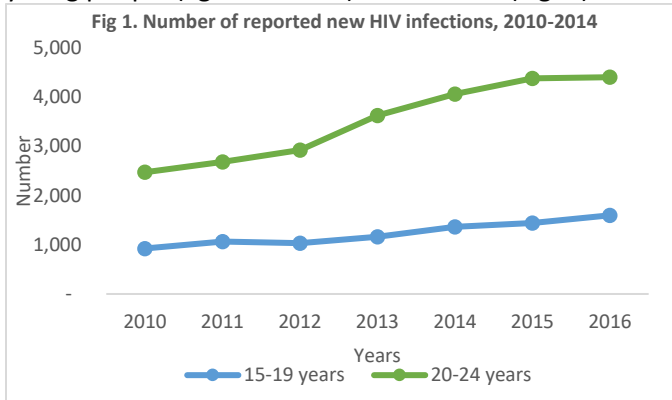


Risks among adolescent (15 to 19 years) and young (20 to 24 years) males who have sex with males and transgender persons in Thailand

1. Background

1.1. HIV among adolescents and young people in Thailand

Between 2010 and 2016, the annual percentage growth rate for new reported HIV infections increased by 129% among adolescents (aged 15 to 19) and by 130% among young people (aged 20 to 24) in Thailand ¹(Fig. 1).

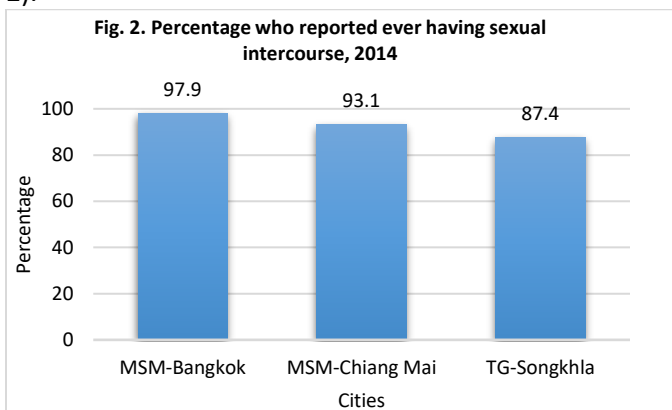


These data come from a behavioral risk survey conducted in 2013 using respondent driven sampling in Bangkok (n=272) and Chiang Mai (n=243) among males who have sex with males (MSM) and transgender persons (TG) (n=272) in Songkhla, Thailand². MSM and TG were defined as being between 15 and 24 years of age, living in the survey area at least one year and self-identifying as a member of the network (i.e., being attracted to males for MSM and being biologically male but identifying as female for TG). Data are weighted for differential network sizes in RDS Analyst (www.hpmrg.org).

2. Sexual behaviors

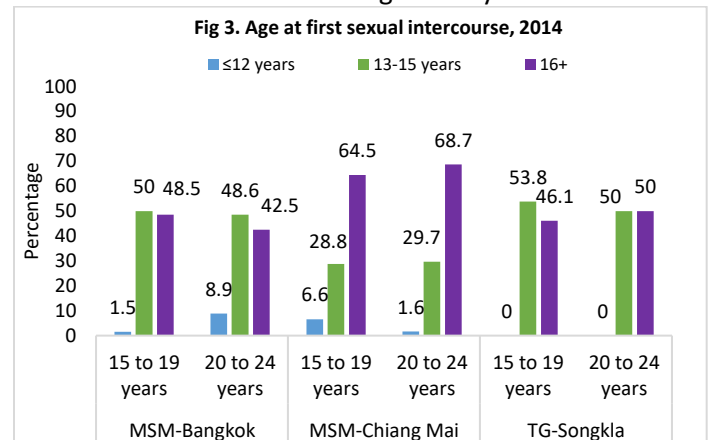
2.1. Self-identifying adolescent and young MSM and TG are having sexual intercourse

Almost all MSM and 87% of TG reported ever having sexual intercourse (vaginal or anal penetrative sex) (Fig. 2).



