

The Growing HIV Epidemic among Adolescents in the Philippines

THE RATE OF NEW INFECTIONS DOUBLED FROM 2011 TO 2015

Evidence from both the HIV/AIDS and ART Registry of the Philippines (HARP) and the 2015 Integrated HIV Behavioral and Serologic Surveillance (IHBS) indicate an escalating HIV problem among Filipino adolescents.

From 2011 to 2015, newly diagnosed HIV cases among young key affected populations (YKAP) increased by 230 percent (see Figure 1); of which, male to male sex and males who have sex with both males and females were the two predominant modes of transmission (58 percent and 26 percent, respectively).¹ There were also 9 percent who were infected from sex between males and females. Notably, 7 percent of these new infections were transmitted through the sharing of infected needles.

This alarming increase in new HIV cases is consistent with the doubling HIV prevalence particularly among adolescent males/ transgenders who have sex with males (M/TSM) in the past five years (see Figure 2).

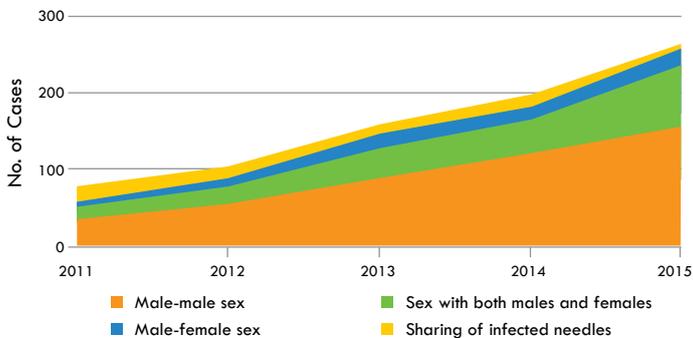


Figure 1. Number of newly diagnosed HIV cases among adolescents by mode of transmission, 2011-2015 HIV/AIDS and ART Registry of the Philippines (HARP)

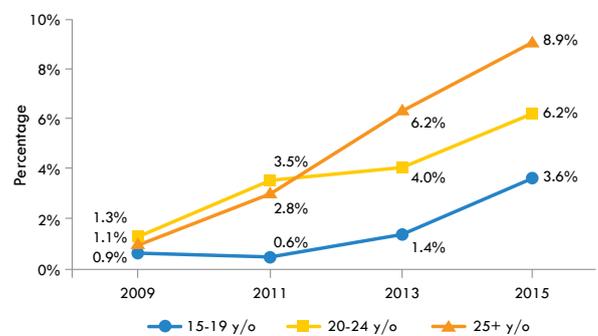


Figure 2. HIV prevalence among M/TSM who have anal sex, 2015 IHBS

HIGH-RISK BEHAVIORS START AT AN EARLY AGE

Findings from the 2015 IHBS also showed that most M/TSM, female sex workers (FSW) and people who inject drugs (PWID) start engaging in high-risk behaviors during their adolescent years (see Figure 3).

Initiation into protective behaviors, such as condom use, start two to three years later on average. Apart from possible exposure to HIV during this condom lag (i.e. the gap between first sex and first condom use), further analysis indicates that the likelihood of eventual condom use decreases as the gap grows wider.

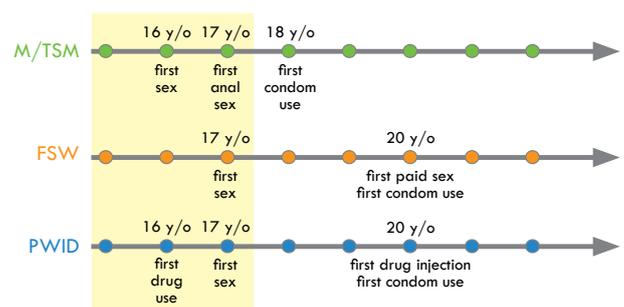


Figure 3. Start of high-risk behaviors, 2015 IHBS

Gateway behaviors that place YKAP at a higher risk include drinking alcoholic beverages and taking recreational drugs. A significant proportion of YKAP reported getting drunk in the past year (see Figure 4). More importantly, a sizeable percentage (45 percent of M/TSM, 52 percent of FSW, and 35 percent of male PWID) experienced having sex while drunk.

