

We want

PrEP

A Qualitative Analysis of Adolescent
Gay, MSM and Transgender People's
Willingness to Use PrEP



Youth
Voices
Count

ACKNOWLEDGEMENT

Information in this discussion paper has been gathered through an online survey conducted in 5 languages in four cities in the region; Bangkok, Ho Chi Min, Jakarta and Manila. 4 focus group discussions were also held; one in each city. The information was gathered from adolescents aged 15 – 19 who have self-identified as gay, bisexual or transgender women.

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1. Executive summary

This small scale research project which included an online survey and 4 Focus Group Discussions (FGD) was conducted by Youth Voices Count (YVC) with the support of UNICEF East Asia and Pacific Regional Office in order to explore the preparedness and willingness of adolescent gay, MSM and transgender women to use Pre-Exposure Prophylaxis (PrEP) as an additional prevention method to protect themselves from HIV. The online survey was disseminated in Bangkok, Ho Chi Min, Jakarta and Manila through online platforms and the FGDs were conducted in the same cities with 5-7 gay, MSM and transgender female adolescents between the ages of 15 – 19.

83% of the adolescents who participated in the online survey mentioned that they are willing to use PrEP as an additional prevention method to protect themselves from HIV. The output of FGDs revealed similar insights. The factors that contribute to PrEP acceptability among adolescents include the ability to engage in safer sex with PrEP, cost-free provision of PrEP, community and family support and friendly and confidential sexual health services.

As challenges to using PrEP to avoid HIV infections, the participants of the online survey and the FGDs recognized lack of awareness of PrEP among adolescents, disapproval from parents, stigma and discrimination associated with key populations, unfriendly sexual health services, general lack of personal health-seeking behaviors, and difficulties in adhering to a daily pill.

The adolescents recognized two key sources of accessing information on PrEP. These include (1) Internet – social media platforms and websites and (2) Community organizations. They also recognized community service delivery points including community led clinics as their preferred point of accessing PrEP and other required testing for PrEP.

YVC makes the following recommendations with the findings of the online survey and the FGDs.

- **Provide correct and comprehensive information on PrEP, its function, use, adherence and side effects to adolescents who are at risk of HIV. The information should be provided according to the developmental capacities of adolescents.**
- **Use websites and social media platforms, especially that of community organizations, to disseminate information on PrEP, its function, use, adherence and side effects to adolescents. Guarantee that these platforms provide correct, factual and reliable information on PrEP to ensure accuracy of the information.**
- **Ensure that parents, guardians and other related adults in the lives of adolescents are aware of HIV and its prevention, gender identity, sexual orientation and gender expressions in order to create an enabling environment to encourage positive health-seeking behavior among adolescents.**
- **Promote a culture of active and positive health-seeking behavior among adolescents including seeking sexual and reproductive health services through profiling peer role models to encourage adolescents to access available health services.**
- **Sensitize sexual health service providers on providing sensitive and friendly sexual health services to adolescents. Promote existing youth/ adolescent friendly sexual health services through social media platforms.**
- **Build the capacity of community based sexual health services to provide comprehensive PrEP services to key populations. Ensure that youth-led community based sexual health services are prioritized in providing PrEP services to adolescents.**
- **Ensure that adolescents who are at substantial risk for HIV are prioritized and enrolled in current PrEP roll-out programs. Utilize the lessons learnt to redesign and advance PrEP roll-out programs for adolescents from key populations.**
- **Address legal and policy barriers that prevent adolescents from accessing existing sexual health services including age of consent laws and laws that criminalize key populations.**
- **Raise awareness and build capacity of policy makers to better understand the integration of PrEP for adolescents in to national strategic plans and national policies on adolescent health.**

2. Introduction

It is beyond doubt that Pre-Exposure Prophylaxis (PrEP) is effective. PrEP can successfully prevent HIV transmission from one person to another. On 23rd November 2010 the first randomized controlled trial of PrEP in humans announced its findings. The iPrEx (Pre-exposure Prophylaxis Initiative) trial found that the HIV infection rate in HIV-negative gay men who were given a daily pill containing two HIV drugs was reduced by 44%, compared with men given a placebo (Grant et al 2010). In 2015 the Ipergay PrEP study announced its findings. The study identified 86% reduction in the risk of HIV infection in the trial participants allocated to Truvada. HIV incidence in the trial was 6.6% a year in placebo recipients and 0.91% in Truvada recipients (Molina et al 2015).

Following the successful results of PrEP studies, World Health Organization (WHO) issued recommendations on PrEP and it read “oral pre-exposure prophylaxis (PrEP) should be offered as an additional prevention choice for people at substantial risk of HIV infection as part of combination HIV prevention approaches”. Following this recommendation WHO launched their “WHO implementation tool for pre-exposure prophylaxis (PrEP) of HIV infection” in July 2017 during the 9th International AIDS Society world conference.

Clinical trials on the efficacy and effectiveness of PrEP among adults have been taking place over the past few years in number of locations around the world. However, clinical trials specifically to study the effectiveness of PrEP among adolescents is rare. One of the first of this kind of studies is the CHAMPS Plus Pill study or the “Choices for Adolescent Prevention Methods for South Africa” study. It is the second clinical trial to report results of PrEP focused solely on adolescents. During the 9th International AIDS Society conference two teams of investigators announced that a monthly vaginal ring and a daily oral tablet, both containing anti-HIV drugs, were safe and acceptable in studies of adolescents. These studies mark the first time the vaginal ring was tested in adolescent girls younger than 18 years and the first time a clinical trial of the oral tablet as pre-exposure prophylaxis (PrEP) was used specifically for adolescents included girls.¹

