

Technical Brief

Out With It

HIV and Other Sexual Health Considerations for Young Men Who Have Sex with Men



M-PACT
GLOBAL ACTION
FOR GAY MEN'S HEALTH & RIGHTS



*Empowered lives.
Resilient nations.*

“The extent to which healthcare providers continue to shame, humiliate, or chastise men who have sex with men is the degree to which they will avoid HIV and STI prevention, testing, treatment, and support services.”

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This document is collaboratively developed by MPact Global Action for Gay Men's Health and Rights (formerly known as MSMGF) and the World Health Organization (WHO), together with the United Nations Development Programme (UNDP) and the United Nations Population Fund (UNFPA). It is an updated, abbreviated adaptation of the Technical Brief titled, HIV and Young Men Who Have Sex with Men, published in 2015 by the WHO.

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About MPact

MPact: Global Action for Gay Men's Health and Rights (formerly known as MSMGF) was founded in 2006 by a group of activists concerned about the disproportionate HIV disease burden shouldered by gay men and other men who have sex with men worldwide. Working at the intersection between the HIV and LGBT rights sectors, MPact has instigated and supports a global movement to address stigma and discrimination through strengthening public health policies and alleviating funding disparities. MPact conducts advocacy, delivers technical support, and sub-grants community-based organizations that work at the country and regional levels. MPact is linked to 120 CBOs across 62 countries, in addition to thousands of activists it reaches through its social media and web-based platforms.



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Young Men Who Have Sex with Men

In this Technical Brief, we use the term 'men who have sex with men', with the understanding that sexual orientation and same-sex sexual behaviour are distinct, each intricately and specifically influenced by context, culture, community affiliation, identity, gender expression, and emotional connection. This term is meant to be inclusive of gay-identified men and men who adopt other culturally specific and personally meaningful terms of their choice to describe their feelings, romantic attractions, and/or sexual behaviours.

There is a need for better data about the needs of young men who have sex with men and the state of their sexual health. Punitive laws, policies and practices that perpetuate stigma and discrimination targeted to both young people and towards people who are not exclusively heterosexual create challenges for securing good evidence. Systematically collected data is almost non-existent in Africa, the Middle East, Eastern Europe/Central Asia, and the Caribbean.

HIV

Young men who have sex with men are at greater risk for acquiring HIV than their heterosexual and older counterparts.^{1,2,3,4} HIV prevalence for young men who have sex with men has been found to be 4.5% in the Republic of Congo,⁵ 11% in the Russian Federation, 24% in the Bahamas.⁶ New HIV infections (incidence) is on the rise among young men who have sex with men ages 15-29 in many place around the world.⁷

Other Sexually Transmitted Infections (STIs)

Rates of other STIs are also alarmingly high among young men who have sex with men. For example, men who have sex with men account for nearly three-quarters of all syphilis cases in the United States, with new cases on the rise in this group, ages 15-19.⁸ Rates of syphilis, gonorrhoea, and chlamydia among men who have sex with men in Africa, Latin America, and Asia are much higher than that of the general population.⁹ Since syphilis and gonorrhoea can facilitate transmission of HIV, rising infection rates of these STIs among men who have sex with men are cause for worry.¹⁰

Men who have sex with men are also at increased risk of viral hepatitis with high prevalence of hepatitis B virus reported worldwide.¹¹ Similarly, rates of human papillomavirus (HPV), which can cause anal carcinoma, are high among men who have sex with men although prevalence among young men is not known.^{12,13}

Risk and Vulnerability

Unprotected (condomless or PrEP-less) sex

Transmission of HIV is 18 times more likely to occur through unprotected receptive anal sex (irrespective of the gender of sex partners) than through unprotected vaginal sex. Frequency of unprotected sex increases the risk of exposure to HIV. Young men who have sex with men are more likely than their older counterparts to report unprotected anal intercourse with partners of unknown HIV status.¹⁴ For young men who have sex with men, factual knowledge about how HIV and other STIs are transmitted and strategies for preventing infection/transmission are critically needed. In addition, availability, acceptability, and affordability are key for facilitating unobstructed access to basic sexual health tools like STI and HIV tests, STI and HIV treatment, condoms, condom-compatible lubricants, pre- and post-exposure prophylaxis for young men who have sex with men.

