



Our Rights Matter Too:
Sexual and Reproductive Health and
Rights of Young Key Populations
in Asia and the Pacific.

An Asia-Pacific Report by Youth LEAD

Our Rights Matter Too: Sexual and Reproductive Health and Rights of Young Key Populations in Asia and the Pacific

Published by Youth LEAD

With support from UNFPA

Writers: Shubha Kayastha, Rachel Arinii, Rishita Nandagiri

Editors : Jeffry Acaba, Gaj Gurung, Thaw Zin Aye

Layout : Bikas Gurung

Suggested citation: Youth LEAD (2015). Our Rights Matter Too: Sexual and Reproductive Health and Rights of Young Key Populations in Asia and the Pacific. Thailand: Youth LEAD.

Youth LEAD

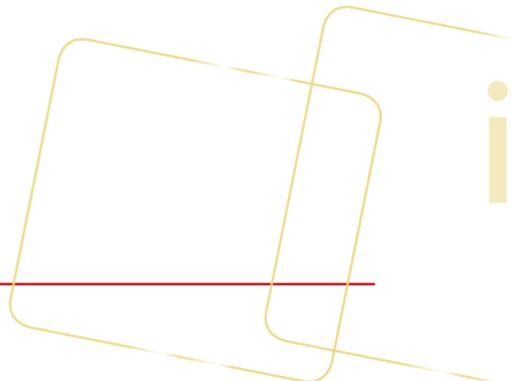
Asia Pacific Network of Young Key Populations

75/12 Ocean Tower II, 15th floor, Sukhumvit Soi 19, Sukhumvit Rd

Klong Toey Nua, Wattana District

Bangkok 10110, Thailand

www.youth-lead.org



Acknowledgement

Youth LEAD is grateful to all the stakeholders, partners, colleagues, and friends for their contributions to this regional report, **‘Our Rights Matter Too’: Sexual and Reproductive Health and Rights (SRHR) of Young Key Populations in Asia and the Pacific.**

First and foremost, we would like to express our sincerest gratitude for the generous support from United Nations Population Fund (UNFPA), without which this report would not be possible.

Our heartfelt appreciation also to the following:

Our country partners and focal points from China, India, Nepal, and the Philippines for their knowledge and experience on SRHR of young key populations (YKP);

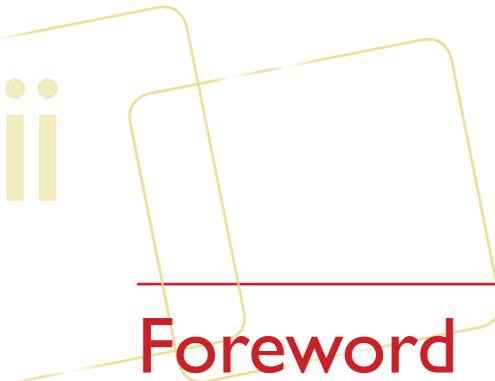
Shubha Kayastha and Rachel Arinii for taking lead in writing and compiling this report, and to Rishitha Nandagiri for lending her knowledge and expertise in refining this report;

Representative from the PACT, Global Youth Coalition on HIV/AIDS (GYCA), Youth Voices Count (YVC), and national organizations based in Cambodia , China , Indonesia, Mongolia and Myanmar for the interviews;

The Asia Pacific Interagency Task team on HIV and Young Key Populations (IATTYKP), in particular UNFPA (Josephine Sauvarin), UNAIDS (Aries Valeriano), UNESCO(Justine Sass) and UNICEF (Shirley Mark Prabhu) for the technical guidance and insight;

Last but not the least, to the staff members of the Secretariat, namely, Jeffry Acaba , Gaj Gurung, and Thaw Zin Aye for working tirelessly towards ensuring the success of this report.

Our sincerest gratitude and appreciation also goes to the people who directly or indirectly helped us out develop the report.



Foreword

HIV and Sexual Reproductive Health Rights (SRHR) share common root factors on poverty, gender inequality, gender-based violence, marginalization of key populations, barriers to access services, and stigma and discrimination. These severely affect young people, particularly young key populations (YKP) affected or living with HIV. Barriers to access and control over SRH services for YKP, coupled with the criminalization and discrimination faced by YKP, and the varying degrees of social stigma and judgmental attitude towards these population segments, severely impact young key populations access to SRH and HIV services.

Over the past years, there has been increasing emphasis on working with and for young key populations, namely young men who have sex with men, young transgender people, young people injecting drugs, young people who sells sex, and young people living with HIV, in the Asia Pacific region. Moreover, the discussions around sexual and reproductive health and rights (SRHR) of YKP are still inadequate. More broadly, there is a need to recognize that young key populations have sexual and reproductive rights too; and acknowledging and protecting this is crucial to addressing HIV and AIDS.

Youth LEAD undertook this report in order to highlight the inextricable link between SRHR and young key populations, and how the recognition, promotion, and protection of these rights are instrumental to ending the AIDS epidemic in the region. This report intends to bridge the gap in the regional discourse on YKP and SRHR. This has been the result of an increasing conversation with other organizations such as YPEER, as well as the evolving component of SRHR that was integrated in the New Generation Leadership training manual developed by Youth LEAD and UN partners.

This report took time to gather as many perspectives and experience of youth organizations who are working on SRHR and YKP in the region, providing evidence on the importance of integrating HIV issues and priorities in the wider discussions on SRHR. Youth activists, programmers, as well as SRHR activists will find this report useful as we move towards a more integrated approach to address the issues, needs, and priorities of young key populations in Asia Pacific.



Acronyms

AIDS – Acquired Immune Deficiency Syndrome
APN+ – Asia Pacific Network of People Living with HIV
BDS – Blue Diamond Society
CABA – Children affected by AIDS
CBO – Community-Based Organizations
CCW – Cambodia Community for Women
CSE – Comprehensive Sexuality Education
CSO – Civil Society Organization
CFPA – Chinese Family Planning Association
CRC – Convention on the Rights of Child
CSE – Comprehensive Sexuality Education
FGD – Focus Group Discussion
FPOP – Family Planning Organization of the Philippines
FTM – Female-to-Male
GBV – Gender-Based Violence
GYCA – Global Youth Coalition on AIDS
HIV – Human Immunodeficiency Virus
IATTYKP – Interagency Task Team on Young Key Populations
ICESCR – International Covenant on the Economic, Social, and Cultural Rights
ICPD – International Conference on Population and Development
LGBT – Lesbians, Gays, Bisexuals, Transgender
LGBTI – Lesbians, Gays, Bisexuals, Transgender, and Intersex
MSM – Men who have Sex with Men
NGO – Nongovernment Organization
OST – Opioid Substitution Therapy
PLHIV – People Living with HIV
PoA - Programme of Action
PMTCT – Prevention of Mother-To-Child-Transmission
PNG – Papua New Guinea



PWID – People Who Inject Drugs

SRH – Sexual and Reproductive Health

SRHR - Sexual and reproductive Health and Rights

STI – Sexually Transmitted Infection

TG – Transgender persons

UN – United Nations

UNAIDS – Joint United Nations Programme on HIV/AIDS

UNESCAP – United Nations Economic and Social Commission in Asia and the Pacific

UNESCO – United Nations Educational, Social, and Cultural Organization

UNFPA – United Nations Population Fund

WHO – World Health Organization

WLHIV – Women Living with HIV

VCT – Voluntary Counseling and Testing

VC – Vectoring China

YKP – Young Key Populations

YPLHIV – Young People Living with HIV

YPWID – Young People Who Inject Drugs

YVC – Youth Voices Count



Terminology in this report

The term young people is generally used to mean those between the ages of 10-24. It includes the overlapping terms adolescents (10-19) and children (0-17), and youth (15-24)¹.

However, for the purpose of this study, YKP in this report is understood as those between the ages of 15-29, considering the diverse definitions of a 'young person' in different countries and contexts in the region; as well as the difficulty of reaching those below 15 years of age.

Youth LEAD defines young key populations (YKP) as young transgender persons, young people who inject drugs, young persons with a disability, young gay men and other men who have sex with men, young people selling sex, and young people living with HIV below the age of 29. The study also includes some other groups in the study such as migrants and children affected by AIDS (CABA) depending on the definition of organizations working with YKP at country level.

Executive Summary

Young people aged 10 to 24 in Asia and the Pacific account for thirty-five percent of new HIV infections in the region. Many young people face difficulties in accessing sexual and reproductive health and rights (SRHR) information, commodities, and services because of the compounding issues that they face. Moreover, many existing HIV programs catering to young people do not always include SRH services or link them to relevant youth-friendly SRH services.

'Our Rights Matter Too': *Sexual and Reproductive Health and Rights of Young Key Populations in Asia and the Pacific*, a regional report, provides an overview of the sexual and reproductive health and rights (SRHR) needs, issues, and priorities of young key populations (YKP) in Asia and the Pacific. The report addresses the gaps in knowledge on the SRHR needs of YKP in the region, offers recommendations based on a regional study, and contributes essential information for policy and advocacy efforts.

The study employs a qualitative data-gathering design using focus group discussions (FGD), and face-to-face and online interviews, along with a desk review of existing literature. Five FGDs were conducted in China, India, Indonesia, Nepal, and the Philippines in November 2014 with the support of Youth LEAD's national focal points. A total of fifty-four YKPs participated in the FGDs. Six key informant interviews were also conducted in November until December 2014 with representatives from The PACT, Global Youth Coalition on HIV/AIDS (GYCA), Youth Voices Count (YVC) and national organizations based in Cambodia, China, Indonesia, Mongolia and Myanmar.

Research Findings: An Overview

SRHR issues of YKP remain overlooked in current programming. With the narrow focus on reproductive health services targeted at women (often, married women, and particularly mothers), YKPs find SRH services such as access to contraception, PMTCT, and HIV treatment limited. Indeed, YKPs- and young women and girls from key populations- fall between the crack of SRH services for young people; and this is heightened by the violence and discrimination they face; among other factors. SRH needs of YKP are yet to be included in existing SRHR programming, while HIV services need to be linked to SRH services under a much broader human rights framework. Emerging health issues within SRHR include hormones for transwomen, and menstruation management for transmen; among other issues raised. There is also a renewed call for linking SRHR and HIV programming, given YKP's specific vulnerabilities and needs.

Restrictive laws contribute to the continued marginalization and discrimination of YKPs. Many countries in Asia and the Pacific have restrictive SRHR laws affecting YKPs, including parental consent or notification requirements. Some laws also limit consensual sex of adolescents to 18 and over, which create additional age-related barriers to accessing information and services enabling safe sexual activity. Constricting legal and political environments heighten the stigma and discrimination experienced by YKPs, and often places them outside the law; denying them legal recourse and access to their rights. Laws requiring parental/guardian consent or notification for those under 18, or restricted to married persons deter young people from accessing HIV testing, contraceptives, or harm reduction services; among other essential services. In particular, the criminalization of sex work, same-sex behavior, and drug use adds another layer of stigma and discrimination that hinders YKPs

from accessing SRH services. The lack of protective laws makes key populations vulnerable to abuse and violence from law enforcers themselves, and this vulnerability is exacerbated for YKPs.

Stigma and discrimination are huge barriers in the continued marginalization of YKP within SRHR programming. Many study participants shared that discrimination towards YKP is pervasive in public or governmental health centers during counseling and treatment, as compared to private treatment centers. Judgmental attitudes create further barriers for YKP's access to SRH services.

Mental health issues were also highlighted as an essential, but often overlooked SRHR component. Factors like fear or experience of stigma and discrimination; leading to anxiety, depression, isolation, self-stigma, and sometimes suicide need to be accounted for when addressing YKP needs.

