

Feedback session at the Youth Voices Count Consultation 1-3 September 2010 Bangkok, Thailand. Photograph: Youth Voices Count



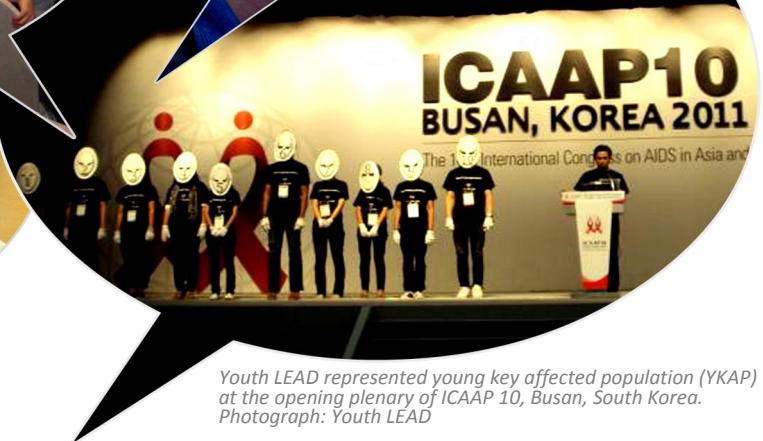
Participant at the 2012 Cambodia LGBT Pride. Photograph: Cambodia LGBT Pride



PSN leadership fellows taking on the media role, Kunming, China. Photograph: Anan Bouapha



Youth LEAD represented young key affected population (YKAP) at the opening plenary of ICAAP 10, Busan, South Korea. Photograph: Youth LEAD



## ADDRESSING THE NEEDS OF YOUNG MEN WHO HAVE SEX WITH MEN

High and rising HIV prevalence among populations of men who have sex with men (MSM) and transgender persons have now been documented throughout much of Asia and the Pacific region. Up to 40% of Asia's epidemic is projected to be constituted by transmissions attributed to male to male sex by 2015, rising from 13% in 2008.<sup>1</sup> Sex between men has already accounted for approximately a third of HIV transmission in Asia and the Pacific, although this is very likely to be underreported.<sup>2</sup> Many of these infections are occurring and will continue to occur among young men.

In Asia and the Pacific region, there is significant economic variance within and between countries – each requiring specific and unique approaches, especially in response to HIV.

The age at first male to male sexual encounter is often young, in the teens or younger for many men.<sup>3,4</sup> Furthermore, receptive anal sex – a practice carrying a high risk of HIV transmission when performed without a condom – is a common experience for young men, including as the first sexual experience.<sup>5</sup>

The region needs to find more effective ways to respond to the high and rising prevalence of HIV among MSM. The epidemic situations at country level require the development of programmes that respond to specific local circumstances where young men are practicing male to male sex. Emphasis should be placed on peer-based programmes, where young men are able to shape programmes and services addressing their specific local needs. Greater political will and leadership is required to remove the barriers of criminalisation, discrimination and stigma currently inhibiting the resourcing and implementation of effective local programs.

## Vulnerability and HIV prevalence

Age disaggregated HIV prevalence or incidence data on MSM in Asia and the Pacific region are rare. However, many of the HIV prevalence studies that have revealed high rates of HIV among this group over the last several years have had relatively low mean or median ages.

For example, a Laos study from 2007 that found HIV prevalence among MSM in Vientiane at 5.6% had a median age of 21 years.<sup>6</sup> A 2005 Thai study found HIV prevalence among MSM at 22.2% among Bangkok respondents aged 22 years and younger.<sup>7</sup> This high prevalence indicated a sharp rise among this age group over the previous two years.<sup>8</sup> In Myanmar, a 2007 study found HIV prevalence of 15% among men aged 15 to 24 - 22 times higher than the national HIV prevalence.<sup>9</sup>

Such widespread HIV infection among groups of young men presents great challenges for current and future HIV prevention programs. It also poses a burden to national health systems, as it is required to provide treatment and care for increasing numbers of HIV positive men.

