

# CONSULTATIONS WITH YOUNG PEOPLE ON HIV/AIDS 2004

Thailand Country Report



UNICEF Thailand  
May 2004

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ISBN : 974-685-050-4

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Health, Education, Equality, Protection  
ADVANCE HUMANITY

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ISBN : 974-685-050-4  
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## Foreword

Young people are under threat from HIV/AIDS. Of the estimated 40 million people in the world now living with HIV/AIDS, more than a quarter are aged 15 to 24. Half of all new infections occur in young people. In addition over 10 million children have been orphaned by AIDS and face life without parental protection and guidance, poverty and social inequality.

Despite the acclaimed success of Thailand's HIV/AIDS programme, young people are now at increased risk of HIV infection. Recent studies reveal that not only are many young people in Thailand sexually active, but very few of them protect themselves from HIV with condoms. Drug and alcohol use is also widespread amongst young people, increasing risk of HIV transmission through unprotected sex and, for injecting drug users, blood-borne infection.

While highly vulnerable to HIV/AIDS, young people in Thailand have had little opportunity to contribute to the development of HIV/AIDS policies and activities. Programmes are mostly developed by adults and directed at young people rather than developed *with* them. Attempts to promote participation of young people have been directed to those from more privileged backgrounds, rather than those who are most vulnerable. Their views about the HIV/AIDS situation and effective ways to address HIV/AIDS have been conspicuously missing from Thailand's response. Not surprisingly, young people also lack a sense of ownership of HIV/AIDS activities. Unfortunately the case is the same in most countries in the world.

To address this situation, in conjunction with the 15<sup>th</sup> International AIDS Conference in Bangkok in July 2004, UNICEF and other partners organized a global process of consultations

with young people on HIV/AIDS. In the months preceding the Bangkok Conference young people from 15 countries, in several continents, were involved in discussions to exchange views on HIV/AIDS and formulate statements to share with the world. They included young people from Bangladesh, the Caribbean, Burkina Faso, Cameroon, Cambodia, Dominican Republic, Egypt, Indonesia, Islamic Republic of Iran, Lao PDR, Nepal, Sri Lanka, Tajikistan, Ukraine as well as Thailand. The results of their discussions are summarized in the report *Young People Speak Out. Meeting our Rights to HIV Prevention and Care: Access for All* released during the 15<sup>th</sup> International AIDS Conference. At the Bangkok AIDS Conference, ten representatives from Thailand joined over 30 young people from 14 other countries to share their views and summarize their recommendations. These were presented at the Bangkok AIDS Conference in the key forum "Young People Speak Out", chaired by UNICEF's Executive Director Carol Bellamy.

This Thailand Country Report document contains the main findings from the Consultations with Young People in Thailand. It summarizes the recommendations made by over three hundred young people, representing all regions and a range of vulnerable groups, who participated in the Consultation process in over 50 meetings held between March and May 2004. The report suggests ways in which policies and programmes can be improved to better address the needs of young people. It also describes the methodology used in undertaking this challenging project.

We hope that this report will be an inspiration and a valuable tool for all people in Thailand and the region who are working for prevention and care of HIV/AIDS amongst children and young people.

Inese Zalitis  
Representative  
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# Table of Contents

<b>1</b>	<b>Introduction</b>	<b>7</b>
<b>2</b>	<b>Results of Consultations</b>	<b>11</b>
	2.1 Access to Information	11
	2.2 Access to Prevention Skills	16
	2.3 Access to HIV Prevention Services	17
	2.4 Access to Services for Care and Support	22
<b>3</b>	<b>Summary of Recommendations for Action</b>	<b>27</b>
<b>4</b>	<b>Three Key Messages for the Global AIDS Conference</b>	<b>31</b>
	<b>Annex 1</b> Schedule of Meetings for Consultations with Young People	33
	<b>Annex 2</b> Consultation Methodology	45





# 1 Introduction

## The HIV/AIDS Situation

The success of Thailand's HIV/AIDS prevention programme has been widely recognised internationally. As a result of the programme the number of annual HIV infections has been reduced from around 143,000 in 1991 to some 25,000 cases in 2001. Despite this success infection rates continue to be high in some areas and population groups. HIV prevalence is still high in coastal industrial provinces and among injecting drug users, 40 per cent of whom continue to test positive. Young people are also at increased risk of HIV infection owing to practise of unsafe sex and widespread use of drugs, including alcohol amphetamine-type substances. In addition, according to estimates there are over 21,000 children living with HIV/AIDS, and 500,000 children and young people affected by HIV/AIDS, that is with one or both parents living with HIV/AIDS.

## The Consultation Process

To date young people have had little opportunity to contribute to the development of HIV/AIDS policies and activities in Thailand. For this reason in the consultation process an attempt was made to provide an opportunity for the most vulnerable groups of young people in Thailand to express their views. Between March-April 2004 over 310 young people, including over 100 women, participated in 50 separate meetings held in a total of 18 provinces and 4 regions of Thailand (see Annex 1 for details). These young people came from a range of contexts, including poor rural areas, urban slums, ethnic minority groups, illegal migrants, sex workers, drug users, street children, young people in detention, young people from the Southern Muslim provinces, gays and lesbians, transgender youth, young people living with



HIV/AIDS, and young people engaged in the urban nightlife scene.

The methodology emphasized creating relaxed settings, with discussions facilitated by people the young people trusted and in places familiar to them, where they would feel safe and open to express their ideas and views without fear. Staff or volunteers from NGOs or support organizations guided the meetings, based on a set of consultation questions which were translated into Thai, and helped record the responses and comments made by participants. These were compiled into a report and sent to the consultation focal point at UNICEF who prepared a draft country document summarising findings from all participating groups. Findings were reviewed in a forum organized in early May which was attended by about 50 young people who had participated in the consultation meetings, together with representatives of support organizations (see Annex 2 for details of the methodology).

## Key Findings

In general the range of opinions expressed by the young people who participated in the consultations reflects the range of knowledge, understanding and attitudes about HIV/AIDS current in Thai society. Some young people have high levels of knowledge about HIV/AIDS, but the responses of many participants revealed that they have very little knowledge about HIV and how it is transmitted, indicating that current programmes have failed to reach many vulnerable groups. These differences can be seen clearly in the answers to the specific issues of prevention, care and recommendations for policy which were discussed in the consultations.

### 1. Prevention

Young people said that they lacked access to information on HIV/AIDS and sex education which is clear, addresses their needs and is available in than appropriate form.

Participants from all groups indicated that they lacked access to skills for prevention. They pointed to inadequacies within the

education system in regard to curricula and teaching on HIV/AIDS and sexuality, including skills for prevention, and a lack of access to training on these skills for young people outside the formal education system.

Services for prevention are, in the opinion of vulnerable young people, unavailable, and where available are difficult to access. Condoms and counselling or advice services on HIV/AIDS, sexuality and reproductive health are still not easily available to vulnerable young people.

Harm reduction approaches, for prevention of HIV transmission among injecting drug users, are not currently available.

In regard to the social environment, young people also identified a lack of guidance from community and religious leaders, from all major faiths, which could help them to cope with problems and decision-making.

Young people said that they had little opportunity to contribute to setting of policies and programmes which affect their lives, for example the government's recent social order campaign.

### 2. Care and Support

Care and support services for young people living with HIV/AIDS are inadequate and coverage is limited. Young people living in remote areas have difficulty in accessing ARVs, for reasons such as cost of drugs, lack of capacity of local medical services, attitudes of health personnel, and distance. Community attitudes towards young people living with HIV/AIDS are still very negative in some areas, with many reporting stigmatization and discrimination. This in turn leads to reluctance to disclose and lack of access of services where they are available.

Poverty was identified as one of the major problems faced by young people living with HIV/AIDS, as well as those from families affected by HIV/AIDS, however there is little or no provision for support for occupational activities or other measures to strengthen families or communities to enable them to cope better.



### 3. Recommendations for Policy

The participants in the consultations made a number of recommendations for government policy on HIV/AIDS and young people. These include:

- Production of media containing information on HIV/AIDS and reproductive health which is clear and appropriate in relation to the needs of young people;
- Improved teaching about HIV/AIDS and reproductive health in education system, including appropriate methods and curricula;
- Provide increased access to condoms, through free distribution and dispensing machines, especially in remote areas;
- A harm reduction approach should be adopted in prevention of HIV/AIDS among drug users. The use of relatively harmless drugs such as marijuana should be legalized;

- Community and religious leaders should provide more guidance to young people to help provide a social environment which helps young people to protect themselves from HIV/AIDS;
- Provide increased access to services, such as counselling, care and treatment for young people living with HIV/AIDS. Cost of ARVs should be included in the "30 baht" health care scheme;
- Increased support for social welfare and occupational development for young people living with and affected by HIV/AIDS;
- More opportunities should be provided for participation of young people in HIV/AIDS policy and programme development.