Comprehensive sexuality education (CSE), in-school or out-of-school, remains inaccessible for YKPs and their particular needs. Generally speaking, CSE is reduced to general health education; limiting young people's access to and knowledge of SRHR. For all young people, access to SRHR education and information is very limited; furthering misconceptions about STIs and HIV, and barriers are greatest for those who are out-of-school. For YKPs this lack of relevant and necessary information is keenly felt, both as young people and as part of key vulnerable populations; trapping them in a double bind. Some health care providers may not provide accurate, or complete SRHR information for young people, further affecting the health and access to care of YKPs. Indeed, YKPs may be unaware of their right to healthcare services and the conditions under which they can access them because of their continued marginalization.

Young people continue to be the vanguard of change. A number of youth-led organizations in Asia and the Pacific have been documented in this report- they are implementing and organizing innovative approaches and efforts to reach YKPs through peer education, national and regional advocacy, capacity building, outreach and referral, and other similar activities. By extending SRHR information, services, and commodities to YKP, these organizations have changed the way current SRHR programming reaches out to young people in general.

Key Recommendations

The qualitative research findings clearly reflect the marginalized status of YKPs, the grave status of their access to healthcare, and the violation of rights that they endure across the region. Investing in YKPs through targeted programmes that cater to their needs including allocation of a specific budget and monitoring mechanism, will yield results in many aspects including the reduction of HIV transmission and in unintended pregnancies; and greater overall health and education of YKPs.

The report, thus, recommends the following:

Youth Participation and Involvement

Governments, the United Nations agencies, NGOs, and other relevant national and regional bodies must:

1. Engage YKP meaningfully and provide safe spaces for YKP to discuss their SRHR needs.
2. Involve YKP in all levels of programming and policy development relating to SRHR – from education to outreach, from capacity-building to advocacy, from partnership-building to mobilization of communities.

3. Invest in YKP's capacities and learn from the experiences and effective responses of YKP-led/focused organizations.

Age and gender sensitivity to address SRHR needs of YKP

Governments, the United Nations agencies, NGOs, and other relevant national and regional bodies must:

4. Pass policy guidelines on ensuring SRH services for YKP regardless of origin, race, gender, HIV status, age, sexual orientation, or gender identity are youth-friendly, YKP-appropriate, and accessible.
5. Ensure the sensitization and training of healthcare workers to provide YKP-friendly SRH services.
6. Implement and adopt a comprehensive sexuality education curriculum with an emphasis on the specific SRHR needs of YKPs. Special efforts to ensure that out-of-school YKPs have access to SRH information and CSE must be made.

Legal reform and Political Advocacy

7. NGOs, CSOs, and other agencies must engage policymakers by hosting dialogues and tap potential key and champion decision-makers, and youth leaders, to support an enabling environment including legal reforms to better address SRHR among YKP.

Strategic Information and Evidence Building

8. Relevant government agencies, and other institutions including NGOs must undertake more studies and conduct research on effective SRHR programmes for YKP. They must also support youth-led organizations to produce advocacy and action research highlighting SRHR needs, priorities, and voices of YKP.

Strategic Partnerships and Networking

9. Funding agencies and other aid structures must provide core support for youth-led organizations working on SRHR needs of YKP, and provide technical and financial support to community-based services that focus on YKP.
10. Organizations working on and with YKP must collaborate and coordinate activities to ensure effective outputs. Those working for key populations in general should also prioritize YKPs as a key area. In addition, UN agencies, governmental and non-governmental organizations working on HIV and SRHR should integrate the two programmes, eschewing silos.

Table of Contents

1 **Introduction**

18 **Financing Issues & Constraints**
Lack of core support for SRHR programming and advocacy for YKP

3 **Contextualizing Our Rights**
Legal and Policy Context
International and Regional Human Rights Treaties and Policies
National Level Laws and Policies
Advocacy and Programming

19 **Good Practices**
Peer Education
Capacity Building
Addressing stigma and discrimination
Towards SRHR and HIV intergration
Advocacy

9 **Framing SRHR concerns of young key populations**
Recognizing the needs of YKP in SRHR programming
Barriers for YKP in SRHR Programming

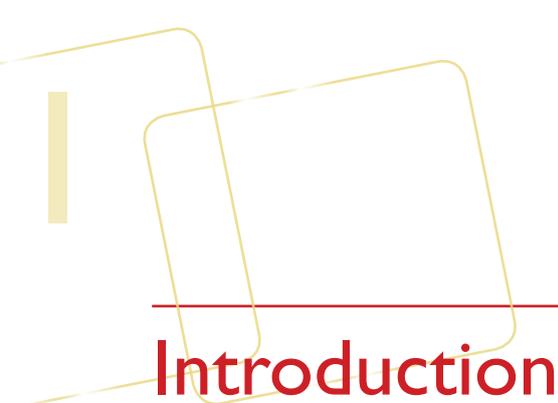
23 **Conclusion and Recommendations**

13 **Accessing SRH services: Limitations & Factors**

25 **References**

16 **Accessing Comprehensive Sexuality Education**

28 **Annexes**
Annex A
Annex B
Annex C



Introduction

This report “Our Rights Matter Too’: Sexual and Reproductive Health and Rights of Young Key Populations in Asia and the Pacific” is based on a study commissioned by Youth LEAD with support from UNFPA. The report aims to highlight the unmet SRHR needs of YKP in the region, assess current programmes that are initiated by and cater to YKP, and inform advocacy efforts and policy creation through a set of concrete recommendations.

The specific objectives of the study were:

1. To explore sexual and reproductive health and rights needs of YKP in the region;
2. To describe the gaps in the services available and challenges in the accessing the SRH services by YKP; and
3. To map the good practices in providing SRH services to YKP being implemented in the region and documented them.

The study provides an overview of the sexual and reproductive health and rights (SRHR) needs and issues of young key populations (YKP) in the Asia-Pacific region. This includes experiences and perceptions of young people working with and for YKP at the national, regional and global level. YKP included in the study represented different communities including young people living with HIV, young people with disabilities, young people selling sex, young people who use and inject drugs, young migrants, young transgender persons, and young gay men and other men who have sex with men.

The study was informed by four key questions:

1. What are the specific SRHR needs and issues of YKP in Asia and the Pacific?
2. What is the current status of SRHR related services, policies and interventions for YKP in Asia and the Pacific?
3. What are the good practices around Asia and the Pacific in terms of service delivery and in SRHR programming among YKP?
4. How can these needs and issues be addressed in an effective and sustainable manner?

The research design was primarily qualitative data gathering, relying on using focus group discussions (FGD), and face-to-face and online interviews, along with a desk review of existing literature. A total of five FGDs were conducted covering the following countries: China, India, Indonesia, Nepal, and the Philippines with the support of Youth LEAD’s national focal points. A total of fifty-four YKPs participated in the FGDs. Six key informant interviews were also conducted with representatives from The PACT, Global Youth Coalition on HIV/AIDS (GYCA), Youth Voices Count (YVC) and national organizations based in Cambodia, China, Indonesia, Mongolia and Myanmar.

The desk study reviewed key documentation and reports on YKPs, SRHR, and HIV and AIDS; Studies commissioned by research organizations, civil society organizations, international NGOs and the UN agencies were utilized to examine the status, trends and main challenges faced by YKP, both within the region and globally.

Interviews were conducted with youth experts and activists working in the region and globally. Interviewees also included representatives from organizations working specifically with YKP. They were interviewed online and face-to-face for the key informant interviewⁱ. A semi-structured questionnaire was used for the interview with eight main questions (see Annex A). The questions pertained to the work their organizations have been undertaking in promoting and improving SRHR of YKP at the national, regional or/ and international level. The interviewees were also asked about their understanding of challenges YKP face in terms of accessing SRHR-related information, services and commodities. The interviews took approximately an hour each, which were recorded and transcribed for the data analysis. The interviewees were from global (The PACT, GYCA), regional (YVC), and national organizations based in Cambodia, China, Indonesia, Mongolia and Myanmar.

A focus group discussion checklist was developed with ten main questions and probing questions (see ANNEX B on page 29). Questions delved into their experiences and perspectives of SRHR challenges facing YKP in their respective countries. They discussed their current work with YKP mobilization, advocacy and capacity building, and if SRHR components were included in it. The checklist was designed in such a way that diverse categories of YKPs were provided space to provide their perspectives.

Along with the checklist, a guideline was also developed to help the country-level focal person(s) conduct the FGD. The guideline explained all the necessary processes including selection of participants, logistics management, consent processes, note taking requirements, and report writing. A total of five FGDs were held in China, India, Indonesia, Nepal and the Philippines with the support of Youth LEAD's national focal persons.

The report utilizes quotations and reflections from these interviews and FGDs. Quotes used in this report have been edited for clarity and brevity, while ensuring the integrity of their comments.

Study Limitations

The study presents information and data from across Asia and the Pacific. However, because of constraints in reaching out to all countries in the region and limited resource, few countries have only been reached during the primary data collection.

Data collection was primarily conducted online, through Skype interviews and mobilizing focal points in the country level to conduct FGDs, which was challenging. The reliance on the internet may have restricted participation to those who have access to strong internet connections. In addition, the in-country focal points may have also faced challenges in conducting the FGDs due to outreach, logistical, or security concerns. The lack of detailed and quality data at the regional level on SRHR of YKP was a huge challenge and limited analysis.

The writing and preparation of the report also faced some level of difficulty. Previous consultants were unable to deliver on time due to unforeseen circumstances and have affected the timeframe in terms of the monitoring of the delivery of and reviewing the data outputs from the countries as well as writing the final report. In order to address this, a writer was contracted. However, due to the tight timeline given to the writer, no additional data gathering was conducted.

ⁱ Some youth advocates working with YKPs were interviewed during a regional workshop on 'SRHR needs of YKP and partnership meeting with Y-PEER' in Bangkok; 11-13 August 2015.

Contextualizing Our Rights

Asia and the Pacific is home to more than half the world's young people aged 15-24. In 2014, an estimated 620,000 young people were living with HIV; 290,000 of them are female². Disaggregated data on young key populations and the vulnerabilities they face are scarce, partly due to the ethical issues and sensitive nature of collection, and partly due to the logistical constraints of data collection design and methods. Where accurate data are available, HIV prevalence among YKPs is often found to be significantly higher than that of the general youth population³.

From available regional data, we know that in countries where surveys were conducted with people who sell sex; the majority of them were under the age of 25 with a high proportion being female sex workers⁴. In Bangladesh for instance, most sex workers report initiating selling sex before the age of 12 years, while those in Papua New Guinea (PNG) reported a mean age of initiation of 17-19 years⁵.

Again, while data on age of sexual debut in the region are limited and there is variance on reported age of sexual debut among key populations and between countries; it also sits in a context where first sexual experiences for young women, and other vulnerable populations are often forced or unwanted⁶, highlighting the precarious situations that YKPs are called upon to navigate and endure. Sixty-one per cent of MSM in Afghanistan reported sexual debut by 15 years, while among hijras (transgender women) and male sex workers in Pakistan this was 16 years of age. In India, 23–34 per cent of people injecting drugs reported initiating injection at 22–25 years of age.

In the region, barriers to accessing HIV and SRHR related information, commodities and services hinder YKP from fully realising their rights and addressing their needs⁷. These barriers include cultural, religious, financial, logistical, or legislative issues and manifest in myriad ways.