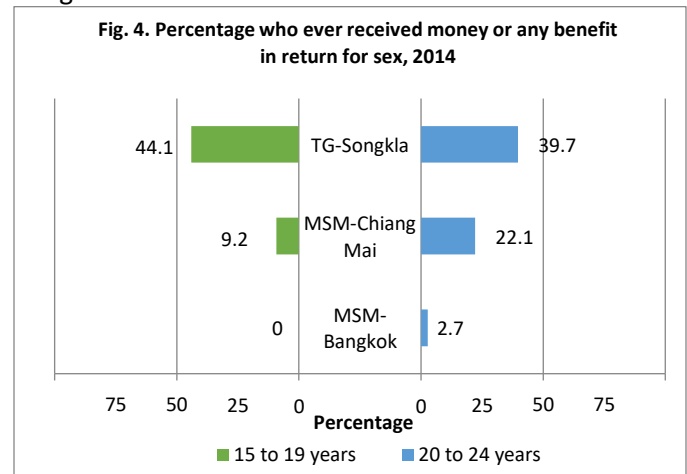
2.2. Sex starts at an early age

Among MSM and TG who ever had sexual intercourse, the age patterns for when they first had sexual intercourse were consistent between those aged 15 to 19 years and those aged 20 to 24 years (Fig. 3). For instance, among those aged 16 to 19 years and 20 to 24 years the majority in Bangkok first had sexual intercourse between the ages of 13 and 15 years and the majority in Chiang Mai first had sexual intercourse when they were 16 years or older. Percentages were fairly equal for TG aged 16 to 19 years and 20 to 24 years first having sexual intercourse when they were 13 years of older. Few MSM and no TG reported having sexual intercourse below the age of 13 years.



2.3. Just under half of adolescent and young TG are selling sex

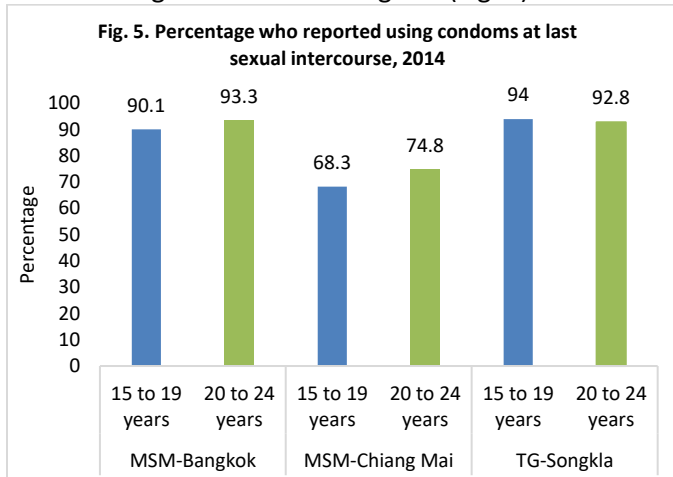
A much higher percentage of adolescent (44%) and young (40%) TG, compared to MSM, reported ever receiving money or any benefit in return for sex (Fig. 4). A higher percentage of young MSM in Chiang Mai, compared to adolescents, ever sold sex and a small percentage of young MSM and no adolescents in Bangkok ever sold sex.