# 2 Results of Consultations

## 2.1 Access to Information

### 2.1.1 Problems and obstacles in accessing information (Key gaps identified)

#### 2.1.1.1 Sex Education

Most of the young people feel that the subjects of sex and sex education are embarrassing and therefore do not dare to discuss them openly. While sex education is in the school curriculum, they felt that it does not provide them with sufficient knowledge. Some of the young people, such as the youth from slum communities, do not see sex education as a high priority because it provides few academic credits and does not aid in vocational or professional development. For them, employment and/or income generation are a higher priority. This was seen as one reason why young people are not interested in the subject.

Moreover, the process of teaching and learning still does not favour the study of sex and sexuality. Some of the youth felt that the physical education teacher, who is often required to teach sex education, still does not have a personal in-depth knowledge and understand of sex and sexuality, and therefore cannot aid in the development of knowledge and understanding among the students. This was identified as one of the reasons why sex education is an embarrassing subject. The method of teaching is usually didactic, usually in a large group or lecture format, without opportunities for questions and answers. The content is described as too academic and theoretical and ought to include prevention, but does not. The young people from the South of Thailand maintained that sex education is too "technical" and lack some of the broader "human" issues. They feel that a study visit that would demonstrate the consequences of irresponsible sexual

behavior would be of greater benefit to them than the mechanics of sex and reproductive health. The curriculum also does not address many important issues, such as attraction to the same sex and same sex behaviour.

The Nightlife Youth provided further reflection on the subject of sex education. "Even the young people already receive sex education in their educational institutions starting from secondary school the information is only superficial, not in-depth. The information that is provided only emphasizes the physical changes of the body."

Besides issues related to the school curriculum, the young people discussed additional obstacles to information related to sexual health. First, the young people disclosed that young people themselves may be the obstacle to accessing the information. Some people like to isolate themselves and do not like to participate in activities. Others simply lack interest. One cross border migrant youth revealed, "Someone came to my home to talk about AIDS, but I was young and did not listen." Second, the attitudes of adults may create obstacles because they view the subject of sex as inappropriate and despicable. The young people from the South stressed that "women are likely to be hindered by their families because they view that talking about sex is inappropriate." Third, the information received is incorrect and/or incomplete. Out-of-school rural male youth reported that they are likely to receive information related to sex from their friends, but this information is insufficient and incomplete.

### 2.1.1.2 Information materials / Sources of information

#### Have not received information

Thai young people still feel that they lack information about birth control and the prevention of sexually transmitted diseases, including HIV. Gay youth admitted that they are afraid because they are not aware of how to prevent infection with HIV. They lack clear and correct information and an understanding about HIV/AIDS and sex, especially between persons of the same sex. The Youth in Detention also reported not having clear

information and an understanding about HIV/AIDS because they lack interest in the subject. Their vulnerability is compounded by the lack of awareness, a lack of self-worth, over confidence in their sexual partners, a lack of information resources, and lack of access to the means of prevention.

#### Completeness of information

Several of the groups of young people maintain that the resource materials on HIV/AIDS are incomplete or do not meet the specific needs of young people. The gay and transgender youth stressed that there are few resources that will even approach the issue of sex between males. "Hotline services also do not have information of concern to the 'third' sex." Rural youth from Northern Thailand added that, "No one has provided detailed information on issues related to AIDS and sex, including changing sexual attitudes, abstaining from sex, and protecting oneself through safer sex."

Furthermore, information on HIV/AIDS is often not up-to-date. Young people residing in dormitories observed that the information boards and posters in their residences never change, perhaps out of the fear that some presentations will encourage young people to have sex. Some remarked that the information is only in Thai language, thereby excluding some groups, such as cross-border migrant labour, who cannot read or speak Thai. "No one has come to talk to us about AIDS or sex, but if there is someone who can speak the same language as us, we will gladly listen." Even if they would like to have information, they cannot ask for it.

#### Illiteracy

Another obstacle or factor that prevents young people in Thailand from accessing information is illiteracy. Young people from Northeastern Thailand, for example, stated "Some people have completed the sixth year of primary school but still cannot read. Having access to written sources of

information is very important when there are few or no opportunities to attend trainings and seminars."

#### Young people do not dare to ask for information

Women in technical college in Eastern Thailand find it difficult to seek services that are already available. "I know of various information services, but I do not dare go and ask for it. I am afraid that I will be viewed as someone who is already having sex. I would feel embarrassed to walk in and ask for counselling services." Moreover, "being a woman makes it difficult to ask for information on HIV/AIDS." The young people admitted, however, that these obstacles may originate from them rather than from outside.

#### Lack of clear public service announcements

One person involved in Night Entertainment mentioned, "I am not aware of different information resources or I do know of them but I do not know where the government provides public information and counselling. Hotline telephone counselling services, for example are a source of information but it is not clear from the public service announcements what the contact numbers are."

#### Not covered

Youth living with HIV/AIDS assessed that, "In distant communities, the staff of the public health stations are not fulfilling their duties to provide information on how to prevent HIV infection and how to care for persons infected." Many of these young people do not know of any projects or work plans related to AIDS programming in their home villages. Other community-based youth, such as the Buddhist novices, have never participated in a seminar about HIV/AIDS but feel it would be useful as they prepare themselves to become laypersons.

### 2.1.1.3 Lack of opportunity to participate

It has been difficult for some groups of young people to access information because they have never had the opportunity to participate in HIV/AIDS-related activities. This is particularly the case for the youth in detention and street youth. In addition to this, the young people in both urban and rural communities remarked that there are no organizations working on HIV/AIDS-related issues with young people in their communities, except on special occasions such as World AIDS Day. The young people who are able to participate are always those specially selected by the local Public Health Office. Others who would truly like to become involved may never be given the chance.

### 2.1.1.4 Socioeconomic problems

Poverty and employment are priority issues for most young people in Thailand. Therefore greater importance is placed on professional and vocational ability than social and sexual behaviour. Working hours, in general, are not considered a convenient time to access information about HIV/AIDS, especially for those who work late at night. The Nightlife youth observed that young people face many problems: They have no spending money, no employment; have problems in the family; and, family members often do not understand them. In the case of the Nightlife youth, their families often think that they are going to sell sex when they go out at night.

Birth registration and proof of citizenship are related problems. Many street youth, cross-border migrant youth and other youth in Northern Thailand do not have identification cards that will give them greater access to employment, information, and services. Nor do they have homes, possessions/property, or the stability/security that others take for granted. The cross-border migrant youth maintain, "Our illegal status as laborers makes it impossible for us to seek health services."





#### 2.1.1.5 Acceptance from society

The young sex workers and transgender and gay youth have limited access to information. "Because we are groups that society views us as abnormal means that we have to avoid society, hide ourselves. We don't dare ask for information related to HIV/AIDS because many people in this society blame us for spreading HIV. It needs to be better communicated that HIV can be spread by anyone to anyone."

### 2.1.2 Key recommendations related to access to information

#### 2.1.2.1 Improve information materials

Improvements should be made in various media, such as television and radio, and the frequency of their use in the provision of information on HIV/AIDS to youth. Young people need to become more aware of issues-related to sex and the use of condoms.

Printed materials need to be made more convenient in terms of both size and use. The materials produced related to HIV/AIDS should be both interesting and appropriate, and should mirror how young people think.

#### 2.1.2.2 Improve the teaching of sex education

Sex education should be taught clearly to help reduce HIV infections among young people.

The contents of sex education programming should conform to the needs of the young people.

During instruction, the group of young people should be divided on certain issues, so that young people will be better able to participate and to express their opinions.

The teacher / facilitator should be male [because it is more difficult for women to talk about sex].

The teaching/learning manual should have pictures that are colourful and interesting.

Adults, mothers and fathers should also

receive appropriate information so that they are able to counsel their children.

#### 2.1.2.3 Youth Friendly Services

Provide telephone counselling services that will reduce the embarrassment of accessing services and increase the willingness to communicate on sensitive issues and obtain information.

Expand the services that can easily reach out to young people, such as the Child Development Centres, because youth cannot easily access services.

#### 2.1.2.4 Increase opportunities for young people's participation

Increase opportunities for young people to participate in activities to help them develop their reserve of knowledge and to develop their ability (skills) to protect themselves.

Increase the participation of persons living with HIV/AIDS and involve them in them in care and treatment. They can follow up adherence to drug regimens among friends, conduct home visits, provide counselling, and instruction on how to talk to a doctor. Young persons living with HIV/AIDS can also be a facilitator/resource person to provide information and knowledge at the provincial, as a member of the provincial sub-committee on HIV/AIDS or in another leadership role.