Young people are less likely to be aware of services, lack legal education or knowledge about their rights, and may face greater barriers to accessing services due to cost, distance or geography, fear of stigma; judgement or imprisonment, or lack of specific support services. Laws around age of majority and requiring parental consent or notification, for example, may deter young people from accessing essential health services. Indeed, young peoples' negotiation skills and decision-making abilities in interactions with adults are fraught with power dynamics. Appreciating their 'evolving capacity' and building upon a cornerstone of 'informed consent' is key to tackling some of these power constructions. The criminalization of sex work, same-sex relationships and injecting drug use increases the vulnerability of YKPs, making prevention programmes even more difficult for them to access. The social and legal marginalization suffered by YKP exposes them to exploitation, violence, crime and abuse. Creating a vicious cycle, these barriers restrict YKPs from accessing accurate information of HIV, health and support services; pushing them into high-risk behaviors and increasing their vulnerability to exposure and transmission.

In 'Young Key Populations at Higher Risk of HIV in Asia and the Pacific: Making the Case with Strategic Information'⁸, the authors reflect that, "*Vulnerability plays a key role in HIV exposure and transmission risk. Increased risk of HIV exposure and transmission is linked to various kinds of mobility, living situation (young people [ages of 10 and 24 years] who live on the street), exploitation (young people who are sexually exploited and/or trafficked) and abuse. Countries should define the specific populations that are key to their epidemic and response based on the epidemiological and social context*". In the Asia-Pacific region,

YKP experience particular vulnerabilities shaped and exacerbated by the legal, political, and cultural contexts.

Legal and Policy Context

International and Regional Human Rights Treaties and Policies

Internationally, young peoples' rights are recognized within the binding Convention on the Rights of the Child (CRC), the International Covenant on the Economic, Social, and Cultural Rights (ICESCR). Indeed, most countries in Asia and the Pacific have signed or ratified these international conventions. Importantly, these human rights instruments, recognized by all state parties, the rights to the highest attainable standard of health, non-discrimination, privacy, autonomy and the rights of young people, including YKPs, to participate in decisions that affect them. These international conventions and documents reflect government responsibility to uphold and protect the rights of YKPs, acting as effective tools to hold governments to account for their responsibilities, in addition to the right to participation of YKPs in all policy decisions.

The CRC, in particular, establishes that the best interests of the child shall be the primary consideration in all actions concerning children (which it defines, broadly speaking, as under 18), the right of children to non-discrimination, the right to have views affecting the child heard and given due weight, in accordance to age and maturity of the child, and the right to privacyⁱⁱ. Article 5 of the CRC also puts forward the essential concept of 'evolving capacities', which understands children as key actors and that as they acquire enhanced competencies; they have a greater ability and capacity to participate in and make decisions affecting their lives. It also recognizes that children in different environments, contexts, and cultures are faced with diverse life experiences and will thus acquire competencies at different ages and in different ways.

Article 5 of the Convention of the Rights of Child:

States Parties shall respect the responsibilities, rights and duties of parents or, where applicable, the members of the extended family or community as provided for by local custom, legal guardians or other persons legally responsible for the child, to provide, in a manner consistent with the evolving capacities of the child, appropriate direction and guidance in the exercise by the child of the rights recognised in the present Convention.

The International Conference on Population and Development (ICPD) also underscores the right of young people to access SRH services free from discrimination, coercion, or fear; and upholds their sexual and reproductive rights. In particular, the Commission on Population and Development in 2012 issued some of the strongest language around the reproductive rights of young people to emerge from the UN⁹. In its Resolution on Adolescents and Youth it urges governments to: *...protect and promote human rights and fundamental freedoms regardless of age and marital status, [...] by protecting the human rights of adolescents and youth to have control over and decide freely and responsibly on matters related to their sexuality, including sexual and reproductive health; ...[and to] enact and enforce legislation to protect all adolescents and youth...and to provide social and health services, including sexual and reproductive*

ⁱⁱ General Comments 4 and 15 of the CRC provide more specific and relevant guidance on the CRC in relation to young people's decision-making on health

health services, and complaint and reporting mechanisms for the redress of violations of their human rights...

Other key international policies and documents include the Beijing Platform for Action of the Fourth World Conference on Women (1995) and The UN General Assembly Political Declaration on HIV and AIDS (2011).

Regional policies such as the UN Economic and Social Commission for Asia and the Pacific (ESCAP), Sixth Asian and Pacific Population Conference Plan of Action on Population and Poverty (2014), the Pacific Policy Framework for Achieving Universal Access to Reproductive Health Services and Commodities, including Condoms 2008-2015, and UN ESCAP resolutions on HIV and AIDS of 2010 and 2011; among others.

National Level Laws and Policies

Many countries in the region have conservative legal traditions relating to sexuality and reproduction, with many laws still relying on colonial-era values and constructions rather than more contemporary understandings and interpretations of SRHR and related laws on sex work, abortion, and same-sex conduct. Even where laws have been updated to provide legal protections for young people and vulnerable groups, it remains that laws lag behind policies, and often struggle to be implemented. This is also reflected in the lack of legal education and knowledge of rights- both by young people and by service providers; which can adversely impact access to information and services. Where unclear, and in the absence of service standards and guidelines, providers may follow conservative interpretations of the law, further restricting access to information and services¹⁰.

At the national level, there are some laws and policies support access to SRH/HIV services for young people; but vary between countries.

Table 1. List of countries where provisions that support access to SRH/HIV services for young people are present in their laws and policies

Provisions that support access to SRH/ HIV services for young people	Countries where these provisions are present in their laws and policies
Recognize the evolving capacity of young people to make independent decisions regarding their own health	HIV testing laws of Fiji, Lao People's Democratic Republic (PDR), and Papua New Guinea (PNG)
Protection against discrimination and stigma, and recognize privacy rights	Laws that protect against HIV-related discrimination and offer some privacy and confidentiality protections exist in Cambodia, China, Fiji, Lao PDR, Mongolia, the Philippines, PNG and Viet Nam
Give young people an enforceable legal right to access SRH and HIV services and commodities	Laws in Fiji and PNG give people the legal right to access condoms and syringes as a means of protection from HIV

Provide a framework for a rights-based national SRH programme

Pakistan's Reproductive Healthcare and Rights Act 2013, and the Philippines' National Policy and Strategic Framework on Adolescent Health and Development 2013

These laws and policies may¹¹, on the other hand, impede young people's access to SRH and HIV services include:

- the restriction of access to SRH services to married persons (e.g. Indonesia and Malaysia);
- requiring parental consent for minors to access testing for HIV and other sexually transmitted infections (STIs), SRH treatment or other SRH services including contraceptives (e.g. parental consent to HIV testing is required for minors under 18 in Cambodia) without regard to the specific needs and circumstances of the young person seeking access to services.;
- restricting access to opioid substitution therapy (OST) and/ or needles and syringes to people over a prescribed age (e.g. China imposes age restrictions on access to OST and needles and syringes);
- criminalizing same-sex conduct, sex work and drug use that are enforced against young people from key populations;
- police conduct such as confiscation of condoms and syringes, extortion, harassment and arbitrary detention of young people, particularly those from key populations.

In countries where the parents or guardians consent on behalf of minors (those who are below the age of majority, i.e. 18 in most countries), can be a huge barrier to access for SRH services despite an expressed need. In Cambodia, while age of consent for HIV testing is 18 years old, it is subject to an exception if it is in the minor's best interest. In the region, only 11 countries have clear policies enabling independent consent of adolescents to HIV testing; while the rest either have no policy, restrictive policies, and unclear/conflicting policies¹².

"In my organization, we won't confess that we provide sexual and reproductive health service, especially HIV test and care to young people under 18 years old. But actually depending on specific cases, we could provide HIV test and counseling to minors by pretending we don't know their ages. Too much young people at 16, 17 years are bothered by STIs and HIV, and visit me." – China FGD

In the region, family and community play out in powerful ways even in the absence of specific laws. For example, even if parental consent laws do not apply, the importance placed on family and decision-making or healthcare seeking behavior as a 'family matter' may deter young people from seeking care.

As of 2013¹³, "some 37 countries in the region were known to criminalize some aspects of sex work, 18 criminalize same sex behaviour and 11 incarcerate people who inject drugs in compulsory drug detention centres — all measures that hinder people from accessing HIV services. Eleven countries, territories and areas in Asia and Pacific still have in place some type of HIV-related restriction on entry, stay and residence." These harsh laws can deter YKPs from accessing services or support; further marginalizing them.

While these punitive laws punish YKPs, the lack of protective laws also increases their vulnerability

to abuse and violence from law enforcers themselves. For example, people who inject drugs (PWID) are harassed by police for carrying syringes in Nepal and sex workers face arrest and violence for carrying condoms with them - a 'marker' of sex workers.

Even where protective laws exist for some groups, the lack of implementation continues to marginalize them. In Nepal for example, despite a widely-lauded law on transgender rights, transgender people continue to be harassed on the streets and are arrested for no reason and are often asked for bail money.

“While talking about LGBTI group mostly transgender are harassed for showing up at night and are arrested without a reason and for such group Blue Diamond Society is paying up to [Nepali Rupees] 20,000 per person as bail to rescue our people.” – a young lesbian activist, Nepal FGD

In Indonesia, FGD participants reported that transgender women whose identity cards are 'male' are placed in male prisons where they face further harassment and violence by other inmates in addition to the humiliation they already endure. In India, fear of law enforcement deters young drug users from accessing services at the drop-in center, despite the availability of specific services.

“Frequent police raids, arrests and also physical violence deter us and my fellow users from accessing services at the drop-in-center. Most of my colleagues have discontinued the oral substitution therapy due to fear of police.” - A young drug user, FGD India

Advocacy and Programming

While laws and policies affect access to a great degree, advocacy and programming efforts attempt to create more enabling conditions for the rights of YKPs. The tensions within some of these efforts are important to acknowledge and tackle as well.

HIV is an intrinsic component of SRHR, and evidence shows that integrating HIV programmes with SRHR approach yields better results for peoples' healthcare access and rights. By ensuring a strong human rights and equity approach, the systematic linking of HIV approaches and SRHR frameworks contributes to the efforts to end AIDS. The Task Group on the Intersection between HIV and Sexual and Reproductive Health and Rights produced a 'Think Piece'¹⁴ on Connecting HIV and SRHR in the post-2015 development agenda asserting that “sexual and reproductive ill-health and HIV share root causes, including economic inequality, limited access to appropriate information, gender inequality and gender-based violence, harmful cultural norms, legally disabling environments, and social marginalisation of the most vulnerable populations.” Indeed, understanding that the needs of YKP intersect and overlap, and cannot neatly be boxed into artificial silos of 'HIV' or 'SRH' is key to effective interventions.

Furthermore, the dire lack of programs in the region catering to the specific needs of YKP in broader youth and key populations programming is of grave concern. Effective interventions require that they cater to and are built around the needs and realities of YKPs¹⁵. There has been an increasing realization of the need to generate disaggregated data by age, gender and population group, as well as the collection of new data with regard to gaps in strategic information for young people in relation to HIV and SRHR integration¹⁶. However, research literature specifically focusing on SRHR needs of YKP in the region is very limited.

Defining 'Young Key Populations'

UNAIDS in their Terminology Guidelines¹⁷ explain 'young key populations' as:

The term specifically refers to young people aged 15 to 24 years who are members of key populations, such as young people living with HIV, young gay men and other men who have sex with men, young transgender people, young people who inject drugs and young people (18 years and older) who sell sex. Young key populations often have needs that are unique, and their meaningful participation is critical to a successful HIV response.

The definition of 'young key populations' takes into consideration the particular barriers that age and cultural understandings of age create for young people, especially within already vulnerable key populations. These barriers are often greater for those younger than 15. In Asia and the Pacific, key populations are understood similarly, including both youth and migrants¹⁸.

