

A black and white photograph of a person in a white t-shirt and dark shorts jumping over a yellow hurdle on a city street. The person is captured mid-air, with arms outstretched. The street is lined with buildings and parked cars, including a white van. The scene is brightly lit, suggesting daytime.

JUMPING HURDLES



DISCUSSION PAPER

ACCESS TO HIV HEALTH SERVICES FOR YOUNG MEN WHO HAVE SEX WITH MEN AND YOUNG TRANSGENDER PERSONS IN ASIA AND THE PACIFIC



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Youth Voices Count would like to acknowledge all the contribution from our members and participants at the Third Regional Consultation to building an ideal HIV testing program for our community in Asia and the Pacific.

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From Lieu Anh Vu and Niluka Perera, Youth Voices Count Secretariat.

BACKGROUND



Photo by Vaness Kongsakul. Civil society representatives at the Asia-Pacific Intergovernmental Meeting on HIV and AIDS 2015.

Earlier discussions among Youth Voices Count (YVC) members conducted in 2013 revealed that the majority of the young men who have sex with men and young transgender persons had never undergone testing for sexually transmitted infections (STIs) including HIV. They are not only unaware of their HIV status but also do not consider regular testing as a part of their overall health screening. In Asia and the Pacific, young men who have sex with men and young transgender persons face the same multiple and crosscutting barriers as their older counterparts face in accessing prevention and treatment services. But the age difference aggravates each of these barriers due to psychological and economic dependency.

According to the UNAIDS Gap Report 2014, at the end of 2013, there were an estimated 4.8 million [4.1 million–5.5 million] people living with HIV across Asia and the Pacific region. In most countries, sex workers and their clients, gay, bisexual, other men who have sex with men, transgender persons and people who inject drugs represent the populations most affected by the epidemic. A large proportion of this population is under the age of 25 and young men who have sex with men under the age of 25 are less likely to take an HIV test than their older counterparts¹. As stated by UNAIDS in its 2013 report “HIV in Asia and the Pacific”, national HIV prevalence is estimated to be more than 5% for men who have sex with men in at least six countries (China, Indonesia, Malaysia, Myanmar, Thailand and Viet Nam), and continues to rise in several cities and regions within these countries and also in India, Mongolia and the Philippines². Globally the HIV infection rates among transgender women are 50 times higher than the general population³. These findings mirror other research documenting low awareness of HIV testing status among men who have sex with men and transgender persons in Asia and the Pacific. The continuation of this trend will see an emerging and underground spread of the epidemic amongst young men who have sex with men and young transgender persons who have been already remained hidden.

¹ Reddy A. *Re-strategizing the MSM response*; op. ci

² *HIV in Asia and Pacific*, UNAIDS 2013, P. 34

³ Boral, SD. *Worldwide burden of HIV in transgender women: a systematic review and meta-analysis*. The Lancet Infectious Diseases 1 March 2013 (Volume 13 Issue 3 Pages 214-222 DOI: 10.1016/S1473-3099(12)70315-8)

Despite regional discussions to adopt strategic community interventions to encourage and promote voluntary uptake of HIV health services by key populations including men who have sex with men and transgender communities, there is almost no attention paid specifically to young men who have sex with men and young transgender communities in these discussions or interventions. More often than not, young men who have sex with men and young transgender communities are made part of the larger group despite the specialized attention they require. Hence, the unique demands of these communities are ignored. There are minimal advocacy initiatives in the region that advocate and lobby to develop specialized HIV health services for young men who have sex with men and young transgender persons. Therefore it is indispensable to address this advocacy gap in the regional HIV response and explore the avenues which could be used to develop men who have sex with men and transgender youth friendly HIV health services. This step would contribute to increase the uptake of HIV health services by young men who have sex with men and young transgender persons in the region.

YVC held a pre-session during the 11th International Congress on AIDS in Asia-Pacific in Bangkok to explore the factors contributing to the low uptake of voluntary HIV testing and counseling services among young men who have sex with men and young transgender persons. The output of this session fed directly into YVC's 3rd Regional Consultation under the theme "men who have sex with men and transgender youth friendly HIV testing programs".

During the YVC regional consultation, 26 young men who have sex with men and young transgender women from Australia, China, India, Indonesia, Laos, Malaysia, Mongolia, Nepal, Pakistan, the Philippines, Singapore, Sri Lanka, Thailand, and Viet Nam, provided their insights, ideas, and recommendations for an ideal men who have sex with men and transgender youth friendly health service. The participants, whilst acknowledging the availability of HIV testing infrastructure in their countries, recognized that by and large these infrastructure

are not poised to create a welcoming environment specifically for young men who have sex with men and young transgender persons to voluntarily access the services they offer. The barriers that prevent them accessing services were discussed in detail giving prompt attention to all their requirements and expectations when they access services. The ultimate goal of the consultation was to provide recommendations to increase service uptake among young men who have sex with men and young transgender persons. The output of the consultation also fed in to the formation of the advocacy agenda for YVC and one of the key advocacy goals of YVC is “Accessing services to save lives: increasing uptake of HIV prevention, testing and treatment programs.”

