**Study On Situation And Barriers To Access To HIV Services (Prevention, Care and Treatment) By Young Key Populations**

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ABBREVIATIONS

|  |  |
| --- | --- |
| CBO | Community-based Organization |
| CSW | Commercial Sex Worker |
| DMR-UM | Department of Medical Research (Upper Myanmar) |
| FSW | Female Sex Worker |
| IDU | Injection Drug User |
| MDM | Medicins du Monde |
| MOH | Ministry of Health |
| MSM | Men who have sex with men |
| NAP | National AIDS Programme |
| NGO | Non-governmental Organization |
| PMCT | Prevention of Mother-to-Child Transmission |
| PSI | Population Services International |
| RH | Reproductive Health |
| SD | Standard Deviation |
| SHG | Self-help Group |
| STI | Sexually Transmitted Infection |
| TCP | Targeted Condom Promotion |
| YKP | Young Key Population at higher risk for HIV infection |

# EXECUTIVE SUMMARY

To understand the specific needs and barriers of young key population in accessing HIV prevention, care and treatment services, a cross-sectional descriptive study was conducted in four major populous cities (Yangon and Mawlamyaing from lower Myanmar, Mandalay and Monywa from upper Myanmar) and one smaller city (Lasho) from northern Shan State using both quantitative and qualitative methods of data collection.

A total of 400 respondents from Young Key Populations (YKPs i.e. MSM, CSW and IDU) were recruited by snow ball sampling method. Their age ranges from 16 to 24 years where the median age was 22 years. The education level was around middle and high school. There was difference of residency status that CSWs were more likely to be migrating than MSMs and IDUs. Only one third of YKPs was found having completed their preferred vocational training. They were earning with a job of 100,000 kyats income per month. They were found to have interest and working in occupations like beauty saloon, photography (mostly for MSMs), driving and workshop (mostly for IDUs). Although they were interested in computer training (mostly for CSWs), income from jobs that require computer skills was not much. IDUs were having a slightly higher median family income compared to MSMs and CSWs. MSMs had their first sexual experience before the age of 17 years compared to CSWs and IDUs who had after the age of 18 years. Again, most of MSMs’ first sexual experience was with same gender (male). Earlier sex initiation was higher among MSMs (30%). They have well awareness and knowledge about HIV infection & prevention reflecting effectiveness of educational efforts around them. There were few misunderstandings about HIV infection highlighting needs of more focus educational efforts for youth. About three-quarters of YKPs, had experienced of sex without condom in their life time. Most of condom users were using condom for sex with commercial partners. There were still many reasons for not using it. Assurance of partner, unsatisfying sex pleasure and not access at the time of sex were their main reasons for not using condom. Peer condom distributors seems less targeting to IDUs. Restaurants were found neglected or less targeting sites for free access of condom among young key population. They had no economic barriers in getting condom. But confidential and always accessibility were important for promotion of utilization. About one-third of YKPs had experience of STIs. Most of them took treatment but treatment seeking rate was low among IDUs compare to other two groups. IDUs were found less utilizing NGOs’ clinic than MSMs and CSWs. Among NGOs’ clinics, peer youth counseling services reached less to IDUs. Their services were less specific for youth population. There were no financial and geographical barriers as well as time constraints to visit clinics for STIs among youth but confidentiality was main issue for them to visit the clinic. NGO clinics were more utilized by MSMs and CSWs for HIV testing. IDUs had more access to government and private services than other two groups. Since much of them were using private services, they needed to spend more budget than CSWs and MSMs who were using NGOs service. HIV positive rate was 13% among YKPs who have tested as a majority. Significant portion of clinic visitors for testing still had reluctance to visit the clinic with the main reason of in-confidentiality. No financial and transportation barriers for HIV treatment was found. The service they received were satisfied and accepted except lack of privacy in the clinic. Since HIV testing and treatment could be at the same center, IDUs and CSWs were less likely to reach the clinic than MSMs. Disposable needle/syringe use rate was high and sharing use was low. However, source of the syringe/needle was mainly the pharmacy and GP clinics. Free-distribution sites could cover only 65%. Those sites should have arrange to be more accessible and never-stock-out and more time availability for distribution. Among two-third of CSWs who were using a contraceptives, majority preferred injection methods and took at NGOs and private clinics. However, those sites had less specific setting for young people such as youth specific opening days and staffing by peer youths for private discussion. Although they did not need to have costing at the clinic, CSWs need cost for relieving of their job during their visit to clinic for contraception. There was no time constraint, transportation barriers but confidentiality and privacy were main issues causing them reluctance to visit clinic.

Forming youth specific clinic with convenient location and opening day/time, improvement of staff manner and having peer staff, privacy and confidential setting during waiting time and consultation time, availability and sustainability of supplies and services have to consider for improvement of utilization of the services. This context highlights recent setting for HIV prevention and treatment services need to be modified for some aspects which will be more familiar for young people. Youth friendly services should be created with specific characteristics such as location near to their environment, network and job place, opening day and time convenient for them with their free-time, privacy and confidential rooming to avoid their reluctance to be seen by other people during waiting time and consultation time. All types of YKPs should not be discriminated due to their status such as job, income, age and gender during their visit and utilization of services. More peer staff should be trained and occupied in the clinics for friendliness during the visit, effectiveness of counseling services, and opportunities for follow up services. All staff should be encouraged and trained for good personal manner during communication and service provision to their clients. Service provisions should be strengthened with security of supplies, sustainability of implementation, good management system for clients.

# INTRODUCTION

There are approximately 16 million young people (aged 10-24 years) in Myanmar which represents 28% of total population in the country. The number of youth (15-24 years) increased from 0.6% in 2001-02, 0.9% in 2004-05 and to about 3.8% in 2007, indicating an increasing growth of young people.[[1]](#footnote-1)This growth in demographic status demonstrates the need to consider the role of young people in economic and social development, and health status of the country. The Ministry of Health is committed to promoting and maintaining the health status of youth through related projects in collaboration with related sectors. Improving youth access to and use of services are set as main strategies.[[2]](#footnote-2)

There are many different determinants which have impact on the health and development of young people. The social environment in which young people live, learn or work combined with their personal behavior place great influence over young people’s health, livelihoods, and their future. Therefore, young people with high risk behaviors like injecting drug use and engaging in sex work are at significant risk of sexual and reproductive health (RH) problems including HIV infection. In Myanmar, high HIV rates among key populations such as female sex workers and injecting drug users occurred in the age group of 15- 24-year old (9.1 percent and 21.9 percent, respectively).[[3]](#footnote-3) The Ministry of Health also set prevention of transmission of HIV through unsafe behavior in sexual contacts and injecting drug use as a strategic priority 1.2. For this strategic priority, prevention of sexual transmission through scaled up implementation of 100% condom promotion programme in 170 townships were carried out. Awareness raising on HIV/AIDS are being conducted in workspaces, and for mobile and migrant population and institutionalized population with multi-sectoral approach. Needles Syringes Exchange Programme has been implemented in Kachin and Shan States.2 Globally, young people account for the fastest-growing group of new HIV infections, roughly 40% of new HIV infections among people aged 15 and over in 2007; and over 5 million young people are currently living with HIV.[[4]](#footnote-4)

Despite their increased risk of HIV infection, evidence suggests that the needs of these young people have not been adequately addressed due to lack of resources and expertise. In fact, needs of adolescents and young people are large, particularly, those from key population group and these young key people constitute a substantial proportion of overall most-at-risk populations. In Myanmar, the mean age of people who inject drug started injecting drug is20-26 years while 47-63% of FSW entered sex work between 14 -24 years.[[5]](#footnote-5)Young people around the world must be provided with the tools they need to protect themselves from HIV– including comprehensive sex education and youth-friendly, affordable health care services. Focusing on young people within most-at-risk populations and understanding their needs as well as the factors experienced by them which deter the utilization of existing services will help in effective program implementation and also promote positive health behaviours and outcomes.

Prevention of women from HIV infection either from their high risk sexual partnersor from their high risk behaviour is important so that it will further reduce paediatric HIV infection. To achieve the above results, it needs to strengthening the availability and use of strategic information on young people especially from key populations and promote comprehensive, evidence-based HIV/AIDS strategies, including access to quality HIV services; comprehensive sexuality education; the provision of youth-friendly health services for the prevention, treatment and care of HIV.

# OBJECTIVES

## General objective

* To explore the specific needs and barriers of young key population in accessing HIV prevention, care and treatment services

## Specific objectives

* To assess awareness and use of youth-friendly health services for the prevention, treatment and care of HIV
* To assess knowledge about safe sex and injecting drug use;
* To determine young key population’s access to quality HIV services; and
* To identify barriers to access information and services for youth for HIV prevention, treatment and care.

# METHODOLOGY

Study was a cross-sectional descriptive design. Study area was determined based on inclusiveness of both currently programme implementing area as described below after getting consensus with NAP.

1. 100% TCP programme

2. Awareness raising on HIV/AIDS

3. Needles and Syringes Exchange Programme,

4. HIV testing and counseling

5. ART / PMCT programme

Study population was YKP who are at higher risk for HIV infection. Thus, Female Sex Workers (FSWs), Injecting Drug Users (IDUs), Men who have Sex with Men (MSMs), and Men Sex Workers (MSWs). Age range of all groups looked for was 10-24 years. Study period was December 2013 to January 2014.

**Data collection**

Data collection methods and tools

The study used both qualitative and quantitative approaches. Semi-opened structured questionnaire was used for quantitative information (i.e. awareness, knowledge, utilization and access to services). Self-administering method was mainly used for assurance of confidentiality in responding to the questions. Key informants among identified respondents were requested to support more information about perceived quality of services, satisfaction and barriers to the services. These information were collected by in-depth interview using interview guide.

**Sampling**

A. Three areas at upper and central regions and one area in Yangon Region were selected with purpose 1) area with large number of YKP, 2) to get enough sample size and 3) to have HIV services for YKP. Mandalay, Monywa, Mawlamyaing and Yangon were selected for data collection.

B. Snowball sampling was used to find out required number of respondents from each group of young key population in each township. Local programme medical officers and local NGOs were contacted for their necessary help to identify the population.

**Sample size**

For quantitative data

Following formula was used to calculate.

n = z2 x p x (1-p) / d2

n = minimum required number of respondent

z = reliability factor for allowed type I error (1.96 for 0.05 type I error)

p = proportion of young key population who have access to the service (0.5 for maximum n)

d = absolute precision of p required in this study (10% or 0.1)

n = (1.962 x 0.5 x 0.5)/0.12 = 96

In each township 32 FSWs, 32 MSMs, and 32 IDUs, total of 96 respondents were identified. Total sample size for four townships was 96 x 4 = 384.

For qualitative data

2 FSWs x 4 areas = 8

2 MSMs x 4 areas = 8

2 IDUs x 4 areas = 8

**Data analysis**

Quantitative data entry was done in EpiData and analysis was in SPSS and R statistics. Descriptive information was made by frequency tables of each outcome variables in comparison of three types of YKPs. Cross-tabulations were made the outcome variables with types of YKPs. Bivariate analysis was done to determine statistical significance of the differences between groups.

Qualitative data among youth informants were analysed by content analysis for their satisfaction and opinion on existing services, factors that made them reluctance or dislike or inhibit to utilize the services and suggestions made for changing setting to improve existing services. Qualitative data among provider key informants were analysed to get strengths and weaknesses of current setting of their service provision and their suggestions for improving.

**Ethical consideration**

In this study following ethical issues are considered.

1. Confidentiality issue of the current situation of respondents by selection procedure (This was solved by selection of respondents by snowball method. Those selected respondents were identified by their close friends or peer or who have already known their situation.)

2. Confidentiality issue by data collection (To overcome this issue, self-administering method was used instead of face-to-face interview. For the qualitative IDIs, site of interview will be selected by getting consensus of respondents.)

3. Confidentiality issue by data processing did not happen because all record sheets were anonymous, and kept in strict secure place and have accessed only by PI.

4. For other issues like autonomy, right to refuse and withdrawal, respect, informed consent procedure were used.

# FINDINGS

## A. Background Characteristics

A total of 400 youth respondents were interviewed. MSMs, CSWs and IDUs were included and proportions of their participation were more or less same. Since IDUs could not be identified at Mawlamyaing, IDU youth population from Lashio were included in the survey to meet the sample size.

Given all MSMs and most of IDUs were male, the male to female ratio was high (66:34). Majority of the participants were educated up to middle and high school level (29% and 31% respectively, p<0.001). More CSWs had a lower level of education level than MSMs and IDUs (p<0.001). (Fig. 1)

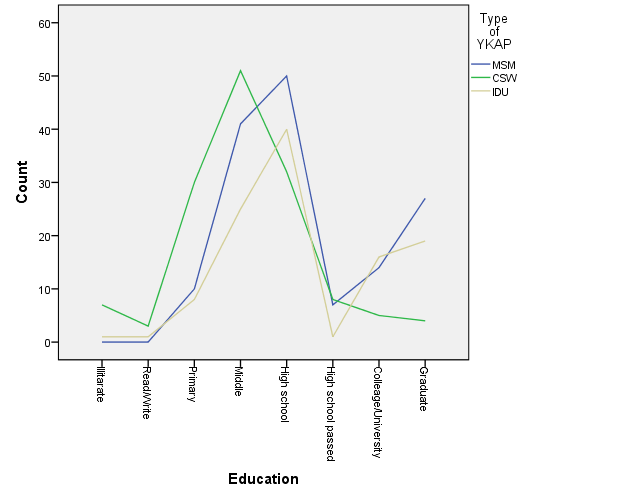


Figure 1 Distribution of education level by type of YKP

Majority of respondents were unmarried (61%) followed by those living together with their partners (26%). More CSWs and IDUs were married than MSMs (32% and 31% vs. 15%, p<0.001). About two-thirds of MSMs (67%) and IDUs (77%) were residing in their native place, but more than half of CSWs (56%) were not in their native place (p<0.001).

Regarding age, it ranged between 16 and 24 having mean (SD) 22.1 (+/-2.1) years. IDUs' were slightly older than other two groups of YKP (23.1 vs. 21.7, p<0.001). 2.7% of respondents were less than 18 year old.

## B. Socio-economic status of respondents

Less than half of YKP (47%) had attended a vocational training whereas 67% of those ever attended have completed the training. Most of their interest are to become *beautician, computer literate, mechanics and photographer* (38%, 24%, 7% and 5% respectively). Marked differences in interest were found among type of YKP. Majority of MSMs (53%) were interested to receive *beauty training*, while 27% of CSWs and 47% of IDUs were interested mostly in *computer* training. IDUs were also interested in training about *driving* and *vehicle repairing* (11% each). Although few proportion of respondents could not complete the training, majority was due to "not having free time" (27%), or feeling bored (22%). Majority of IDUs and CSWs did not describe their recent job, but MSMs were earning with beauty salon (38%). Majority of YKP (77%) were staying with their family. IDUs and MSMs were staying more with families compared to CSWs (93% and 77% vs. 63% respectively, p<0.001)

MSMs and IDUs had a slightly higher median family income than CSWs (250000 and 300000 kyats vs. 200000 kyats respectively). Comparing mean family income showed that MSMs had 2.9 lakhs, CSWs had 3 lakhs and IDUs had 5.6 lakhs (p=0.003). In total, they had 100000 kyats per month as their median personal income and those who were staying in a family had a median income of 250000 kyats per month. Median size of family of those who lived with family was 5.

## C. Sexual practice reported by respondents

Almost all of respondents (97%) had sexual experience. They had initiated their first sex experience with their lovers in majority (62%) and secondly with their casual partners (20%). Initiation of sex with same gender among CSWs and IDUs was found 9% and 6% respectively while MSMs was 81%. Other first sex partners included friends, relatives and one who seduced. Mean age of their initiation of sex was 17.8+/-3 years. MSMs initiated sex at relatively younger age than CSWs and IDUs (16.8 years vs. 18.3 and 18.4 years) (p<0.001). Proportion of sex at earlier age (age before 16) was significantly higher among MSMs compared to CSWs and IDUs (30% vs. 9% and 14%, p<0.001).

## D. General knowledge about HIV

Except "sharing use of utensils with an infected person", all important items for method of transmission of HIV could be correctly identified by majority of YKPs (>80%). Misunderstandings of YKPs about transmission of HIV were described in the Table 7.

## E. Prevention and Safe Sex Practices

### E1. Condom use practice

Although most of YKPs (85%) had used condom, largest proportion of respondents who had not used condom was found in CSWs group (21%) than other two groups. Similarly, more than half of IDUs (75%) were not keeping condom in their hand at that time. Utilization status of jelly with condom was highest among MSMs. However, 16% of MSMs and 43% of CSWs were found never use it. About half of respondents only used condom when they had experienced of sex during use of alcohol or drug. Proportion of never users of condom during sex combined with drug/alcohol was highest among IDUs (46%). Most of condom users were keeping male condom rather than female condom (90% vs. 5%).

### E2. Unsafe sex practice

Since "always user" proportion was only two-third (67%) among YKP, one-third was practicing unsafe sex. The proportion of "always user" became higher to >80%, when they had sex with commercial sex. Significant portion of YKPs (73%) had experienced of sex without condom in their life showing magnitude of their risk of HIV infection.

### E3. Reasons for not using condom

Out of 135 respondents who had sex without condom, reasons (relating to access) for not using were stated by 48, reasons relating to quality of condom were stated by 55 and reasons relating to partners were stated by 118.Most common reason was that they believed their partners had not disease (79%).Second most common reason was "reduce of sex pleasure" by using condom (76%).Third common reason was relating to access since 71% stated that they could not buy easily.

### E4. Awareness of sources of condom

Source of condom was responded by 394 respondents. Mostly described sources were stated in order. Condom-free distribution centers, health centers, pharmacies, and peer group distributers (98%, 92%, 92% and 90% respectively). Comparing among groups, IDUs were less aware of peer distributers than MSMs and CSWs (81% vs. 94% and 92%). Restaurants were least described as source of condom by all 3 groups of YKP (36%, 44%, 15% respectively. Among “others”, the specific names of NGOs like Top Center, CBO, SHG, PSI, MDM, Thazin etc were described.

