

Mobile and online HIV/AIDS outreach and prevention on social networks, mobile phones and MP3 players for marginalised populations

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Abstract: The development and implementation of online and mobile HIV/AIDS outreach and prevention programmes to protect public health and promote human rights through a community-owned response with populations disproportionately at risk of HIV infection is largely unexplored in the literature. This paper describes how a unique project's use of mobile and online technologies removes barriers to learning; enables education to be delivered not-for-profit; and makes sex and human rights education available to the most marginalised in Thailand: men that have sex with men (MSM), male sex workers (MSW) and transgenders (TG). The project takes advantage of multiple entry points and opportunities for behaviour/practice change to reduce the incidence of HIV through peer education via off and online social networks. The project also uses animations and a legal and sexual rights handbook to promote sexual health, legal/human rights and access to quality HIV/AIDS prevention.

Project Background

Thailand has experienced an ongoing violent political struggle between the People's Alliance for Democracy ('yellow shirts') and the People's Power Party ('red shirts'). Increased social upheaval—in tandem with already existing stigma and discrimination towards men that have sex with men (MSM), male sex workers (MSW) and transgender (TG) communities—may precipitate a disruption of existing social and risk networks, possibly facilitating increased HIV infection. Rather than downplaying the influence of Thailand's historical and socio-cultural context, through an international collaboration¹ one small community-based organisation—Mplus²—is working to improve its current, real time and online, HIV outreach and prevention programs using mobile and online technologies. In 2010, after initial training and support from Tobias Herder of the *Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights* (RFSL), Mplus put into action a locally-adapted, community-based Online Peer Outreach Prevention (OPOP) program based on RFSL's, '*We are the Sexperts!*³'. Additionally, Mplus simultaneously launched a Popular Opinion Leader (POL) programme with training from Chatwut Wangwon, the Coordinator of Prevention for Special Populations Section of the *Global AIDS Program of The US Centers for Disease Control and Prevention Southeast Asia Regional Office*.

Mplus' outreach programmes promote sexual health, legal, human and sexual rights. The new POL and OPOP also provide MSM, MSW, and TG communities with a new kind of digital access to quality HIV/AIDS prevention. Both programmes incorporate animations (one dubbed in multiple languages and dialects for migrant MSW) and a manual entitled *Sexual, Human and Legal Rights for Chiang Mai's Men that have Sex with Men (MSM), Male Sex Workers (MSW) and Transgender (TG) communities*. The manual was produced in collaboration with *The Bridges Across Borders South East Asia Community Legal Education Initiative*⁴ as well as other local frontline community-

¹ The collaboration included Mplus Thailand, the Open University (UK), The Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights (RFSL), Bridges Across Borders South East Asia Community Legal Education Initiative (BABSEA CLE), & a joint program of the Thai Ministry of Public Health and U.S. Centers for Disease Control and Prevention.

² For more information on Mplus visit <http://www.mplusthailand.com/>

³ For more information see <http://www.sexperterna.com/>

⁴ For more information see <http://www.babseacle.org/>

based organisations dedicated to preventing HIV/AIDS and reducing stigma and discrimination against MSM, MSW and TG communities (Rainbow Sky Association of Thailand⁵ (RSAT) and Violet Home⁶).

Mplus Thailand

In 2006, Mplus became Thailand's 2nd officially recognized organization addressing the needs of MSM, after Rainbow Sky Association of Thailand (RSAT), and was formed to improve their sexual health, including transgenders (TREAT ASIA, 2006). No other group in Chiang Mai carries out this kind of work. Mplus has an excellent relationship with Violet Home, a partner organization that works with MSM living with HIV, and it refers clients to them for support and counselling. Until 2006, the national Thai HIV strategic plan had not included MSM and there had only been limited outreach to the MSM community. Through their outreach, Mplus takes condoms and safe-sex information to places where MSM meet for sex to make their usage more acceptable and less stigmatized. Mplus' groundbreaking HIV prevention outreach targets MSM in their 'hide-outs', that is, parks, clubs and public toilets and MSW in sex venues such as brothels, go-go bars and beats. Services also include a drop-in centre providing referrals to a local medical clinic, in association with the Piman Center⁷, for testing and treatment of sexually transmitted illnesses, and community outreach and education. Additionally, Mplus has been successful in receiving grants to expand and improve their HIV outreach and prevention work with MSM from the Australian Federation of Aids Organizations (AFAO, 2008), The AIDS Research Foundation (amfAR, 2009-2010) and Pact and the Global Fund (2007-2012)⁸. Mplus currently has more than 1200 registered members and is continuing to grow in through their on and offline community activities. Mplus' innovative outreach work has been reported on in numerous articles, NGO reports and executive summaries.