These definitions and understandings of what constitutes 'young key populations' differ across country and context, despite their similarities, taking on different hues and tones based on national law and other concerns. Indeed, there is great divergence in agreement within advocates as well. The FGDs reflected the diversity of opinion and critique of terminology. In the Philippines, for example, young people who were interviewed through FGDs perceived YKP to include LGBTI youth, teenage parents, and young people selling sex. These differing constructions of who are 'YKP' are evident across the five different country responses.

In addition, countries define the age of their 'youth' based on their laws and particular circumstances. In China, the definition of young people extends to those who are under 44 years old. Similarly, in Nepal, YKP includes young people who are at risk and affected by HIV which includes young people who sell sex, people who use drugs, migrant workers, young LGBTI, PLHIV and MSM between the age of 15-29 years in their definition. FGD participants in Indonesia emphasized the need to explicitly recognize transgender men or Female to Male (FTM) transgender as YKP given their vulnerability to HIV and other infections.

Interestingly, in Indonesia, concerns were raised around the emphasis on HIV within YKP over other identities. Within the FGDs it was reflected that HIV took precedence over other infections or SRHR issues within the YKP issues; pushing for questioning certain terms like 'HIV-prone' given that everybody can be infected by HIV. The group suggested looking at 'level of risk' instead, so that groups who may be at a higher risk are understood within the construct of YKP itself. In addition to this, participants also critiqued the strong influence of funding agencies and related HIV-agendas on the definitions. Currently, they asserted, funders tend to focus on HIV issues and thus, YKP definition is constructed around it.

In Indonesia, they counter the global definition and construction of YKP by modifying their understanding according to the identity group to which young seropositive people identify with, which is then, included in the understanding of YKP. They believe that this method needs to be improved through comprehensive data collection and not merely health data, so that people can be identified as YKP and access proper protection before they are denied their SRHR or face grave violations.

Understanding the different constructions of and approaches to YKP is key to effective national-level programming, and regional-level community organizing and advocacy.

Framing SRHR concerns of young key populations

SRHR issues of YKP continue to be overlooked in current programming and interventions. Sexual and reproductive health services tend to focus on reaching out to general populations, and tend to be broadly targeted; overlooking the specific needs and realities of YKP. This could also be attributed to the overwhelming emphasis within sexual and reproductive health services on fertility control and reproductive health services for (usually married) women and the subsequent service provider focus¹⁹. In essence, key populations- and young key populations, in particular- find SRH services limited and not catering to their needs.

Recognizing the needs of YKP in SRHR programming

The SRH needs of YKP need to be recognized within the broader framework of SRHR. Societal and psychological components, as well as specific SRH needs of young key populations are yet to be included in existing SRHR programming. At the same time, HIV services must be linked to SRH services under a much broader human rights frame as they share the root causes and ending AIDS would need interventions on SRHR of key population²⁰.

“SRHR is not necessarily about HIV testing, reproductive health and contraceptives, it is also about rights as a sexual and gender minorities.” – Niluka Perera, YVC.

Barriers for YKP in SRHR Programming

Sexual and reproductive rights remain to be fully realized within Asia and the Pacific, with the legal and socio-cultural contexts. Given the high reported rates of sexual violence, intimate partner violence, early and forced child marriages, and the legal context of restrictive abortion laws, criminalizing consensual same-sex behavior, sex work, and drug use; YKP continue to face marginalization under current SRHR programming.

This marginalization is furthered by the stigma and discrimination YKP experience. Chinese FGD participants responded that they found key populations ‘too marginalized’- because of their multiple, unaddressed vulnerabilities- to be mainstreamed into society, marking the difficulty in including them in discussions about their SRH issues or needs.

Stigma and discrimination manifests in insidious ways - within health settings, for example, YKP are refused medical care because of the judgmental attitudes or prejudices of healthcare workers. Young people living with HIV often report being turned away or treated poorly because of their status.

“[some of] our clients prefer buying medicine [instead of] going to hospitals [for] treatment [where] they feel uncomfortable. Even if they have to visit a doctor, they won’t [share] their HIV status.”- China FGD

Most study participants believe that discrimination towards YKPs is pervasive in public or governmental health centers during counseling and treatment, as compared to private treatment centers. They reported that service providers tend to reflect judgmental attitudes towards YKP, which

acts as a further barrier for young people to access SRH services. Likewise, the study participants shared the lack of privacy and confidentiality in the service centers. In Indonesia, the health service providers tend to understand LGBT as a 'mental health issue'- requiring care for a 'mental' disorder. The private health centers may have a comparatively friendlier approach to YKPs and more confidential, but can be prohibitively expensive; making it inaccessible to many YKPs.

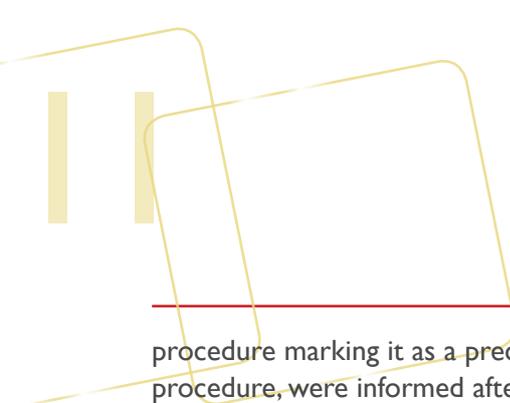
There is also a lack of services that cater to YKPs- such as 'gender neutral' toilets for transgender or gender non-conforming persons. This is especially necessary in healthcare settings to ensure their privacy, not requiring them to 'out' themselves, and allow them to provide any samples or testing-requirements necessary for their general well-being. Indeed, another huge gap within SRHR services is providing hormone replacement therapies for transgender persons. There is also greater need for research on how birth control or other reproductive health medication can interact with hormones, and/or ARVs.

Gender-Based Violence (GBV)- or the threat or fear of GBV, increases the vulnerability of young women and girls, young people who sell sex, transgender women, young people who use and inject drugs, and young gay men and other men who have sex with men to HIV and other STI exposure. Laws governing sex work, same-sex relations, and drug use can increase the vulnerability of YKPs; and navigating difficult reporting procedures with police or other judicial systems that may cause further problems for them. YKP's ability to negotiate safe and consensual sexual activity, and the conditions under which this happens is also important to highlight. With young women and girls, in particular, some communities and spaces tend to have other family members or spouses in charge of decision-making; which has a large impact on if, when and what kind of services women are able to access.

The 2013 UNAIDS report, 'HIV in Asia and the Pacific'²¹ notes that *"In Asia and the Pacific, women living with HIV are more likely to report a history of intimate partner violence than women from the general population. Studies show that women from key populations, such as female drug users, female sex workers and transgender women are particularly likely to experience violence."*

Most of the region tends to rate poorly on gender equality measures; reflecting to some extent the staunchly patriarchal frameworks that govern it. Another manifestation of this is evident in the continued policing of sexuality, rampant discrimination within healthcare services and the judiciary; as well as the proliferation of hate crimes and violence against women, transgender and LGBTI communities. The same UNAIDS report shares, *"Reports suggest transgender people in the region are frequently subject to violence and hate crimes, and experience stigma and discrimination in accessing health services. A study in Bangladesh and Papua New Guinea demonstrated the multiple forms of gender-based violence faced by men who have sex with men, male sex workers and transgender communities, as perpetrated by family members, sexual partners, transactional sex clients and community members. Two key perpetrators of such violence were found to be police officers and health workers. This poses a serious challenge to access to HIV services. Legal safeguards for men who have sex with men, and transgender people are often further limited due to the criminalization of male-to-male sex."*

YKPs are also vulnerable to grave healthcare violations. In an unpublished study conducted by Cambodia Community for Women (CCW), around 50% of the women living with HIV experienced forced sterilization at a local hospital in Siem Reap. The women, with very limited knowledge of their SRHR, visited the hospital during pregnancy or delivery when the service providers persuaded them to go through the sterilization. Out of the 50% of the women who were sterilized, 30% were young women. Other reports from across the region reflect that women are often coerced into the



procedure marking it as a precondition to pregnancy care, are not adequately informed about the procedure, were informed after the fact, or did not give consent.

Young women are even more vulnerable to HIV exposure and transmission because of their social and economic sidelining both inside and outside the household, and the grave reality of gender-based violence in their lives²². Ironically, despite the huge emphasis on reaching out to (married) women, these young women remain largely invisible when it comes to policymakers and allocation of financial resources. These inequalities make it difficult for them to access SRH services, in addition to care-settings in hospitals. Some FGD respondents noted their discomfort with male doctors or nurses, and the unacceptability of being examined by male healthcare workers within their cultural settings.

“They aren’t aware they should go and seek services. The myth is that, they think they should access the services only after they are married or only if they are badly ill.” – Prum Dalish, Cambodia Community for Women

Unsafe sexual practices and unintended pregnancies are common SRHR issues that YKP face. It should be noted, however, that these two are interlinked issues that are often perceived as only limited to an issue of reproductive health, and as only experienced by the general youth population; reflecting the continued marginalization of YKP needs.

The compounding impact of discriminatory laws, the threat and experience of violence, lack of access to quality services, and the absence of support structures and services, leads to the alienation of YKPs from ‘mainstream’ society; banishing them to the fringes and laying them open to violence and threats from state and non-state actors.

The mental health needs of YKP continue to be overlooked. Study respondents highlighted mental health as an issue for YKPs. Factors like fear of being stigmatized and discriminated against, leading to anxiety, depression, isolation and sometimes suicide were linked with the SRHR needs of YKPs. Furthermore, sexual abuse and violence of YKPs are also major factors- sometimes everyday- in their lives, and are often left out of the discussions.

“Young people are pressured when a young person goes out as gay, he is pressured by peers to act straight to avoid discrimination. He also becomes emotional and may lead to suicide.”- Philippines FGD

In their 2015 report ‘The Hidden Dimension: Experience of self-stigma among young men who have sex with men and young transgender women & the linkages to HIV in Asia and the Pacific’²³, Youth Voices Count (YVC) highlighted the emerging ‘self-issues’ faced by young MSM and young transgender women. Defining ‘self-issues’ as “a set of concerns that positively or negatively impact self-acceptance, self-perception, self-efficacy, self-esteem and self-confidence”, they go on to explain self-stigma as “what results when self-issues interact with external causes (such as discrimination or violence in family, school or social settings), resulting in depression, low self-esteem, anger and self-harm”. The self-stigmatization and self-issues faced by YKPs have a profound impact on their decision-making, self-care, risky behavior, and whether, when, and under which conditions they access services and care. It is essential that this forms a core component of healthcare services for YKPs, and addressing their specific care needs on a continuum of ‘quality care’.

Breaking the Binary: young people who do not fit into the predominant gender binary of ‘male’ and ‘female’, or within the largely heteronormative framework may face confusion, fear, and in many

cases do not have support systems to discuss or navigate their concerns. Furthermore, 'coming out' can be an extremely painful process, even when they are aware of and come to accept their sexual orientation and gender identity within a (usually) hostile context.

“There is no proper counseling in ‘how to come out as a HIV infected person, finding as partner and disclosing status to them.’ - Prum Dalish, Cambodia Community for Women

For transgender people, this includes hate crimes and the violence they encounter in different settings, including in school, workplaces and in the community²⁴. The same issues apply to YPLHIV who face difficulties in disclosing their status. This can be especially evident when it comes to intimate partner(s); with some decide not to engage in intimate relationships because of their fear of rejection, ridicule, violence, or harm²⁵. The lack of quality information for transgender people and YPLHIV, especially in the context of affirmative and safe consensual sexual activity, is a huge gap.