### E5. Accessibility to condom

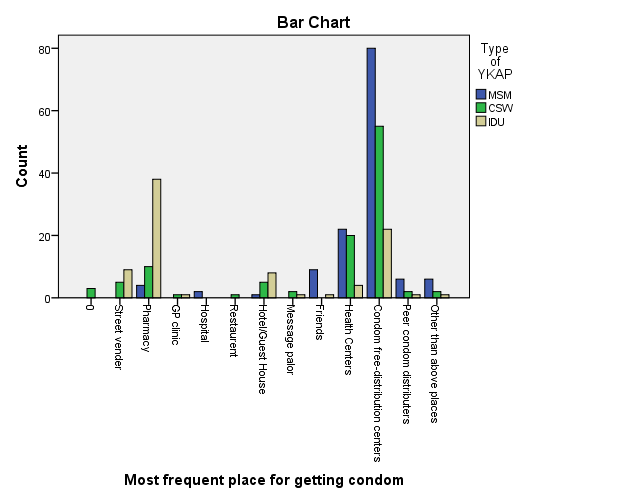


Figure 2 Sources of condom

Among the various known sources, mostly accessed sources were "free-distribution centers” (49%),"pharmacy" (16%) and "health centers" (14%). Only one-fourth of users (24%) had cost for getting condom but, almost all of them (95%) could be affordable for it.

### E6. Factors for better access to condom

Easy access, privacy, cheap, have variety of brands and never stock-out were asked for whether which were main factors for their access to source of condom. "Not to be stock-out" and ""to have privacy at time of getting" were most commonly described factors (68% and 67%). Among “others”, there were “easy access”, “be friendly”, and “able to consult”.

Confidentiality (33%), never-stock-out (27%), good personal communication (12%) and having variety of brands for choice (8%) were rated as more important factors for sources to be easier access to getting condom by YKP.

### E7. Bivariate Analysis of Access to or Use of Condom by Independent Variables

According to Table 1, access to condom was significantly different among different types of YKPs. The access to or use of condom was significantly higher among MSMs compared to other types, while that of IDUs was significantly the lowest. (P value =0.01) On the other hand, access to or use of condoms was significantly higher among never-married YKPs compared to that of ever-married YKPs with the P value of 0.012. Sex, education, age and income of the YKPs were not associated with the utilization of condoms after each bivariate analysis.

Table 1 Bivariate Analysis of Access to or Use of Condom by type, sex, marital status, education, age and income of the participants

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Access to Condom** | **Not access to condom** | **Test stat.** | **P value** |
| **Total** | **330** | **70** |  |  |
| **Type of YKAP** |  |  | Chisq. (2 df) = 9.28 | 0.01 |
| MSM | 134 (40.6) | 15 (21.4) |  |  |
| CSW | 108 (32.7) | 32 (45.7) |  |  |
| IDU | 88 (26.7) | 23 (32.9) |  |  |
| **Sex** |  |  | Chisq. (1 df) = 3.4 | 0.065 |
| Male | 229 (69.4) | 40 (57.1) |  |  |
| Female | 101 (30.6) | 30 (42.9) |  |  |
| **Education** |  |  | Chisq. (1 df) = 1.6 | 0.206 |
| Low Education | 242 (73.3) | 57 (81.4) |  |  |
| High Education | 88 (26.7) | 13 (18.6) |  |  |
| **Marital status** |  |  | Chisq. (1 df) = 6.26 | 0.012 |
| Never Married | 207 (62.7) | 32 (45.7) |  |  |
| Ever Married | 123 (37.3) | 38 (54.3) |  |  |
| **Age group** |  |  | Fisher's exact test | 0.689 |
| Adolescents | 8 (2.4) | 2 (2.9) |  |  |
| Young adults | 322 (97.6) | 68 (97.1) |  |  |
| **Income** |  |  | Chisq. (1 df) = 1.41 | 0.235 |
| Low income | 46 (14.5) | 14 (21.2) |  |  |
| High income | 272 (85.5) | 52 (78.8) |  |  |
|  |  |  |  |  |

## F. STI Services

### F1. Sufferings of STIs

Proportion of YKPs who had experienced any kind of signs/symptoms related to STIs was 36%. The proportion was higher among CSWs (56%) than MSMs and IDUs (28% and 23% respectively. There was no significant difference of experiencing any STIs between YKPs aged under 19 years and 19 and above (35% vs. 36%).

Discharge (66%) and pruritus (49%) at genitalia were found to be most frequently experienced symptoms. Most of respondents (88%) had taken treatment for their STI symptoms. There were subtle differences in the proportion seeking treatment for STIs among different type of YKPs. (93% for MSMs, 89% for CSWs and 76% for IDUs, P = 0.122). Among YKPs who had ever experienced of STIs, younger YKPs (<=18 years old) seek treatment less than older YKPs (62% vs. 89%, P = 0.005).

### F2. Utilization of Services for STIs

NGO clinic (60%) and GP clinics (18.6%) were found mostly utilized for treatment for STIs. Specifically, IDUs utilized GPs (32%) and pharmacies (24%) rather than NGOs' clinics. Hospital (6.2%) was found least utilized by YKPs for STI symptoms. Among YKPs who had STIs and ever used services, comparing between different age group showed 75% of younger group (<=18 years old) had visited NGO’s clinic while 69% of older age group had (p=0.714).

### F3. Clients’ Opinion on Quality of Services for STIs

For MSMs and CSWs, STI treatment centers had peer youths for counseling and confidentiality of examination room (more than 90%). But, peer youth counseling service was not much for IDUs (20%) while the service had for 89% of MSMs and CSWs. The difference was statistically significant (p<0.001). In all groups of YKP, having specific date/time for youth at their utilized treatment centers was much less (36% for MSMs, 51% for CSWs and 10% for IDUs). Comparing between age groups, having private discussion and having privacy examination room were not different but response rate for having specific date/time for youths was less among older age YKPs (42% vs. 75%, p=0.068).

### F4. Barriers to access STI services

**Social barriers**

About 23% of respondents felt that they were reluctant to visit the clinic for their STI treatment. Reluctance was higher among CSWs and MSMs compared to IDUs (25% and 23% vs. 12% respectively). Reluctance was higher among younger aged group (38%) than older group (23%). However it was not statistically significant (p=0.394)

Worrying about seeing them by friends (64%) and family members (46%) were main reasons for reluctance to visit the STI clinic. 39% of CSWs and 38% of MSMs gave reasons for reluctance to visit clinic due to considering themselves as too young to visit such kind of clinic.

**Economic barrier to STI services**

About one-third (31%) of STI clinic visitors had some cost to visit to the clinic. Proportion of YKPs who had visited STI services and had costing was higher among IDUs (77%) compare to other two YKPs (23%). Among them, 87% could be affordable for the cost. Apart from the cost at the clinic, 29% of clients had to disrupt their existing regular job for the clinic visit. Disruption of regular job for visiting STI services was highest among MSMs (43%) compare to CSWs (28%) and IDUs (0%). There were no significant differences of having barriers between age groups.

Traveling cost and total cost for one visit to the clinic for STI for YKP was about 600 and 3000 kyats respectively. Costing differential was found that highest among CSWs (Median 13500 kyats) and lowest among MSMs (1600 kyats) but it was statistically not significant (p=0.147). There was no costing differential between age groups.

**Transportation barriers**

Significant portion of MSMs (87%) and CSWs (70%) were using motorbike and bus/taxi for the clinic visit mainly. However, one-third (35%) of IDUs were residing at the walking distance to the clinic. Median distance to the clinic was 3 miles for MSMs and CSWs and 1.5 miles for IDUs. There was no difference of geographical distance between age groups.

**Time constraint to visit to STI clinic**

Median traveling time and waiting time for clinic visits were 20 minutes and 10 minutes. Traveling time of IDUs was slightly shorter having 15 minutes. Traveling time and waiting time in visiting STI services were shorter for younger YKPs comparing to older YKPs (15 min vs. 20 min for traveling time and 7.5 min vs. 10 min for waiting time).

**Reasons for not visiting to STI clinic among non-users**

There were 17 respondents who gave reasons for not visiting the STI services. Most common reasons was “Not aware to visit’ (41%), “no reason to visit” (41%) and "afraid to be aware by others (24%). Half of those CSWs gave reason that they did not aware the services. 67% of those MSMs and 50% of those IDUs stated there was no reason to visit the clinic.

### F5. Bivariate Analysis of Use of STI Clinic by Independent Variables

According to bivariate analysis, CSWs were more likely to utilize STD services (access to clinic and taking treatment for STDs) compared to other types of YKPs with a P value less than 0.001. Similarly, a higher number of males significantly utilized those services compared to females. (P value<0.001) Income also turned out to be a significant factors for YKPs to utilize STDs services (P value=0.05).

Table 2 Bivariate Analysis of Use of STD Clinic by type, sex, education, marital status, age group and income

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Test stat.** | **P value** |
| **Total** | **140** | **260** |  |  |
| Type of YKAP |  |  | Chisq. (2 df) = 29.49 | < 0.001 |
| MSM | 51 (36.4) | 98 (37.7) |  |  |
| CSW | 70 (50) | 70 (26.9) |  |  |
| IDU | 19 (13.6) | 92 (35.4) |  |  |
| Sex |  |  | Chisq. (1 df) = 23.39 | < 0.001 |
| Male | 72 (51.4) | 197 (48.6) |  |  |
| Female | 68 (48.6) | 63 (51.4) |  |  |
| Education |  |  | Chisq. (1 df) = 1.37 | 0.242 |
| Low Education | 110 (78.6) | 189 (72.7) |  |  |
| High Education | 30 (21.4) | 71 (27.3) |  |  |
| Marital status |  |  | Chisq. (1 df) = 0 | 0.974 |
| Never Married | 83 (59.3) | 156 (60) |  |  |
| Ever Married | 57 (40.7) | 104 (40) |  |  |
| Age group |  |  | Fisher's exact test | 0.175 |
| Adolescents | 1 (0.7) | 9 (3.5) |  |  |
| Young adults | 139 (99.3) | 251 (96.5) |  |  |
| Income |  |  | Chisq. (1 df) = 3.6 | 0.05 |
| Low income | 14 (10.4) | 46 (18.4) |  |  |
| High income | 120 (89.6) | 204 (81.6) |  |  |
|  |  |  |  |  |

## G. Use of HIV test clinic

### G1. Have ever tested?

In bivariate analysis, there were no significant differences in access to HIV test and barriers to access. Majority of YKPs had already tested for HIV infection (93% of MSMs, 83% of IDUs and 81% of CSWs, P=0.007). After bivariate analysis, more MSMs had been tested for HIV compared to CSWs and IDUs. (P values=0.009). Similarly, YKPs who had a higher income were more likely to have been tested for HIV compared to lower income groups with a P value of 0.007. (Table 3 )

Table 3 Bivariate analysis of HIV testing and independent variables

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Ever Tested** | **Never Tested** | **Test stat.** | **P value** |
| **Total** | **343** | **57** |  |  |
| Type of YKAP |  |  | Chisq. (2 df) = 9.4 | 0.009 |
| MSM | 138 (40.2) | 11 (19.3) |  |  |
| CSW | 113 (32.9) | 27 (47.4) |  |  |
| IDU | 92 (26.8) | 19 (33.3) |  |  |
| Sex |  |  | Chisq. (1 df) = 0.31 | 0.576 |
| Male | 233 (67.9) | 36 (63.2) |  |  |
| Female | 110 (32.1) | 21 (36.8) |  |  |
| Education |  |  | Chisq. (1 df) = 0.91 | 0.341 |
| Low Education | 253 (73.8) | 46 (80.7) |  |  |
| High Education | 90 (26.2) | 11 (19.3) |  |  |
| Marital status |  |  | Chisq. (1 df) = 0.18 | 0.674 |
| Never Married | 203 (59.2) | 36 (63.2) |  |  |
| Ever Married | 140 (40.8) | 21 (36.8) |  |  |
| Age group |  |  | Fisher's exact test | 0.64 |
| Adolescents | 8 (2.3) | 2 (3.5) |  |  |
| Young adults | 335 (97.7) | 55 (96.5) |  |  |
| Income |  |  | Chisq. (1 df) = 7.23 | 0.007 |
| Low income | 44 (13.4) | 16 (28.6) |  |  |
| High income | 284 (86.6) | 40 (71.4) |  |  |

Proportion of YKPs who had tested for HIV was less among younger group compare to older group were (72% vs. 87%, P value=0.021). Because of very few numbers of adolescents (<18 year old) in the study, it was difficult to assess any more constraints to access HIV test among the younger age group compared to the older one.

Table 4 Bivariate analysis of Access to HIV test and Barriers by Age Group

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Adolescents** | **Young adults** | **Test stat.** | **P value** |
| Total | 10 | 388 |  |  |
| Have tested for HIV |  |  | Fisher's exact test | 0.635 |
| Yes | 8 (80) | 335 (86.3) |  |  |
| No | 2 (20) | 53 (13.7) |  |  |
| Social Barriers |  |  |  |  |
| Be reluctant to visit to the clinic (HIV) |  |  | Fisher's exact test | 0.121 |
| Yes | 3 (33.3) | 98 (28.6) |  |  |
| No | 5 (55.6) | 240 (70) |  |  |
| No response | 1 (11.1) | 5 (1.5) |  |  |
| Worry to be found by a family member |  |  | Fisher's exact test | 0.205 |
| Yes | 2 (66.7) | 21 (21.6) |  |  |
| No | 1 (33.3) | 59 (60.8) |  |  |
| No response | 0 (0) | 17 (17.5) |  |  |
| Worry to be found by a friend |  |  | Fisher's exact test | 0.578 |
| Yes | 2 (66.7) | 32 (33) |  |  |
| No | 1 (33.3) | 48 (49.5) |  |  |
| No response | 0 (0) | 17 (17.5) |  |  |
| Too young to visit such kind of clinic |  |  | Fisher's exact test | 0.165 |
| Yes | 2 (66.7) | 16 (16.5) |  |  |
| No | 1 (33.3) | 63 (64.9) |  |  |
| No response | 0 (0) | 18 (18.6) |  |  |
| Economic Barriers |  |  |  |  |
| Have costing in the last visit to the clinic (HIV testing) |  |  | Fisher's exact test | 0.211 |
| Yes | 1 (11.1) | 56 (16.8) |  |  |
| No | 7 (77.8) | 272 (81.4) |  |  |
| No response | 1 (11.1) | 6 (1.8) |  |  |
| Affordable to the costing (HIV test) |  |  | Fisher's exact test | 0.054 |
| Yes | 0 (0) | 48 (87.3) |  |  |
| No | 1 (100) | 2 (3.6) |  |  |
| No response | 0 (0) | 5 (9.1) |  |  |
| Other Barriers |  |  |  |  |
| Don't aware of the HIV test clinic |  |  | Fisher's exact test | 1 |
| Yes | 0 (0) | 2 (4) |  |  |
| No | 2 (100) | 44 (88) |  |  |
| No response | 0 (0) | 4 (8) |  |  |
| No reason to visit to HIV test clinic |  |  | Fisher's exact test | 0.551 |
| Yes | 1 (50) | 34 (68) |  |  |
| No | 1 (50) | 12 (24) |  |  |
| No response | 0 (0) | 4 (8) |  |  |
| No free time to visit to HIV test clinic |  |  | Fisher's exact test | 1 |
| Yes | 0 (0) | 8 (16) |  |  |
| No | 2 (100) | 39 (78) |  |  |
| No response | 0 (0) | 3 (6) |  |  |
| Think of no benefit to visit to HIV test clinic |  |  | Fisher's exact test | 1 |
| Yes | 0 (0) | 1 (2) |  |  |
| No | 2 (100) | 44 (88) |  |  |
| No response | 0 (0) | 5 (10) |  |  |
|  |  |  |  |  |
| Friends oppose to visit to HIV test clinic |  |  | Fisher's exact test | 1 |
| No | 2 (100) | 46 (92) |  |  |
| No response | 0 (0) | 4 (8) |  |  |
| Afraid of HIV test clinic staff |  |  | Fisher's exact test | 0.118 |
| Yes | 1 (50) | 2 (4) |  |  |
| No | 1 (50) | 44 (88) |  |  |
| No response | 0 (0) | 4 (8) |  |  |

### G2. Choice of clinic

NGOs' clinics were mainly utilized by MSMs and CSWs for HIV testing (92% and 87% respectively). IDUs were found using not only NGO clinics, (53%) but also hospitals (23%) and GP clinics (28%). Younger YKPs utilized NGOs’ services than older YKPs (92% vs. 79%, p=0.095)

### G3. Source of information about HIV testing clinic

Information about the HIV testing services reached to YKPs mainly from peers (60%), clinic staff (36%), printing media (20%) and clinic staff (36%). Peer-to-peer information was more obvious among MSMs compared to other YKPs (75% vs. 49% and 52%, p<0.001). However, information from health staff was more received by CSWs than other two groups (44% vs. 27%&39% respectively, p=0.021). Such differences were not significant between age groups.

### G4. Youth friendliness and services received from HIV testing clinics by clients

Only 33% of YKPs replied that the HIV clinics had specific date/time for youths (lack of youth specific opening time). While majority of MSMs and CSWs (92% and 96%) replied that the clinic had a peer youth for private discussions, a smaller number of IDU (65%) responded that the clinic they went provided them a peer youth for private discussions. Almost all YKPs responded that there was privacy and confidentially in the examination room in the HIV testing clinic. The pretest as well as post-test counseling was commonly done for all types of YKPs.

### G5. Barriers to Access HIV Services

**1. Financial Barriers**

CSWs and IDUs had to spend more for the cost of the HIV testing than MSMs (15000 kyats vs. 3000 kyats). Payment for relieving for their disruption of job was higher among IDUs and CSWs compared to MSMs (5000 kyats vs.1750 kyats) (p=0.001). Use of transportation means was not different between types of YKP.

**2. Transportation barrier**

More than half (55%) of respondents' main route to travel to the HIV test clinic was motorbike. About one-fourth (25%) used bus/taxi. Median distances of travel to the clinic were 4 miles for MSMs and CSWs. IDUs were closer to the clinic (2 miles) compare to MSMs and CSWs (4 miles each).

**3. Time constraint to visit to HIV test clinic**

Median traveling time and waiting time were 20 minutes and 10 minutes. Differences of the durations among types of YKPs was found that MSMs and CSWs took longer duration (30 minutes) than IDUs (22 minutes) (p=0.041).

**4. Reasons for not Visiting HIV Test Clinic**

Among different reasons for not visiting HIV test clinic, majority was due to false security about their risk status. Majority (70%) responded that they have no reasons to test. This false security status was higher among CSWs (40%) and IDUs (24%) compare to MSMs (6%).