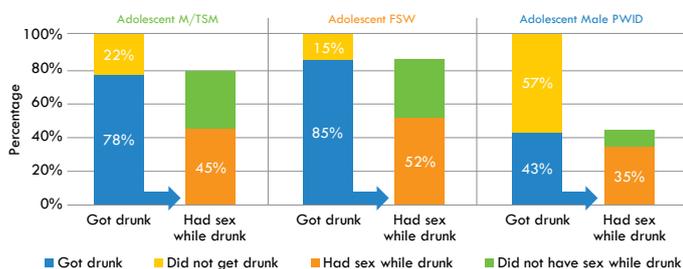


Figure 4. Sexual practices of those who drank alcoholic beverages in the past 12 months, 2015 IHSS

Furthermore, among PWID the age of first drug use and first drug injection is 16 and 20 years old, respectively (see Figure 3). Drug use was also found among other YKAP with 10 percent of M/TSM and 26 percent of FSW reporting said behavior in the past 12 months. Among them, 3 percent of M/TSM and 15 percent of FSW had sex while under the influence of drugs (see Figure 5).

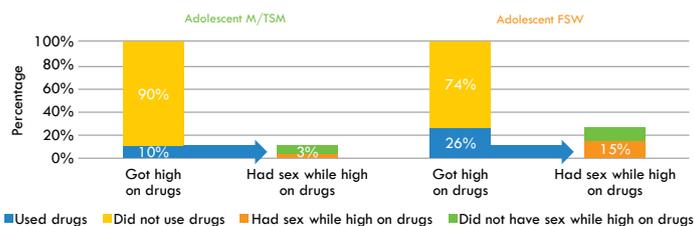


Figure 5. Sexual practices of those who used drugs in the past 12 months, 2015 IHSS

YKAP CAN BE FOUND IN SCHOOLS, SOCIAL MEDIA, AND CRUISING SITES

The IHSS showed that some YKAP may be found in schools. More than half (57 percent) of M/TSM were students, while among FSW and male PWID, 39 percent and 13 percent were students.

A number of YKAP also reported having social networking accounts to look for partners. More than half of the adolescent M/TSM (84 percent) and FSW (57 percent) have at least one social networking account that they use to look for partners.

Further, the IHSS also showed that among adolescent M/TSM, 65 percent still go to cruising sites to find male partners. Among adolescent FSW, 51 percent go to bars and clubs, and 40 percent go to streets and parks to find paying partners.

YKAP HAVE VARIED SEX PARTNERS

YKAP reported having sex with different types of partners (see Table 1). Although a smaller proportion of M/TSM engaged in transactional sex, it was evident that the majority (79 percent) had sex with multiple non-paying

male partners in the past 12 months, which included boyfriends, casual sexual partners, or one-night stands.

FSW had more one-time male clients than returning male clients in the past month. Among the 68 percent of male PWID who had sex with non-paying female partners in the past 12 months, most only had one partner, which included wives or girlfriends. A very small percentage of male PWID reported M/TSM behavior by having multiple non-paying male partners.

Type of partner	% who reported having sex with the specific type of partner	Median number of sex partners*
Partners of M/TSM in the past 12 months		
Non-paying male partner	79%	3
Paying male client	40%	2
Paid male partner	10%	2
Anal sex partner met online	10%	2
Partners of FSW in the past month		
First-time male client	74%	3
Returning male client	45%	1
Male client met online	4%	2
Non-paying male partner	50%	1
Partners of Male PWID in the past 12 months		
Non-paying female partner	68%	1
Non-paying male partner	6%	3
Paid female or male partner	5%	DNA**

*Number of sex partners among those who reported having sex with the specific type of partner
**Data not available

Table 1. Type of partner and median number of sex partners, 2015 IHSS

ALMOST HALF OF ADOLESCENT M/TSM ARE HAVING ANAL SEX AND CONDOM USE IS WAY BELOW TARGET

During the last time adolescent M/TSM had sex with a male partner in the past 12 months, 41 percent engaged in both oral and anal sex, 5 percent had anal sex only, while 54 percent had oral sex only (see Figure 6).