Marginalised Populations in Chiang Mai Thailand

Stigma against MSM, MSW and TG communities is acute in Chiang Mai. This was made evident on February 21st, 2009 when the 2nd annual Gay Pride parade was cancelled. Mplus, the parade's primary organizers and parade participants/organizers were locked in the compound where they were gathering to march and subjected to discrimination and violence, mainly verbal attacks and threats, by a group of 'red shirts' known as the Rak Chiang Mai 51⁹. The group believes that MSM and TG are destroying Chiang Mai's traditional local 'Lanna' culture by having a gay pride parade. They broadcasted this idea via local radio stations calling on Chiang Mai's citizens to come and block the parade—thereby publically sanctioning and increasing homophobia, transphobia, stigma and discrimination towards MSM, MSW and TG. The parade was primarily organized to focus on human rights, raise sexual diversity awareness and to reduce prejudice and oppression towards children, women and people living with HIV/AIDS.

The Rak Chiang Mai 51 harassed, threatened, and prevented parade participants from leaving or entering the compound for 4 ½ hours while 150 police looked on (The Nation, 2009). As a result of this discrimination and violence against MSM and TG, Thailand's gay, lesbian, bisexual and transgender groups (22 all together) formed the network *Sao-Sao-et* ('Saturday the 21st') in an attempt to address the violence tolerated by the police inaction. The *Sao-Sao-et* ("Saturday, the 21st") network has formed to: campaign to build understanding about GLBT culture, rights, and views; empower gay, lesbian, bisexual and transgender (GLBT) activists to work for justice and to end violence; and create a public space for GLBT; and perform nonviolent action in order to end violence, control, bias, hatred, fear, and misunderstanding toward GLBT in Thai society. (IGLHRC, 2009). These historical events highlight how effective HIV prevention can only be achieved in a favorable environment where MSM, MSW & TG's rights are respected. Thus, Mplus wanted to continue unimpeded dissemination of evidence based prevention messages and context-specific service provision to create confidence among MSM, MSW and TG individuals to

⁵ From more information see <http://www.rsat.info/>

⁶ For more information see <http://www.violethome.org/>

⁷ For more information see <http://www.pimancenter.com/>

⁸ For more information see http://www.pactworld.org/cs/global_programs/more/gmr

⁹ For more information see <http://www.fridae.com/newsfeatures/2009/02/23/2223.chiang-mai-gay-pride-parade-called-off>

seek information on HIV prevention and risk, as well as access to local health and legal services through information and communications technologies (ICTS).

HIV Incidence and Inconsistent Condom Use Among MSM, MSW and TG in Thailand

Recent research indicates that MSM are at a higher risk of contracting HIV in concentrated tourism areas such as Bangkok, Chiang Mai and Phuket¹⁰. A 2008 demographic survey found that HIV incidence among MSM in Bangkok increased from 17% in 2003 to 28% in 2005 and 31% in 2007. The rate of new HIV cases in Chiang Mai rose from 15.3% in 2005 to 16.9% in 2007, while rates in Phuket increased from 5.5% to 20% in the same time period (Wimonsate, *et al.*, 2008). The survey also found that half of MSM do not use condoms and that male commercial sex workers (MSW) are at high risk of contracting HIV because they engage in unsafe sexual behaviour and lack understandings of safe sex practices. A 2010 study of young MSM in Bangkok, Chiang Mai and Phuket found high levels of inconsistent condom use among sexually active young MSM (15-24 years). Of the 837 participants, 33.1% were regular MSM, 37.7% were MSWs and 29.1% were TGs. 46.7% of MSM, 34.9% of MSWs and 52.3% of TGs reported recent inconsistent condom use (Chemnasiri *et al.*, 2010). These increases in HIV prevalence, high levels of inconsistent condom use among MSM, and ongoing political conflict alongside discrimination and violence towards MSM in Chiang Mai, highlight the fact that MSM, MSW and TG are not adequately reached through existing HIV prevention programs. Denial, stigma, discrimination, the want of more effective prevention coverage, and the inherent difficulties in reaching MSM, MSW and TG are obstacles to developing and sustaining effective HIV prevention work in the city.

