



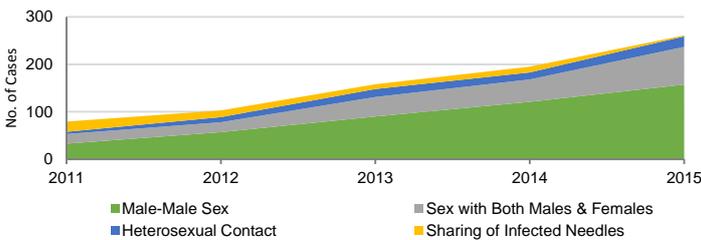
The Growing HIV Epidemic among Adolescents in the Philippines

New infections doubled from 2011 to 2015 among adolescents

Evidence from both the HIV/AIDS & ART Registry of the Philippines (HARP) and the 2015 Integrated HIV Behavioral and Serologic Surveillance (IHSS) indicate an escalating HIV problem among Filipino adolescents.

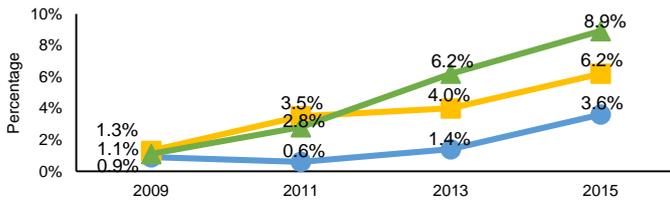
From 2011 to 2015, newly diagnosed HIV cases among young key affected populations (YKAP) increased by 230% (Figure 1); of which, male to male sex and males who have sex with both males and females were the two predominant modes of transmission (58% and 26%, respectively).¹ There were also 9% who were infected from sex between males and females. Notably, 7% of these new infections were transmitted through sharing of infected needles.

Figure 1. Number of newly diagnosed HIV cases among adolescents by mode of transmission, 2011-2015 HIV/AIDS & ART Registry of the Philippines (HARP)



This alarming increase in new HIV cases is consistent with the doubling HIV prevalence particularly among adolescent males/transgenders who have sex with males (M/TSM) in the past five years (Figure 2).

Figure 2. HIV prevalence among M/TSM who have anal sex, 2015 IHSS

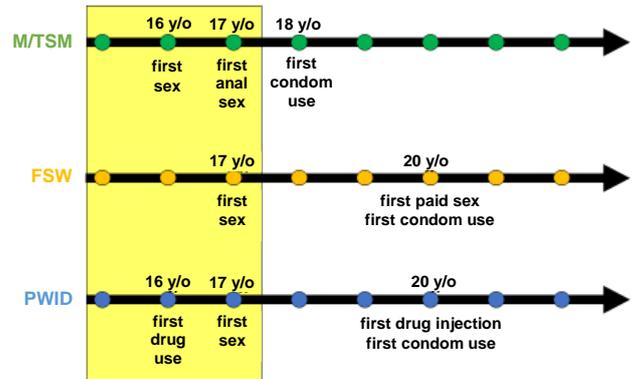


High risk behaviors start at an early age

Findings from the 2015 IHSS also showed that most M/TSM, female sex workers (FSWs) and people who inject drugs (PWID) start engaging in high-risk behaviors during their adolescent years (Figure 3).

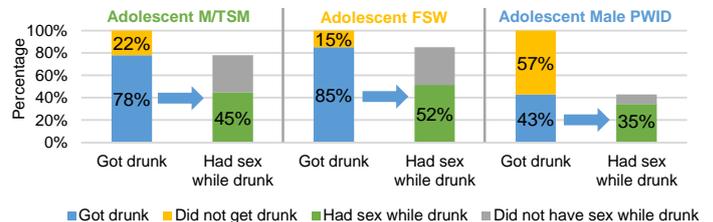
However, initiation into protective behaviors such as condom use, start two to three years later on the average. Apart from possible exposure to HIV during this condom lag (i.e. the gap between first sex and first condom use), further analysis indicates that the likelihood of eventual condom use decreases as the gap grows wider.