Preventing the transmission of HIV through male to male sex at young ages is important for efforts to minimise the projected upsurge of HIV infections among MSM in the region over the next decade.<sup>10</sup> It is critical and urgent that there be greater promotion of HIV prevention in a way that does not further stigmatise MSM.

Young men practicing male to male sex may lack power to effectively negotiate safe sexual practices. Sexual health education that addresses adolescent male sexual health for MSM either via the education sector or via health services is rare. The availability of HIV and STI testing programs that are appropriate for young MSM is also limited in most countries in the region.

Many young men practicing male to male sex are also likely to experience a wide range of issues that have been associated with heightened HIV risk including selling sex, sexual coercion, drug use, binge drinking, suicidal ideation and social isolation.<sup>11</sup>



*Educational activity on HIV and STDs, Kompong Chhnang, Cambodia. Photograph: Bunthorn Kong*



*Participants have fun at the Community Day on Cambodia's 2012 LGBT Pride week. Photograph: Cambodia LGBT Pride*

## Young men practicing male to male sex and young transgenders

Male to male sexual practices occur in all countries of Asia and the Pacific region and are common among young men, but it is characterised with a diversity of practices.

For example, in South Asia, many young men engage in sex, including anal intercourse, with older men. This practice is based in traditional, sometimes widely accepted, norms that endorse sexual contact between younger and older men.<sup>12</sup> Sometimes this sexual contact can be exploitative. Moreover, it is indicative of age differences and social status, rather than of sexual orientation or sexual identity. Young men normally take the passive role in anal sex, configuring them in sexual relations as feminised or non-masculine.

In the Pacific, male to male sex is common among young men. Recent surveys indicate that young men have experienced male to male sex in the last twelve months in 12%, 14% and 8% of young men in Papua New Guinea, Samoa and Tuvalu respectively.<sup>13</sup> Male only sites such as boys' dormitories can be contexts in which male to male sex occurs.<sup>14</sup>

In East and South East Asia, many young men participate in contemporary urban gay scenes where the availability of male to male sex is extensive through sites such as saunas, nightclubs, karaoke bars, commercial sex venues, the internet, mobile phone dating and sex services, as well as through public environments such as parks, swimming pools, gyms and toilets.<sup>15</sup> These mechanisms can facilitate the possibility of high numbers and rapid turnover of partners for anal sex.

New communications technology such as chat websites and mobile phone dating services are connecting increasing number of men into networks of sexually active MSM. Consequently these are especially important sites for communicating with these men about HIV prevention, stigma and discrimination issues. Some of these mechanisms such as internet sites are available to increasing numbers of men outside of urban environments in Asia and also the Pacific.



*New GEN launch in ICAAP10, 26-30 Aug 2011 in Busan, South Korea  
Photograph: Youth LEAD*

In contrast with the “visibility” of transgender people in Asia and the Pacific, there is limited qualitative and quantitative data on transgender people.

However, there are significant positive steps to ensure greater understanding of transgender people and their issues.

For Asia and the Pacific, the UN Economic and Social Commission for Asia and the Pacific (UNESCAP) resolutions 66/10 and 67/9 note that transgender people are one of the key affected populations.

Further, it acknowledges evidence that the transgender population has a higher HIV prevalence rate than MSM.

These, and other significant changes in recognizing and understanding transgender populations are helping ensure that:

- 1) Transgender people needs are distinguished from MSM needs,
- 2) Specific data can be collected and
- 3) There can be increased mobilisation, and meaningful engagement of transgender populations and advocates.

## Young HIV positive men

Many young men practicing male to male sex have become HIV positive in recent years. These men require access to clinical services such as HIV testing, STI testing and treatment, and anti-retroviral therapy. They also require access to counselling and peer-based support that is appropriate for young people after their HIV diagnosis.