**5. Stigma on HIV test result**

At the time of interview, 95% of respondents who had been tested for HIV were informed about their HIV status. Among those who had already known their HIV status (324), only 1% did not mention their result to anyone. Positive result was reported by 13.3% of the participants. Significantly high proportion of positive results was found among MSMs (23%) compared to CSWs (10%) and IDUs (3%) (p<0.001).

Among those who shared the result with anyone, about 50% shared their HIV status with their family members and 38% with their friends. The rate of sharing the result with friends was higher among MSMs compared to other YKPs (90% vs. 50% and 50%). About 23% of YKPs who were HIV positive did not talk about the results with anybody.

Most of those YKPs who did not share the positive results anybody did not mention any specific reasons (80%). Feeling embarrassed, afraid of discrimination were less frequent reasons of keeping the test result secret.

## H. HIV Treatment Centers

### H1. Awareness and Access to/use of HIV Treatment

About 83% of YKPs were aware of HIV treatment centers. However, awareness among CSWs (74%) was relatively lower than MSMs (95%) and IDUs (80%) (p<0.001). Proportion of YKPs who had ever reached to the HIV treatment centers was about 70%. IDUs were found lowest (52%) to have reached to the clinic for HIV treatment compared to MSMs (87%) and CSWs (64%) (p<0.001).

Reaching to the treatment centers was mainly to get treatment especially for HIV positive persons. Many participants (44%) said they went to the clinic to receive the treatment while there were various other reasons for YKPs to reach to the centers. Among those reasons, "to get HIV test services" was most common reason (71%) and "to accompany with friend" was second frequent reason (54%). "To get information from staff" was also a common reason (48%) for reaching the clinic.

Frequency of visits to the clinic also varied among YKPs. While 34% and 32% of MSMs and CSWs visited the HIV clinic frequently, only 26.9% of IUDs went there. Likewise, there were 26% and 28% of MSMs and CSWs visited the clinic monthly, only 11% of IUD visited the clinic in the same pattern.

### H2. Service received from HIV treatment clinics by the YKPs

According to the YKPs’ responses, the services they received were satisfactory. Majority of them responded that they were explained how to use condom, how to use disposable needle. Less frequently received services were "being informed about next appointment date" (74%) and "side effect of the medicine" (74%). But it may be due to that not all clients came for treatment and they didn’t need to be informed about the side effects of drugs.

It seemed that services given were in accordance with clients' reason and needs to visit the clinic. Concerning with time given to the clients by the service provider, the participants estimated that history taking, examination and information were taking about 10 minutes each at their visit.

### H3. Reported Privacy and Confidentiality of Clinic

Despite the availability of separate examination room (96%) and the availability of peer counselor (74%), the main weakness of the HIV treatment centers (as reported by clients) was lack of privacy. Only 11% replied that the examination room was invisible to other persons, while only 10% said that the room was sound proof.

### H4. Satisfaction with the HIV Treatment Service

Although there was report of lack of privacy, most of clients (>90%) expressed that they were satisfied with those services received from the centers. Likewise, majority (96%) said they would visit to the clinic again and 94% responded that they would suggest their friends to visit to the clinic.

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### H5. Barriers to HIV Treatment Clinics

**Economic barriers**

Since there were reports that 89% of clients had no cost at their visit and also 96% of those who had cost for visit could afford that cost, and 73% had no job disruption for the visit, it could be determine that YKPs have no economic barriers at the treatment centers.

Median total cost for each visit to the HIV treatment centers was about 1500 kyats and 2800 kyats for relieving of their regular job. There was no difference of costing between types of YKPs.

**Transportation barrier**

Like for HIV test, main travel routs used by clients to reach HIV treatment centers were motorbike (61%) and bus/taxi (25%).

The median distance to treatment centers was about 4 miles. There was no significant difference between groups of YKPs in the aspect of distance and traveling to reach to the service center.

**Time constraint to visit to HIV treatment clinic**

Duration of travel to HIV treatment center was about 20-33 minutes and waiting time was about 10 minutes. MSMs had longer duration (33 min) to travel to the clinic than CSWs (27 min) and IDUs (23 min) (p=0.041).

**Reasons for not accessing to HIV treatment clinic**

Majority of clients who had never reached to HIV treatment centers gave the reason, "no reasons to visit" (85%). Apart from this, "lack of awareness" (22%) and "not have free time" (14%) were the common reasons.

I. Use of disposable needle/syringe among IDUs

### I1. Using pattern

Among the 114 IDUs, 111 (97%) was "disposable syringe/needle users". Among IDUs, 59% had a history of drug use within last week. About one-fifth (21%) had stopped using the drug since last six months. It is notable that the rate of "always-use" was higher when they use drug alone (83%) while the rate of “always-use” was reduced dramatically (49%) when they used drugs with friends.

Table 5 Use of Disposable Needles/Syringes among IDUS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Use of disposable needle/syringe when drug use alone | | | Frequency | Percent |
|  | Always | | 92 | 82.9 |
| Sometimes | | 15 | 13.5 |
| Never | | 4 | 3.6 |
| Total | | 111 | 100.0 |
| Use of disposable needle/syringe when drug use with friends | | | Frequency | Percent |
|  | Always | | 54 | 48.6 |
| Sometimes | | 24 | 21.6 |
| Never | | 33 | 29.7 |
| Total | | 111 | 100.0 |
| How do you use disposable needle and syringe with your peers? | | | Frequency | Percent |
|  | | Sharing | 6 | 5.4 |
| share only to healthy peer | 1 | .9 |
| separate needle and syringe | 88 | 79.3 |
| Total | 95 | 85.6 |
| Missing | | System | 16 | 14.4 |
| Total | | | 111 | 100.0 |

### I2. Reasons for not using disposable needle/syringe

Table 50 showed some important barriers among IDUs for not using any disposable needle/syringe. The most common reasons were "inaccessibility" (71%)."Stock-out" and "closing of shop" , “afraid of being noticed” were also most frequent reasons (32% , 25% and 21% respectively).

### I3. Source of disposable needle/syringe

Most frequently described source of needle/syringe was pharmacy (92%). Second most frequent sources were free-distribution sites (65%) and GP clinics (63%). There were also peer-distributors, friends and street venders (>40% each).

### I4. Main Reasons for Choosing the Source of Disposable Syringe

Because of having confidentiality (28%) and never stock-out (28%), they preferred those sites for their main and frequent sources (Figure)

Figure 3 Main factors for choosing disposable syringe/needle source

## J. Use of contraception among CSWs

### J1. Access to/Use of Contraceptives and Source of Contraceptives

About 69% of CSWs had ever utilized modern contraceptives. No MSM or IDU ever utilized contraceptives. The most popular type of contraceptives used by CSWs were injection type (78%) and pills (37%) while implants and IUCDs were less frequently utilized.

Among all contraceptive users, 54% stated that NGOs' clinics were their source of contraceptives. Second most frequent source was private clinic (32%) which was followed by pharmacy (26%). According to bivariate analysis, there was no significant association between use of contraceptives and education, marital status and income.

### J2. Youth-friendliness and Services of the Contraceptive Services

Many contraceptive clinics usually set aside the specific date and time for young people (43%). The majority (70%) also stated that there was a peer who was assigned for private discussions. Despite that, the privacy and confidentiality were not as satisfactory.

### J3. Barriers to contraceptive services

**Social barriers**

About 16% of CSWs contraceptive users had reluctance to visit the sites to get contraceptives. Reluctance was mainly due to worrying to be seen by friends (53%), by family members (35%) and due to their age which they perceived was too young to use contraceptives (35%).

**Economic barriers**

Half of contraceptive users had to cost to get the contraceptives. However, 96% of those who had to cost for contraception replied that the cost was unaffordable for them. Only 14% of users stated that they needed to disrupt their existing job to get the contraception.

Median total cost for contraception was 1800 kyats and travel cost was 550 kyats. Largest amount of cost for contraception was the relieving cost for disruption of job which was 40000 kyats. The median cost for relieving was 4000 kyats.

**Transportation barrier**

Main route for travel to the clinic was motorbike (38%) and second most frequent route was "on-foot' (24%). Median distance was 3 miles and cost would be 550 kyats to travel to the source of contraceptives.

Figure 4 Main type of mode of travel to the clinic for contraception

**Time constraint**

Regarding time which was pent to get to the source of contraceptive, travel time was 20 minutes and waiting time to get it was only 10 minutes.

**Reasons for not using contraception clinic**

Among all non-users, 85% did not use contraception because they did not need it. Only 10% were due to lack of awareness of the sources. Very less frequent reasons were no free time and afraid of being noticed by others.

## K. Qualitative Information From In-depth Interviews

### K1. Providers’ view

Designations of 12 respondents were project officer, medical officer, trained nurse and team leader. Education status of respondents included MMedSc, MBBS, BNSc and BSc. Strength of the services expressed by health providers were described below.

1) Out-reach services such as; School-based health talk, Field activities, Outreached service and Home-based service in collaboration with NGOs could be provided. 2) Service related facts such as; Cost-free service, Counseling, having trained staff and provision of one-stop service. 3) Settings in the clinic were youth-friendly, less stigmatizing (non-discriminating) and having privacy. 4) Peer service such as having peer staff, provision of peer-to-peer service and giving opportunity of social networking among youth clients.

Providers statements on weaknesses of existing setting could be categorized into “specificity of setting of the clinic for different types of youth”, “service related issues”, “confidentiality and privacy issues” and “having peer youth in the clinic”.

1) Regarding to specificity of setting; they stated that the clinics were less friendly for CSWs, less youth specific service, and no specific setting for different type of YKPs eg. MSM, CSW and IDU etc.

2) Regarding to service related issues, they expressed that there were no follow-up service, no health talk, no non-HIV peer, no outreach service, less sustainability of service and closure of clinic at weekend days.

3) Regarding to confidentiality and privacy issues, providers committed their clinics were not fully confidential and less privacy due to not having examination room with fully privacy.

4) Regarding to stigma, they stated that there was low community acceptance, and having stigmatization in community causing clients reluctant to visit the clinic.

5) Regarding peer services, some providers stated their clinics had no peer educator and no peer staff for friendliness to youth clients.

Suggestions made by providers for improvement of their services were 1) relating to services such as to have one-stop service, to give outreached peer service, to give health talk to middle school level, 2) relating to have youth friendly setting, they suggested that the clinics should be peer educator for youth, be youth friendly setting by specific opening day and hours and be more confidentiality setting. 3) regarding to stigma reduction, suggestions were that “community and parent acceptance should be improved by more effort for de-stigmatization” and “community mobilization should be implemented”,. Some providers also suggested that “peer youth staff should be motivated by capacity building especially by giving opportunity for local and international trainings”. One provider suggested services should be repetitive and sustained.

Figure 5 Providers’ priority facts for improving services

Regarding the different aspect on improving the quality of services aiming to have more utilization of their services by youth, they prioritized accessibility as the most important one and improvement of skill and privacy/confidentiality were second most. Friendliness, cost-free and time-spent for discussion and counseling were put in third place.

### K2. Clients’ view

All types of clients were included MSMs were most frequent. Middle, high school, university and graduate education levels were found. Age was mostly around 24 year. Most frequent appreciation of youth clients to the existing services included friendliness, warmly welcome and paying regard to them during their visit. Having peer staff and opportunity to meet with their peers by visiting the clinic was also their preference. Others statements were cost-free services, easy availability of medicine, health talk, HIV test. There was rare response that there was a youth specific setting in the clinic.

Clients’ statement on weakness of existing service were grouped into 1) relating to Clinic setting such as there was long waiting time and bad manner of staff that was not warmly to them, crowding and congesting many clients in less spacious clinic room causing them inconvenience during waiting in clinic for services. Few clients stated that clinic opening hour was not convenient for them and some CSWs said there was no specific setting for them. 2) related to confidentiality, they also stated that they felt less confidential and less privacy causing them be afraid to be seen by others during waiting time in the clinic. One client expressed that there was frequent change of location of clinic.

Suggestions made by clients were; Youth clients suggested that location of clinic should be more accessible and specific to targeted youth. For example, it would be better to close with MSM network or CSWs network. The more the closer location, clinic would be more specific, more friendly, more convenient and more accessible to youth. They also suggested that clinic building should be more spacious and clean and convenient for them with air-condition, water cooler and TV/VIDEO facilities etc.

Clinic opening hour should be extended. If it is possible, they would prefer with 24 hour opening time. If it is not possible, morning and evening hour will be better for them to be more accessible not disturbing to their working hours. They suggested it should not close at weekend days because they would be visit at their off-working-days. Regarding the service, they mostly like the one-stop services, less steps, more time for discussion and counseling, no stock-out the supplies, cost-free servicing, and home-based services. To have friendliness and warm manner in personal communication of clinic staff were their main concern in visiting the clinic. To this purpose, they suggested to have peer staff in the clinic service provision.

Figure 6 Clients’ priority facts for improving services

Their prioritization for the characteristics of the clinic was different from providers’ view. It was found that youths’ main concern was to have privacy and confidentiality during the clinic visit. Cost and accessibility were the second priority for them.

# SUMMARY OF FINDINGS

* Three types of Young Key Population (i.e. MSM, CSW and IDU) in a total of 400 respondents from four major populous cities (Yangon and Mawlamyaing from lower Myanmar, Mandalay and Monywa from upper Myanmar) except one city (Lasho) from northern Shan State for IDUs were recruited by snowball sampling in this study. With the average of 22 years old, the study subjects represent youth having between 16 to 24 years age range. In majority, their education level was around middle and high school but the CSWs were found slightly lower level of education compared to IDUs and MSMs. There was difference of residency status that CSWs were more likely to be migrating than MSMs and IDUs.
* Only one third of YKPs was found having completed their preferred vocational training. CSWs were less likely to attend and complete the vocational training. Apart from CSWs, they were earning a job of 100000 kyats income per month. They were found interest and fit in occupation like beauty salon, photographer (mostly for MSMs), driving and workshop (mostly for IDUs). Although they were interesting in computer training (mostly for CSWs), earning with computer skill job was not much. IDUs were slightly having higher family income compare to MSMs and CSWs according to their median family income.
* MSMs initiated sex at before 17 years of their age compare to CSWs and IDUs who initiated after 18 years old. Again, most of MSMs’ first sex experience was with same gender (male). Earlier sex initiation (before 16 yrs) was higher among MSMs (30%).
* Generally, they have well awareness and knowledge about HIV infection &prevention reflecting effectiveness of educational efforts around them. However, there were few misunderstandings about HIV infection highlighting needs of more focus educational efforts for youth.
* About three-quarters of YKPs, had experienced of sex without condom in their life time. Most of condom users were using condom for sex with commercial partners. Although there were condom promotion programme around them, there were still many reasons for not using it. Assurance of partner, unsatisfying sex pleasure and not access at the time of sex were highlighting need of more effort for 100% condom utilization practices among risk population especially young key people.
* Peer condom distributors seems less targeting to IDUs. Restaurants were found neglected or less targeting sites for free access of condom among young key population. They had no economic barriers in getting condom. But confidential and always accessibility were important for promotion of utilization.
* About one-third of YKPs had experience of STIs especially discharge per genitalia. Most of them took treatment but treatment seeking rate was low among IDUs compare to other two groups. IDUs were found less utilizing NGOs’ clinic than MSMs and CSWs. Among NGOs’ clinics, peer youth counseling services reached less to IDUs. Their services were less specific for youth population. There were no financial and geographical barriers as well as time constraints to visit clinics for STIs among youth but confidentiality was main issue for them to visit the clinic.
* NGO clinics were more utilized by MSMs and CSWs. IDUs had more access to government and private services for HIV testing than other two groups. Since much of them were using private services, they needed to spend more budget than CSWs and MSMs who were using NGOs service. HIV positive rate was 13% among YKPs who have tested as a majority. Significant portion of clinic visitors for testing still had reluctance to visit the clinic with the main reason of in-confidentiality.
* No financial and transportation barriers for HIV treatment was found. The service they received were satisfied and accepted except lack of privacy in the clinic. Since HIV testing and treatment could be at the same center, IDUs and CSWs were less likely to reach the clinic than MSMs. However, one-fourth of those young people who were taking ART at the centers reported that they need information about next appointment and side effects of the ART.
* Disposable needle/syringe use rate was high and sharing use was low. However, source of the syringe/needle was mainly the pharmacy and GP clinics. Free-distribution site could cover only 65%. Those sites should have arrange to be more accessible and never-stock-out and more time availability for distribution.
* Among two-third of CSWs who were using a contraceptives, majority preferred injection methods and took at NGOs and private clinics. However, those sites had less specific setting for young people such as youth specific opening days and peer youths for private discussion. Although they did not need to have costing at the clinic, CSWs need cost for relieving of their job during their visit to clinic for contraception. There was no time constraint, transportation barriers but confidentiality and privacy were main issues causing them reluctance to visit clinic.
* Forming youth specific clinic with convenient location and opening day/time, improvement of staff manner and having peer staff, privacy and confidential setting during waiting time and consultation time, availability and sustainability of supplies and services have to consider for improvement of utilization of the services.

# DISCUSSIONS AND CONCLUSIONS

Comprehensive responses to preventing HIV in adolescents and young people need to be promoted, supported and monitored – with the meaningful participation of young people – as part of national HIV frame works. Young men who have sex with other males may be unsure about their sexuality and not have anyone to talk to because of the stigma surrounding homosexuality and bisexuality. In many countries evidence is beginning to emerge that transgendered young people are the most discriminated against and hardest to reach. Young people who inject drugs are also more likely than their older counterparts to be influenced by peers.

They are less aware of the dangers of injecting drugs and of HIV, hepatitis B and C and how to reduce their risks. The younger the age, the less likely a person is to understand the consequences of his or her drug use. There is less access to appropriate, confidential services for young injecting drug users than older users. In many countries children and young women who sell sex on the street are the most vulnerable.

Most children and young people who sell sex, whether on the street, in brothels, at truck stops or in bars, are subjected to violence by their clients and the police.[[6]](#footnote-6)Therefore, national and sub-national priorities for HIV prevention should be established according to the different types of epidemics and different vulnerabilities and risks among adolescents and young people. Young people need accurate and relevant information about sexual and reproductive health and HIV transmission, as well as opportunities to build risk-reduction skills.