The poor provision for comprehensive sexuality education (CSE) across the region, is especially glaring. While it affects young people across the board, it is a lost opportunity as an entry point for positive discussions around sex and sexualities for YKPs in and out of school²⁶. It is also a potential space for setting up positive support spaces for YPLHIV, and LGBTI persons. Many countries continue to report on successfully implementing CSE services, but these are often general health, moral science, or biology lessons rather than CSE. In Mongolia, for example, they have reduced the health education content in 2015 and limited it to basic SRH content. In Cambodia, discussions on disclosure among young people living with HIV are absent, making it difficult for young PLHIV to disclose their status to their intimate partners.

Accessing SRH services: Limitations, & Factors

Social, cultural, religious, financial, logistical and legislative barriers continue to make it difficult for YKPs to access SRHR services²⁷. In addition, SRH services do not always meet the needs of YKP²⁸. To compound the situation, current environments and contexts do not provide YKP with the freedom to access the SRH services that they need.

“(General) Community doesn’t encourage them (YKPs) to access SRH services making them vulnerable for HIV and STI, and unintended pregnancy.” – Zaw Zaw Myo, Link up Myanmar

As articulated previously, one of the reasons for the marginalization of YKP’s SRH needs is the focus on general populations and reproductive health. While some services, for example, cater to the general youth population, such as access to contraception, STI or HIV services; these tend to be confined to universities or spaces where young people can access them. Yet, despite these efforts, even university students still shy away from accessing these services.

“University students are too [a]shame[d] to ask around about STI treatment.” – China FGD

Given the marginalized status of YKPs within the general youth population, it is likely to hold true that YKPs too tend to shy away from these service centers, and may not be able to access them because of the compounding factors of their identities, work, or behaviors. Even in communities where some services for YKPs are available such as STI treatment or care, the quality of services remain uneven and limited, and remain ill-equipped to cater to the needs of YKPs.

“[There is] no strategy on SRHR targeting YKP. There may be one-stop services but these are not comprehensive in terms of HIV and SRH services.” – Setia Perdana, Fokus Muda

“We do not like to access a government clinic because the staff there lacks equipment or expertise to carry out anal-genital examinations.” – A young MSM, FGD India

In Nepal, the participants of the FGD shared that male drug users tend to hide their SRHR related problems and prefer to self-medicate without prescriptions rather than visiting medical centers. This can be attributed to difficult and stigmatizing past experiences with healthcare services, their fear of imprisonment, or due to their discomfort with hospital settings. The major reason, however, seems to be the lack of YKP-friendly service centers that they can trust and are aware of.

“I have encountered many people with sexual health-related problems like allergies and irritation in their sexual organ and they always [hesitate] to visit doctors and share their SRHR problems due to the shyness and unaware about their confidentiality.” Young male drug user, FGD Nepal.

Similar concerns were shared in Indonesia where young transgender men self-medicate and self-inject

hormones without advice from healthcare workers. In the FGDs, participants shared that sex workers also tend to hide any SRHR issues they may be facing- such as unusual discharge - and avoid visiting healthcare centers as they worry it may result in losing customers. They may seek treatment by buying medication at the local pharmacy; or may access care if the doctors visit their places of work.

Strategic interventions continue to work in single-issue constructions, tackling only one concern at a time. In Nepal, a needle exchange programme targets Young People Who Inject Drugs (YPWID), but does not include counseling services. Even in cases where it might have a counseling service, they do not include comprehensive SRH services; but might provide emergency contraceptives without proper guidance or usage instructions. Similarly, in India, YKP felt the need for family planning services including emergency contraceptives and post exposure prophylaxis in NGO-run clinics. At the same time, respondents in the interviews shared that there is no clear definition of what actually entails comprehensive services for YKPs.

Location also affects access to services, especially given the uneven spread of healthcare centers. In the Philippines, for example, respondents identified that access to services for those who live in an urban setting, such as in the city, differs from those who live in rural areas.

“Urban and rural setting differs in the access of SRH services. The first can access services freely, while for the latter, services remain difficult to access due to distance.” – Philippines FGD

“[...] health services for other SRH problems such as pap smear, abortion, or hormone injections are neglected. This service gap is worsened by the lack of connectedness between one polyclinic to others in the same healthcare service” – Indonesia FGD

To further nuance the issues of targeted services, the menstruation of transgender men and their reproductive system are rarely discussed within SRH services to the YKP and it can be difficult to talk about these issues.

“When they are menstruating and transgender men still have female organs and problems related to their uterus and all are seen but there are no friendly services [...] where we can tell our problems openly. In addition, transgender men hide their breasts by tightly covering it with clothes and that might cause breast-related health problems as there will be no passing of air and such problems are not shared by the group in hospital due to their appearance as a man, [and experience] difficulties sharing female health issues. Transgender women and Transgender men both always try to hide their private parts which might indicate their [gender assigned at birth]. There is also a high price for surgery for any sexual related issues so mostly LGBTI group hide their sexual problems and avoid visiting health centers.” – Young Lesbian Respondent, Nepal; FGD

Study data also shows that female drug users in Nepal prefer not to take syringes from drop-in centers because they are afraid to disclose their status as drug users in the community. They may also engage in unsafe sexual practices with multiple partners for drugs even when they are aware of safe sex practices. This may be because they have very little bargaining power for contraceptive use, putting them at risk for sexually transmitted infections (STIs), unwanted and unintended pregnancies, and unsafe abortion.

“Women who use drugs face challenges in using services compared to men.” – Mimi Melles, UNAIDS

“I have also seen one female drug users doing abortion for more than 8 times at unsafe places. [...] They are not aware of unsafe sex, unsafe abortion and safer sex practices and SRHR issues, and unfortunately there are no organizations specifically for females to aware them about such issues. I have also seen female sex workers who use drugs.” - Nepal FGD

SRH services still fail to account for the needs of diverse groups and ages within the YKP. YKPs are not a homogenous group, and their needs vary according to their contexts, vulnerabilities, and the manifestation of risk behaviors. SRH services need to cater to YKPs multiple needs, and take into account their age, risk behaviors, and other variables. For example, the counseling needs of a YPLHIV of 17 years old has to be different to that of 28 years old YPLHIV; not just due to their particular situation and challenges, but due to the way in which the law, society, and other institutions treat them.

“For young drug users, strategies are only limited to harm reduction and is not related to HIV and STI program. [Some of them even experience] intimate partner violence. For MSM, they need strategies on how to understand their sexuality.” – Setia Perdana, Fokus Muda

“Provide comprehensive information and referrals to hormonal treatments, sexual reassignment surgeries, other cosmetic needs such as laser treatments, and identity document changes for young transgender women.” - A young transgender woman from Fiji; YVC ‘Jumping Hurdles’ discussion paper

YVC in ‘Jumping Hurdles’²⁹, a discussion paper on access to HIV health services for young MSM and young transgender persons in Asia and the Pacific, challenge the current framing and discussion by posing the question, ‘What makes a friendly service?’. They identify that for services to be ‘friendly’, there are three preconditions that need to be established, satisfied, or altered: the availability of accurate information, an enabling environment, and access to counseling. These three key elements form a holistic and integrated approach to services, emphasizing the structural, socio-cultural, legal, and political barriers that YKPs face when accessing essential services.

Accessing Comprehensive Sexuality Education

Evidence shows³⁰ that young people still lack information on what SRH services are and that schools continue to disregard the importance of CSE, and young people do not receive essential information on sex, sexuality, consent, safety, and other essential SRHR components.

“Issues among young people not accessing services starts from lack of access to comprehensive sexuality educations (CSE) which has been shown to improve understanding of people about their physical and mental wellbeing as well as reduces stigma and discrimination if the curriculum are developed on right-based perspective which talks about things like violence and human rights violation.” Gillian Dolce, GYCA

The reduction of CSE to ‘biology’ or ‘HIV prevention’ does so at the expense of issues most pertinent to young people. This includes an affirmative discussion of sex and sexualities, identities, consent, pleasure, and other dynamics affecting young peoples’ lives. Anecdotal evidence shows that current curriculums in the region remain inadequate, and teacher training and sensitization is gravely required. Out-of-school and other marginalized young people tend to have poor information related to their SRHR and greater difficulties accessing it. In addition, it is generally considered inappropriate to discuss sex and sexuality-related issues in the region³¹, making discussions around SRHR of YKP even more difficult.

The marginalization of YKP in accessing CSE is evident in the lack of knowledge and misinformation around issues that affect their health, sexualities, and pleasure. The lack of accurate information, and lack of spaces to access accurate information creates a double-bind situation for many YKPs.

“Some of our clients don’t know what family planning commodities are. Our clients have many children and who have been pregnant at their early age. We give them pills and they don’t know how to use them that’s why we provide an orientation for teenage parents. They also have a misconception about Pap smear, that it just cleanses their vagina. My other friend also thought that lubricant was a facemask or some kind of make-up remover. When we also mentioned that there is a female condom, they were shocked to know that it actually existed and it was new to them. Our clients who are between 15 to 24 years old teenage mothers and takes pills thought that their breast will shrink or it will become big.” – Philippines FGD

In the FGDs, it was also noted that some YKP are unaware that certain STIs are curable. Given the lack of information and education related to SRH from reliable sources, YKP turn to their peers and the media for such information, which may often be misleading and incorrect. In addition, health

service providers may not provide complete information; leaving YKPs with a partial picture. If their experiences with healthcare providers have been negative, YKPs may be hesitant to ask questions or clarify any doubts they may have, possibly affecting their care. They may also be unaware of which services to access given the proliferation of myths and misconceptions that affect their decisions to access and their uptake of these services.

“Among the services available, I have seen some organizations promoting vaccine, contraceptive pills to avoid pregnancy but they are only sharing advantages of those (contraceptives) but their disadvantages are not disseminated to the target population.”
– Nepal FGD.

Financing Issues & Constraints

YKP are often economically dependent on their parents or guardians and generally cannot afford to pay treatment or other services. In Cambodia, poverty remains one of the main obstacles for young women living with HIV to access SRHR-related services. As a result, these young women experience difficulties in accessing treatment and services for HIV and STI infections, and unwanted pregnancies; resulting in a high mortality among young mothers.

“They always get overcharged when [they] visit a hospital. His penis ulcers [were] very grave, however he has no money to pay for treatment, and [was] also worried [that he would] be cheated by some private hospitals and individual doctors”- China FGD

Lack of core support for youth organizations working on SRHR of YKP

Generally speaking, youth-led networks and organizations receive little funding for SRHR issues; and this is especially true for issues pertaining to YKPs. Despite being a constant ask, support for organizational development and core funding along with program funding remains scarce³². Even in countries where funding is available to finance SRH services, YKP are often left behind and are isolated from sourcing these funds to implement activities that address SRH issues of YKP.

As more countries begin to transition from lower income countries to middle income countries, and external aid (and the connected conditionalities for targeted support to specific groups), financing for ‘controversial’ issues such as SRHR, and the needs of YKP is of increasing concern. As countries continue to shift to ‘domestic funding’, there are concerns that government priorities are likely to overlook the issues of key populations particularly in countries that do not identify and/or criminalize key populations, and this will drastically affect YKPs. There is an urgent need to secure and sustain long-term financing for YKPs, particularly their SRHR needs.

For many youth-led organizations, the lack of funding to support and sustain their work has been a perennial problem. In China, for example, because of limited funding, community-based organizations working for MSM and PLHIV are forced to refer their clients who need STI treatment to other networks, some of whom may not be youth-friendly. Agencies including governments, international agencies and donors have failed to allocate substantial funding for research, prevention, treatment and care for the YKP community³³. In addition, many youth-led groups and organizations need training and capacity building to hone technical skills and knowledge, most of which remains in the hands of ‘elite’ organizations and groups.