The need to provide appropriate support services to large numbers of newly diagnosed HIV positive young men represents a key challenge for the HIV response in Asia and the Pacific region over the next decade. However little has taken place in pre-empting the impending high demand for health and support services that are simultaneously appropriate for men who are both of young age and who are engaging in male to male sex. There is currently an enormous lack of capacity to provide this support. For example, there is a lack of trained counsellors in most countries in the region, especially counsellors who are able to provide effective services to young MSM.

There is limited visibility of living with HIV in the region generally due to continuing high levels of stigma and discrimination towards people living with HIV and AIDS. Further, this situation also leads to low uptake of HIV testing among young men, leading to late diagnosis, poorer treatment outcomes and premature deaths. More specifically, young positive MSM are not visible within either the region's burgeoning MSM and HIV community or the regional PLHIV movement.

Greater focus and support is needed to engage the increasing population of young HIV positive MSM in the regional response to HIV and MSM as well as national HIV responses. This will require sustained leadership development among young HIV positive men, many of whom will also require support relating to their diagnosis and to living with HIV.

## Health promotion programmes

Due to the diverse manifestations of male to male sex among young men, and the urgent need for community-based health promotion to address the risks associated with these practices, programs should address the particular features of local sexual and cultural contexts. Programs should be founded on peer-based principles, where those most affected by a specific issue inform the response to the issue.

This will prove challenging in many circumstances, as male to male sexual practice does not necessarily align with a self-defined sexual identity in many settings throughout the region. Innovative approaches that build programs from the community level up, beginning with the participation, support and guidance of young men engaged in male to male sexual activity, is required.

However, major barriers exist to providing these types of programs at sufficient scale to meet the needs of the large number of young men practicing male to male sex in the region. These barriers relate to criminalisation, discrimination and stigmatisation of male to male sex.

In addition, there is a lack of resources, political will and leadership among national and regional AIDS responses to address the growing spread of HIV among men who have sex with men in virtually all Asia and the Pacific countries.

Coverage of appropriate services and programs is estimated at less than 8% for all age groups.<sup>16</sup> Due to young men's invisibility, lack of self-identification, and lack of confidence in accessing MSM or HIV related services and programs in hostile and discriminatory settings, program coverage is likely to be even lower in younger age groups. Social and legal contexts that criminalise sex between men contribute significantly to keeping this coverage low. Urgent action is needed to raise this level of coverage so that young men are enabled to prevent the many thousands of HIV transmissions projected among this group over the next decade.

*Continued*

In the short term, this should include immediate financial commitments to scaling up existing HIV prevention, care and support programs for young MSM as well as researching new and innovative approaches to effectively intervene with this group. In the long term, this should include increased human rights protections for MSM and stronger actions to challenge the widespread stigma against sex between men.

*Group presentations at the Youth Voices Count Consultation  
1-3 September 2010, Bangkok, Thailand.  
Photograph: Youth Voices Count*



### Young Men and Sex Work: Vietnam<sup>17</sup>

Men exchange sex for money or other items of value throughout the developed and developing countries of Asia and the majority of male sex workers (MSW) are young men. In a recent survey of 300 MSW in Ho Chi Minh City by the Harvard Medical School AIDS Initiative in Vietnam, the median age was 21 years and average age for starting to sell sex was just 18.\* The project recruited a diverse sample of MSW from locations where they met clients, such as saunas, massage parlors, brothels, streets, parks, and by telephone referral through local intermediaries called “mamis.” Half also reported using the internet to meet clients. Although most of the MSW identified as homosexual or bisexual, 16% were heterosexual. All of the men reported selling sex primarily to meet financial needs and 15% were supporting themselves to study in high school or university. Housing and “excitement” were also commonly cited as reasons for sex work. Many of the MSW were from poor families in rural areas with low educational backgrounds and few other economic opportunities. The median payment for a sexual encounter was \$10 USD and MSW had an average of 12 clients per month. Although most consistently used condoms for anal sex, 33% reported unprotected anal sex (UAS) with other males in the previous month and 21% had UAS with male clients. The HIV prevalence rate was 6.3%.