Mplus, funded by the AIDS Research Foundation¹¹ (amfAR), implemented two peer outreach programmes: a popular opinion leader (POL) and online outreach and prevention program (OPOP). Each programme incorporates those social factors that influence the capacity to reduce individual vulnerability to HIV/AIDS. Each works to reduce stigma and discrimination around sexuality, sex work, sexual orientation, and legal and human rights. Mplus' overall project goal was to improve its HIV/AIDS prevention and outreach coverage (direct services), and facilitate the achievement of universal access to appropriate HIV prevention. This commitment was grounded by simultaneously promoting the human and sexual rights of MSM, MSW & TG in Chiang Mai. The primary target groups targeted by the POL and OPOP programmes are described below:

- **Young MSM:** who may identify as gay or bisexual and generally tend to be under 25. They missed out on the successful HIV campaigns of the 1990s and often have low perceptions about personal HIV risk. Reports suggest around 85% of Thai youth do not see HIV as something that they should be concerned about, even though 70% of all STI cases in Thailand occur among this group (IRIN, 2006). This makes them an important population to target with HIV prevention.
- **Transgender:** are a diverse group in Chiang Mai and this makes them hard to access in HIV/AIDS prevention. Many are university students, some are everyday workers and others are sex workers. Although HIV prevalence in this group decreased from 17.6 on 2005 to 16.8 in 2007¹², prevalence is still high. Like many young MSM, transgender missed out on the successful HIV campaigns of the 1990s and often have low perceptions about personal HIV risk while also suffering increased stigma and discrimination.
- **Thai MSM:** who work across a variety of venues including bars, saunas, massage parlors, karaoke lounges, and brothels. Additionally, many work independently on the streets, in parks or cinemas, as well as online. Because of the many different kinds of MSW that work across these establishments for different reasons, most work in isolation and many do not fully identify themselves as sex workers. As a result, they have little access to specific sexual health education or services and/or community legal rights and are most often

¹⁰ Medical News Today: www.medicalnewstoday.com/articles/128078.php. Last accessed June 3, 2009.

¹¹ Grant entitled, Expanding HIV prevention and outreach coverage @Mplus+ <http://www.amfar.org/world/msm/article.aspx?id=8967>

¹² Information comes from research conducted by the US-CDC-TUC (2005) and the Thailand Ministry of Public BoE (2007).

underrepresented in current programming and advocacy (UNAIDS, 2007). HIV epidemics move from vulnerable groups to the general population when there are links between the two. The link between MSM, MSW and women in Thailand is well established. Thus, women who have sexual relationships with MSM or MSW stand to benefit from the project as it aims to educate MSM and MSW who perceive themselves as low risk and who are not clear on the specifics of transmission in respect to the women they have sex with. These often cohabitating, primarily heterosexual, female partners/spouses now represent one-third of all new HIV/AIDS cases in Thailand (Dowsett, et al., 2006). Data suggests that the majority of Thai MSM have sex with men and women, making them a potential "bridge population" as well as a target for preventive interventions (Beyrer, et al., 1998).

- **Migrant MSM:** primarily from the Shan, Karen & Burmese regions along the Thai-Burmese border who work in Chiang Mai, have special vulnerabilities to HIV infection due to linguistic reasons—they don't speak or read Thai. Conditions of employment for migrant MSW are known to be more precarious than those of their Thai colleagues. Migrant MSW tend to work in massage parlors and brothels rather than bars. In these workplaces, their employers often impose tight restrictions on their freedom of movement. These workers are often unregistered and unable to speak Thai, and rarely leave their place of work. This renders them out of the reach of information, services and treatment concerned with HIV prevention.
- **Hidden MSM:** Thailand has a hidden subgroup of MSM who do not identify themselves as gay or bisexual and it is difficult to target HIV prevention outreach towards them. It is believed these men are among the men who meet in a secretive and marginalized fashion in parks, restrooms, or other public places with the intention of having sex elsewhere or at the public location. Frequently, the male-to-male sex between these often masculine-identified MSM happens quickly and furtively due to location and possibility of discovery by police. This lack of time often leads to unsafe sex without condoms (MAP, 2005). It is hard to estimate the men in this population but Mplus outreach workers estimate there are well over 30 such public places in Chiang Mai and they have mapped, and continue to map as they change, many of these "popular" locations and target/focus on them in their weekly outreach.