Participatory activities should be expanded to reach young people who have not yet been reached, such as youth in rural communities and urban slum communities.

#### 2.1.2.5 Key actions for an enabling environment

Expand the compulsory curriculum to make sex education, including HIV/AIDS mandatory.

Incorporate sex education into the curriculum for both formal and non-formal education to help young people learn about HIV/AIDS and know how to prevent it.

Use appropriate messages in mass

media campaigns, in the newspapers and on the radio and television. Air time should be during the times that young people watch programming because it will be a reminder for youth to be aware of self prevention. Expand the information base to communities. Control different media so that it doesn't place blame or provoke.

Use college and university students as a resource. Give them a role to play in the campaign against HIV/AIDS. Build the capacity of these young people to work in the field of HIV/AIDS for better prevention efforts. Young people themselves are able to talk to their friends and get them to participate in activities. Gay youth in Thailand are a good example of young people coming together as a group to provide services to society.

Community-based interventions should have continuity in their work plans and work toward sustainability, this includes projects sponsored by government agencies.

Have non-governmental organizations develop and organize trainings and seminars that will promote collaborative learning and programming, especially to expand efforts of organizations that provide counseling to in other groups of young people, such as the Buddhist novices.

Produce media that is appropriate to a specific target population. Media should be accessible - such as a newsletter that is sent to their home, television and radio programs and on the internet. Students should be able to access the internet in school. Libraries should have up-to-date information. Interventions should promote condoms and the normalization of carrying them.



## 2.2 Access to prevention skills

### 2.2.1 Problems and obstacles (Key gaps identified)

Most of the young people reported having access to skills to protect themselves from HIV infection. These skills include the use of condoms, not using injecting drug needles with others, and Life Skills (psychosocial competencies). However, the slum community youth admitted that they still do not have a clear understanding of the correct methods of prevention.

The young people expressed the following views on the problems and obstacles related to the use of prevention skills.

#### 2.2.1.1 Condoms

The problems related to condom use among young people that were found included access to condoms but condoms not being used when having sex. The gay youth provided the example, "we have never had an obstacle in accessing condoms but mostly still neglect to use them." Or the group of young males from the South of Thailand said that it is easy to get condoms. "They are for sale in every pharmacy, but we don't know how to use them or the importance of using them." Furthermore, "no additional information is provided about condoms in the community because the people who teach are old and say that it is to prohibit 'adultery' (sexual intercourse out of wedlock)." Among the transgender youth, "we mostly use condoms every time but don't dare to buy them. But, sometimes we submit to the wishes of partners who do not like to use them."

The adjustment to a new environment, from a rural to urban setting, appears to affect the behaviour of youth. For example, a young person from the Hilltribe group stated, "When I first moved, I went to school and would often go out with others. I didn't know how to protect myself, whether it we were going to a commercial sex establishment or whether

it was with a woman that I just met and liked. Sexual intercourse that originates from the emotions is only temporary."

From a fundamental religious perspective, the young people from the South that the provision of condoms and condom education only encourages young people to have sex. Religious principles prohibit this so that teaching about condoms is not seen as necessary.

#### 2.2.1.2 Non-sharing of Needles

Among young drug users, the youth feel that they know how to prevent AIDS, i.e. not to share needles with others. "We mostly know but do not practice because we are more afraid of missing out on drugs."

#### 2.2.1.3 Life Skills

Many of the rural youth from the North recognize that they still lack negotiation and refusal skills together with appropriate attitudes on AIDS and sex. "What can we do to refuse our friends or even our boy/girlfriend. When they invite us to go out or go to a party - activities that may eventually lead to sex because when we are already intoxicated, we are no longer in control." A male technical student added, "I have never heard of Life Skills nor have I seen activities about Life Skills." One transgender youth added the view that Life Skills ought to "be based on the life experiences of the individual."<sup>1</sup>

### 2.2.2 Key recommendations in accessing skills for HIV/AIDS Prevention

The young people in the South see that "there is a lot of immorality today because people do not think about morality." Protecting oneself well means knowing how to refuse, and maintain consciousness of mind, have stability of mind when going out or going to places of entertainment. Not going to entertainment places, upholding religious principles, because Islam teaches to not go close to fornication but pay reverence and respect to God. The subject

of fornication is something shameful in the community.

There should be more opportunities for young people to develop Life Skills. The young people engaged in sex work added, "Life Skills can help us better know how to protect ourselves in our profession."

### 2.2.3 Factors enabling skills in HIV prevention

#### Skills in condom use among the young people

The youth from the South, who are restricted by their religion to talk about condoms, maintain that "some localities should talk about condoms sometimes because in the community there are people with risk behaviour (persons with behaviour not following religion) and those not at risk, especially in localities in the Northern part of the South."

In addition, the young people of the South still view that teaching sex education ought to be included in the regular curriculum and ought to support marriage during school age (have a wife of one's own). In the Islamic colleges, there is a curriculum for Happy Family Life that suggests that young people "Can get married during school age." The objective of the curriculum is to build understanding within the family so that the young people to not have to go and consult only with their friends when they have a problem.

The young people prioritized the skills needed in the prevention of HIV/AIDS. In declining order these were: the use of condoms; not having sex; knowing and understanding AIDS; being monogamous; loving and giving value to oneself; self pleasure (masturbation); raising people's consciousness of religion; and, not sharing injecting drug needles or equipment. The young people that the groups and individuals who are most vulnerable in society ought to be

<sup>1</sup> On the issue of Life Skills, there was a broad discussion including the definition of Life Skills. Some participants felt that development of Life Skills should not take on the meaning that one has completed a training course or the lessons from a curriculum in the classroom. Other indicators, such as whether a person is able to negotiate for condom use with their partner, need to be looked at. This would indicate that they have skills in negotiation. Life Skills are seen as skills that come from the accumulation of experiences more than receiving information alone - from standard teaching and learning activities. Life Skills in the classroom can be dependent on too many things, like the skills and preparation of the teacher.

## 2.3 Access to HIV Prevention Services

When talking about services related to the prevention of HIV/AIDS, the youth expressed opinions about condom use and on counselling services. Access to condom and services appears to be directly linked to skills for condom use.

The youth revealed the HIV/AIDS prevention services which they like or prefer to use include (in declining order): their group of friends; non-governmental organizations what work in HIV/AIDS; different kinds of media; schools; telephone hotlines; convenience stores; temples/religious leaders; health stations; public health offices; commercial sex establishments; and places of entertainment.

### 2.3.1 Obstacles to accessing HIV Prevention Services

#### 2.3.1.1 Age of curiosity (want to know and see)

Young people are at an age of curiosity, they want to know and they want to try things, and to be independent. The male technical school students and the young women in the slum communities expressed that youth do not think in the long term like adults. "Young people do not believe what adults have to say. They are curious to learn and try new things. Young people have a number of behaviours that may lead to infection: drug use; going out at night, to karaoke pubs and drinking alcohol; going to sex workers; getting tattoos." Moreover, young people often see that their behaviours come with the risk



of HIV infection, like planning for sexual intercourse without properly preparing oneself. They do not think that far ahead. Being independent in having sexual intercourse means having many partners. Or it may mean having a different variety of intercourse, e.g. oral sex or the use of dildoes and other sexual aids.

### 2.3.1.2 Values and beliefs

The majority of young people still believe that you can tell if a person has been infected with HIV by their appearance. Young people from the rural Northeast explained that many youth "choose only to have sex with a female who looks good and they think that females ought to be more cautious and have better skills in protecting themselves from AIDS and males."

Some participants felt that young people have incorrect attitudes and values about sex. For example, living together out of wedlock, have sex during their school years, like to go dating in couples, trust people who are close to them, serial monogamy, like to throw parties, drink until drunk, use drugs, dress provocatively, dress according to fashion, use things to extravagance and find money in the wrong manner.

Rural youth who have come to the cities to continue their studies have observed "the social culture of the cities make people become bold and dare to do or try new things and to act out. The culture of rural areas suppresses some of this boldness. The urban society provides many temptations, tempting the will so that we want to try."

The issue of being infected is an issue youth are worried about after unplanned pregnancy. The Hilltribe youth state that "when having sex, there is a greater worry about pregnancy than being infected by HIV." A similar view is held by the young people residing in dormitories. "When you study in the city, you have to have a boy/girlfriend and it is expected that you will have sex. Greater importance is placed on

preventing pregnancy than prevention of HIV infection."