## Legal reform and young men practicing male to male sex

Many Asia and Pacific countries maintain laws that criminalise sexual behaviour between men. The removal of these laws would make an immediate and substantial difference to improving the health, wellbeing and social status of young men who engage in male to male sex by increasing self esteem and removing barriers to accessing services.

Even where such laws are not routinely enforced, their existence inhibits effective HIV and sexual health education

for young men by largely preventing acknowledgement and discussion of the widespread practice of sex between men.

This in turn limits young men’s willingness to be open about their sexual activities and seek appropriate information and services such as HIV testing, increasing their vulnerability to HIV transmission. It also limits their capacity to learn and utilise effective negotiation and communication skills that are vital to practicing safe sex and minimising exploitation and manipulation.

## Youth Initiatives and related Leadership programs in Asia and the Pacific

A number of regional initiatives have been established in recent years – all with the common aim of strengthening the capacity of existing leaders and developing skills for potential new young leaders amongst MSM and transgender communities in the region.

The **Purple Sky Network (PSN)** and **APN+ Positive MSM Working Group** both run leadership programs aimed at enhancing the skills set of young MSM in the Greater Mekong Sub Region. The aim of this leadership programmes is to strengthen skills, knowledge and attitudes of young MSM, including young positive MSM, to enable them to meaningfully contribute to the HIV response at country and regional levels.

### PURPLE SKY NETWORK & APN+ POSITIVE MSM WORKING GROUP

**Youth Voices Count (YVC)** is an initiative on HIV and AIDS for young men who have sex with men and young transgender people in Asia and the Pacific region. Its aim is to give young MSM and young transgender people the opportunity to share and discuss the main issues they face in relation to HIV. YVC believes that it is crucial to engage the voices and meaningful participation of youth in all policy and decision making processes.

### YOUTH VOICES COUNT

**Youth LEAD** (Youth Leadership, Education, Advocacy and Development) is a network of young key affected populations in Asia and the Pacific. It aims to develop youth leadership among young MSM, young sex workers (SW), young people who use drugs (PUD) and young transgender. Their main objectives include the creation of a platform for networking, advocating for youth-specific policies and programmes, and building capacity for future leadership. YouthLEAD together with the Asia- Pacific Interagency Task Team on Young Key Affected Populations have developed a capacity development leadership training for young key affected populations "**New Generation Asia**" and a mentoring support programmes involving key leaders in the community.

### YOUTH LEAD

## Learning lessons from the Region and across the Globe

The meeting report and discussion paper jointly developed by the Interagency Youth Working Group, USAID, UNAIDS and FHI shares some of the lessons learned from programs that have focused on young MSM and transgenders in the region and across the globe, and the priority areas that need to be addressed.<sup>18</sup>

- Support for MSM organizations that, in turn, can support a range of programs that contribute to young people's development through life skills, mentoring, and job skills.
- Gaining more understanding on the unique needs of young MSM through research. These should include culturally specific sexual and gender identities, unique prevention, treatment, care, and support needs within youth-focused programming and approaches to developing social support.
- Using social networks and peer educators to communicate theory-based counseling and advice
- Consider more joint programs with drug prevention and harm reduction among injecting drug users and those using amphetamine- type stimulants, as well as overlapping programs with projects that support young men selling sex to other men.
- Attention to the needs of young MSM, with a human-rights based approach, should be integrated into HIV national strategic plans and current HIV response.
- School-based sex education needs to include the perspective of gender orientation and sexual preference into materials and teacher training. In addition, supportive and safe spaces for young MSM need to be created in schools, as well as in health care services and communities.

