

Addressing the needs of young men who have sex with men

POLICY BRIEF

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High and rising HIV prevalence among populations of men who have sex with men (MSM) have now been documented throughout much of the Asia Pacific region. Up to 40% of Asia's epidemic is projected to be constituted by transmissions attributed to male to male sex by 2015, rising from 13% in 2008.¹ Sex between men has already accounted for approximately a third of the Pacific's HIV transmissions, although this is very likely to be underreported.² Many of these infections are occurring and will continue to occur among young men.

The Asia Pacific region encapsulates significant economic variance within and between countries. The region includes a range of high income, middle income and low income countries, all of which require specific approaches.

Sex between men is common at all ages. Ages of first male to male sexual encounters are low, in the teens or younger for many men.^{3 4} Furthermore, receptive anal sex – a practice carrying a high risk of HIV transmission when performed without a condom – is a common experience for young men, including as the first sexual experience.⁵

Without addressing the risk of HIV transmission in settings where young men engage in male to male sex, the region will not effectively respond to the high and rising prevalence of HIV among MSM or the disproportionate representation of MSM in the epidemic. This will require the development of programs that respond to specific local circumstances where young men are practicing male to male sex. These circumstances are extremely varied across the region. Emphasis should be placed on peer-based programs, where young men are able to shape programs and services addressing their specific local needs. Greater political will and leadership is required to remove the barriers of criminalisation, discrimination and stigma currently inhibiting the resourcing and implementation of effective local programs.

The contexts in which male to male sex is practiced by young men in the region are diverse and necessitate a detailed awareness of the local environment.

These contexts include:

- Relations with older men that are age-based and culturally normative;
- Relations that are peer-based, that is, with other young men;
- Transactions where sex is exchanged for money, favours, services, gifts or other items;
- Sexual practice expressed through masculinised and feminised male roles that accord with distinctions between active and passive positions in anal sex rather than sexual identity; and
- Sexual practice expressed through the constructs of a 'gay', 'homosexual', 'bisexual' or similar identity, often associated with contemporary urban scenes that facilitate the availability of male to male sex.

Young men practicing male to male sex

Male to male sexual practices occur in all countries of the Asia Pacific region and are common among young men. However, the manifestation of these practices is enormously diverse throughout the region.

For example, in South Asia, many young men engage in sex, including anal intercourse, with older men. This practice is based in traditional, sometimes widely accepted norms that endorse sexual contact between younger and older men.⁶ Sometimes this sexual contact can be exploitative. Moreover, it is indicative of age differences and social status, rather than of sexual orientation or sexual identity. Young men normally take the passive role in anal sex, configuring them in sexual relations as feminised or non-masculine.

¹ Commission on AIDS in Asia. 2007. Redefining AIDS in Asia. Geneva. p. 57.

² Commission on AIDS in the Pacific. 2009. Turning The Tide: an open strategy for a response to AIDS in the Pacific. Bangkok. p. 25.

³ Khan, S. 2007. Male intergenerational sexual relations in contemporary South Asia. Presentation to the 33rd Annual Meeting of International Sex Researchers, Vancouver, slide 12.

⁴ UNAIDS / APCOM. 2008. HIV and associated risk behaviours among men who have sex with men in the Asia and Pacific region: implications for policy and programming (working draft) p. 6.

⁵ Ibid. slide 17

⁶ Khan, S. 2008. Everybody knows but nobody knows: desk review of literature on HIV and male to male sexualities, behaviour and sexual exploitation in Afghanistan. Naz Foundation International. p. 12.