Mplus understands that community-determined and led actions, through peer education-based outreach and prevention, have the potential to change individual and social behaviours that reduce HIV infections. In order to augment their already existing outreach and prevention programs, as well as their POL and OPOP programs, Mplus worked in partnership with Bridges Across Borders Southeast Asia Community Legal Education Initiative (BABSEA CLE) to research and design a sexual and legal rights resources and services training manual—context specific for Chiang Mai's MSM, MSW and TG communities (available in English and Thai). The manual (completed in March 2011) currently provides Mplus outreach and prevention workers and volunteers with information about human, legal and sexual rights under Thai law. They use the manual as a reference when engaged in outreach through the POL and OPOP programs to provide referrals. Additionally the manual provides information to peer outreach workers on how their clients can access free legal counseling services and resources, enabling Chiang Mai's MSM, MSW and TGs access to knowledge and resources to overcome barriers that potentially deny them access to social, economic, political and cultural relations. The project views the production of the manual as strategic to reducing the stigma and discrimination associated with MSM, MSW and TGs and HIV/AIDS. In the following section, the paper outline each programme and how it is currently being operationalised.

Popular Opinion Leader Program (POL)

POL is an HIV/AIDS risk-reduction program in which groups of trusted, well-liked people are recruited and trained to conduct a novel and particular type of outreach. Mplus choose the POL model because it has shown evidence of being effective in decreasing risk behaviours in racially and ethnically diverse groups of MSM. POL outreach focuses on a specific risk influencing factor, a community norm, such as endorsement of safer-sex behaviours or accessing and/or promoting particular sexual or legal rights. Popular opinion leaders then endorse targeted risk-reduction behaviours by having casual, 1-on-1 conversations with their friends and acquaintances (peers) in their own social networks (friendship groups). Only specific peers in social networks are opinion leaders. They are those

individuals who are the most popular, credible, and trusted in their social network. This makes this program appropriate for Thailand's highly regimented hierarchical society. The settings are those in which social networks can be counted or estimated and shared attitudes about HIV risk can be described. Chatwut Wangwon and his team provided the Popular Opinion Leader (POL) program training to Mplus (as a part of 2010 amfAR funding) from the US Center for Disease Control and Prevention's (CDC) Diffusion of Effective Behavioural Interventions project. Mplus launched the POL program to targeted MSW and TG sex worker populations in September of 2010.

After the initial training, Mplus recruited 4 popular opinion leaders: a male sex worker (bar based and freelance); a young transgender (university based), a transgender sex worker (street based); and young self identified gay male (under 24 and university/community based in sports clubs and the like). To recruit the POLs, Mplus surveyed members from the MSM, MSW and TG communities after explaining the POL programme to members of each community. Members from the community then nominated members from their community. Afterwards they voted for and elected a POL. Wangwon and his team then provided an initial 3-day training on HIV prevention and how to encourage safe sex, but doing so with emphasis on talking about sex and pleasure in positive, rather than negative ways.

The POLs then went into their community and discussed safe sex and HIV prevention within their networks and also handed out condoms and lubricant. They drew on a suite of resources, both visual and screen-based (animations) to educate peers in their community and promote safe sex, while also taking steps to empower their networks' community members by providing information and resources about their legal, human and sexual rights under the Thai constitution. They also encouraged members of their networks and communities to get tested for HIV and provided information on where to go for voluntary confidential counseling and testing (VCCT). Every 15 days the POLs meet with the project manager to have informal conversations and to update/check their knowledge on HIV prevention and of locally available resources and referrals. Sometimes the POLs bring members from the community to Mplus' drop in centre where they receive additional information and resources from Mplus' full time staff of 10 outreach and prevention workers.