Figure 3. Start of high-risk behaviors, 2015 IHSS



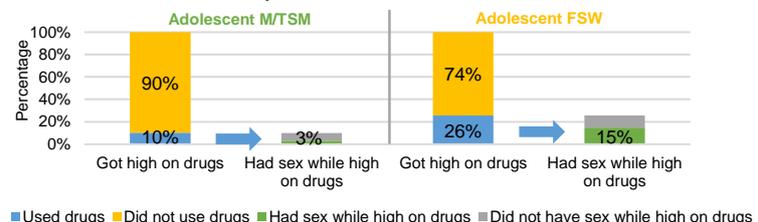
Gateway behaviors that place YKAP at a higher risk include drinking alcoholic beverages and taking recreational drugs. A significant proportion of YKAP reported getting drunk in the past year (Figure 4). More importantly, a sizeable percentage (45% of M/TSM, 52% of FSWs, and 35% of male PWID) experienced having sex while drunk.

Figure 4. Sexual practices of those who drank alcoholic beverages in the past 12 months, 2015 IHSS



Furthermore, among PWID, age of first drug use and first drug injection is 16 and 20 years old, respectively (Figure 3). Drug use was also found among other YKAP with 10% of M/TSM and 26% of FSW reporting said behavior in the past 12 months. Among them, 3% of M/TSM and 15% of FSW had sex while under the influence of drugs (Figure 5).

Figure 5. Sexual practices of those who used drugs in the past 12 months, 2015 IHSS



YKAP can be found in schools, social media, and cruising sites

The IHBSS showed that some YKAP may be found in schools. More than half (57%) of M/TSM were students while among FSW and male PWID, 39% and 13% were students.

A number of YKAP also reported having social networking accounts to look for partners. More than half of adolescent M/TSM (84%) and FSW (57%) have at least one social networking account used to look for partners.

Further, the IHBSS also showed that among adolescent M/TSM, 65% still go to cruising sites to find male partners. Among adolescent FSW, 51% go to bars and clubs, and 40% go to streets and parks to find paying partners.

YKAP have varied sex partners

YKAP reported having sex with different types of partners (Table 1). Though a smaller proportion of M/TSM engaged in transactional sex, it was evident that majority (79%) had sex with multiple non-paying male partners in the past 12 months which included boyfriends, fuck buddies, or one-night stands.

FSW had more one-time male clients than returning male clients in the past month. Among the 68% of male PWID who had sex with non-paying female partners in the past 12 months, most had one partner only which included wives or girlfriends. A very small percentage of male PWID reported M/TSM behavior by having multiple non-paying male partners.

Table 1. Type of partner and median number of sex partners, 2015 IHBSS

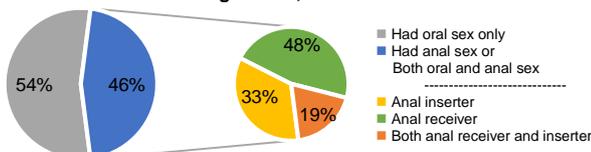
Type of partner	% who reported having sex with the specific type of partner	Median number of sex partners*
Partners of M/TSM in the past 12 months		
Non-paying male partner	79%	3
Paying male client	40%	2
Paid male partner	10%	2
Anal sex partner met online	10%	2
Partners of FSW in the past month		
First-time male client	74%	3
Returning male client	45%	1
Male client met online	4%	2
Non-paying male partner	50%	1
Partners of Male PWID in the past 12 months		
Non-paying female partner	68%	1
Non-paying male partner	6%	3
Paid female or male partner	5%	DNA**

*Number of sex partners among those who reported having sex with the specific type of partner
**Data not available

Almost half of adolescent M/TSM are having anal sex and condom use is way below target

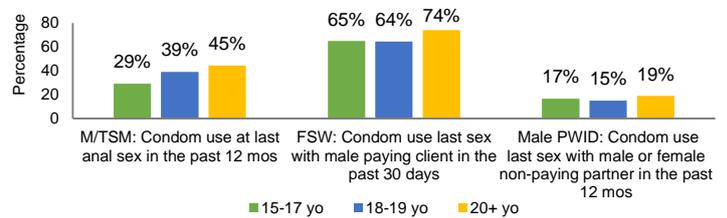
During the last time adolescent M/TSM had sex with a male partner in the past 12 months, 41% engaged in both oral and anal sex, 5% had anal sex only, while 54% had oral sex only. (Figure 6).

Figure 6. Type of sex during last sex with male partner among M/TSM, 2015 IHBSS



Yet among adolescent M/TSM who had anal sex, only 35% reported having used a condom the last time they had sex (Figure 7). Further, only 11% of those who had anal sex reported consistent use of condom with their three most recent partners. Common reasons for not using a condom among M/TSM include: unavailability of condoms (61%), not liking condoms (17%), partner objection (7%), and thinking that condoms are not necessary (7%).