Drug and alcohol consumption

Experimentation with alcohol and drugs is common among young men who have sex with men. Young men who are uncertain about their sexual orientation may be more likely to use alcohol and/or drugs during sexual contact.¹⁵ Problematic use of stimulants, inhalants or hallucinogens are associated with elevated sexual risk for STIs, including HIV.^{16,17} Traditional drug treatment programs lack the capacity to address the specific needs of men who have sex with men leading many to seek more tailored services from community-based organizations led by lesbian, gay, bisexual, and transgender (LGBT) people for management of their substance use.^{14,16,18,19,20}

Homophobia, stigma and discrimination

Most school-based sex education programmes do not acknowledge or address sexuality and sexual orientation, or the negative impacts of homophobia. Sex education in schools often provides inadequate information about HIV and generally does not address sexual health risks relevant to men who have sex with men.²¹

Although experiences of homophobia can happen anywhere, studies across several countries show that young people are more likely to experience homophobic bullying at school than in their home or community.²² This can take a serious emotional toll and undermine learning, educational achievement, and in turn employment opportunities.^{23,24} Homophobia is associated with high-risk sexual behaviour among young men who have sex with men²⁵ and can lead to compromised mental health in the form of anxiety, depression, loneliness, poor self-esteem, fear of rejection, and self-harm, including suicide.²⁶

Research shows that men who accept their sexual orientation have higher self-esteem, are more likely to disclose their HIV status with casual sex partners, and are less likely to engage in sexual risk-taking.²⁷ For those who identify as gay or bisexual, the decision to disclose their sexual orientation can be stressful, and the process of doing so may bring a mixture of responses ranging from acceptance and support to severe social and legal censure. They are more likely than heterosexual youth to face family disapproval, bullying, harassment, homelessness, social isolation, discrimination and violence, including sexual violence.^{28,29,30,31}



Sex work

In some contexts of social marginalization, a sizable proportion of young men who have sex with men sell sex. Early studies in St Petersburg, Russian Federation, found that 22.7% of men who have sex with men reported selling sex.²³ In Paraguay, 29% of young men who have sex with men (median age 21 years) indicated that they were currently selling sex, and more than half of these reported they began doing so when they were children.³² Among men who have sex with men, selling sex is more frequent among those who are younger, unemployed, have less education, use drugs, engage in high-risk sexual practices and have been raped, compared to men who do not sell sex.^{33,34,35} For some young men who have sex with men, selling sex may increase vulnerability to HIV and other STIs.^{34,35}

Homelessness

Young men who have sex with men who are isolated, disowned or thrown out of the family home because of their sexual orientation may end up living or working on the streets. Loss of stable housing makes it harder to access health and other services and is associated with increased vulnerability to violence, including sexual violence.^{36,37}



Legal and Policy Constraints

Criminalization and the law

As of January 2017, 72 countries had criminal penalties for same-sex behaviours between consenting adults (or anal sex more generally) or prosecuted such behaviour under other laws.³⁸ In seven of these countries, such acts are punishable by death. The criminalization of homosexuality or homosexual sex leads to increased stigma and discrimination and may push young men who have sex with men further underground, making it difficult for them to obtain prevention tools they may need. Additionally, as of January 2016, at least 60 countries have enacted laws that specifically criminalize HIV non-disclosure, exposure, or transmission, and 56 countries have special regulations on entry and residence of people living with HIV, including 27 countries that contain laws that permit deportation of people diagnosed with HIV.³⁹ Young men who have sex with men are affected by these laws, further deterring open and honest dialogue about HIV status.

“We are seen as less than human. People have disdain for others who appear to be gay, even if that person is not a man who has sex with other men. Men who have sex with men are dehumanized and made to feel unworthy of protections.”