They also need access to appropriate HIV prevention services, including voluntary counseling and testing, harm reduction, sexual and reproductive health services, and to commodities including condoms. Better evidence-based information of adolescents and young people, especially those most at risk, on the behaviors and utilization of existing services and barriers to those services is urgently needed in order to improve and target HIV prevention efforts.[[7]](#footnote-7) Recent report aims to inform programme for needs of young people who are most at risk specifically their needs for HIV prevention and treatment and accessibility to existing services.

In Myanmar, the national HIV prevalence rate had steadily decreased from 0.56% in 2010 to 0.47% in 2013 with a decline to 5.3% in 2011 and 6% in 2013. Prevalence rate of 0.47% was reported for the age group 15+ years. The proportion of men who have sex with men is estimated as 1.53% of males aged 15-49 years. The proportion of female sex workers is estimated as 0.45% of female aged 15-49 years. The proportion of IDUs is 0.5% of population age 15-49. The percentage of key population who are living with HIV is currently estimated at 4% for sex workers, 16% for Men having Sex with Men (MSM) and 26% for Intravenous Drug Users (IDUs).[[8]](#footnote-8)

This report focused on young key population who are at a higher risk for HIV infection (MSMs, CSWs and IDUs aged under 25 years) to understand their access and needs as well as the factors experienced by them which deter the utilization of existing services aiming to help in effective program implementation and also promote positive health behaviors and outcomes. Although the sample size (i.e. 386) was calculated based on aims of describing situation of all three groups of key population, more or less equal proportion among three groups was made for disaggregated description and comparisons for some interesting outcomes groups. In this report, number of respondents was 400 youth which included equal portion of MSMs, CSWs and IDUs. Since the respondents were recruited by snowball sampling method and respondent driven in nature, providers’ bias was reduced. Study areas were most populous YKPs sites giving opportunity to have enough sample sizes and representative of larger cluster key youths which having most risky behaviors. Again, information from those sentinel site could be supportive to programme implementation to be able to start urgently by modifying existing implementation with more youth specific features.

Only one third of YKPs was found having completed their preferred vocational training in this study. CSWs were less likely to attend and complete the vocational training. Apart from CSWs, they were earning a job of 100000 kyats income per month. Almost all of respondents in recent study had experienced of sex and their first sex experience with their lovers in majority (62%) and secondly with their casual partners (20%) at their mean age of 17.8+/-3 years. MSMs initiated sex at relatively younger age than CSWs and IDUs (16.8 years vs. 18.3 and 18.4 years) (p<0.001). Significant portion of YKPs (73%) had experienced of sex without condom in their life showing magnitude of their risk of HIV infection.

One-third of YKPs in this study was practicing unsafe sex. One-third had experienced of any kind of signs/symptoms related to STIs mostly of discharge (66%) and pruritus (49%) at genitalia. Positive result for HIV testing was reported by 13.3%. MSMs had significantly high proportion of positive results (23%) compare to CSWs (10%) and IDUs (3%) (p<0.001). Among CSWs, 31% were not using any kind of contraception. These situation highlights they are needing health services especially for prevention and treatment of HIV infection like their older counterparts. They may also need enabling environment for improving their life style and behavior which are less risky.

Changes in labour markets, education and the benefits system are some of the factors that have resulted in many young people not earning a sufficient income to support independent living until well into their twenties; consequently, patterns of leaving home, partnership formation and having children have all been modified.[[9]](#footnote-9)Risks of HIV infection among YKPs were reduced by changing their risk behaviors, improving their knowledge, and improving their access to health services. It would be further reduced by creating chance of attending a vocational training which are appropriate with their educational status to have regular income reducing harms by their risk behaviors.

\Vocational training could provide them more financial accessibility to health services especially for expense of traveling, job relieving and time spent. Appropriate type of vocational trainings based on their interest and existing education level were “beauty parlor work”, “computer type writing & desktop publishing”, “photographer”, “driving motor vehicle”, “vehicle repairing”, “painting” etc. However, only one third of YKPs could finish their preferred vocational training in this study. CSWs were less likely to attend and complete the vocational training. This situation pointed out they need a favorable youth-specific environment for life skill and vocational training. Specially set vocational training for young key population could also be incorporated with health education and life skill information. Those trainings could also provide them chance of having friendship between peers and have wider social network for improving their quality of life and health knowledge.

The earlier age at sexual debut, the more risky sexual behaviors become later in life.[[10]](#footnote-10)Risky sexual behaviors include having sex at an early age (16 or younger), having multiple sexual partners or non-regular partners, having sex while under the influence of alcohol or drugs, and unprotected sexual behaviors (not using any condoms or contraceptives). Nowadays, early and risky sexual debut among youths is increasing worldwide along with higher adverse RH consequences.[[11]](#footnote-11)A study stated that 35% of the poorer youth in central city of Myanmar had earlier sex experience (before 16 year of their age).[[12]](#footnote-12)

Majority of young people in this study started sex after 16 years. However, their sexual practices were found unsafe since condom use was avoid when they had sex with their relying partners. Large portion of CSWs in this study did not use condom always. The reasons behind non-use of condom related false security on partners, dissatisfaction and unavailability at the time of sex. However, there was punitive laws and regulation restricting CSWs for keeping condom. Condom availability at restaurants was low. Restricted condom keeping and less availability at night time sources may cause them less utilization of condom. Similarly, IDUs also had restriction of use of disposable needle/syringe at the time of their drug use. These materials should be always available at their environment with full confidentiality for better utilization.

88% of YKPs who had experienced of any STIs had taken treatment mostly at NGO clinic and GP clinics. Specifically, IDUs were more utilized GPs (42%) and pharmacies (32%) than NGOs' clinics. Most of health centers including for STIs, HIV testing and treatment did not have specific day/time for young people for seeking care. About one-fourth of respondents felt that they were reluctant to visit the clinic.

Worrying about being noticed by friends (64%) and family members (46%) were main reasons for reluctance to visit the STI clinic. Having less peer youths for counseling, privacy and confidentiality especially for IDUs might causethem visiting to private clinics more than MSMs and CSWs. Geographic and economic barriers to the health centers were not obvious among them. Instead, they needed information, awareness and privacy for seeking services. Recently, facilities for HIV test were more utilized by MSMs and CSWs than IDUs reflecting those facilities seem less familiar to IDUs.

Among different reasons for not visiting HIV test clinic, majority was due to false securing their risk status expressing they have no reasons to test. This false security status was higher among CSWs (40%) and IDUs (24%) compare to MSMs (6%).

About 83% of YKPs were aware of HIV treatment centers. However, awareness among CSWs (74%) was relatively lower than MSMs (95%) and IDUs (80%) (p<0.001). Less frequently received services were "informed next appointment date" (74%) and "side effect of the medicine" (74%). But it may be due to not all clients came for treatment. Services given were in accordance with clients' reason to visit the clinic. Majority of clients who had never reached to HIV treatment centers was "no reasons to visit" (85%). Apart from this, "lack of awareness" (22%) and "not have free time" (14%) were the common reasons.

Among IDUs, 59% was history of use of drug within last week. Although majority was "disposable syringe/needle users", “always use rate" was higher when they use drug alone (83%) vs. use with friends (49%). Barriers to use were "inaccessible". "stock-out" and "close of shop" (72%, 32% and 25% respectively). Most frequently described source of needle/syringe was pharmacy (92%). Secondly, there were free-distribution sites (65%) and GP clinics (63%). Thirdly, there were peer-distributors, friends and street venders (>40% each). Because of having confidentiality (28%) and never stock-out (28%), they preferred those sites for their main and frequent sources.

CSWs were seeking contraceptive services mostly from private clinics (32%) and pharmacy (26%). NGO clinics or private or government health centers also had no specific day and time for young people and less having peer youth for private discussion about contraception. 16% of CSWs contraceptive users had reluctance to visit the sites to get contraceptives by worrying to be seen by friends (53%), by family members (35%) and due to their age too young to use (35%). 85% of non-users did not use contraception because they did not need it.

Lack of knowledge about the necessity and negative attitudes about young people’s right to reproductive health services can lead to an unwillingness of young people to visit and be seen near reproductive health clinics. Although there were few young people who had some misunderstanding about transmission of HIV, those could not deter them to visit health centers. Instead, having stigma and having no privacy and confidentiality were causing them reluctance to visit the clinics for their needs of services.

In summary, health services for HIV prevention and treatment were not specifically set up for young people causing them reluctance and have some constraints. Among older people with same risk behaviors, among social environment which stigmatized young people for their young age and risk behaviors those young people were facing barriers to get those services. However young people do not alleviate this problem, by operating in an ‘adolescent bubble” in which they show little regard for their surrounding social environment. This context highlights recent setting for HIV prevention and treatment services need to be modified for some aspects which will be more familiar for young people.[[13]](#footnote-13)

## 

## RECOMMENDATIONS

1. Youth friendly services should be created with specific characteristics such as location near to their environment, network and job place, opening day and time convenient for them with their free-time, privacy and confidential rooming to avoid their reluctance to be seen by other people during waiting time and consultation time.

2. All types of YKPs should not be discriminated due to their status such as job, income, age and gender during their visit and utilization of services.

3. More peer staff should be trained and occupied in the clinics for friendliness during the visit, effectiveness of counseling services, and opportunities for follow up services.

4. All staff should be encouraged and trained for good personal manner during communication and service provision to their clients.

5. Service provisions should be strengthened with security of supplies, sustainability of implementation, good management system for clients.

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ANNEXES

Table 6 Sample distribution by township and type of young key population

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Township | | | |  | Total |
| Yangon | Mawlamyaing | Mandalay | Monywa | Lashio |
| Type of YKP | MSM | Freq | 38 | 37 | 31 | 43 | 0 | 149 |
| % | 35.5% | 52.9% | 32.6% | 45.7% | 0.0% | 37.2% |
| CSW | Freq | 37 | 33 | 39 | 31 | 0 | 140 |
| % | 34.6% | 47.1% | 41.1% | 33.0% | 0.0% | 35.0% |
| IDU | Freq | 32 | 0 | 25 | 20 | 34 | 111 |
| % | 29.9% | 0.0% | 26.3% | 21.3% | 100.0% | 27.8% |
| Total | | Freq | 107 | 70 | 95 | 94 | 34 | 400 |
| % | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% | 100.0% |

Table 7 Demographic characteristics of respondents

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Type of YKAP | | | Total | P value (Chi2) |
| MSM | CSW | IDU |
| Sex  (N=399) | Male | Count | 149 | 12 | 108 | 269 | 0.000 |
| % | 100.0% | 8.6% | 97.3% | 67.4% |  |
| Female | Count | 0 | 127 | 3 | 130 |  |
| % | 0.0% | 91.4% | 2.7% | 32.6% |  |
| Education  (N=400) | Illiterate | Count | 0 | 7 | 1 | 8 | 0.000 |
| % | 0.0% | 5.0% | 0.9% | 2.0% |  |
| Read/Write | Count | 0 | 3 | 1 | 4 |  |
| % | 0.0% | 2.1% | 0.9% | 1.0% |  |
| Primary | Count | 10 | 30 | 8 | 48 |  |
| % | 6.7% | 21.4% | 7.2% | 12.0% |  |
| Middle | Count | 41 | 51 | 25 | 117 |  |
| % | 27.5% | 36.4% | 22.5% | 29.2% |  |
| High school | Count | 50 | 32 | 40 | 122 |  |
| % | 33.6% | 22.9% | 36.0% | 30.5% |  |
| High school passed | Count | 7 | 8 | 1 | 16 |  |
| % | 4.7% | 5.7% | 0.9% | 4.0% |  |
| College/University | Count | 14 | 5 | 16 | 35 |  |
| % | 9.4% | 3.6% | 14.4% | 8.8% |  |
| Graduate | Count | 27 | 4 | 19 | 50 |  |
| % | 18.1% | 2.9% | 17.1% | 12.5% |  |
| Marital status  (N=392) | Not married | Count | 113 | 56 | 70 | 239 | 0.000 |
| % | 79.0% | 40.6% | 63.1% | 61.0% |  |
| Married (not live together) | Count | 7 | 10 | 5 | 22 |  |
| % | 4.9% | 7.2% | 4.5% | 5.6% |  |
| Married (livetogether) | Count | 22 | 44 | 35 | 101 |  |
| % | 15.4% | 31.9% | 31.5% | 25.8% |  |
| Divorced | Count | 0 | 26 | 0 | 26 |  |
| % | 0.0% | 18.8% | 0.0% | 6.6% |  |
| Widow/widowed | Count | 0 | 1 | 1 | 2 |  |
| % | 0.0% | 0.7% | 0.9% | 0.5% |  |
| Other | Count | 1 | 1 | 0 | 2 |  |
| % | 0.7% | 0.7% | 0.0% | 0.5% |  |
| Current residency status  (N=397) | Native place | Count | 100 | 61 | 85 | 246 | 0.000 |
| % | 67.1% | 44.2% | 77.3% | 62.0% |  |
| Not native place | Count | 49 | 77 | 25 | 151 |  |
| % | 32.9% | 55.8% | 22.7% | 38.0% |  |
| Age | <18 year | Count | 6 | 4 | 0 | 10 | 0.13 |
| % | 4.1% | 3.2% | 0.0% | 2.7% |  |
| >18 year | Count | 140 | 121 | 102 | 363 |  |
| % | 95.9% | 96.8% | 100.0% | 97.3% |  |
|  | (Min-Max) 16-24 | Mean | 21.7 | 21.7 | 23.1 | 22.1 | 0.000 |
| SD | 2.3 | 2.2 | 1.3 | 2.1 | (One-way ANOVA) |

Table 8 Socio-economic status of respondents

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Socio-economic status | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
| Have attendeda vocational training (N=399) | Yes | Count | 105 | 36 | 46 | 187 |
| % | 70.5% | 25.7% | 41.8% | 46.9% |
| No | Count | 44 | 104 | 64 | 212 |
| % | 29.5% | 74.3% | 58.2% | 53.1% |
| Training has been completed  (N=181) | Yes | Count | 77 | 19 | 30 | 126 |
| % | 76.2% | 55.9% | 65.2% | 69.6% |
| No | Count | 24 | 15 | 16 | 55 |
| % | 23.8% | 44.1% | 34.8% | 30.4% |
| Staying with family (N=400) | Yes | Count | 115 | 88 | 103 | 306 |
| % | 77.2% | 62.9% | 92.8% | 76.5% |
| No | Count | 34 | 52 | 8 | 94 |
| % | 22.8% | 37.1% | 7.2% | 23.5% |

Table 9 Summary of incomes and family size

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of YKP | | Monthly income (kyat) | Monthly total family income (kyat) | Number of family members (staying together) |
| MSM | N | 139 | 126 | 113 |
| Median | 100000 | 250000 | 5.00 |
| Mean | 140338 | 292325 | 5.10 |
| Std. Deviation | 133162 | 240102 | 2 |
| Minimum | 0 | 0 | 2 |
| Maximum | 800000 | 1500000 | 9 |
| CSW | N | 135 | 128 | 86 |
| Median | 100000 | 200000 | 5 |
| Mean | 165177 | 309102 | 5 |
| Std. Deviation | 178972 | 462756 | 2 |
| Minimum | 0 | 30000 | 0 |
| Maximum | 1000000 | 4000000 | 11 |
| IDU | N | 109 | 90 | 102 |
| Median | 100000 | 300000 | 5 |
| Mean | 163688 | 563467 | 5 |
| Std. Deviation | 250469 | 1029824 | 2 |
| Minimum | 0 | 20000 | 2 |
| Maximum | 2000001 | 9000000 | 11 |
| Total | N | 383 | 344 | 301 |
| Median | 100000 | 250000 | 5 |
| Mean | 155739 | 369506 | 5 |
| Std. Deviation | 188452 | 623621 | 2 |
| Minimum | 0 | 0 | 0 |
| Maximum | 2000001 | 9000000 | 11 |
| P value (One-way ANOVA) | | 0.483 | 0.003 | 0.103 |

Table 10 Sexual practice reported by respondents

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sexual practice reported | | | | | | | Type of YKP | | | | | | | | | | | | | | Total | | |
| MSM | | | | | CSW | | | | | IDU | | | |
| Have sex with someone.  (N=400) | Yes | Count | | | | 146 | | | 140 | | | | | 102 | | | | | 388 | | |
| % | | | | 98.0% | | | 100.0% | | | | | 91.9% | | | | | 97.0% | | |
| No | Count | | | | 3 | | | 0 | | | | | 9 | | | | | 12 | | |
| % | | | | 2.0% | | | 0.0% | | | | | 8.1% | | | | | 3.0% | | |
| Gender of first sex partner  (N=387) | Male | | Count | | 118 | | | 127 | | | | | 6 | | | | | 251 | | | |
| % | | 81.4% | | | 90.7% | | | | | 5.9% | | | | | 64.9% | | | |
| Female | | Count | | 27 | | | 13 | | | | | 96 | | | | | 136 | | | |
| % | | 18.6% | | | 9.3% | | | | | 94.1% | | | | | 35.1% | | | |
| Type of sex relationship at first time  (N=385) | Lover | | | Count | | | 73 | | | 104 | | | | | 62 | | | | | | 239 | |
| % | | | 50.7% | | | 74.3% | | | | | 61.4% | | | | | | 62.1% | |
| Casual | | | Count | | | 59 | | | 6 | | | | | 13 | | | | | | 78 | |
| % | | | 41.0% | | | 4.3% | | | | | 12.9% | | | | | | 20.3% | |
| Commercial | | | Count | | | 6 | | | 24 | | | | | 23 | | | | | | 53 | |
| % | | | 4.2% | | | 17.1% | | | | | 22.8% | | | | | | 13.8% | |
| Others | | | Count | | | 6 | | | 3 | | | | | 1 | | | | | | 10 | |
| % | | | 4.1% | | | 4.3% | | | | | 2.9% | | | | | | 3.8% | |
| Age at first experience of sex (year) (N=386) | | | | Mean | | | 16.8 | | | 18.3 | | | | | 18.4 | | | | | | 17.8 | |
| SD | | | 3.4 | | | 2.3 | | | | | 2.7 | | | | | | 2.9 | |
| Earlier sex initiation (N=388) | Sex before age 16 | Count | | | | | 44 | | | | 13 | | | | | 14 | | | | 71 | |
| % | | | | | 30.1% | | | | 9.3% | | | | | 13.7% | | | | 18.3% | |
| Sex at age 16 and after | Count | | | | | 102 | | | | 127 | | | | | 88 | | | | 317 | |
| % | | | | | 69.9% | | | | 90.7% | | | | | 86.3% | | | | 81.7% | |