Having many girlfriends means that you are great and you receive the admiration and acceptance of your friends. Self study about sex from various media does not provide comprehensive information. Having confidence/trust in your sexual partner and monogamy in which protection is not used is often unrealistic. The gay youth explained, "If you haven't already had sex you will not find acceptance from your group of friends, among gay men."

At present, female and male youth in the Bangkok's slum communities to copy or imitate what they see in the media and favor sexual intercourse without obligation

Female cross-border migrant laborers perceive that "persons who are at greatest risk of infection are female sex workers and male clients of sex workers. Single females are not at risk for HIV/AIDS. The risk for these women is having a husband when the husband is infected by another woman."

### 2.3.1.3 Socio-economic limitations

Street youth and youth that make their living on the streets have little access to information and do not have access to public services. They recognize that, "Government services exist - hospitals - but we cannot access them. We do not dare to go there. No one will take us there either. Adults do not want to waste their time by taking us there. They would like us to go ourselves, but we can't."

Young people involved in sex work, both male and female, do not use condoms every time they are with a customer because of offers of more money not to use one or, if the sex worker has to provide the condom, the cost may be a limitation. They are then open to infection with sexually transmitted infections, including HIV.

In other working environments, young people are expected to socialize with the

customers, as in karaoke pubs in the night entertainment industry. There is often the drinking of alcohol with customers which could lead to unprotected sexual activity later. Adolescents who have just finished their compulsory education and have just started work are particularly at risk.

### 2.3.1.4 Problems related to Condoms

#### Values and beliefs

Some of the female youth view that the procurement and use of condoms is a subject of concern for males only. To them, condoms are offensive and disgusting. They feel ashamed to carry condoms. The Nightlife youth view condoms as an obstacle to sexual bliss. If condoms are used, the females will feel pain during sex.

#### Lack of Negotiation skills

Many of the young people recognize that they lack skills in negotiation. The Nightlife youth summarized, "When we started having sex we were still very young and we lacked experience. We didn't talk to our partners or dare to suggest the use of condoms. If sex was spontaneous, for which we were unprepared, curiosity got the best of us and we would forget about protecting ourselves."

#### Attitudes towards carrying condoms

Many of the young people never carry condoms. They are afraid of reprimand or being identified as a bad person. The Nightlife youth summarized once again, "Males view females who carry condoms as person who have experience and who are ready to have sex. The females view males who carry them as people who are high risk for sexually transmitted diseases. But then, those who do not carry them are inaccessible - it is not likely that we will be able to have sex with them."

Young people from the Northeast consider that if young people carry condoms, they may be more motivated to try and use them. "Condoms suddenly become unnecessary if you have to wait [for sex] because you have to go out and buy one."



### **Using condoms consistently**

Partner type, perception of risk and history of using condoms tend to influence whether a young person will use condoms consistently. One technical school student narrated, "I use condoms during sex with a woman other than my girlfriend. I don't dare to ask to use them with my girlfriend because it is a sign of trust. It is not something we talk about." Another student said that asking to use condoms is like saying you do not trust the woman. Moreover, young people from the Northeast revealed, "Young people who have already had sex many times without using condoms are unlikely to start."

### **Know about condoms but do not dare to ask for them**

Young people working in night entertainment know where condoms can be obtained but do not dare ask for them because "the staff person is a man and we are afraid that the customers will view us as sex workers."

### **No condoms**

Regulations can restrict or prevent the use of protection. The young people in detention reported that unprotected male-male sex takes place because the detention center has regulations about having sex and a prohibition against distributing condoms. "Initiation" in the detention centers has taken on the meaning of stealthily having anal intercourse without prevention. Likewise, many communities in the South of Thailand prohibit the distribution of condoms to young people before they are married.

#### **2.3.1.5 Problems of youth requesting counseling**

Most young people do not dare to ask for and receive services because if they need the services, they are afraid that they have been infected with HIV. However, at the same time, they do not change their behaviour. One Hilltribe youth explained, "I think we would not dare have our blood

tested in order to see whether we have been infected or not."

The people living with HIV/AIDS have observed that the "places providing counselling are not always prepared to receive cases. For example, they do not have private rooms. Sometimes they have to use the area in the front of the examination room as the place for counselling." They added, "We don't want to ask for counselling at the hospital. It is too much like going for treatment." Most often, young people are too shy to request services. The male technical students expressed that "going and asking for counselling services makes us feel embarrassed."

There is an underlying fear that their secrets will be disclosed. They are afraid that their parents will learn about their personal information and behaviours. One youth saw a friend of his father who found out he was infected with HIV become stressed and contemplate suicide. He is worried that if he were to become infected, how would it affect his work? Would it make relatives and siblings take offence? One Hilltribe youth added, "I would be afraid that my friends will know that I am infected, then no one will come to see me, or if I know a friend has been infected, I will ignore that person. It is better not to know. If we know then we will be very upset because if we do not know it is as if nothing has happened." Similarly, rural youth from the North reported, "Youth cannot access the services provided by government agencies out of worry. They are worried about getting counselling when they already have a problem - about sexually transmitted infections - about pregnancy - considering abortion. The feeling of shame is very great. They also don't dare to use the services because there is an underlying fear that they will meet people that their parents know and who will gossip".

Access to counselling services can also be



very difficult because of the process and the approachability of the staff. Youth labourers from the Northeast stated, "It is very difficult and confusing to ask for services, not sure who to ask for advice or how to start because we fear the staff."

Most importantly, the majority of the young people do not have information about organizations that provide counselling services and like to counsel their friends, their lovers, older friends and siblings with experience, or teachers instead.

The youth with special occupations such as sex workers have the feeling that they are different from other people in general, so that they are not confident to ask and receive services. They stated, "I don't dare consult with anyone because of my profession." The homosexual youth, "we are embarrassed to ask for counselling services."

### **Service seeking behaviour**

The Hilltribe youth expressed views about service seeking behaviour that "when there is a problem with health or are we are not feeling well, we will start by helping ourselves. And, if we cannot help ourselves, we will go and consult a close friend to ask for advice or assistance from this friend to go and buy medicine for us" or "if there are symptoms of illness that are related to symptoms of a person with AIDS, it will cause a lot of apprehension and will not tell anyone. We will wait to see

what happens - possibly one year. If the symptoms do not really appear, then we will be at ease again. Moreover, the government services have a lot of steps (procedures) that are complicated and slow. We don't go to private services because we don't have the money."

Youth who sell sex like to go to private clinics because they can get immediate service and do not lose time to rest. (they work late at night and rest during the day). They can go and see the doctor in the late afternoon when public clinics have already closed.

## **2.3.2 Key recommendations for young people's access to prevention services**

### *Increase the role of religion in the prevention of AIDS*

The young people, especially from the South see that religion has an influence on HIV prevention. They maintain that if everyone believes in religion and fears God, they would not disobey God's commandments. Religion teaches us not to be immoral against children, wives and others. At the same time, young people in Northeastern Thailand see that religion can play a role. "Religious leaders who have knowledge about AIDS are able to provide advice to youth, because monks are trustworthy. Religion can help young people come to the temples, speak and exchange ideas with the abbot."



### 2.3.3 Key actions to build an enabling environment to access prevention services (key actions to address the enabling environment)

The government should expand services to have comprehensive coverage. Attitudes among adults need to change. They need to see that having sexual intercourse is natural and that young people learning about prevention is not going to encourage them to have sex, especially when they are already having it.

More work should be done with community development organizations. Through these organizations young people will be able to be part of the solution to problems. It will help youth to become "empowered," have confidence in themselves, and gain the trust of their communities. In addition, working with young people means "truly accessing young people." "Civil service agencies do not need to establish formal services. There have been many bad examples of that, like setting up a tent and then announcing over a loud speaker that people can come and receive an HIV test. No one would want to go. They would rather use services that are discrete and user friendly. Then, wherever young people are, they would go to the service."

Distribute condoms free. Besides 7-11 stores and other convenience stores, sell condoms in other places. Have vending machines in rest rooms and where ATM machines can be found.

Normalize and promote the value of always carrying condoms.

When viewing different media, such as a pornographic film, actors and models should be required to use condoms as a good example for youth and others.

Promote Youth friendly counselling services that can be easily accessed, e.g. telephone counselling services.

Train religious leaders to have greater knowledge about AIDS

Provide work permits for cross-border

migrant youth labourers so that they may access services.

Encourage governmental and non-governmental agencies to provide counselling services in the communities.

Promote *Friends Tell Friends* / peer education approaches in HIV/AIDS prevention and establish groups of youth peer leaders.

## 2.4 Access to Services for Care and Support

### 2.4.1 Problems and Difficulties in Accessing Services

#### *Negative Community Attitudes towards People Living with HIV/AIDS*

In the view of young people, the main problem encountered by people living in HIV/AIDS in accessing services is a negative attitude by the community. However the severity of this problem varies from region to region.