Service providers may also be fearful of arrest or police harassment, narrowing the availability and accessibility of prevention, treatment, and support services. In regions like the Caribbean, it has been documented that countries with such laws have significantly higher rates of HIV among men who have sex with men.^{40,41}

In some countries, laws against sexual violence exclude the sexual assault of men and transgender people. In some jurisdictions where homosexuality or homosexual sex is not illegal, the age of consent for homosexual sex is higher than for heterosexual sex⁴² making younger men who have sex with men more vulnerable to arrest for their sexual behaviour than their heterosexual counterparts. Moreover, in some countries in which homosexuality is criminalized, law enforcement officials, working together with medical personnel, conduct forced anal examinations, to find ‘proof’ of homosexual behaviour. The Independent Forensic Experts Group has found that forced anal examinations are medically worthless, a severe breach of medical ethics, and tantamount to torture.⁴³ In 2017, the World Medical Association adopted a resolution on prohibiting the use of forced anal examinations to substantiate same-sex sexual activity.⁴⁴

Access to sexual and reproductive health and other services, including harm reduction (needle syringe programmes and opioid substitution therapy) for those who use drugs, may be restricted by laws and policies requiring the consent of parents or guardians for legal minors to undergo testing or treatment. This is especially problematic for young people who live away from their parents. General Comment No. 4 of the Committee on the Rights of the Child acknowledges that States should ensure that children have access to appropriate sexual and reproductive health information, regardless of their marital status and whether their parents or guardians consent, and that State parties should ensure “the possibility of medical treatment without parental consent.”

Police harassment and violence

In countries where homosexuality is criminalized, men who have sex with men may have restricted access to the justice system if they are the survivors of violence, including sexual abuse. Young men who have sex with men may also be targeted by the police for arrest, extortion, or sexual abuse, sometimes under the guise of enforcing laws against “public nuisance” or “obscenity”.⁴² Even in countries where homosexual sex is not illegal, the threat of exposure gives police tremendous power over young men who have sex with men, many of whom have no awareness of their legal rights. Community members doing prevention outreach work and distributing condoms, for example, may also be targeted for harassment and arrest.⁴⁵

Service Coverage and Barriers to Access

Availability and accessibility

Men who have sex with men under the age of 30 years reported significantly lower levels of access to affordable STI testing and treatment, sexual health and HIV educational materials, and risk-reduction programmes in global online surveys conducted in 2012 and 2014.^{46,47,48} Disparities in the availability and accessibility of sexual health programs and HIV services are common between urban and rural areas.



Funding

Recent reports indicate that only 4% of global HIV prevention funding is directed towards men who have sex with men.⁴⁹ International funding still outweighs domestic spending on HIV and sexual health services for men who have sex with men globally. Funding for HIV services for men who have sex with men is especially limited in East and Central Asia, Eastern Europe, the Middle East and North Africa, and across sub-Saharan Africa.⁵⁰ In response, services for men who have sex with men in some of these regions is led primarily by civil-society and community-led organizations rather than the government. However, these services lack legal protections and are often grossly underfunded with limited sustainability.

Utilization

Perceived low-risk for HIV infection is one of the reasons that young men who have sex with men delay seeking prevention or testing services.⁵¹ Low uptake of testing can also be because those who do perceive themselves at high-risk of HIV fear learning that they are HIV positive.⁵² Many young men who have sex with men delay getting tested for HIV until they become symptomatic.⁵³

Young men who have sex with men living with HIV are more likely than their older counterparts to be identified later during their infection and to delay entry into clinical care.^{54,55} Reasons for delaying or forgoing entry into mainstream services may include shame, fear of disapproval and discrimination from health-care providers, lack of health-care insurance, or poor service availability, accessibility and affordability.^{56,57,58}

Services not sensitive to young men who have sex with men

Sexual health counselling provided by clinicians frequently addresses only heterosexuality and heterosexual behaviour, in part because training curricula for healthcare providers seldom include issues around same-sex behaviours and homosexuality. A survey of paediatricians in the USA found that while most (82%) discussed sexual activity during preventive care visits, they rarely or never discussed homosexuality with their patients. Only about 30% prescribed condoms, and just 19% provided condom demonstrations.⁵⁹ A combination of linked factors (e.g., provider discomfort with talking about same-sex behaviours, and the patient's discomfort about revealing these behaviours) may be responsible.⁶⁰

Service provider stigma and discrimination

Insensitivity or discrimination on the part of health-care providers, exacerbated by lack of training and awareness, can deter young men who have sex with men from seeking not only HIV-related services but also testing and treatment for other STIs, especially if they feel they will need to disclose their same-sex behaviour to service-providers.⁶¹ This reluctance may be especially strong for men who have sex with men who do not identify as gay.⁶² Young men who have sex with men may fear that revealing their HIV status to family and friends will also mean disclosing their sexual orientation.⁶³

Service-providers also often fail to recognize that for young men who have sex with men, sexual orientation and sexual practices must be addressed as part of the support offered around sexual and reproductive health and HIV-related needs.