Table (6). Knowledge about HIV related matters among respondents.

|  |  |  |
| --- | --- | --- |
| Knowledge about HIV related matters | | Percent of respondents answered “yes” |
|
| Knowledge about HIV transmission(N=398) | Unprotected sex | 96.7% |
| Received infected blood transfusion | 96.0% |
| Shared use of needle/syringe | 95.7% |
| Born from infected mother | 83.7% |
| Shared use of utensils with infected person | 20.9% |
| Breast fed by infected mother | 80.4% |
| Knowledge about HIV prevention(N=397) | Sex only with single partner | 90.2% |
| Premarital counseling | 96.0% |
| Use of disposable needle/syringe | 93.5% |
| Use of condom in having sex | 98.5% |
| Antenatal HIV testing | 92.4% |

Table 11 Correct knowledge about HIV related matters among respondents.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Correct Knowledge about HIV transmission  (N=398) | | | Type of YKP | | |
| MSM | CSW | IDU |
|  | Unprotected sex | Count | 144 | 133 | 108 |
| % | 97.3% | 95.0% | 98.2% |
| Received infected blood transfusion | Count | 141 | 134 | 107 |
| % | 95.3% | 95.7% | 97.3% |
| Shared use of needle/syringe | Count | 138 | 136 | 107 |
| % | 93.2% | 97.1% | 97.3% |
| Born from infected mother | Count | 126 | 120 | 87 |
| % | 85.1% | 85.7% | 79.1% |
| Shared use of utensils with infected person | Count | 21 | 38 | 24 |
| % | 14.2% | 27.1% | 21.8% |
| Breast fed by infected mother | Count | 125 | 120 | 75 |
| % | 84.5% | 85.7% | 68.2% |
| Others | Count | 2 | 0 | 2 |
| % | 1.4% | 0.0% | 1.8% |
| Total | | Count | 148 | 140 | 110 |
| % | 37.2% | 35.2% | 27.6% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Correct Knowledge about HIV prevention | | | Type of YKP | | |
| MSM | CSW | IDU |
|  | Sex only with single partner | Count | 136 | 116 | 106 |
| % | 93.2% | 82.9% | 95.5% |
| Premarital counseling | Count | 141 | 133 | 107 |
| % | 96.6% | 95.0% | 96.4% |
| Use of disposable needle/syringe | Count | 135 | 127 | 109 |
| % | 92.5% | 90.7% | 98.2% |
| Use of condom in having sex | Count | 142 | 138 | 111 |
| % | 97.3% | 98.6% | 100.0% |
| Antenatal HIV testing | Count | 136 | 126 | 105 |
| % | 93.2% | 90.0% | 94.6% |
| Others | Count | 3 | 0 | 0 |
| % | 2.1% | 0.0% | 0.0% |
| Total | | Count | 146 | 140 | 111 |
| % | 36.8% | 35.3% | 28.0% |

Table 12 Some queries among respondents about transmission of HIV

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Misunderstandings about HIV transmission(N=161) | | | Type of YKP | | |
| MSM | CSW | IDU |
|  | Bitten by bug which have suck infected blood | Count | 33 | 67 | 21 |
| % | 70.2% | 82.7% | 63.6% |
| Shake hand with infected person | Count | 10 | 25 | 6 |
| % | 21.3% | 30.9% | 18.2% |
| Transmission from sneezing/coughing by infected person | Count | 22 | 35 | 14 |
| % | 46.8% | 43.2% | 42.4% |
| Sitting/eating together with infected person | Count | 5 | 23 | 7 |
| % | 10.6% | 28.4% | 21.2% |
| Shared use of toilet with infected person | Count | 5 | 24 | 2 |
| % | 10.6% | 29.6% | 6.1% |
| Working together with infected person | Count | 6 | 13 | 2 |
| % | 12.8% | 16.0% | 6.1% |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Misunderstandings about HIV prevention | | |  | | |
|  |  |  |
|  | Avoiding contact with infected person | Count | 102 | 113 | 91 |
| % | 85.7% | 87.6% | 91.0% |
| Vaccination | Count | 37 | 62 | 35 |
| % | 31.1% | 48.1% | 35.0% |
| Avoiding close contact with infected person | Count | 66 | 83 | 63 |
| % | 55.5% | 64.3% | 63.0% |
| Other misunderstandings about HIV | | |  | | |
|  |  |  |
|  | HIV can be cured by taking medicine. | Count | 18 | 37 | 8 |
| % | 58.1% | 78.7% | 40.0% |
| An infected person could be predicted by external features. | Count | 17 | 17 | 13 |
| % | 54.8% | 36.2% | 65.0% |

Table 13 Condom use practices among respondents who had experienced of sex

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Condom use practices | | | | | Type of YKP | | | | | | | Total | |
| MSM | CSW | | | | IDU | |
| Have ever used condom(N=393) | Yes | | | Count | 134 | 108 | | | | 88 | | 330 | |
| % | 93.1% | 78.8% | | | | 86.3% | | 86.2% | |
| No | | | Count | 10 | 29 | | | | 14 | | 53 | |
| % | 6.9% | 21.2% | | | | 13.7% | | 13.8% | |
| Have always kept condom (N=337) | | Yes | | Count | 104 | | 80 | | 20 | | 204 | |
| % | 75.4% | | 72.1% | | 22.7% | | 60.5% | |
| No | | Count | 34 | | 31 | | 68 | | 133 | |
| % | 24.6% | | 27.9% | | 77.3% | | 39.5% | |
| Currently keeping condom (N=336) | | Yes | | Count | 118 | | 79 | | 22 | | 219 | |
| % | 85.5% | | 71.2% | | 25.3% | | 65.2% | |
| No | | Count | 20 | | 32 | | 65 | | 117 | |
| % | 14.5% | | 28.8% | | 74.7% | | 34.8% | |
| Have used jelly with condom  (N=247) | | Always used | Count | | 54 | 6 | | 0 | | | 60 | |
| % | | 44.3% | 7.3% | | 0.0% | | | 24.3% | |
| Sometimes used | Count | | 48 | 41 | | 6 | | | 95 | |
| % | | 39.3% | 50.0% | | 14.0% | | | 38.5% | |
| Never used | Count | | 20 | 35 | | 37 | | | 92 | |
| % | | 16.4% | 42.7% | | 86.0% | | | 37.2% | |
| Have used condom when having sex during use of alcohol/drug  (N=222) | | Always used | Count | | 66 | | 48 | | 12 | | 126 | |
| % | | 60.6% | | 61.5% | | 34.3% | | 56.8% | |
| Sometimes used | Count | | 29 | | 20 | | 7 | | 56 | |
| % | | 26.6% | | 25.6% | | 20.0% | | 25.2% | |
| Never used | Count | | 14 | | 10 | | 16 | | 40 | |
| % | | 12.8% | | 12.8% | | 45.7% | | 18.0% | |

Table 14 Type of condom that were being kept

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of condom currently kept (N=213) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Male condom | Count | 116 | 56 | 21 | 193 |
| % | 100.0% | 73.7% | 100.0% | 90.6% |
| Female condom | Count | 0 | 9 | 0 | 9 |
| % | 0.0% | 11.8% | 0.0% | 4.2% |
| Both | Count | 0 | 11 | 0 | 11 |
| % | 0.0% | 14.5% | 0.0% | 5.2% |
| Total | | Count | 116 | 76 | 21 | 213 |
| % | 100.0% | 100.0% | 100.0% | 100.0% |

Table 15 Having sex without condom

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Unsafe sex practice | | | Type of YKP | | | | | | Total | | | |
| MSM | CSW | | | IDU | |
| Use at every types of sex  (N=251) | Always used | Count | 91 | 58 | | | 20 | | 169 | | | |
| % | 74.0% | 68.2% | | | 46.5% | | 67.3% | | | |
| Sometimes used | Count | 30 | 27 | | | 23 | | 80 | | | |
| % | 24.4% | 31.8% | | | 53.5% | | 31.9% | | | |
| Never used | Count | 2 | 0 | | | 0 | | 2 | | | |
| % | 1.6% | 0.0% | | | 0.0% | | 0.8% | | | |
| Use at sex with unmarried or casual partner (N=204) | Always used | Count | 74 | 34 | | | 15 | | | 123 | | |
| % | 72.5% | 47.9% | | | 48.4% | | | 60.3% | | |
| Sometimes used | Count | 23 | 18 | | | 6 | | | 47 | | |
| % | 22.5% | 25.4% | | | 19.4% | | | 23.0% | | |
| Never used | Count | 5 | 19 | | | 10 | | | 34 | | |
| % | 4.9% | 26.8% | | | 32.3% | | | 16.7% | | |
| Use at sex with CSWs (N=151) | Always used | Count | 41 | | 53 | | | 28 | | | 122 | |
| % | 73.2% | | 80.3% | | | 96.6% | | | 80.8% | |
| Sometimes used | Count | 15 | | 13 | | | 1 | | | 29 | |
| % | 26.8% | | 19.7% | | | 3.4% | | | 19.2% | |
| Have sex without condom (N=252) | Yes | Count | 88 | | 66 | 29 | | | 183 | | |
| % | 71.5% | | 76.7% | 67.4% | | | 72.6% | | |
| No | Count | 35 | | 20 | 14 | | | 69 | | |
| % | 28.5% | | 23.3% | 32.6% | | | 27.4% | | |

Table 16 Reasons for not using condom (N=135)

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Reasons for not using condom | | | | Type of YKAP | | | | |
| MSM | | CSW | | IDU |
| Reasons (relating barrier to access) for not using condom(N=48) | | cannot buy easily | Count | 19 | | 12 | | 3 |
| % | 67.9% | | 70.6% | | 100.0% |
| cannot afford to buy | Count | 0 | | 2 | | 0 |
| % | 0.0% | | 11.8% | | 0.0% |
| shy to buy | Count | 13 | | 12 | | 0 |
| % | 46.4% | | 70.6% | | 0.0% |
| Reasons (relating quality of condom) for not using condom(N=55) | does not satisfy the sex pleasure | | Count | 22 | 13 | | 7 | | |
| % | 88.0% | 72.2% | | 58.3% | | |
| painful feeling during sex | | Count | 11 | 4 | | 1 | | |
| % | 44.0% | 22.2% | | 8.3% | | |
| itchiness after sex | | Count | 5 | 4 | | 1 | | |
| % | 20.0% | 22.2% | | 8.3% | | |
| abrasion after sex | | Count | 6 | 5 | | 5 | | |
| % | 24.0% | 27.8% | | 41.7% | | |
| Reasons (relating partner) for not using condom(N=118) | partner doesn't like | | Count | 23 | 21 | | 2 | | |
| % | 46.9% | 43.8% | | 9.5% | | |
| believe partner has no disease | | Count | 39 | 33 | | 21 | | |
| % | 79.6% | 68.8% | | 100.0% | | |

Table 17 Awareness of sources of condom

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Awareness of sources of condom(N=394) | | | Type of YKAP | | |
| MSM | CSW | IDU |
|  | Street venders | Count | 99 | 93 | 77 |
| % | 66.9% | 67.4% | 71.3% |
| Pharmacy | Count | 138 | 119 | 104 |
| % | 93.2% | 86.2% | 96.3% |
| GP clinic | Count | 110 | 99 | 89 |
| % | 74.3% | 71.7% | 82.4% |
| Hospital | Count | 112 | 100 | 85 |
| % | 75.7% | 72.5% | 78.7% |
| Restaurant | Count | 53 | 60 | 16 |
| % | 35.8% | 43.5% | 14.8% |
| Hotel/Guest House | Count | 125 | 114 | 84 |
| % | 84.5% | 82.6% | 77.8% |
| Message parlor | Count | 105 | 94 | 79 |
| % | 70.9% | 68.1% | 73.1% |
| Friends | Count | 139 | 106 | 59 |
| % | 93.9% | 76.8% | 54.6% |
| Health Centers | Count | 141 | 130 | 90 |
| % | 95.3% | 94.2% | 83.3% |
| Count | 35.8% | 33.0% | 22.8% |
| Condom free-distribution center | % | 146 | 136 | 103 |
| Count | 98.6% | 98.6% | 95.4% |
| % | 37.1% | 34.5% | 26.1% |
| Peer condom distributers | Count | 139 | 127 | 87 |
| % | 93.9% | 92.0% | 80.6% |
| Count | 35.3% | 32.2% | 22.1% |
| Others | % | 10 | 6 | 1 |
| Count | 6.8% | 4.3% | 0.9% |
| Total | | Count | 148 | 138 | 108 |
| % | 37.6% | 35.0% | 27.4% |

Table 18 Most access place of getting condom

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Most frequent place for getting condom (N=322) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Street vender | Count | 0 | 5 | 9 | 14 |
| % | 0.0% | 4.7% | 10.5% | 4.3% |
| Pharmacy | Count | 4 | 10 | 38 | 52 |
| % | 3.1% | 9.4% | 44.2% | 16.1% |
| GP clinic | Count | 0 | 1 | 1 | 2 |
| % | 0.0% | 0.9% | 1.2% | 0.6% |
| Hospital | Count | 2 | 0 | 0 | 2 |
| % | 1.5% | 0.0% | 0.0% | 0.6% |
| Restaurant | Count | 0 | 1 | 0 | 1 |
| % | 0.0% | 0.9% | 0.0% | 0.3% |
| Hotel/Guest House | Count | 1 | 5 | 8 | 14 |
| % | 0.8% | 4.7% | 9.3% | 4.3% |
| Message parlor | Count | 0 | 2 | 1 | 3 |
| % | 0.0% | 1.9% | 1.2% | 0.9% |
| Friends | Count | 9 | 0 | 1 | 10 |
| % | 6.9% | 0.0% | 1.2% | 3.1% |
| Health Centers | Count | 22 | 20 | 4 | 46 |
| % | 16.9% | 18.9% | 4.7% | 14.3% |
| Condom free-distribution centers | Count | 80 | 55 | 22 | 157 |
| % | 61.5% | 51.9% | 25.6% | 48.8% |
| Peer condom distributers | Count | 6 | 2 | 1 | 9 |
| % | 4.6% | 1.9% | 1.2% | 2.8% |
| Other than above places | Count | 6 | 2 | 1 | 9 |
| % | 4.6% | 1.9% | 1.2% | 2.8% |
| Total | | Count | 130 | 106 | 86 | 322 |
| % | 100.0% | 100.0% | 100.0% | 100.0% |

Table 19 Accessibility status of getting condom

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Financial access | | | | | Type of YKP | | | | | | Total | |
| MSM | | CSW | | IDU | |
| Have cost for condom (N=323) | Yes | | Count | | 9 | | 21 | | 48 | | 78 | |
| % | | 6.8% | | 20.4% | | 55.2% | | 24.1% | |
| No | | Count | | 124 | | 82 | | 39 | | 245 | |
| % | | 93.2% | | 79.6% | | 44.8% | | 75.9% | |
| Affordable for the cost of condom (N=74) | | Yes | | Count | 8 | 18 | | 44 | | 70 | |
| % | 100.0% | 85.7% | | 97.8% | | 94.6% | |
| No | | Count | 0 | 3 | | 1 | | 4 | |
| % | 0.0% | 14.3% | | 2.2% | | 5.4% | |

Table 20 Factors for better access to source of condom

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Factors for better access to condom(N=357) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Easily access | Count | 19 | 7 | 22 | 48 |
| % within group | 13.3% | 5.8% | 23.4% |  |
| % of Total | 5.3% | 2.0% | 6.2% | 13.4% |
| Privacy | Count | 96 | 85 | 59 | 240 |
| % within group | 67.1% | 70.8% | 62.8% |  |
| % of Total | 26.9% | 23.8% | 16.5% | 67.2% |
| Cheaper | Count | 83 | 67 | 46 | 196 |
| % within group | 58.0% | 55.8% | 48.9% |  |
| % of Total | 23.2% | 18.8% | 12.9% | 54.9% |
| Variety of brands | Count | 78 | 53 | 60 | 191 |
| % within group | 54.5% | 44.2% | 63.8% |  |
| % of Total | 21.8% | 14.8% | 16.8% | 53.5% |
| Never stock-out | Count | 100 | 77 | 67 | 244 |
| % within group | 69.9% | 64.2% | 71.3% |  |
| % of Total | 28.0% | 21.6% | 18.8% | 68.3% |
| Good personal communication | Count | 84 | 63 | 51 | 198 |
| % within group | 58.7% | 52.5% | 54.3% |  |
| % of Total | 23.5% | 17.6% | 14.3% | 55.5% |
| Other | Count | 13 | 11 | 16 | 40 |
| % within group | 9.1% | 9.2% | 17.0% |  |
| % of Total | 3.6% | 3.1% | 4.5% | 11.2% |
| Total | | Count | 143 | 120 | 94 | 357 |
| % of Total | 40.1% | 33.6% | 26.3% | 100.0% |

Table 21 Rating of factors for easy access to condom.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Main reason for choosing condom source (N=349) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Easy access | Count | 2 | 3 | 10 | 15 |
| % within Type of YKP | 1.4% | 2.6% | 10.8% | 4.3% |
| Confidentiality | Count | 44 | 53 | 18 | 115 |
| % within Type of YKP | 31.7% | 45.3% | 19.4% | 33.0% |
| Cheap price | Count | 18 | 8 | 5 | 31 |
| % within Type of YKP | 12.9% | 6.8% | 5.4% | 8.9% |
| Get variety of brands | Count | 7 | 7 | 15 | 29 |
| % within Type of YKP | 5.0% | 6.0% | 16.1% | 8.3% |
| Never stock-out | Count | 41 | 27 | 25 | 93 |
| % within Type of YKP | 29.5% | 23.1% | 26.9% | 26.6% |
| Good personal communication | Count | 18 | 14 | 9 | 41 |
| % within Type of YKP | 12.9% | 12.0% | 9.7% | 11.7% |
| Other | Count | 9 | 5 | 11 | 25 |
| % within Type of YKP | 6.5% | 4.3% | 11.8% | 7.2% |
| Total | | Count | 139 | 117 | 93 | 349 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Utilization of services for STIs(N=126) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Buy medicine from shop | Count | 1 | 5 | 6 | 12 |
| % within group | 2.3% | 6.4% | 24.0% | 8.3% |
| Visit to a GP clinic | Count | 4 | 15 | 8 | 27 |
| % within group | 9.5% | 19.2% | 32.0% | 18.2% |
| Visit to a hospital | Count | 4 | 2 | 3 | 9 |
| % within group | 9.5% | 2.6% | 12.0% | 6.2% |
| Visit to a NGO clinic | Count | 32 | 52 | 3 | 87 |
| % within group | 76.2% | 66.7% | 12.0% | 60% |
| Total | | Count | 42 | 78 | 25 | 145 |