Online Peer Outreach and Prevention (OPOP)

The OPOP program, implemented in September 2010, introduced a 'safe space' online where Chiang Mai's MSM, MSW and TG can meet, talk openly and receive sexual health and HIV/AIDS prevention services, including information about free testing facilities and treatment, as well as sexual and legal rights. Mplus understands MSM have specific STI-related needs but often feel uncomfortable going to conventional public sector health services. The OPOP provides a new viable online option. Mplus knows the diverse communities of MSM in Chiang Mai are using the Internet to arrange meeting for sex or engage in sex work. The anonymity and widespread contacts available on the Internet create new vectors of transmission for HIV/AIDS. Through its regular outreach, focus groups and social activities, Mplus has discovered not only young Thai men who identify as gay and bisexual use the Internet to 'hook up', but large cohorts of Transgender, male sex workers and 'hidden MSM' also find sex online across a variety of websites, forums, and chat rooms. Mplus implemented the OPOP program because the Internet has proven crucial in reaching MSM, as a channel for education, a social outlet, and an outreach opportunity (Yeo, 2009). The OPOP training was provided by the *Swedish Federation for Lesbian, Gay, Bisexual and Transgender Rights (RFSL)*, using their program, "We are the Sexperts!" Mplus and its MSM volunteers have adapted the program to the Chiang Mai context and have named it the 'Mplus Sexperts'. In October they launched a Facebook Site¹³ where they advertise the OPOP, showcase their HIV/AIDS prevention animations as well as other media related to their organisation's goal to reducing high-risk sexual behaviour and stemming the spread of HIV/STD/STIs among MSM, MSW and TG.

Since the OPOP started in September, the Mplus OPOP peer-educators have conducted more than 700 conversations via MSM Messenger. In December (2009) and January (2010) they logged more than 200 conversations each

¹³ For more information see <http://www.facebook.com/#!/mplus.sexpert>

month indicating an increase in HIV/AIDS coverage. This also possibly indicates a growing localised community-based knowledge of the availability of Mplus' online HIV outreach and prevention programme. Mplus is strategic in advertising its services and uses the social networking sites Chiang Mia's MSM, MSW and TG use to socialize, meet, or engage in sex work. The most common sites they use to let people know about the MSM Messenger based service is Pirch (www.pirch.com), GayRomeo (www.gayromeo.com), Post Jung (www.postjung.com) and MissLadyBoys (www.missladyboys.com). Figure 1 is a sample conversation between and OPOP worker and a peer from the community.

Mplus Sexpert: ถ้ามีเพศสัมพันธ์ ก็ต้องป้องกันไว้ก่อนนะคับ (If you have sex, it is better to practice safe sex.)

A1: ผมใส่ถุงยางครับ (Yes. I use condom)

Mplus Sexpert: ใช้ถุงยางอนามัยทุกครั้งนะน้อง ดีคับ (Good to use condom every time.)

A1: ไม่ให้ใครสอดครับ (Of course, I don't do barebacking)

Mplus Sexpert: คับ (Good.)

A1: เล่นหมู่เนี่ยเสี่ยงมั้ยครับ (So if we have group sex, is it risky behaviour?)

Mplus Sexpert: มีโอกาสเสี่ยงค่อนข้างสูงนะคับ ถ้าเราไม่ป้องกัน (It can be high risk if you don't have safe sex.)

A1: แต่ถ้าทุกคน ใส่ถุงก็จะดีไซ้มั้ยครับ (But if everyone uses a condom, it is ok?)

Mplus Sexpert: ใช้คับ แต่ถุงยาง ควรเปลี่ยนทุกครั้ง นะ (Yes, but you have to change the condom every time you have sex with a different person.)

A1: ถ้าเค้าสอดใส่อีกคนแล้ว เค้าจะสอดใส่ผม ผมจะให้เค้าเปลี่ยนถุงให้ใหม่ครับ (If someone insert his penis into another and then he will insert into me...I should ask him change to new condom?)