YVC advocacy on PrEP for young and adolescent key populations, especially for gay, bi, MSM and transgender women, started in 2015 with the first ever PrEP consultation in Asia and the Pacific, PrEPARING Asia, organized by the APCOM Foundation. During the consultation, YVC organized a separate breakout session with the youth participants to discuss specific challenges and opportunities for rolling out PrEP for young and adolescent gay, bi men and other MSM in Asia and the Pacific. A discussion paper was launched during the consultation, titled “PrEP, empowering young and adolescent MSM in Asia and the Pacific” which identified challenges such as availability of youth friendly services, age of consent laws, adherence, self-stigma as challenges.²

1. <https://www.niaid.nih.gov/news-events/adolescents-oral-truvada-and-vaginal-ring-hiv-prevention-are-safe-acceptable>

2. http://youthvoicescount.org/application/files/2016/05/PrEP_onl.pdf

3. The YVC qualitative study on adolescent gay, MSM and transgender women's willingness for PrEP

This study was aimed at understanding the willingness and preparedness of adolescent gay, bi and MSM and transgender women to consider and or use PrEP as an additional prevention method for HIV. Adolescents for this study is defined as those between 15 – 19 years of age.

PrEP demonstration programs are currently available in Thailand and Philippines. It is less likely that adolescents, young people between the ages of 15 – 19, access PrEP through these demonstration programs.

Objectives of the study

- Explore the willingness and preparedness of adolescent gay, bi, MSM and transgender women to uptake PrEP
- Identify specific requirements of adolescent gay, bi, MSM and transgender women to uptake PrEP and maintain adherence
- Identify specific challenges adolescent gay, bi, MSM and transgender women may face in up taking PrEP and maintaining adherence

Methodology

The study was conducted using a mixed method in four specific locations in four countries in the region; Bangkok-Thailand, Hanoi – Vietnam, Jakarta-Indonesia and Manila Philippines.

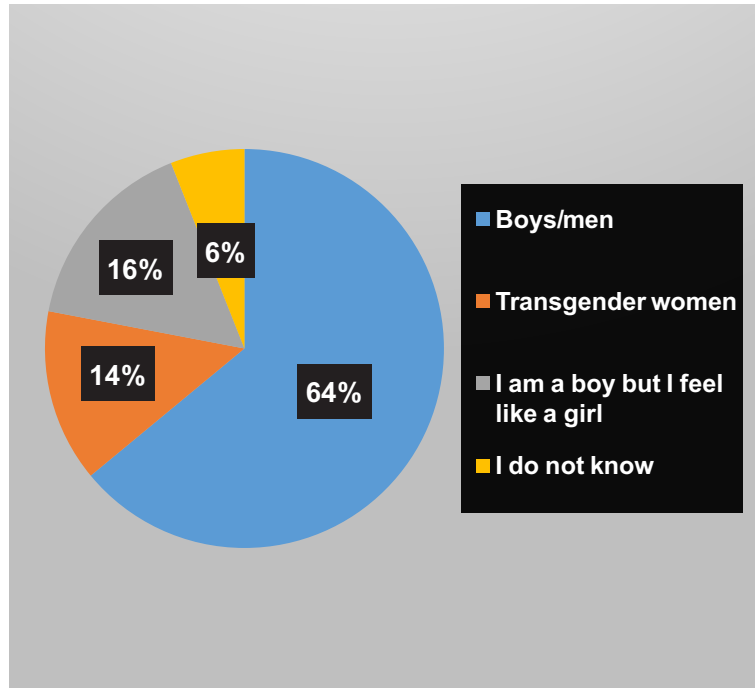
Four focus group discussions were held with a minimum of 5 adolescents in each country. An online survey was also used to reach out to adolescent gay, bi, MSM and transgender women. The survey was made available in 5 languages including Bahasa Indonesia, English, Tagalog, Thai and Vietnamese.

The selection criterion for the FGD participants were

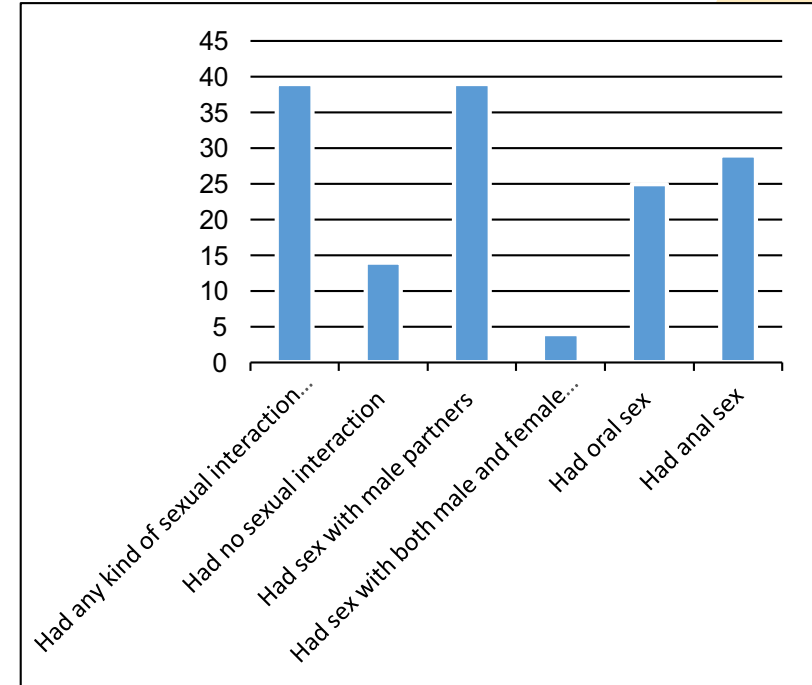
- Between the ages of 15 -19
- Self-identified as gay, bi, MSM or transgender women
- Currently resided in one of the study locations