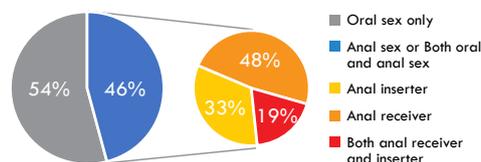


Figure 6. Type of sex during last sex with male partner among M/TSM, 2015 IHSS

Yet, among adolescent M/TSM who had anal sex, only 35 percent reported having used a condom the last time they had sex (see Figure 7). Further, only 11 percent of those who had anal sex reported the consistent use of condoms with their three most recent partners. Common reasons for not using a condom among M/TSM include: unavailability of condoms (61 percent), not liking condoms (17 percent), partner objection (7 percent), and thinking that condoms are not necessary (7 percent).



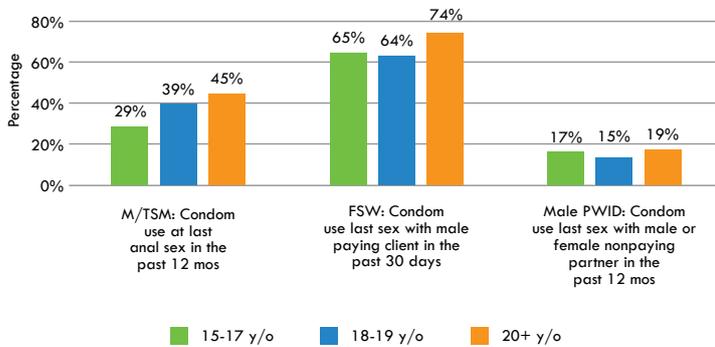


Figure 7. Condom use at last sex, 2015 IHBSS

Condom use rate was highest among FSWs (65 percent) compared with other key populations. Among PWIDs, around 15 to 17 percent of 15 to 19 year olds reported using condoms with male or female non-paying partners in the past 12 months (see Figure 7).

Gateway behaviors mentioned earlier pose additional challenges in ensuring safe sexual encounters as alcohol intake and use of drugs further decreased the rate of condom use across the different YKAP. Among M/TSM who had sex with a male or female partner while drunk or high on drugs, condom use was at 19 percent and 15 percent respectively. Among FSW who had sex with a male partner while drunk or high on drugs, condom use was at 51 percent and 57 percent. Lastly among PWID, 24 percent reported use of a condom the last time they had sex with a male or female partner while drunk.

KNOWLEDGE ABOUT HIV AND PERCEPTION OF RISK IS LOW

Generally, low knowledge on HIV and self-perceived risk among YKAP further compound the risk of the said populations. Indeed, relative to older age groups, knowledge on HIV prevention and transmission was lowest among 15 to 17 year old M/TSM and FSW at 32 percent and 14 percent, respectively (see Figure 8).

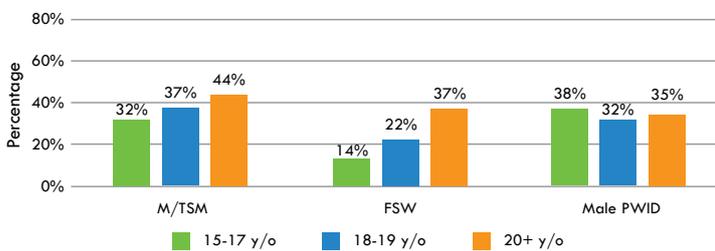


Figure 8. Comprehensive knowledge about HIV, 2015 IHBSS

Meanwhile, the self-perceived risk of having HIV infection was particularly salient among YKAP. Among 46 percent of M/TSM and 58 percent of FSW who felt they are at risk of having HIV, the majority said it was because they had multiple sex partners and did not always use condoms during sex. Less than a third (29 percent) of PWID said that they feel at risk of having HIV, of whom 52 percent said it was due to sharing infected needles.