3. Risk Behaviours

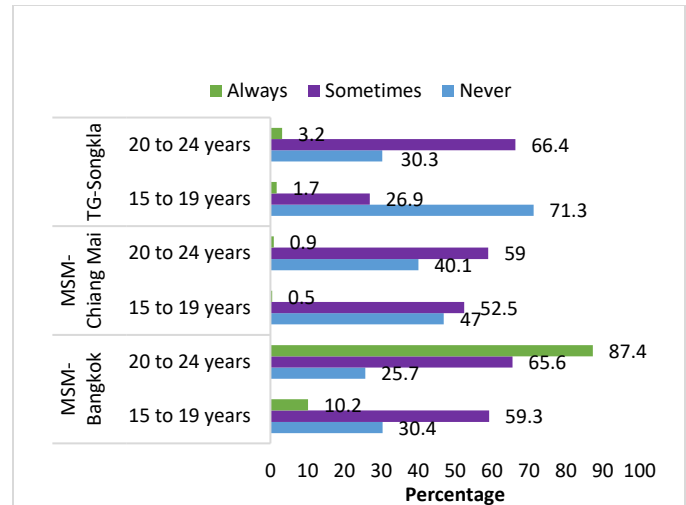
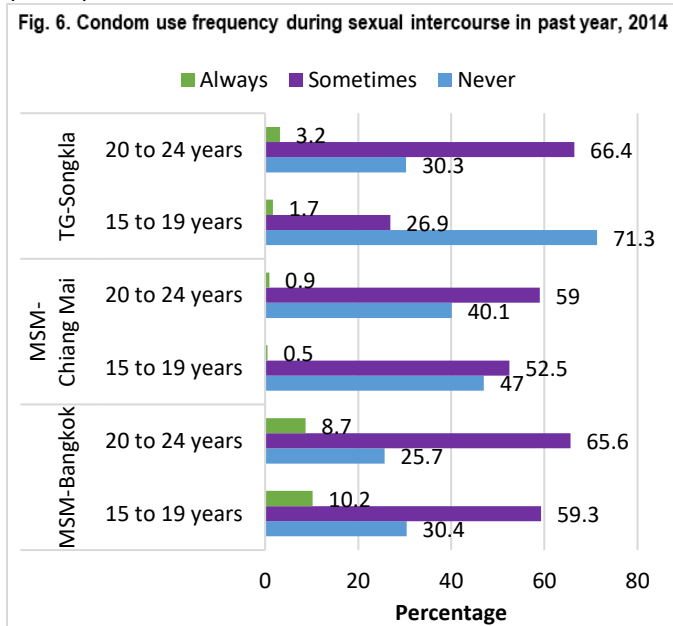
3.1. Majority of MSM and TG are using condoms at last sex

While most MSM and TG reported using condoms at last sexual intercourse, adolescent and young MSM in Chiang Mai had the lowest condom use compared to MSM in Bangkok and TG in Songkhla (Fig. 5).



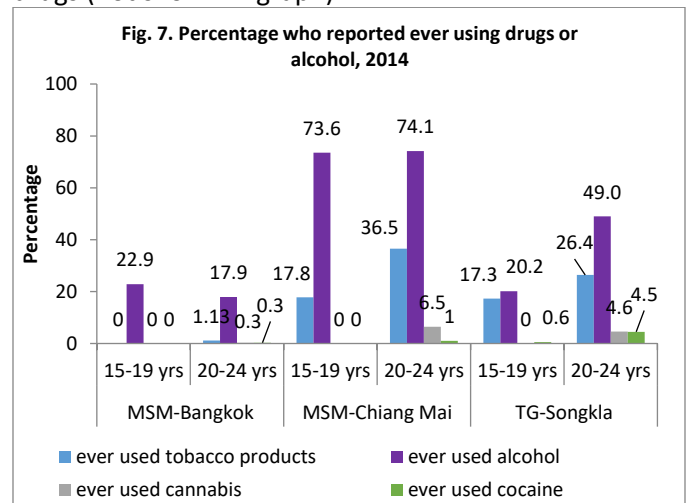
3.2. Past year condom use is inconsistent

Despite the overall high condom use at last sexual intercourse, condom use in the past year was inconsistent, especially among adolescents (Fig. 6). A higher percentage of adolescents, compared to young people, reported never using condoms in the past year. Few MSM or TG reported always using condoms ($\leq 10\%$).



4. Many MSM and TG are using alcohol

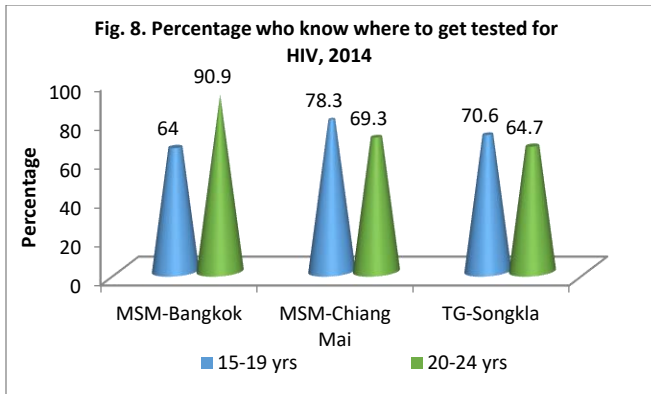
Roughly three quarters of adolescent and young MSM in Chiang Mai and almost half of young TG reported ever using alcohol (Fig. 7). A higher percentage of young MSM in Chiang Mai and TG, compared to adolescents, reported ever using tobacco. Few or no MSM or TG reported using cannabis or cocaine or reported injecting drugs (not shown in graph).