4. The survey results

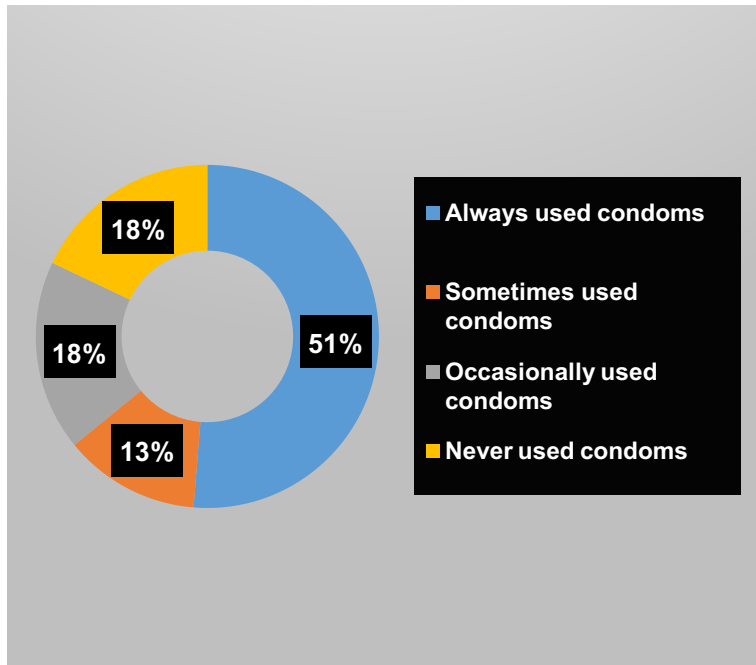
A total of 53 adolescents responded to the survey. The median age of the respondents was 16 years. Despite constant efforts to promote the survey in Thailand, no adolescent from Thailand responded to the survey. However, an FGD was conducted with adolescents in Thailand.



32 respondents identified as boys/ men, 7 as transgender women, 8 mentioned that they are boys but they feel as if they are girls and 3 responded that they do not know their gender identity.

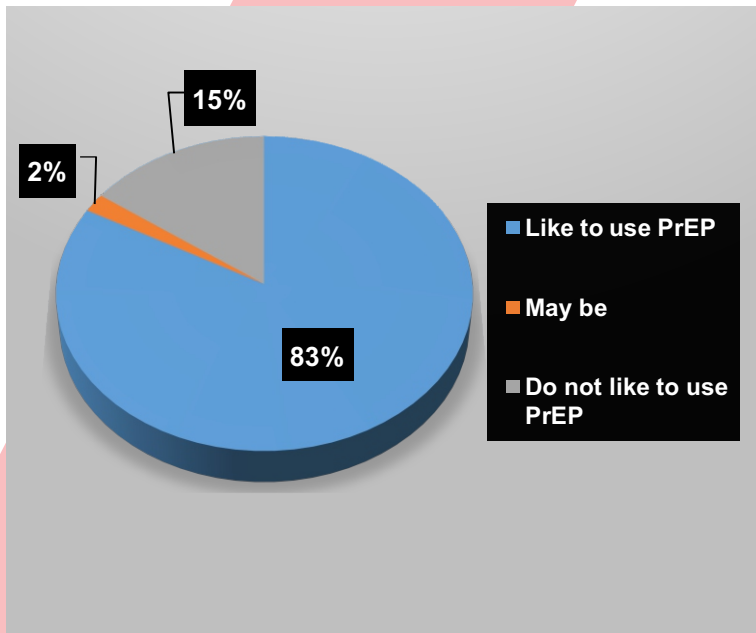


39 respondent said that they have had some kind of sexual interaction during the last 6 months and 14 said they did not. Out of the 39 respondents who have had some kind of sexual interaction, all 39 have had sex with male partners and 4 with both men and women. 25 respondents mentioned that they have had oral sex and 29 respondents said that they have had anal sex. The survey did not contain a separate question on having both anal and oral sex.



Out of the 39 respondents who have had some kind of sexual interactions in the past 6 months 20 participants mentioned that they have always used a condom and 5, 7, 7 respondents respectively mentioned that they have sometimes used condoms, occasionally used condoms and never used condoms.

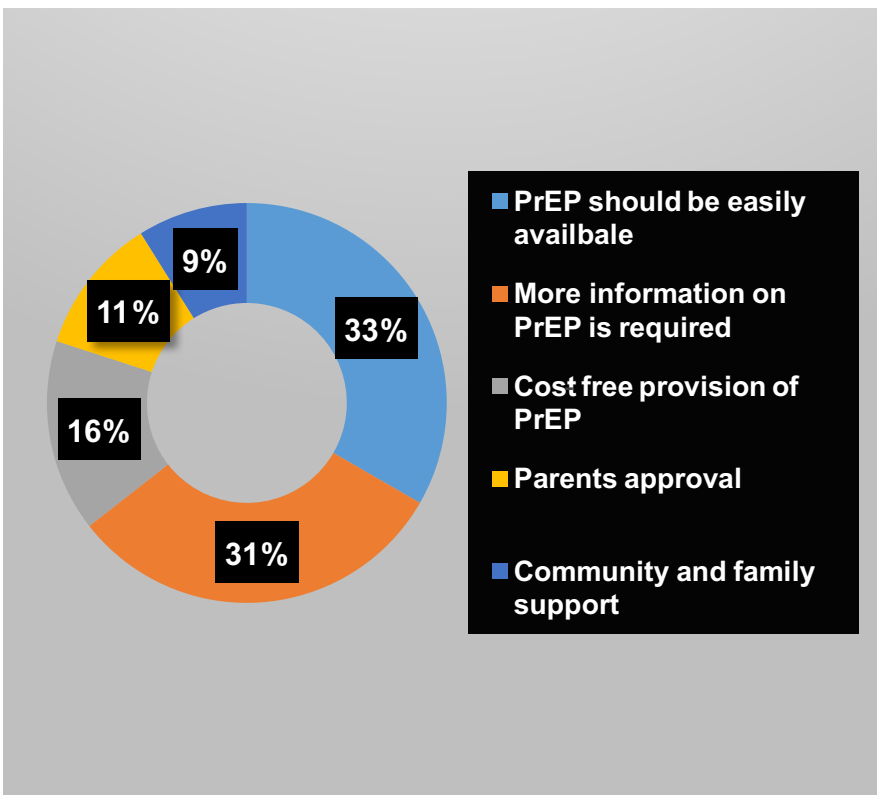
Close to 1/3 of the respondents claim to have a very good knowledge on HIV with a total of 31 respondents. 19 said they know “somewhat” about HIV and 2 said they don't know. However, half of the respondents haven't had a HIV test in their life. 26 participants mentioned that they have had a HIV test and 27 said they have not. Compared to the 39 respondents who mentioned sexual behavior in the last six months there is still a gap of 33% of all sexually active respondents seeking HIV testing.