In the Pacific, male to male sex is common among young men. Recent surveys indicate that young men have experienced male to male sex in the last twelve months in 12%, 14% and 8% of young men in Papua New Guinea, Samoa and Tuvalu respectively (See Figure 1).⁷ Male only sites such as boys' dormitories can be contexts in which male to male sex occurs.⁸

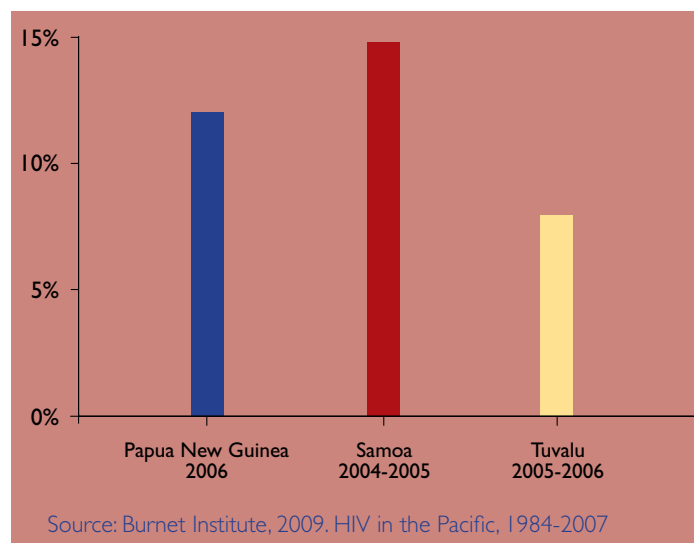
In East and South East Asia, many young men participate in contemporary urban gay scenes where the availability of male to male sex is extensive through sites such as saunas, nightclubs, karaoke bars, commercial sex venues, the internet, mobile phone dating and sex services, as well as through public environments such as parks, swimming pools, gyms and toilets.⁹ These mechanisms can facilitate the possibility of high numbers and rapid turnover of partners for anal sex. New communications technology such as chat websites and mobile phone dating services are connecting increasing number of men into networks of sexually active MSM. Consequently these are especially important sites for communicating with these men about HIV prevention, stigma and discrimination issues. Some of these mechanisms such as internet sites are available to increasing numbers of men outside of urban environments in Asia and also the Pacific.

Vulnerability and HIV prevalence

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

For example, a Laos study from 2007 that found HIV prevalence among MSM in Vientiane at 5.6% had a median age of 21 years.¹⁰ A 2005 Thai study found HIV prevalence among MSM at 22.2% among Bangkok respondents aged 22 years and younger.¹¹ This high prevalence indicated a sharp rise among this age group over the previous two years.¹² In Myanmar, a 2007 study found HIV prevalence of 15% among men aged 15 to 24 - 22 times higher than the national HIV prevalence.¹³

Figure 1: Proportion of young male-to-male sex in the last 12 months



Such widespread HIV infection among groups of young men presents great challenges for the ongoing prevention of HIV in the future as well as to national health systems which will be required to provide treatment for increasing numbers of HIV positive men. Preventing the transmission of HIV through male to male sex at young ages is important for efforts to minimise the projected upsurge of HIV infections among MSM in the region over the next decade.¹⁴ It is critical and urgent that there be greater promotion of HIV prevention in a way that does not further stigmatise MSM.

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

Many young men practicing male to male sex are also likely to experience a wide range of issues that have been associated with heightened HIV risk including selling sex, sexual coercion, drug use, binge drinking, suicidal ideation and social isolation.¹⁵

⁷ UNAIDS / APCOM. 2008. HIV and associated risk behaviours among men who have sex with men in the Asia and Pacific region: implications for policy and programming (working draft) p. 8.

⁸ Commission on AIDS in the Pacific. 2009. Turning The Tide: an open strategy for a response to AIDS in the Pacific. Bangkok, p. 39.

⁹ Commission on AIDS in the Pacific. 2009. Turning The Tide: an open strategy for a response to AIDS in the Pacific. Bangkok, p. 40.

