COMPONENT THREE
Reaching young MSM by ensuring a developmental approach to HIV services

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What is Adolescence?

- This is a stage of development in human life

- Age range varies, but generally thought to begin with the pubescent years around the age of ten and continues up until physical maturation is reached around the end of the teenage years.

- For the duration of this time, significant developments happen with regard to sexual and physical development as well as cognitive changes

- The World Health Organization (WHO) defines "adolescents" as individuals 10–19 years of age, and "youth" as 15–24 years of age

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Emerging Adulthood

- Developmental period distinct from adolescence – typically defined as years 18-25

- Important distinction from adolescence in that this is often the first time youth live on their own and form more lasting intimate relationships

- Research indicates that this period may have increased risk for substance use and sexual risk behaviors
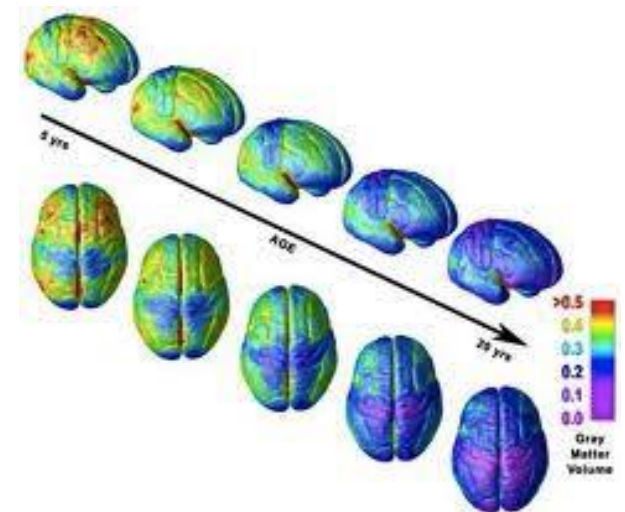
Risk Factors for Adolescents

- Substance use – drugs (e.g., methamphetamines, cocaine, ecstasy) other drugs and alcohol linked to unprotected sex

- Impulsivity - sensation seeking, rises dramatically during adolescence and increases risks to healthy development

- Peer influences – perceptions of what peers do often more important than actual behaviors of peers

- Education and awareness - Research has shown that a large proportion of young people are not concerned about becoming infected with HIV

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Why is HIV incidence high in YMSM? (1)

- Because there are more uninfected people among them…

- Lack of appropriate sexuality education (knowledge and attitudes)

- Inability to negotiate, especially with older partners

- They may be 'bottom' more than older age cohorts

- Syndemic factors → drugs, alcohol

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Why is HIV incidence high in YMSM? (2)

- Physiological reasons (not fully grown physically)
- Psychological reasons → shame, self-stigma, feeling worthless
- Naiveté about love, expectations of lover
- Stigma, discrimination → coming out stress

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# Why YMSM find it challenging to access HIV services?

- Age of consent – need for parental consent
- May not be reached by outreach
- May not see the need to get tested
- Fear of being infected (ignorance)
- Fear of stigma, discrimination
- Fear of disclosure (of sexuality and HIV status) → loss of family support

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Why YMSM find it challenging to access HIV services?

- Fear of costs of treatment
- Same insurance as parents → disclosure fear
- Fear of side effects of ARV medicines
- Fear of having to leave school
- Fear to lose friends

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What works for young MSM?

- We are not entirely sure!
- More research/assessments needed...
- What is presented here is based on experiences in Asian countries and on 'common sense'