Many groups of young people involved in the consultation commented on the negative attitudes of their communities towards people living with HIV/AIDS, and in some cases young people themselves held negative attitudes.

"We've seen young people with negative attitudes towards people living with HIV, they wouldn't go near them, wouldn't join in any activities together." (youth in secondary School Northeast region)

"We don't want to go near them because we're afraid of catching HIV. People with HIV should be separated, they shouldn't socialize with normal people." (North-eastern labour youth)

"The severity of dislike and negative attitude is still very high." (gay youth)

"They spread the virus. If it was my own relative, then I could accept him/her, but if someone else I couldn't accept them, I'd keep my distance. In some communities parents don't live together, they live separately. In some cases houses are abandoned. When washing corpses they use a hose to spray the body as they don't dare to touch it....If a

person in one of the three provinces (that is, the 3 largely Muslim provinces of the far south) becomes ill with a disease due to a religious prohibition they will be rejected by the community.

In the upper south, the negative attitude is not so severe, and if the person living with HIV is a married woman, then they'll help the woman and her children." (youth in secondary school, Southern Thailand)

In part, the negative attitude of some young people towards people living with HIV/AIDS appears to be due to an inaccurate understanding of HIV/AIDS.

"AIDS is a disease which makes people hate the person who has it. It can't be cured. If others know we have it, then its better to go and die." (Street youth, Northern Thailand)

"AIDS can be transmitted by nail scissors. If I had AIDS and get my nails cut, then someone else uses them to cut theirs after me, they can become infected." (Street youth, Northern Thailand)

Some young people, even though they have knowledge about HIV/AIDS, are still afraid of people living with HIV.

"Young people know about AIDS but still fear people with HIV" (Female slum community youth, Bangkok)

Young people observed that children affected by HIV/AIDS were unable to go to school because their friends wouldn't play with them and young people disliked people with HIV/AIDS who are symptomatic, with skin lesions and other opportunistic infections.

#### *People Living with HIV/AIDS are Afraid to Disclose*

Young people living with HIV identified one of the main obstacles to accessing care and support as the lack of confidentiality. While supportive of allocation of budgets by local government to provide care and support they pointed out that fear of disclosure prevented many people from accessing funds:

"Allocation of funds by sub-district administrative organizations to help

people with HIV/AIDS is good, because its handy and convenient, but it will be affected by disclosure, as people will be embarrassed to access support services if they are recognized"

For the most part, young people living with HIV are afraid to disclose their status, because they feel that if people know then they will be rejected. For this reason they often wait until their condition deteriorates severely, sometimes leading to death.

Young people living with HIV are aware of the various sources of services for information, care and treatment. However an important constraint is the issue of communication with service providers. For example, some hospital staff lack information about ARVs, they have poor public relations, and show negative attitudes towards young people with HIV. This makes young people reluctant to access services. Few young people are prepared to disclose their identity in the community, which reduces their opportunities to join activities.

#### *Access to Health and Other Government Services Economic Problems*

Difficulties meeting costs is an important factor for young people affecting their use of services.

"Young people have no money and they worry about spending a lot... We know that ARVs are available at the hospital, but it costs a lot of money to make use of the service. Also hospitals are far away from our homes and we have to wait a long time in a queue." (Rural youth, Northern Thailand)

#### *Provision of Services by Hospital Staff*

Discrimination by staff when receiving treatment under the "30 baht Scheme" (a current initiative to provide low-cost health services), makes young people living with HIV/AIDS reluctant to attend hospitals. There is also lack of uniformity in provision of services.

"Hospitals never give the same information on health and use of ARVs, or provide incomplete information, making people living with HIV/AIDS worried, and making it difficult to make



decisions regarding use of medicines."  
(Youth living with HIV/AIDS)

#### *Lack of Health Insurance*

The lack of health insurance services places additional burdens on young people.

"Mostly when we go to the clinic we use our own money. We don't have a health card. If we miss work we have to make up the loss of time to our employer."  
(Young sex worker)

Young people who belong to ethnic minority groups (many of whom do not have Thai ID) or who come from neighbouring countries illegally to work in Thailand, or even internal migrants, lack access to education, health services and health insurance. Even those who are eligible for entry into the 30 Baht Scheme find that it doesn't cover all types of medicines, in particular those for HIV/AIDS treatment.

#### *Lack of Information*

Young people are disadvantaged in access to information about services and entitlements. Many are unaware of government policies to provide help, such as educational support for young people affected by HIV/AIDS.

"Young people know from media such as TV and magazines that there are ARV medicines which can arrest the HIV virus, but we don't know how and where to access these services."

"In areas far from the provincial centre, health station staff don't do their job of providing information on prevention and care. Some HIV positive young people who become ill still didn't have any information, and the leaders of the club themselves had to help them." (Young people living with HIV/AIDS)

"I didn't know where to get help, so I had to go and find work to help provide for my family."

#### *Capacity and Coverage of Service Providers*

Young people living with HIV/AIDS reported that:  
"Community hospitals don't carry costly medicines, for example those to treat fungal infections of the brain, and patients have to go to the provincial

hospital for treatment."

"The hospital is a long distance away and I don't have the cost of the fare to take my mother to see the doctor. To get social welfare help we have to travel far and there is no transport to get there."

The role of teachers, as a group of people who are very close to young people, should be increased:

"Class teachers can help a lot if they understand and don't have negative attitudes." (Youth living with HIV/AIDS)

In the view of young people, the responsible agency shouldn't be Public Health. Local NGOs can help provide information to the community and help organize activities with young people for prevention. The number of personnel available among AIDS organizations should be increased to make it easier to access information and care services. Services should be improved to provide full access for people living with HIV/AIDS and those affected, including medicines, psychosocial support, social welfare benefits, welfare centres for children affected by HIV/AIDS and establishment of people living with HIV/AIDS self-help groups.

The capacity of hospital personnel should be improved by developing their knowledge of HIV/AIDS and changing their attitudes, which will help improve access to services for young people living with HIV/AIDS.

Negative community attitudes should be addressed by providing the community, including young people, with information to improve their knowledge and understanding of HIV/AIDS.

Allocation of budgets for assistance by government agencies, local government and NGOs should be extended to all areas, including education and social welfare, and cover even remote communities.

There should be advocacy at the policy level, for example in regard to coverage of the 30 Baht Scheme to include ARVs, PR to ensure that all people are aware of their rights of access to health care.

### **2.4.2 Key Recommendations on Gaps, Skills and Actions**

Many young people said that people living with HIV/AIDS needed moral support and that they could live together. Negative attitudes could be lessened by improving the community's knowledge, by provision of help, and by speaking out to show the community that we don't have negative attitudes towards people living with HIV/AIDS. Community members could be taken on study visits and better information media could be produced, in order to build community understanding of HIV/AIDS and living together with people with HIV/AIDS.

The effectiveness of medicines should be improved.

Increased attention should be given to people living with HIV/AIDS including help with housing and job creation.

There should be improved access to hospital and medical care which is appropriate and equal for all.

### **2.4.3 Key Actions to Address Enabling Environment**

Increase the role of religion to develop qualities of humanity among young people and sympathy for people living with HIV/AIDS.

"Here we live together as brothers and sisters. If anything occurs, then we help one another, with the temple as the community centre. Being HIV positive or negative isn't a problem for people here, because everybody is ready to help each other." (Buddhist youth, Southern Thailand)







# 3 Summary of Recommendations for Action

## 3.1 Recommendations on prevention

- Increase the Role of Religion
  - » Support an increased role for leaders of all religions in HIV/AIDS activities
  - » Support for young people in reaching the fundamental teachings of each religion
  - » In regard to the role of the Buddhist Sangha in caring for people living with HIV/AIDS, assistance should be given to some churches which help people living with HIV through moral support and financial assistance
- Increase Participation of Young People
  - » Promote the participation of young people in community activities. This shouldn't just consist of sports, but should include policies affecting young people
  - » Groups and organizations should be established which reach young people in remote areas, those who are outside the system, and novice monks
  - » Urge community level organizations to organize activities for young people
  - » Most young people want to see an increase in budget allocation to support on-going activities for young people
- Support for Strengthening of the Family Institution and Society
  - » Support strengthening of families
  - » Increase the understanding of young people in using their spare time during school breaks to advantage, for example through training in moral precepts
  - » Support participation of young people in community

level activities of all types, with assistance from adults

- Increase access to information and services
  - <sup>a</sup> Increase service centres for provision of counselling and advice on HIV/AIDS and sexuality, including knowledge and skills for prevention of AIDS, skills in refusal and negotiation
  - <sup>a</sup> Produce media the content of which is clear and creates awareness for prevention
  - <sup>a</sup> Organize mobile services to provide advice and disseminate information to the community
  - <sup>a</sup> Support the use of condoms in remote communities, including free distribution as well as dispensing machines
  - <sup>a</sup> Encourage blood testing for HIV before marriage