4. HIV testing, knowledge and access to services

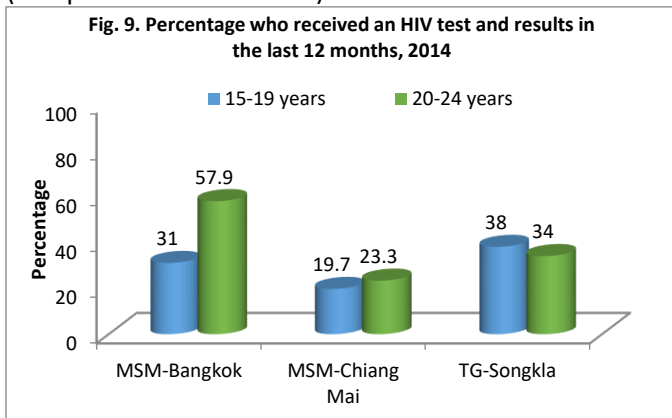
4.1. Most MSM and TG know where to get an HIV test

A higher percentage of adolescents MSM in Chiang Mai (78%) and TG (71%), compared to their young counterparts, knew where to get an HIV test (Fig. 8). Almost all (91%) young MSM in Bangkok knew where to get an HIV test, whereas only 64% of adolescent MSM in Bangkok knew where to get an HIV test.



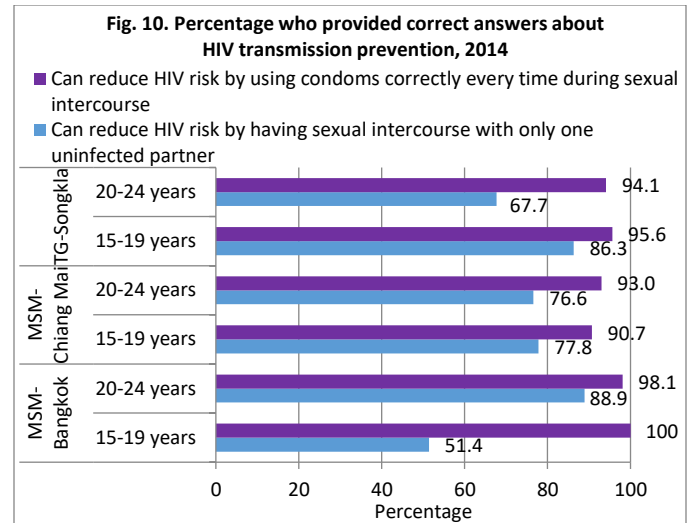
4.2. HIV testing is low among MSM and TG

Between 20% (MSM in Chiang Mai) and 38% (TG) of adolescents had an HIV test and received their test results in the past 12 months (Fig 9). Just under twice as many young MSM in Bangkok, compared to adolescents, were tested and received their results. A slightly higher percentage of young MSM in Chiang Mai and a lower percentage of young TG reported having an HIV test and receiving their results in the last 12 months (compared to adolescents).



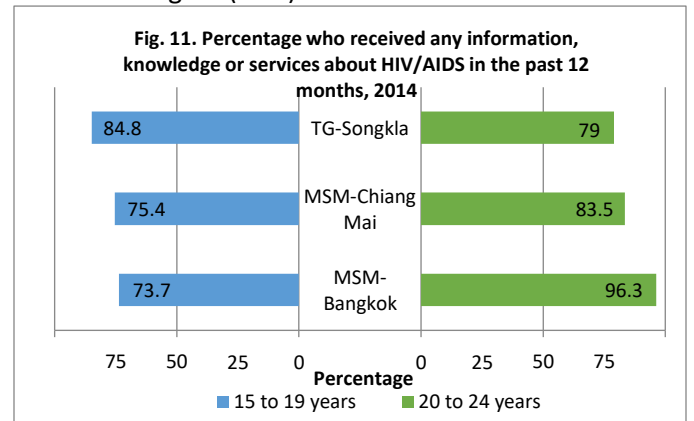
4.3. Most MSM and TG know how to prevent HIV Prevention

Greater than 90% of adolescent and young MSM and TG knew that using a condom correctly every time during sexual intercourse can reduce the risk of HIV transmission (Fig. 10). Compared to young people, higher percentages of adolescent TG, equal percentages of Chiang Mai MSM and lower percentages of Bangkok MSM knew the HIV risk can be reduced by having sexual intercourse with only one uninfected partner.