ADOLESCENTS UNDER THE RADAR
IN THE ASIA-PACIFIC AIDS RESPONSE

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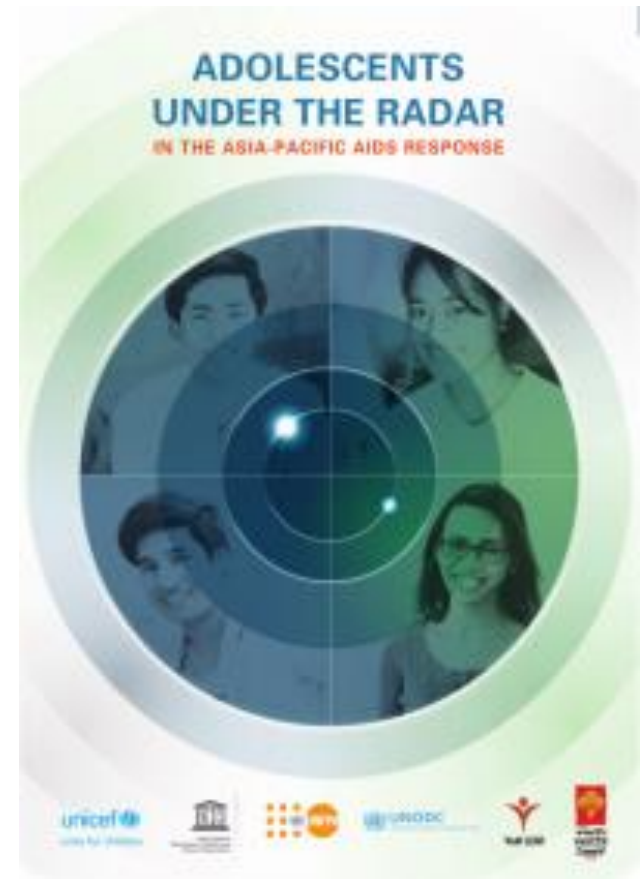
1. Reduce need for parental consent

- In Indonesia no questions are asked about age of those tested;

- In Thailand the age of consent for HIV testing was reduced from 18 to 15;

- In other countries, outreach workers sometimes provide 'parental consent'

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2. Provide youth-friendly services (1)

- Use language that is understandable/common among young MSM

- Information and education materials should look 'cool', attractive

- Make use of the internet and social media for outreach, referral and links to reliable websites with further information, ensuring close linkages between offline and online services

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2. Provide youth-friendly services (2)

- Involve young MSM in designing and delivering messages and delivery of the service

- Ensure staff is sensitized, understanding and accepting of young MSM (also guards, other staff)

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3. Set up fail-proof case management

- Ensure that young MSM who test positive are linked (via more than one channel) to a case manager, preferably someone living with HIV

- Ensure support online, via telephone, LINE/WhatsApp or Facebook messenger

- Accompany young people the first few times they are accessing pre-ART and ART services

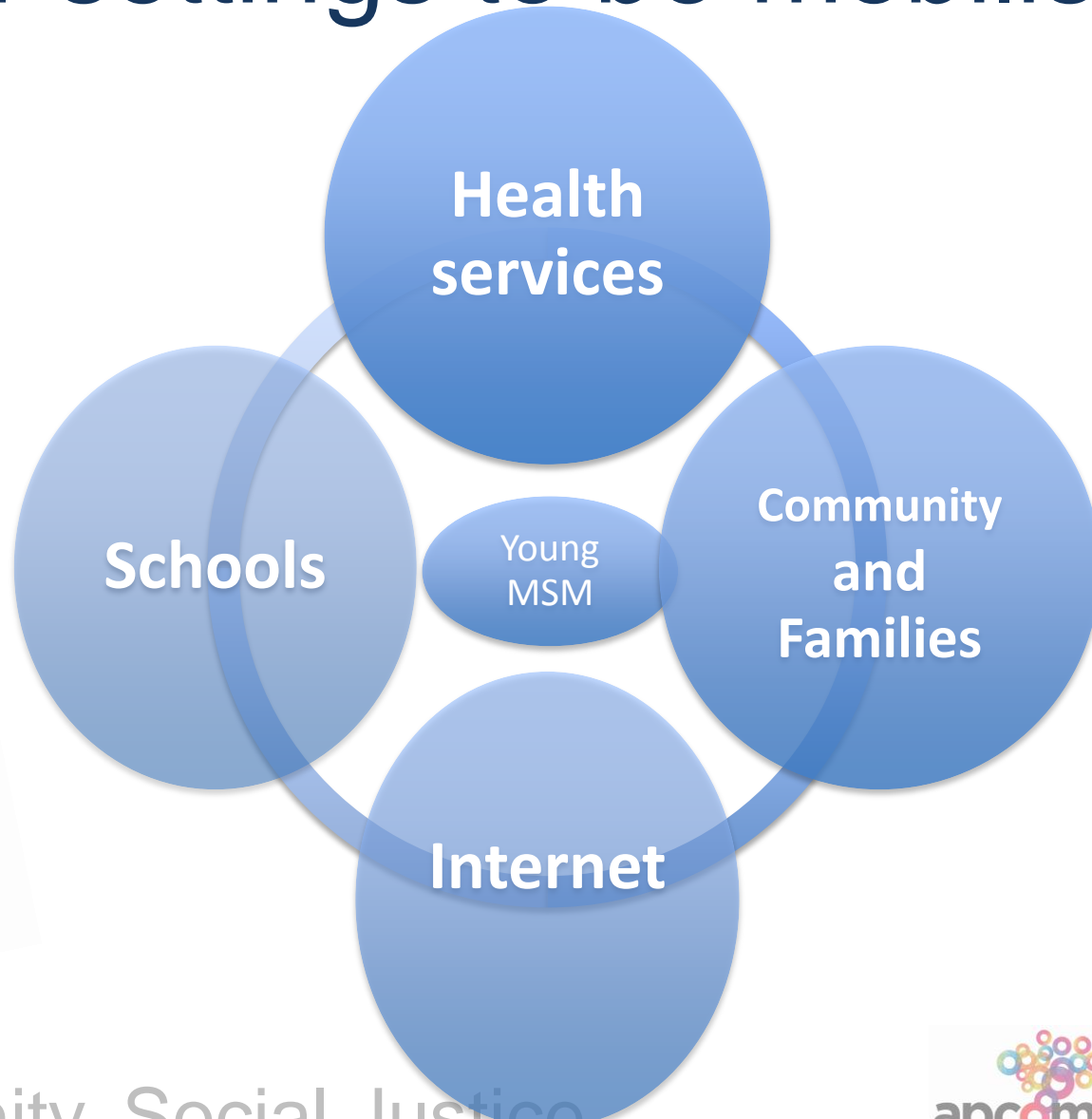- Try to make them member of a support group