### 3.2 Recommendations for Care and Treatment and Social Support

- Support access to ARVs and inclusion in the 30 Baht Scheme. In order to increase access to ARVs, the service should be extended to community health centre (*sathani anamai*) level
- Establish social welfare assistance for people living with HIV/AIDS and those affected and provide occupational support for people living with HIV/AIDS
- People living with HIV/AIDS should have rights to free health care, with acceptance of hospitals, as they are poor
- Promote health care of people living with HIV/AIDS (including living together and role of young people in provision of care)
- The government should increase the number of agencies involved in HIV/AIDS work and increase the budget for HIV/AIDS work

### 3.3 Reduction of Social Stigma and Discrimination

- Young people who are transgender, sex workers, or gay and lesbian youth, want acceptance and understanding from society, especially in regard to not having a negative attitude towards same gender sexual relations, and not being a risk occupation and a vector for the spread of HIV
- There should be attention to actions to make the lives of "people of the third gender" easier, for example through unisex toilets, provision of counselling services, and equal rights, for example use of forms of address and marriage to persons of the same sex

### 3.4 Recommendations for Government Policy

- Free distribution of condoms by government
- Registration of foreign labour to enable access to services
- Policy regarding child labour should be enforced, not just left alone allowing child labour to occur
- In regard to safety and security of young people, agencies such as the police should be honest and not make life difficult for young people. There should be increased access to rights and basic services. Street youth want the same care and support as the rest of the population, in regard to homes, electricity, water, streets and access to education services. Young people in detention want juvenile courts in every province, so that they don't have to go before adult courts.
- Young people who use drugs want the introduction of Harm Reduction approaches, for example allowing drug users to carry or buy needles. Marijuana should be legalized, because its effects are less potent than those of alcohol.
- Young people from the Hilltribe ethnic

minority groups want support for education, for example education grants, and opportunities to access and participate in services and activities provided by the government and private sector, and groups.

- Reduce the cost of education, or introduce free education including senior secondary school.
- Reassess the social order policy in view of its impact on young people who need to work for a living and of the rights of young people in general. Many young people don't agree with the government's social order policy (restricting movement of young people at night):

"We feel restricted and dissatisfied because we weren't involved in deciding the guidelines. We feel that that time of night is when we are partying and having most fun." (Rural youth, Northern Thailand).



Others felt that the policy is incorrect and won't affect the spread of HIV. It impacts heavily on young people who work at night and those who party will simply adapt to the restrictions by skipping classes to go partying in the daytime. It's depriving young people of their rights. (Slum Community youth, Bangkok).

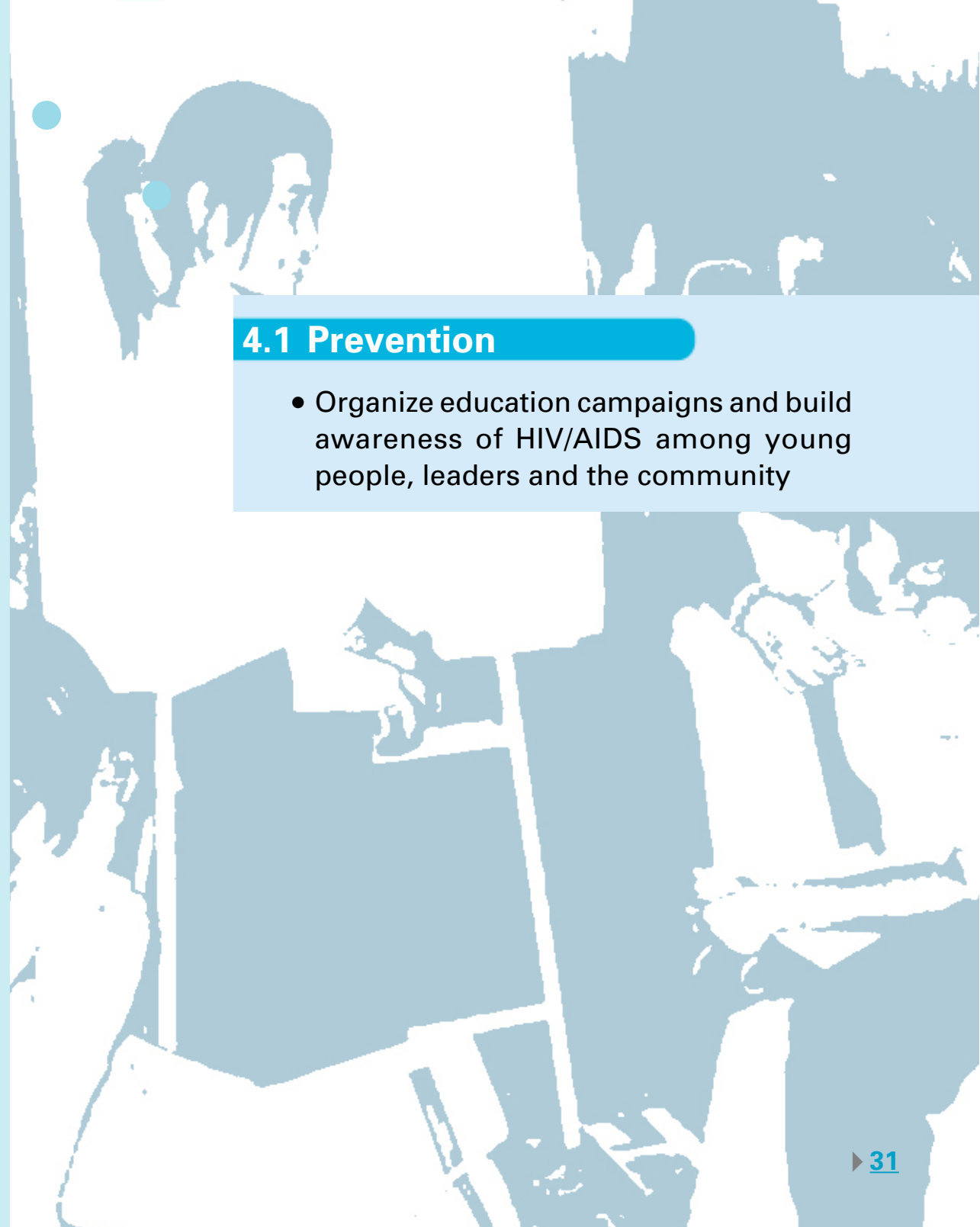
While some young people saw positive aspects of the policy, such as the possibility of increased care and guidance for young people, especially migrants to large cities, these were outweighed by the loss of rights and impact on poor families: "Its imposing limits on the rights of young people to move around and can be used to punish them, without justice." (Hilltribe youth, Northern Thailand). These ideas are consistent with those expressed by many other groups involved in the consultation.







# 4 Three Key Messages for the Global AIDS Conference



## 4.1 Prevention

- Organize education campaigns and build awareness of HIV/AIDS among young people, leaders and the community

## 4.2 Care and Treatment

- Increase the coverage of services to include all areas, including promotion of good attitudes among personnel towards people living with HIV/AIDS

## 4.3 Policy

- Distribute condoms free for example through dispensing machines





Vulnerable Group	Geographic Representation	Consultations	Venue	Date
<b>Hilltribe Youth</b>	Hilltribe Youth, Northern Thailand	Young people from Hmong ethnic minority group who have migrated to work and study in Chiang Mai Province 10 young men aged 18-25 years 2 members of the Hmong Youth Association 1 staff member from AIDSNet North Coordinating Agency: AIDS Network Development Foundation (AIDSNet), North Thailand Office, AIDSNet North, Chiang Mai, Thailand	Office of the Association for Strengthening and Development of Hmong in Thailand, Chiangmai	17 March 2004 18:00-20:00 hrs
		Young people from Akha ethnic minority groups 8 young people from Akha community, age 15-25 years Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand	Noen Saduak Village, Huai Sak Sub-district, Chiang Rai Province	21 March 2004
<b>Street Youth</b>	Northern Street Youth	Street children in Chiang Mai 5 young men, age 15-21 years 2 young women, age 15-21 (5 in the group were from the Akha ethnic group and 4 were of Thai ethnicity) Coordinating Agency: AIDS Network Development Foundation (AIDSNet), North Thailand Office, AIDSNet North, Chiang Mai, Thailand	Children's Services Centre, Volunteers Group, Chiang Mai	26 March 2004 15:00-17:00 hrs
	Northeastern Street Youth	Street children 8 young people (4 male and 4 female), age 11-21 years, living in community along railway line, Nakhon Ratchasima city Meeting conducted by 5 members of Takhop Pa Group Coordinating Agency: AIDS Network Development Foundation, (AIDSNet) Northeast Thailand Office	Community beside railway line, Nakhon Ratchasima city	28 March 2004