The Full Package: Services for Young Men Who Have Sex with Men

Effective and tailored sexual health services must begin by sensitively and respectfully assessing the needs of young men who have sex with men and reaching them with prevention commodities and interventions through combination approaches. A major aim is to encourage risk reduction counselling and testing services, harm reduction and mental health services as needed, re-engagement for STI and HIV testing, and properly curated combination prevention services. For young men who have sex with men diagnosed with HIV, linkage to care programmes, initiation of anti-retroviral treatment, and adherence support are vital. The full package of WHO-recommended services⁶⁴ is presented in the table below.

| Table 1. Summary of WHO Recommendations | |
|--|---|
| Health Sector Interventions | |
| 1 | Condoms with condom-compatible lubricants |
| 2 | Oral pre-exposure prophylaxis (PrEP) |
| 3 | Post-exposure prophylaxis (PEP) |
| 4 | Needle and syringe programmes |
| 5 | Opioid substitution therapy |
| 6 | Brief, evidence-based psycho-social interventions involving assessment, feedback, and advice |
| 7 | Community distribution of naloxone for emergency management of suspected opioid overdose |
| 8 | Voluntary HIV testing, including self-testing and partner notification |
| 9 | Antiretroviral therapy (ART) and ART management for individuals living with HIV |
| 10 | Tuberculosis prevention, screening, and treatment |
| 11 | Hepatitis B and C prevention, screening and treatment |
| 12 | Screening for anal cancer and HPV vaccination |
| 13 | Mental health screening and services |
| 14 | Screening, diagnosis, and treatment of sexually transmitted infections |
| 15 | Reproductive health services, including comprehensive sex education |
| Strategies for Creating an Enabling Environment | |
| 1 | Laws, policies and practices should be reviewed and , where necessary, revised by policy-makers and government leaders, with meaningful engagement of stakeholders from key population groups, to allow and support the implementation and scale-up of health-care services for key populations. |
| 2 | Countries should work towards implementing and enforcing antidiscrimination and protective laws , derived from human rights standards, to eliminate stigma, discrimination and violence against people from key populations. |
| 3 | Health services should be made available, accessible, and acceptable based on the principles of medical ethics, avoidance of stigma, non-discrimination, and the right to health. |
| 4 | Programmes should work toward implementing a package of interventions to enhance community empowerment among key populations. |
| 5 | Violence against people from key populations should be prevented and addressed in partnership with key population-led organizations. All violence against people from key populations, including LGBT people should be monitored and reported, and redress mechanisms should be established to provide justice . |



RECOMMENDATIONS: Making Services Accessible, Acceptable, Affordable and High-quality

There are several recommendations described in normative guidance that are consistent with UN human rights principles and endorsed by the WHO, designed to optimize the accessibility, acceptability, affordability, and quality of sexual health services. They include the following:

1. Meaningfully involve young men who have sex with men in the planning, design, implementation, monitoring, and evaluation of services, while acknowledging and building upon their strengths, competencies and capacities, especially their ability to express their views and articulate what services they need.
2. Give primary consideration to the best interests of young people in all laws and policies aimed at protecting their rights.⁶⁵
3. Integrate targeted services within program settings like shelters, community, health, and drop-in centres and by adding components for reaching and delivering services to young men who have sex with men.
4. Ensure that there is sufficient capacity amongst professionals, particularly health workers, law enforcement officials, social workers and community workers, to interact or work with young men who have sex with men and apply rights-based approaches and evidence-informed practice.