Figure 7. Condom use at last sex, 2015 IHBSS



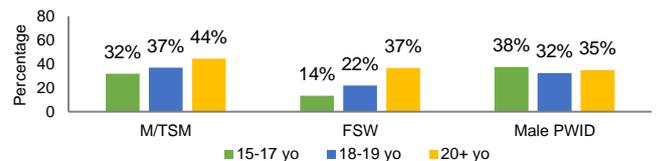
Condom use rate was highest among FSWs (65%) compared with other key populations. Among PWID, around 15% to 17% of 15 to 19 year old reported using condoms with male or female non-paying partner in the past 12 months (Figure 7).

Gateway behaviors mentioned earlier pose additional challenges in ensuring safe sexual encounters as alcohol intake and use of drugs further decreased rate of condom use across the different YKAP. Among M/TSM who had sex with a male or female partner while drunk or high on drugs, condom use was at 19% and 15% respectively. Among FSW who had sex with a male partner while drunk or high on drugs, condom use was at 51% and 57%. Lastly among PWID, 24% reported use of a condom the last time they had sex with a male or female partner while drunk.

Knowledge about HIV and perception of risk is low

Generally, low knowledge on HIV and self-perceived risk among YKAP further compound the risk of the said populations. Indeed, relative to older age groups, knowledge on HIV prevention and transmission was lowest among 15 to 17 year old M/TSM and FSW at 32% and 14%, respectively (Figure 8).

Figure 8. Comprehensive knowledge about HIV, 2015 IHBSS



Meanwhile, self-perceived risk of having HIV infection was particularly salient among YKAP. Among 46% of M/TSM and 58% of FSW who felt they are at risk of having HIV, majority said it was because they had multiple sex partners and did not always use condom during sex. Less than a third (29%) of PWID said that they feel at risk of having HIV, of whom 52% said it was due to sharing of infected needles.

YKAP have the lowest access to prevention commodities and services

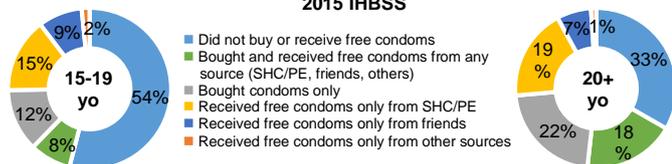
On top of the risks discussed above, YKAP have inadequate access to HIV services. Among male PWID, only 19% received free needles and syringes from social hygiene clinics (SHCs), peer educators (PEs), or drop-in centers (DICs).

Meanwhile, M/TSM are particularly at a disadvantage when it comes to access to condoms and lubricants. Though condoms and lubricants are free and available at SHCs, less than half of adolescent M/TSM believed that condoms (37%) or lubricants (27%) are easy to get in the community.

Among FSW, though 77% reported that condoms are easily available, only 29% reported that lubricants are easy to get in the community.

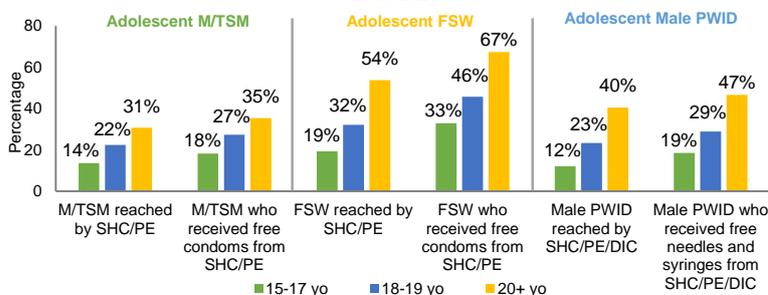
Moreover, compared to the older M/TSM cohort, fewer young M/TSM reported access to condoms. Only 15% received free condoms from SHCs or PEs, 9% received free condoms from friends, 2% received free condoms from other sources, 12% bought condoms, and 8% bought and also received free condoms (Figure 9).

Figure 9. Access to condoms among M/TSM, 2015 IHBSS



Aggregating provision of HIV information and commodities as a prevention package, the proportion of YKAP who received the complete prevention package from SHC, PE, or DICs further decreased (Figure 10).