Jumping Hurdles: Access To HIV Health Services for Young Men Who Have Sex with Men and Young Transgender Persons in Asia and the Pacific presents the barriers in accessing health services and the recommended elements of youth friendly services shared during the 3rd Regional Consultation. It is a part of YVC’s advocacy efforts targeting healthcare providers and governments in selected countries in the region. The discussion paper also strategically compliments the new WHO’s Consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations by offering an insight into the specific needs of the populations lying at the intersection of being young and being sexually marginalized.

WHAT MAKES A FRIENDLY SERVICE?

Engaging young people
to create an enabling legal environment for
access to HIV & SRH Services



Photo by Vaness Kongsakul. Panelists at the How Old Are You Side Event, the Asia-Pacific Intergovernmental Meeting on HIV and AIDS 2015.

The key discussion point of the consultation was a combination of elements that make a health service friendly to young men who have sex with men and young transgender persons, which would realistically contribute to increase their uptake of health services including HIV testing. Prior to the discussion, it was a consensus that there is a need to provide young men who have sex with men and young transgender persons with an inclusive package of health services, covering HIV testing and counseling as key elements, in order to increase the uptake.

Participants at the regional consultation shared their experiences of accessing health services and identified some of the barriers that potentially prevent young men who have sex with men and young transgender persons from accessing health services. Young men who have sex with men and young transgender participants agreed that none of the service providers are friendly towards gay, bisexual, other men who have sex with men, and transgender persons.

After thorough discussions, young participants identified that a health service friendly to young men who have sex

What is the difference between facility based HIV services peer/community led HIV services?

Peer or community led HIV services conducted by well trained and professional peers were recognized as an ideal approach to increase testing uptake by young men who have sex with men and young transgender persons and it will provide an opportunity for these communities to access a stigma-and-discrimination-free health service.

Young men who have sex with men and young transgender persons might feel uncomfortable and intimidated to be open about their life, emotional and psychological issues, sexuality, sexual orientation, gender identity, sexual acts and risks, pleasure, coming out, etc. with other service providers who do not identify as men who have sex with men or transgender. Majority of the service providers at a peer/community led HIV service identify as men who have sex with men and transgender, so it would create a feeling of trust and solidarity that can positively convince young men who have sex with men and young transgender persons to regularly access HIV testing services.

Financial resources and trained peer professionals who could run a peer/community led HIV testing service were identified as a major barrier. Setting up new peer/community led HIV testing services is a big challenge in many countries in the region, where they heavily rely on external funding.

Hence, it is less challenging to transform the existing health services to provide a friendly health service including HIV testing to young men who have sex with men and young transgender persons, since they are already equipped with modern infrastructure and skillful staff. Moreover, since the governments have already taken steps to set up facility based HIV testing services in many countries, carrying out the required trainings to turn these facilities youth friendly would be more cost-effective.

This discussion paper focuses on exploring the barriers within the existing facility based HIV testing services, closing the gap between community based and facility based services, and providing recommendations to improve their accessibility to young men who have sex with men and young transgender persons.

with men and young transgender persons must offer a holistic approach to healthcare including a combination of physical and psychological spaces that are accessible, informative, sensitive, and welcoming of young men who have sex with men and young transgender persons in terms of three significant dimensions: availability of information, environment and counseling. On top of these, they expressed a demand for more community based services that are youth friendly in the region.

In this context, availability of information refers to detailed information about the service that could be easily accessed on different platforms prior to coming to the service. Such information would provide the young men who have sex with men and young transgender persons an insight into what services they will be receiving at the center. Environment is twofold; physical environment and psychological environment, both of which need to be interlinked to realize a welcoming environment for young men who have sex with men and young transgender persons. Counseling which is mainly divided to pre-test counseling and post-test counseling, also has two alternatives depending on the positive or negative test result of the client, providing a more comprehensive and practical approach following testing.

“As a young gay man living with HIV, I have to receive support from the government due to financial reasons, thus all the doctors know my status. Once I went to the hospital, the nurse after seeing my HIV status immediately assumed that I had other infectious diseases. There is a lot of stigma associated with being HIV positive.” – A young gay man from Republic of Korea.

A photograph of a booth at a conference. A person in a dark shirt and purple apron is reading a brochure. On the table in front of them are several stacks of brochures. The brochures have colorful covers with text in Thai and English, including 'gbcow' and 'HIV Prevention'. The background shows a red carpeted floor and a metal stand.

AVAILABILITY OF INFORMATION

Photo by Vaness Kongsakul. A delegate is reading publications at APCOM's booth, the Asia-Pacific Intergovernmental Meeting on HIV and AIDS 2015.

Absence of information, especially about the testing service, was identified as a significant barrier which prevents young men who have sex with men and young transgender persons accessing health services irrespective of the fact whether they are friendly or not.