Vulnerable Group	Geographic Representation	Consultations	Venue	Date
<b>Gay Youth</b>	Northern Gay Youth	Young men who love men 8 young men, age 15-24 years Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand	School, Mae On District, Chiang Mai Province	21 March 2004
	Northeastern Gay Youth	Young people in same-sex relationships 10 young people (8 male, 2 female), age 15-23 years Meeting conducted by 3 members of "Friends warn Friends" school youth club 3 group advisors 1 observer from UNICEF Office for Thailand Coordinating Agency: AIDS Network Development Foundation, (AIDSNet) Northeast Thailand Office	District secondary school in Ubon Ratchathani Province	17 March 2004
		Men who have sex with men 8 young men aged 14-17 years Coordinated by young monk Coordinating Agency: Sangha Metta Project	Sirimongkhon-wanaram Temple, Bueng Khong Long District, Nong Khai Province	6 March 2004
	Bangkok Gay Youth	Men who have sex with men, urban slum community 11 young men 1 advisor from Thai Athon Foundation 4 staff, Thai Athon Foundation Coordinating Agency: Thai Athon Foundation, Bangkok	Thai Athon Foundation Office, Khlong Toey Community, Bangkok	1 April 2004 10:00-16:00 hrs
		Men who have sex with men 9 young men who have sex with men 1 staff member from Rainbow Skies Association 1 facilitator from UNICEF EAPRO Coordinating Agency: Rainbow Sky Association, Bangkok	Rainbow Sky Association of Thailand, Bangkok	27 March 2004 17:00-19:00 hrs

Vulnerable Group	Geographic Representation	Consultations	Venue	Date
<b>Lesbian Youth</b>	Northern Lesbian Youth	Young women who love women 6 young women, number, age 17-20 years Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand	Sutsanaen Restaurant, Chiang Mai City.	25 March 2004
		Young women who have sex with other young women 9 young women who have sex with women Coordinating Agency: Rainbow Sky Association, Bangkok	Rainbow Sky Association of Thailand, Bangkok	30 March 2004
<b>Transgender Youth</b>	Bangkok Transvestite and Transsexual Youth	Transvestite and Transsexual young people 6 transvestite and transsexual young people 1 staff member of Rainbow Skies Association 1 facilitator from UNICEF EAPRO Coordinating Agency: Rainbow Sky Association, Bangkok	Office, Rainbow Sky Association, Bangkok.	31 March 2004
<b>Young Sex Workers</b>	Young male sex workers	Young people working in the sex industry 5 young people working in the sex industry 1 staff member from Rainbow Skies Association 1 observer from UNICEF Office for Thailand Coordinating Agency: Rainbow Sky Association, Bangkok	Rainbow Sky Association of Thailand, Bangkok	1 April 2004
<b>Nightlife Youth</b>	Nightlife Group	"Young people who like to party", Chiang Mai Province 5 young men, age 18-21 years 4 young women, age 18-21 years 5 young people, workers in WY Group 1 project coordinator, WY Group Coordinating Agency: AIDS Network Development Foundation (AIDSNet), North Thailand Office, AIDSNet North, Chiang Mai, Thailand	Office of the "We are Your Friends" (WY) Project, Chiang Mai	26 March 2004 18:00-20:00 hrs



Vulnerable Group	Geographic Representation	Consultations	Venue	Date
<b>Youth In Detention</b>	Northern Female Detention Center Youth	Young people in Juvenile Detention Centre 8 young women, age 16-19 years, length of time in detention 2-6 years Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand		25 March 2004
	Northern Male Detention Center Youth	Young people in Juvenile Detention Centre 4 Young men in detention, aged 16-17 years Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand		25 March 2004
	Northeastern Detention Center Youth	Young people in Juvenile Detention Centre 13 young people in detention (11 male, 2 female), age 15-21 years Consultation conducted by 7 members of New Generation Against AIDS Youth Group, Thai Athon Foundation, Khon Kaen Province Coordinating Agency: AIDS Network Development Foundation, (AIDSNet) Northeast Thailand Office	Khon Kaen Juvenile Detention Centre	25 March 2004
		Young people in Juvenile Detention Centre 10 young men in detention, age 16-21 years Meeting conducted by 5 members of Takhop Pa Youth Group 1 adult advisor from Takhop Pa Group Coordinating Agency: AIDS Network Development Foundation, (AIDSNet) Northeast Thailand Office	Nakhon Ratchasima Juvenile Detention Centre	27 March 2004
	Southern Detention Center Youth	5 young people in Juvenile Detention Centre Coordinating Agency: Young Muslim Association of Thailand (Yala, Southern Thailand)	Juvenile Detention Centre, Surat Thani Province	27 April 2004

Vulnerable Group	Geographic Representation	Consultations	Venue	Date
<b>Youth in Night Entertainment</b>	Karaoke Youth	Young people working in Karaoke Bars 12 young women, age 16-22 years 1 coordinator 1 observer from UNICEF Office for Thailand Coordinating Agency: Centre for AIDS Rights (CAR), Eastern Region Office, Rayong Province	Lookout Pavilion, Luang Pho Kham Temple, Saemsan Sub-District, Sathahip District, Chonburi Province	18 March 2004 15:00-16:50 hrs
<b>Young Drug Users</b>	Southern Drug Users	Young people who are drug users under treatment 8 male young people who are users of drugs 3 staff from Young Muslim Association of Thailand 2 observers from UNICEF Office for Thailand Coordinating Agency: Young Muslim Association of Thailand (Yala, Southern Thailand)	Pattani Drug Rehabilitation Centre, Pattani Province	24 April 2004
<b>Youth Living with HIV/AIDS</b>		Northern Youth Living with HIV Young people living with HIV/AIDS (Personal interviews) 4 young people living with HIV Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand	Chiang Mai Province	24 April 2004
	Eastern Youth Living with HIV	Young people living with HIV/AIDS 1 young woman living with HIV, age 25 years 1 project coordinator Coordinating Agency: Centre for AIDS Rights (CAR), Eastern Region Office, Rayong Province	Jor Du In Hotel, Ban Chang District, Rayong	28 March 2004 17:20-18:50 hrs
		Young people living with HIV/AIDS 4 young women living with HIV, age 20-25 years 1 project coordinator Coordinating Agency: Centre for AIDS Rights (CAR), Eastern Region Office, Rayong Province	KFC Restaurant, Shopping Mall, Trat Province	31 March 2004 10:50-12:00 hrs

Vulnerable Group	Geographic Representation	Consultations	Venue	Date
<b>Youth Affected by HIV/AIDS</b>	Northern Youth Affected by HIV	Young people affected by HIV/AIDS 7 young people affected Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand	Home of volunteer, Hang Chat District, Lampang Province	13 March 2004
	Northeastern Youth Affected by HIV/AIDS	Children affected by HIV/AIDS 7 children affected by HIV/AIDS (4 male, 3 female), age 11-13 years Conducted by 4 members of Saeng Thian Group 2 group advisors from SHARE NGO, Amnat Charoen Coordinating Agency: AIDS Network Development Foundation, (AIDSNet) Northeast Thailand Office	Meeting room, District Health Office, Hua Taphan District, Amnat Charoen Province	2 April 2004
	Eastern Youth Affected By HIV/AIDS	Young people affected by HIV/AIDS (Individual interviews) Young female affected by HIV/AIDS, age 16 years 1 coordinator Coordinating Agency: Centre for AIDS Rights (CAR), Eastern Region Office, Rayong Province	Office, Centre for AIDS Rights, Rayong	25 March 2004 14:50-15:50 hrs
		Young people affected by HIV/AIDS (Individual interviews) Young female affected by HIV/AIDS, age 10 years 1 coordinator Coordinating Agency: Centre for AIDS Rights (CAR), Eastern Region Office, Rayong Province	Wang Chan District Hospital, Rayong	30 March 2004 11:00- 12:00 hrs
<b>Buddhist Novices</b>	Buddhist Novices	Novice monks 14 young (male) novices Coordinated by young monk Coordinating Agency: Sangha Metta Project	Phrathat Phanom Warawihan Temple, That Phanom District, Nakhon Phanom Province	Not stated
	Southern Buddhist Youth	8 Buddhist young people (2 male, 6 female) from South Thailand Coordinating Agency: Muslim Youth Association of Thailand (Yala, Southern Thailand)	Not stated	Not stated