YKAP HAVE THE LOWEST ACCESS TO PREVENTION COMMODITIES AND SERVICES

On top of the risks discussed above, YKAP have inadequate access to HIV services. Among male PWID, only 19 percent received free needles and syringes from social hygiene clinics (SHC), peer educators (PE), or drop-in centers (DIC).

Meanwhile, M/TSM are at a particular disadvantage when it comes to access to condoms and lubricants. Although condoms and lubricants are free and available at SHCs, less than half of adolescent M/TSM believed that condoms (37 percent) or lubricants (27 percent) are easy to get in the community. Among FSW, while 77 percent reported that condoms are easily available, only 29 percent reported that lubricants are easy to get in the community.

Moreover, compared to the older M/TSM cohort, fewer young M/TSM reported access to condoms. Only 15 percent received free condoms from SHC or PE, 9 percent received free condoms from friends, 2 percent received free condoms from other sources, 12 percent bought condoms, and 8 percent bought and also received free condoms (see Figure 9).

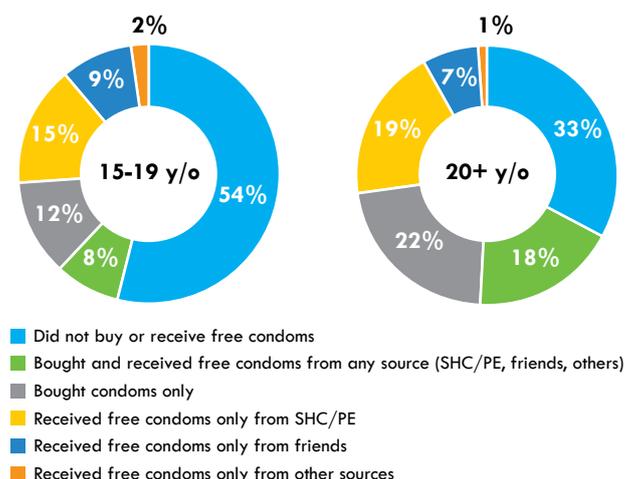


Figure 9. Access to condoms among M/TSM, 2015 IHBSS

Aggregating the provision of HIV information and commodities as a prevention package, the proportion of YKAP who received the complete prevention package from SHC, PE, or DIC further decreased (see Figure 10).

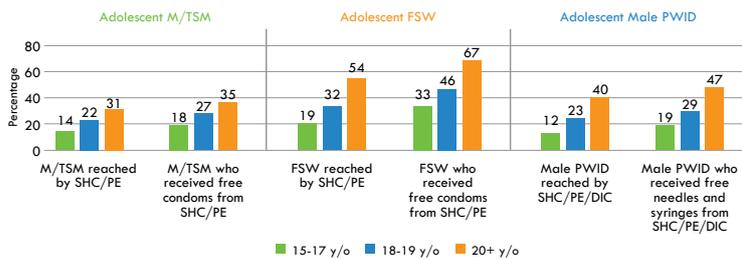


Figure 10. Received HIV information and prevention commodities from SHC, PE, or DIC in the past 12 months, 2015 IHBS

These findings contextualize the low levels of knowledge on HIV and low condom use among M/TSM and the low proportion of male PWID (45 percent) who did not use sterile injecting equipment at their last injection.

LESS THAN 15 PERCENT OF YKAP KNOW THEIR HIV STATUS

Overall, the testing rate was low among key populations but significantly lower among 15 to 17 year olds (see Figure 11).