Most participants, at their first attempt to get an HIV test done, have been confused about the location of the testing center due to lack of information. They have looked for testing centers and testing procedures for HIV on Google alone and have got really scared after reading the symptoms resembling their own. Some of them reported using substances such as alcohol or nicotine to calm down in order to prepare for the test. There were several instances where young men who have sex with men and young transgender persons had no access to internet as a result of financial reasons or as a result of computer illiteracy and therefore information on health services has remained difficult to access.

Availability of information with regard to the healthcare center should include specific details on location, directions, maps, landmarks, nearest bus and train stations, and the different services that it provides including HIV testing. Such detailed information will make it easy for young people to find and arrive at the location. Many young men who have sex with men and young transgender persons may travel from suburban or rural locations, so detailed description of the healthcare center and its location will make them more confident to travel.

Majority of the young men who have sex with men and young transgender persons may not have disclosed their sexual orientation or gender identity to their parents and are financially dependent on their parents. Hence they are extremely reluctant to ask directions from parents or any other person in their family. Therefore it is vital that instructions to locate the service are provided with clear and comprehensible language with visual aid so that young men who have sex with men and young transgender persons can



locate the service on their own. Information should be available online as well as at various locations where young people tend to gather such as community or youth centers, university student lounge, et cetera. Under some circumstances, young men who have sex with men and young transgender persons will be more reluctant to access this information if it is specified to target them in public spaces, in fear of possible discrimination and humiliation. It is crucial that brochures or leaflets are not labeled with sexual orientation and gender identity but only imply that the health service providers welcome people of diverse gender and sexuality.

Health service providers should implement different options to make an appointment with the healthcare center, such as an online tool that can be used for chat, self-risk assessment, and making appointments, to increase accessibility to young men who have sex with men and young transgender persons. However, since many may not have access to Internet, other mechanisms such as appointments via telephone or text messages should be made possible. Comprehensive step-by-step guidelines on how to make an appointment and whom to meet at the center should also be provided. Description of staff and support personnel with role and expertise, particularly their experience working with people of diverse gender and sexuality, should be displayed online or on the brochures, pamphlets so that viewers can feel more comfortable coming to the center, knowing that they will be welcomed.

Social media such as Facebook and Twitter could be strategically utilized to reach young men who have sex with men and young transgender persons, provided the anonymity aspect of the platforms. The center could also set up a hotline to answer inquiries about its facilities, services and information or any other related matter, and this hotline could also run in parallel to a telephone counseling line.



ENVIRONMENT



“At the clinic, the public health inspector laughed at me because of my appearance before sending me the doctor, who then insulted me for trying to become a woman and having sex with men. He asked me to get rid of all this “rubbish” and live a good life. I was very disappointed with their treatment and regretted that I had come, telling myself that would be the last time.” – A young transgender woman from Sri Lanka

Photo by Vaness Kongsakul. Opening performance by Youth LEAD, the Asia-Pacific Intergovernmental Meeting on HIV and AIDS 2015.



The environment of the healthcare center, which includes both the physical and psychological components, plays a major role in creating a friendly health service for young men who have sex with men and young transgender persons. Young men who have sex with men and young transgender persons are feeling more hesitant and indisposed to visit health services because of the added burden of their sexual orientation and gender identity compared to the general youth. The situation is further aggravated by their age since young people are generally considered immature and are discriminated against by older adults. These being considered, it is important that the physical and psychological aspects of the facilities' environment be present to dispel fear and anxiety and create an inviting ambience to young men who have sex with men and young transgender persons.

PHYSICAL ENVIRONMENT

The physical environment of the health service includes all physical aspects of the service including mainly but not limited to its location, registration procedures, queuing system, among others. It is important that the physical environment is adequately structured to provide a feel-good first impression to the young men who have sex with men and young transgender individuals because they will assess the health service initially from how it appears to them.

The location of the healthcare center has been particularly an issue for young men who have sex with men and young transgender persons living in rural areas who reported having to travel to big cities to get tested. Unlike their older counterparts, travelling to big cities without parents or a guardian would be intimidating for many young people. On the other hand, parental or guardian permission for travelling would be challenging for those who do not want to disclose their sexual orientation, gender identity, or their reasons for getting



tested. These challenges will be further complicated by lack of financial resources since many may be either unemployed or supported by their families. Traveling to big cities can be costly and unaffordable for a young person, and the very fact of travelling to an unknown place for services may discourage them. Even within a city, some reported that testing centers were located in hard-to-find locations. Therefore, participants recognized the importance of locating healthcare centers in close proximity to public transport facilities in order to solve cost related issues.

Registration procedures of the health service should avoid insisting on personal identification details such as identity card numbers, mailing addresses, school or workplace, in order to protect their privacy. For the same reason, a system to preserve the anonymity and efficiency of the consultation and waiting process should be established, such as the queuing system that uses numbers instead of names.

Participants recognized the prevalence of discriminatory laws in many countries that criminalize homosexuality, transgressed and gender non-conforming behaviors, and that revealing personal identification details in this context could threaten the privacy and sometimes the life of these young people. Young men who have sex with men and young transgender persons usually experience severe emotional and psychological challenges due to discrimination on the basis of sexual orientation and gender identity. Discovering and exploring sexuality and gender identity, coming out to family and friends, relationships, sex and sexual health and many other problems, bring dilemmas and mental challenges to their wellbeing. The existing discriminatory laws aggravate these situations by making them feel like criminals, isolating them, and barring them from accessing available services.

