

# HIV AND YOUNG MEN WHO HAVE SEX WITH MEN



Empowered lives.  
Resilient nations.





A TECHNICAL BRIEF

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WHO/HIV/2015.8

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Layout by L'IV Com Sàrl, Villars-sous-Yens, Switzerland.

Printed by the WHO Document Production Services, Geneva, Switzerland.

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# ACKNOWLEDGEMENTS

This technical brief series was led by the **World Health Organization** under the guidance, support and review of the **Interagency Working Group on Key Populations** with representations from: Asia Pacific Transgender Network; Global Network of Sex work Projects; HIV Young Leaders Fund; International Labour Organisation; International Network of People who use Drugs; Joint United Nations Programme on HIV/AIDS; The Global Forum on MSM and HIV; United Nations Children's Fund; United Nations Development Programme, United Nations Office on Drugs and Crime; United Nations Educational, Scientific and Cultural Organization; United Nations Populations Fund; United Nations Refugee Agency; World Bank; World Food Programme and the World Health Organization.

The series benefited from the valuable **community consultation and case study contribution** from the follow organisations: Aids Myanmar Association Country-wide Network of Sex Workers; Aksion Plus; Callen-Lorde Community Health Center; Egyptian Family Planning Association; FHI 360; Fokus Muda; HIV Young Leaders Fund; International HIV/AIDS Alliance; Kimara Peer Educators and Health Promoters Trust Fund; MCC New York Charities; menZDRAV Foundation; New York State Department of Health; Programa de Política de Drogas; River of Life Initiative (ROLi); Save the Children Fund; Silueta X Association, Streetwise and Safe (SAS); STOP AIDS; United Nations Populations Fund Country Offices; YouthCO HIV and Hep C Society; Youth Leadership, Education, Advocacy and Development Project (Youth LEAD); Youth Research Information Support Education (Youth RISE); and Youth Voice Count.

**Expert peer review** was provided by: African Men Sexual Health and Rights; AIDS Council of NSW (ACON); ALIAT; Cardiff University; Family Planning Organization of the Philippines; FHI 360; Global Youth Coalition on HIV/AIDS; Harm Reduction International; International HIV/AIDS Alliance; International Planned Parenthood Federation; Joint United Nations Programme on HIV/AIDS Youth Reference Group; Johns Hopkins Bloomberg School of Public Health; London School of Hygiene and Tropical Medicine; Mexican Association for Sex Education; Office of the U.S. Global AIDS Coordinator; Save the Children; Streetwise and Safe (SAS); The Centre for Sexual Health and HIV AIDS Research Zimbabwe; The Global Forum on MSM and HIV Youth Reference Group; The Global Network of people living with HIV; Thubelihle; Youth Coalition on Sexual and Reproductive Rights; Youth Leadership, Education, Advocacy and Development Project (Youth LEAD); Youth Research Information Support Education (Youth RISE); and Youth Voice Count.

Cover photo: © UNICEF/802A2539 copy/Mawa

The technical briefs were written by Alice Armstrong, James Baer, Rachel Baggaley and Annette Verster of WHO with support from Tajudeen Oyewale of UNICEF.

Damon Barrett, Gonçalo Figueiredo Augusto, Martiani Oktavia, Jeanette Olsson, Mira Schneiders and Kate Welch provided background papers and literature reviews which informed this technical series.

# GLOSSARY

## Definitions of some terms used in this technical brief

**Children** are people below the age of 18 years, unless, under the law applicable to the child, majority is attained earlier.<sup>(1)</sup>

**Adolescents** are people aged 10–19 years.<sup>(2)</sup>

**Young people** are those aged 10–24 years.<sup>(3)</sup>

**“Young men who have sex with men”** in this document refers to males 10–24 years, including boys 10–17 and men 18–24 who have sex with other males.

While this technical brief uses age categories currently employed by the United Nations and the World Health Organization (WHO), it is acknowledged that the rate of physical and emotional maturation of young people varies widely within each category.<sup>(4)</sup> The United Nations Convention on the Rights of the Child recognizes the concept of the evolving capacities of the child, stating in Article 5 that direction and guidance, provided by parents or others with responsibility for the child, must take into account the capacities of the child to exercise rights on his or her own behalf.