26 respondents said they have heard about PrEP and 19 said they haven't heard about PrEP. 8 participants mentioned that they have heard a “little” about PrEP. 44 respondents said they like to use PrEP as an additional prevention mechanism, 1 respondent said “may be” and 8 said they do not like to.

30 respondents mentioned that they like to use PrEP because they want to protect themselves from HIV. 14 respondents mentioned that they may be at risk of HIV because they have more than one sexual partner and therefore they would like to use PrEP. 6 respondents said that they sometimes do not or forget to use condoms and therefore would like to use PrEP. 4 said that the easiness of taking a pill everyday would encourage them to use PrEP. One respondent mentioned alcohol and drug use during sex encourage to use PrEP.

19 respondents identified cost of PrEP as a barrier to accessing PrEP. 13 respondents mentioned side effects as a barrier. Difficulties to find a clinic that provides PrEP was mentioned as a barrier by 9 respondents. Only 5 mentioned parents' disapproval as a barrier to access PrEP. 3 mentioned that they are scared of their parents getting to know their PrEP use. 2 respondents mentioned that they do not like to go for regular testing.



As facilitating factors for PrEP use, 15 respondents mentioned that PrEP should be easily available, 14 respondents mentioned they need more information on PrEP, only 7 respondents mentioned that free PrEP would facilitate PrEP use. 5 respondents mentioned that someone should explain their parents about PrEP and its usage. 4 respondents mentioned that support from family, intimate partners or friends would facilitate PrEP use, 3 mentioned that support from peer counsellors would be essential to facilitate PrEP use and 2 respondents mentioned that service providers should be friendly towards young people.

Not having to worry about HIV was mentioned by 26 respondents as a benefit of PrEP use where as 12 respondents mentioned that PrEP would make them more confident as individuals. 10 respondents mentioned that they would not have to worry about the HIV status of their sexual partners as a benefit of using PrEP and 6 respondents mentioned that as a benefit of PrEP they would not have to worry even if they forget to use a condom.

5. Safer sex and condom use among adolescents

Condom use among the FGD participants and survey respondents is significantly low. Out of the 49 survey respondents (among the 53 total respondents) who answered the question on condom use, only 20 responded that they have used condoms always. 29 respondents mentioned that they have “sometimes used condoms, occasionally used condoms or never used condoms”. During the FGDs, the participants attributed their inconsistent condom use to a number of reasons. Refusal from sex partners to use condoms and prioritizing physical appearance and pleasure over safety were quoted as reasons for inconsistent condom use by FGD participants.

“But, sometimes our partners refuse to use condoms. I am still not consistent in using condoms because, sometimes my sex partner refuses it.”- Indonesia FGD

Lack of access to condoms is also a cause of inconsistent condom use. FGD participants explained the challenges they face in purchasing condoms because of “shame” and also the “fear” of being caught by parents or other adults. The data shows that adolescents are concerned of their safety but the social norms and values related to sexual behavior among adolescents prevent them from practicing safer sex behaviors.

“When I was a high school student, I was afraid to keep condoms at home. After I graduated and started working at a CSO, my parents knew that I am keeping condoms. I told them that I have a duty to provide condoms to those who are in need of them” – Indonesia FGD

Knowledge on HIV and HIV prevention is considerably high among the adolescents who took the survey and participated in the FGDs. Out of the 53 respondents of the survey 31 said they know about HIV, 19 said they know “somewhat”, 2 said they don't know and 1 did not respond. However, among the FGD participants the knowledge on HIV seem to be significantly low. Many were unaware of modes of transmission, prevention and treatment.

The data gathered from the survey and the FGDs further reflect global data on adolescents and young people. According to the Political Declaration of HIV 2016 only 28% and 36% of young women and young men have accurate knowledge on HIV (HLM on HIV 2016, paragraph 39). Comprehensive HIV knowledge among young people and adolescents (15 - 24) is still significantly low with a considerable gap of 60% of young people having comprehensive knowledge on HIV in China and less than 10% of young people having the same knowledge in Afghanistan. In many countries in Asia and the Pacific comprehensive knowledge on HIV among young people remains below 50% (AIDS Data Hub).

6. HIV testing among adolescents

HIV testing among both survey respondents and FGD participants is significantly low. 27 respondents out of 53 total mentioned that they have never had an HIV test. Many of the FGD participants reflected on the negative experience they have had in accessing HIV testing which may be a reason for low HIV testing among adolescents. Many referred to treatments of stigma, discrimination and unnecessary questioning about personal information mainly directed to them as a result of their age.

“First time, I went to the government hospital in my province. It was a very intimidating experience, people looked at me strangely. When I say people I mean everyone, nurses, doctors and other patients. The nurse asked, why do I want to have my blood tested? You are still young and have you been in any risk situation? So, I felt that I wouldn't want to go there anymore”. – Thailand FGD

In Asia and the Pacific, the proportion of young people between 15 -24 who have received an HIV test in the last 12 months and knew the results was below 25%. Where there is data available this figure remains below 20% in many countries (Aids Data Hub)

There was a general consensus among the FGD participants that community service delivery is friendly and easy to access. Many of those who have tested for HIV in the last 12 months in the FGDs have done so at health services provided by community organizations. The participants referred to the level of comfort and the understanding of service providers as factors of motivation to access services at such health care services.