Requirement of parental consent in case of a minor should be eliminated in order to enable all young men who have sex with men and young transgender persons to access services, especially those who have not



“I came to seek help but instead I got my self-esteem, my mental and psychological wellbeing damaged because of their ignorant attitude, stigma, and rejection. They also put Mr. in front of my name! They don’t consider the feeling of a transgender girl at all.” – A young transgender woman from Indonesia

Participants at the 3rd Youth Voices Count Consultation in Bangkok 2013.



disclosed their sexual behavior. WHO's consolidated guidelines on HIV prevention, diagnosis, treatment and care for key populations also provide this specific recommendation to increase the uptake of HIV testing by young people.

A clear, simple set of house rules such as no loud voice, or phone in silent mode paired with no discrimination based on gender norms and biases, should be showcased visibly in the reception area, consultation room and waiting room to enhance the relaxing and friendly atmosphere, as well as the privacy of the area. The exit door should be positioned to avoid the reception in order to protect confidentiality of the clients. Lastly, extending operation hours into the evening, when young people may not have to go to school or to work, will allow them more flexibility to visit the healthcare centers.

A key component of HIV testing is the promotion of condoms and lubricants. Condoms and lubricants should be freely available to be collected within the service premises. Young people will not pick up condoms and lubricants if they are visibly displaced in public areas such as the lobby or the entrance. Instead, they could be placed close to the exit door so that young people can collect them on the way out, or in the washroom.

PSYCHOLOGICAL ENVIRONMENT

The psychological environment mainly consists the “look and feel” of the facility that would create a comfortable and safe space for visitors. More emphasis was given to identify the key psychological components of a welcoming and friendly health service, which would provide an enabling environment, in which young men who have sex with men and young transgender persons are not only empowered to access services including HIV testing, but also able to encourage their peers to do the same.

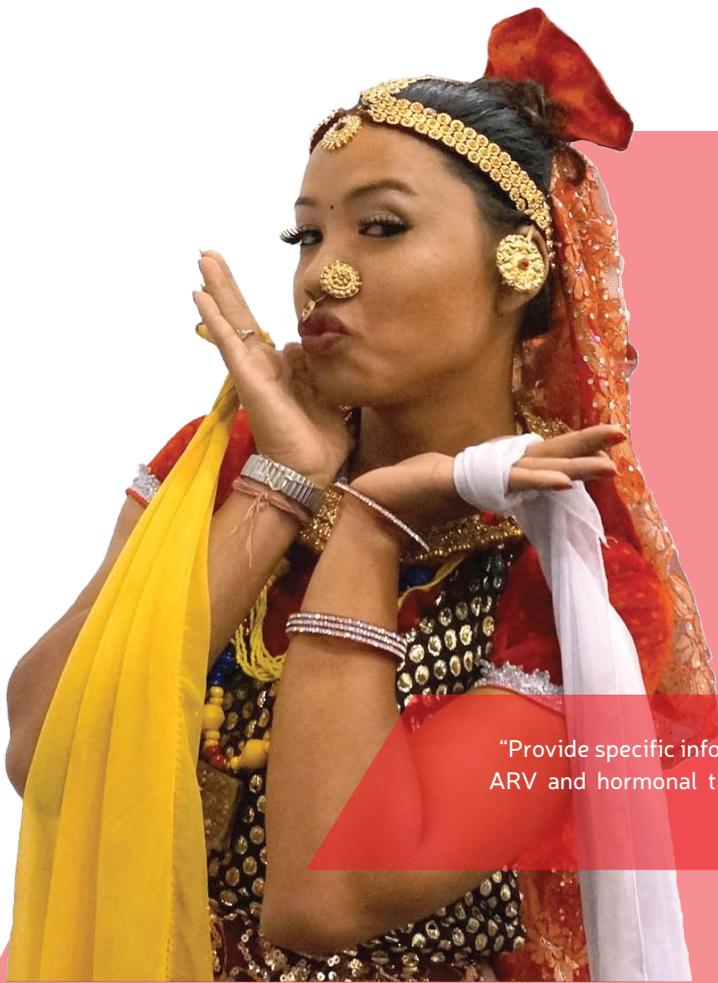


Psychological environment of a health facility plays a major role in creating a friendly health service for young men who have sex with men and young transgender persons. Unlike general youth, young men who have sex with men and young transgender persons approach health services with fear of stigma and discrimination. Healthcare centers should provide a welcoming impression about the service from reception to exit, and enable a feel-good environment by shaping a positive attitude from the staff towards young men who have sex with men and young transgender persons.