Figure 10. Received HIV information and prevention commodities from SHC, PE, or DIC in the past 12 months, 2015 IHBSS

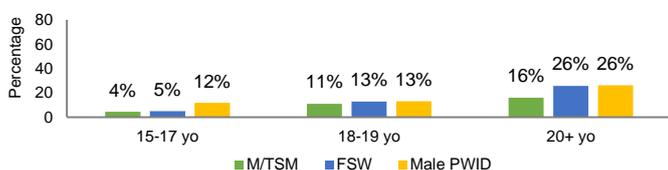


These findings contextualize the low levels of knowledge on HIV and low condom use among M/TSM and the low proportion of male PWID (45%) who did not use sterile injecting equipment at last injection.

Less than 15% of YKAP know their HIV status

Overall, testing rate was low among key populations but significantly lower among 15 to 17 years old (Figure 11).

Figure 11. Tested in the past 12 months and know HIV status, 2015 IHBSS



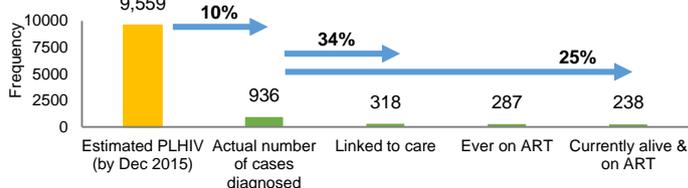
Barriers to testing mentioned by YKAP respondents include: being afraid to get tested, not recognizing the need to get tested, and not knowing about HIV testing facilities. Notably, awareness of HIV testing facilities is low particularly among adolescent FSWs at 36%. Among M/TSM and male PWID, 70% and 82% knew about available HIV testing facilities. Moreover, legal barriers to testing minors for HIV without parental consent hamper scale-up of HIV testing among YKAP.

Only 25% of adolescents with HIV are linked to care and accessing treatment

Data from the HARP as of December 2015 is consistent with testing data from the 2015 IHBSS. Of the estimated 9,559 PLHIV aged 15 to 19 years old², only 936 (10%) have ever been diagnosed.³

Among those diagnosed, 318 (34%) have been linked to care and 238 (25%) are currently alive and accessing free antiretroviral treatment from treatment hubs in the country (Figure 12).

Figure 12. HIV care cascade among adolescents (15-19 yo), December 2015 HARP



Adolescents need to have access to interventions to halt the growing HIV epidemic

High-risk behavior occurring among YKAP coupled with low knowledge and limited access to HIV services are the primary reasons for the escalating HIV epidemic among adolescents in the Philippines.

ALL IN Strategies to increase access of adolescents to HIV services should be prioritized. #EndAdolescentAIDS

- Increase knowledge of YKAP on HIV and access to an HIV prevention package through a participatory, targeted, and multi-platform approach. Activities need to be cognizant that face-to-face interventions are equally important as online strategies. These include scaling-up coverage of SHC and PE services, intensifying HIV in school curricula as mandated by RA 8504, and utilizing social media networks to reach more adolescents.
- Improve HIV testing uptake of YKAP by promoting availability of free HIV testing in SHCs and treatment hubs and ensuring youth-responsiveness of these services.
- Establish satellite treatment hubs or community-based testing facilities to increase linkage to care among HIV-positive adolescents.

Note: FSW data refer to the 2013 IHBSS. M/TSM and PWID data from the 2015 IHBSS have been adjusted using Time Location Sampling (TLS) and Respondent Driven Sampling (RDS) weights. Data may not reflect national figures, but represent locations included in sample.

References

- ¹ HIV and ART Registry of the Philippines (HARP). Department of Health – Epidemiology Bureau, Manila, Philippines. December 2015.
- ² EPP Spectrum by December 2015.
- ³ 2015 Integrated HIV Behavioral and Serologic Surveillance (IHBS). Department of Health – Epidemiology Bureau, Manila, Philippines. February 2016.

National HIV/AIDS & STI Surveillance and Strategic Information Unit

Epidemiology Bureau, Department of Health
2nd Floor, Bldg. 19, San Lazaro Compound
Sta. Cruz, Manila, 1003, Philippines
Tel: +632 651-7800 local 2952

Email: hivpicenter@gmail.com ♦ Website: www.doh.gov.ph
Facebook: HIVpicenter ♦ Twitter: HIVpicenter ♦ Instagram: HIVpicenter