“My first time was at RSAT, friends told me that at RSAT you can get result faster than the government clinics. So, I came here and liked it. I liked the way that RSAT provides a waiting area with television with some useful programs to watch. So, after that I always come to RSAT.” – Thailand FGD

7. Discussion - We want PrEP

FGD participants and survey respondents perceived PrEP as an effective additional prevention method against HIV infections.

Many of them mentioned that PrEP would increase their self-confidence as adolescents and young people in terms of their sexual health. They explained that PrEP would prepare them to face instances of not having access to condoms, being persuaded by sexual partners or clients of sex work to avoid using condoms and against incidents of condom breakage or slip. This understanding of PrEP among adolescents provides a promising foreground to raise awareness and motivate adolescent and young people to consider PrEP as an additional prevention method.

“you'll know to yourself that you're safe, even though you're in an unexpected situation, you know that you will not contract HIV”- Philippines FGD

Not having to worry about HIV was also mentioned by both survey respondents and FGD participants as a positive outcome of PrEP. Many FGD participants mentioned their constant struggle in initiating and maintaining interpersonal relationships as a result of fear of HIV.

“I'll be confident enough to think that I will not be infected with HIV. I will not worry every morning thinking I might be infected” – Vietnam FGD

The following sections analyze the survey responses and the findings from the FGDs under several key areas including PrEP awareness, enablers, barriers and preferable access points.

8. Where do adolescents at substantial risk want to access information on PrEP?

Knowledge of PrEP among survey respondents and FGD participants was low. Only 26 respondents out of 53 total respondents knew about PrEP. Among the FGD participants many had very little knowledge about HIV and were confused about many technical aspects of PrEP such as its effectiveness, adherence and withdrawal from PrEP. However, majority of the FGD participants believed that PrEP could significantly contribute to better health outcomes among their communities. Majority of survey respondents and FGD participants expressed willingness to use PrEP as an additional prevention mechanism for HIV infections. Similarly, the FGD participants expressed many concerns about barriers that may prevent them from accessing and using PrEP. These challenges included variety of barriers including locations of access, parents' concerns, youth friendly health services and adherence issues.

8.1. Internet and social media platforms

Awareness of PrEP and its use remains a significant aspect of up taking PrEP as an additional prevention mechanism by any community that is vulnerable to and at high risk of HIV. Internet and the social media platforms were recognized by the FGD participants as the best mode of raising awareness and providing information on PrEP to adolescents. The participants recognized increased and widespread reach, voluntary use and free access as factors contributing to effective use of social media platforms to raise awareness on PrEP. However, they also recognized the significance of ensuring the reliability of information provided through websites and social media platforms. The participants suggested establishing verified or certified social media platforms or websites especially that of community organizations in order to provide reliable information to communities on PrEP.

“I think that to access information, Internet is still the best way, but with an official channel. Like a fan page but an official one, meaning it's been verified and recognized, I'll use that. If there's a registered website, I'll feel more confident using that website. I don't think any other outreach method could be better than Internet. I can search for information from home”.- VietnamFGD

8.2. Community organizations

Participants also identified community organizations as access points for information on PrEP and recognized that these spaces allow them to “hang out” without being stigmatized or discriminated. Organizations and drop-in-centers, specially run by young people may have the ability to provide welcoming services to other young people including adolescents. Young people may also feel a sense of connectedness and reliability at these spaces.

“I would like to get information from a community-based organization like Lighthouse, I can come to hang out as well, without feeling embarrassed”- Vietnam FGD

The reluctance to access information on PrEP through government health clinics was clear during FGDs. Participants recognized the unfriendliness of service providers, busy schedules and stigma and discrimination attached to the clinics as barriers to accessing information on PrEP through government health clinics.

“Going there (to a government health clinic to get information about PrEP) feels weird, also they are busy, they probably have no time for us. I think information should be provided online, now people use Facebook a lot” – Thailand FGD

9. Barriers – What stops adolescents at risk from accessing PrEP?

Adolescents and young people face number of barriers in accessing existing sexual and reproductive health services. While the effectiveness of PrEP is proven through many research studies, adolescents still face additional barriers accessing PrEP. Survey respondents and FGD participants have provided many insights in to the barriers that they may face when and if they try to access PrEP. These barriers vary from lack of awareness to individual value based judgements on preventive health care.

9.1. Lack of awareness on PrEP and its effectiveness

As mentioned earlier the awareness of PrEP among survey respondents and FGD participants was significantly low. This is understandable as adolescents in many countries do not have access to sexual health information through traditional modes such as schools, parents or other peers. Lack of awareness of PrEP is twofold as data from the FGDs reveal. (1) Participants lacked awareness of PrEP, its use and the processes of using PrEP including the testing required, and the frequency of taking the drug. (2) This confusion has then lead to lack of awareness about the efficacy of the drug allowing myths to advance. Many participants commented on the lack of clarity about how PrEP functions in preventing HIV infections and also of the lack of clarity of its effectiveness. Participants also lacked awareness on the side effects and many have imagined worse impacts on kidneys and livers as a result of PrEP which they quoted as reasons for not wanting to use PrEP as an additional prevention method.

“We don't understand the procedure and the services of PrEP. I'm almost certain that most of my friends, gay or not, do not have knowledge on PrEP at all”- Indonesia FGD

“Another reason could be about trust. They believe in the effects, but they do not trust in the zero-side-effect claim. Many of my friends often say that Asian and African countries are the home for clinical trials. The first lab rats in the world to experience new medications. And they are very uncomfortable to use new international medication” – Vietnam FGD

The prevailing limited understanding of PrEP among adolescents also reveals that information on PrEP have reached to communities that may be interested in considering PrEP as an additional prevention mechanism. However, it is also important to ensure that correct and reliable information is being provided to these communities in order to demystify, demythologize and avoid confusions about the drug, its use and effectiveness.