Most young men who have sex with men and young transgender persons reported having negative experience, including stigma, discrimination and rejection of services during their first test, which prevented them from getting tested again. Many young transgender women complained that the testing clinics they visited were not sensitive towards them. Some reported being rejected because the clinics had never received any transgender person previously. This kind of discrimination also results in transgender individuals refusing to receive the test results. In effect, these unfriendly approaches lead to young men who have sex with men and young transgender persons not knowing their status.

Lack of gender, especially transgender, sensitivity of service providers; lack of confidentiality; unfriendly and negative attitude of the staff at the healthcare center; stigma and discrimination from the staff towards young men who have sex with men and young transgender persons⁴ contribute vastly to create an unfriendly health service towards young men who have sex with men and young transgender persons. Thus the staff need to project welcoming and reassuring attitudes to young men who have sex with men and young transgender persons to provide them an opportunity to feel safe and protected, to be more open during the whole process.

⁴ McCabe, J., Brewster, K., & Tillman, K. (2011). *Patterns and correlates of same-sex sexual activity among U.S. teenagers and young adults* (Vol. 43). Perspectives on Sexual and Reproductive Health.



“Provide specific information and referrals for young transgender women who are on ARV and hormonal treatments and to those who are planning sexual reassignment surgeries.” - A young transgender woman from Nepal

Photo by Lieu Anh Vu. Youth Voices Count member at the International AIDS Conference 2014 in Melbourne, Australia.



The entrance to the facility, which is usually the first thing to be noticed, should be welcoming and accepting to provide an assuring first impression. Rainbow flags or an IDAHOT logo would undeniably do so as they are a clear message of equality and acceptance. A description of the staff and support members displayed at the reception area can help to familiarize the clients with the center. Entrance and lobby areas could also have banners or notices which show the different services the center offers to young men who have sex with men and young transgender persons.

Consultation room and waiting room should look amiable to give young men who have sex with men and young transgender persons a relaxing and comfortable testing experience. Displayed images showing the symptoms of STIs may intimidate the young clients. Instead, positive messages encouraging them to seek health services, to learn about sexual health, with respect to diverse sexual orientation and gender identity should be displayed. Creating such a cheerful atmosphere is particularly important since young people tend to share stories of bad experience with their peers. Often, young men who have sex with men and young transgender persons, by sharing these stories, unintentionally bar new people from accessing services.

Many young people noted that current service providers associate sex with fear, danger, and risk, whilst ignoring the pleasure component, by showing them pictures of the symptoms of STIs. This portrays a misleading perception of sex to young men who have sex with men and young transgender persons. Service providers must be trained to avoid stigmatizing sex and sexual activities, and to explain how sex could be pleasant when it is done with proper protection.

Anxiety is predominantly pervasive during waiting periods for consultation or for the test results. Atmosphere at waiting area should be stress-free and equipped with music, Wi-Fi access, and other forms of entertainment. Waiting area can also be utilized to make available resources and information related to



sexual orientation, gender identity, Testosterone Hormone Replacement for transgender persons, sexual and reproductive health, HIV and STIs, that are concise and comprehensible. In any given case, healthcare centers could also provide a list of websites in a compact format that provides comprehensive and up-to-date information on all related aspects of the health services including but not limited to sexual health, HIV/ STI, testing, condom usage, sexual orientation, gender identity, coming out, hormonal treatments, life skills, and other issues deemed important in the local context.

All these information could be designed and published as an e-brochure with positive and free of fear inducing images. Health services should also consider rebranding themselves to de-stigmatize the facility by using “wellness center” or similar words in their name, instead of “clinic”, or “social hygiene”.

The language that is used at the healthcare center should be friendly to young men who have sex with men and young transgender persons. Certain terminology could be stigmatizing and discriminatory and therefore the staff should be regularly trained and updated. Proper personal pronouns should be used when addressing young men who have sex with men and young transgender individuals since recognition would encourage them to be more involved in the process. Assumptions on one’s gender identity and sexual orientation should be avoided. It is indispensable that the clients should be asked how they prefer to be addressed.

A convenient and comprehensible mechanism to provide feedback on the services and staff should be in place with easy access upon exit.



"I was told to sort out my sexuality when I came to the clinic to get tested. Like many other transgender sisters, I avoid using healthcare services in Fiji in fear of discrimination. They don't understand and respect gender and sexual diversity." – A young transgender woman from Fiji



COUNSELING

Photo by Lieu Anh Vu. A young gay man is talking about HIV prevalence in the Philippines.



PRE-TESTING COUNSELING SESSION

Conversations with young men who have sex with men and young transgender persons around HIV, sexuality, and sexual and reproductive health are still being neglected or overlooked by parents, teachers and health professionals in Asia and the Pacific. Young people, who get tested for the first time, or who have engaged in high-risk behaviors, usually arrive at the healthcare center with different levels of anxiety. It is imperative that counseling services should be provided prior to the test to prepare the young men who have sex with men and young transgender clients with proper knowledge to better understand gender and sexuality, the implication of the test and the results.