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A proposed Pilot Project

Preventing HIV and linking young MSM to HIV services

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Four settings to be mobilised

Health services

Community and Families

Schools

Young MSM

Internet

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Proposed objectives

- Postponing sexual debut without being sex-negative
- Building knowledge on HIV and safe sex
- Enhancing skills in communicating about sex
- Promote regular HIV testing
- Improving knowledge of rights and available support
- Fostering partnerships (between students, parents, teachers, health workers, NGOs, private sector)

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Research & Action

- Combination of operational research with pilot implementation in the field
- Operational research to find the best methods to disseminate learning and facilitate change:
  - Testing peer education model with older-younger peers
  - Compare effect of school-based, community-based and health-care-setting based group education
  - Testing effectiveness of web-based interventions and use of social media

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Setting 1: Schools

- Work to postpone sexual debut of young MSM without being sex-negative
- Provision of neutral, correct factual knowledge
- Develop a network of MSM-friendly teachers as advocates and advisors
- Create linkages to out-of-school activities implemented by NGO/CBOs
- Train teachers/school counselors to address needs of MSM students → 'MSM-friendly sticker/label'

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Setting 2: Communities & Families

- Combination of one-on-one and group HIV prevention and sexuality education activities
- Train older mentors (16-21) as coaches/educators for younger mentees (13-15)
- Strengthen capacity of existing MSM NGOs to deal with needs of teenage audience
- Provide social support, education for parents if needed
- Use MOH Health Volunteers if possible

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Setting 3: Health services

- Assess and find ways to improve the youth-friendliness of HIV and other health services
- Conduct activities for young MSM to normalize regular HIV testing
- Assess and address issue of consent for testing → arrange for parental consent & gather evidence for advocacy
- Provide training to health service staff and counselors to be more youth-friendly and aware of MSM needs

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Setting 4: Internet

- Develop tools for online learning linked with recreation/entertainment, linked to activities in the 3 other settings

- Assess the extent to which recruitment and training of peer mentors/mentees online is feasible

- Conduct continued and concerted social media campaigns aimed at young MSM, including integration in dating websites and apps

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Plenary group discussion

- Discuss whether a project as proposed would be possible in your area. Could schools and MOH volunteers, in particular, be mobilized as proposed?

- Would there be resistance, either from school authorities, parents, religious leaders or others?

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Group work

- Fill out Checklist Three to assess the situation and gaps in the provision of HIV services for young MSM.

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