9.2. Disapproval of parents

Parents play a significant role in sexual and reproductive health of adolescents and young people. Survey respondents mentioned that someone other than them explaining their parents about PrEP use would ease their access to PrEP. The survey respondents and FGD participants both recognized parents as a barrier to accessing PrEP. Many FGD participants mentioned that their parent would disapprove of them using PrEP as that would reveal their sexual behavior to their parents. Some FGD participants did not want their parents' involvement in their sexual health seeking behavior as they have not disclosed their sexual orientation or gender identity to their parents. Research studies have also shown that adolescents and young people prefer information of their sexual behavior and sexual health kept confidential especially from parents and teachers (Yarrow et al 2014, p. 153-154).

“If people see me taking this medication or if relatives or family members find out, it's not good. I'm living with my family at the moment, my dad or mom will discover the drug container sooner or later if I put it out there. And if they learn by accident that it's HIV pre-exposure prophylaxis medication, they'll look at me differently. I don't want anyone to know” – Vietnam FGD

“I will not be able to take PrEP since my parents are not aware of my sexual orientation and that's why it will be very hard for me to be consistent in taking PrEP every day” – Philippines FGD

There was a general consensus among all the FGD participants that parents are opposed to adolescents and young people accessing sexual health services. The construction of childhood as sexual innocence (Yarrow et al 2014, p. 148) may be a reason for this perceived understanding. However, more research is needed to understand parents' perception of childhood sexual health seeking behavior.

9.3. Stigma and discrimination

Stigma attached to sex, stigma attached to key populations and resulting discrimination was mentioned by the FGD participants as a barrier to accessing PrEP. The reflections of the participants also revealed that they are aware of the importance of seeking sexual health services but at the same time they lack means of negotiating stigma and discrimination that is projected both by society and family. The participants were more concerned of how they will be perceived by the society, friends and family if their PrEP consumption is revealed.

“At first, people would feel uncomfortable if anyone catches them using these kinds of medication. They'd assume that we are lecherous, we sleep around, we are unfaithful whatsoever, you know, prejudice”- Vietnam FGD

“I will be embarrassed if my family knew that I was using PrEP. They'll judge me eventually because they don't know the objective of the program”- Philippines FGD

“Also, I think taking tablets every day at the time, when people who don't know what PrEP is, they may stigmatize us and look at us like we're already HIV-positive” – Thailand FGD

It is therefore important to raise awareness generally among society on sexual Health and HIV in order to address widespread stigma and discrimination towards HIV and people living with HIV. The use of PrEP by an individual could also be promoted as a positive and responsible behavior by an individual to prevent HIV infection in order to raise respect and recognition for PrEP and PrEP users.

9.4. Unfriendly sexual health services

Sensitivity and friendliness of health service providers is crucial to make sexual and reproductive health services available and accessible to adolescents and young people. All FGD participants referred to the importance of sensitive and friendly sexual health service providers in order for them to access PrEP. In particular the participants referred to stigma and discrimination projected by doctors and nurses towards adolescents from key populations, friendliness of doctors and nurses and the negative attitudes of doctors and nurses towards adolescents.

“But the most important one that stopped me from receiving PrEP is the friendliness of people in the hospital especially government” – Thailand FGD

“If the doctor is not approachable and the services are not friendly I will not access the service. I also think doctors and nurses should consider our emotions. Doctors must also be aware of the LGBT concerns and there must be a psychologist or psychiatrist that will assess our emotions” – Philippines FGD

“Doctors' negative perception about LGBT is still common both in government and private clinics and that's why I don't want to get any services” – Indonesia FGD

Many research studies attest that sexual health service providers are “judgmental” of the adolescents who are accessing sexual health services (Tannera et al 2014; Hagey et al 2015; Lindberg et al 2006; Newton-Levinson et al 2016; Rita et al 2012). Research findings on health service providers' perception towards sexual behavior among adolescents reveals a general consensus on adolescents' immaturity to engage in sexual behavior which influences the health service providers' decision making on providing sexual health services to adolescents (Chandra-Mouli et al 2014; Geibel et al 2016; Goicolea et al 2010; Hagey et al 2015; Langhaug et al 2003; Newton-Levinson et al 2016; Rita et al 2012). “Negative Attitudes” among health service providers prevent them from providing welcoming sexual and reproductive health services to adolescent and young people (Babcock 2016; Delany-Moretlwe et al 2015; Geibel et al 2016; Goicolea et al 2010; Jaruseviciene et al 2013; Hagey et al 2015; Langhaug et al 2003; Lindberg et al 2006; Pozo et al 2015; Rita et al 2012).

It is crucial that existing health services which may become possible delivery points for PrEP are sensitized in providing sexual health services in general and providing PrEP related services in particular to adolescents and young people. As revealed in the previous sections adolescents and young people have a relative understanding of their risk to HIV to which PrEP may provide an effective solution. However, these risky behaviors may be looked down by the service providers further expanding stigma and discrimination. Adolescents and young people who may reap the best benefits of PrEP may therefore avoid accessing PrEP even if it is available.

9.5. Lack of personal health seeking behaviors

Some of the FGD participants reflected that adolescents and young people do not consider them to be at risk of HIV infection despite their sexual behavior. They identified this lack of awareness of sexual vulnerability as a barrier for adolescents and young people to access PrEP and sexual health services even if they are available. It could be said that this lack of awareness is mainly due to lack of education on HIV transmission, prevention, treatment and care. It could also be due to stigma and discrimination that is attached to living with HIV and therefore avoiding getting to know one's HIV status is an easy coping mechanism. However personal health seeking behavior plays a vital role in adolescents' and young people's access to sexual and reproductive health services.