Table 22 Services available at STI treatment centers reported by respondents

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Clients opinion on quality of services for STIs(N=114) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Have specific date/time for youth | Count | 14 | 33 | 1 | 48 |
| % within group | 35.9% | 50.8% | 10.0% |  |
| % of Total | 12.3% | 28.9% | 0.9% | 42.1% |
| Have a peer youth for private discussion | Count | 35 | 58 | 2 | 95 |
| % within group | 89.7% | 89.2% | 20.0% |  |
| % of Total | 30.7% | 50.9% | 1.8% | 83.3% |
| Have privacy/confidential examination room | Count | 36 | 63 | 10 | 109 |
| % within group | 92.3% | 96.9% | 100.0% |  |
| % of Total | 31.6% | 55.3% | 8.8% | 95.6% |
| Total | | Count | 39 | 65 | 10 | 114 |
| % of Total | 34.2% | 57.0% | 8.8% | 100.0% |

Table 23 Reluctance to visit clinic for STI

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Be reluctant to visit to the clinic (N=123) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Yes | Count | 9 | 17 | 2 | 28 |
| % within Type of YKP | 23.1% | 25.4% | 11.8% | 22.8% |
| No | Count | 30 | 50 | 15 | 95 |
| % within Type of YKP | 76.9% | 74.6% | 88.2% | 77.2% |
| Total | | Count | 39 | 67 | 17 | 123 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

Table 24 Reasons for reluctance to visit STI clinics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reasons for reluctance of services for STIs(N=22) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Worry to be found by a family member | Count | 2 | 7 | 1 | 10 |
| % within group | 25.0% | 53.8% | 100.0% |  |
| % of Total | 9.1% | 31.8% | 4.5% | 45.5% |
| Worry to be found by a friend | Count | 6 | 7 | 1 | 14 |
| % within group | 75.0% | 53.8% | 100.0% |  |
| % of Total | 27.3% | 31.8% | 4.5% | 63.6% |
| Too young to visit such kind of clinic | Count | 3 | 5 | 0 | 8 |
| % within group | 37.5% | 38.5% | 0.0% |  |
| % of Total | 13.6% | 22.7% | 0.0% | 36.4% |
| Total | | Count | 8 | 13 | 1 | 22 |
| % of Total | 36.4% | 59.1% | 4.5% | 100.0% |

Table 25 Situation of costing for STI services

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | Type of YKP | | | | | Total | |
| MSM | CSW | | IDU | |
| Have costing in the last visit to the clinic (STD) (N=123) | | Yes | | Count | 9 | 16 | | 13 | | 38 | |
| % within Type of YKP | 23.1% | 23.9% | | 76.5% | | 30.9% | |
| No | | Count | 30 | 51 | | 4 | | 85 | |
| % within Type of YKP | 76.9% | 76.1% | | 23.5% | | 69.1% | |
| Affordable (N=37) | Yes | | Count | | 8 | | 13 | | 11 | | 32 | |
| % within Type of YKP | | 88.9% | | 81.2% | | 91.7% | | 86.5% | |
| No | | Count | | 1 | | 3 | | 1 | | 5 | |
| % within Type of YKP | | 11.1% | | 18.8% | | 8.3% | | 13.5% | |
| Have disrupt the regular work (N=121) | | Yes | | Count | 16 | 19 | | 0 | | 35 | |
| % within Type of YKP | 43.2% | 28.4% | | 0.0% | | 28.9% | |
| No | | Count | 21 | 48 | | 17 | | 86 | |
| % within Type of YKP | 56.8% | 71.6% | | 100.0% | | 71.1% | |

Table 26 Summary values of cost for visit to STI clinic

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of YKP | | Total cost for one treatment visit at STI clinic | Cost of travel to STD clinic (kyat) | Cost for relieving (kyat) |
| MSM | N | 9 | 37 | 16 |
| Median | 1600.0000 | 1000.00 | 2750.00 |
| Mean | 2250.0000 | 1127.03 | 6875.00 |
| Std. Deviation | 2370.91754 | 834.549 | 10267.262 |
| Minimum | 200.00 | 0 | 0 |
| Maximum | 8000.00 | 3000 | 30000 |
| CSW | N | 8 | 58 | 18 |
| Median | 13500.0000 | 500.00 | 5000.00 |
| Mean | 18500.0000 | 1084.48 | 6055.56 |
| Std. Deviation | 19213.09078 | 1662.465 | 5161.762 |
| Minimum | 2000.00 | 0 | 0 |
| Maximum | 60000.00 | 8000 | 20000 |
| IDU | N | 9 | 17 |  |
| Median | 6000.0000 | 200.00 |  |
| Mean | 18688.8889 | 723.53 |  |
| Std. Deviation | 27483.10592 | 1536.851 |  |
| Minimum | 200.00 | 0 |  |
| Maximum | 80000.00 | 6000 |  |
| Total | N | 26 | 112 | 34 |
| Median | 4500.0000 | 550.00 | 4500.00 |
| Mean | 12940.3846 | 1043.75 | 6441.18 |
| Std. Deviation | 20243.30022 | 1415.791 | 7862.227 |
| Minimum | 200.00 | 0 | 0 |
| Maximum | 80000.00 | 8000 | 30000 |
| P value (One-way ANOVA) | | 0.147 | 0.597 | 0.767 |

Table 27 Main route to visit the clinic for STIs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Main route to travel the clinic (N=118) | | | Type of YKP | | |  |
| MSM | CSW | IDU |  |
|  | Walk | Count | 2 | 5 | 6 | 13 |
| % within Type of YKP | 5.3% | 7.9% | 35.3% | 11.0% |
| Bicycle/Trishaw | Count | 3 | 2 | 3 | 8 |
| % within Type of YKP | 7.9% | 3.2% | 17.6% | 6.8% |
| Motorbike | Count | 24 | 24 | 3 | 51 |
| % within Type of YKP | 63.2% | 38.1% | 17.6% | 43.2% |
| Bus/Taxi | Count | 9 | 20 | 3 | 32 |
| % within Type of YKP | 23.7% | 31.7% | 17.6% | 27.1% |
| Own car | Count | 0 | 0 | 2 | 2 |
| % within Type of YKP | 0.0% | 0.0% | 11.8% | 1.7% |
| Other | Count | 0 | 12 | 0 | 12 |
| % within Type of YKP | 0.0% | 19.0% | 0.0% | 10.2% |
| Total | | Count | 38 | 63 | 17 | 118 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

Table 28 Distance to STI clinic (mile)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type of YKP | N | Median | Mean | Std. Deviation | Minimum | Maximum | p |
| MSM | 36 | 3.0000 | 5.3993 | 8.25762 | .13 | 50 | 0.226 |
| CSW | 65 | 3.0000 | 3.8212 | 2.95473 | .13 | 14 |
| IDU | 16 | 1.5000 | 3.0703 | 3.07272 | .25 | 10 |
| Total | 117 | 3.0000 | 4.2041 | 5.22633 | .13 | 50 |

Table 29 Summary values of time spent for clinic visit for STIs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of YKP |  | | Duration of travel to STI clinic (min) | Duration of waiting at STI clinic (min) |
| MSM |  | N | 37 | 37 |
| Median | 20.0000 | 10.0000 |
| Mean | 29.0541 | 16.8919 |
| Std. Deviation | 23.85832 | 18.86028 |
| Minimum | 5.00 | .00 |
| Maximum | 120.00 | 60.00 |
| CSW |  | N | 66 | 66 |
| Median | 20.0000 | 10.0000 |
| Mean | 30.0000 | 20.2424 |
| Std. Deviation | 42.40610 | 34.08273 |
| Minimum | 2.00 | .00 |
| Maximum | 330.00 | 240.00 |
| IDU |  | N | 17 | 17 |
| Median | 15.0000 | 10.0000 |
| Mean | 22.6471 | 33.2353 |
| Std. Deviation | 17.05851 | 60.92878 |
| Minimum | 5.00 | .00 |
| Maximum | 60.00 | 240.00 |
| Total |  | N | 120 | 120 |
| Median | 20.0000 | 10.0000 |
| Mean | 28.6667 | 21.0500 |
| Std. Deviation | 34.63794 | 35.61178 |
| Minimum | 2.00 | .00 |
| Maximum | 330.00 | 240.00 |
| P value |  |  | 0.738 | 0.285 |

Table 30 Reported prevalence of STIs among YKP respondents

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Ever have any STIs | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | No | Count | 107 | 62 | 86 | 255 |
| % within Type of YKP | 71.8% | 44.3% | 77.5% | 63.8% |
| Yes | Count | 42 | 78 | 25 | 145 |
| % within Type of YKP | 28.2% | 55.7% | 22.5% | 36.2% |
| Total | | Count | 149 | 140 | 111 | 400 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

Table 31 Type of YKAP Experienced Signs and Symptoms of STDS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Type of STIs experienced(N=145) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Discharging | Count | 15 | 67 | 14 | 96 |
| % within group | 35.7% | 85.9% | 56.0% |  |
| % of Total | 10.3% | 46.2% | 9.7% | 66.2% |
| Sore/ulcer | Count | 16 | 12 | 3 | 31 |
| % within group | 38.1% | 15.4% | 12.0% |  |
| % of Total | 11.0% | 8.3% | 2.1% | 21.4% |
| Wart | Count | 4 | 8 | 4 | 16 |
| % within group | 9.5% | 10.3% | 16.0% |  |
| % of Total | 2.8% | 5.5% | 2.8% | 11.0% |
| Pruritus | Count | 22 | 37 | 12 | 71 |
| % within group | 52.4% | 47.4% | 48.0% |  |
| % of Total | 15.2% | 25.5% | 8.3% | 49.0% |
| Total | | Count | 42 | 78 | 25 | 145 |
| % of Total | 29.0% | 53.8% | 17.2% | 100.0% |

Table 32 Reason for not visiting to clinic for STI

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reasons for not visit to STI clinic among non-users who gave reasons (N=17) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | No reason to visit | Count | 2 | 2 | 3 | 7 |
| % within group | 66.7% | 25.0% | 50.0% |  |
| % of Total | 11.8% | 11.8% | 17.6% | 41.2% |
| Think of no benefit | Count | 1 | 1 | 1 | 3 |
| % within group | 33.3% | 12.5% | 16.7% |  |
| % of Total | 5.9% | 5.9% | 5.9% | 17.6% |
| Seems not appear like a clinic (for all type of services) | Count | 1 | 0 | 1 | 2 |
| % within group | 33.3% | 0.0% | 16.7% |  |
| % of Total | 5.9% | 0.0% | 5.9% | 11.8% |
| Afraid to be aware by neighbors | Count | 1 | 0 | 3 | 4 |
| % within group | 33.3% | 0.0% | 50.0% |  |
| % of Total | 5.9% | 0.0% | 17.6% | 23.5% |
| Afraid of clinic staff | Count | 1 | 1 | 0 | 2 |
| % within group | 33.3% | 12.5% | 0.0% |  |
| % of Total | 5.9% | 5.9% | 0.0% | 11.8% |
| Not aware | Count | 1 | 4 | 2 | 7 |
| % within group | 33.3% | 50.0% | 33.3% |  |
| % of Total | 5.9% | 23.5% | 11.8% | 41.2% |
| Total | | Count | 3 | 8 | 6 | 17 |
| % of Total | 17.6% | 47.1% | 35.3% | 100.0% |

Table 33 Proportion of YKPs who had tested for HIV

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Have tested for HIV (N=398) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Yes | Count | 138 | 113 | 92 | 343 |
| % within Type of YKP | 93.2% | 81.3% | 82.9% | 86.2% |
| No | Count | 10 | 26 | 19 | 55 |
| % within Type of YKP | 6.8% | 18.7% | 17.1% | 13.8% |
| Total | | Count | 148 | 139 | 111 | 398 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

Table 34 HIV testing clinics used by who have ever tested

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| HIV testing clinics used by who have ever tested(N=342) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Private laboratory | Count | 3 | 1 | 7 | 11 |
| % within group | 2.2% | 0.9% | 7.7% |  |
| % of Total | 0.9% | 0.3% | 2.0% | 3.2% |
| Private clinic | Count | 7 | 7 | 25 | 39 |
| % within group | 5.1% | 6.2% | 27.5% |  |
| % of Total | 2.0% | 2.0% | 7.3% | 11.4% |
| Government hospital/  health center | Count | 23 | 13 | 21 | 57 |
| % within group | 16.7% | 11.5% | 23.1% |  |
| % of Total | 6.7% | 3.8% | 6.1% | 16.7% |
| NGOs' clinic | Count | 127 | 98 | 48 | 273 |
| % within group | 92.0% | 86.7% | 52.7% |  |
| % of Total | 37.1% | 28.7% | 14.0% | 79.8% |
| Other sites (MDM/Top) | Count | 3 | 10 | 2 | 15 |
| % within group | 2.2% | 8.8% | 2.2% |  |
| % of Total | 0.9% | 2.9% | 0.6% | 4.4% |
| Total | | Count | 138 | 113 | 91 | 342 |
| % of Total | 40.4% | 33.0% | 26.6% | 100.0% |

Table 35 Source of information about HIV testing clinic

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Source of information about HIV testing clinics(N=336) | | | Type of YKP | | |  |
| MSM | CSW | IDU |  |
|  | from journals/Magazine/Newspaper/Books | Count | 25 | 15 | 28 | 68 |
| % within group | 18.4% | 13.6% | 31.1% |  |
| % of Total | 7.4% | 4.5% | 8.3% | 20.2% |
| from friends | Count | 102 | 54 | 47 | 203 |
| % within group | 75.0% | 49.1% | 52.2% |  |
| % of Total | 30.4% | 16.1% | 14.0% | 60.4% |
| from relatives | Count | 5 | 11 | 16 | 32 |
| % within group | 3.7% | 10.0% | 17.8% |  |
| % of Total | 1.5% | 3.3% | 4.8% | 9.5% |
| from neighbors | Count | 10 | 13 | 6 | 29 |
| % within group | 7.4% | 11.8% | 6.7% |  |
| % of Total | 3.0% | 3.9% | 1.8% | 8.6% |
| Staff from health centers | Count | 37 | 48 | 35 | 120 |
| % within group | 27.2% | 43.6% | 38.9% |  |
| % of Total | 11.0% | 14.3% | 10.4% | 35.7% |
| Total | | Count | 136 | 110 | 90 | 336 |
| % of Total | 40.5% | 32.7% | 26.8% | 100.0% |

Table 36 Proportion of YKP who were reluctant to visit the clinic for HIV test

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Be reluctant to visit to the clinic (HIV) (N=347) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Yes | Count | 47 | 31 | 23 | 101 |
| % within Type of YKP | 33.3% | 27.0% | 25.3% | 29.1% |
| No | Count | 94 | 84 | 68 | 246 |
| % within Type of YKP | 66.7% | 73.0% | 74.7% | 70.9% |
| Total | | Count | 141 | 115 | 91 | 347 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

One-third (29%) of clients felt reluctance to visit clinic for HIV testing.

Table 37 Reasons for reluctance to visit clinic for HIV test

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reluctance to visit HIV testing clinics(N=97) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Worry to be found by a family member | Count | 11 | 9 | 3 | 23 |
| % within group | 23.9% | 29.0% | 15.0% |  |
| % of Total | 11.3% | 9.3% | 3.1% | 23.7% |
| Worry to be found by a friend | Count | 14 | 16 | 4 | 34 |
| % within group | 30.4% | 51.6% | 20.0% |  |
| % of Total | 14.4% | 16.5% | 4.1% | 35.1% |
| Too young to visit such kind of clinic | Count | 10 | 6 | 2 | 18 |
| % within group | 21.7% | 19.4% | 10.0% |  |
| % of Total | 10.3% | 6.2% | 2.1% | 18.6% |
| Felt not secure/ afraid of needle | Count | 28 | 17 | 16 | 61 |
| % within group | 60.9% | 54.8% | 80.0% |  |
| % of Total | 28.9% | 17.5% | 16.5% | 62.9% |
| Total | | Count | 46 | 31 | 20 | 97 |
| % of Total | 47.4% | 32.0% | 20.6% | 100.0% |

Table 38 Costing for HIV testing

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Costing for HIV testing | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
| Have costing in the last visit to the clinic (HIV testing) (N=337) | Yes | Count | 12 | 13 | 32 | 57 |
| % within Type of YKP | 9.0% | 11.6% | 35.2% | 16.9% |
| No | Count | 122 | 99 | 59 | 280 |
| % within Type of YKP | 91.0% | 88.4% | 64.8% | 83.1% |
| Affordable to the costing (HIV test) (N=51) | Yes | Count | 9 | 11 | 28 | 48 |
| % within Type of YKP | 90.0% | 84.6% | 100.0% | 94.1% |
| No | Count | 1 | 2 | 0 | 3 |
| % within Type of YKP | 10.0% | 15.4% | 0.0% | 5.9% |
| Have disrupt the regular work for visit to HIV test clinic(N=333) | Yes | Count | 50 | 23 | 16 | 89 |
| % within Type of YKP | 37.6% | 21.3% | 17.4% | 26.7% |
| No | Count | 83 | 85 | 76 | 244 |
| % within Type of YKP | 62.4% | 78.7% | 82.6% | 73.3% |