Mplus sexpert: ใช่แล้วคับ (Yes, exactly)

Figure 1: Anonymised sample online chat between an Mplus OPOP worker and client on MSM

The preceding online chat is a good example of a peer understanding the need to use a condom and not to engage in unprotected sex ('barebacking'), but also not understanding how to properly use condoms to reduce the risk of HIV infection (ie, changing condoms when changing partners). As soon as the chat was finished, the Mplus OPOP peer educator copied the chat, and deleted the users' name and stored the chat. One project manager and team of Mplus' outreach and prevention staff supervise the OPOP. Each conversation is saved and the peer's screen name is deleted. The conversations are systematically reviewed to ensure that the peer educators are providing correct information in regards to sexual health and legal rights. Additionally, the number and kinds of referrals to services in the community is documented. Referrals are also directly provided to Mplus so that individuals can call a number to discuss VCCT service provision in Chiang Mai, provided through the Global Fund to Fight AIDS, TB and Malaria (GFATM)¹⁴.

A preliminary review of the 700 chats indicates a diversity of questions being asked from peers that range from questions about how to deal with one's own sexuality to availability of antiretroviral (ARV) drugs. The most common topics discussed in the OPOP include:

¹⁴ For more information see http://www.mapfoundationcm.org/map_2010/programmes/community-health-.html

1. Risk of sexual behaviour in relation HIV/AIDS and other sexually transmitted infections (STI) (kissing, oral sex, bare backing, withdrawal, etc.)
2. Penis size, enlargement and appearance
3. Love, relationships, loneliness and broken hearts
4. Dealing with stigma, discrimination and violence
5. Coming out to family and/or identity confusion
6. Sexual pleasure, premature ejaculation and improved orgasms
7. Effects of drugs during sex
8. How to access free and confidential counseling and VCCT
9. Hormone usage and sex change questions and referrals to TG friendly doctors
10. How to properly use condoms with lubricant
11. People living with HIV (PLHIV) related issues including accessing antiretroviral (ARV) drugs

Mplus' peer educators receive ongoing support and training. They regularly work with the project manager to update their knowledge and understanding of sexual health and legal rights issues. When peers discuss discrimination and/or harassment they often refer them to a free legal clinic run by the Faculty of Law at Chiang Mai University. At the Chiang Mai University (CMU) Legal Clinic MSM, MSW and TG (or anyone else) can get free advice and help. Additionally, Mplus has produced an animation¹⁵ that teaches transgender people and anyone else who has experienced sexual violence how to access the CMU Legal Clinic.

Integrating Animations into the POL & OPOP programs.

To support these real-time and online community-based peer education projects, Mplus is innovative and uses information communication technologies (ICT), including websites (online communities where MSM meet), Internet chat rooms, mobile phones, MP3 players, and other portable devices to integrate screen-based resources (animations) into both programs. This is because screen-based, digital resources—particularly animations—resonate with their target populations' digitally mediated lifeworlds and provide prevention resources in multiple languages and local dialects. These have assisted Mplus in providing extended coverage to migrant MSW. Paramount to this goal is the fact the animations resources are shareable, through Bluetooth technology, by the target populations. Mplus recruited and trained Popular Opinion Leaders and Online Outreach Workers and provide them with the animations (on their mobile phones and laptops) and trained them on how to use them with their peers and in their real-time and online HIV/AIDS prevention and outreach.

In 2008, Mplus won a small award from the Australian Federation of AIDS Organizations (AFAO) entitled, "Maintaining and expanding HIV prevention programmes at Mplus: Producing animations to educate MSM to fashion safe sex practices and address low perceptions of personal risk." Through this project they collaborated to investigate the sexual practices of 100 MSM and MSW (2008) amid the shifting nature of Thailand's HIV/AIDS epidemic. The research uncovered the patterns and contexts of MSM, MSW and TG's sexual practices within their local context. It then drew on the collected research to co-author context-specific narratives, with the target community that became the storylines/narratives of the animations. The idea behind producing the narratives with the target population was so that they could provoke emotional reactions as viewers become familiar with the feelings of MSM characters who became HIV+ in familiar contexts and situations to the MSM in their local context. Mplus produced 4 animations (3-5 minutes) that teach the risks associated with various sexual activities and the consequences of unsafe sex for themselves and their partners/spouses. They then implemented them within a suite of resources to promote consistent condom use by MSM, MSW and TG with a view to preventing new HIV infections. One animation is dubbed in multiple languages and dialects (Thai, Shan, Karen & Burmese), reflective of the target MSW population. All are available for viewing on YouTube and have collectively received over 63,500 views in less than 12 months of being made available online. Figure 2 provides screen shots from Mplus' animations which promote consistent condom use and the necessity for VCCT.