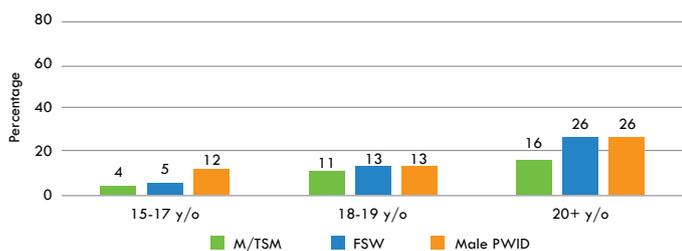


Figure 11. Tested in the past 12 months and know HIV status, 2015 IHBS

Barriers to testing mentioned by YKAP respondents include: being afraid to get tested, not recognizing the need to get tested, and not knowing about HIV testing facilities. Notably, awareness of HIV testing facilities is low, particularly among adolescent FSW at 36 percent. Among M/TSM and male PWID, 70 percent and 82 percent knew about the available HIV testing facilities. Moreover, legal barriers to testing minors for HIV without parental consent hamper the scale-up of HIV testing among YKAP.

ONLY 25 PERCENT OF ADOLESCENTS WITH HIV ARE LINKED TO CARE AND ACCESSING TREATMENT

Data from HARP as of December 2015 is consistent with testing data from the 2015 IHBS. Of the estimated 9,559 PLHIV aged 15 to 19 years old,² only 936 (10 percent) have ever been diagnosed.¹

Among those diagnosed, 318 (34 percent) have been linked to care and 238 (25 percent) are currently alive and accessing free antiretroviral treatment from treatment hubs in the country (see Figure 12).

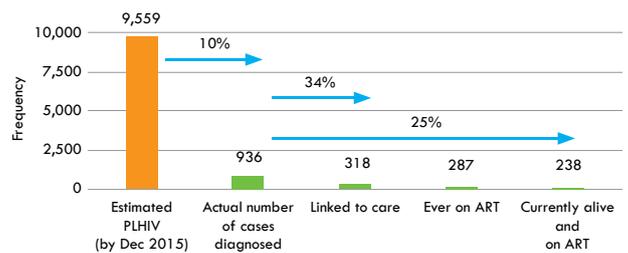


Figure 12. HIV care cascade among adolescents (15-19 years old), December 2015 HARP

ADOLESCENTS NEED TO HAVE ACCESS TO INTERVENTIONS TO HALT THE GROWING HIV EPIDEMIC

High-risk behavior occurring among YKAP, coupled with low knowledge and limited access to HIV services, are the primary reasons for the escalating HIV epidemic among adolescents in the Philippines.



Strategies to increase the access of adolescents to HIV services should be prioritized.

- ✓ Increase the knowledge of YKAP on HIV and access to an HIV prevention package through a participatory, targeted, and multi-platform approach. Activities need to be cognizant that face-to-face interventions are equally as important as online strategies. These include scaling-up coverage of SHC and PE services, intensifying HIV in school curricula, as mandated by RA 8504, and utilizing social media networks to reach more adolescents.
- ✓ Improve the HIV testing uptake of YKAP by promoting the availability of free HIV testing in SHC and treatment hubs, and ensuring youth-responsiveness to these services.
- ✓ Establish satellite treatment hubs or community-based testing facilities to increase linkages to care among HIV-positive adolescents.

Note: FSW data refer to the 2013 IHBS. M/TSM and PWID data from the 2015 IHBS have been adjusted using Time Location Sampling (TLS) and Respondent Driven Sampling (RDS) weights. Data may not reflect national figures, but represent locations included in the sample.

References:

- 1 HIV/AIDS and ART Registry of the Philippines (HARP). Department of Health – Epidemiology Bureau, Manila, Philippines. December 2015.
- 2 EPP Spectrum by December 2015.
- 3 2015 Integrated HIV Behavioral and Serologic Surveillance (IHBS). Department of Health – Epidemiology Bureau, Manila, Philippines. February 2016.