While the pre-test counseling session is crucial, such activity should be voluntary and not imposed upon by healthcare provider. Given that testing is already a psychological ordeal, more pressure in this setting will render negative impact on young clients' experiences and will factor in as barrier in their future access to the same service. The counselor can spend some time explaining to them the importance of having a chat before getting tested, ensuring the confidentiality of the conversation, and emphasizing the clients' right to end the conversation anytime. Confidentiality and privacy are necessary to avoid unintentional and unplanned disclosures, and to conform to medical ethics.

Ideally, a trained peer counselor, who can identify and empathize with the client, that is, a men who have sex with men counselor for a young men who have sex with men client or a transgender counselor for a young transgender client, should conduct this session. Ideally, the young clients should be able to select their preferred counselor. In the case that counselors are not in the age range of the young clients, the counselors who conduct the sessions should at least have extensive experience working with young people of diverse gender and sexuality. Counselors who are more senior than the clients should be reminded not to lecture the



clients, and must not express judgmental attitudes towards young people engaging in risky behaviors or young people with gender non-conforming expressions.

When conducting the risk-assessment⁵ as a part of the counseling session, questions to the client should be simple, clear, concise, and customized to the unique culture of young people and the community. When assessing risky behaviors of the young clients, it is recommended to ask whether they are attracted to, or if they have had sexual experience with people of the same, different, or all sexes, rather than asking them to label themselves as gay, bisexual, or transgender⁶. This is also to avoid going through the complexity of terms and self-labels developed and used in different geographies, demographics, cultures, communities and contexts. Young people may generally feel reluctant to talk about their sexual behavior to an adult. Some transgender women do not want to be labeled as transgender but only as women, and consider being called gay very insulting⁷. Gender-neutral terms such as partner or loved one should be used when discussing sexual or romantic partners of the clients.

During the counseling session, the clients should be informed that they have the choice not to answer when they are feeling uncomfortable. They should be spared adequate and ample time to answer and should not be cut short. Counseling session should not be conducted in a hurried manner. Inappropriate and personal questions and comments that are not relevant to the testing process should be avoided. Counselors must be

⁵ Risk assessment is a quick and simple process conducted by a trained counselor in providing pretest HIV counseling. The risk assessment assesses the risky behaviors of the client and provides a sense of as to why a client should take a HIV test. The risk assessment is strictly confidential.

⁶ McCabe, J., Brewster, K., & Tillman, K. (2011). *Patterns and correlates of same-sex sexual activity among U.S. teenagers and young adults* (Vol. 43). Perspectives on Sexual and Reproductive Health.

⁷ Melendez, R. M., & Pinto, R. M. (2009). *HIV Prevention and Primary Care for Transgender Women in a Community-Based Clinic* (Vol. 20). Journal of the Association of Nurses in AIDS Care.



“Provide services to young men who have sex with men and young transgender persons living with HIV with regard to healthy positive living including nutrition, exercises, adherence to ARV, and regular CD4 and viral load counting.” - A young gay man from Viet Nam



cautious when talking to young men who have sex with men and young transgender persons because these populations often experience unique self-issues including severe self-stigma and self-harm behaviors⁸. Even unintentional discriminatory words may have a negative impact to the psychological wellbeing of the young clients.

While labeling should be avoided, disclosure of self-identity can play a critical role during the counseling session with young men who have sex with men and young transgender persons. Many LGBT youth need to feel that they can disclose their gender and sexual identity to their healthcare providers and be accepted. The anticipation of these issues can be a barrier to getting tested, while also increasing their risk of suicide, substance abuse, and domestic violence⁹. At the same time counselors should avoid pressuring the young clients to come out if they do not feel comfortable disclosing their sexual orientation and/or gender identity. Young clients should be respected with utmost privacy throughout the process and should feel safe. Leaving the vulnerable young clients to lead the process also proves productive and rewarding in certain instances.

In short, counselor should provide a package of information during the session, including:

- Positive key messages around safe and pleasurable sex, gender and sexuality, love and relationship (trust, couple testing, disclosure of health status), importance and benefits of regular and early testing, positive health-seeking habits, and positive living. These messages should be tailored to address young men who have sex with men and young transgender persons by using appropriate

⁸ Youth Voices Count. (2014). *The Hidden Dimension: Experience of self-stigma among young men who have sex with men and young transgender women & the linkages to HIV in Asia and the Pacific*. Bangkok, Thailand: Youth Voices Count.

⁹ McBride, D. L. (2012). *Homelessness and Health Care Disparities Among Lesbian, Gay, Bisexual and Transgender Youth* (Vol. 27). (D. L. McBride, Ed.) Oakland, CA, USA: Journal of Pediatric Nursing.



language and terms. The psychological status of young people should also be considered when these messages are developed. More importantly, counselor needs to identify if the young client has had experienced any rejection or bullying from their parents, family and friends to offer immediate and necessary intervention.