4.4. The majority of MSM and TG have access to HIV/AIDS information and services

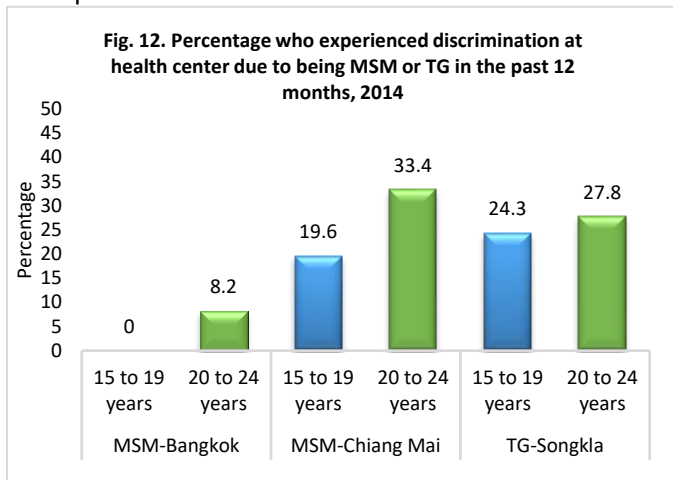
The percentages of adolescents who reported receiving any information, knowledge or services about HIV/AIDS in the past 12 months was highest among TG (85%) and lowest among MSM in Bangkok (74%) (Fig. 11). However, for those ages 20 to 24 years, the highest percentage was among MSM in Bangkok (96%) and lowest among TG (79%).



5. Under one third of MSM and TG experienced discrimination at a health center

A higher percentage of young MSM and TG experienced discrimination at a health center in the past year, compared to adolescent MSM and TG (Fig. 12). Among all groups, young MSM in Chiang Mai had the highest percentage (33%) experiencing discrimination and MSM in Bangkok had the lowest percentage experiencing discrimination (no one). Roughly similar percentages of adolescent and young

TG experienced discrimination.



Recommendations to reduce HIV transmission for adolescent and young MSM and TG

Although adolescent and young MSM and TG have high knowledge about preventing HIV transmission and access to HIV/AIDS information, knowledge or services, they are at risk of HIV infection given that they initiate sex at young ages, use condoms inconsistently and have low rates of HIV testing. In addition, just under half of adolescent and young TG are selling sex. Despite having access to HIV services, the quality of these services should be assessed to ensure that they are addressing the special needs of adolescent and young MSM and TG in Thailand. Given that so many MSM and TG are having sex, interventions about reducing HIV transmission must be initiated during primary and secondary school. Free HIV testing, care and treatment should be integrated into comprehensive sexual and reproductive health services that are available in schools, universities and other relevant institutions. Education about the dangers of excessive alcohol consumption and the negative health consequences of tobacco use among adolescent and young MSM and TG in Thailand should be implemented.

Acknowledgements

These data come from the survey: Situation Analysis of Young People in Thailand and Factors Affecting HIV Exposure. Accessed at:

https://www.unicef.org/thailand/UNICEF_study_on_HIV_infection_among_young_people_FINAL_ENGLISH.pdf

conducted by the School of Global Studies, Thammasat University, Rangsit, Thailand in joint collaboration with National AIDS Management Center(NAMc), Department of Disease Control, Ministry of Public

Health, Thailand, UNESCO, UNFPA and UNICEF. UNICEF EAPRO and UNICEF Thailand initiated further analysis of the available data from the survey and acknowledge Lisa G. Johnston (www.lisagjohnston.com), Global Health Sciences, University of California, San Francisco, as well as the School of Public Health and Tropical Medicine, Tulane University for producing this document.

References

¹ Thailand National AIDS Programme (NAP) database. 2016.

² Thammasat University. Situation Analysis of Young People in Thailand and Factors Affecting HIV Exposure. Accessed at:

https://www.unicef.org/thailand/UNICEF_study_on_HIV_infection_among_young_people_FINAL_ENGLISH.pdf