¹⁰ Sheridan, S, Phimpachanh C, Shanivong N, et al. HIV prevalence and risk behaviors among men who have sex with men in Vientiane Capital, Lao PDR. AIDS 2008 23:409-414

¹¹ Van Griensven F, Thannprasertsuk S, Jammaraeng R et al. 'Evidence of a previously undocumented epidemic of HIV infection among men who have sex with men in Bangkok, Thailand.' AIDS 2005; 19: 521-6

¹² De Lind van Wijngaarden, JW. 2007. Responding to the prevention needs of adolescents and young people in Asia: Towards (cost-)effective policies and programs. Discussion paper developed for the AIDS in Asia Commission. UNICEF/UNFPA/UNESCO, Kathmandu 2007 p. 4

¹³ Van Griensven, F. 2009. HIV Epidemiological Status of men who have sex with men and transgenders in the Asia Pacific region. Presentation to the Ninth International Congress on AIDS in Asia Pacific APCOM Pre-Conference Forum: From 200 to 0 - Responding effectively to HIV among MSM and transgenders in Asia and the Pacific, Bali, slide 13.

¹⁴ Commission on AIDS in Asia. 2007. Redefining AIDS in Asia. Geneva, p. 48.

¹⁵ Van Griensven, F. 2009. HIV Epidemiological Status of men who have sex with men and transgenders in the Asia Pacific region. Presentation to the Ninth International Congress on AIDS in Asia Pacific APCOM Pre-Conference Forum: From 200 to 0 - Responding effectively to HIV among MSM and transgenders in Asia and the Pacific, Bali, slide 34.

Young HIV positive men

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

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

There is limited visibility of living with HIV in the region generally due to continuing high levels of stigma and discrimination towards people living with HIV and AIDS. The high levels of stigma about HIV throughout the region discourage HIV testing among young men, leading to late diagnosis, poorer treatment outcomes and premature deaths. More specifically, young positive MSM are not especially visible within either the region's burgeoning MSM and HIV movement or the regional PLHIV movement. Greater focus and support is needed to engage the increasing population of young HIV positive MSM in the regional response to HIV and MSM as well as national HIV responses. This will require sustained leadership development among young HIV positive men, many of whom will also require support relating to their diagnosis and to living with HIV.

Legal reform and young men practicing male to male sex

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

Even where such laws are not routinely enforced, their existence inhibits effective HIV and sexual health education for young men by largely preventing acknowledgement and discussion of the widespread practice of sex between men. This in turn limits young men's willingness to be open about their sexual activities and seek appropriate information and services such as HIV testing, increasing their vulnerability to HIV transmission. It also limits their capacity to learn and utilise effective negotiation and communication skills that are vital to practicing safe sex and minimising exploitation and manipulation.

Health promotion programs

Due to the diverse manifestations of male to male sex among young men, and the urgent need for community-based health promotion to address the risks associated with these practices, programs should address the particular features of local sexual and cultural contexts. Programs should be founded on peer-based principles, where those most affected by a specific issue inform the response to the issue. This will prove challenging in many circumstances, as male to male sexual practice does not necessarily align with a self-nominated sexual identity in many settings throughout the region. Innovative approaches that build programs from the community level up, beginning with the participation, support and guidance of young men engaged in male to male sexual activity is required.

However, major barriers exist to providing these types of programs at sufficient scale for the number of young men practicing male to male sex in the region. These barriers relate to criminalisation, discrimination and stigma as well as an associated lack of resources, political will and leadership among national and regional AIDS responses to address the growing spread of HIV among men who have sex with men in virtually all Asia and Pacific countries.

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

¹⁶ Stover, J., and M. Fahnestock. 2006. Coverage of Selected Services for HIV/AIDS Prevention, Care, and Treatment in Low- and Middle-Income Countries in 2005. Washington, DC: Constella Futures, POLICY Project. p. 20.

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

Long-term considerations along need to be given to the sustainability of these programs. Short term funding for prevention, care and support for MSM will not address the burgeoning need in the region for HIV prevention programs and support services for HIV positive MSM that is anticipated to grow substantially over the coming years.

Summary

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

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