- Correct and updated information about HIV with particular attention to window periods; repeat testing; stigma and discrimination against HIV and PLHIV; contact and availability of treatment, care, and support services such as Post-Exposure Prophylaxis (PEP), Pre-Exposure Prophylaxis (PrEP), and Antiretroviral therapy (ARV) as recommended by WHO Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations. Ways to approach any of the above services for free or with affordable price to young people under 30 years old should be introduced by the counselor. It is the age of exploration and therefore accurate and easy to understand information on these subjects would provide them the skills to safely explore the world.
- Reference to existing relevant services, especially for hormone treatment, hormone blocking, and other physical interventions for young transgender persons; psychological interventions for young gay, bisexual, other men who have sex with men, and transgender persons; LGBT community based organizations or groups where young men who have sex with men and young transgender persons can seek advices on coming out, boosting self-confidence and reducing self-harm behaviors; other peer support groups, all with contact details. Young people, young men who have sex with men and transgender persons could be easily misled by peers. Therefore referring them to other services is vital.
- Simple ways to promote regular HIV testing among friends.



“Provide comprehensive information and referrals to hormonal treatments, sexual reassignment surgeries, other cosmetic needs such as laser treatments, and identity document changes for young transgender women.” - A young transgender woman from Fiji



POST-TESTING COUNSELING SESSION

Providing counseling service after the test is as important as before the test. It helps the young client understand the implication of the result and plan their strategy for prevention and treatment in the future. Ideally, this session should be conducted by the same peer counselor that provided the pre-testing counseling for the young client's comfort. Otherwise, the counselor conducting post-test counseling should have access to the risk assessment of the young client that has been done previously. Please note that risk assessment file should not contain personal and confidential information, especially home phone and home address.

Due to severe stigma, discrimination, abandonment, and sometimes violence faced by young men who have sex with men and young transgender persons¹⁰, counselors should also be mindful of their other needs. Specific support to the client will vary depending on their test result. However, in all cases, necessary steps should be taken to refer young clients to other services if needed, which include but are not limited to psychological therapy, legal clinic, homeless centers, and most importantly other community based organizations or groups where they can seek peer support, such as gay, transgender, LGBT community centers, youth groups that are known to be inclusive, other health and wellness centers, useful websites for information on HIV, sexual and reproductive health and rights, human rights with specific information on gender and sexuality. Brochures and flyers should be handed to the young client depending on their situation, for such materials may expose their identity to their friends and family when they are not ready yet. A note with the list of references and websites can be written down or sent to them through personal email would be a better option. References to other support groups and centers must have personal contact details so that they can easily reach those referrals.

¹⁰ Joint United Nations Programme on HIV/AIDS (UNAIDS). (2014). *The Gap Report*. Geneva, Switzerland: UNAIDS.



Young transgender clients should be especially referred to transgender community centers where they can feel more comfortable with their peers and receive more practical experience sharing and support. Reference to hormone treatment should also be considered.

Most importantly, counselor's contact details must be given to the young client in case of emergency.

Receiving a negative result

If the result is negative, counselor should explain to the young client the meaning and implication of such result, including the window period, taking into consideration the risk-assessment done by the client previously. Future appointments for more testing should be scheduled, and the client should agree with at least one form of communication for future correspondence and reminders.

The young client should be advised on prevention strategy and plan. Information on safe sex, condom use, and negotiation of condom use should be introduced. Sexual pleasure when using condom has been overlooked when discussing preventive strategies with the young men who have sex with men and young transgender persons, although sexual pleasure can play a critical role in the decision of using condom during sex. Therefore, the topic should be addressed through providing information and techniques to enhance sexual pleasure while using condom and lubricant. Other applicable preventive practices, including but not limited to PrEP, that minimize the risk of HIV transmission but do not involve condom use should also be introduced to the young men who have sex with men and young transgender persons.

Severe self-stigma amongst young men who have sex with men and young transgender persons also contribute to their high-risk behaviors including having sex without a condom, as "the need to feel love or



“Provide specialized counselling tailored to young men who have sex with men’s and young transgender persons’ mindset, especially those living with HIV, to facilitate the process of accepting their sexuality, gender identity, HIV status and options of disclosure and non disclosure.” - A young gay man from Pakistan



affection outweighs long-term health consequence of unprotected sex”¹¹. Counselor should boost self-esteem and self-confidence of the young men who have sex with men and young transgender clients during the session to reduce their risk-taking behaviors.

Young men who have sex with men and young transgender clients should be informed about where to obtain quality condoms and lubricants. They should not be handed over by the counselor.

Receive a positive result

If the result is positive, meaning and implication of such result should be explained to the clients. Result should be disclosed discreetly and confidentially to protect their privacy. The counselors must be extra careful when discussing the aspects of living with HIV with a young man who has sex with men or a young transgender person since they may choose not to inform their family about their status for fear of abandonment. While HIV is still stigmatized, receiving a positive result could be the most difficult to process. So ample time should be given to discuss self-harm attempts such as suicide. Future appointments should be scheduled to retest, and to keep track of the viral load. Other tests for STIs may be carried out as necessary.

Counselor should not judge the young clients based on risky behaviors, sexual preference, gender identity, or HIV status. Sufficient time should be allocated for counseling session.