**Key populations:** are defined groups who due to specific higher-risk behaviours are at increased risk of HIV, irrespective of the epidemic type or local context. They often have legal and social issues related to their behaviours that increase their vulnerability to HIV. The five key populations are men who have sex with men, people who inject drugs, people in prisons and other closed settings, sex workers, and transgender people.<sup>(5)</sup>

**MSM (men who have sex with men):** In this technical brief, MSM refers to all males – of any age – who engage in sexual and/or romantic relations with other males. The words “men” and “sex” are interpreted differently in diverse cultures and societies, as well as by the individuals involved. Therefore, the term “men who have sex with men” encompasses the large variety of settings and contexts in which male-to-male sex takes place, across multiple motivations for engaging in sex, self-determined sexual and gender identities, and various identifications with particular community or social groups.

For the sake of clarity, the abbreviation “MSM” is used throughout this technical brief to avoid the confusion that would arise by spelling out “men who have sex with men” in the frequent references to males under the age of 18 years.

**Sexual abuse of boys<sup>1</sup>:** Where MSM involves one or more males who are children, the act may constitute child sexual abuse, as defined by the WHO, if it includes “the involvement of a child in sexual activity that he or she does not fully comprehend, is unable to give informed consent to, or for which the child is not developmentally prepared, or else that violates the laws or social taboos of society.” Boys can be sexually abused by adults or other children who are – by virtue of their age or stage of development – in a position of responsibility, trust or power, over the victim.<sup>(6)</sup> The CRC protects children from all forms of sexual exploitation and sexual abuse (for more information, see Annex 1 below).

**Sexual exploitation of boys:** The sexual exploitation of boys includes the exploitative use of children in prostitution, defined under Article 2 of the Optional Protocol to the CRC on the sale of children, child prostitution and child pornography (2000) as “the use of a child in sexual activities for remuneration or any other form of consideration”.

**Homosexuality** refers to an enduring tendency to form emotional, romantic and/or sexual attractions to people of the same sex.<sup>(7)</sup> The term **gay** is sometimes used to refer to people with a homosexual orientation.

**Homosexual sex or same-sex behaviour** refers to sexual behaviour between people of the same sex, regardless of their sexual orientation.

1 This technical brief does not address sexual abuse of children

# INTRODUCTION

Young people aged 10–24 years constitute one-quarter of the world's population,<sup>(8)</sup> and they are among those most affected by the global epidemic of human immunodeficiency virus (HIV). In 2013, an estimated 4.96 million people aged 10–24 years were living with HIV, and young people aged 15–24 years accounted for an estimated 35% of all new infections worldwide in people over 15 years of age.<sup>(9)</sup>

Key populations at higher risk of HIV include people who sell sex, men who have sex with men (MSM), transgender people and people who inject drugs. Young people who belong to one or more of these key populations – or who engage in activities associated with these populations – are made especially vulnerable to HIV by widespread discrimination, stigma and violence, combined with the particular vulnerabilities of youth, power imbalances in relationships and, sometimes, alienation from family and friends. These factors increase the risk that they may engage – willingly or not – in behaviours that put them at risk of HIV, such as frequent unprotected sex and the sharing of needles and syringes to inject drugs.



Young MSM are often more vulnerable than older MSM to the effects of homophobia – manifested in discrimination, bullying, harassment, family disapproval, social isolation and violence – as well as criminalization and self-stigmatization.

Governments have a legal obligation to respect, protect and fulfil the rights of children to life, health and development, and indeed, societies share an ethical duty to ensure this for all young people. This includes taking steps to lower their risk of acquiring HIV, while developing and strengthening protective systems to reduce their vulnerability. However, in many cases, young people from key populations are made more vulnerable by policies and laws that demean, criminalize or penalize them or their behaviours, and by education and health systems that ignore or reject them and that fail to provide the information and treatment they need to keep themselves safe.

The global response to HIV largely neglects young key populations. Governments and donors fail to adequately fund research, prevention, treatment and care for them. HIV service-providers are often poorly equipped to serve young key populations, while the staff of programmes for young people may lack the sensitivity, skills and knowledge to work specifically with members of key populations.

Among young MSM, high rates of HIV infection are due in part to unprotected anal sex with an HIV positive partner, but the social and structural factors already noted also play an important role. Use of drugs or alcohol and selling sex<sup>1</sup> contribute to HIV risk and represent overlapping vulnerabilities that some young MSM share with other young key populations. Young MSM are often more vulnerable than older MSM to the effects of homophobia – manifested in discrimination, bullying, harassment, family disapproval, social isolation and violence – as well as criminalization and self-stigmatization. These can have serious repercussions for their physical and mental health; their ability to access HIV testing, counselling and

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