Table 39 Costing for HIV testing

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of YKP | | Total cost for one treatment visit to HIV test clinic | Cost of travel to HIV test clinic (kyat) | Cost for relieving (kyat) for visit to HIV test clinic |
| MSM | N | 13 | 129 | 50 |
| Median | 3000.0000 | 1000.00 | 1750.00 |
| Mean | 5392.3077 | 1216.28 | 3930.00 |
| Std. Deviation | 7358.72062 | 1345.466 | 7520.048 |
| Minimum | .00 | 0 | 0 |
| Maximum | 28000.00 | 10000 | 40000 |
| CSW | N | 6 | 97 | 22 |
| Median | 15000.0000 | 500.00 | 5000.00 |
| Mean | 21333.3333 | 901.06 | 5681.86 |
| Std. Deviation | 25041.29922 | 1278.119 | 4892.956 |
| Minimum | 3000.00 | 0 | 0 |
| Maximum | 70000.00 | 8000 | 20000 |
| IDU | N | 27 | 92 | 15 |
| Median | 12000.0000 | 1000.00 | 5000.00 |
| Mean | 44851.7037 | 2377.72 | 17306.67 |
| Std. Deviation | 82710.42699 | 6523.320 | 24075.105 |
| Minimum | 396.00 | 0 | 0 |
| Maximum | 320000.00 | 50000 | 80000 |
| Total | N | 46 | 318 | 87 |
| Median | 8000.0000 | 1000.00 | 3000.00 |
| Mean | 30632.5217 | 1456.14 | 6679.32 |
| Std. Deviation | 65981.69156 | 3715.587 | 12520.796 |
| Minimum | .00 | 0 | 0 |
| Maximum | 320000.00 | 50000 | 80000 |
| P value |  | 0.197 | 0.2015 | 0.001 |

Table 40 Summary values of time spent for clinic visit for HIV testing

|  |  |  |  |
| --- | --- | --- | --- |
| Type of YKP | | Duration of travel to HIV test clinic (min) | Duration of waiting at HIV test clinic (min) |
| MSM | N | 134 | 130 |
| Median | 20.0000 | 10.0000 |
| Mean | 30.0896 | 18.3692 |
| Std. Deviation | 25.90946 | 24.34161 |
| Minimum | .00 | .00 |
| Maximum | 120.00 | 120.00 |
| CSW | N | 109 | 109 |
| Median | 20.0000 | 10.0000 |
| Mean | 29.2936 | 20.1284 |
| Std. Deviation | 23.12899 | 30.41019 |
| Minimum | 3.00 | .00 |
| Maximum | 120.00 | 240.00 |
| IDU | N | 90 | 89 |
| Median | 17.5000 | 10.0000 |
| Mean | 22.4778 | 18.0787 |
| Std. Deviation | 19.08127 | 27.62172 |
| Minimum | 1.00 | .00 |
| Maximum | 120.00 | 180.00 |
| Total | N | 333 | 328 |
| Median | 20.0000 | 10.0000 |
| Mean | 27.7718 | 18.8750 |
| Std. Deviation | 23.47497 | 27.30011 |
| Minimum | .00 | .00 |
| Maximum | 120.00 | 240.00 |
| P value |  | 0.041 | 0.840 |

Table 41 Awareness and reach to HIV treatment centers

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | Type of YKP | | | Total | P value |
| MSM | CSW | IDU |
| Aware of HIV treatment clinic (N=396) | Yes | Count | 138 | 103 | 89 | 330 | 0.000 |
| % | 94.5% | 74.1% | 80.2% | 83.3% |
| No | Count | 8 | 36 | 22 | 66 |
| % | 5.5% | 25.9% | 19.8% | 16.7% |
| Total | | Count | 146 | 139 | 111 | 396 |
| % | 100.0% | 100.0% | 100.0% | 100.0% |
| Have reached to a HIV treatment clinic (N=383) | Yes | Count | 127 | 86 | 53 | 266 | 0.000 |
| % | 87.0% | 64.2% | 51.5% | 69.5% |
| No | Count | 19 | 48 | 50 | 117 |
| % | 13.0% | 35.8% | 48.5% | 30.5% |
| Total | | Count | 146 | 134 | 103 | 383 |
| % | 100.0% | 100.0% | 100.0% | 100.0% |

Table 42 Reasons of YKPs for reaching HIV treatment centers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reasons for reach to HIV treatment clinic(N=265) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |  |
|  | Just for blood test | Count | 96 | 61 | 32 | 189 |
| % within group | 76.2% | 70.9% | 60.4% |  |
| % of Total | 36.2% | 23.0% | 12.1% | 71.3% |
| To ask queries about disease | Count | 67 | 40 | 21 | 128 |
| % within group | 53.2% | 46.5% | 39.6% |  |
| % of Total | 25.3% | 15.1% | 7.9% | 48.3% |
| Just accompany with partner | Count | 56 | 22 | 19 | 97 |
| % within group | 44.4% | 25.6% | 35.8% |  |
| % of Total | 21.1% | 8.3% | 7.2% | 36.6% |
| Just accompany with a friend | Count | 74 | 39 | 32 | 145 |
| % within group | 58.7% | 45.3% | 60.4% |  |
| % of Total | 27.9% | 14.7% | 12.1% | 54.7% |
|  | To get condom | Count | 54 | 28 | 7 | 89 |
| % within group | 42.9% | 32.6% | 13.2% |  |
| % of Total | 20.4% | 10.6% | 2.6% | 33.6% |
| To get disposable needle/syringe | Count | 2 | 6 | 13 | 21 |
| % within group | 1.6% | 7.0% | 24.5% |  |
| % of Total | 0.8% | 2.3% | 4.9% | 7.9% |
| To get treatment | Count | 63 | 34 | 19 | 116 |
| % within group | 50.0% | 39.5% | 35.8% |  |
| % of Total | 23.8% | 12.8% | 7.2% | 43.8% |
| To listen talk/staff insist | Count | 7 | 10 | 6 | 23 |
| % within group | 5.6% | 11.6% | 11.3% |  |
| % of Total | 2.6% | 3.8% | 2.3% | 8.7% |
| Total | | Count | 126 | 86 | 53 | 265 |
| % of Total | 47.5% | 32.5% | 20.0% | 100.0% |

Table 43 Frequency of visits to HIV treatment centers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| How frequently reach to the HIV treatment clinic (N=263) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Monthly | Count | 33 | 24 | 6 | 63 |
| % within Type of YKP | 26.0% | 28.6% | 11.5% | 24.0% |
| Every two months | Count | 6 | 5 | 2 | 13 |
| % within Type of YKP | 4.7% | 6.0% | 3.8% | 4.9% |
| Every three months | Count | 24 | 12 | 2 | 38 |
| % within Type of YKP | 18.9% | 14.3% | 3.8% | 14.4% |
| Sometimes | Count | 16 | 13 | 25 | 54 |
| % within Type of YKP | 12.6% | 15.5% | 48.1% | 20.5% |
| Frequently | Count | 43 | 27 | 14 | 84 |
| % within Type of YKP | 33.9% | 32.1% | 26.9% | 31.9% |
| First time | Count | 5 | 2 | 2 | 9 |
| % within Type of YKP | 3.9% | 2.4% | 3.8% | 3.4% |
| Second time | Count | 0 | 0 | 1 | 1 |
| % within Type of YKP | 0.0% | 0.0% | 1.9% | 0.4% |
| Third time | Count | 0 | 1 | 0 | 1 |
| % within Type of YKP | 0.0% | 1.2% | 0.0% | 0.4% |
| Total | | Count | 127 | 84 | 52 | 263 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

Table 44 Services from HIV treatment centers received by YKP clients

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Service received from HIV treatment clinics(N=235) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Explain how to use condom | Count | 106 | 75 | 34 | 215 |
| % within group | 89.1% | 97.4% | 87.2% |  |
| % of Total | 45.1% | 31.9% | 14.5% | 91.5% |
| Explain how to use disposable needle/syringe | Count | 88 | 65 | 37 | 190 |
| % within group | 73.9% | 84.4% | 94.9% |  |
| % of Total | 37.4% | 27.7% | 15.7% | 80.9% |
| Explain how to dispose used materials | Count | 101 | 71 | 37 | 209 |
| % within group | 84.9% | 92.2% | 94.9% |  |
| % of Total | 43.0% | 30.2% | 15.7% | 88.9% |
| Inform date for next appointment for investigation | Count | 103 | 65 | 30 | 198 |
| % within group | 86.6% | 84.4% | 76.9% |  |
| % of Total | 43.8% | 27.7% | 12.8% | 84.3% |
| Inform date for next appointment for treatment | Count | 90 | 55 | 29 | 174 |
| % within group | 75.6% | 71.4% | 74.4% |  |
| % of Total | 38.3% | 23.4% | 12.3% | 74.0% |
| Explain side effects of treatment | Count | 94 | 59 | 21 | 174 |
| % within group | 79.0% | 76.6% | 53.8% |  |
| % of Total | 40.0% | 25.1% | 8.9% | 74.0% |
| Total | | Count | 119 | 77 | 39 | 235 |
| % of Total | 50.6% | 32.8% | 16.6% | 100.0% |

Table 45 Summary values of time spent for clinic visit for treatment of HIV

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Type of YKP | | Duration of history taking (minute) | Duration of examination (minute) | Duration of informing about treatment (minute) |
| MSM | N | 120 | 120 | 120 |
| Median | 15.00 | 10.00 | 10.00 |
| Mean | 16.70 | 15.80 | 15.83 |
| Std. Deviation | 12.036 | 15.759 | 13.713 |
| Minimum | 0 | 0 | 0 |
| Maximum | 60 | 120 | 90 |
| CSW | N | 77 | 78 | 78 |
| Median | 10.00 | 8.00 | 10.00 |
| Mean | 16.73 | 13.42 | 18.19 |
| Std. Deviation | 14.167 | 11.573 | 15.653 |
| Minimum | 2 | 2 | 3 |
| Maximum | 60 | 60 | 60 |
| IDU | N | 44 | 44 | 44 |
| Median | 10.00 | 10.00 | 10.00 |
| Mean | 14.55 | 12.57 | 14.05 |
| Std. Deviation | 13.018 | 10.215 | 11.254 |
| Minimum | 3 | 3 | 2 |
| Maximum | 60 | 60 | 60 |
| Total | N | 241 | 242 | 242 |
| Median | 10.00 | 10.00 | 10.00 |
| Mean | 16.32 | 14.45 | 16.26 |
| Std. Deviation | 12.902 | 13.636 | 13.997 |
| Minimum | 0 | 0 | 0 |
| Maximum | 60 | 120 | 90 |
| P value |  | 0.604 | 0.294 | 0.260 |

Table 46 Reported confidentiality of HIV treatment centers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reported confidentiality of clinic(N=249) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Examination room is a separate room. | Count | 115 | 80 | 43 | 238 |
| % within group | 92.7% | 100.0% | 95.6% |  |
| % of Total | 46.2% | 32.1% | 17.3% | 95.6% |
| Examination room is invisible to other persons. | Count | 14 | 10 | 4 | 28 |
| % within group | 11.3% | 12.5% | 8.9% |  |
| % of Total | 5.6% | 4.0% | 1.6% | 11.2% |
| Examination room is sound proof to other persons. | Count | 13 | 9 | 3 | 25 |
| % within group | 10.5% | 11.2% | 6.7% |  |
| % of Total | 5.2% | 3.6% | 1.2% | 10.0% |
| Examination room is not noisy. | Count | 11 | 5 | 1 | 17 |
| % within group | 8.9% | 6.2% | 2.2% |  |
| % of Total | 4.4% | 2.0% | 0.4% | 6.8% |
| Get information and help from a peer | Count | 103 | 54 | 26 | 183 |
| % within group | 83.1% | 67.5% | 57.8% |  |
| % of Total | 41.4% | 21.7% | 10.4% | 73.5% |
| Total | | Count | 124 | 80 | 45 | 249 |
| % of Total | 49.8% | 32.1% | 18.1% | 100.0% |

Table 47 Satisfaction with the services received from the HIV treatment centers by clients

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Satisfaction with the HIV treatment clinic(N=250) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Satisfy with waiting time at the clinic | Count | 102 | 67 | 37 | 206 |
| % within group | 82.3% | 83.8% | 80.4% |  |
| % of Total | 40.8% | 26.8% | 14.8% | 82.4% |
| Satisfy with cleanliness of the clinic | Count | 120 | 80 | 43 | 243 |
| % within group | 96.8% | 100.0% | 93.5% |  |
| % of Total | 48.0% | 32.0% | 17.2% | 97.2% |
| Satisfy with privacy of the clinic | Count | 111 | 79 | 45 | 235 |
| % within group | 89.5% | 98.8% | 97.8% |  |
| % of Total | 44.4% | 31.6% | 18.0% | 94.0% |
| Satisfy with regard of the clinic staff | Count | 120 | 78 | 43 | 241 |
| % within group | 96.8% | 97.5% | 93.5% |  |
| % of Total | 48.0% | 31.2% | 17.2% | 96.4% |
| Satisfy with attitude of the clinic staff | Count | 113 | 76 | 37 | 226 |
| % within group | 91.1% | 95.0% | 80.4% |  |
| % of Total | 45.2% | 30.4% | 14.8% | 90.4% |
| Total | | Count | 124 | 80 | 46 | 250 |
| % of Total | 49.6% | 32.0% | 18.4% | 100.0% |

Table 48 Services received by clients at HIV test clinics

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Services received by clients at HIV test clinics(N=330) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Have specific date/time for youth | Count | 56 | 45 | 10 | 111 |
| % within group | 40.9% | 40.9% | 12.0% |  |
| % of Total | 17.0% | 13.6% | 3.0% | 33.6% |
| Have a peer youth for private discussion | Count | 126 | 106 | 54 | 286 |
| % within group | 92.0% | 96.4% | 65.1% |  |
| % of Total | 38.2% | 32.1% | 16.4% | 86.7% |
| Have privacy/confidential examination room | Count | 133 | 110 | 78 | 321 |
| % within group | 97.1% | 100.0% | 94.0% |  |
| % of Total | 40.3% | 33.3% | 23.6% | 97.3% |
| Have pretest counseling | Count | 131 | 104 | 64 | 299 |
| % within group | 95.6% | 94.5% | 77.1% |  |
| % of Total | 39.7% | 31.5% | 19.4% | 90.6% |
| Have post test counseling | Count | 131 | 105 | 63 | 299 |
| % within group | 95.6% | 95.5% | 75.9% |  |
| % of Total | 39.7% | 31.8% | 19.1% | 90.6% |
| Total | | Count | 137 | 110 | 83 | 330 |
| % of Total | 41.5% | 33.3% | 25.2% | 100.0% |

Table 49 Satisfaction with the HIV treatment clinic

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Overall Satisfaction with the HIV treatment clinic(N=252) | | | Type of YKP | | |  |
| MSM | CSW | IDU |  |
|  | Satisfy with received condom/syringe/information/lab result/treatment | Count | 119 | 78 | 43 | 240 |
| % within group | 95.2% | 96.3% | 93.5% |  |
| % of Total | 47.2% | 31.0% | 17.1% | 95.2% |
| Have willing to visit next time | Count | 122 | 78 | 41 | 241 |
| % within group | 97.6% | 96.3% | 89.1% |  |
| % of Total | 48.4% | 31.0% | 16.3% | 95.6% |
| Will suggest friends to visit the clinic | Count | 120 | 76 | 41 | 237 |
| % within group | 96.0% | 93.8% | 89.1% |  |
| % of Total | 47.6% | 30.2% | 16.3% | 94.0% |
| Total | | Count | 125 | 81 | 46 | 252 |
| % of Total | 49.6% | 32.1% | 18.3% | 100.0% |

Table 50 Costing at visit to HIV treatment center

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Costing at visit to HIV treatment center | | | | | | Type of YKP | | | | Total | |
| MSM | CSW | IDU | |
| Have costing in the last visit to the clinic (HIV treatment) (N=240) | Yes | | | Count | | 16 | 3 | 8 | | 27 | |
| % within Type of YKP | | 12.9% | 4.0% | 19.5% | | 11.2% | |
| No | | | Count | | 108 | 72 | 33 | | 213 | |
| % within Type of YKP | | 87.1% | 96.0% | 80.5% | | 88.8% | |
| Affordable to the costing (HIV treatment) (N=23) | Yes | | | Count | | 13 | 2 | 7 | | 22 | |
| % within Type of YKP | | 92.9% | 100.0% | 100.0% | | 95.7% | |
| No | | | Count | | 1 | 0 | 0 | | 1 | |
| % within Type of YKP | | 7.1% | 0.0% | 0.0% | | 4.3% | |
| Have disrupted the regular work for visit to HIV treatment clinic (N=233) | | Yes | Count | | 46 | | 12 | | 4 | | 62 | |
| % within Type of YKP | | 39.0% | | 16.7% | | 9.3% | | 26.6% | |
| No | Count | | 72 | | 60 | | 38 | | 170 | |
| % within Type of YKP | | 61.0% | | 83.3% | | 88.4% | | 73.0% | |
| No response | Count | | 0 | | 0 | | 1 | | 1 | |
| % within Type of YKP | | 0.0% | | 0.0% | | 2.3% | | 0.4% | |

Table 51 Summary values of cost for clinic visit for HIV treatment

|  |  |  |  |
| --- | --- | --- | --- |
| Type of YKP | | Total cost for one treatment visit to HIV treatment clinic | Cost for relieving (kyat) for visit to HIV treatment clinic |
| MSM | N | 15 | 43 |
| Median | 1000.0000 | 2500.00 |
| Mean | 2346.4000 | 4588.37 |
| Std. Deviation | 3888.74678 | 7415.884 |
| Minimum | 396.00 | 0 |
| Maximum | 16000.00 | 30000 |
| CSW | N | 1 | 11 |
| Median | 4000.0000 | 8000.00 |
| Mean | 4000.0000 | 8000.00 |
| Std. Deviation | . | 6985.700 |
| Minimum | 4000.00 | 0 |
| Maximum | 4000.00 | 20000 |
| IDU | N | 5 | 5 |
| Median | 8000.0000 | .00 |
| Mean | 6200.0000 | 720.00 |
| Std. Deviation | 5392.12389 | 1300.769 |
| Minimum | 500.00 | 0 |
| Maximum | 12000.00 | 3000 |
| Total | N | 21 | 59 |
| Median | 1500.0000 | 2800.00 |
| Mean | 3342.6667 | 4896.61 |
| Std. Deviation | 4382.66464 | 7194.130 |
| Minimum | 396.00 | 0 |
| Maximum | 16000.00 | 30000 |
| P value |  | 0.241 | 0.149 |

Table 52 Informed about the test results

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
| Known HIV test result (N=341) | Yes | Count | 131 | 106 | 88 | 325 |
| % within Type of YKP | 95.6% | 93.8% | 96.7% | 95.3% |
| No | Count | 6 | 7 | 3 | 16 |
| % within Type of YKP | 4.4% | 6.2% | 3.3% | 4.7% |
| Total | | Count | 137 | 113 | 91 | 341 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