Young men who have sex with men and young transgender persons must be immediately referred to free

¹¹Youth Voices Count. (2014). *The Hidden Dimension: Experience of self-stigma among young men who have sex with men and young transgender women & the linkages to HIV in Asia and the Pacific*. Bangkok, Thailand: Youth Voices Count.



and non-discriminatory treatment, care and support services. Age, sexual orientation, and gender identity should not be barriers to access HIV treatment, care and support services. Such services should include antiretroviral therapy (ART), psychological support, life skills, and positive living skills to young men who have sex with men and young transgender persons. Young clients should also be introduced to preventive methods to avoid HIV transmission to their sexual partners, both positive and negative, as well as to avoid reinfection.

Physicians at community-based clinics in a study emphasized the importance of a comprehensive approach to care including HIV and STIs testing, treatment, general preventive healthcare, and hormone therapy for transgender women, because some transgender women prioritize hormone therapy over HIV treatment¹². For the same reason, counselors must not ask young transgender clients to choose between HIV treatment and hormone therapy because it is likely that they will stop their HIV treatment. Instead, dynamics between HIV treatment and care and hormone treatments should be widely discussed with emphasis on how both could be continued gaining maximum benefits.

Instructions and advices on disclosure of HIV status to friends and family should be provided to young clients upon request and the implication of disclosure should be explained carefully. Information regarding their HIV status must be treated with utmost confidentiality.

¹² Melendez, R. M., & Pinto, R. M. (2009). *HIV Prevention and Primary Care for Transgender Women in a Community-Based Clinic* (Vol. 20). *Journal of the Association of Nurses in AIDS Care*.



RECOMMENDATIONS

Photo by Lieu Anh Vu. Youth Voices Count member at the International AIDS Conference 2014 in Melbourne, Australia.

FOR POLICYMAKERS

- 1 Remove the parental consent for young people, regardless of their age, marital status, sexual orientation, and gender identity, when accessing health services;
- 2 Decriminalize consensual sex between two men;
- 3 Decriminalize gender non-conforming and transgressed behaviors and expressions;
- 4 Ensure that free and voluntary HIV testing and counseling, prevention, treatment, care and support services are provided to young men who have sex with men and young transgender persons at public healthcare centers that are free of stigma and discrimination by imbedding regular staff training, monitoring and evaluation of testing facilities into policies;
- 5 Outlaw discriminatory practices on the ground of sexual orientation and behavior, gender identity and expression, and HIV status, especially at healthcare centers, youth centers, and homeless shelters;
- 6 Implement programs that provide space and opportunity for young men who have sex with men and young transgender persons to associate with one another to discuss issues that affect them;
- 7 Implement programs that build capacities on leadership and advocacy for young men who have sex with men and young transgender persons;

- 8 Engage young men who have sex with men and young transgender persons meaningfully throughout policymaking processes from consultation to drafting stages;
- 9 Include gender and sexual diversity, HIV, sexual and reproductive health and rights in comprehensive sex education provided at school.

FOR PROGRAMMERS

- 10 Engage young men who have sex with men and young transgender persons and incorporate their opinions in design and implementation of HIV testing, prevention, treatment, care and support services and related projects;
- 11 Address sexual pleasures and condom use in HIV prevention programs through introducing techniques to enhance sexual pleasure while using condoms and lubricants and other practices that can minimize the risks of HIV transmission;
- 12 Ensure that a holistic and inclusive health package is offered to young men who have sex with men and young transgender persons at the healthcare centers;
- 13 Support studies that provide baseline data and information about young men who have sex with men and young transgender persons.

CONCLUSION



Photo by Vaness Kongsakul. Participants at the How Old Are You Side Event, the Asia-Pacific Intergovernmental Meeting on HIV and AIDS 2015.

This discussion paper has laid out some of the key ingredients for a comprehensive healthcare package tailored to the context of countries in Asia and the Pacific region, which is accessible and affordable to young men who have sex with men and young transgender persons. Nevertheless, there is still a need to directly consult and engage the young key populations, including young men who have sex with men and young transgender persons, at the country and community level for development of youth friendly services due to the vastness and diversity of the region. It is important to note differences in cultural and political contexts vis-à-vis the specific needs of young men who have sex with men and young transgender persons. Service providers should always observe that engaging with young clients needs a positive and respectful approach regardless of their gender identity, sexual orientation or behavior or any such other ground.

To ensure friendly services to young men who have sex with men and young transgender persons, collaboration is needed amongst the healthcare providers, program designers and policymakers. This collaboration will contribute to create an enabling environment for both healthcare providers and the young clients that will accelerate the process of making health services more helpful, sensitive, accessible and affordable to the targeted populations. Such efforts would invariably facilitate to increase the uptake of voluntary HIV testing and counseling by young men who have sex with men and young transgender persons.

Based on this discussion paper, Youth Voices Count will develop a self-assessment toolkit with clear indicators of youth-friendliness to be used by young men who have sex with men and young transgender persons in the region. This toolkit will help them assess the healthcare facilities in their country. Same toolkit will be accompanied by a training package to train our country members in the assessment process. Recommendations by young men who have sex with men and young transgender persons from these assessments will contribute to improve the services and advocate for necessary changes.

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