5. Offer community-based, decentralized services, through both mobile outreach and at fixed locations.
6. Differentiate approaches to reach both gay-identified and non-gay identified young men who have sex with men.
7. Ensure that service locations are easy and safe for young men who have sex with men to reach,⁶⁶ including making services free of charge or low-cost.
8. Promote mobile health, staffed by trained personnel, counsellors, and young people, to provide developmentally appropriate health and welfare information to young men who have sex with men, as well as the opportunity for referrals to relevant services.^{67,68,69}
9. Provide developmentally appropriate sexual health education for young men who have sex with men from an early age, focusing on skills-based risk reduction, including condom use during anal sex and drug use, delivered using print materials, internet-based and smart phone technologies, social networking apps, and social media.^{70,71}
10. Provide information and services through peer-based initiatives, which can also help young people find appropriate role models and employment.
11. Ensure appropriate training, support and mentoring to help young men who have sex with men advocate within their communities to support them in accessing services.⁷²
12. Ensure that young men who have sex with men, especially boys (10–17 years) have access to appropriate sexual and reproductive health information, including screening for anal cancer and HPV vaccination,⁷³ regardless of their marital status and whether their parents/guardians consent, and that medical treatment without parental/guardian consent is possible and effectively considered when in the best interests of the individual.
13. Develop or strengthen protection and welfare services that help parents/guardians to fulfil their responsibilities to effectively protect, care for and support young men who have sex with men, and in the case of young men who have sex with men who are between the ages of 10–17, aim to reintegrate boys with their families if in their individual best interests or provide other appropriate and safe living arrangements and care options in line with the 2010 UN Guidelines for Alternative Care.⁷⁴
14. Ensure that services are non-coercive, respectful and non-stigmatizing, that young men who have sex with men are aware of their rights to confidentiality and that any limits of confidentiality are made clear by those with mandatory reporting responsibilities.
15. Train health-care providers on the (sexual) health needs of young men who have sex with men, as well as relevant overlapping vulnerabilities such as selling sex or drug and alcohol use.

Necessary Changes to the Legal and Policy Environments

Ensuring a safe, affirming, and enabling environment in which young men who have sex with men can thrive requires law and policy reform and funding that is commensurate with health burden shouldered by young men who have sex with men. The following recommendations are included in normative guidance endorsed by the WHO and aligned with UN human rights principles:

Laws and policies

1. Work toward the decriminalization of same-sex behaviour, sex work, and drug use as well as HIV non-disclosure, exposure, and transmission.
2. Implement and enforce antidiscrimination and protective laws, based on human-rights standards, to eliminate stigma, discrimination, social exclusion and violence against young men who have sex with men based on actual or assumed HIV status, sexual orientation, gender identity, or same-sex behaviour.^{75,76,77}
3. Ban conversion therapy⁷⁸ and close compulsory detention and rehabilitation centres.⁷⁹
4. Ban forced anal examinations.⁴⁴
5. Prevent and address violence against young men who have sex with men, in partnership with community-based organizations led by youth and men who have sex with men. All acts of violence and harmful treatment – including harassment, discriminatory application of public-order laws and extortion – by law enforcement officials, should be monitored and reported. Redress mechanisms should be established⁸⁰ and disciplinary measures taken.
6. Examine current consent policies and remove age-related barriers and parent/guardian consent requirements that impede access to sexual health services.⁸¹
7. Address social norms and stigma around sexuality, gender identity, and sexual orientation through comprehensive sexual health education in schools, supportive information and parenting guidance for families, training of educators and health-care providers, and non-discrimination policies in employment.
8. Advocate for removal of censorship or public order laws that interfere with health and sexual health promotion efforts, including HIV-related outreach and prevention education.
9. Include relevant programming specific to the needs and rights of young men who have sex with men in national health plans and policy, with linkages to other relevant plans and policies, such as those pertaining to the child protection and education sectors.

Funding

10. Increase funding for research, and implementation and scale-up of evidence-informed initiatives addressing young men who have sex with men.
11. Ensure that there is dedicated funding in national plans on HIV, sexual and reproductive health, child protection, and sexual exploitation of children for programmes that target young men who have sex with men, and for programmes that address overlapping vulnerabilities.
12. Recognize overlapping vulnerabilities among young men who have sex with men who sell sex, identify as transgender, who are migrants, and or who use drugs when funding and delivering HIV and other sexual health services.



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