Simultaneously, the FGD participants also recognized the poor health seeking behavior of adolescents and young people. They explained that their friends and peers are not keen about accessing any health services let alone sexual and reproductive health services. Many also commented on the financial circumstances influencing this poor health seeking behavior. However, it is important that a culture of active health-seeking behavior is cultivated among adolescents and young people in general in order to access available health services

“I don't think that I'd go right now. I expect to do it (HIV testing) in my early twenties, when I become more reckless” – Vietnam FGD

“I'll talk about the psychological barrier first, as I already said, usually people feel aggravated or annoyed, they think that they can't contract HIV. Like me, I often care about my friends, I tell them to go tested for HIV, and they say, “I don't have HIV. I'm totally sure about that although I have unprotected sex with my partner” – Philippines FGD

“For me, the barrier comes from people's reluctance to take medication, because they believe that they are not at high risk. Secondly, they don't understand the importance of PrEP and the consequence of when becoming infected with HIV” – Indonesia FGD

10. What would enable PrEP acceptability among adolescents who are at substantial risk for HIV?

As mentioned, the majority of survey respondents and FGD participants recognized the benefits of PrEP for better health outcomes as young people and adolescents who are at substantial risk for HIV. While raising awareness remains paramount to the uptake of PrEP, the FGD participants and survey respondents also reflected on several key aspects of PrEP as enablers of PrEP uptake and use. These include facilitation of safer sex through PrEP, cost of PrEP, community and family support and friendly and confidential sexual health services.

10.1. Facilitation of safer sex through PrEP

The majority of survey respondents and FGD participants recognized the importance of safer sex and identified PrEP as an additional prevention method. Many of them also recognized the risky behaviors that they engage in as young people including multiple partners, inconsistent condom-use and drug or alcohol use during sex. The participants also identified the advantages of PrEP and the protection it could provide against HIV in situations such as sex work where young people engaging in sex work may be persuaded by older clients to not use condoms, in circumstances where sex and stimulants are combined for recreational purposes or where they may not have access to condoms. Some of the FGD participants also reflected on the effectiveness of PrEP in sero-discordant relationships or situations where sexual or intimate partners are people who inject drugs. The FGD findings also coincide with the results of the survey. 30 respondents mentioned that they like to use PrEP because they want to protect themselves from HIV. 14 respondents mentioned that they may be at risk of HIV because they have more than one sexual partner and therefore they would like to use PrEP. 6 respondents said that they sometimes do not or forget to use condoms and therefore would like to use PrEP.

“PrEP is good for those who don't want to have just one partner or those who have HIV-positive partner or injecting-drug-user partner” – Thailand FGD

“Yes. PrEP would be very beneficial, due to my job as a sex worker. Sometimes my clients refuse to wear condoms and have a fantasy to cum inside” – Indonesia FGD

“I will take PrEP despite all these factors because I need to consider my safety since there's an increasing number of people in the Philippines who are being infected with HIV, and most of them are young people” - Philippines FGD

The findings from the FGDs reflect on the adolescents' maturity to understand and engage rationally in concepts such as “PrEP” as a medical intervention to reduce their risk for HIV. Studies have also shown that children are capable of understanding many concepts of illness if they are presented in a developmentally appropriate manner (Kuther 2003, p.347). Yet, number of research studies conducted among sexual health service providers have found out that they consider adolescents and young people to be immature and less competent to engage in discussions related to sexual health issues (Goicolea et al 2010; Hagey et al 2015; Langhaug et al 2003; Merzel et al 2004; Rita et al 2012). On the contrary many other research studies done among adolescents and young people have found out that they develop greater levels of competence at a young age such as 12 -14 (Lansdown 2004, p. 4; Cherney & Shing 2008, p. 852) and that they prefer to engage in sexual health discussions with service providers including on prevention (Klein et al 2002, p. 5; Merzel et al 2004, p. 109). Hence provision of PrEP for adolescents, who are at substantial risk for HIV need to consider the developmental capacities and ensure that information on PrEP and its use are available to them in accordance with their developmental capacities.

10.2. Cost of PrEP

Providing PrEP for free will enable the uptake of PrEP significantly among adolescents at risk. FGD participants from all 4 countries mentioned that if PrEP is provided free of charge they would definitely consider up taking PrEP. Many adolescents have rated cost as a significant consideration of their access to sexual health services (Shaw 2009, p. 135; ARROW 2016, p. 16; YVC 2015, p. 15 -18). Cost of sexual health services including sexual health commodities is a significant barrier for adolescents as they depend on parents or guardians for financial matters. Getting permission and seeking financial assistance to use PrEP may cause difficulties between parents/ guardians and adolescents which may lead to adolescents who are at substantial risk for HIV to reject the use of PrEP.

“Of course I would. If it's free, I'll feel even more at ease, free and healthy” – Vietnam FGD

“As long as it's free or low cost, I would consider taking it. I don't earn so I can't afford” - Indonesia FGD

“I would use PrEP if it is for free. I can't ask my parents for money for something like this” – Philippines FGD

10.3. Community and family support

Community, peer, friend and family support was recognized by the FGD participants as an important aspect of enabling PrEP use among adolescents. Despite the evolving capacities of children to increasingly make independent decisions and take responsibility of their actions, they still need adult support in many aspects of their lives. At the same time support from these constituencies can increase their self-confidence which could effectively contribute to adolescents' making correct and appropriate decisions about their sexual health. Some participants also discussed the importance of role models of other young people who are using PrEP as motivational portfolios to spread awareness and build trust on PrEP. Family support was also given a higher prominence as an enabling factor for PrEP. Many adolescents avoid accessing sexual health services mainly because of their parents' disapproval (Kennedy et al 2013, p. 10). It is important to build community support for adolescents in order to motivate them to consider PrEP as an additional prevention mechanism with proper information that they can understand as young people. Families and other adult counterparts such as guardians and older siblings should also be targeted in awareness raising on PrEP to create an enabling environment for adolescents to make informed decisions on their PrEP use.

