Men's Sex Surveys (GMSS) carried out in Ireland between 2002 and 2010.

The primary aims of MISI 2015 are to identify some of the sexual health and HIV prevention needs of gay and bisexual men, continue to provide insight into a community that sexual health providers are targeting, and to generate data that can be used to inform interventions and services.

This survey is conducted by Gay Men's Health Service (GMHS) HSE, in partnership with Gay Health Network (GHN), Health Protection Surveillance Committee (HPSC) HSE and Crisis Pregnancy Programme (CPP) HSE.

The survey is adapted with thanks from the EMIS 2010 and Sigma Research GMSS 2014 and is hosted by demographix.com

Additional advisors are Daniel McCartney (GHN), Peter Keogh, Ford Hickson and Axel J. Schmidt from Sigma Research UK.

This survey has received ethical approval from:

The survey only takes a few minutes to complete. It is totally anonymous; your IP address is not recorded or kept. The information gives us and other sexual health providers a wealth of information to help plan our work. If you would like to discuss the survey in more detail, please contact Mr Mick Quinlan at GMHS (01-6699553).

To start the survey, please click here



**Proposed Advertisement for websites, social media, etc**

Are you male, gay, bisexual, a man who has sex with other men, queer, whatever?

Do you live in Ireland?      Can you access the Internet?

If **Yes**, well we want to know about your sex life!

The survey only takes a few minutes to complete. It is totally anonymous; your IP address is not recorded or kept. The information gives us and other sexual health providers a wealth of information to help plan our work.

*Questions about sexual behaviour and HIV testing, where do you meet male sexual partners, HIV status, condom usage, PEP, drugs and alcohol usage.*



This survey is conducted by Gay Men's Health Service (GMHS), Gay Health Network, the Health Protection Surveillance Centre (HPSC) and the Crisis Pregnancy Programme (CPP).

If you are interested, please click <here>, which will bring you to the Gay Men's Health Service Website and from there, a link to the study

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<sup>3</sup> (The logos are examples from GMSS and EMIS 2010. EMIS 2010 logo "be part of something huge" is just provided as an example but will not be used in MISI 2015)