Vulnerable Group	Geographic Representation	Consultations	Venue	Date
<b>Youth in Technical College</b>	Female Technical Students	Female students, age 17-20 years 4 students from technical college 1 senior secondary school student 1 project coordinator Coordinating Agency: Centre for AIDS Rights (CAR), Eastern Region Office, Rayong Province	Office of Centre for AIDS Rights, Rayong	19 March 2004 10:20-11:45 hrs
	Male Technical Students	Male students, age 17-20 years 4 technical college students 1 senior secondary school student 1 project coordinator Coordinating Agency: Centre for AIDS Rights (CAR), Eastern Region Office, Rayong Province	Nit Part-time Shop, Rayong town	26 March 2004 23:00-00:30 hrs
<b>Youth in School (Secondary)</b>	Northern Male In-School Youth	Young men in boy's school 7 young men, age 14-17 years Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand	Volunteer's home, Mae Or Sub-district, Phan District, Chiangrai	16 March 2004
	Northern Female In-School Youth	Young women in school 5 young women, age 15 years Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand	Young Sister's Centre, Phan District, Chiang Rai	13 March 2004
	Northeastern In-school Youth	Young people in school 10 young people (5 male, 5 female) age 14-18 years Coordinated by young monk Coordinating Agency: Sangha Metta Project	Bueng Khong Long Wittayakhom Secondary School, Bueng Khong District, Nong Khai Province	5 March 2004
	Southern In-School Youth	School children 8 male young people attending secondary school (Pattana Wittaya School & Yala Islamic College) 2 staff from Young Muslim Association of Thailand 2 observers from UNICEF Office for Thailand Coordinating Agency: Young Muslim Association of Thailand (Yala, Southern Thailand)	Office of Young Muslim Association of Thailand, Yala Province	25 April 2004



Vulnerable Group	Geographic Representation	Consultations	Venue	Date
<b>Out-of-School Youth</b>  <b>Rural Youth</b>	Northern Rural Youth Group	Rural young people, Chiang Rai Province 3 young women, age 17-18 years 4 young men 17-18 years 1 Coordinator from Ban Pang Lao Youth Group Coordinating Agency: AIDS Network Development Foundation (AIDSNet), North Thailand Office, AIDSNet North, Chiang Mai, Thailand	Home of girl participant, Mae Khao Tom District, Chiang Rai	10 March 2004 20:00-21:00 hrs
		Rural young people, Chiang Rai Province 4 young women, age 17-18 years 1 Coordinator from Ban Pang Lao Youth Group Coordinating Agency: AIDS Network Development Foundation (AIDSNet), North Thailand Office, AIDSNet North, Chiang Mai, Thailand	Home of girl participant, Mae Khao Tom District, Chiang Rai	19 March 2004 15:00-15:50 hrs
		Young people from rural areas 8 young people (6 male and 2 female) Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand	Volunteers home, Talat yai Sub-district, Doi Saket District, Chiang Mai	March 2004
	Northeastern Rural Youth Group	Rural young people 10 young people (5 male, 5 female) age 11-13 years Meeting conducted by 10 members of Tawan Tho Saeng Youth 2 adult advisors Coordinating Agency: AIDS Network Development Foundation, (AIDSNet) Northeast Thailand Office	Nong Song Hong Village, Na Phue Sub-District, Amnat Charoen town.	5 April 2004
		Young people out-of-school 6 young men age 14-17 who had completed only primary school education Coordinated by young monk Coordinating Agency: Sangha Metta Project	Sirimongkhon-wanaram Temple, Bueng Khong Long District, Nong Khai Province	8 March 2004
	Southern Rural Youth	Young people in rural area of the South 8 young females from rural areas of South Coordinating Agency: Young Muslim Association of Thailand (Yala, Southern Thailand)	Taprap Subdistrict, Yala Province	10 March 2004

Vulnerable Group	Geographic Representation	Consultations	Venue	Date
<b>Out-of-School Youth</b>	<b>Slum Community Youth</b>	Young people in urban slum communities 11 young people 1 advisor from Thai Athon Foundation 4 staff, Thai Athon Foundation 1 observer from UNICEF Office for Thailand Coordinating Agency: Thai Athon Foundation, Bangkok	Thai Athon Foundation Office, Khleng Toey Community, Bangkok.	31 March 2004 10:00-16:00 hrs
		Young women from urban slum community 6 young women from Khleng Toey slum community 1 advisor from Thai Athon Foundation 4 staff, Thai Athon Foundation Coordinating Agency: Thai Athon Foundation, Bangkok	Thai Athon Foundation Office, Khleng Toey Community, Bangkok	2 April 2004 10:00-16:00 hrs
	<b>Young Laborers</b>	Northeastern Labor Youth	Young laborers 6 young men aged 14-17 years Coordinated by young monk Coordinating Agency: Sangha Metta Project	Sirimongkhon-wanaram Temple, Bueng Khong Long District, Nong Khai Province
<b>Cross-Border Migrant Youth</b>	Cross-Border [Labor] Youth	Cambodian labor migrants 6 young women, 1 age 12 years, 5 age 15-22 years 1 project coordinator 1 Interpreter Coordinating Agency: Centre for AIDS Rights (CAR), Eastern Region Office, Rayong Province	Office, PHAMIT Project, Paknam Sub-District, Rayong town	20 March 2004 17:00-18:50 hrs

Vulnerable Group	Geographic Representation	Consultations	Venue	Date
<b>Young People Residing in Dormitories</b>	Northern Dormitory Youth	Young women residing in dormitories 4 young women age 16-20 years residing in dormitories in Chiang Rai city Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand	Young Sisters Centre, Mae Or Sub-district, Phan District, Chiang Rai	14 March 2004
		Young men residing in dormitories 4 young men, age 15-20 years Coordinating agency: Thai Youth Action Programs (TYAP Foundation), Chiang Mai Thailand	Restaurant at "Snoopy Dormitory", Chiang Rai	14 March 2004
	Northeastern Dormitory Youth	Young people living in dormitories 8 young people (5 young men and 3 young women, age 19-23) staying in private dormitory in municipal area of Buriram Meeting conducted by 6 members of the Rom Rua Inthanin Youth Group, Buriram Technical College 1 adult advisor Coordinating Agency: AIDS Network Development Foundation, (AIDSNet) Northeast Thailand Office	Home of teacher advisor, Buriram Province	9 March 2004
	Southern Dormitory Youth	8 young people residing in dormitories at Physical Education College, Yala Coordinating Agency: Young Muslim Association of Thailand (Yala, Southern Thailand)	Young Muslim Association of Thailand's Office Yala Province	10 March 2004





Opening opportunities for vulnerable young people to express their views on HIV/AIDS presents many challenges. The same reasons which make them most vulnerable make them very difficult to access. These include engagement in activities which are against the law, such as drug use, sex work or unregistered foreign labour migration. Others, such as young people living with HIV/AIDS, are reluctant to disclose information about themselves for fear of social repercussions.

To meet these challenges the methodology selected for the consultations was based on an approach through key NGO partners with links to organisations working closely with vulnerable young people in different regions of Thailand. The settings for the consultation meetings were chosen to provide as relaxed an environment as possible, with people the young people trusted and in places familiar to them, where they would feel safe and open to express their ideas and views without fear. Staff or volunteers from NGOs or support organizations guided the meetings, based on a set of consultation questions which were translated into Thai, and helped record the responses and comments made by participants. These were compiled into a report and sent to the consultation focal point at UNICEF who prepared a draft country document summarising findings from all participating groups.

The methodology used was based on that employed in a similar consultation process carried out on drug use and HIV/AIDS in 2003,

prior to the International Conference on Reduction of Drug Related Harm. One of the key lessons from that consultation was the importance of organizing a forum where the summary document could be shared among participating groups, in order to validate the information and enable revisions or additions to be made. Another important function of the forum is to provide an opportunity for the representatives of young people attending the International Consultation Forum at the Global AIDS Conference to meet one another. Accordingly a forum was organized in early May which was attended by about 50 young people who had participated in the consultation meetings, together with representatives of support organizations.

Representatives of several vulnerable groups could not attend the forum, for example ethnic minorities without ID and sex workers. This underlines an important constraint of the consultation process, and indeed of using participatory processes with vulnerable groups in general, which is that in many cases young people, especially those from most vulnerable groups, are simply unable to participate. Also, those who are able to participate are generally the most confident and outspoken, and may not be truly representative of their own group. For this reason care was taken to balance the weight of suggestions from the forum with information from small meetings, to ensure that key content from those unable to attend the large forum was not omitted from the summary report.