“There is still a big gap on (sic) young leader’s capacity of (sic) communication, advocacy skills and space of voice.”- China FGD

Good Practices, Alliance-Building, & Strengthening YKP Leadership

Despite lack of support and funding to finance SRHR initiatives, a number of youth-led organizations in Asia and the Pacific are already reaching out to young key populations through various means: peer education, national and regional advocacy, capacity building, outreach and referral, and other similar activities (see Annex C on page 33).

While these organizations have initiated activities and programs to ensure access to SRHR of YKP, they do not explicitly work on this issue alone. There are still many SRHR needs of YKP to meet and challenges to overcome to fully enjoy their SRHR.

Peer Education

Peer education is a tested and proven methodology to provide young people, particularly key population³⁴. Peer education can be linked to services through outreach or referral system.

“The peer education and school-based courses are provided by university associations and teachers. The local CBOs will have the ToT training and peer educators training conducted in universities. Peer education and courses provided the SRHR information.” – China FGD

Through these organizations, YKP such as FSW or MSM whose needs may be overlooked, are reached through different settings. In China, Xue Sheng She Tuan was able to reach school-based MSM with information on sexuality and other STI services without ‘outing’ them.

“So we said let’s do sexual and reproductive health education to students, regardless of heterosexuals, homosexuals or any diversity of sexuality. Absolutely, I pay extra attention on helping MSM students if they are “open closet” to me, but our approach is still provide knowledge to all students, and advocate university to set up comprehensive sexuality education to all students regularly.” – China FGD

Because of the effectiveness of peer education in various settings, more and more community-based organizations are encouraged to conduct similar activities and even extend their programming to referring potential clients to services.

“Twice a month community outreach of Family Planning Organization of the Philippines (FPOP) in Quezon City providing peer education and SRH services such as condoms, free HIV testing and VCT, and family planning commodities.” – Philippines FGD

YKP Nepal and Youth LEAD Mongolia have been coordinating with Y-PEER national network in their respective countries to share knowledge and information on SRHR to YKPs using interactive and youth-friendly tools.

Capacity-building

New Generation (NewGen) Asia aims to develop the capacity of the next generation of young leaders from key populations to make their voices heard. Spearheaded by Youth LEAD, in collaboration with the Asia-Pacific Inter-Agency Task Team on Young Key Populations (IATTYKP), NewGen is an evidence-based leadership program which aims to build knowledge and skills in young people so that they can effectively advocate, educate and lead change in their communities. Designed to be led by young people for young people, the course was built on a thorough youth-led process of participatory consultation, trial, pilot and feedback. NewGen uses a range of participatory activities to assist young people to think critically about the way in which political and institutional environments influence the wellbeing of members of marginalized or stigmatized populations. Participants learn to use data to strengthen advocacy efforts, and to strengthen their communication skills to reach out to peers and senior programmers and policy makers. They develop their understanding of leadership and the skills needed to work effectively with others to research, plan and deliver change strategies³⁵.

The ‘Link Up’ project, funded by the Ministry of Foreign Affairs of the Government of the Netherlands, links national and regional organizations with provision of services related to SRHR of YKPs. Their implementing partners include ATHENA, Global Youth Coalition on HIV and AIDS (GYCA), International HIV/AIDS Alliance, Marie Stopes International, Population Council, STOP AIDS Now! along with national-level organizations and groups.

In Asia and the Pacific, the ‘Link Up’ project is being implemented in Bangladesh and Myanmar. ‘Link up’ in Myanmar provides capacity building workshops and trains YKPs in essential skills for employment, building confidence, conducts classes such as English and computer literacy, and hosts proposal writing; advocacy; and communication trainings. The project also provided sub-grants to 22 CBOs across the country to implement advocacy strategies. The advocacy team in all the participating CBOs are young people who are constantly provided with guidance support from the Link up.

CCW in Cambodia provides capacity-building opportunities primarily to women living with HIV (WLHIV). They conduct consultative meetings with service providers to build awareness about the issues of WLHIV and hear the service provider’s opinion about their programmes.

Vectoring China, the first national network of YKP in China provides organizations and individuals linked to the organization with capacity-building. YKPs are provided with mentorship and coaching for career development, and the organizations are trained in project designing and implementation, framework of advocacy, etc.

Addressing stigma and discrimination

Education and capacity-building activities can be one way to effectively change mindsets and tackle stigma and discrimination towards YKP. Organizations such as the Xinai Group based in China conduct information and education seminars on gender and sexuality with sex workers as their facilitators. This way, participants are able to understand their perspectives of and listen to the experiences of key populations themselves.

“For example, last time, we facilitated a discussion about whether girls should carry condoms. This topic is very interesting and confused (sic) for most of female students. A culture and health concern behind dilemmas girls to have a fully safe and satisfied relationship with their friends. The facilitator’s speech was very persuasive since she has

to deal with the problem of social judgment and even stigma. She helped us to recognize how a risky and unsafe sex impact girls' lives, and balance its possible negative judgment from their boyfriends and society.” – China FGD

In India, Yaariyan- the youth initiative spearheaded by the Humsafar Trust- was set up to understand current trends and behavior of LGBT youth. The Core Team comprised of ten LGB-identified youth between the ages of 18 and 28 years. The group chose the name Yaariyan as it symbolized community bonding and friendship. Yaariyan was initiated by The Humsafar Trust to hear the voices of LGBT youth and to facilitate their access to services such as healthcare, mental health, legal rights; and create a safe space for discussions. Yaariyan also aims to serve as a platform to understand current trends and behavior of LGBT youth.

In 2013, Yaariyan was actively involved in fundraising for and supporting the Queer Azadi March (Queer Freedom March) in Mumbai through interactive tours tracing erased queer history, fetes, dance performances by hijra artists, photography exhibits, and flash mobs³⁶.

Towards SRHR and HIV Integration

In coordination with the Marie Stopes International, Link Up Myanmar provides SRHR services including HIV counseling and testing, STI testing and treatment, family planning services, emergency contraceptive, post-abortion services, violence prevention counseling, and operates a drop in center for YKPs. The services are integrated into the mobile peer education outreach activities of CBOs.

From the program evaluation feedback, it is clear that clients like the youth friendly services provided by friendly staff. Thus, more YKP are accessing HIV and SRH services from Marie Stopes and Link Up compared to before the intervention. YKPs in the project are mobilized in the community for peer outreach activities. The CBOs related to the project works in diverse area including health education, peer education on SRHR, counseling services, etc.

Advocacy

Various advocacy efforts have taken place at different levels in order to ensure that SRHR of YKP are given attention and are addressed. In Indonesia, Fokus Muda was able to advocate for the inclusion of gender sensitivity, and HIV-related intimate partner issues into their national AIDS strategy. They were also able to ensure that two youth-led organizations are actively engaged in the development of the strategy.

At the regional level, Youth Voices Count (YVC) conducted a workshop for a discussion paper on youth-friendly services for young MSM and young transgender people [now published, referenced in this paper]. Similarly, Youth LEAD, together with 26 other national and regional organizations, organized an ACT!2015 Asia consultation. In the consultation, a regional advocacy agenda was framed along with goals and objectives: youth- friendly services, comprehensive sexuality education, meaningful youth participation, and legal environment. Advocacy efforts have been implemented in different regional advocacy forums according to the roadmapⁱⁱⁱ.

At the global level, The PACT - a consortium of 26 youth-led and youth-serving organizations - works on HIV and SRHR in different countries. It is a space for youth networks to address key joint efforts and issues related to HIV and AIDS and SRHR. PACT specifies HIV – SRHR integration among its 5 goals: integrating HIV services into SRH services with a focus on government accountability and

ⁱⁱⁱ The Act!2015 Asia roadmap can be accessed through this website: <http://hivhealthclearinghouse.unesco.org/news/act2015-asia>

sexuality education, enabling legal environments and removing punitive laws that impede access to services for young key populations at higher risk, scaling up treatment and disaggregating data for evidence informed advocacy, using resources effectively, and ensuring that HIV remains a priority in the Post-2015 development framework through strategic lobbying of national delegations. They have been advocating for both HIV and SRHR-related issues including sexual rights, comprehensive sexuality education, and harm reduction among YKPs. With the support of UNAIDS, the PACT has developed a series of policy briefs to provide young people with an effective advocacy tool.

Bridging the work among these different levels is key to ensuring that YKP are not left behind. This is reflected in how Vectoring China, a member organization of Youth LEAD, was able to engage with another organization in China and open a dialogue on SRHR integration of YKP.

Vectoring China (VC) collaborated with their national commission on family planning to discuss how to integrate young key populations into youth-friendly services.

“After Asia-Pacific HIV Intergovernmental Meeting [on HIV AIDS in] 2015, VC established the connection with CASAPC to discuss [opportunities] to attend [the] Chinese Red Ribbon Forum as youth representatives. Youth-friendly service provision to young people has been advocated and even operated in several provinces and cities in China, which is jointly supported by UNFPA and National Commission of Family Planning. In general, the project is school-based, key population is out of their business.”
– China FGD

These partnerships are important in order to ensure that advocacy is continuous and that YKP are engaged at different levels of decision-making without duplication or overlapping of work.

In Nepal, YKAP Nepal - a national network of YKPs - provides knowledge to the members about their rights and advocates on the issues. YKAP Nepal not only advocates for the needs and rights of YKPs, but for Children Affected By AIDS (CABA) and every other issue related to YKPs. Youth-friendly services has been one of the core agenda points of the organization in its advocacy interventions. Blue Diamond Society (BDS), which works on the issue of LGBTI in Nepal, runs a drop-in center at its office and provides free STI test.

In Myanmar, because of continuous and effective advocacy by different groups of people working with YKPs, the government has shown an interest in including YKP input in national agendas and policies. In a consultation with UN agencies and three ministries at the country level, (health, education and social welfare), YKP shared their challenges such as prevalence of stigma and discrimination in school and service facilities. The government accepted the challenges and expressed role of YKPs to engage in all policy and development of policies.

Conclusion and Recommendations

Sexual and reproductive health and rights of young key populations are often left behind within the SRHR framework. This is because of the compounding issues that young key populations face, intersecting with existing barriers such as law, context, and stigma; causing them to be excluded from accessing these services and oftentimes, enduring a violation of their rights.

Based on the FGDs and key informant interviews, this report offers the following recommendations:

Youth Participation and Involvement

Governments, the United Nations agencies, NGOs, and other relevant national and regional bodies must:

1. Engage YKP meaningfully and provide safe spaces for YKP to discuss their SRHR needs.
2. Involve YKP in all levels of programming and policy development relating to SRHR – from education to outreach, from capacity-building to advocacy, from partnership-building to mobilization of communities.
3. Invest in YKP's capacities and learn from the experiences and effective responses of YKP-led/focused organizations.

Age and gender sensitivity to address SRHR needs of YKP

Governments, the United Nations agencies, NGOs, and other relevant national and regional bodies must:

4. Pass policy guidelines on ensuring SRH services for YKP regardless of origin, race, gender, HIV status, age, sexual orientation, or gender identity are youth-friendly, YKP-appropriate, and accessible.
5. Ensure the sensitization and training of healthcare workers to provide YKP-friendly SRH services.
6. Implement and adopt a comprehensive sexuality education curriculum with an emphasis on the specific SRHR needs of YKPs. Special efforts to ensure that out-of-school YKPs have access to SRH information and CSE must be made.

Legal Reform and Political Advocacy

7. NGOs, CSOs, and other agencies must engage policymakers by hosting dialogues and tap potential key and champion decision-makers, and youth leaders, to support an enabling environment including legal reforms to better address SRHR among YKP.