“If there is a strong support system within the family then there will be no other factor that will stop me from taking PrEP”- Philippines FGD

I think it's about who would be our guide, we lack someone who can guide us. It's quite a challenge, if someone can support us and guide us through these processes, then it becomes easy for us to make decision about PrEP” – Vietnam FGD

10.4. Friendly and confidential sexual health services

Confidentiality of sexual health services is one of the main enablers for adolescents and young people to seek sexual and reproductive health services. Many research studies around the world have found that adolescents and young people are concerned of their privacy and confidentiality when accessing sexual and reproductive health services (Agampodi et al 2008; Atuyambe et al 2015; Braeken et al 2007; Brindis & Moore 2014; Jaruseviciene et al 2013; Langhuag et al 2003; Lindberg et al 2006; Merzel et al 2004; Newton-Levinson et al 2016; Pozo et al 2015; Regmi et al 2010; Strauss et al 2015; Yarrow et al 2014). A recent study done by International Parenthood Federation discovered that children and young people may be especially concerned of keeping their information confidential from parents (Yarrow et al 2014, p. 153-154). This discovery coincides with another finding in a qualitative study in Nepal in which young people recognized the fear of being “caught” at a sexual health clinic especially by family members (Regmi et al 2010, p. 154).

The FGD participants clearly mentioned the need for friendly and confidential sexual health services in order for them to consider accessing PrEP. They wanted their client profiles and private information kept confidential and was also worried about breaches of their privacy in many instances by health service providers. This understanding of the importance of privacy and confidentiality also reflects on the maturity of adolescents.

“Confidentiality of the clients and their personal information will also make the PrEP programs convincing especially to young people since many people don't want public to know their sexual activities” - Philippines FGD

11. A pill a day – Keeps HIV away – Why is this a difficult task?

Adherence to PrEP appears to be a major concern for most adolescents and young people. Many FGD participants reflected on the complexity of taking a pill every day and ensuring that the pill is not forgotten. Many said that they would forget taking the pill every day. Some of them also mentioned the “hassle” of taking a pill every day and the effort they may have to take to conceal it from families and friends. One of the main findings of this research is that adolescents and young people do not want to commit themselves to a long time course of action. Some research studies done on human brain development could provide an answer to this question. According to such research studies the prefrontal cortex of the brain which is responsible for cognition and reasoning and controlling impulses is not fully developed during the adolescence. On the contrary the ventral striatum which is associated with reward responses is more active during the adolescence. These findings are used to claim that adolescents are unable to make rational decisions taking in to account long term effects instead of short-term rewards and thereby leading to adverse outcomes (Cherry 2013, p. 319-320).

“But, to me, I don't think I am going to use it since it's too much of a hassle like you need to remember the time to take, you can't just stop it, you need to have your blood tested regularly and you need to use condom, I mean condom is enough for me” – Thailand FGD

“It is challenging for many people. Because if you have to repeat an action every day for 7 days in a row, it will be annoying. Although I know people are going to do so voluntarily, but they would still feel irritated, it's just their psychological reaction” – Vietnam FGD

“I think I might use it, but I'm forgetful, taking too many meds will drive me nuts. And I think that my friends will probably take it too” – Indonesia FGD

These findings also lead to a confusion in terms of adolescents' understanding of PrEP. FGD participants and survey respondents have clearly reflected their willingness to use PrEP as an additional prevention mechanism. However, there is an obvious reluctance to adhere to PrEP daily. Hence, PrEP implementation programs need to invest significant effort in developing systems to ensure that adolescents and young people adhere to PrEP as prescribed. As mentioned by one of the participants the lack of awareness of side effects of PrEP may be one reasons for adolescents' reluctance to daily adherence.

“I'll take the PrEP but I'll not take it every day as it is recommended by the doctors. I am worried about the side effects, especially with my liver and kidneys, so maybe I'll take it once a week. We don't know if our body can take a pill every day” – Philippines FGD

In response to their own reluctance to adhere to daily PrEP, some of the FGD participants mentioned that systematic counselling from service providers including reminders could help them to ensure daily adherence. They also mentioned the use of online platforms and “chat applications” as modes of maintaining communication with health service providers.

“Follow-up from a clinics would help us start using PrEP and adhering to it. Using chat apps like Line or Facebook Messenger to remind us of our daily pill and regular testing would be very helpful” – Thailand FGD

12. Where do adolescents want to access PrEP?

The location of PrEP access point is an important factor in the PrEP provision continuum. As many FGD participants have already mentioned, existing sexual and reproductive health services still house stigma and discrimination that prevent adolescents and young people accessing them.

Community organizations were mentioned as the preferred point of access to PrEP by the majority of FGD participants and survey respondents. The friendliness of community operated clinics, community identified service providers and the ability of the adolescents and young people to relate to the community clinic were pointed out by the FGD participants as the advantages of making PrEP available at community organizations. These findings are crucial in designing PrEP intervention programs especially for adolescents and young people from key populations in order to motivate them to consider PrEP as an additional prevention method. However, such interventions through community organizations will also have to ensure confidentiality and privacy of adolescent and young clients.

“The locations in which counseling and testing services are delivered is important because community-based service providers seem to have dedicated, enthusiastic and nondiscriminatory manners. I believe it would work better than coming to (a government) health clinic”
– Vietnam FGD

“I want to get it (PrEP) from NGOs because I am feeling intimidated to get PrEP from both government and private clinics because I am not sure if they will understand my needs and will not discriminate me because I belong to the LGBT community”– Philippines

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