¹⁵ To view the animation see <http://www.youtube.com/watch?v=LQ4rBIZo1qk>

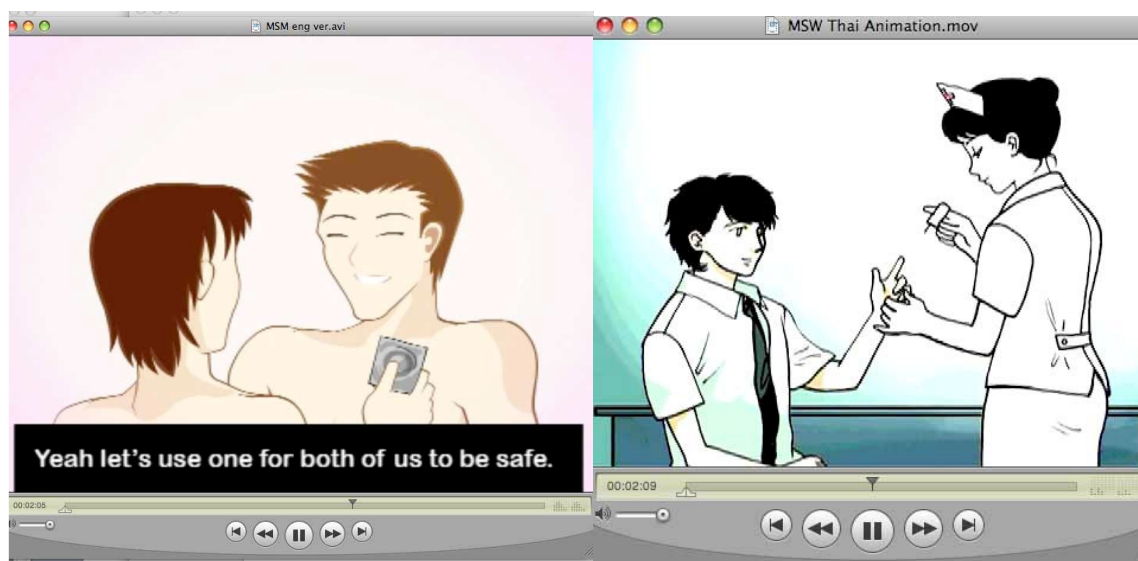


Figure 2. HIV/AIDS Prevention Animations for Young Gay Identified MSM and MSW

Summary

This project developed, implemented and piloted online and mobile resources to protect public health and promote human rights, launching a sustainable and reinventing community-owned response with a stigmatised population disproportionately at risk of HIV infection: men that have sex with men (MSM), Male sex workers (MSW) and transgenders (TGs). This project precipitates a more effective enabling environment for realising the health and human rights of marginalised communities by addressing social, legal and educational barriers to accessing HIV prevention through online and offline peer education. The project is unique because it removes barriers to learning and exploits already existing technologies and networks to enable safe sex and legal and sexual rights education to be delivered not-for-profit anywhere in the world. The project also makes education available to the poorest in the world.

Drawing on evidence from context-specific behavioural research and epidemiological, social and legal realities, this synergistic partnership took advantage of multiple entry points and opportunities for behaviour/practice change to reduce the incidence of HIV. Working interdisciplinary with local community partners Bridges Across Borders South East Asia Community Legal Education Initiative (BABSEA CLE) and international partner, The Open University (UK), the project developed a not-for-profit community-based, replicable model that has the capacity provide community/peer educators with the skills and knowledge required to educate clients on how HIV is transmitted, how HIV infection can be prevented and how to protect the basic rights and dignity of MSM, MSW, TG and their sexual partners and the wider population. Supporting the human right to healthcare without discrimination, all project resources were produced in collaboration with the targeted community stakeholders to precipitate an enabling environment to address social, legal and educational barriers.

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