Strategic Information and Evidence Building

8. Relevant government agencies, and other institutions including NGOs must undertake more studies and conduct research on effective SRHR programmes for YKP. They must also support youth-led organizations to produce advocacy and action research highlighting SRHR needs, priorities, and voices of YKP.

Strategic Partnerships and Networking

9. Funding agencies and other aid structures must provide core support for youth-led organizations working on SRHR needs of YKP, and provide technical and financial support to community-based services that focus on YKP.
10. Organizations working on and with YKP must collaborate and coordinate activities to ensure effective outputs. Those working for key populations in general should also prioritize YKPs as a key area. In addition, UN agencies, governmental and non-governmental organizations working on HIV and SRHR should integrate the two programmes, eschewing silos.

References

- 1 UNICEF. (2015). Adolescents Under the Radar in the Asia-Pacific AIDS Response. Retrieved from UNICEF East Asia and Pacific Regional Office website: http://www.unicef.org/eapro/Adolescents_Under_the_Radar_final.pdf.
- 2 UNAIDS 2014 HIV estimates (June 2015).
- 3 UNESCO. (2014). In or Out? Asia-Pacific Review of Young Key Populations in National AIDS Strategic Plans. Retrieved from <http://asiapacific.unfpa.org/sites/asiapacific/files/pub-pdf/In%20or%20Out.pdf>.
- 4 AIDS Data Hub. (2015). Young Key Populations Overall Slides, May 2015. Retrieved November 19, 2015, from <http://www.aidsdatahub.org/young-key-populations-may-2015>.
- 5 UNESCO. (2014). In or Out? Asia-Pacific Review of Young Key Populations in National AIDS Strategic Plans. Retrieved from <http://asiapacific.unfpa.org/sites/asiapacific/files/pub-pdf/In%20or%20Out.pdf>.
- 6 WHO. (2012). Understanding and Addressing Violence Against Women. Retrieved from http://apps.who.int/iris/bitstream/10665/77434/1/WHO_RHR_12.37_eng.pdf.
- 7 UNESCO. (2014). In or Out? Asia-Pacific Review of Young Key Populations in National AIDS Strategic Plans. Retrieved from <http://asiapacific.unfpa.org/sites/asiapacific/files/pub-pdf/In%20or%20Out.pdf>.
- 8 UNICEF. (2013). Young Key Populations At Higher Risk of HIV in Asia and the Pacific: Making the Case with Strategic Information. Retrieved from UNICEF East Asia and Pacific Regional Office website: http://www.unicef.org/eapro/Young_key_populations_at_high_risk_of_HIV_in_Asia_Pacific.pdf.
- 9 United Nations, Commission on Population and Development. (2012). Resolution 2012/1 Adolescents and Youth. Retrieved from http://www.un.org/esa/population/cpd/cpd2012/Agenda%20item%208/Decisions%20and%20resolution/Resolution%202012_1_Adolescents%20and%20Youth.pdf.
- 10 UNESCO. (2013). Young People and the Law in Asia and the Pacific. Retrieved from <http://unesdoc.unesco.org/images/0022/002247/224782E.pdf>.
- 11 Ibid.
- 12 UNICEF. (2015). Adolescents Under the Radar in the Asia-Pacific AIDS Response. Retrieved from UNICEF East Asia and Pacific Regional Office website: http://www.unicef.org/eapro/Adolescents_Under_the_Radar_final.pdf
- 13 UNAIDS. (2013). HIV in Asia and the Pacific. Retrieved from http://www.unaids.org/sites/default/files/media_asset/2013_HIV-Asia-Pacific_en_0.pdf.
- 14 Task Group on the Intersection between HIV and Sexual and Reproductive Health and Rights. (2013). 'Think Piece' on Connecting HIV and SRHR in the post-2015 development agenda. Retrieved from <http://www.apcaso.org/v2/wp-content/uploads/2013/06/>

- [HIV_and_SRHR_Intersection_Think_Piece_for-UNAIDS-Lancet-Commission_30Jan2014.pdf](#).
- 15 WHO. (2014). Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK294010/#ch1.s1>.
 - 16 UNAIDS. (2013). UNAIDS and Youth: A Pact for Social Transformation in the AIDS response. Retrieved from http://youthpact.org/wp-content/uploads/2014/10/PACT_MeetingReport_2013.pdf.
 - 17 UNAIDS. (2015). Terminology Guidelines. Retrieved from http://www.unaids.org/sites/default/files/media_asset/2015_terminology_guidelines_en.pdf.
 - 18 UNESCO. (2015). Asia-Pacific Consultation on School Bullying based on Sexual Orientation and Gender Identity/Expression. Retrieved from <http://unesdoc.unesco.org/images/0023/002338/233825E.pdf>.
 - 19 IPPF. (2012). HIV Update 31: Engaging men and boys - International Planned Parenthood Federation. Retrieved from <http://www.ippf.org/resource/HIV-Update-Engaging-men-and-boys>.
 - 20 Task Group on the Intersection between HIV and Sexual and Reproductive Health and Rights. (2013). 'Think Piece' on Connecting HIV and SRHR in the post-2015 development agenda. Retrieved from http://www.apcaso.org/v2/wp-content/uploads/2013/06/HIV_and_SRHR_Intersection_Think_Piece_for-UNAIDS-Lancet-Commission_30Jan2014.pdf.
 - 21 UNAIDS. (2013). HIV in Asia and the Pacific. Retrieved from http://www.unaids.org/sites/default/files/media_asset/2013_HIV-Asia-Pacific_en_0.pdf.
 - 22 Asian Development Bank. (2009). Intersections: Gender, HIV, and Infrastructure Operations. Lessons from Selected ADB- Financed Transport Projects. Retrieved from <http://adb.org/sites/default/files/pub/2009/Gender-HIV-Infrastructure-Operations.pdf>.
 - 23 Youth Voices Count. (2015). The Hidden Dimension: Experience of self-stigma among young men who have sex with men and young transgender women & the linkages to HIV in Asia and the Pacific. Retrieved from http://youthvoicescount.org/application/files/2015/04/YVC-POLICY_BRIEF-SELF_STIGMA-smallsize.pdf.
 - 24 UNESCO. (2015). Asia-Pacific Consultation on School Bullying based on Sexual Orientation and Gender Identity/Expression. Retrieved from <http://unesdoc.unesco.org/images/0023/002338/233825E.pdf>.
 - 25 UNICEF, UNESCO, TreatAsia, & APN Plus. (2013). Lost in Transitions: Current Issues Faced By Adolescents Living with HIV in Asia Pacific. Retrieved from http://www.unicef.org/eapro/Lost_in_Transitions.pdf.
 - 26 UNESCO. (2015). Asia-Pacific Consultation on School Bullying based on Sexual Orientation and Gender Identity/Expression. Retrieved from <http://unesdoc.unesco.org/images/0023/002338/233825E.pdf>.
 - 27 UNESCO. (2014). In or Out? Asia-Pacific Review of Young Key Populations in National AIDS Strategic Plans. Retrieved from <http://asiapacific.unfpa.org/sites/asiapacific/files/pub-pdf/In%20or%20Out.pdf>.
 - 28 International HIV/AIDS Alliance, & Link Up. (2014). Better sexual and reproductive health and

rights for young people most affected by HIV. Retrieved from http://www.aidsalliance.org/assets/000/000/751/60634_Link_Up_Project_Overview_2014_original.pdf?1406635280.

- 29 Youth Voices Count. (2015). Jumping Hurdles. Discussion Paper: Access To HIV Health Services For Young Men Who Have Sex With Men and Young Transgender Persons in Asia and the Pacific. Retrieved from http://youthvoicescount.org/application/files/2015/04/YVC-JUMPING_HURDLES-FINAL.pdf.
- 30 UNICEF, UNESCO, TreatAsia, & APN Plus. (2013). Lost in Transitions: Current Issues Faced By Adolescents Living with HIV in Asia Pacific. Retrieved from http://www.unicef.org/eapro/Lost_in_Transitions.pdf.
- 31 Women Deliver. (2015). Respecting, protecting and fulfilling our sexual and reproductive health and rights, A toolkit for young leaders. Retrieved from http://www.womendeliver.org/assets/A_Toolkit_for_Young_Leaders.pdf.
- 32 Youth Coalition for Sexual and Reproductive Rights, & CHOICE for Youth and Sexuality. (2008). Youth-Led Organizations and SRHR: A Step by Step Guide to Creating Sustainable Youth-Led Organizations Working on Sexual and Reproductive Health and Rights. Retrieved from http://www.youthcoalition.org/wp-content/uploads/YouthGuide_final.pdf.
- 33 WHO. (2014). Consolidated Guidelines on HIV Prevention, Diagnosis, Treatment and Care for Key Populations. Retrieved from <http://www.ncbi.nlm.nih.gov/books/NBK294010/#ch1.s1>.
- 34 UNESCO. (2013). Young People and the Law in Asia and the Pacific. Retrieved from <http://unesdoc.unesco.org/images/0022/002247/224782E.pdf>.
- 35 Cahill, H., Beadle, S., & Coffey, J. (2013). NewGen Asia: Building capacity in emerging young leaders in the HIV response. Retrieved from http://web.education.unimelb.edu.au/ycrc/linked_documents/RR41.pdf.
- 36 Yaariyan. (2013). Yaariyan (Friendships): The Young LGBT raising awareness on Sexual minorities and gearing towards Queer Azaadi Mumbai 2013. Retrieved from Humsafar Trust website: <http://www.humsafar.org/ResDown/YAARIYAN%20%20The%20Young%20LGBT%20raising%20awareness%20on%20Sexual%20minorities%20and%20gearing%20towards%20Queer%20Azaadi%20Mumbai%202013.pdf>.

ANNEX A

Interview Questionnaire

1. Can you give me your introduction with your background? (country, age,...)
2. What are the organisations and networks are you involved with? Please tell us more about its reach (national/ regional/ international)? What are your roles in those organisations?
 - o Which key population communities do you work with?
 - o Is any of your current work related to SRHR of YKP? How?
3. What do you think are the SRHR needs and issues of YKP in your community and country/ region/ globally? Probe.
 - o How are these needs different from the needs of adult KPs?
 - o What are the consequences of these SRH problems in health and well being of YKPs?
 - o What does your organization do to address these SRH issues?
4. How does your organization work to promote YKP's SRHR through advocacy? Please share some details about it. Probe.
5. How does your organization mobilize YKP to participate in advocacy? Please share some details about it. Probe.
6. How do you build capacities of YKP towards SRHR advocacy? Please share some details about it. Probe.
7. Are you aware about any Asia Pacific regional or sub-regional initiative and programmes related to SRHR of YKP? Please share.
8. Who do you think are responsible in assuring access to youth friendly SRH services to YKP? Why?
9. Parting question: how do we ensure that YKP's SRHR are promoted and protected?

ANNEX B

Focus Group Discussion Questionnaire

A focus group discussion (FGD) is an in depth field method that brings together a small homogeneous group (usually six to twelve persons) to discuss topics on a study agenda. The focus group moderator nurtures disclosure in an open and spontaneous format. The moderator's goal is to generate a maximum number of different ideas and opinions from as many different people in the time allotted. The ideal amount of time to set aside for a focus group is anywhere from 45 to 90 minutes.

This FGD is one of the method of Youth LEAD's study titled "Asia Pacific Regional Study on Sexual Reproductive and Health Rights (SRHR) needs of Young Key Populations (YKP) affected and living with HIV".