The report further concludes that: "Focusing more resources, attention, and energy on young MSM can help reduce the spread of the HIV pandemic among one of the population groups that is most at risk, at an age when sexual identity and behaviors are forming. Focusing more effort on the needs of young MSM can also help save many lives, protect future generations, and contribute to greater acceptance of all human beings."

## Summary

- Male to male sex is commonly practiced among young men throughout Asia and the Pacific, occurring in various forms across the region.
- Increasing rates of HIV attributed to sex between men has become a significant contributor to the HIV epidemics in all countries in the region.
- Many of the HIV infections that have occurred among this group have occurred among young men and will continue to be seen among young men.
- It is urgent that there be an expanded range of youth-friendly, non-discriminatory support services for young HIV positive men, including peer-to-peer programs as well as clinical services.
- Laws criminalising sex between men detract from the health and wellbeing of young men in this group and limit the effectiveness of health promotion programs. These laws should be immediately repealed.
- Health promotion programs for young men practicing male to male sex should be peer based and built from within communities with these young men identifying their needs and developing appropriate responses.
- These programs should involve addressing a wide range of issues of importance to young men including increased access to services providing HIV testing, STI testing, drug and alcohol treatment, sexual negotiation skills, self esteem building and other contextual issues that contribute to HIV risk and transmission, rather than narrow provision of basic behavioural information.
- Urgent action is needed to lift the current extremely poor coverage of health promotion programs for young men who have sex with men. This will require greater political commitment as well as increased investment.

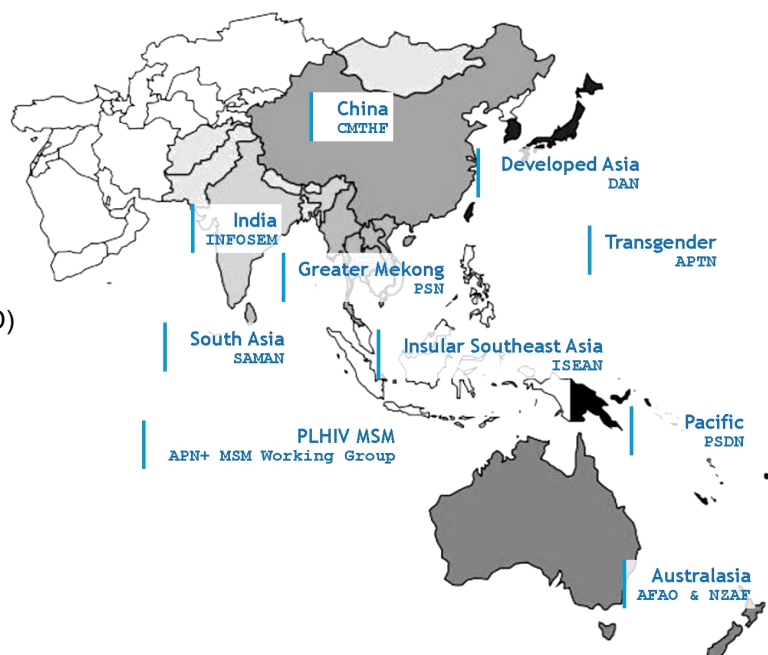
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## Information on APCOM

The Asia Pacific Coalition on Male Sexual Health (APCOM) is a regional coalition of MSM and HIV community-based organisations, the government sector, donors, technical experts and the UN system. The main purpose is advocating for political support and increases in investment and coverage of HIV services in Asia and the Pacific.

### Organisations

Australian Federation of AIDS Organizations (AFAO)  
New Zealand AIDS Foundation (NZAF)  
China Male Tongzhi Health Forum (CMTHF)  
Develop Asia Network (DAN)  
Purple Sky Network (PSN)  
India Network for Sexual Minorities (INFOSEM)  
Insular Southeast Asia Network (ISEAN)  
Pacific Sexual Diversity Network (PSDN)  
South Asian MSM and AIDS Network (SAMAN)  
APN+ MSM Working Group  
Asia Pacific Transgender Network (APTAN)



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