Table 53 Informed about the test results

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
| Known HIV test result (N=341) | Yes | Count | 131 | 106 | 88 | 325 |
| % within Type of YKP | 95.6% | 93.8% | 96.7% | 95.3% |
| No | Count | 6 | 7 | 3 | 16 |
| % within Type of YKP | 4.4% | 6.2% | 3.3% | 4.7% |
| Total | | Count | 137 | 113 | 91 | 341 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

Table 54 Reported HIV positive rate among YKPs

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
| HIV test result (N=324) | Positive | Count | 30 | 10 | 3 | 43 |
| % within Type of YKP | 22.9% | 9.5% | 3.4% | 13.3% |
| Negative | Count | 98 | 95 | 85 | 278 |
| % within Type of YKP | 74.8% | 90.5% | 96.6% | 85.8% |
| Not answer | Count | 3 | 0 | 0 | 3 |
| % within Type of YKP | 2.3% | 0.0% | 0.0% | 0.9% |
| Total | | Count | 131 | 105 | 88 | 324 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

P=0.000

Table 55 Sharing the results of HIV test

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Inform HIV test result(N=44) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Inform the result to a family member | Count | 15 | 5 | 2 | 22 |
| % within group | 50.0% | 50.0% | 50.0% |  |
| % of Total | 34.1% | 11.4% | 4.5% | 50.0% |
| Inform the result to a friend | Count | 14 | 2 | 1 | 17 |
| % within group | 46.7% | 20.0% | 25.0% |  |
| % of Total | 31.8% | 4.5% | 2.3% | 38.6% |
| Inform the result to another one | Count | 2 | 1 | 1 | 4 |
| % within group | 6.7% | 10.0% | 25.0% |  |
| % of Total | 4.5% | 2.3% | 2.3% | 9.1% |
| Inform the result to a working partner | Count | 7 | 1 | 1 | 9 |
| % within group | 23.3% | 10.0% | 25.0% |  |
| % of Total | 15.9% | 2.3% | 2.3% | 20.5% |
| Inform the result to nobody | Count | 3 | 5 | 2 | 10 |
| % within group | 10.0% | 50.0% | 50.0% |  |
| % of Total | 6.8% | 11.4% | 4.5% | 22.7% |
| Total | | Count | 30 | 10 | 4 | 44 |
| % of Total | 68.2% | 22.7% | 9.1% | 100.0% |

Table 56 Reasons for not sharing the results

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reason for not Inform HIV test result(N=49) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Shy to inform others | Count | 1 | 3 | 0 | 4 |
| % within group | 6.7% | 14.3% | 0.0% |  |
| % of Total | 2.0% | 6.1% | 0.0% | 8.2% |
| Afraid to be dismissed from job if inform others | Count | 2 | 1 | 1 | 4 |
| % within group | 13.3% | 4.8% | 7.7% |  |
| % of Total | 4.1% | 2.0% | 2.0% | 8.2% |
| No specific reason for not inform the result | Count | 13 | 14 | 12 | 39 |
| % within group | 86.7% | 66.7% | 92.3% |  |
| % of Total | 26.5% | 28.6% | 24.5% | 79.6% |
| Nobody ask | Count | 1 | 3 | 1 | 5 |
| % within group | 6.7% | 14.3% | 7.7% |  |
| % of Total | 2.0% | 6.1% | 2.0% | 10.2% |
| Total | | Count | 15 | 21 | 13 | 49 |
| % of Total | 30.6% | 42.9% | 26.5% | 100.0% |

Table 57 Reasons for not visiting clinic for HIV testing

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reasons for not visiting HIV test clinic(N=50) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Don't aware of the HIV test clinic | Count | 0 | 1 | 1 | 2 |
| % within group | 0.0% | 4.2% | 5.9% |  |
| % of Total | 0.0% | 2.0% | 2.0% | 4.0% |
| No reason to visit to HIV test clinic | Count | 3 | 20 | 12 | 35 |
| % within group | 33.3% | 83.3% | 70.6% |  |
| % of Total | 6.0% | 40.0% | 24.0% | 70.0% |
| No free time to visit to HIV test clinic | Count | 2 | 2 | 4 | 8 |
| % within group | 22.2% | 8.3% | 23.5% |  |
| % of Total | 4.0% | 4.0% | 8.0% | 16.0% |
| Could not afford to visit to HIV test clinic | Count | 0 | 0 | 1 | 1 |
| % within group | 0.0% | 0.0% | 5.9% |  |
| % of Total | 0.0% | 0.0% | 2.0% | 2.0% |
| Think of no benefit to visit to HIV test clinic | Count | 0 | 1 | 0 | 1 |
| % within group | 0.0% | 4.2% | 0.0% |  |
| % of Total | 0.0% | 2.0% | 0.0% | 2.0% |
| Seems not appear like a HIV test clinic | Count | 0 | 1 | 2 | 3 |
| % within group | 0.0% | 4.2% | 11.8% |  |
| % of Total | 0.0% | 2.0% | 4.0% | 6.0% |
| Afraid to be aware by neighbors to visit to HIV test clinic | Count | 0 | 0 | 1 | 1 |
| % within group | 0.0% | 0.0% | 5.9% |  |
| % of Total | 0.0% | 0.0% | 2.0% | 2.0% |
| Afraid of HIV test clinic staff | Count | 2 | 0 | 1 | 3 |
| % within group | 22.2% | 0.0% | 5.9% |  |
| % of Total | 4.0% | 0.0% | 2.0% | 6.0% |
| Afraid of needle puncture | Count | 3 | 4 | 3 | 10 |
| % within group | 33.3% | 16.7% | 17.6% |  |
| % of Total | 6.0% | 8.0% | 6.0% | 20.0% |
| Total | | Count | 9 | 24 | 17 | 50 |
| % of Total | 18.0% | 48.0% | 34.0% | 100.0% |

Table 58 Main transportation route for YKPs to HIV treatment centers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Main route to travel the clinic (HIV treatment) (N=232) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Walk | Count | 2 | 3 | 2 | 7 |
| % within Type of YKP | 1.6% | 4.4% | 4.9% | 3.0% |
| Bicycle/Trishaw | Count | 3 | 3 | 1 | 7 |
| % within Type of YKP | 2.4% | 4.4% | 2.4% | 3.0% |
| Motorbike | Count | 78 | 34 | 29 | 141 |
| % within Type of YKP | 63.4% | 50.0% | 70.7% | 60.8% |
| Bus/Taxi | Count | 36 | 15 | 8 | 59 |
| % within Type of YKP | 29.3% | 22.1% | 19.5% | 25.4% |
| Own car | Count | 1 | 1 | 1 | 3 |
| % within Type of YKP | 0.8% | 1.5% | 2.4% | 1.3% |
| Other | Count | 3 | 12 | 0 | 15 |
| % within Type of YKP | 2.4% | 17.6% | 0.0% | 6.5% |
| Total | | Count | 123 | 68 | 41 | 232 |
| % within Type of YKP | 100.0% | 100.0% | 100.0% | 100.0% |

Table 59 Distance to HIV treatment clinic (mile)

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Type of YKP | N | Median | Mean | Std. Deviation | Minimum | Maximum | p |
| MSM | 112 | 4.0000 | 5.3516 | 6.44970 | .00 | 62.00 | 0.241 |
| CSW | 70 | 4.0000 | 4.2607 | 3.14409 | .13 | 15.00 |
| IDU | 43 | 3.0000 | 4.1279 | 3.17009 | .38 | 12.00 |
| Total | 225 | 4.0000 | 4.7783 | 5.08647 | .00 | 62.00 |

Table 60 Summary values of time spent for clinic visit for HIV treatment

|  |  |  |  |
| --- | --- | --- | --- |
| Type of YKP | | Duration of travel to HIV treatment clinic (min) | Duration of waiting at HIV treatment clinic (min) |
| MSM | N | 120 | 117 |
| Median | 27.5000 | 10.0000 |
| Mean | 33.5250 | 25.5385 |
| Std. Deviation | 28.66613 | 41.73924 |
| Minimum | .00 | .00 |
| Maximum | 150.00 | 240.00 |
| CSW | N | 69 | 70 |
| Median | 20.0000 | 10.0000 |
| Mean | 27.2464 | 20.0000 |
| Std. Deviation | 20.73176 | 29.08658 |
| Minimum | 5.00 | .00 |
| Maximum | 120.00 | 125.00 |
| IDU | N | 42 | 40 |
| Median | 20.0000 | 10.0000 |
| Mean | 23.5476 | 25.4500 |
| Std. Deviation | 16.60327 | 74.98306 |
| Minimum | 4.00 | .00 |
| Maximum | 90.00 | 480.00 |
| Total | N | 231 | 227 |
| Median | 20.0000 | 10.0000 |
| Mean | 29.8355 | 23.8150 |
| Std. Deviation | 24.85381 | 46.14407 |
| Minimum | .00 | .00 |
| Maximum | 150.00 | 480.00 |
| P value |  | 0.047 | 0.709 |

Table 61 Reasons for not reaching to HIV treatment centers

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Reasons for not reach to HIV treatment clinic(N=104) | | | Type of YKP | | | Total |
| MSM | CSW | IDU |
|  | Don't aware of the HIV treatment center | Count | 2 | 7 | 14 | 23 |
| % within group | 14.3% | 15.9% | 30.4% |  |
| % of Total | 1.9% | 6.7% | 13.5% | 22.1% |
| No reason to visit (HIV treatment center) | Count | 13 | 35 | 40 | 88 |
| % within group | 92.9% | 79.5% | 87.0% |  |
| % of Total | 12.5% | 33.7% | 38.5% | 84.6% |
| No free time to visit (HIV treatment center) | Count | 2 | 7 | 6 | 15 |
| % within group | 14.3% | 15.9% | 13.0% |  |
| % of Total | 1.9% | 6.7% | 5.8% | 14.4% |
| Could not afford (HIV treatment center) | Count | 2 | 3 | 2 | 7 |
| % within group | 14.3% | 6.8% | 4.3% |  |
| % of Total | 1.9% | 2.9% | 1.9% | 6.7% |
| Friends oppose (HIV treatment center) | Count | 1 | 1 | 0 | 2 |
| % within group | 7.1% | 2.3% | 0.0% |  |
| % of Total | 1.0% | 1.0% | 0.0% | 1.9% |
| Seems not appear like a clinic (HIV treatment center) | Count | 0 | 0 | 5 | 5 |
| % within group | 0.0% | 0.0% | 10.9% |  |
| % of Total | 0.0% | 0.0% | 4.8% | 4.8% |
| Afraid to be aware by neighbors (HIV treatment center) | Count | 1 | 1 | 2 | 4 |
| % within group | 7.1% | 2.3% | 4.3% |  |
| % of Total | 1.0% | 1.0% | 1.9% | 3.8% |
| Afraid of clinic staff (HIV treatment center) | Count | 1 | 1 | 0 | 2 |
| % within group | 7.1% | 2.3% | 0.0% |  |
| % of Total | 1.0% | 1.0% | 0.0% | 1.9% |
| Others (HIV treatment center) | Count | 1 | 3 | 4 | 8 |
| % within group | 7.1% | 6.8% | 8.7% |  |
| % of Total | 1.0% | 2.9% | 3.8% | 7.7% |
| Total | | Count | 14 | 44 | 46 | 104 |
| % of Total | 13.5% | 42.3% | 44.2% | 100.0% |

Table 62 Most frequent sites for getting disposable needle/syringe

|  |  |  |  |
| --- | --- | --- | --- |
| Choice one from above places | | Frequency | Percent |
|  | Street vender | 1 | .9 |
| Pharmacy | 60 | 55.0 |
| GP clinic | 2 | 1.8 |
| Distribution center | 41 | 37.6 |
| Peer distributers | 4 | 3.7 |
| Other | 1 | .9 |
| Total | 109 | 100.0 |

Table 63 Reason for not use disposable needle/syringe

|  |  |  |  |
| --- | --- | --- | --- |
| Reason for not use disposable needle/syr(N=28) | | Responses  (N=28) | |
| N | Percent |
|  | Not easily access | 20 | 71.4% |
| Peers oppose to use | 2 | 7.1% |
| Peers encourage for sharing needle | 3 | 10.7% |
| Drug sellers don't sell | 6 | 21.4% |
| Afraid of knowing about drug use by buying needle | 6 | 21.4% |
| No stock at shop | 9 | 32.1% |
| No opening shop at the time of buying | 7 | 25.0% |
| Buying needle is so busy | 5 | 17.9% |
| Others | 5 | 17.9% |

Table 64 Source of disposable needle/syringe

|  |  |  |  |
| --- | --- | --- | --- |
| Source of disposable needle/syringe(N=109) | | Responses  (N=109) | |
| N | Percent |
|  | Street venders | 45 | 41.3% |
| Pharmacy | 100 | 91.7% |
| GP clinic | 69 | 63.3% |
| Friends | 50 | 45.9% |
| Disposable syringes free-distribution center | 71 | 65.1% |
| Peer disposable syringes distributers | 51 | 46.8% |
| Others sources of disposable syringe | 8 | 7.3% |
| Buying needle is so busy | 5 | 4.6% |
| Others | 5 | 4.6% |

Table 65 Most preferred sites for getting disposable needle/syringe

|  |  |  |  |
| --- | --- | --- | --- |
| Preference of the sourcea | | Responses  (N=110 | |
| N | Percent |
|  | Easily access | 64 | 58.2% |
| Confidential | 68 | 61.8% |
| Cheaper | 49 | 44.5% |
| Variety of brands | 68 | 61.8% |
| Never stock-out | 78 | 70.9% |
| Good communication | 62 | 56.4% |
| No enough for free | 13 | 11.8% |

Table 66 Contraceptive use among CSWs

|  |  |  |  |
| --- | --- | --- | --- |
| Do you have an experience in using contraception? | | Frequency | Percent |
|  | Yes | 97 | 69.3 |
| No | 25 | 17.9 |
| Total | 122 | 87.1 |
| Missing | System | 18 | 12.9 |
| Total | | 140 | 100.0 |

Table 67 Types of contraceptive used

|  |  |  |  |
| --- | --- | --- | --- |
| Type of contraceptives used | | Responses  (N=97) | |
| N | Percent |
|  | OC pills | 36 | 37.1% |
| Injection | 76 | 78.4% |
| IUCD | 7 | 7.2% |
| Implants | 3 | 3.1% |

Table (67a). Source of contraceptives among CSWs who are using contraceptives.

|  |  |  |  |
| --- | --- | --- | --- |
| Source of contraceptives used | | Responses  (N=96) | |
| N | Percent |
|  | Private pharmacy | 25 | 26.0% |
| Private clinic | 31 | 32.3% |
| Government hospital/health center | 2 | 2.1% |
| NOGs' clinic | 52 | 54.2% |
| Other sites for Contraception | 5 | 5.2% |

Table 68 Youth-friendliness and Services of the Contraceptive Services

|  |  |  |  |
| --- | --- | --- | --- |
| Situation of the sites for contraception | | Responses  (N=63) | |
| N | Percent |
|  | Have specific date/time for youth (contraception) | 27 | 42.9% |
| Have a peer youth for private discussion (contraception) | 48 | 76.2% |
| Have privacy/confidential examination room (contraception) | 59 | 93.7% |

Table 69 Social barriers to the sites for contraception

|  |  |  |  |
| --- | --- | --- | --- |
| Social barriers to the sites for contraception | | Responses  (N=14) | |
| N | Percent |
|  | Worry to be found by a family member | 5 | 35.7% |
| Worry to be found by a friend | 8 | 57.1% |
| Too young to visit such kind of clinic | 5 | 35.7% |
| Just married | 5 | 35.7% |

Table 70 Economic barriers to the sites for contraception

|  |  |  |
| --- | --- | --- |
| Costing for contraceptives | Frequency | Percent |
| Have costing in the last visit to the clinic (Contraception) (N=97) | 47 | 48.5 |
| Affordable to the costing (Contraception) (N=47) | 45 | 95.7 |
| Have disrupt the regular work for visit to Contraceptive clinic (N=97) | 14 | 14.4 |

Table 71 Summary values of costs for clinic visit for contraception

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Total cost for one visit to clinic for contraception | Cost of travel to Contraceptive clinic (kyat) | Cost for relieving (kyat) for visit to Contraceptive clinic |
| N | Valid | 17 | 76 | 10 |
| Missing | 80 | 21 | 87 |
| Mean | | 3997.0588 | 832.92 | 8300.00 |
| Median | | 1800.0000 | 550.00 | 4000.00 |
| Std. Deviation | | 5903.71892 | 971.078 | 11671.904 |
| Minimum | | 150.00 | 0 | 0 |
| Maximum | | 25000.00 | 5000 | 40000 |

Table 72 Summary values for distance to clinic for contraception

|  |  |  |  |
| --- | --- | --- | --- |
|  | | DIstance to the HIV clinic from residence (Contraception) | Cost of travel to Contraceptive clinic (kyat) |
| N | Valid | 79 | 76 |
| Missing | 18 | 21 |
| Mean | | 3.06 | 832.92 |
| Median | | 3.00 | 550.00 |
| Std. Deviation | | 1.924 | 971.078 |
| Minimum | | 1 | 0 |
| Maximum | | 8 | 5000 |

Table 73 Summary values for time spent for clinic visit for contraception

|  |  |  |  |
| --- | --- | --- | --- |
|  | | Duration of travel to contraception clinic (min) | Duration of waiting at contraception clinic (min) |
| N | Valid | 88 | 87 |
| Missing | 9 | 10 |
| Mean | | 22.4318 | 18.1494 |
| Median | | 20.0000 | 10.0000 |
| Std. Deviation | | 20.17441 | 25.72824 |
| Minimum | | 2.00 | .00 |
| Maximum | | 120.00 | 180.00 |
|  | |  |  |

Table 74 Reasons for not using contraception clinic

|  |  |  |  |
| --- | --- | --- | --- |
| Reasons for not using contraception clinica | | Responses  (N=20) | |
| N | Percent |
|  | Don't aware of the Contraceptive clinic | 2 | 10.0% |
| No reason to visit to Contraceptive clinic | 17 | 85.0% |
| No free time to visit to Contraceptive clinic | 1 | 5.0% |
| Afraid to be aware by neighbors to visit to Contraceptive clinic | 1 | 5.0% |

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