FEW THINGS YOU NEED TO CONSIDER WHILE CONDUCTING A FGD:

1. Selection of participants: The participants are recommended to be below the age of 29, from Young key population. You can either invite members of your partner organisations, or if there is YKP's national network, or other networks working with YKP or key population.
2. Venue and logistics: Find a closed room or space where you can maintain privacy of the discussion. A comfortable setting according to the need of participants is to be assured. For e.g. if there is a disabled young person participating in the discussion, having the room in the ground floor; making sure of water and refreshments are available; breaks for medications, etc. Fix time and date as per yours and participants schedule. Please arrange refreshment for the participants, to be served between/ after the discussion.
3. Moderator and note taker(s): Appointing a moderator and note taker before the discussion is essential. Someone who can understand the YKP would be preferred to understand the jargons used, and to lead the discussion as it flows can be selected as moderator, whereas, depending on the size of the group 1 or 2 note takers could be appointed.
4. Consent form: Please make sure you print copies of consent form prior to the FGD. Read out the consent form to everyone and make sure you answer all the questions and doubts if there are any. Make everyone signs in individual consent forms and you record it safely for any future reference.
5. Registration and code number: Please make a registration sheet for all the participants. Assign 2 digits number for everyone as their code (e.g. 01, 02....., 09, 10). All the participants will be given a name tag with their code number written on it, and not their name. This will makes it easier in the note taking and also in maintaining confidentiality.
6. Ground rules: Make some ground rules in the groups. like: taking turn to speak, maintain confidentiality of fellow participants, no right or wrong answer, etc.
7. Role of moderator:

-
- to adequately cover all prepared questions within the time allotted.
 - S/he also has a responsibility to get all participants to talk and fully explain their answers.
 - Probe questions with the use of probes like: “Can you talk about that more?”, “Help me understand what you mean”, “Can you give an example?”, etc.
 - s/he must remain neutral, refraining from nodding/raising eyebrows, agreeing/disagreeing, or praising/denigrating any comment made.
 - When the focus group is complete the moderator thanks all participants
 - Immediately after all participants leave, the moderator and note taker debrief while the recorder is still running and label all tapes and notes with the date, and other necessary details.
8. How to take notes?
- Take as much notes as you can from the discussion.
 - The audio record can be done either through a recorder if available, or a smart phone (please check the memory of the smart phone before you begin).
 - All the collected notes are to be boiled down to essential information using a systematic and verifiable process. Begin by transcribing all focus group tapes and inserting notes into transcribed material where appropriate.
 - Simultaneously assign each participant comment/quote a separate line on the page with their assigned 2 digits code number.
 - Collect many quotes as possible.
9. Finalising the report: Youth Lead and the consultant for the research can come back to the moderator and note taker for any clarifications and questions while in the process of using the data collected.

Focus group discussion on sexual and reproductive health and rights (SRHR) needs of young key populations (YKP) affected and living with HIV in Asia and the Pacific

Information for participants 18 years or over

We, YouthLEAD, are conducting research titled “Asia Pacific Regional Study on Sexual and Reproductive Health and Rights (SRHR) needs of young key populations (YKP) affected and living with HIV”.

This research aims to (a) map, assess, and analyze the SRHR needs of YKP, (b) determine existing gaps and issues in terms of access to SRHR information, commodities, and services of YKP, and (c) map and showcase good practices, programmes, and initiatives led by youth in the Asia and the Pacific region to address the SRHR needs of YKP.

We are asking you to sign these consent forms to confirm that your participation in this focus group discussion is voluntary, and that you fully understand the implications of your participation.

These implications are as follows:

- (i) Information that you disclose to us may be included in reports that are distributed widely and published on the Internet. Your identity will not be disclosed in these publications. These publications will not use your real name. You are not required to disclose your HIV status, sexuality or other personal information to the group. However, should you choose to share personal information, this information may be included in the case studies. Information that we might include in the case studies if you choose to share it with the group includes:
- Your age;
 - Your HIV status and other details about your health;
 - Your status as a person who sells sex, a person who uses or has used drugs, a male who has sex with other males, or a transgender person.
- (ii) We will be recording the process through sound recordings, and note taking. We request that you give the organizers permission to make sound recordings. You may ask at any time for information that you have disclosed not to be published.
- (iii) You will not be paid for participating in the focus group discussion, but we will provide snacks and drinks, and a small gift that we will give to you at the end of the discussion.
- (iv) You may leave the focus group or not participate in the discussion at any time without being penalized or disadvantaged in any way.

If you have any questions or are unsure of anything to do with the Focus Groups you may contact the YouthLEAD Coordinators:

Shubha Kayastha ([mobile no.], shubhakayastha@gmail.com)

Gaj Gurung ([mobile no.], gaj@youth-lead.org)

Consent form

Pahintulot

Please tick the boxes to indicate your agreement:

- I agree to participate in a focus group discussion on sexual and reproductive health and rights (SRHR) of young key populations affected and living with HIV in Asia and the Pacific.
- My participation in the focus group is voluntary.
- I understand that this research aims to (a) map, assess, and analyze the SRHR needs of YKP, (b) determine existing gaps and issues in terms of access to SRHR information, commodities, and services of YKP, and (c) map and showcase good practices, programmes, and initiatives led by youth in the Asia and the Pacific region to address the SRHR needs of YKP
- I understand that information that I disclose during the focus group discussion may be published in reports that are distributed widely and on the Internet. I understand that these reports or Internet publications will not use my real name.
- I understand that I am not required to disclose my HIV status, sexuality or other personal information to the group. However, I understand that if I choose to share personal information with the group, this information may be included in the case studies. Information

that might be included in the case studies if I choose to share it with the group includes:

- my age;
 - my HIV status and other details about my health;
 - my status as a person who sells sex, a person who uses drugs, a male who has sex with other males, or a transgender person.
- I give the organizers permission to take audio recordings of me or that include me.
 - I understand that I can leave the focus group or not participate in the discussion at any time without being penalized or disadvantaged in any way.
 - I understand that I may ask at any time for information that I have disclosed not to be published.
 - I understand that if I have any questions or concerns about the focus group I can contact Youth LEAD coordinators at anytime.

Participant's name: _____

Signature: _____ Date: _____

Witness name: _____

Signature: _____ Date: _____

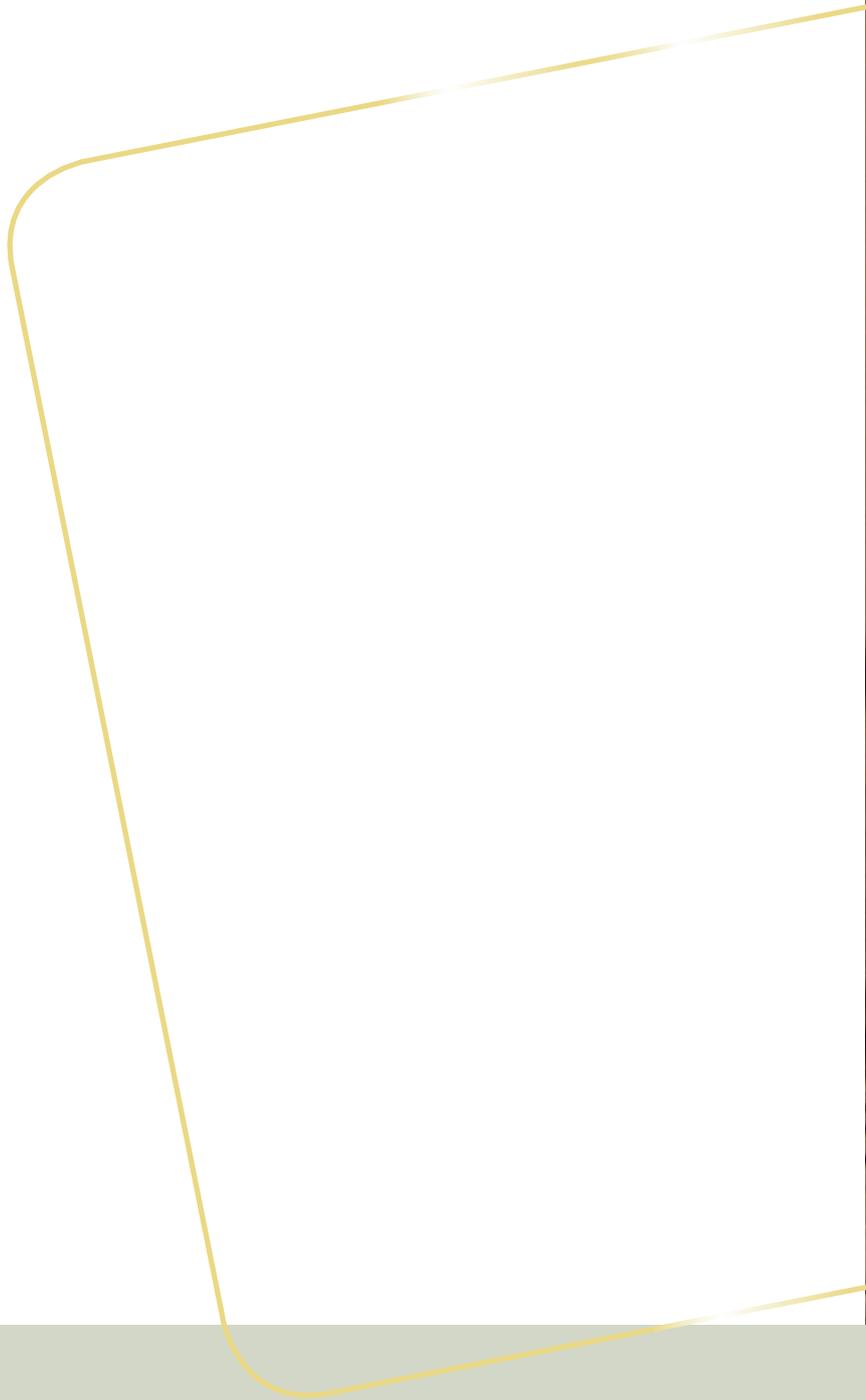
Annex C

Few youth-led and youth-serving organizations, networks, and alliances operating in Asia and the Pacific that address SRHR needs of YKP

Some youth-led organizations that provide SRH services or promotes SRHR advocacy are as follows:

Name of group	Population being served	Interventions
International		
PACT (A global coalition of national and regional organizations working on SRHR and HIV)	All young people	Advocacy, HIV and SRHR programming, representation
Regional		
Youth Voices Count (YVC) (Asia and the Pacific)	Young MSM and young transgender women people	Mentoring program, advocacy, capacity-building training
Youth LEAD (Asia and the Pacific)	YKPs	Advocating for the rights of YKPs along with their SRHR needs, support to national YKPs focused organizations
National		
BALUTI (Philippines)	Gangsters, young people who inject drugs	Advocacy on rights of the child, HIV, and SRHR; condom outreach programs
Batang Rex (Philippines)	General youth	Empowerment trainings on LGBT rights and HIV
Cambodian Community of Women Living with HIV and AIDS (Cambodia)	Women living with HIV and AIDS including younger cohorts.	
Centrum Club (Philippines)	General youth	Advocacy
Dambana ng mga Baklang Nagkakaisa (DamBaNa)	LGBT	Advocacy, outreach and referral to services
Kapwa (Philippines)	Young people aged 10-24	Life skills

Link up (Myanmar and Bangladesh)	YKPs	Providing SRH services to YKPs through outreach activities in coordination with Marie Stopes International
MSIC (China)	University students	Education and advocacy on SRHR
Xinai Group (China)	University students and community-based youth	Education on sexuality and gender-based violence
Xue Sheng She Tuan (China)	Students	SRHR education to students
YKP Nepal	YKP	SRHR advocacy of YKP
Y-PEER Mongolia	General youth and YKPs	SRHR related peer education
Y-PEER Nepal	General youth and YKPs	SRHR related peer education and advocating for rights of YKPs including the CSE
Y-PEER Pilipinas (Philippines)	General youth	Peer education on SRHR



With support from

